

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

OTORHINOLARYNGOLOGY

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

Department: **DISEASES OF THE EAR, THROAT AND NOSE**

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 OTORHINOLARYNGOLOGY

This Bank of Assessment Tools (BAT) for the discipline " OTORHINOLARYNGOLOGY" is an integral appendix to the working program of the discipline " OTORHINOLARYNGOLOGY". 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	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	Individual survey	A control tool that allows you to assess the degree of comprehension of the material	List of questions
3	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
4	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

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
GPC-5. Able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems	Current, Mid-term	1. Clinical anatomy, physiology and research methods of ENT organs 2. Diseases of the nose and paranasal sinuses 3. Diseases of the pharynx 4. Diseases of the larynx 5. Ear diseases 6. Emergency conditions in otorhinolaryngology	1. Test 2. Individual survey
GPC-6. Able to: organize patient care, provide primary health care, ensure the organization of work and professional decision-making	Current, Mid-term	1. Clinical anatomy, physiology and research methods of ENT organs 2. Diseases of the nose and paranasal sinuses 3. Diseases of the pharynx 4. Diseases of the larynx 5. Ear diseases 6. Emergency conditions in otorhinolaryngology	1. Test 2. Individual survey

in case of medical emergency on the prehospital stage, in the conditions of emergency situations, epidemics and in centers of mass destruction			
--	--	--	--

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

4.1 Tests (Code of competence GPC-5, GPC-6)

Diseases of the ear

1. Regarding cholesteatoma, which of the following is true?
2. Tympanic membrane develops from:
3. Stapes footplate covers:
4. The auricle attains 90-95% of adult size by:
5. Communication between middle ear and Eustachian tube is obliterated surgically in
6. Treatment of choice for glue ear which presented for 6 months is
7. The cough response caused while cleaning the ear canal is mediated by Stimulation of:
8. Which of the following is a cause of sensorineural hearing loss:
9. Which is the investigation of choice in assessing hearing loss in neonates? except:
10. Use of Siegel's speculum during ear examination provides all
11. All are true for Gradenigo's syndrome except
12. In right middle ear pathology, Weber's test will be
13. Which of the following is not a typical feature of malignant otitis externa?
14. Otoacoustic emissions are produced by:
15. Speech frequencies include:
16. Decreased bone conduction in an audiogram indicates:
17. Traumatic perforation differ from infective perforation of the ear drum in the:
18. Caloric test determines function of:
19. Treatment of dry traumatic rupture of tympanic membrane
20. All are true about ear wax except:
21. Type B tympanogram is found in:
22. Which of the following is not an extracranial complication of chronic suppurative otitis media:
23. Unilateral referred otalgia is due to all of the following except:
24. Obliteration of postauricular sulcus is found in:-
25. The augmentation power of the sound wave by the tympanic membrane is:-priority is:
26. Aim of mastoid surgery in CSOM which should receive first
27. Most common cause for bilateral conductive deafness in a child is:
28. A child aged 3 years presented with severe sensorineural deafness, he was prescribed hearing aids but showed no improvement. What is the next line of management?
29. The most common cause of peripheral episodic vertigo is:
30. A fifty year old male diabetic patient has developed itching in his ears. On otoscopy there is debris with black specks in external auditory canal. The treatment of choice in this case is:-
31. Adenoidectomy is indicated in all of the following conditions except:
32. Complications of mumps include all except:
33. External auditory canal extends from to tympanic membrane.
34. All of the following regarding pure tone audiometry is true except:
35. Tympanic membrane moves with respiration in:
36. Loss of stapedial reflex indicates all of the following except:
37. External auditory canal has.....constriction/s:
38. Ototoxic drugs involves all of the following except:
39. A 50 years old male patient presented with otalgia, on examination both external auditory canal and tympanic membrane are normal, all of the following might be the sites of origin of his pain except:
40. A nine months old baby has put a plastic bead in his ear. On otoscopy, it is present in deeper portion of meatus and totally occluding the meatus. The best way to remove this bead is:
41. A two years old child is very slow in developing language. On otoscopy he has dull ear drum. Investigation of choice is:
42. A 10 years old boy has had ear problems for many years. He has a fever and you also notice that his mastoid bone warm and tender to touch. Which of the following is the best course of action?

43. If the patient can hear a whispered voice 30 cm away from the ear, the patient has:
44. All of the following tuning fork tests are used to detect organic hearing loss except:
45. Fistula test is positive in:
46. Before bone conduction audiometry masking is done:
47. A blue drum is seen in:
48. The cone of light in the tympanic membrane points:
50. Keratosis obturans is commonly associated with:

Diseases of the nose and paranasal sinuses

1. Round, smooth, soft, translucent, yellow or pale, glistening structure which result from prolapsed lining of the ethmoid sinus and blocks the nose to variable degree depending on their size:
2. It is an IgE mediated hypersensitivity disease of the mucous membrane of the nasal air way:
3. Atopy refers to the tendency to develop an exaggerated IgE antibody response as reflected by skin prick test in response to one or more of common aeroallergens, it is extremely common affecting up to :
4. Blood supply of the nose:
5. Examination of the nose:-
6. The lymphatic drainage of the nose:
7. Allergic rhinitis:
8. Anti-cholinergic (topical ipratrobium bromide) is used in the treatment of:
9. Allergic rhinitis:
10. The external nose shape is maintained by skeletal framework which is composed of:
11. The little's area is supplied by :
12. A ten years old girl presented with pain between the eyes, frontal headache, discharge from the nose, post nasal drip and high fever; what is the provisional diagnosis?
13. All about the vestibule of the nose are true except:
14. Dorsum of the nose is formed by all except:
15. Mucosa of the nasal cavity is formed by all but:
16. Vasomotor rhinitis:
17. What is most true about the function of the paranasal sinuses?
18. Inflammation of the external nose:
19. Nasal septal hematoma:
20. Regarding deviated nasal septum, which of the following is false?
21. A healthy 15 years male patient presented to the ENT department with right sided nasal obstruction, foul-smelling and blood-stained discharge. The most likely diagnosis is:
22. Fractured nose:
23. Sluder's neuralgia:
24. The most common three causative bacterial agents of acute sinusitis are:
25. Pain due to acute sinusitis:
26. All of the following are causes of bilateral nasal obstruction except:
27. All of the following are complications of sinusitis except:
28. Regarding the management of sinusitis, which of the following is false?
29. Nasal foreign body:
30. Local precipitating factor for maxillary sinusitis:
31. Definite diagnosis of acute maxillary sinusitis:
32. The most common cause of epistaxis is:
33. All are true about anosmia except:
34. A complication of common cold:
35. Symptoms of acute staphylococcus infection of nasal vibrissae include all but:
36. Mast cell stabilizers:
37. The antrochoanal polyp:
38. The main problem in using immunotherapy (hypo-sensitization) in allergic rhinitis patient is:
39. All structures open in the middle meatus except:
40. Stages of common cold include all but:
41. Treatment of common cold include all but:
42. Which of the following is not a symptom of acute maxillary sinusitis?
43. Best radiological test for maxillary sinus is:
44. Best section in CT scan for maxillary sinus is:
45. In seasonal rhinitis, the early symptom will be:
46. Best treatment line in allergic rhinitis is:
47. In perennial rhinitis the commonest cause is:
48. The best investigation in antrochoanal Polyp:
49. The antrochoanal polyp:
50. Not a cause of acute maxillary sinusitis:

Diseases of the pharynx, larynx

1. Regarding the tonsil, all of the followings are true except:
2. A 66 years old Chinese man presents with a two-month history of neck swelling in the right posterior triangle. On further questioning he tells you that his hearing has also declined in the right ear. He also has a blocked nose. What is the likely diagnosis?
3. A 21 years old woman presents with two-day history of sore throat and dysphagia. On examination she is pyrexial with halitosis and cervical lymphadenopathy. What is the likely causative organism for her condition?
4. Juvenile angiofibroma:
5. A 55 years old man presents with a three-month history of swelling on the right side of the neck, which has gradually increased in size. He has also been having earache and throat pain for the last two weeks. He tells you that the pain in his ear is so severe that he cannot sleep at night. He has no other symptoms. He is otherwise fit and well. He smokes 10 cigarettes per day and drinks 15 units of alcohol per week. Examination of the neck reveals a 4 cm x 4 cm firm, mobile, non-fluctuant, and non-pulsatile swelling on the right side of the neck. The overlying skin is normal and the mass is not attached to the skin. ENT is normal.
6. Stridor:
7. A 27 years old female patient presented with painful and difficulty swallowing, on indirect laryngoscopy, there is pooling of saliva in right pyriform sinus with swollen right arytenoid, the most likely diagnosis is:
8. The first postoperative day, tonsillectomy fossa is:
9. Stage III squamous cell carcinoma of oropharynx is:
10. Palliative treatment of advanced head and neck malignant tumours involves all of the following except:
11. Radiotherapy is the treatment of choice for:
12. Commando operation may be used for the treatment of:
13. All of the following may cause tonsillar ulceration except:
14. Early post-tonsillectomy complications include all of the following except:
15. All of the following are true regarding adenoids except:
16. Laryngomalacia:
17. All are causes of congenital stridor except:
18. Trauma to posterior pillar during tonsillectomy causes:
19. During a hunting trip a bullet affect one of the hunters in his neck by accident, he developed neck swelling and hoarsed voice, what could be the cause of his voice change:
20. Which of the following is part of laryngopharynx:
21. Absolute indication of tonsillectomy is:
22. Which of the following is not a complication of acute tonsillitis?
23. Pyriform fossa lies:
24. A new born baby presented with weak cry and hoarseness, the most probable diagnosis:
25. Which of the following is not a feature of pharyngeal diphtheria?
26. Which of the following is not true regarding acute retropharyngeal abscess:
27. A 60- year-old man presents to the clinic with a 5 cm solitary lymph node in the upper right cervical region and an abnormal-looking right tonsil. Assuming this is a squamous cell carcinoma nodal metastasis, what is the N classification?
28. Subglottic edema can prove fatal in a child because:
29. A 70- year-old smokers presents to the ENT clinic with a 3-month history of dysphagia and weight loss. Flexible nasoendoscopy shows pooling of saliva in the pyriform fossae, with restricted mobility of the right hemi-larynx. Malignancy is suspected. You proceed to general anaesthetic endoscopy. At surgery, you find that he has a 3 cm tumour affecting the right pyriform fossa and extending into post-cricoid region. According to the TMN staging, what T- stage is this malignancy?
30. A 20- year-old man presents to the ENT clinic with sudden onset high fever of one day duration, on examination: both tonsils are congested with whitish membrane over the right tonsil with petichae over the palate and palpable both jugulodiaphragmatic lymph nodes. What is the most possible diagnosis?
31. The least complication of tonsillectomy is:
32. All are functions of the larynx except:
33. Stridor:
34. The most common site of malignant tumours of hypopharynx is:
35. Which of the following is not true about nasopharyngeal cancer?
36. Trismus accompanying quinsy is due to spasm of which muscle?
37. Lymphoid tissue called Waldeyer's ring is situated in:
38. A 15-year-old has unilateral nasal obstruction, mass in the cheek and recurrent epistaxis, the diagnosis is:
39. A three year old boy get high fever then associated with difficult swallowing and stridor, the child was sitting, cannot sleep and drooling saliva, the resident pediatrician sent for lateral cervical X-ray then he asked your opinion about what was looking as a thumb in front of the hypopharynx, your diagnosis was:
40. What is not correct in acute epiglottitis?
41. The mouth:
42. What is wrong about the pharynx?
43. The oral vestibule:
44. The mylohyoid muscle:
45. What is true about lymphatic drainage of the vocal cords?

46. Thornwaldt's cyst is seen in:
47. All of the following statements are true about nasopharyngeal tonsil except:
48. Indications of tracheostomy:
49. Causes of aspiration pneumonia include all but:
50. Care of tracheostomized patient include:

4.2 Questions for Individual survey (Code of competence GPC-5, GPC-6)

Diseases of the ear

1. Normal anatomy of the ear.
2. Components of the anatomy of the auditory analyzer as a whole.
3. The structure of the outer, middle and inner ear.
4. The walls of the tympanic cavity.
5. Functional elements of the middle ear.
6. Intratympanic and intracochlear conduction. The concept of sound-conducting and sound-perceiving apparatus of the ear.
7. The structure and function of the auditory tube.
8. Structure and otoscopic signs of a normal tympanic membrane.
9. A method of studying hearing with whispered and colloquial speech.
10. Rinne's experience. Evaluation of the results in the examination of patients with impaired sound conduction and sound perception.
11. Tone threshold audiometry. Evaluation of typical audiograms.
12. Speech audiometry. Evaluation of typical audiograms in violation of sound conduction and sound perception.
13. Functions of the auditory tube and their role in the development of hearing loss.
14. Qualitative tests used to determine the patency of the auditory tube.
15. Ear manometry according to the method of V.I. Voyachek, technique.
16. Components of the anatomy of the vestibular analyzer.
17. Anatomical connections of the labyrinth.
18. The mechanism of reception of the vestibular analyzer. Ewald's Laws of Nystagmus.
19. Characteristics and clinical evaluation of nystagmus reaction.
20. The technique of the rotational vestibular test and its clinical evaluation.
21. The technique of the otolithic reaction of Voyachek and its clinical evaluation.
22. Classification of otitis externa.
23. Clinic, diagnosis, possible complications with a boil of the outer ear.
24. What are the causes of development and stages of acute otitis media.
25. List the ways in which the infection enters the middle ear.
26. What are the predisposing factors for the development of chronic otitis media.
27. List the clinical forms of mastoiditis, methods of diagnosis and treatment.
28. What are the indications for mastoidotomy.
29. Features of lesions of the outer and middle ear in various infectious diseases.
30. Classification of chronic purulent otitis media.
31. What are the predisposing factors for the development of chronic otitis media.
32. What local symptoms are always present in any clinical form of chronic purulent otitis media.
33. Otogenic intracranial complications, methods of diagnosis and treatment.
34. What are the indications for urgent radical ear surgery?
35. What are the causes and clinical signs of exudative otitis media.
36. List the ways to drain the tympanic cavity.
37. What are the predisposing factors for the development of otosclerosis, describe the clinical picture, diagnostic methods, treatment methods.
38. Hearing-improving ear surgeries.
39. List the causes of sensorineural hearing loss, methods of diagnosis and treatment.
40. Methods of hearing aids and rehabilitation of hearing-impaired people.
41. Meniere's disease, methods of diagnosis and treatment.

Diseases of the nose and paranasal sinuses

1. Anatomy of the external nose.
2. Anatomy of the nasal cavity.
3. Anatomy of the paranasal sinuses.
4. Features of the course of acute rhinitis, depending on the etiological factor.
5. Chronic rhinitis, features of the course, classification.
6. Modern approaches to the tactics of treatment of acute and chronic rhinitis.
7. Variants of the course and tactics of management of patients with acute paranasal sinusitis.
8. Features of the blood supply to the external nose and nasal cavity.

9. Causes of nosebleeds.
10. Indications for anterior and posterior nasal tamponade, ligation of a. carotis interna.

Diseases of the pharynx, larynx

1. Anatomy of the pharynx.
2. Lymphadenoid ring of the pharynx.
3. Topographic anatomy of the neck.
4. Anatomy of the larynx.
5. Nonspecific and specific pathology of the lymphadenoid ring of the pharynx.
6. Changes in the tonsils in infectious diseases (measles, rubella, scarlet fever, infectious mononucleosis).
7. Specificity of changes in the tonsils in blood diseases.
8. Features of the development of the child in the presence of hypertrophy of the pharyngeal tonsil.
9. Acute laryngitis: etiopathogenesis, clinic, diagnosis, treatment.
10. Chronic laryngitis: classification, etiopathogenesis, clinic, diagnosis, treatment.
11. Precancerous conditions of the larynx, clinic, diagnosis, tactics of patient management.
12. Classification of laryngeal stenosis.
13. Differential diagnosis of true and false croup.
14. Tactics of management of patients with laryngeal stenosis.
15. Tracheostomy: indications, course of operation, intraoperative and postoperative complications.
16. Features of blood supply and innervation of the upper respiratory tract
17. Anatomical and physiological features of the esophagus, the possibility of serious complications in foreign bodies of the esophagus.
18. X-ray signs of foreign bodies of the esophagus and respiratory tract.
19. Methods of removal of foreign bodies of ENT organs, depending on the location

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

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

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 credit in the discipline OTORHINOLARYNGOLOGY

	Question	Competence code (according to the WPD)
1.	Nose, paranasal sinuses Clinical anatomy of the nasal cavity (walls of the nasal cavity). Features of the structure of its mucous membrane.	GPC-5, GPC-6
2.	Clinical anatomy of the external nose (cartilage and bone divisions).	GPC-5, GPC-6
3.	Blood supply, venous outflow and innervation of the nasal cavity. The importance of nasal breathing for the body.	GPC-5, GPC-6
4.	Clinical anatomy of the paranasal sinuses: maxillary, frontal, ethmoid, primary.	GPC-5, GPC-6
5.	Physiological functions of the nose and paranasal sinuses.	GPC-5, GPC-6
6.	The role of nasal breathing for the human body.	GPC-5, GPC-6
7.	Diseases of the nasal septum (curvature, bleeding, polyps, perforation of the septum, synechiae, atresia of the nasal cavity).	GPC-5, GPC-6
8.	Boils of the nose, sycosis, erysipelas. Clinic, diagnosis, treatment,	GPC-5, GPC-6
9.	Foreign bodies of the nose. Rhinoliths. Clinic, diagnostics, and emergency care. Method of extraction of foreign bodies of the nose.	GPC-5, GPC-6
10.	Injuries of the nose and paranasal sinuses. Clinic, diagnostics, and emergency care.	GPC-5, GPC-6
11.	A nosebleed. Reasons. Methods of treatment.	GPC-5, GPC-6
12.	Anterior and posterior nasal tamponades. Indications and methods of implementation.	GPC-5, GPC-6
13.	Methods of investigation of the nose and paranasal sinuses.	GPC-5, GPC-6
14.	Hematoma, abscess of the nasal septum. Etiopathogenesis, clinic, diagnosis, emergency care, possible complications	GPC-5, GPC-6
15.	Acute rhinitis. Etiology, pathogenesis, stages of the course, diagnosis and treatment.	GPC-5, GPC-6
16.	Acute inflammation of the maxillary sinus Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
17.	Acute inflammation of the frontal sinus. Etiopathogenesis, clinic, diagnosis and	GPC-5, GPC-6

	treatment.	
18.	Acute inflammation of the ethmoid sinus. Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
19.	Acute inflammation of the sphenoid (main) sinus. Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
20.	Differential diagnosis of inflammatory diseases of the paranasal sinuses (sinusitis, frontitis, etmoiditis, sphenoiditis).	GPC-5, GPC-6
21.	Chronic inflammation of the paranasal sinuses. Etiopathogenesis, classification, clinic, diagnosis and treatment.	GPC-5, GPC-6
22.	Chronic rhinitis. Etiopathogenesis, classification, clinic, diagnosis and treatment.	GPC-5, GPC-6
23.	Vasomotor rhinitis. Etiopathogenesis, classification, clinic, diagnosis and treatment.	GPC-5, GPC-6
24.	Ozena (fetid runny nose). Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
25.	Rhinogenic intracranial complications. Ways of spreading the infection. Etiopathogenesis, clinic, diagnosis. Emergency care.	GPC-5, GPC-6
26.	Rhinogenic intraocular complications. Types, clinic, diagnosis, and treatment.	GPC-5, GPC-6
27.	Rhinogenic thrombosis of the cavernous sinus. Pathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
28.	Malignant tumors of the nose and paranasal sinuses. Clinic, diagnosis, and treatment.	GPC-5, GPC-6
29.	Acute rhinitis. Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
30.	Benign tumors of the nose, nasopharynx, and paranasal sinuses (juvenile nasopharyngeal angiofibroma, osteomas, bleeding polyps, and papillomas).	GPC-5, GPC-6
31.	Pharynx, esophagus. Clinical anatomy of the pharynx (divisions, topography, blood supply, innervation).	GPC-5, GPC-6
32.	Clinical anatomy of the esophagus (topography, physiological narrowing of the esophagus).	GPC-5, GPC-6
33.	Anatomy and physiology of the Pirogov-Waldeyer pharyngeal ring.	GPC-5, GPC-6
34.	Hypertrophy of the nasopharyngeal tonsil (adenoids). Clinic, diagnosis and treatment.	GPC-5, GPC-6
35.	Tonsillitis (non-specific). Forms of sore throats. Etiopathogenesis. Clinic, diagnosis and treatment.	GPC-5, GPC-6
36.	Ludwig's sore throat.	GPC-5, GPC-6
37.	Paratonsillar abscess. Types by localization. Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
38.	Ulcerative-membranous sore throat of Vincent-Simanovsky. Etiopathogenesis. Clinic, diagnosis and treatment.	GPC-5, GPC-6
39.	Damage to the tonsils in blood diseases (infectious mononucleosis, agranulocytosis, leukemia).	GPC-5, GPC-6
40.	Alimentary-toxic sore throat, with infectious diseases (scarlet fever, measles, diphtheria, syphilis, tuberculosis).	GPC-5, GPC-6
41.	Pharyngeal abscess. Etiopathogenesis, clinic, diagnosis, treatment, complications.	GPC-5, GPC-6
42.	Malignant tumors of the pharynx. Clinic, diagnosis and treatment.	GPC-5, GPC-6
43.	Foreign bodies of the pharynx. Clinic, diagnosis and treatment.	GPC-5, GPC-6
44.	Chronic tonsillitis. Etiopathogenesis, clinic, diagnosis and treatment. Classification by I. B. Soldatov and V. T. Palchun - N. A. Preobrazhensky.	GPC-5, GPC-6
45.	Methods of conservative treatment of chronic tonsillitis.	GPC-5, GPC-6
46.	Surgical treatment of chronic tonsillitis. Indications and contraindications for tonsillectomy.	GPC-5, GPC-6
47.	Foreign bodies of the esophagus. Clinic, diagnosis, complications, and treatment.	GPC-5, GPC-6
48.	Esophagoscopy. Indications, method of implementation, complications.	GPC-5, GPC-6
49.	Anesthesia of the pharyngeal mucosa (nasopharynx, oropharynx, laryngopharynx).	GPC-5, GPC-6
50.	External (lateral) paratonsillar abscess. Clinic, diagnostics, and emergency care.	GPC-5, GPC-6
51.	Acute pharyngitis. Classification of Etiopathogenesis clinic and treatment.	GPC-5, GPC-6
52.	Chronic pharyngitis. Classification, etiopathogenesis, clinic, treatment.	GPC-5, GPC-6
53.	Pharyngomycosis. Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
54.	Methods of pharyngeal examination (epipharyngoscopy, mesopharyngoscopy, hypopharyngoscopy).	GPC-5, GPC-6
55.	Larynx, trachea, and bronchi. Clinical anatomy of the larynx (muscles, cartilage, ligaments of the larynx). Blood supply and innervation.	GPC-5, GPC-6
56.	Methods of laryngeal examination (direct and indirect laryngoscopy).	GPC-5, GPC-6
57.	Laryngeal injuries. Classification, clinic, diagnosis, and treatment.	GPC-5, GPC-6
58.	Acute stenosing laryngotracheobronchitis (false croup). Etiopathogenesis, classification, clinic, differential diagnosis with true croup (diphtheria), treatment.	GPC-5, GPC-6
59.	Acute laryngitis. Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6

60.	Chronic laryngitis. Clinic, diagnosis, and treatment.	GPC-5, GPC-6
61.	Benign tumors of the larynx (fibroma, papilloma). Features of the course of laryngeal papilloma in adult children. Clinic, diagnosis, and treatment.	GPC-5, GPC-6
62.	Malignant tumors of the larynx. Laryngeal cancer: clinic, differential diagnosis International classification. Treatment. Indications for surgical radiation treatment.	GPC-5, GPC-6
63.	Tuberculosis of the larynx. Etiopathogenesis. Clinic, differential diagnosis, treatment.	GPC-5, GPC-6
64.	Laryngeal sore throat, phlegmonous laryngitis. Etiopathogenesis, clinic, diagnosis and treatment.	GPC-5, GPC-6
65.	Direct laryngoscopy. Indications. Execution method.	GPC-5, GPC-6
66.	Lightning-fast and acute laryngeal stenosis. Etiology stages of development treatment. Emergency care.	GPC-5, GPC-6
67.	Chronic laryngeal stenosis. Etiology, stages of stenosis development, treatment.	GPC-5, GPC-6
68.	Tracheostomy. Indications and types. Procedure for performing the operation, complications.	GPC-5, GPC-6
69.	Tracheotomy tube. Caring for patients with a tracheotomy tube. Changing the tracheotomy tube.	GPC-5, GPC-6
70.	Foreign bodies of the upper respiratory tract. Classification, treatment, and diagnosis. Emergency care.	GPC-5, GPC-6
71.	Foreign bodies of the larynx and trachea. Clinic, diagnostics. Emergency care.	GPC-5, GPC-6
72.	Foreign bodies of the bronchi. Types of bronchial blockage. Clinic, diagnosis, and treatment. Upper and lower tracheobronchoscopy.	GPC-5, GPC-6
73.	Bronchoscopy. Indications. Method of performing upper and lower tracheobronchoscopy.	GPC-5, GPC-6
74.	Cricotomy, conicotomy. Indications. Execution method.	GPC-5, GPC-6
75.	Laryngeal edema. Causes (inflammatory and non-inflammatory laryngeal edema).	GPC-5, GPC-6
76.	Ear: outer, middle, inner. Clinical anatomy of the external ear (auricle and external ear canal).	GPC-5, GPC-6
77.	Clinical anatomy of the middle ear (tympanic cavity).	GPC-5, GPC-6
78.	Clinical anatomy of the middle ear (auditory tube, mastoid process).	GPC-5, GPC-6
79.	Anatomy and physiology of the inner ear.	GPC-5, GPC-6
80.	Methods of investigation of the external and middle ear. Research of the auditory analyzer. Auditory passport.	GPC-5, GPC-6
81.	Study of vestibular function. Vestibular passport.	GPC-5, GPC-6
82.	Topography of the facial nerve and its branches.	GPC-5, GPC-6
83.	Diseases of the external ear (furuncle, diffuse external otitis, otomycosis). Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
84.	Acute otitis media. Etiopathogenesis, clinic by stages, treatment.	GPC-5, GPC-6
85.	Foreign bodies of the external ear. Clinic, diagnostics. Emergency care. Procedure for removing a foreign body from the ear.	GPC-5, GPC-6
86.	Mastoiditis, otoanthritis. Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
87.	Atypical forms of mastoiditis (Bezold mastoiditis, deep Muret abscess, Chitelli, zygomaticitis, petrositis).	GPC-5, GPC-6
88.	Chronic purulent otitis media (mesotimpanitis). Etiopathogenesis, clinic, diagnosis, treatment, prevention.	GPC-5, GPC-6
89.	Chronic purulent otitis media (epitimpanitis). Clinic, diagnosis, and treatment (conservative and operative).	GPC-5, GPC-6
90.	Labyrinthitis. Etiopathogenesis, classification, clinic, diagnosis, treatment.	GPC-5, GPC-6
91.	Cochlear neuritis. Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
92.	Otosclerosis Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
93.	Meniere's disease. Etiopathogenesis, clinic, diagnosis, treatment.	GPC-5, GPC-6
94.	Intracranial otogenic complications. Classification. Ways of infection penetration into the cranial cavity.	GPC-5, GPC-6
95.	Intracranial otogenic complications (otogenic meningitis, clinic, diagnosis, treatment).	GPC-5, GPC-6
96.	Intracranial otogenic complications (abscess in the temporal lobe, cerebellar abscess). Clinic, diagnosis, and treatment.	GPC-5, GPC-6
97.	Injuries to the outer and middle ear. Clinic, treatment.	GPC-5, GPC-6
98.	Sign language and speech therapy services (preschool institutions, special schools, courses for rehabilitation of hearing loss and treatment of speech defects).	GPC-5, GPC-6

5.1.2 Situational tasks (Code of competence GPC-5, GPC-6)

Task 1

Patient C, 38 years old, had an appointment with a general practitioner. Complaints: severe sore throat when swallowing, severe weakness, headache, muscle and large joint pain. Body temperature 38.5°C. Ill for 2 days, the disease is associated with a cold. Pharyngoscopic picture: hyperemia of the pharyngeal mucosa, hyperemia and infiltration of the palatine tonsils, on the right palatine tonsil there are suppurated follicles in the form of white spots, on the left white-gray, easily removed with a spatula plaque. In the submandibular region, moderately painful, elastic, well-displaced lymph nodes with a diameter of 5-8 mm are palpated on both sides.

Questions:

1. Make a diagnosis
2. Which doctor should treat this patient? Describe your treatment strategy.
3. Give a classification of tonsillitis.

Task 2

Patient P., 27 years old, at ENT doctor's appointment. Complaints: severe sore throat on the right side when swallowing and at rest, pain in the right submandibular region, inability to open the mouth wide, ingestion of liquid food in the nose when swallowing. General weakness, malaise is expressed. Body temperature 38.7°C. Ill for 6 days, previously treated for sore throat. The deterioration occurred in the evening of the previous day. Pharyngoscopic picture: trismus of the masticatory muscles, the right tonsil is hyperemic, infiltrated and, together with the anterior arch, shifted to the midline of the pharynx, liquid pus in the lacunae. The right half of the soft palate is hyperemic and infiltrated.

Questions:

1. Make a diagnosis.
2. Describe the treatment strategy of this patient?
3. Describe in detail the method of surgical treatment of this pathology.

Task 3

Mother with child V., 7 years old at an ENT doctor's appointment. According to the mother, the child often has a runny nose, sleeps with his mouth open, snores. I've had otitis media twice in the last year. Otoscopic picture: the tympanic membrane on the right is cloudy pink, thickened, retracted. Rhinoscopic picture - the nasal mucosa is cyanotic, edematous, mucus in the nasal passages. Nasal breathing is weakened, especially through the right side of the nose. Pharyngoscopic picture: normal. Posterior rhinoscopy and indirect laryngoscopy cannot be performed.

Questions:

1. Make a primary diagnosis.
2. What additional examination is needed?
3. Describe your doctor's treatment strategy?
4. Formulate indications for surgical treatment of this pathology.

Task 4

Mother with child L., 8 years old, at an ENT doctor's appointment. According to the mother, the child often suffers from colds, is sluggish, absent-minded, sleeps restlessly at night, snores. During physical exertion, the boy has difficulty breathing. Regional lymph nodes are not palpable. Pharyngoscopic picture: pharyngeal mucosa is not changed, palatine tonsils are sharply enlarged, almost touching along the midline, lacunae are well expressed, with a small amount of mucus in the lacunae when massaging the tonsils.

Questions:

1. Make a diagnosis
2. What additional otorhinolaryngological examination is necessary?
3. Treatment tactics for this patient?
4. Describe the degree of hypertrophy of the palatine tonsils.

Task 5

Patient B., 27 years old, at a general practitioner's appointment. Complaints: rapid fatigue, decreased performance, weakness, periodic pain in the heart, increased body temperature for no apparent reason to 37.1 ° - 37.3°C. In the throat constantly feels a feeling of tickling, bad breath, notes expectoration of "purulent plugs". Anamnesis of the disease: annually suffers from sore throats. Pharyngoscopic picture: palatine tonsils are soldered to the arches, lacunae are wide, when massaging the tonsils – caseous plugs and liquid pus, congestive hyperemia of the anterior arches, roller-like thickening of the edges of the anterior and posterior palatine arches. On examination, elastic painless lymph nodes with a diameter of up to 6 mm are palpated in the submandibular region on both sides.

Questions:

1. Make a diagnosis
2. What modern methods of treating this disease do you know?
3. Tactics of the district doctor?
4. Give a classification of chronic tonsillitis.

Task 6

Patient D., 28 years old, at a general practitioner's appointment. Complaints: periodic pain in the throat when swallowing, unpleasant sensations in the throat, which he himself associates with smoking. Marks a swelling on the side of the neck

on the right side. Recently experiencing malaise, weakness, lack of appetite, lost weight. Pharyngoscopic picture: a small ulcer in the area of the upper pole of the right palatine tonsil, covered with a dirty gray coating. The amygdala is dense and hyperemic. In the oral cavity on the right side there are carious teeth. On the right side surface of the neck under the sternocleidomastoid muscle in the middle third, palpation reveals a conglomerate of fixed lymph nodes, moderately painful, dense, 3x5 cm in size.

Questions:

1. District doctor's tactics
2. What additional examination is needed?
3. What diseases need to be differentially diagnosed?

Task 7

Patient S., 20 years old, at an ENT doctor's appointment. Complaints: pain in the right ear, hearing loss, purulent discharge from the ear. Ill for 4 days, the disease is associated with hypothermia. According to the patient, by the third day, the pain in the ear became most intense, then the pain decreased and purulent discharge from the ear appeared. He was treated independently (he instilled camphor oil in his ear). General condition is satisfactory, body temperature 37.5°C. The skin of the posterior ear region on the right is not changed, and palpation of the posterior ear region does not reveal any soreness. Otoscopic picture: right ear - profuse purulent discharge in the external auditory canal, the tympanic membrane is hyperemic, infiltrated, identification points are not expressed. Hearing on the left is within the normal range, on the right - whispered speech=4 m, spoken speech=6 m

Questions:

1. Make a diagnosis
2. What diseases do I need to make a differential diagnosis for? What diagnostic measures should be performed for this purpose?
3. What applies to subjective methods of hearing research? List it.
4. Determine the treatment strategy for this stage of the disease.

Task 8

Patient K., 50 years old, at an ENT doctor's appointment. Complaints: a feeling of stuffiness in the left ear after visiting the pool. My ears didn't hurt before, and my hearing was good.

The patient's condition is satisfactory, body temperature is normal. On examination, the area of the mastoid process is not changed, on palpation it is painless. Otoscopic picture: the ear canal in the area of the isthmus is obturated by a dark brown mass. Hearing: whispered speech on the left - 1 m, on the right-6 m. When the doctor tried to remove this mass with a hook, bleeding appeared.

Questions:

1. Make a diagnosis
2. Your treatment strategy?
3. Describe all possible symptoms of this condition and possible treatment options.

Task 9

Child M., 7 years old, mother at a general practitioner's appointment. Complaints: pain in the right ear, headache, hearing loss, malaise. According to his mother, he fell ill after hypothermia, first there was a runny nose, by the evening of the same day there was discomfort in the ear. At the time of treatment, the boy has been ill for 2 days, is cranky, eats poorly, and did not sleep at night due to severe ear pain. At the time of examination, there is still severe pain in the ear. Body temperature in the morning is 38°C. On examination: the occipital region is not changed, when pressing on the tragus of the right ear, moderate soreness is noted.

Questions:

1. Make a primary diagnosis. Explain the pathogenesis of the disease.
2. Determine the treatment tactics of the doctor on duty?
3. What treatment should an otorhinolaryngologist prescribe for this patient?
4. Where is the sound lateralized in the first period of acute otitis media? Name and describe the tuning fork test that you can use to determine this.

Task 10

Child T., 6 years old, at a general practitioner's appointment. According to his mother, a few hours ago, the boy put a plastic ball in his ear while playing. My ear had never hurt before, and my hearing was good. Palpation of the auricle and tragus is painless, there is no discharge from the ear. In the depth of the ear canal of the right ear, a foreign body is detected 1 cm from the entrance, and when you try to get it using tweezers, it has moved deeper.

Questions:

1. Were the doctor's actions correct? Explain the answer.
2. Describe the patient's future treatment strategy.
3. Describe the clinical anatomy of the external ear canal.

Task 11

Patient I., 19 years old, athlete, at an ENT doctor's appointment. Complaints: soreness and swelling of the right auricle, which appeared immediately after the wrestling competition and increased during the day. The patient's condition is satisfactory, body temperature is normal. On examination: the right auricle was deformed due to swelling in the scaphoid fossa. Palpation reveals fluctuation, moderate soreness, and local hyperthermia. The skin in this area is blue-purple in color. Otoscopic picture: the eardrums are gray in color, intact. Hearing is within the normal range.

Questions:

1. Make a diagnosis.
2. Describe the treatment strategy for this condition.
3. What kind of complication can you expect if you use the wrong tactics?

Task 12

Patient B., 19 years old, at an ENT doctor's appointment. Complaints: throbbing pain in the left ear, headache, purulent discharge from the ear, hearing loss, poor health, malaise. According to the patient, the ear hurts for about a week and a half, so far he has not applied for medical help *побрацался*. A day ago, there was pain and swelling in the left behind-ear region. Body temperature in the range of 37.5-38°C. On examination, the auricle of the left ear is protruding anteriorly, there is pain on palpation and pronounced infiltration of the tissues of the posterior ear region. In the auditory canal, there is an abundant mucopurulent discharge, hyperemia and "overhang" of the posterior-upper wall of the external auditory canal in the bone department are determined. The tympanic membrane is hyperemic, there is a pinpoint perforation in the posterior-lower quadrant and a pulsating reflex of discharge from the tympanic cavity.

Questions:

1. Make a diagnosis.
2. What additional diagnostic measures are necessary for this patient?
3. Determine the treatment strategy for this patient. What complications can develop with the wrong tactics? Describe how the infection spreads.

Task 13

The patient is being treated on an outpatient basis by a general practitioner for a sore throat. Despite anti-inflammatory treatment, the condition progressively worsens. Complaints: febrile fever, weakness, headache, sweating, poor sleep and appetite. The skin is pale, the liver, spleen and submandibular l/a are moderately enlarged. Pharyngoscopic picture: a picture of catarrhal angina with a slight swelling of the mucous membrane. In the blood test: leukocytosis with a predominance of myeloblasts, lymphoblasts, erythrocytopenia, hypohemoglobinemia, a moderate increase in ESR.

Questions:

1. Make a primary diagnosis?
2. What additional examination is necessary to clarify the diagnosis?
3. Give a classification of tonsillitis.

Task 14

A 40-year-old patient has an ENT appointment. After hypothermia four days ago, there was a sore throat when talking and swallowing rough food. Gradually, the condition worsened, a general malaise appeared, a sharp pain in the throat when the head was tilted. Body temperature rose to 38.7. On examination-pain when pressing with a spatula on the tongue and when it protrudes, submandibular l/u moderately enlarged on both sides, painful, mobile. Pharyngoscopic picture: pharyngeal mucosa is intensely pink, opaque, dry. Hyperemia and infiltration in the area of the root of the tongue, insular patches of gray-yellow color are also visible there. Other ENT organs without special features.

Questions:

1. Make a preliminary diagnosis?
2. What is the treatment strategy for this patient?
3. Describe the lymphadenoid pharyngeal ring.

Task 15

A 27-year-old patient at an ENT doctor's appointment. Complaints: difficulty opening the mouth, inability to swallow coarse food due to intense pain in the left side of the pharynx, general malaise, high body temperature. Ill for 4 days, treated independently (aspirin, analgin, rinse with chamomile decoction), no effect. On examination: increased painful l/a in the left submandibular region. The mouth opens with difficulty, not wide. The pharyngeal mucosa is hyperemic, the left palatine tonsil is shifted to the center, and an infiltrate is detected that captures the anterior palatine arch and part of the soft palate.

Questions:

1. Make a primary diagnosis?
2. What is the treatment strategy for this patient?
3. Describe the lymphadenoid pharyngeal ring.

Task 16

The child is 12 years old, at an ENT doctor's appointment. Complaints: has a sore throat 2 times a year. On examination: the tongue is covered with a whitish coating, congestive edematous hyperemia of the anterior palatine arches. Tonsils

behind the arches, in the lacunae caseous plugs, palpable enlarged painless l / a in the submandibular region. From other organs and systems of pathology was not detected.

Questions:

1. Make a primary diagnosis?
2. What is the treatment strategy for this patient?
3. Please describe the classification of this disease
4. Describe the indications for conservative and surgical treatment of this disease

Task 17

The patient is 22 years old, at an ENT doctor's appointment. Complaints: sore throat, low-grade body temperature, general weakness, fatigue, poor sleep, joint and heart pain. He was treated conservatively at his place of residence. On examination: the tongue is overlaid with a whitish coating, the tonsils are atrophic, soldered to the arches, purulent plugs in the lacunae, the maxillary and submandibular lymphatic nodes are enlarged. On the ECG - violation of interventricular conduction.

Questions:

1. Make a primary diagnosis?
2. What is the treatment strategy for this patient?
3. Please describe the classification of this disease
4. Describe the indications for conservative and surgical treatment of this disease

5.1.3 Topics for reports

1. Nasal furuncle
2. Fracture of the nasal bones
3. Acute viral rhinitis
4. Nasal septum deviation
5. Atrophic rhinitis
6. Peritonsillar abscess
7. Herpangina
8. Acute pharyngitis
9. Acute laryngitis
10. False croup (subglottic laryngitis).
11. True croup (laryngeal diphtheria).
12. Earwax. Earwax blockage
13. Chondroperychondritis of the pinna
14. Malignant otitis externa
15. Acoustic trauma of the ear

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

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: Terentyeva Anna Borisovna, Associate Professor of the Department of Ear, Nose and Throat Diseases of the Federal State Budgetary Educational Institution of Higher Education "PIMU" of the Ministry of Health of the Russian Federation, Ph.D.