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**MINISTRY OF SCIENCE AND HIGHER EDUCATION
RUSSIAN FEDERATION**

**Federal State Autonomous Educational Institution of Higher Education
NORTH-CAUCASUS FEDERAL UNIVERSITY**

APPROVED
Assoc. Prof. Kubanov S.I.
PhD in Medical Sciences
Dean
Faculty of Medicine and Biology

ASSESSMENT TOOLS FUND FOR THE DISCIPLINE

Forensic medicine and sectional course

Name of the discipline (module)

- Specialty: 31.05.01 General Medicine
- Mode of training: Full-time
- Year of commencement of studies: 2026
- Delivered in Semester 6

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Forensic medicine and sectional course» for students of the specialty (majoring in) 31.05.01 General Medicine.

2. The ATF is an appendix to the program of the discipline (module) «Forensic medicine and sectional course»

3. Developer(s): Ivchenko G.S., Acting Head of the Department of Propaedeutics of Internal Diseases

4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: T.N. Pakhomova, Chairman of the Educational and Methodological Commission of the Faculty of Medicine and Biology

Committee members: Butova O.A., Head of the Department of Physiology and Pathology;
Korovin A.A., Professor of the Department of Physiology and Pathology.

Employer organization representative: Vilensky I.L., Chief Physician of Independent CDL, LLC

Expert conclusion – the ATF allows evaluating the level of competency levels and is recommended to be employed in the educational process.

5. The validity period for the ATF shall be determined by the period of implementation of the educational program.

1. Description of Evaluation Criteria at Various Stages of Their Formation, Description of Evaluation Scales

Levels of formation of competence(s), indicator(s)	Descriptors			
	Minimum level not achieved (Unsatisfactory) 2 points	Minimum level (Satisfactory) 3 points	Intermediate level (Good) 4 points	High level (Excellent) 5 points
<i>Competency:</i> GPC-5. Capable of assessing morphofunctional, physiological states and pathological processes in the human body to solve professional tasks.				
Learning outcomes for the discipline (module): <i>Indicator:</i> ID-1 _{GPC-5} Assesses morphofunctional and physiological states and processes in the human body at individual, group, and population levels to solve professional tasks.	Does not assess morphofunctional and physiological states	Assesses morphofunctional physiological states	Assesses morphofunctional and physiological states processes in the human body at individual, group, and levels	Assesses morphofunctional physiological states processes the body individual, group, population levels to solve professional tasks
<i>Indicator:</i> ID-2 _{GPC-5} Identifies Pathological states and processes in the human body to solve professional tasks	Does identify pathological states	Identifies pathological states	Identifies pathological states and processes in the human body	Identifies pathological states processes the body to solve professional tasks

The evaluation of the competency formation level in the discipline is carried out on the basis of the Regulations on conducting current control of academic progress and intermediate attestation of students in higher education educational programs – Bachelor’s programs, Specialist’s programs, Master’s programs – at the Federal State Autonomous Educational Institution of Higher Education NORTH-CAUCASUS FEDERAL UNIVERSITY in its current edition.

**ASSESSMENT TOOLS FOR CHECKING THE LEVEL OF COMPETENCY
DEVELOPMENT**

Task Number	Correct Answer	Content of the Question	Competency
		Semester 6	
1.	1 – E 2 – B 3 – C 4 – A 5 – D 6 – B 7 - E	Assignment for determining compliance: Morphological signs of the wound 1. Predominance of wound depth over cross-section 2. No tissue defect 3. Damage to the periosteum, bones 4. Uneven, bruised, and precipitated edges 5. The presence of a tissue defect 6. Sharp-angled ends 7. The predominance of internal bleeding over external They are typical for the following types of wounds A) Bruised B) Cut C) Chopped D) Firearms E) Punctured	GPC-5
2.	1 – A 2 – E 3 – D 4 – A 5 – C 6 – C 7 - C	Assignment for determining compliance: Study 1. The temperature of the corpse 2. Cadaverous spots 3. Rigor mortis 4. Cadaveric desiccation 5. Internal examination (autopsy) 6. Histological examination 7. Forensic chemical research Allows you to set A) The time of death B) Moving the corpse C) The cause of death D) Changing the pose and position of the corpse E) Features of the relief of the surface on which the corpse lay	GPC-5
3.	1 – B 2 – A 3 – C 4 – E 5 – D 6 – B 7 - A	Assignment for determining compliance: There is a strangulation groove on the neck of the corpse with the following signs 1. In the middle third of the neck, closed, horizontal 2. In the upper third of the neck, unclosed, descending from front to back 3. The loop assembly is in front, on the side 4. The loop is non-slip in the middle third of the neck, closed, horizontal 5. Absence of circulatory disorders, metachromasia in the bottom and ridges of the furrow 6. Uniform	GPC-5

		7. Uneven Preliminary diagnosis A) Hanging B) Strangulation with a noose C) Hanging, atypical location of the noose D) Postmortem compression of the neck skin E) Self-suppression by a loop is possible	
4.	Substance abuse	A painful disorder caused by a substance or drug that is not recognized as narcotic is ...	GPC-5
5.	Alcoholism	A progressive disease characterized by an attraction to alcoholic beverages (mental and physical dependence), the development of withdrawal syndrome upon cessation of alcohol consumption is ...	GPC-5
6.	Drug addiction	A disease that occurs as a result of non-medical drug use is ...	GPC-5
7.	B	In the first hours, the staining of the bruise: a. blue-purple; b. purple-red; c. red with a brownish tinge; d. brownish-yellowish; e. brownish-greenish.	GPC-5
8.	A	What degree of alcohol intoxication is characterized by increased fatigue, emotional instability, and impaired coordination of small movements? a. easy; b. average; c. strong; d. heavy.	GPC-5
9.	A, b. c. d	The appointment of a forensic medical examination is mandatory to establish: a. the cause of death; b. the nature and degree of harm to health; c. the physical and mental state of the suspect, the accused, the victim or the witness; d. the age of the suspect, accused or victim; e. in all the above cases.	GPC-5
10.	A, b. c. d	Examination of cadaverous spots allows to establish: a. Prescription of death; b. probable cause of death; c. features of the relief of the surface on which the corpse lay; d. changing the position of the corpse; e. all of the above.	GPC-5
11.	1A 2A 3E	The left column contains numbered questions (phrases), and the right column contains the answers indicated in Latin letters. For each question	GPC-5

	4C 5B 6A 7C	(phrase), you need to select ONLY ONE corresponding letter answer. Attention! Each answer can be used once, several times, or not at all during the task.		
			Qualifying feature	
		1. isolated fracture of the external bone plate of the parietal bone	A. duration of the health disorder	
		2. multiple facial bruises	B. persistent loss of general ability to work	
		3. traumatic myopia with decreased vision from 1.0 to 0.01 in one eye	C. danger to life	
		4. dislocation of the I-II cervical vertebrae	D. indelible facial disfigurement	
		5. traumatic amputation of the first finger of the right hand in right-handed people	E. loss of an organ or its functions	
		6. closed fracture of 2 ribs		
		7. Rupture of the spleen		
12.	1. C 2. B 3. A 4. C 5. A 6. B 7. C		Qualifying feature	GPC-5
		1. continuous fracture of the parietal bone	A. duration of the health disorder	
		2. post-traumatic ptosis of the right eye	B. persistent loss of general ability to work	
		3. traumatic amputation of the earlobe	C. danger to life	
		4. Fracture of the bodies of the I-II cervical vertebrae	D. indelible facial disfigurement	
		5. abrasions and bruises on the front of the neck	E. loss of an organ or its functions	
		6. traumatic amputation of the first finger of the right hand in left-handed people		
		7. femoral artery injury not accompanied by acute blood loss clinic		
		The left column contains numbered questions (phrases), and the right column contains the answers indicated in Latin letters. For each question (phrase), you need to select ONLY ONE corresponding letter answer. Attention! Each answer can be used once, several times, or not at all during the task.		
13.	1. D 2. D 3. B		Qualifying feature	GPC-5
		1. the occurrence of a mental disorder	A. no harm to health	

	4. D 5. D 6. C 7. D	<table><tr><td>2.</td><td>open fractures of the bones of the cranial vault</td><td>B. slight harm to health</td></tr><tr><td>3.</td><td>strangulation sulcus in the absence of life-threatening conditions</td><td>C. harm to health of moderate severity</td></tr><tr><td>4.</td><td>rib fracture with lung injury</td><td>D. serious harm to health</td></tr><tr><td>5.</td><td>penetrating wound of the bladder</td><td>E. It is not subject to forensic medical qualification</td></tr><tr><td>6.</td><td>uncomplicated open fracture of the forearm bones</td><td></td></tr><tr><td>7.</td><td>uncomplicated open hip fracture</td><td></td></tr></table> The left column contains numbered questions (phrases), and the right column contains the answers indicated in Latin letters. For each question (phrase), you need to select ONLY ONE corresponding letter answer. Attention! Each answer can be used once, several times, or not at all during the task.	2.	open fractures of the bones of the cranial vault	B. slight harm to health	3.	strangulation sulcus in the absence of life-threatening conditions	C. harm to health of moderate severity	4.	rib fracture with lung injury	D. serious harm to health	5.	penetrating wound of the bladder	E. It is not subject to forensic medical qualification	6.	uncomplicated open fracture of the forearm bones		7.	uncomplicated open hip fracture								
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15.	D	The pinkish tinge of the skin and the bright scarlet color of cadaverous spots are characteristic of poisoning.:	GPC-5																								

		a. potassium cyanide; b. methanol; c. carbonic acid; d. carbon monoxide; e. all the answers are correct.	
16.	A, b, c, d	To establish the prescription of death: a. Rectal thermometry is used; b. determine the stage of development of cadaverous spots; c. determine the severity of rigor mortis; d. the reaction of striated muscles to mechanical action is studied; e. all answers are correct.	GPC-5
17.	C	Measures that can be applied to a forensic medical expert for knowingly giving a false conclusion: a. Fine. b. Public censure. c. Criminal measures. d. Disciplinary measures. e. Administrative measures.	GPC-5
18.	D	Specify the morphological signs of IV degree burns. a. Coagulation necrosis of the superficial layers of the dermis. b. Necrosis of the dermis to the full depth. c. Serous inflammation and blistering. d. Charring of tissues, including bones.	GPC-5
19.	A	Who determines the category of death? a. Forensic doctor. b. Law enforcement agencies. c. Court. d. Attending physician	GPC-5
20.	E	The removal of a corpse from its burial site in a cemetery (exhumation) for subsequent examination should be carried out in the presence of: a. a specialist doctor in the field of forensic medicine; b. the investigator; c. witnesses; d. official representative of the cemetery administration; e. all answers are correct.	GPC-5
21.	A, b, c	The bruise can be determined by: a. the angle of impact of the object with the body; b. the contour of the damaging surface of the object; c. the prescription of damage; d. the energy of impact of the traumatic object.	GPC-5

22.	B, D	The diagnostic signs of a bruised wound are: a. rounded edges; b. inverted hair follicles; c. sharp ends; d. Connective tissue lintels between the edges.	GPC-5
23.	A, c	A cut wound is characterized by: a. gaping; b. presence of at least one sharp end; c. presence of two sharp ends; d. great depth	GPC-5
24.	A, b, c, d	The movement of the body or a change in its position indicates: a. The presence of multiple mutually parallel scratches on the body. b. The presence of cadaverous spots on both the front and back surfaces of the body. c. The location of cadaverous spots does not match the pose of the corpse. d. Absence of muscle stiffness in certain muscle groups.	GPC-5
25.	A, d	Specify the preserving late cadaveric changes. a. Mummification. b. Cadaveric autolysis. c. Putrefaction. d. Adiposity.	GPC-5
26.	A, b, d	Specify the types of food poisoning accepted in forensic medicine. a. Bacterial poisoning. b. Non-bacterial poisoning. c. Food poisoning. d. Poisoning by poisons.	GPC-5
27.	B, C, D	Environmental conditions conducive to the mummification of a corpse include: a. Moist, dense soil. b. Dry, porous soil. c. Good aeration. d. Elevated temperature. e. Lack or lack of aeration.	GPC-5
28.	A, b	Indicate reliable signs of death. a. Cadaverous spots. b. The phenomenon of Beloglazov. c. Absence of pulse in major arteries. d. Cessation of breathing.	GPC-5
29.		The tasks of the pathology service in the healthcare system.	GPC-5
30.		The procedure for autopsying the corpses of the deceased in inpatient medical institutions.	GPC-5

31.		The tactics of a specialist doctor in the field of forensic medicine in examining the scene of a murder case.	GPC-5
32.		Qualifying signs of the severity of harm to health.	GPC-5
33.		Interpretation of the concepts: "object", "tool", "weapon".	GPC-5
34.		Determination of the prescription of death when examining a corpse at the place of discovery.	GPC-5
35.		The concept of poisons. Classification of poisons.	GPC-5

Questions for self-preparation

1. The scene of the incident and the place of discovery of the corpse.
2. Participants in the inspection of the accident site, their rights and obligations, and the documentation being drawn up.
3. Tasks of a specialist doctor in the field of forensic medicine when examining a corpse at the place of its discovery.
4. Stages and methods of inspection.
5. Features of the initial external examination of the corpse in various types of death.
6. Forensic medical documentation and its requirements.
7. In what cases are corpses subject to mandatory forensic medical examination?
8. The components of the Conclusion (Act) of the forensic medical examination (examination) of the corpse.
9. The concept of a medical death certificate.
10. Features of building a forensic medical diagnosis and writing conclusions.
11. Forensic classification of death.
12. Category of death (violent or non-violent).
13. The type and kind of violent death.
14. The main issues resolved in the process of examining corpses in cases of violent death or suspected death.
15. The limits of the competence of a forensic medical expert.
16. Autopsy technique and its main features in cases of sudden death, traffic injury, mechanical asphyxia, suspected poisoning, etc.
17. Rules for collecting material from a corpse for additional research (forensic histological, forensic chemical, forensic biochemical, medical criminalistic, etc.).
18. Features of conducting a forensic medical examination in cases of offenses of medical workers.
19. The role of forensic medical examination in the prevention of offenses of medical workers.
20. The role of a forensic medical expert at the scene of an incident in detecting, describing, removing and packaging physical evidence, as well as assisting the investigator in formulating questions in the referral documents when appointing an expert examination (study).
21. Physical evidence of biological origin. Forensic examination of blood and its traces.
22. The capabilities of the forensic medical laboratory (forensic biological, medical-forensic and other departments) in the study of physical evidence seized from the scene, from corpses or living persons.
23. Crimes against public health and public morals.
24. Characteristics of blood traces at the scene and rules for their removal.
25. Forensic toxicology. The concept of poisons, their classification and mechanisms of action. The conditions of the poison's effect on the human body.
26. Possibilities of forensic medical and laboratory diagnostics of poisoning.
27. Features of the inspection of the accident site in case of suspected poisoning.

28. Features of forensic autopsy of corpses in case of suspected poisoning.
29. Rules for the collection of material for forensic chemical research. Interpretation of the results of forensic chemical research.
30. Rules for the collection of material for forensic biochemical research. Interpretation of the results of a forensic biochemical study.
31. Forensic medical examination in case of food poisoning.
32. Caustic poisons. Poisoning by acids and alkalis. Pathogenesis, morphology, causes of death, forensic and laboratory diagnostics.
33. Destructive poisons.
34. The general concept of sudden death.
35. Cardiovascular diseases as a cause of sudden death.
36. Forensic medical diagnosis of ischemic heart disease (CHD). Frequency of occurrence, structure, morphological substrate, construction of a forensic medical diagnosis and conclusions at death from coronary artery disease.
37. Forensic medical diagnosis of atherosclerosis. Frequency of occurrence, structure, morphological substrate, construction of a forensic medical diagnosis and conclusions in case of death from atherosclerosis.
38. Forensic medical diagnosis of hypertension. Frequency of occurrence, structure, morphological substrate, construction of a forensic medical diagnosis and conclusions in case of death from hypertension.
39. Forensic medical diagnosis of myocarditis. Frequency of occurrence, structure, morphological substrate, construction of a forensic medical diagnosis and conclusions in case of death from myocarditis.
40. Forensic medical diagnosis of cardiomyopathy. Frequency of occurrence, structure, morphological substrate, construction of a forensic medical diagnosis and conclusions in case of death from cardiomyopathy.
41. Instant death due to physiological causes.
42. Pulmonary embolism
43. Respiratory diseases in adults as a cause of sudden death.
44. Diseases of the central nervous system in adults as a cause of sudden death.
45. Sudden death from acute infections.
46. Characteristics of blood traces at the scene and rules for their removal.
47. A list of the main issues resolved during the examination of blood (presence, type, group-specific properties, etc.).
48. The concept of blood samples for comparative research.
49. Forensic examination of hair.
50. Forensic examination of traces of semen.
51. Forensic examination of saliva stains.
52. Forensic examination of urine.
53. Forensic medical examination of sweat and other biological objects.
54. A list of the main issues to be resolved during the examination of these physical evidence.
55. The concept of saliva and semen samples for comparative study, as well as the category of isolation or non-isolation of blood antigens in them.
56. The procedure for storing physical evidence of biological origin submitted for examination.
57. Features of collecting material for additional research from corpses and living persons. The importance of medical documentation.
58. Legal qualification of the harm caused to health (severity of bodily injuries). The main criteria for assessing the harm caused to health (danger to life, duration of health disorder in days, permanent loss of general disability as a percentage, as well as other adverse outcomes and

consequences). In what cases should a forensic medical expert refrain from assessing the harm caused to health?

59. Serious harm to health according to the criterion of danger to life (list of life-threatening injuries and their complications). The specifics of the examination in these cases and the importance of medical documentation.

60. Serious harm to health due to an unfavorable outcome and consequences (termination of pregnancy, mental disorder, permanent facial disfigurement, organ loss, etc.). The specifics of conducting an examination in these cases and the importance of medical documentation.

61. Moderate and mild harm to health, as well as injuries (conditions) that have not caused harm to health.

62. Methods of infliction of bodily harm (beatings, tortures, tortures).

63. General ideas about the forensic medical examination of the state of health, fake and artificial diseases, self-harm.

64. Features of conducting a forensic medical examination and inspection of the scene of sexual crimes (rape, indecent acts, etc.).

65. The concept of puberty and virginity. Diagram of the description of the hymen and the lesions on it.

66. Additional research methods used in examinations of sexual offences and the range of issues to be addressed.

67. Forensic medical examination to establish pregnancy, past childbirth and abortions.

68. Technical features of autopsy of women's corpses in these cases (air embolism test, etc.). Possible causes of death.

69. Additional research methods used in these examinations and the range of issues to be addressed.

70. Expert commissions: their composition. Typical issues resolved during the examination, the limits of competence.

36. Description of the Evaluation Scale

Within the framework of the rating system, students' academic progress in each discipline is evaluated during current control and intermediate attestation. The rating system for assessing students' knowledge is based on the use of a combination of control activities to check the covered material (checkpoints), optimally located throughout the entire time interval of studying the discipline. The principles of the rating system for assessing students' knowledge are based on the requirements described in the Regulations on the organization of the educational process based on the rating system for assessing students' knowledge at NCFU.

37. Criteria for Evaluating Competencies

The grade **Excellent** shall be awarded to a student if the theoretical content of the course has been mastered completely, without gaps; the material is presented exhaustively, consistently, clearly, and logically; the student freely copes with tasks, questions, and other types of knowledge application; uses additional material in the answer; all tasks provided for by the program are completed, and the quality of their execution is evaluated by a number of points close to the maximum; analyzes the obtained results; demonstrates independence when performing tasks.

The grade **Good** is to be awarded to a student if the theoretical content of the course is mastered completely, the necessary practical competencies are mainly formed, all educational tasks provided for by the training program are completed, and the quality of their execution is sufficiently high. The student firmly knows the material, presents it competently and strictly on the merits of the matter, without allowing significant inaccuracies in answering the question.

The grade **Satisfactory** is awarded to a student in case the theoretical content of the course has been mastered in part only, but the gaps are not of a significant nature, most of the tasks

provided for by the program are completed, but contain errors, the student allows inaccuracies and insufficiently correct wording when answering the question, and violations of logical sequence are observed in the presentation of the program material.

The grade **Unsatisfactory** is awarded to a student if they do not know a significant part of the program material, allow significant errors, perform practical works with great difficulty and uncertainty, the necessary practical competencies are not formed, most of the educational tasks provided for by the training program are not completed, and the quality of their execution is evaluated by a number of points close to the minimum.