

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

DERMATOVENEROLOGY

Training program (specialty): **31.05.03 DENTISTRY**

code, name

Department: **SKIN AND VENERAL DISEASES**

Mode of study **FULL-TIME**

(full-time/mixed attendance mode/extramural)

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 " DERMATOVENEROLOGY " is an integral appendix to the working program of the discipline " DERMATOVENEROLOGY ". 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:

№	Name of assessment tool	Brief description of the assessment tool	Presentation of assessment tool in the bank
1	Test №1 Test №2	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 test tasks
2	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	List of tasks
3	Report	The product of the student's independent work, which is a public presentation about the results obtained by solving a certain educational, practical, research or scientific topic	Topics of reports, presentations
4	Control medical history	Allows you to analyze the knowledge and skills of solving practical problems a) reproductive level (knowledge of factual material (basic concepts, algorithms, facts) and the ability to correctly use special terms and concepts, recognition of objects of study); b) reconstructive level (the ability to synthesize, analyze, generalize factual and theoretical material with the formulation of specific conclusions, the establishment of cause-and-effect relationships); c) creative level (ability to integrate knowledge of various fields, argue one's own point of view)	Medical history plan
5	Individual survey	A control tool that allows you to assess the degree of disclosure of material	List of questions

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	Stage of competence	Controlled sections of the discipline	Assessment tools
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competence*	formation		
UC1 Able to carry out a critical analysis of problem situations based on a systematic approach, develop an action strategy	current control intermediate control	Section 1 General dermatology Section 2 Papulosquamous dermatoses Section 3 Allergodermatoses Section 4 Toxicodermia Section 5 Pediatric Dermatology Section 6 Pustular diseases. Section 7 Fungal diseases of the skin Section 8 Diffuse connective tissue diseases Section 9 Viral dermatoses with lesions of the skin and mucous membranes. Section 10 Blistering dermatoses Section 11 Syphilis Section 12 STIs	Oral survey. Writing a fragment of the medical history. Current testing Situational tasks offset
GPC 1 Able to implement moral and legal norms, ethical and deontological principles in professional activities	current control intermediate control	... Section 1 General dermatology Section 2 Papulosquamous dermatoses Section 3 Allergodermatoses Section 4 Toxicodermia Section 5 Pediatric Dermatology Section 6 Pustular diseases. Section 7 Fungal diseases of the skin Section 8 Diffuse connective tissue diseases Section 9 Viral dermatoses with lesions of the skin and mucous membranes. Section 10 Blistering dermatoses Section 11 Syphilis Section 12 STIs	Oral survey. Writing a fragment of the medical history. Current testing Situational tasks offset
GPC 5 Able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems	current control intermediate control	Section 1 General dermatology Section 2 Papulosquamous dermatoses Section 3 Allergodermatoses Section 4 Toxicodermia Section 5 Pediatric Dermatology Section 6 Pustular diseases. Section 7 Fungal diseases of the skin Section 8 Diffuse connective tissue diseases Section 9 Viral dermatoses with lesions of the skin and mucous membranes. Section 10 Blistering dermatoses Section 11 Syphilis Section 12 STIs	Oral survey. Writing a fragment of the medical history. Current testing Situational tasks offset
PC 1 Able to assess the condition of a patient requiring medical treatment in	current control intermediate control	Section 1 General dermatology Section 2 Papulosquamous dermatoses Section 3 Allergodermatoses Section 4 Toxicodermia Section 5 Pediatric Dermatology Section 6 Pustular diseases. Section 7 Fungal diseases of the skin	Oral survey. Writing a fragment of the medical history. Current testing Situational tasks offset

the emergency form		<p>Section 8 Diffuse connective tissue diseases</p> <p>Section 9 Viral dermatoses with lesions of the skin and mucous membranes.</p> <p>Section 10 Blistering dermatoses</p> <p>Section 11 Syphilis</p> <p>Section 12 STIs</p>	
<p>PC 6</p> <p>Able to send a patient to laboratory, instrumental examination, to a consultation with specialist doctors if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on providing medical care taking into account the standards of medical care</p>	<p>current control</p> <p>intermediate control</p>	<p>Section 1 General dermatology</p> <p>Section 2 Papulosquamous dermatoses</p> <p>Section 3 Allergodermatoses</p> <p>Section 4 Toxicodermia</p> <p>Section 5 Pediatric Dermatology</p> <p>Section 6 Pustular diseases.</p> <p>Section 7 Fungal diseases of the skin</p> <p>Section 8 Diffuse connective tissue diseases</p> <p>Section 9 Viral dermatoses with lesions of the skin and mucous membranes.</p> <p>Section 10 Blistering dermatoses</p> <p>Section 11 Syphilis</p> <p>Section 12 STIs</p>	
<p>PC 7</p> <p>Able to: make a differential diagnosis with other diseases/conditions including emergencies</p>	<p>current control</p> <p>intermediate control</p>	<p>Section 1 General dermatology</p> <p>Section 2 Papulosquamous dermatoses</p> <p>Section 3 Allergodermatoses</p> <p>Section 4 Toxicodermia</p> <p>Section 5 Pediatric Dermatology</p> <p>Section 6 Pustular diseases.</p> <p>Section 7 Fungal diseases of the skin</p> <p>Section 8 Diffuse connective tissue diseases</p> <p>Section 9 Viral dermatoses with lesions of the skin and mucous membranes.</p> <p>Section 10 Blistering dermatoses</p> <p>Section 11 Syphilis</p> <p>Section 12 STIs</p>	<p>Oral survey. Writing a fragment of the medical history.</p> <p>Current testing</p> <p>Situational tasks offset</p>

* - not provided for postgraduate programs

4. The content of the evaluation means of current control

1. Oral questioning.
2. Writing a fragment of the medical history.

(<https://sdo.pimunn.net/course/view.php?id=2993>)

3. Current testing (<https://sdo.pimunn.net/mod/quiz/view.php?id=1537>)
4. Reports
5. Situational tasks

6. Test (<https://sdo.pimunn.net/course/view.php?id=1174>)4. The content of the assessment tools of entry, current control

Assessment tool 1

Oral survey to assess competencies (UC1, GPC 1.5, PC 1,6,7).

The questions correspond to the questions provided for preparing for the test

(<https://sdo.pimunn.net/course/view.php?id=1174>)

Assessment tool 2

Scheme for writing a medical history of a dermatological patient for assessing competencies (UK1, GPC 1.5.7, PC 1,4,5,8,17,18).

The medical history should be written in clear handwriting and contain the following sections:

1. Official history:

- age;
- address;
- place of work, profession;
- ruling institution;
- diagnosis of the referring institution;
- clinical diagnosis.

2. Complaints:

- cause chronic diseases;
- general order.

3. Anamnesis of life:

- heredity;
- transmissible diseases;
- living conditions;
- working conditions;
- allergic history;
- gynecological history;
- transfusion history;
- epidemiological history.

4. Medical history:

- duration of illness;
- suspected cause;
- the course of the process;
- depending on the season;
- how he fell ill, developed;
- the patient addressed where he was;

5. Results of the general survey (objective state of organs and systems):

- general state;
- body type;
- nutrition;
- condition of mucous membranes;
- inflammatory system;
- dermatographism;
- state of the cardiovascular system;

- respiratory system;
- digestive system;
- urinary system;
- nervous system;
- musculoskeletal system;
- endocrine system

6. Results of a special survey:

- process widespread/limited, symmetrical/asymmetric;
- localization of the process (first of all - preferential location);
- mono/polymorphism (true/polymorphism);
- primary and secondary morphological elements, their characteristics;
- characteristic symptoms;
- condition of the skin outside the lesions;
- condition of skin appendages.

7. Additional research methods (laboratory, etc.).

8. Substantiation of the diagnosis.

9. Differential diagnosis.

10. Etiology and pathogenesis.

11. Principles of treatment of this dermatosis, depending on the form and stage (course) of the process.

12. Treatment of this patient, taking into account individual characteristics and concomitant diseases.

Assessment tool 3

The current test control for assessing competencies (UK1, GPC 1.5.7, PC 1,4,5,8,17,18) is carried out in practical classes in a manual with curricula to assess students of the material covered. Also, test questions are available on the distance education portal for remote credit testing of students (<https://sdo.pimunn.net/mod/quiz/view.php?id=1537>). Suggested Test Questions

Evaluation scale:

"5" (excellent)

"4" (good)

"3" (satisfactory)

"2" (unsatisfactory)

Evaluation Criteria: Evaluation is based on the following criteria:

"5" (excellent) - 90% or more correct answers

"4" (good) - 80-89% correct answers

"3" (satisfactory) - 70-79% correct answers

"2" (unsatisfactory) - less than 70% of correct answers

Assessment methodology

- The task is completed on the answer sheet and handed over to the teacher for verification.
- The task is completed at home on the LMS portal (the teacher checks and grades using the

LMS information portal).

Assessment tool 4

Reports for assessing competencies (UC1, GPC 1.5, PC 1,6.7).

Topics for preparation are distributed to students at the first lesson. Preparing a presentation for 15 minutes and a report. Followed by a joint discussion with the teacher and students in class.

Topics for reports:

1. External corticosteroid preparations in dermatology (classification, application rules, side effects)

2. Antihistamines in dermatology

3. Principles of external therapy in dermatology

Assessment tool 5

Situational tasks on the topics of practical exercises for assessing competencies (UC1, GPC 1.5, PC 1,6.7).

Topic 1 MORPHOLOGICAL ELEMENTS OF SKIN RASH

Task 1. A 40-year-old patient was taken to the hospital with complaints of sudden appearance of rashes on the skin of the face, trunk, limbs, accompanied by severe itching. According to the patient, she ate oranges the day before. Objectively: the pathological process is widespread. Rashes are represented by acute inflammatory edematous bright red elements of various shapes rising above the skin surface, forming rings, arcs.

After a subcutaneous injection of 0.5 ml of a 0.1% solution of adrenaline and intravenous administration of 30 mg of prednisolone, the rash disappeared without a trace.

1. What morphological elements can you think of?
2. Can such a rash be called papular?
3. What mechanism underlies the development of these elements?

Task 2. A patient addressed a dermatovenereologist with complaints of a rash in the chest, upper limbs, and neck. On examination, it was revealed that the rash has a bright pink color, does not rise above the level of the skin, the surface of the elements is slightly flaky. The sizes of rashes vary from 0.5 to 1 cm in diameter. When pressed, the elements of the rash disappear, then reappear in the same place.

1. What morphological elements are we talking about?
2. What mechanism underlies the formation of such eruptions?

Topic 2 PARASITIC SKIN DISEASES

Task 1. The patient complains of severe itching of the skin of the trunk, aggravated in the evening and at night, after going to bed. He fell ill 5 days ago, connects with his stay on a business trip, where he had to spend the night in a hostel.

When viewed on the skin of the abdomen, thighs, buttocks, paired and scattered dotted nodular-bubble rashes are visible, in some places - dashed dotted lines of gray, linear scratches, crusts. Dry crusts and scales are observed on the right elbow joint.

1. What diagnosis can you think of?
2. What local treatment should be given to the patient?

Task 2. A 34-year-old woman addressed a dermatologist with complaints of skin itching, the most intense in the evening and at night, a rash on the trunk and limbs. Sick for about a week. The disease is associated with eating grapes.

Examination on the skin of the abdomen, buttocks, thighs, in the interdigital folds revealed rashes in the form of papules, vesicles, located mainly in pairs, linear scratches, bloody crusts. Clinical blood and urine tests without features. Serological tests for syphilis are negative.

1. What diseases can you think of?
2. What tactics are needed in this case?

Topic 3 FUNGUL DISEASES OF THE SKIN

Task 1. A 20-year-old woman came to the doctor with complaints of the periodic appearance of boils. Sick for more than 3 months. Local treatment is ineffective. The patient also complains of dry mouth and thirst. On examination, the presence of numerous boils in different stages of development on the forearms, back, buttocks and face is noted. Body temperature 37.5o C.

What is your clinical diagnosis?

What examination should the patient be subjected to?

What are your suggestions for treating the patient?

Task 2. A 40-year-old man, a tractor driver by profession, consulted a doctor with complaints of the appearance of pustules on the skin of the neck and forearms, their soreness and an increase in body temperature up to 37.5°C. Sick for about 3 months. He treated himself. No significant effect. The patient abuses alcohol.

On the skin of the neck and forearms - numerous pustules and inflammatory nodules associated with hair follicles

In place of the former eruptive elements - pigmented and depigmented scars and scars.

1. What is your proposed diagnosis?
2. What laboratory tests should be carried out for the patient?
3. Your final diagnosis and management.

Topic 4 VIRAL DERMATOSIS

Task 1. A 35-year-old patient consulted a dermatologist. She developed rashes on her upper lip after suffering from pneumonia. Their appearance was preceded by general malaise, chills and a burning sensation. On examination: on the red border of the upper lip, against the background of an erythematous-edematous spot, there are grouped, 2 to 3 mm in diameter bubbles filled with serous contents.

1. What is your diagnosis?
2. What factor contributed to the development of the disease?
3. What is the treatment strategy?

Topic 5 CONNECTIVE TISSUE DISEASES

Task 1. A 37-year-old patient, a bricklayer, came to an appointment with complaints of rashes on his face, foci of baldness on his head. Sick for four years. The onset of the disease is associated with frequent tonsillitis. The process on the face is exacerbated in the summer, is progressive. On examination: on the skin of the cheeks, auricles, there are erythematous foci, sharply delimited from the surrounding skin, rounded in shape, covered with grayish-white, dry, tight-fitting scales. With forcible removal, spike-like protrusions are noted on the lower surface of the scales, confined to dilated skin follicles. On some plaques with mild peeling, horny plugs are visible in the form of grayish-white dots covering the mouths of the follicles. On the scalp in the parietal region there are two small lesions of rounded outlines, in the center of them there is a smooth, slightly bluish, tender atrophic scar, around it there is a rim of tightly fitting yellowish-gray scales and on the outside a narrow corolla of hyperemia; there are no hairs in the lesions. Subjectively: pain during forcible removal of scales from lesions.

1. What is your diagnosis and its rationale?
2. Mark the main clinical signs of this dermatosis, outline a treatment plan.
3. Assign measures to prevent recurrence of the disease.

Topic 6 FUNGAL DISEASES OF THE SKIN AND HAIR.

Task 1. After visiting the bath, a group of bubbles appeared in the area of the inner arch of the feet, resembling boiled sago grains with a dense tire, ranging in size from a pinhead to a small pea. In some places, the bubbles merged and then opened, erosive surfaces appeared with a border of macerated epidermis along the periphery. On the skin of the trunk, upper limbs, small bubbles and spots are noted.

1. What diagnosis should be considered?
2. What laboratory tests need to be done?
3. General and local treatment of this disease.

Topic 7 ITCHING DERMATOSIS

Task 1. Patient S., 65 years old, turned to a dermatologist due to itching of the entire skin. Itching disturbs sleep, causes irritability, general anxiety. Sick for several years. She was treated with antihistamines, lubricated the skin with corticosteroid ointments. The improvement from the ongoing treatment is insignificant.

Objectively: there are many fresh linear excoriations on the skin of the trunk, upper and lower extremities.

1. What is your preliminary diagnosis?
2. What additional research should be done to clarify the diagnosis?
3. Tactics of treating the patient.

Test lesson

To receive a positive rating, you must:

1. daily attend classes with a teacher, perform the necessary tasks
2. answer tests on each of the topics (passing score - 70)
3. listen (remotely on-line, remotely or in person all lectures)
4. study the topics according to the lesson plan (presentations and self-study material)
5. reply to the ticket

Questions for tickets are posted on the LMS portal for self-study:

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

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

Sections	Competence code (according to RPD)
I. General dermatology	UC1, GPC 1.5, PC 1,6.7
II. Papulosquamous dermatoses	UC1, GPC 1.5, PC 1,6.7
III. Allergodermatoses	UC1, GPC 1.5, PC 1,6.7
IV. Toxicodermia	UC1, GPC 1.5, PC 1,6.7
V. Pustular skin diseases. Scabies. Pediculosis.	UC1, GPC 1.5, PC 1,6.7
VI. Fungal diseases of the skin.	UC1, GPC 1.5, PC 1,6.7
VII. Diffuse connective tissue diseases	UC1, GPC 1.5, PC 1,6.7
VIII. Viral dermatoses with lesions of the skin and mucous membranes.	UC1, GPC 1.5, PC 1,6.7
IX. Vesical dermatoses	UC1, GPC 1.5, PC 1,6.7
X. STIs:	UC1, GPC 1.5, PC 1,6.7
XI. Syphilis	UC1, GPC 1.5, PC 1,6.7
XII. Oncodermatology	UC1, GPC 1.5, PC 1,6.7

5.1.1. Questions for the discipline exam

Questions for the test lesson for assessing competencies (UC1, GPC 1.5, PC 1,6.7 - qualification code (according to RPD)).

1. Primary morphological elements
2. Secondary morphological elements
3. Criteria for the diagnosis of streptococcal impetigo
4. Criteria for diagnosing a boil
5. Criteria for the diagnosis of hidradenitis
6. Criteria for the diagnosis of folliculitis
7. Criteria for the diagnosis of lichen multicolored
8. Criteria for the diagnosis of mycosis of the scalp
9. Criteria for the diagnosis of mycosis of the nails
10. Criteria for the diagnosis of mycosis of the feet
11. Criteria for the diagnosis of mycosis of smooth skin
12. Criteria for the diagnosis of candidiasis of the skin and nails
13. Criteria for the diagnosis of scabies
14. Criteria for the diagnosis of pediculosis
15. Criteria for the diagnosis of simple contact dermatitis
16. Criteria for the diagnosis of allergic contact dermatitis
16. Criteria for the diagnosis of allergic contact dermatitis
17. Criteria for the diagnosis of toxicoderma
18. Criteria for the diagnosis of Lyell's syndrome
19. Criteria for the diagnosis of atopic dermatitis

20. Criteria for the diagnosis of microbial eczema
21. Criteria for the diagnosis of seborrheic eczema
22. Criteria for the diagnosis of psoriasis
23. Criteria for the diagnosis of lichen planus
24. Criteria for the diagnosis of lupus erythematosus
25. Criteria for the diagnosis of plaque scleroderma
26. Criteria for the diagnosis of pemphigus vulgaris
27. Criteria for the diagnosis of pink lichen Zhibera
28. Criteria for the diagnosis of herpes simplex
29. Criteria for the diagnosis of herpes zoster
30. Principles of external therapy of dermatoses
31. Treatment and prevention of streptococcal impetigo
32. Treatment and prevention of boils
33. Treatment and prevention of hidradenitis
34. Treatment and prevention of folliculitis
35. Treatment and prevention of multi-colored lichen
36. Treatment and prevention of mycosis of the scalp
37. Treatment and prevention of mycosis of nails
38. Treatment and prevention of mycosis of the feet
39. Treatment and prevention of mycosis of smooth skin
40. Treatment and prevention of skin and nail candidiasis
41. Treatment and prevention of scabies
42. Treatment and prevention of pediculosis
43. Treatment and prevention of simple contact dermatitis
44. Treatment and prevention of allergic contact dermatitis
45. Treatment and prevention of toxicoderma
- Treatment and prevention of Lyell's syndrome.
47. Treatment and prevention of atopic dermatitis
48. Treatment and prevention of microbial eczema
49. Treatment and prevention of seborrheic eczema
50. Treatment and prevention of psoriasis
51. Treatment and prevention of lichen planus
52. Treatment and prevention of lupus erythematosus
53. Treatment and prevention of plaque scleroderma
54. Treatment and prevention of pemphigus
55. Treatment and prevention of pink lichen Zhibera
56. Ways of contracting syphilis
57. General course of syphilis
58. Primary period of syphilis
59. Secondary period of syphilis
60. Damage to the oral mucosa in syphilis
61. The defeat of the lymph nodes in syphilis
62. Laboratory diagnosis of syphilis
63. Principles of antibiotic therapy for syphilis
64. Clinic, diagnosis and prevention of congenital syphilis
65. Tertiary syphilis. General patterns.
66. The concept of decision makers
67. Tactics of management of patients with gonorrhea
68. Tactics of managing patients with chlamydia
69. Gonorrhea in children. Doctor's tactics for suspected gonorrhea in a child
70. Gonoophthalmia of newborns and adults. Ways of infection, clinic, treatment tactics.
71. Management of patients with trichomoniasis
72. Tactics of management of patients with genital warts
73. Management of patients with herpes

6. Criteria for evaluating learning outcomes

Learning outcomes	Evaluation criteria	
	Not passed	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

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	All the basic skills were demonstrated, all the main tasks were solved with some minor shortcomings, all the tasks were completed in full

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
			shortcomings	
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 some professional tasks	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex 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):

Zorkina Maria Vadimovna, associate Professor of the Department, doctor of philosophy degree