

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE

FACULTY THERAPY AND OCCUPATIONAL DISEASES

Direction of training (specialty): **31.05.01 GENERAL MEDICINE**
Qualification (degree) of the graduate: **GENERAL PRACTITIONER**
Department: **ENDOCRINOLOGY AND INTERNAL DISEASES**
Mode of study: **FULL-TIME**

Nizhniy Novgorod
2021

1. Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline / practice

This Bank of Assessment Tools (BAT) for the discipline " FACULTY THERAPY AND OCCUPATIONAL DISEASES " is an integral appendix to the working program of the discipline " FACULTY THERAPY AND OCCUPATIONAL DISEASES ". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline/ practice:

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	MCQ	A system of standardized tasks that allows you to automate the procedure of measuring the level of knowledge and skills of a student	Bank of MCQ
2	Case - task	A problem task in which the student is offered to comprehend a real professionally-oriented situation necessary to solve this problem.	Tasks for solving cases
3	Interview	A tool of control organized as a special conversation between the teacher and the student on topics related to the discipline being studied, and designed to clarify the amount of knowledge of the student on a specific section, topic, problem, etc.	Questions on topics/sections of the discipline

3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Code and formulation of competence*	Stage of competence formation	Controlled sections of the discipline	Assessment tools

UK-1	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases Section 7 Practical skills	MCQ Case – task Interview
OPK-1	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases Section 7 Practical skills	MCQ Case – task Interview
OPK-4	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases Section 7 Practical skills	MCQ Case – task Interview
OPK-7	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases Section 7 Practical skills	MCQ Case – task Interview
PK-8	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases Section 7 Practical skills	MCQ Case – task Interview
PK-22	Current, Mid-term	Section 1 Pulmonology Section 2 Gastroenterology Section 3 Nephrology Section 4 Rheumatology Section 5 Cardiology Section 6 Occupational diseases	MCQ Case – task Interview

		Section 7 Practical skills	
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* - not provided for postgraduate programs

4. The content of the assessment tools of entry, current control

Assessment tools for current control.

4.1. Tasks for the assessment of competence "___" (*specify the competence code*):

Task 1.

COPD is:

Choose one answer:

chronic obstructive bronchitis

Emphysema

Chronical bronchitis

A group of diseases characterized by progressive bronchial obstruction

Task 2.

The main symptoms for suspicion of COPD are:

Choose one or more answers:

chest pain when breathing deeply

purulent expectoration of sputum

weight loss

limitation of physical activity due to dyspnea

persistent productive cough

Task 3. Treatment of asthma exacerbations includes:

a.

Antihistamines

b.

antibiotics

c.

Corticosteroids

d.

mucolytics

Task 4

Pathophysiologically bronchial asthma is characterized by:

a.

mucus hypersecretion

b.
edema and inflammatory cell infiltration Airway mucosa

c.
constriction of the smooth muscles of the airways

d.
All answers are correct

Test 5.

Correct degree of asthma according to classification: Frequency of symptoms - Daytime, Nighttime symptoms - >1/week, %FEV1 of predicted - 60-80%

a.
moderate persistent

b.
Strong stubborn

c.
Light intermittent

d.
Light stubborn

Ссылка на электронный ресурс [СДО ФГБОУ ВО ПИМУ МЗ РФ: Все курсы \(pimunn.net\)](http://sdo.fgbou.vopim.ru)

4.2. Questions for interviews "_ MC – 1 OPK – 1, 4, 7 PCs – 8, 22 __" (*specify the competence code*):

1. Atherosclerosis. Risk factors. Pathogenesis. Classification. Clinical features and diagnosis. Therapy:
2. Ischemic heart disease. Definition. Classification. Risk factors.
3. Stable angina. Diagnostic criteria.
4. Approaches to the treatment of coronary heart disease. Definition. Classification. Risk factors.
5. Unstable angina. Diagnostic criteria. Treatment approaches
6. Ischemic heart disease: myocardial infarction. Definition. Classification. Diagnostics (ECG, echocardiography, cardiac enzyme studies). Treatment. Revascularization
7. Complications of myocardial infarction. Types. Diagnosis and treatment
8. Clinical signs of cardiogenic shock. Urgent Care
9. Acute coronary syndrome. Definition. Diagnostics (ECG, cardiac enzyme studies).
10. Classification of management of acute coronary syndromes

4.3. Questions for clinical cases (MC – 1 OPK – 1, 4, 7 PCs – 8, 22):

1. A 48-year-old man went to the doctor with a productive cough, fever, and malaise. He felt ill 3 days ago when he noticed weakness and subfebrile temperature, he was expectorating a lot of yellowish sputum. The next day the temperature rose to 38.5, sweating appeared, the general condition worsened. My shortness of breath and shortness of breath limited his movements at home.

He has been smoking for 30 years. Family history of arterial HPT, COPD is known.

Physical examination data:

Normal consciousness, temperature 38.9 C, normal color of moist skin, free nasal breathing, no redness of the throat. There are no palpable lymph nodes. BR 18 per min. Heart rate 88 min. BP 135/65 mmHg Percussion of the lungs - hyperresonant sounds throughout the field of the lungs.

During auscultation, vesicular breathing decreases, diffuse wheezing is heard on both sides. The borders of the heart are normal. Normal volume of heart sounds, no murmurs. Palpation of the abdomen without any pathological signs. Negative sign of Pasternatsky. No leg swelling.

Questions:

1. Formulate the primary diagnosis in accordance with the available data.
2. What tests should be done to confirm this diagnosis?
3. Approach to treatment.

2. A 45-year-old woman has been experiencing some chest discomfort for the past two weeks. It ranges from mild dyspnea with normal exertion to severe tightness with bouts of dry cough. She has a family history of bronchial asthma - her grandfather suffered from and used inhalers, and she is also allergic to amoxicillin (angioedema) and citrus fruits (itchy rash). Non-smoker.

Physical examination data:

Normal consciousness, normal skin color, free nasal breathing, no redness of the throat. There are no palpable lymph nodes. BR 16 per minute. HR 68 per minute. BP 135/65 mmHg Lightweight percussion boots symmetrical sounds across all lung fields. On auscultation, vesicular breathing is normal with some diffuse rales. The borders of the heart are normal. Normal volume of heart sounds, no murmurs. Palpation of the abdomen without any pathological signs. Negative sign of Pasternatsky. No leg swelling.

Questions:

1. Formulate a clinical diagnosis in accordance with the available data.
2. What studies need to be done to confirm this diagnosis.
3. Treatment approach

3. A 67-year-old woman complains of pain in the left lumbar region, subfebrile temperature of 37.2-37.5, an increase in fasting glucose to 9-11 mmol/l during the last 3-4 days. Prior to this episode of hypothermia, followed by a one-day manifestation, there was dysuria.

She has type 2 diabetes for 10 years, for the last 5 years she has been taking metformin 1000 mg/day, with a normal fasting glucose of 5-6 mmol/l.

There is no history of cardiovascular pathology. Varicose veins.

Antibiotics were not used last year.

Physical examination data.

Normal brevity. Height 155 cm, weight 85 kg. Skin and conjunctiva normal color, moist. BR 18 per minute. There are no pathologies in the lungs, percussion and auscultation. The heart rate is 72 beats per minute. BP 135/70 mmHg Heart sounds are rhythmic, normal volume. The abdomen is enlarged due to adipose tissue, soft, without pain. Positive Pasternatsky sign on the left. No leg swelling.

Laboratory data.

Complete blood count: Hb - 134 g / l, erythrocytes - $6.6 \cdot 10^{12}$ / l, leukocytes - $12 \cdot 10^9$ / l, Tr - $264 \cdot 10^9$ / l, ESR - 28 mm / h

Biochemistry:

CREAT - 76 mmol/l, GLU - 9.1 mmol/l, HbA1c - 7.8%, CHOL - 5.4 mmol/l, ALAT 23 mmol/l, ASAT 34 mmol/l, BIL - 18.2 mmol / l, Na -134 mmol/l, K-4.2 mmol/l, Cl - 102 mmol/l

Analysis of urine:

The color is yellow, cloudy, specific gravity is 1012, protein is 0.33 g/l, glucose is present, Ley is 20-30, Er is 0-1-1, Casts is negative, bacteria +++

Questions:

1. What is your diagnosis? Land for Dx.
2. What further research might be useful to substantiate Dx and management? Why?
3. What will be the approach to the treatment of this disease? Group of drugs, examples.

4.4. Tasks (assessment tools) for the exam/credit

The full package of examination tasks/tasks is given (MC – 1 OPK – 1, 4, 7 PCs – 8, 22):

And then the tasks are specified for all competencies provided for this discipline.

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a exam.

The content of the assessment tool (questions, topics of abstracts, round tables, etc.)

If the bank of assessment tools for conducting current control and mid-term assessment of students in this discipline is presented on the Educational Portal of the PRMU, specify a link to this electronic resource.

5.1 The list of control tasks and other materials necessary for the assessment of knowledge, skills and work experience

5.1.1. Questions for the discipline exam _____ (if an exam is provided)

Question	Competence code (according to the WPD)
1 Ischemic heart disease: myocardial infarction. Definition. Classification. Diagnostics (ECG, echocardiography, cardiac enzyme studies). Treatment	UC – 1 GPC – 1, 4, 7 PCs – 8, 22
2 Ischemic heart disease. Definition. Classification. Risk factors. stable angina. Diagnostic criteria. Treatment approaches	UC – 1 GPC – 1, 4, 7 PCs – 8, 22
3 Atherosclerosis. Risk factors. Pathogenesis. Classification. Clinical features and diagnosis. Therapy	UC – 1 GPC – 1, 4, 7 PCs – 8, 22
4 Atrial fibrillation. Etiology. Pathogenesis. Clinical features, diagnosis and treatment	UC – 1 GPC – 1, 4, 7 PCs – 8, 22
5 Chronic heart failure. Pathogenesis. Classification.	UC – 1 GPC – 1, 4, 7 PCs – 8, 22

6. Criteria for evaluating learning outcomes

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes	The minimum acceptable level of knowledge. A lot of light mistakes were made	The level of knowledge in the volume corresponding to the training program. A few light mistakes were made	The level of knowledge in the volume corresponding to the training program, without errors
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	Basic skills are demonstrated. Typical problems with light mistakes have been solved. All tasks have been completed, but not in full.	All basic skills are demonstrated. All the main tasks have been solved with light mistakes. All tasks have been completed, in full, but some of them with shortcomings	All the basic skills were demonstrated, all the main tasks were solved with some minor shortcomings, all the tasks were completed in full
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	There is a minimal set of skills for solving standard tasks with some shortcomings	Basic skills in solving standard tasks with some shortcomings are demonstrated	Skills in solving non-standard tasks without mistakes and shortcomings are demonstrated
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve professional tasks. Repeated training is required	The formation of competence meets the minimum requirements. The available knowledge and abilities are generally sufficient to solve professional tasks, but additional practice is required for most practical tasks	The formation of competence generally meets the requirements, but there are shortcomings. The available knowledge, skills and motivation are generally sufficient to solve professional tasks, but additional practice is required for	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex professional tasks

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
			some professional tasks	
The level of competence formation*	Low	Below average	Intermediate	High

For testing:

Mark "5" (Excellent) - points (100-90%)

Mark "4" (Good) - points (89-80%)

Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

Developer(s):

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