Appendix to the working program

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 PEDIATRICS

NAME OF DISCIPLINE PEDIATRICS

Training program (specialty): **31.05.01 GENERAL MEDICINE**
(code, name)
Department: **FACULTY AND POLYCLINIC PEDIATRICS**

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 "PEDIATRICS" is an integral appendix to the working program of the discipline " PEDIATRICS ". 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	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	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.	Control work	A tool of checking the ability to apply acquired knowledge for solving problems of a certain type by topic or section	Set of control tasks in variants
4.	Individual survey	A control tool that allows you to assess the degree of comprehension of the material	List of questions
5.	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
6.	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
7.	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	Stage of competence	Controlled sections of the discipline	Assessment tools

competence*	formation		
UC – 1, UC – 4, UC- 5 GPC – 4, GPC – 5, GPC-7, GPC – 10 PC – 1, PC – 3, PC – 8, PC – 9	Current	Clinical Features of Respiratory Failure. Causes of Acute Respiratory Failure in Children. Approach to the child with Respiratory Failure. Approach to newborns with Neonatal Jaundice, Asphyxia, Birth Trauma. Approach to infant child with protein-energy malnutrition, anemia, dermatitis, rickets, pneumonia and chronic cough.	*Interview 1-20,29,34-35 Report 1-9 Situational tasks 1-15,22,23 Test 1-5*
UC – 1, UC – 4, UC- 5 GPC – 4, GPC – 5, GPC-7, GPC – 10 PC – 1, PC – 3, PC – 8, PC – 9	Current	**A**pproach to child with myocarditis, endocarditis, pericarditis, congestive heart failure, arthritis syndrome. Differential diagnosis diseases accompanied by heart failure and arthritis syndrome.	*Interview 21-28,36-38 Report 10-13 Situational tasks 16-19 Test 6*
UC – 1, UC – 4, UC- 5 GPC – 4, GPC – 5, GPC-7, GPC – 10 PC – 1, PC – 3, PC – 8, PC – 9	Current	Kidney pathology. Causes of acute kidney injury and chronic kidney disease. Clinical Features of acute kidney injury and chronic kidney disease. Approach to the child with acute kidney injury and chronic kidney disease, with leukocyturia, hematuria, proneinuria.	*Interview 30-33 Report 15-17 Situational tasks 24-27 Test 7*

* - *not provided for postgraduate programs*

Interview

1. Normal and abnormal gestational periods. Features of cardiovascular system of newborn children.
2. Physical examination of skin in newborn children. Physiological jaundice. Physical examination of head and face, chest and heart, abdomen, kidneys, genitalia, extremities in newborn children. Newborn's reflexes.
3. Perinatal asphyxia. Etiology of asphyxia. Effects of asphyxia. Apgar score. Posnatal symptoms of asphyxia. Resuscitation.
4. Respiratory distress syndrome. Definition. Pathophysiology. Clinical manifestation. Preventions and treatment.
5. Birth trauma. Risk-factors. Types of extracranial hemorrhage. Types of intracranial hemorrhage, common clinical features.
6. Birth trauma. Risk-factors. Facial nerve injuries. Management.
7. Bilirubin metabolism in newborn infants. Features of nonphysiologic hyperbilirubinemia. Indirect unconjugated hyperbilirubinemia. Hemolytic disease of newborns. Types. Pathophysiology. Clinical features, classification. Laboratory tests. Treatment. Direct conjugated hyperbilirubinemia.
8. Rickets. Classification. VitD metabolism in organism.
9. Rickets. Prophylaxis of vitamin D-deficiency rickets.

10. Rickets. Etiology. Clinical manifestation and treatment of vitamin D-deficiency rickets.
11. Anemia. Classification. Etiology of iron deficiency anemia.
12. Iron deficiency anemia. Clinical features and treatment.
13. Atopic dermatitis. Definition. Triggers. Diagnostic criteria.
14. Atopic dermatitis. Laboratory tests. Principles of local therapy. Diet therapy.
15. Pneumonia in children. Definition and classification. Age-depended Etiology. Pathogenesis.
16. Pneumonia in children. Clinical and diagnostic's criteria. Differential diagnosis.
17. Pneumonia in children. Differentiated choice of antibacterial therapy.
18. Bronchial asthma. Risk factors. The mechanism of bronchial asthma development. Classification.
19. Bronchial asthma. Signs and symptoms. Laboratory markers. Research by functions of external respiration.
20. Bronchial asthma. Treatment. Basic therapy. Therapy of acute asthma attack.
21. Congenital heart defects. Risk factors. Classification.
22. CHD with left-to-right shunt ("pallor"): VSD, ASD, PDA. Hemodynamics features. Common signs and symptoms.
23. CHD with limited systemic blood floor: Coarctation of Aorta. Hemodynamics features. Signs and symptoms.
24. CHD ("blue"): tetralogy of Fallot. Hemodynamics features. Signs and symptoms.
25. Acute rheumatic fever in children. Etiology. Pathogenesis.
26. Acute rheumatic fever in children. Jones criteria for ARF.
27. Acute rheumatic fever in children. Treatment. Prophylaxis.
28. Myocarditis in children. Etiology. Pathogenesis. Classification. Diagnostic criteria. Differential diagnosis. Treatment. Prevention.
29. Hemolytic anemia: hereditary spherocytosis. Etiology. Pathogenesis. Signs and symptoms. Laboratory investigations. Principles of therapy
30. Acute pyelonephritis. Etiology. Signs and symptoms. Laboratory tests. Treatment.
31. Acute cystitis. Etiology. Signs and symptoms. Laboratory tests. Treatment.
32. Acute post-streptococcal glomerulonephritis. Etiopathogenesis. Clinical and Diagnostic criteria. Principles of therapy.
33. Nephrotic syndrome. Definition. Morphological variants. Etiopathogenesis. Clinical and laboratory criteria. Therapy.
34. Acute respiratory viral infections. Etiology. Epidemiology. Common Signs and symptoms. Associated diseases. Differential diagnosis of ARVI. Principles of diagnosis and therapy.
35. Acute conditions requiring urgent care: acute laryngotracheitis, bronchoobstructive syndrome. Signs and symptoms. Emergency care.
36. Streptococcal infection in children: scarlet fever. Etiopathogenesis. Epidemiology Signs and symptoms. Diagnostic criteria. Complications. Treatment.
37. Streptococcal infection of the respiratory tract: exudative pharyngitis (streptococcal tonsillitis). Clinical and diagnostic criteria. Complications. Differential diagnosis of diphtheria, infectious mononucleosis. Treatment.
38. Streptococcal skin infection: erysipelas, impetigo. Clinical and diagnostic criteria. Complications. Treatment.

Report

1 Malabsorption syndrome: celiac disease. Etiology. Pathogenesis. Diagnosis. Treatment. Principles of diet therapy
2 Malabsorption syndrome: cystic fibrosis. Etiology. Pathogenesis. Diagnosis. Treatment. Principles of diet therapy
3 Malabsorption syndrome: lactase deficiency. Etiology. Pathogenesis. Diagnosis. Treatment. Principles of diet therapy
4 The role of vitamin D and its biological effects in the child's body.
5 Iron exchange in organism
6 Foreign body aspiration.

7 Cystic fibrosis. Pulmonary form. Clinical signs and symptoms. Treatment.
8 Types of drug delivery in the treatment of bronchial asthma.
9 Specific immunotherapy.
10 Transposition of the main vessels.
11 Hypoplasia of the left heart
12 Chronic heart failure. Signs and symptoms. Treatment of CHF in children.
13 Infectious endocarditis. Signs and symptoms. Diagnostic criteria. Principles of therapy.
14 Chronic diarrhea in children
15 Chronic kidney disease. Signs and symptoms. Principles of treatment.
16 Acute kidney injury. Etiology. Signs and symptoms. Principles of treatment.
17 Side effects of glucocorticosteroid therapy.

Situational tasks

1. A previously healthy, well-developed 6-month-oid infant develops diarrhea that proves to be due to rotavirus infection that lasts 3 weeks and requires treatment with intravenous and oral rehydration fluids. Thereafter, the infant is again fed with the regular infant formula that was used before this illness. Each time the infant receives this formula, the infant develops watery diarrhea, which is now rotavirus negative.
   Questions:
   Make the initial diagnosis and explain it.
   What laboratory test will confirm the diagnosis?
   What type of diarrhea is presented?
   Make differential diagnosis.
   What is main principle of therapy?

2. The boy of 8 month old was admitted to the hospital. At admission the mother said about the child's poor gain in weight, frequent cough, relapsing bronchitis. The mother marked the child's large volume liquid fatty stool. The pregnancy proceeded without complications; the child was born in time. The birth weight of the child was of 3500 g, length 53 cm. The child was breastfeed, complementary foods was started since 5 months. Now the weight of the child's body is 6300 g, length - 68 cm.
   Medical examination: Current general condition of the child was serious. The skin was pale and clear. The subcutaneus fat was weak; on the chest it was absent. The turgor of tissues was reduced. There was muscle hypotonia. The hard respiration was defined in the lungs. Sounds were tympanic by percussion of lungs. The cardiac sounds were rhythmical and clear. The stomach was enlarged in size. The liver was palpable 3 cm out from the margin of the rib arc. Stool was 6 times per day, with large size, liquid.
   Investigation: CBC: Hb - 105 g/L, Er - $3{,}0 \cdot 10^{12}$/L, Le - $7{,}2 \cdot 10^{12}$/L. Chloridums of sweat - 95 mmol/L. Chest X-ray - there was intensifying pulmonary drawing on all lungs fields. The sings of bronchitis were available.
   Questions:
   Make and explain the diagnosis.
   Etiology, pathogenesis, and clinical signs of this disease.
   Additional laboratory tests for confirming diagnosis of this disease.
   Define the main principles of therapy of the disease.
   What is the role of neonatal screening in diagnosis of the disease?

3. An 8-year-old white male is noted to be underweight and not growing well. Past medical history reveals three episodes of "pneumonia" and wheezing thought to be asthma. His appetite is good, but he has had intermittent diarrhea since weaning from breast milk.
   Questions
   Make the initial diagnosis and explain it.
   What are main etiological and pathogenetic mechanisms of this disease?
   What organs and systems are usually involved in the disease?

What laboratory studies are needed to make a diagnosis?
Main principle the treatment of this disease?

4. A 900-g infant of 27 weeks' gestational age developed respiratory distress syndrome and required endotracheal intubation on the first day of life. At 36 hours of age, the infant developed hypotension, bradycardia, cyanosis, and a tense anterior fontanel.

Questions:
What does RDS mean?
What could provoke the deterioration of the patient's condition?
Make the initial diagnosis and explain it.
What risk factors of this condition are presented?
What is the most appropriate diagnostic test? What results do you expect?

5. A 42-week-gestational-age, 3600-g, breast-fed, white female is noted to have persistent hyperbilirubinemia at 2 weeks of age. On physical examination, the infant has not gained weight since birth and has decreased tone, an umbilical hernia, and an anterior fontanel measuring 4X4 cm.

Questions:
Make the initial diagnosis and explain it.
What laboratory studies are needed to make a diagnosis?
What therapy does the patient need? For how long?
What is prognosis in this disease?
Approach to the newborns with neonatal hyperbilirubinemia.

6. A 4-week-old, A-positive, African-American, former 40-week-gestational-age infant was born to an O-positive mother and developed hyperbilirubinemia requiring 2 days of phototherapy in the newborn nursery after birth. The infant appears apathetic and demonstrates pallor, a grade 2/6 systolic ejection murmur, and a heart rate of 175.

Questions:
Make the initial diagnosis and explain it.
What is etiology and pathogenesis of the disease?
What laboratory studies are needed to confirm the diagnosis?
Approach to the newborns with neonatal hyperbilirubinemia.
What are prognostically dangerous factors for development of kernicterus?

7. A full-term male, born from a normal spontaneous vaginal delivery, appeared well until 3 weeks of age, when he developed fever, irritability, and poor feeding. Twelve hours later, the examination revealed a pale, lethargic infant with poor suck and fair muscle tone. His temperature was 40°C, pulse was 180, and respiratory rate was 60. His fontanel was firm, his chest was clear, his abdomen was not distended, and no organs or masses were palpable. His skin showed normal turgor with capillary refill less than 3 seconds. White blood cell (WBC) count was $2.8 * 10^9$/l, with 13% segmented cells and 12% bands. д

Questions:
What is the most appropriate next step in diagnosis?
Differential diagnosis between bacterial and aceptic meningitis.
Make the initial diagnosis and explain it.
Main etiological and pathogenetic mechanisms of this disease.
Main principles the treatment of this disease.

8. An 18-month-old Caucasian male is brought to your office for a routine health maintenance visit. The mother reveals that the child always appears hungry; in fact, he drinks a quart of

whole milk a day and also eats dirt. Intake of solid foods is sporadic, but the mother states that she thought all 18-month-olds were "picky eaters." Physical examination reveals mild pallor of the conjunctivae. He has no hepatosplenomegaly, and the rest of the examination findings are normal. Based on the information, which of the following would be the most likely to determine the diagnosis?

Questions:

Make the initial diagnosis and explain it.
What is etiology and pathogenesis of this disease?
What changes do you expect in laboratory tests?
What are main principles of therapy
In what doses and for how long is it necessary to treat the patient?

9. The boy of 3 month old had the expressed xeroderma, itching on cheeks, hyperemia, crack, vesicular eruption. From anamnesis: the first symptoms appeared after the first introduction of milk formula as cheeks redness and itching.
Medical examination: Physical development was normal. The skin was dry. There were hyperemia, dryness and infiltration of cheeks. Respiratory sounds were normal. Cardiac sounds were rhythmical. Abdomen was soft, painless. Stool was normal.
Investigation
CBC: Hb - 122g/L, Er - 3,2·10*12/L, Le - 7,0·10*9/L, ESR - 6 mm/h.
Immunology: IgE – 910 IU/l (normal level up to 100 IU/l)

Questions:
Make the initial diagnosis and explain it.
What is etiology and pathogenesis of this disease?
What treatment would you recommend for this child?
What are you recommendations about vaccination of the patient?
What are you recommendations about prevention of the disease?

10. A 2-year-old previously well male is brought to you with cough and fever. His history unremarkable. Physical examination revels toxic, ill child with fever, dyspnea, and decreased breath sounds in the right middle lung fields. Posteroanterior and lateral chest radiographs reveal an infiltrate in the right middle lobe. His left lung is clear. Leukocyte count is 19,000/mm^3 with 54% polymorphonuclear neutrophils, 18% bande forms, and 28% lymphocytes. The child is admitted to the hospital.
Questions:
Give conclusion about laboratory and instrumental results.
Make the initial diagnosis and explain it.
Make differential diagnosis.
What are main principles of therapy?
Prescribe antibacterial drug for the patient.

12. A l4-year-old white female with the diagnosis of severe recurrent reactive airway disease since age 1 year comes to the emergency room with fever and cough for 2 weeks. The child has purulent sputum, bilateral wheezing, and rales but is not "tight." Her weight is below the fifth percentile, she has no secondary sex characteristics, and mild digital clubbing is noted.
Questions:
Main etiological and pathogenetic mechanisms of this disease?
Main principle the treatment of this disease?

13. An 8-year-old white male is noted to be underweight and not growing well. Past medical history reveals three episodes of "pneumonia" and wheezing thought to be asthma. His appetite is good, but he has had intermittent diarrhea since weaning from breast milk.

Questions:

Main index for the appropriated laboratory test?

Make the initial diagnosis.

Main principle the treatment of this disease?

14. The child of 3 years old fell ill acutely. There was runnig temperature up to 39ºC, dry, painful cough, and headache. The child was from the first pregnancy, the pregnancy was with toxicosis. The child had respiratory distress syndrom in the newborn period. The child was frequently ill with acute respiratory infections. He had tonsillitis, chickenpox, and rubella.

Medical examination: General condition was serious. The skin was pale, nasolabial cyanosis of triangle was determined. Mucous of oral cavities was clean, dry. Respiration was "grunting respiration", the number of respiratory movements was 62 for once minute. The chest was enlarged in the front - back size, the right part of the chest slowed down in respiration. On percussion the area of dull percussion was defined in the right side. On auscultation bronchial breath sounds, diminished breath sounds in the right side and fine moist rales were determined. The cardiac sounds were clear, clean. The stomach was soft, painless. The liver was determined near the edges of the rib.

Investigation :CBC: Hb -105 g/L, Er - 3,5·10^12/L, Le - 18,6·10^9/L, ESR - 28 mm/h. Chest X-ray: the intensive darkness was marked in the area of VIII -IX segments of the right lung.

Questions:

Make the initial diagnosis:

Main principles of antibacterial therapy of this disease.

What complications of the disease do you know?

15. A 3-year-old has had a loose cough without sputum for 2 months. The cough is getting worse, especially at night. It keeps his parents awake although the child sleeps through the cough. Family history revealed that the mother has eczema and the father has had "hay fever."

Questions:

Make the initial diagnosis and explain it.

What is etiology and pathogenesis of the disease?

What laboratory and instrumental tests will confirm the diagnosis?

What are main principles of therapy?

What is a prognosis?

16. An 18-month-old is noted to assume a squatting position frequently during play time at the daycare center. The mother also notices occasional episodes of perioral cyanosis during some of these squatting periods. The day of admission, the child becomes restless, hyperpneic, and deeply cyanotic. Within 10 minutes, the child becomes unresponsive.

Questions:

Make the initial diagnosis and explain it.

What laboratory and instrumental tests will confirm the diagnosis?

Emergency care of this situation?

What is a prognosis?

17. A previously well 3 1/2-month-old presents with poor feeding, diaphoresis during feeding, and poor growth. Vital signs reveal respirations of 70, pulse of 175, and blood pressure of 90/65 mm Hg in the upper and lower extremities. The cardiac examination reveals a palpable parasternal lift and a systolic thrill. A grade 4 holosystolic murmur and a middiastolic ramble are noted. The chest radiograph reveals cardiomegaly.

Questions:
Make the initial diagnosis and explain it.
What instrumental tests will confirm the diagnosis?
Complications which child reveals in this case?
What is a prognosis?

18. A 12-year-old female is noted to have a blood pressure of 170/110 mm Hg during a routine grade physical examination for school sports participation. She is asymptomatic but has been noted to have a grade 1-2/6 short systolic murmur at the left sternal border.
Questions:
What is the next diagnostic test to be performed to confirm the diagnosis?
Make the initial diagnosis.
Additional instrumental investigation for confirming of this disorder?
Describe typical clinical manifestations of the disease.
19. The girl of 12 years old complained of fatigability, bad appetite, pain in ulnar, knee joints, running temperature. The girl had tonsillitis a month ago.
Medical examination: General state was moderate. The skin was pale. On face the hyperemia was not defined. Vesicular breath sounds were auscultated over lung fields. The heart borders: the right - the right border of the sternum, the upper border - between the second and the third ribs, the left - 3 cm to the left from the midclavicular line. On auscultation the systolic murmur were heard in the heart apex and in the Erba's point. Pulse was 108 beats per minute. The joints of ulnar and knee were hot and painful. The liver and spleen were not enlarged.
Investigation
CBC: Hb - 108 g/L, Er - 3,0•10^12/L, Le - 12,0•10^9/L , ESR - 28 mm/h.
Blood chemistry: total protein - 80 g/L, albumin - 46 %, γ-globulins - 25 %, C-reactive protein - positive.
Questions:
It is necessary to make and substitute the initial diagnosis
What laboratory and diagnostic tests are necessary for determining the diagnosis?
What is the treatment of choice?

20. A 5-year-old white female has multiple bruises on her lower extremities and oral-mucosal bleeding of 3 days' duration. Two weeks before these signs, she had a mild respiratory tract infection. Physical examination reveals multiple ecchymoses and petechiae; no lymphadenopathy or hepatosplenomegaly is noted.

Questions:
Prescribe diagnostic test and explain expected results.
Make the initial diagnosis.
What is etiology and pathogenesis of the disease?
What are main principles of therapy?
What is a prognosis?
21. A 10-month-old white male presents with a 1-day history of persistent bleeding after cutting his lip slightly. The family history is unremarkable, and the patient is receiving no medications. Laboratory data reveal a hemoglobin value of 11 g/dL, platelets of 350,000, a prothrombin time of 11.8 seconds, and a partial thromboplastin time (PTT) of 100 seconds, which is corrected by mixing of normal plasma.
Questions:
Make the initial diagnosis and explain it.
Prescribe diagnostic test and explain expected results.
Make differential diagnosis.
What are main principles of therapy
Give recommendations for the patient.

22. A 1-year-old presents with pallor of 3 months' duration. Past medical history reveals neonatal hyperbilirubinemia that was treated with phototherapy for 1 week and a father who had a splenectomy at the age of 2 years for unknown reasons. On physical examination, the child is pale and has splenomegaly (4 cm below the left costal margin).
Questions:
Make the initial diagnosis and explain it.
What is etiology of this disease?
What are clinical manifestations of this disease?
Prescribe diagnostic test and explain expected results.
What are main principles of therapy?

23 A 42-week-gestational-age, 3600-g, breast-fed, white female is noted to have persistent hyperbilirubinemia at 2 weeks of age. On physical examination, the infant has not gained weight since birth and has decreased tone, an umbilical hernia, and an anterior fontanel measuring 4X4 cm.
Assignment
Make the initial diagnosis and substantiate it.
What forms of the disease do you know?
Define the etiology of the disease. Make differential diagnosis.
What treatment is necessary for this patient?

24. A 3-year-old female presents with vomiting, diarrhea, and fever. A urinalysis shows pyuria and hematuria, and a culture grows greater than 10^5 colonies of *E. coli.* She responds well to hydration and intravenous antibiotics.
Questions:
Make the initial diagnosis, explain it.
What laboratory and instrumental tests are needed? What results do you expect?
Make differential diagnosis.
What are main principles of therapy?
Prescribe antibacterial drugs for the patient.

25. A 4-year-old male developed an upper respiratory tract infection that was followed in 2 weeks by general edema. His blood pressure is normal. Urinalysis reveals 2 to 5 red blood cells per high-power field and 4 + protein. His BUN is 19 mg/dL, creatinine 0.6 mg/dL, cholesterol 402 mg/dL, serum albumin 0.9 g/ dL, antistreptolysin O titer 1:16, and C3 92 mg/dL.
Assignment
Make the initial diagnosis and substantiate it.
What treatment is necessary for this patient?
Make differential diagnosis.

26. A 8-year-old female presents to the emergency department with a seizure. On initial evaluation, the patient appears to be post-ictal, but is otherwise okay. Initial vital signs are significant for blood pressure of 180/110. She has never had a seizure before. On further questioning, the patient s parents report that she had several episodes of coca-cola colored urine a few days ago, and was seen by her doctor and given an antibiotic for presumed urinary tract infection. Over the last few days prior to her presentation, she has been complaining of headaches. Otherwise the patient has been fine. She has never been hospitalized, takes no medications, and she has no known allergies. She is in 3rd grade, and plays soccer in a local league. She is very seldom ill, and with the exception of a sore throat 2 weeks ago, she has had no other recent illnesses. CT of the head is normal.
Questions:
What is the most likely diagnosis?

What would be the most likely urinalysis and laboratory findings in the patient in the previous question?
Define the etiology of the disease.
Make differential diagnosis.
What are complications of the disease?
What treatment is necessary for this patient?

27. A 5-year-old boy develops severe abdominal pain of 3 days' duration. He is unable to eat and has occasional emesis. Physical examination reveals an anxious, acutely ill child with generalized abdominal tenderness, voluntary guarding of the anterior abdominal muscles, and normal findings on rectal examination. A surgical consultant believes the child has an acute abdomen, possibly appendicitis. Before the child is sent to the operating room, the urinalysis reveals 3 + hematuria and 1 + proteinuria. The patient also has petechias over the dorsal surfaces of the feet and hands and over the buttocks. His platelet count is 350,000.

Questions:
Make the initial diagnosis and explain it.
What are main etiological and pathogenetic mechanisms of this disease?
Make differential diagnosis in this case.
Main principles the treatment of this disease?
What is prognosis of the disease?

Test

1. Malnutrition N 14 https://sdo.pimunn.net/mod/quiz/view.php?id=123020
2. Neonatology N 10 https://sdo.pimunn.net/mod/quiz/view.php?id=46936
3. Atopic Dermatitis, Rickets, Anemia N 15 https://sdo.pimunn.net/mod/quiz/view.php?id=59953
4. Pneumonia N 10 https://sdo.pimunn.net/mod/quiz/view.php?id=163405
5. Asthma N8 https://sdo.pimunn.net/mod/quiz/view.php?id=123571
6. Cardiology N 12 https://sdo.pimunn.net/mod/quiz/view.php?id=144850
7. Nephrology N 12 https://sdo.pimunn.net/mod/quiz/view.php?id=144813

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

Entry /current control is carried out by the discipline teacher when conducting classes in the form of: assessment tool 1, assessment tool 2, etc. *(list the forms, for example, control work, organization of a discussion, round table, abstract, etc.)*

Assessment tools for current control.

Assessment tools 1

1. Individual survey
2. Interview
3. Test

Assessment tools 2

1. Control work
2. Interview
3. Test

Assessment tools 3

1. Situational task
2. Report
3. Test

(the teacher specifies all types of tasks for conducting current control, if this is provided for in the WPD, in the form given below as an example. The current control is carried out in the context of the assessment of competencies provided for in the WPD, and not topics or sections of the discipline)

4.1. Tasks for the assessment of competence "UC – 1, UC – 4, UC- 5, GPC – 4, GPC – 5, GPC- 7, GPC – 10, PC – 1, PC – 3, PC – 8, PC – 9" *(specify the competence code):*

Task 1 ***See situational task 1-27 (above)***

4.2. Control work for the assessment of competence " UC – 1, UC – 4, UC- 5, GPC – 4, GPC – 5, GPC- 7, GPC – 10, PC – 1, PC – 3, PC – 8, PC – 9" *(specify the competence code):*

Variant 1
Task 1 see interview 1-38 (above)
Task 2 see situational task 1-27 (above)
Example,
Task 1 Types of breast milk. Colostrum. Regulation of lactation. Recommendations for establishing of successful breast-feeding.
Task 2 A 3-year-old has had a loose cough without sputum for 2 months. The cough is getting worse, especially at night. It keeps his parents awake although the child sleeps through the cough. Family history revealed that the mother has eczema and the father has had "hay fever."
Questions:
Make the initial diagnosis and explain it.
What is etiology and pathogenesis of the disease?
What laboratory and instrumental tests will confirm the diagnosis?
What are main principles of therapy?
What is a prognosis?

4.3. Questions for colloquiums, interviews *(specify the competence code* UC – 1, UC – 4, UC- 5, GPC – 4, GPC – 5, GPC- 7, GPC – 10, PC – 1, PC – 3, PC – 8, PC – 9*)*: ***see interview 1-38 and situational task 1-27 (above, in 3 point)***

4.4. Tasks (assessment tools) for the exam/credit (not provided by the program)

5. Criteria for evaluating learning outcomes

For the credit (example)

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

***** *- not provided for postgraduate programs*

For the exam (example)

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	The formation of competence generally meets the requirements, but there are shortcomings. The available	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to

Learning outcomes	Assessment of competence developed			
	unsatisfactory	**satisfactory**	**good**	**excellent**
		generally sufficient to solve professional tasks, but additional practice is required for most practical tasks	knowledge, skills and motivation are generally sufficient to solve professional tasks, but additional practice is required for some professional tasks	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):
Vera V. Mescheryakova, Candidate of Medical Science, Associate Professor of the Department of Faculty and Polyclinic Pediatrics