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Информация о владельце:

ФИО: Кубанов Сергей Исмаилович

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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

"Otorhinolaryngology"

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 8

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of "Otorhinolaryngology" 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) "Otorhinolaryngology"
3. Developer(s): Ivchenko G.S., Acting Head of the Department of Internal Medicine Propaedeutics
4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: Kubanov S.I., Associate Professor of the Department of Surgery, Orthopedics, and Traumatology

Committee members: I.V. Enin, Associate Professor of the Department of Surgery, Orthopedics, and Traumatology

Kotelevets S.M., Professor of the Department of Propaedeutics of Internal Diseases

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
Competence: PC-2 Ready to collect and analyze patient complaints, medical history data, examination results, laboratory, instrumental, pathological-anatomical, and other studies in order to recognize a condition or establish the presence or absence of a disease				
Results of training in the discipline: Conducting examination of patient in order to establish diagnosis Indicator: ID-1 PC-2 Is able to carry out collection of complaints, anamnesis of life and disease of patient and analyze received information	Does not know how to carry out collection of complaints, anamnesis of life and disease of the patient	Can partially carry out collection of complaints, anamnesis of life and disease patient	Knows how to carry out collection of complaints, anamnesis of life and disease of the patient	Is able to carry out collection of complaints, anamnesis of life and disease of the patient and analyze the information obtained
Results of training in the discipline: Conducting examination of a patient in order to establish the diagnosis of the disease Indicator: ID-2 PC-2 Conducts a complete physical examination of a patient (examination, palpation, percussion, auscultation) and interprets its results	Unable to perform a physical examination of the patient (examination, palpation)	Performs a physical examination of the patient (examination, palpation)	Conducts a full physical examination of the patient (examination, palpation, percussion, auscultation)	Conducts a full physical examination of the patient (examination, palpation, percussion, auscultation) and interpret its results
Results of training in the discipline: Conducting examination of patient in order to establish diagnosis Indicator: ID-3 PC-2 Formulates preliminary diagnosis and	Unable to create a plan for laboratory and instrumental examinations of the patient	Makes up a partial plan for laboratory and instrumental examinations of the patient	Makes a plan for laboratory and instrumental examinations of the patient	Formulates a preliminary diagnosis and draws up a plan for laboratory and instrumental examinations of the patient

makes up a plan laboratory and instrumental examinations of patient				
Competence: PC-3 Capable of identifying the patient's main pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the International Statistical Classification of Diseases and Health-Related Problems, X Revision				
Results of training in the discipline: Conducting examination of patient in order to establish diagnosis Indicator: ID-1 PC-3 He is able to build an algorithm and select criteria for determining patients' various profiles of major pathological conditions, syndromes, and diseases in accordance with the International Statistical Classification of Diseases and Health Problems, X Revision (ICD-X)	Unable to create an algorithm for various profiles of basic pathological conditions, syndromes, and diseases	He is able to create an algorithm for various profiles of major pathological conditions, syndromes, and diseases.	He is able to create an algorithm and select criteria for determining the main pathological conditions, syndromes, and diseases in patients with various profiles.	Able to build algorithm and choose criteria definition in patients various profile main pathological conditions, syndromes, diseases in accordance with the International Statistical Classification of Diseases and Health Problems, X revision (ICD-X)
Results of training in the discipline: Conducting examination of a patient in order to establish the diagnosis Indicator: ID-2 PC-3 Identifies the main pathological symptoms and syndromes, formulates clinical diagnosis in accordance with ICD-X	Unable to identify pathological symptoms and syndromes	It highlights certain pathological symptoms and syndromes	It identifies the main pathological symptoms and syndromes	Identifies the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X

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 8			
1.	c	The pharynx is located: a. between the base of the skull and the II cervical vertebra; b. between the base of the skull and the IV cervical vertebra; c. between the base of the skull and the entrance to the esophagus; d. between the II and IV cervical vertebra; e. between the I and II cervical vertebra.	PC-2
2.	d	The classification of laryngeal stenosis includes: a. 5 stages; b. 2 stages; c. 3 stages; d. 4 stages.	PC-2
3.	b	Choose the treatment method for phlegmonous laryngitis: a. conservative; b. surgical; c. radiation therapy; d. chemotherapy.	PC-2
4.	c	Specify which nasal passage the lacrimal-nasal duct opens into: a. upper; b. middle; c. lower; d. common.	PC-2
5.	a	Anatomical structures that the pharynx borders laterally: a. the vascular-nervous bundle; b. the cervical vertebrae; c. the nasal cavity; d. the cartilages of the larynx; e. the parotid salivary gland.	PC-2
6.	b	Specify the objective signs of hyperkeratosis, leptotrichosis of the pharynx: a. the mucous membrane of the tonsils is brightly hyperemic; b. pointed white spikes are visible on the surface of the tonsils; c. the mucous membrane of the tonsils is infiltrated; d. glassy edema of the uvula.	PC-2
7.	b	Choose the method of radical surgical treatment of patients with chronic tonsillitis: a. bilateral tonsillotomy; b. bilateral tonsillectomy; c. adenotomy; d. opening of the tonsil cyst; e. removal of the tonsil papilloma.	PC-2
8.	c	What is the 3rd degree of hypertrophy of the palatine tonsils characterized by?	PC-2

		a. the tonsils are enlarged by 1/3; b. the tonsils are enlarged by 2/3; c. the tonsils are in contact with each other; d. the tonsils are located behind the palatine arches; e. the tonsils are at the edge of the palatine arches.	
9.	a	Choose the method of surgical treatment for grade III adenoids: a. adenotomy; b. tonsillotomy; c. tonsillectomy; d. removal of the tonsil cyst.	PC-2
10.	a	Which nerve controls the motor fibers of the laryngeal muscles? a. the vagus nerve; b. the facial nerve; c. the trigeminal nerve; d. the vestibulocochlear nerve; e. the hypoglossal nerve	PC-2
11.	a,c,d	List the parts of the pharynx: a. upper; b. lateral; c. middle; d. lower; e. posterior.	PC-2
12.	c,d	Specify the tonsils located in the nasopharynx: a. lingual; b. palatine; c. pharyngeal; d. tubal.	PC-2
13.	a,b,c,d	List the tonsils that form the lymphadenoid pharyngeal ring Valdeer-Pirogov: a. palatine tonsils; b. pharyngeal; c. lingual; d. tubal; e. laryngeal; f. Peyer's patches	PC-2
14.	a,c	Select the following nosological forms of banal angina: a. catarrhal; b. monocytic; c. lacunar; d. diphtheric; e. measles.	PC-2
15.	b,d	Which of the following symptoms are characteristic of pharyngitis? a. severe sore throat; b. scratchy and uncomfortable throat; c. difficulty swallowing saliva; d. low-grade fever; e. autophony	PC-2
16.	a,b,c,e	List the objective signs of chronic tonsillitis: a. the anterior palatine arches are congested and hyperemic and fused with the tonsils; b. the lacunae are gaping; c. there is purulent content in the lacunae;	PC-2

		d. there are necrotic deposits on the tonsils; e. the regional lymph nodes are enlarged	
17.	a,b,d,e	The main causes of persistent chronic laryngeal stenosis are: a. benign and malignant tumors; b. syphilis; c. allergic edema; d. paralysis of the laryngeal muscles; e. scleroma.	PC-2
18.	scoop-shaped, horn-shaped, and wedge-shaped	Name the paired cartilages of the larynx	PC-2
19.	a decrease in a person's ability to perceive sounds. This can manifest as an inability to hear sounds of varying volumes, such as whispers, conversations, or phone calls.	The concept of hearing loss	PC-2
20.	nasal congestion; rhinorrhea (a large amount of watery secretions from the nose); sneezing (often attack-like, occurring spontaneously); severe itching in the nose or in the nasopharynx; itching of the tip of the nose; disturbance of smell (up to its complete absence); swelling and redness of the nose and eyelids	What are the symptoms of hay fever?	PC-2
21.	Scar adhesions between the tonsils and the palatine arches. Loose or scar-altered and compacted tonsils. Causous-suppurative corks or liquid pus in the tonsil lacunae. Increase regional lymphatic nodes	Describe the local symptoms of chronic tonsillitis.	PC-2

	(behind mandibular, front upper neck).		
22.	Facial asymmetry. One half of the face looks calm, while the other half looks tense. Difficulties with chewing, swallowing, speaking, crying, and smiling. Dry mouth. Earaches. Dizziness. In severe cases — dilation of the eye slit, inability to close the eye completely, irritation of the conjunctiva, dryness of the cornea	What are the symptoms of facial nerve paresis?	PC-2
23.	c	What is the 3rd degree of hypertrophy of the palatine tonsils characterized by? a. the tonsils are enlarged by 1/3; b. the tonsils are enlarged by 2/3; c. the tonsils are in contact with each other; d. the tonsils are located behind the palatine arches; e. the tonsils are at the edge of the palatine arches.	PC-3
24.	c	Specify which nasal passage the lacrimal-nasal duct opens into: a. upper; b. middle; c. lower; d. common.	PC-3
25.	c	The pharynx is located: a. between the base of the skull and the II cervical vertebra; b. between the base of the skull and the IV cervical vertebra; c. between the base of the skull and the entrance to the esophagus; d. between the II and IV cervical vertebra; e. between the I and II cervical vertebra.	PC-3
26.	a,c,d	List the parts of the pharynx: a. upper; b. lateral; c. middle; d. lower; e. posterior.	PC-3
27.	a	Which nerve controls the motor fibers of the laryngeal muscles? a. the vagus nerve;	PC-3

		b. the facial nerve; c. the trigeminal nerve; d. the vestibulocochlear nerve; e. the hypoglossal nerve	
28.	a,b,d,e	The main causes of persistent chronic laryngeal stenosis are: a. benign and malignant tumors; b. syphilis; c. allergic edema; d. paralysis of the laryngeal muscles; e. scleroma.	PC-3
29.	a,c	Select the following nosological forms of banal angina: a. catarrhal; b. monocytic; c. lacunar; d. diphtheric; e. measles.	PC-3
30.	a	Choose the method of surgical treatment for grade III adenoids: a. adenotomy; b. tonsillotomy; c. tonsillectomy; d. removal of the tonsil cyst.	PC-3

31. 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.

32. 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.