

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
«Ophthalmology»

- Specialty: 31.05.01 General Medicine
- Mode of training: Full-time
- Year of commencement of studies: 2026
- Delivered in Semester, 7

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Ophthalmology» for students of the specialty (majoring in) 31.05.01 General Medicine.
2. The ATF is an appendix to the program of the discipline «Ophthalmology»
3. Developer(s): I.S. Gadjiev, Acting Head Department of Ophthalmology (Base Department at “South-West Eye Clinic” LLC)
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: Ivchenko G.S., Cand. of Med.Sc. Acting Head Department of Propedeutics of Internal Diseases.

Kotelevets S.M., Professor of the Department of Propedeutics 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
Competency: PC-2				
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	Does not define a preliminary diagnosis	Defines a preliminary diagnosis	Defines a preliminary diagnosis and	Defines a preliminary diagnosis and

(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			compiles a plan for laboratory examinations	compiles a plan for laboratory and instrumental examinations
Competency: PC-3				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-3 Is capable of building an algorithm and selecting criteria for determining the main pathological states, syndromes, and diseases in patients of various profiles in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)	Not capable of building an algorithm and selecting criteria for identifying various profiles in the patient	Capable of building an algorithm and selecting criteria for identifying various profiles in the patient	Capable of building an algorithm and selecting criteria for identifying the patient's various profiles of main pathological conditions, syndromes, diseases	Capable of building an algorithm and selecting criteria for identifying the patient's various profiles of main pathological conditions, syndromes, diseases following the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)
Learning outcomes for the discipline (module): Acquisition of special medical	Does not identify main pathological symptoms	Identifies main pathological symptoms	Identifies main pathological symptoms and syndromes, defines a clinical diagnosis	Identifies main pathological symptoms and syndromes, defines a clinical diagnosis

skills and their application in practical healthcare. Indicator: ID-2 PC-3 Identifies main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-10				diagnosis subject to ICD-10
---	--	--	--	-----------------------------

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, 7	
1.	a	Where does the process of visual perception begin? a. in the layer of cones and rods b. in the layer of bipolar cells c. in the layer of ganglion cells d. in the choroid e. in the optic nerve	PC-2
	b	Which anatomical structure of the eyeball has the greatest number of sensory nerve fibers? a. conjunctiva b. cornea c. sclera d. retina e. choroid	PC-2
	b	The main factor for the joint involvement of the ciliary body and the iris in the development of inflammation is: a. anatomical proximity b. common vascularization c. common innervation d. increased IOP (intraocular pressure) e. common lymphatic network	PC-2
	a	The visual acuity in newborns is approximately: a. a few hundredths b. 0.1 and higher c. 0.6 and higher, PC-2 d. 0.8 and higher e. 1.0 and higher	PC-2
	b	The main function of the superior rectus muscle of the eye is: a. moving the eyeball downward b. elevating the eyeball upward c. adducting the eyeball d. abducting the eyeball e. dilating the pupil	PC-2
	e	Acute iridocyclitis includes all of the following symptoms except: a. photophobia b. pericorneal injection c. pain in the eyeball area d. lacrimation e. macular edema	PC-2

	b	A patient suffering from glaucoma should visit an ophthalmologist: a. every week b. once every 3 months c. once a year d. once every 3 years e. when experiencing rainbow-colored halos in front of the eyes	PC-2
	b	Lagophthalmos is: a. inability to raise the upper eyelid b. pronounced closure of the palpebral fissure c. inability to close the palpebral fissure d. ectropion of the lower eyelid e. entropion of the lower eyelid	PC-2
	b	The main treatment for age-related cataract: a. conservative treatment b. surgical treatment c. no treatment required d. laser treatment e. physiotherapeutic treatment	PC-2
	a,b,c	The symptoms of upper eyelid ptosis include: a. covering of the pupil area by the upper eyelid; b. complete or partial immobility of the upper eyelid; c. narrowing of the palpebral fissure; d. inversion of the lower eyelid; e. inability to close the eye fissure.	PC-2
	a,b,c,d	Branches of the ophthalmic artery: a. supraorbital and lacrimal arteries b. central retinal artery c. anterior ciliary arteries d. short and long posterior ciliary arteries e. internal carotid artery	PC-2
	a,b,c	Which of the following corneal changes do not cause a significant decrease in visual acuity: a. nubecula (cloud) b. macula (spot) c. peripheral leucoma (scar/opacity) d. total leucoma e. staphyloma	PC-2
	a,b,d	Which of the following diseases are characterized by a gradual decrease in visual acuity: a. cataract b. primary open-angle glaucoma c. central retinal artery occlusion	PC-2

		d. diabetic retinopathy e. central retinal vein occlusion	
	a,b,c	Emergency measures for an alkali eye burn: a. Removal of lime residues from the conjunctival sac. b. Irrigation of the conjunctival sac with water or disinfectant solutions. c. Instillation of antibiotic solutions into the conjunctival sac. d. Eyelid massage. e. Application of a corticosteroid ointment into the conjunctival sac.	PC-2
	a,c	Methods for removing a foreign body from the conjunctival cavity: a. irrigation of the conjunctival cavity; b. not removed; c. using a moist swab; d. using a magnet; e. using a disposable needle.	PC-2
	a,b,c,d	The following types of cataract are distinguished: a. congenital; b. age-related; c. post-traumatic; d. complicated; e. infectious.	PC-2
	a,b	The clinical forms of primary glaucoma are: a. closed-angle glaucoma; b. open-angle glaucoma; c. neovascular glaucoma; d. uveal glaucoma; e. phacomorphic glaucoma.	PC-2
	It is a thin transparent mucous membrane that covers the inner surface of the eyelids and the anterior surface of the eyeball up to the cornea.	Conjunctiva...	PC-2
	This is the pathway that nerve impulses travel from the photoreceptors of the retina (the inner layer of the eyeball) to the nerve centers in the brain.	The visual pathway...	PC-2
	Strabismus is a pathology in which the visual axis of the eye deviates from a	Strabismus. Types of strabismus.	PC-2

	single point of fixation. Types of strabismus: Pseudostrabismus (apparent strabismus). Latent strabismus (heterophoria). Concomitant strabismus. Paralytic strabismus. Based on the symmetry of the impairment, strabismus is classified into unilateral form and alternating strabismus, when the eyes deviate in turn. Depending on the direction of the deviation, strabismus can be: Convergent (toward the nose). Divergent (toward the temple). With a vertical component (upward or downward). Mixed.		
	Hemangiomas. Pyogenic granulomas. Tufted angiomas. Some malignant tumors of the vascular tract: Hemangioendothelioma. Kaposi's sarcoma. Angiosarcoma. The most commonly encountered benign and malignant tumors of the vascular tract.	The most commonly encountered benign and malignant tumors of the vascular tract.	PC-2
	a	Where does the process of visual perception begin? a. in the layer of cones and rods b. in the layer of bipolar cells c. in the layer of ganglion cells	PC-3

		d. in the choroid e. in the optic nerve	
	b	Which anatomical structure of the eyeball has the greatest number of sensory nerve fibers? a. conjunctiva b. cornea c. sclera d. retina e. choroid	PC-3
	b	The main factor for the joint involvement of the ciliary body and the iris in the development of inflammation is: a. anatomical proximity b. common vascularization c. common innervation d. increased IOP (intraocular pressure) e. common lymphatic network	PC-3
	a	The visual acuity in newborns is approximately: a. a few hundredths b. 0.1 and higher c. 0.6 and higher, PC-2 d. 0.8 and higher e. 1.0 and higher	PC-3
	b	The main function of the superior rectus muscle of the eye is: a. moving the eyeball downward b. elevating the eyeball upward c. adducting the eyeball d. abducting the eyeball e. dilating the pupil	PC-3
	e	Acute iridocyclitis includes all of the following symptoms except: a. photophobia b. pericorneal injection c. pain in the eyeball area d. lacrimation e. macular edema	PC-3
	b	A patient suffering from glaucoma should visit an ophthalmologist: a. every week b. once every 3 months c. once a year d. once every 3 years e. when experiencing rainbow-colored halos in front of the eyes	PC-3
	b	Lagophthalmos is: a. inability to raise the upper eyelid b. pronounced closure of the palpebral fissure	PC-3

		c. inability to close the palpebral fissure d. ectropion of the lower eyelid e. entropion of the lower eyelid	
	b	The main treatment for age-related cataract: a. conservative treatment b. surgical treatment c. no treatment required d. laser treatment e. physiotherapeutic treatment	PC-3
	a,b,c	The symptoms of upper eyelid ptosis include: a. covering of the pupil area by the upper eyelid; b. complete or partial immobility of the upper eyelid; c. narrowing of the palpebral fissure; d. inversion of the lower eyelid; e. inability to close the eye fissure.	PC-3
	a,b,c,d	Branches of the ophthalmic artery: a. supraorbital and lacrimal arteries b. central retinal artery c. anterior ciliary arteries d. short and long posterior ciliary arteries e. internal carotid artery	PC-3
	a,b,c	Which of the following corneal changes do not cause a significant decrease in visual acuity: a. nubecula (cloud) b. macula (spot) c. peripheral leucoma (scar/opacity) d. total leucoma e. staphyloma	PC-3
	a,b,d	Which of the following diseases are characterized by a gradual decrease in visual acuity: a. cataract b. primary open-angle glaucoma c. central retinal artery occlusion d. diabetic retinopathy e. central retinal vein occlusion	PC-3
	a,b,c	Emergency measures for an alkali eye burn: a. Removal of lime residues from the conjunctival sac. b. Irrigation of the conjunctival sac with water or disinfectant solutions. c. Instillation of antibiotic solutions into the conjunctival sac. d. Eyelid massage. e. Application of a corticosteroid ointment into the conjunctival sac.	PC-3
	a,c	Methods for removing a foreign body from the conjunctival cavity:	PC-3

		a. irrigation of the conjunctival cavity; b. not removed; c. using a moist swab; d. using a magnet; e. using a disposable needle.	
	a,b,c,d	The following types of cataract are distinguished: a. congenital; b. age-related; c. post-traumatic; d. complicated; e. infectious.	PC-3
	a,b	The clinical forms of primary glaucoma are: a. closed-angle glaucoma; b. open-angle glaucoma; c. neovascular glaucoma; d. uveal glaucoma; e. phacomorphic glaucoma.	PC-3
	It is a thin transparent mucous membrane that covers the inner surface of the eyelids and the anterior surface of the eyeball up to the cornea.	Conjunctiva...	PC-3
	This is the pathway that nerve impulses travel from the photoreceptors of the retina (the inner layer of the eyeball) to the nerve centers in the brain.	The visual pathway...	PC-3
	Strabismus is a pathology in which the visual axis of the eye deviates from a single point of fixation. Types of strabismus: Pseudostrabismus (apparent strabismus). Latent strabismus (heterophoria). Concomitant strabismus. Paralytic strabismus. Based on the symmetry of the impairment, strabismus is classified into	Strabismus. Types of strabismus.	PC-3

	unilateral form and alternating strabismus, when the eyes deviate in turn. Depending on the direction of the deviation, strabismus can be: Convergent (toward the nose). Divergent (toward the temple). With a vertical component (upward or downward). Mixed.		
	Hemangiomas. Pyogenic granulomas. Tufted angiomas. Some malignant tumors of the vascular tract: Hemangioendothelioma. Kaposi's sarcoma. Angiosarcoma. The most commonly encountered benign and malignant tumors of the vascular tract.	The most commonly encountered benign and malignant tumors of the vascular tract.	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.