

Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Кубанов Сергей Исмаилович
Должность: и.о. декана медико-биологического факультета
Дата подписания: 20.10.2026 10:11:25
Уникальный программный ключ:
bbc0243907972fc80f279c67afb4501106151a7d

**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

Pathological anatomy, clinical pathological anatomy

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 4-5

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Pathological anatomy, clinical pathological anatomy» 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) «Pathological anatomy, clinical pathological anatomy»

3. Developer(s): Bicheva G.V., Associate Professor of the Department of Physiology and Pathology

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;
Dzhikaev G.D., Associate 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 4	
1.	A2 B3 CB1 D4	Correlate circulatory disorders and their consequences: A. Blood clots in the veins of the lower extremities B. Blood clots in the left atrium with atrial fibrillation C. B. Embolism with amniotic fluid D. Bacterial embolism 1. DIC syndrome 2. hemorrhagic lung infarction 3. ischemic cerebral infarction 4. embolic purulent nephritis	GPC-5
2.	Hematoma	A massive hemorrhage in the body cavity with an accumulation of blood in them is.....	GPC-5
3.	Hemorrhagic infiltration	Hemorrhage in which the integrity of the tissue is preserved.....	GPC-5
4.	Ecchymoses	Planar hemorrhages in the skin and subcutaneous tissue (bruises) are called....	GPC-5
5.	A2 B1 C3	Correlate the signs of inflammation and its cause: A. Rubor (redness) B. Calor (fever) C. Tumor (swelling) 1. increased blood flow rate, inflammatory hyperemia 2. vasodilation 3. the release of fluid from cells into tissues	GPC-5
6.	A, B, C, D	A child with diphtheria developed asphyxia, which caused death. The autopsy revealed inflammatory changes in the pharynx and trachea. Select the positions that are correct for this situation: A. Fibrinous inflammation appeared in the pharynx and trachea. B. Diphtheria appeared in the pharynx. C. Asphyxia is a complication of croup tracheitis. D. The type of inflammation that developed depended on the nature of the epithelium. E. The fibrinous film on the tonsils is loosely connected to the underlying tissues	GPC-5

7.	C	A characteristic change in connective tissue in rheumatic diseases: A. Sclerosis and petrification B. Amyloidosis and hyalinosis C. Fibrinoid swelling D. Purulent infiltration E. Calcification and donuts	GPC-5
8.	A1 B2 C3 D4	Correlate the type of necrosis with the characteristics: All types of necrosis are characterized correctly, with the exception of: A. Coagulation necrosis B. Colliquation necrosis C. Caseous necrosis D. Gangrene 1. accompanied by compaction and dehydration of the tissue 2. Enzymatic softening and melting of tissue 3. a type of coagulation necrosis that occurs in tuberculosis 4. necrosis of tissues in contact with the external environment is always black	GPC-5
9.	D	Fatty dystrophy is more common in: A. Thyroid gland B. Pancreas C. Skeletal muscles D. Liver E. Brain	GPC-5
10.	D	All listed types of inflammation can result in complete restoration of the organ structure , except: A. Croupous B. Catarrhal C. Hemorrhagic D. Purulent-necrotic E. Serous	GPC-5
11.	E	Protein dystrophy is the result of: A. A decrease in the amount of fluid in the cytoplasm B. Damage to lysosomes C. Wrinkling of mitochondria D. An increase in the amount of intracellular lipids E. Infiltration of protein into the cytoplasm	GPC-5
12.	Atrophy	Lifetime reduction in the size of cells, tissues, organs is....	GPC-5
13.	D	Benign tumors are characterized by: A. The construction of well-differentiated cells B. Expansive growth C. Absence of recurrence after removal	GPC-5

		D. All of the above is true	
14.	D	Morphocancerogenesis includes: A. Tumor growth in an organ or system B. Tumor metastasis C. Tumor growth into surrounding tissues D. All of the above is true	GPC-5
15.	D	Cellular atypism in tumors is characterized by: A. Differences in cell shape and size B. Hyperchromatosis of the nuclei C. An increase in the nuclear-cytoplasmic ratio D. All of the above is true	GPC-5
	Semester 5		
16.	Lobar fibrinous pneumonia	The lobe of the lung is compacted, airless throughout, the surface of its incision is fine-grained, grayish in color, the pleura in this area is dull, covered with a grayish, easily removable plaque. This process is called: ...	GPC-5
17.	B	T-lymphocytes in the lymph node are located in: A. The cortical zone B. The inner cortical (paracortical) zone C. The cerebral zone D. The sinuses E. D. The light centers	GPC-5
18.	D, E	What type of vessels are affected by atherosclerosis? A. Veins B. Small arteries C. Arterioles D. Elastic type arteries E. Muscular-elastic type arteries	GPC-5
19.	A, B	For acute ischemia that occurs with atherosclerosis, select the appropriate changes in the internal organs. A. Infarction B. Gangrene C. Bleeding D. Sclerosis of the stroma E. Dystrophy and atrophy of the parenchyma of organs	GPC-5
20.	A, D	Choose the type of myocardial infarction depending on the time of development from the moment the first signs of ischemia appear. A. Recurrent B. Subacute C. Acute, chronic D. Recurrent E. Chronic, subacute	GPC-5
21.	C, D, E	Select the characteristic features of staphylococcal pneumonia.	GPC-5

		A. Fibrinous exudate B. Hemorrhagic exudate C. Frequent abscessing of D. Often complicated by pleural empyema E. Often associated with respiratory viral infection	
22.	D	Exudate in staphylococcal pneumonia is of the following nature: A. Hemorrhagic B. Purulent C. Necrotic D. All of the above is true	GPC-5
23.	D	Characteristic histological signs of chronic atrophic gastritis: A. Uneven thinning of the gastric mucosa B. Intestinal metaplasia of the epithelium C. Lymphoplasmocytic infiltrate of the mucous membrane D. All of the above is true	GPC-5
24.	A, D	Which of the following statements are true for chronic gastric ulcers? A. Localization is more common in the area of small curvature B. Malignancy is observed in more than 40% of cases. C. Treatment with aspirin and other nonsteroidal anti-inflammatory drugs leads to remission. D. The role of Helicobacter pylori in pathogenesis is debated. E. A histological sign of exacerbation is massive lymphocytic infiltration	GPC-5
25.	C	Which of the morphological manifestations listed below are the most typical for alcoholic hepatitis? A. Massive centrilobular necrosis with numerous corpuscles Councilman B. Marked lymphohistiocytic infiltration of the portal tracts with minimal damage to the hepatic lobule C. Steatosis, Mallory corpuscles, centrilobular fibrosis, infiltration of the lobule with a significant admixture of polymorphonuclear leukocytes. D. Inflammatory infiltrate with numerous eosinophils and corpuscles Councilman. E. Thrombosis of hepatic veins with the development of venous fullness	GPC-5
26.	E	After mushroom poisoning, the patient developed signs of acute liver failure, and progressive liver shrinkage was noted.	GPC-5

		The following signs correctly characterize the disease, with the exception of: A. The disease is based on progressive necrosis of the liver tissue. B. The patient has toxic liver dystrophy, stage of yellow dystrophy. C. Morphological examination usually reveals necrosis of hepatocytes in the central lobules and fatty degeneration in the peripheral ones. D. Postnecrotic cirrhosis develops as a result of the disease. E. A common outcome of the disease is portal cirrhosis	
27.	B, C, D	Ways of infection with viral hepatitis V. A. Fecal-oral B. Parenteral C. Genital D. Airborne E. Transplantation	GPC-5
28.	A	The main morphological sign of acute pyelonephritis is A. Leukocyte infiltration of the interstitium B. Dystrophic changes in the tubular epithelium C. Fullness of the juxtamedullary zone of the kidney D. Protein cylinders in the tubules	GPC-5
29.	D	Conditions for the development of tubal pregnancy: A. Hypoplasia of the tubes B. Wearing an intrauterine device C. Salpingoophoritis D. All of the above is true	GPC-5
30.	B	With dysplasia of the cervical mucosa, the following is observed: A. The presence of glandular structures in the ectocervix B. Increased proliferation of ectocervix cellular elements without a tendency to mature C. Increased differentiation of cellular elements with a tendency to keratinization of squamous epithelial cells D. All of the above is true	GPC-5
31.		Additional exam questions 1. Name the types of dystrophies. 2. Possible complications of chronic glomerulonephritis. 3. Acute respiratory viral infections: influenza, parainfluenza, respiratory syncytial infection, adenovirus infection. Etiology.	GPC-5

		4. The mechanism of development of myocarditis, idiopathic myocarditis. 5. Stages of atherosclerosis. 6. Amyloidosis. Classification. 7. Types of metabolic disorders of endogenous, proteinogenic and lipidogenic pigments. 8. Complications and causes of death of myocardial infarction. 9. Classification of uterine cancer. 10. Clinical and morphological forms of atherosclerosis. 11. The pathogenesis of hypertension. 12. Complications of smallpox. 13. Classification of bronchitis. 14. List inflammatory diseases of the genital organs. 15. The mechanism of stone formation. 16. Eclampsia: causes. 17. Etiology of croup pneumonia. 18. The significance of necrosis and its outcomes. 19. Cholera as a quarantine disease. 20. Death, signs of death, postmortem changes. 21. Symptoms of coronary heart disease. 22. Body reactivity, age, and infection. 23. Classification of inflammation. 24. Causes of thrombosis. 25. DIC is a syndrome. 26. The mechanism of angina development. 27. Morphological forms of acute gastritis. 28. Causes of death in salmonellosis. 29. Patterns of metastasis. 30. Stages of AIDS development. 31. Causes of pancreatic cancer. 32. Features of viral diseases. 33. The role of alcohol in the development of liver steatosis. 34. Characteristics of symptoms of acute and chronic gastritis.	
--	--	--	--

32. 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.

33. 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.