

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

«Oncology, Radiation Therapy»

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 12.

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of Oncology, Radiation Therapy
2. for students of the specialty (majoring in) 31.05.01 General Medicine.
3. The ATF is an appendix to the program of the discipline (module) «Oncology, Radiation Therapy»
4. Developer(s): G.S. Ivchenko, Acting Head of the Department of Propaedeutics of Internal Diseases (Full Name, Position)
5. Expert examination of the ATF has been completed.
Expert group:
S.I. Kubanov, Associate Professor of the Department of Surgery, Orthopedics and Traumatology
6. Committee members: L.I. Gubareva, Professor of the Department of Physiology and Pathology
L.N. Yushkova, Associate Professor of the Department of Anatomy and Histology

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.

7. 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
Competency: PC-2. Ready to collect and analyze patient complaints, history data, examination results, laboratory, instrumental, pathological-anatomical, and other studies to recognize a condition or establish the fact of the presence or absence of a disease.				
Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-1 PC-2 Knows how to carry out the collection of complaints, anamnesis of life, and disease of the patient and analyze the information obtained	Does not know how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning complaints, anamnesis of life, and disease, and how to analyze the information obtained
Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-2 PC-2 Conducts a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interprets its results	Does not carry out a complete physical examination of the patient	Carries out a complete physical examination of the patient	Carries out a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	Carries out a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interprets its results

Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-3 PC-2 Defines a preliminary diagnosis and compiles a plan for laboratory and instrumental examinations of the patient	Does not define a preliminary diagnosis	Defines a preliminary diagnosis	Defines a preliminary diagnosis and compiles a plan for laboratory examinations	Defines a preliminary diagnosis and compiles a plan for laboratory and instrumental examinations
---	---	---------------------------------	---	--

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
12th semester			
1.	d	Esophageal cancer most often occurs at the age of: a. 30-40 years b. 40-50 years c. 50-60 years d. 60-70 years e. over 75 years	PC-2
2.	c	The most characteristic clinical sign of esophageal cancer is: a. Increased salivation b. Nausea c. Dysphagia d. Vomiting e. Foreign body sensation	PC-2
3.	b	For the occurrence of stomach cancer, the following is not significant: a. Excessive consumption of table salt b. The amount of fiber consumed c. Infection of the stomach with bacterial flora d. Features of culinary processing of food e. Age	PC-2
4.	b	Of the listed histological forms, the most characteristic for stomach cancer is: a. Small cell carcinoma b. Adenocarcinoma c. Squamous cell carcinoma d. Carcinoid e. Clear cell carcinoma	PC-2
5.	a	The earliest detection of stomach cancer is ensured by: a. Gastroscopy b. Search for the "minor signs" syndrome c. Plain radiography of the abdominal organs d. Laparoscopy e. Gastrography	PC-2
6.	e	Which part of the colon is most often affected by cancer? a. Cecum b. Ascending colon c. Transverse colon d. Descending colon e. Sigmoid colon	PC-2
7.	e	A complication of colon cancer can be all of the following, except: a. Tumor perforation b. Pericolicitis	PC-2

		c. Acute intestinal obstruction d. Bleeding e. Toxic pancreatitis	
8.	d	Rectal cancer most often metastasizes to: a. Bones b. Brain c. Pancreas d. Liver e. Lungs	PC-2
9.	e	In which part of the rectum are tumors that circularly surround the intestine often found? a. Anal b. Lower ampullary c. Middle ampullary d. Upper ampullary e. Rectosigmoid	PC-2
10.	d	The examination of a patient who presents with complaints of rectal disorders should begin with: a. Irrigoscopy b. Sigmoidoscopy c. Fiberoptic colonoscopy d. Digital rectal examination e. Ultrasound examination	PC-2
11.	b,c,f	The most informative methods for detecting tumor localization in the biliopancreatoduodenal area are: a. Laparoscopy b. Abdominal ultrasound c. Computed tomography of the abdominal cavity d. Ultrasound Dopplerography e. Gastric fluoroscopy f. ERCP	PC-2
12.	a,d,f	Lung cancer, according to its histological structure, is most often: a. Squamous cell b. Solid c. Mucinous d. Small cell e. Signet ring cell f. Glandular	PC-2
13.	a,d,f	In accordance with the international TNM classification system, the symbol T1 denotes lung cancer having the following characteristics: a. Diameter no more than 3 cm b. Diameter more than 3 cm c. Infiltrating the visceral pleura d. Not infiltrating the visceral pleura e. Involving the main bronchus in the tumor process f. Not extending proximally beyond the orifice of the lobar bronchus	PC-2
14.	b,c,e	Exogenous modifying factors for the occurrence of thyroid cancer include:	PC-2

		a. Ultraviolet radiation b. Ionizing radiation c. Insufficient iodine intake in the body d. Excess iodine intake in the body e. Use of antithyroid drugs f. Use of adrenoblockers	
15.	c	A 67-year-old patient has stage III skin cancer of the gluteal region with mobile metastases to the inguinal lymph nodes. It is advisable for him: a. External beam gamma therapy (independent course) b. Surgical treatment with lymphadenectomy c. Combined treatment (preoperative gamma therapy + tumor excision surgery + lymphadenectomy) d. Close-focus therapy on the tumor + lymphadenectomy e. Both A) and C) are correct	PC-2
16.	e	A 34-year-old patient with suspected lymphogranulomatosis, on cytological examination of the aspirate from a lymph node, shows vigorous proliferation of lymphoid elements and histiocytes. What should be undertaken? a. Conduct chemotherapy b. Start radiation therapy c. Perform a lymph node puncture d. Perform an open lymph node biopsy e. All of the above is correct	PC-2
17.	d	Prognostically unfavorable morphological variants of lymphosarcoma are: a. Lymphoblastic b. Immunoblastic c. Lymphoplasmacytic d. Prolymphocytic e. Only A) and B)	PC-2
18.	Smoking cessation. Protection from harmful ultraviolet radiation. Reasonable consumption of alcoholic beverages. Balanced nutrition. Psychological health. Regular prevention. Vaccination. Active lifestyle.	Primary prevention of cancer	PC-2

19.	creation of an information system for evaluating the activities of the oncological service; study and introduction into practice of modern diagnostic and treatment methods in the field of oncology; participation in the organization and conduct of scientific and practical events on oncology issues; organization of work to increase oncological alertness of physicians and mid-level medical personnel of treatment and prevention institutions.	Tasks of the oncological dispensary.	PC-2
20.	Relative autonomy and unregulated growth. The nature of growth. Metastasis. Tumor atypism.	The main features of tumor growth	PC-2
21.	Four clinical groups are distinguished: The first clinical group. Persons with precancerous diseases, practically healthy. It is	Clinical groups of oncological patients	PC-2

	divided into two subgroups: Ia — patients with a disease suspected of being a malignant neoplasm (as the final diagnosis is established, they are removed from the register or transferred to other groups); Ib — patients with pretumor diseases. The second clinical group. Persons with proven malignant tumors that are subject to radical treatment. The third clinical group. Persons with proven malignant tumors who have completed radical treatment and are in remission. The fourth clinical group. Persons with proven malignant tumors who, for one reason or another, are not subject to special antitumor treatment, but are subject to		
--	--	--	--

	palliative treatment.		
22.	Surgical intervention. Radiation therapy. Chemotherapy. Cryosurgery. Laser therapy. Drug treatment.	Principles of skin cancer treatment.	PC-2

2. 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.

3. 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.

