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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

"Faculty surgery"

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 7, 8

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of "Faculty surgery" 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) "Faculty surgery"
3. Developer(s): Kubanov S.I., Associate Professor of the Department of Surgery, Orthopedics, and Traumatology
4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: Ivchenko G.S., Acting Head of the Department of Internal Medicine Propaedeutics

Committee members: Kotelevets S.M., Professor of the Department of Internal Medicine Propaedeutics

Pakhomova T.A., Chairman of the UMC of the MBF

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
UK-1 Is able to carry out a critical analysis of problematic situations based on a systematic approach and develop a strategy for action				
Results of training in the discipline ID-1 UK-1 Capable of carrying out critical analysis of problem situations on the basis of a systemic approach, developing a strategy of action	It is difficult to analyze critical analysis of problematic situations based on a systematic approach and develop a strategy for action	with some errors, it analyzes critical analysis of problematic situations based on a systematic approach, and develops a strategy for action.	correctly analyzes critical analysis of problematic situations based on a systematic approach, and develops a strategy for action	competently analyzes critical analysis of problematic situations on the basis systemic approach, develop action strategy
PC-3 is 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 Problems, 10th Revision				
Results of training in the discipline ID-2PC-3 Capable of determining the patient's main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Health-Related Problems, X Revision	Difficult to analyze the patient's definition of the main pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the International Statistical Classification of Diseases and Health Problems, X Revision	With some errors, it analyzes the patient's main pathological conditions, symptoms, syndromes, and diseases, as well as the nosological forms, in accordance with the International Statistical Classification of Diseases and Health Problems, X Revision	Correctly analyzes the patient's definition of the main pathological conditions, symptoms, syndromes, and diseases, as well as the nosological forms, in accordance with the International Statistical Classification of Diseases and Health Problems, X Revision.	Competently analyzes the patient's definition of the main pathological conditions, symptoms, syndromes, and diseases, as well as the nosological forms, in accordance with the International Statistical Classification of Diseases and Health Problems, 10th Revision
PC-6 Ready to determine the need for natural healing factors, drug and non-drug therapy, and other methods in patients who need medical rehabilitation and spa treatment				
Results of training in the discipline ID-2PC-6 Ready to determine the need for application of natural healing factors, drug-	Difficult to analyze the need for the use of natural healing factors, drug therapy, non-drug therapy, and other methods in	With some errors, it analyzes the need for the use of natural healing factors, drug therapy, non-drug therapy, and other methods in	Correctly analyzes the need for the use of natural healing factors, drug therapy, non-drug therapy, and other methods in patients who	Competently analyzes the need for the use of natural healing factors, drug therapy, non-drug therapy, and other methods in

based, non-drug-based therapy and other methods in patients in need of medical rehabilitation and sanatorium-resort treatment	patients who require medical rehabilitation and sanatorium treatment	patients who require medical rehabilitation and sanatorium treatment	require medical rehabilitation and sanatorium treatment	patients who require medical rehabilitation and sanatorium treatment
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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
1.	b	The development of the pathological process in acute appendicitis begins: a) from the serous cover of the appendix; b) from the mucous membrane of the appendix; c) from the muscular layer of the appendix; d) from the dome of the cecum	UK-1
2.	e	The typical onset of acute appendicitis is characterized by: a) headache; b) pain in the projection of the right ureter; c) nausea, vomiting, and diarrhea; d) sudden acute abdominal pain; e) pain in the epigastric region, gradually moving to the right iliac region.	UK-1
3.	e	If an intact appendix is found during surgery in a patient with a clinical picture of acute appendicitis, the following should be done: a) perform an appendectomy; b) complete the surgery by draining the abdominal cavity; c) complete the surgery by tamponing the abdominal cavity; d) inject an antibiotic into the abdominal cavity and suture the surgical wound; e) inspect 1.5 meters of the terminal part of the small intestine	UK-1
4.	b	The most common types of hernia are: a) umbilical hernia; b) oblique inguinal hernia; c) femoral hernia; d) white line hernia; and d) direct inguinal hernia	UK-1

5.	c	The occurrence of hernias of the white line of the abdomen is facilitated by: a) gastric phenomena; b) the passage of blood vessels and nerves through the white line; c) defects in the white line of the abdomen; d) stretching of the white line of the abdomen; e) increased intra-abdominal pressure in the upper abdominal cavity	UK-1
6.	e	Gallstone disease is complicated by the development of: a) acute pancreatitis; b) obstructive jaundice; c) obstructive small bowel obstruction; d) cholangitis; e) all answers are correct	UK-1
7.	a	Which of the complications of cholelithiasis requires emergency surgical intervention? a) diffuse peritonitis; b) cicatricial stricture of the bile duct; c) choledocholithiasis; d) intestinal-bladder fistula	UK-1
8.	b	What complication occurs when a stone moves from the gallbladder to the bile ducts? a) biliary colic; b) obstructive jaundice; c) duodenostasis; d) stenosing papillitis	UK-1
9.	c	What is the management strategy for a patient with acute hemorrhagic pancreatitis? a) emergency surgery; b) strictly conservative treatment; c) conservative treatment; if there is no effect, surgery; d) all of the above; e) none of the above	UK-1
10.	c	Which research method is the most informative in the diagnosis of acute pancreatitis? a) diagnostic pneumoperitoneum; b) abdominal X-ray; c) laparoscopy; d) gastroduodenoscopy	UK-1
11.	b	Recurrent pancreatitis is characterized by: a) periodic abdominal pain; b) frequent pain in the upper abdomen that is radiating c) persistent pain in the epigastric region; d) persistent pain in the lumbar region	UK-1
12.	d	In case of chronic pancreatitis with moderately severe pain symptoms, the following is indicated: a) Puestow operation; b) 95% pancreatectomy; c) distal pancreatectomy with intestinal drainage of the pancreatic duct;	UK-1

		d) conservative treatment	
13.	b	The development of the pathological process in acute appendicitis begins: a) from the serous cover of the appendix; b) from the mucous membrane of the appendix; c) from the muscular layer of the appendix; d) from the dome of the cecum	PC-3
14.	e	The typical onset of acute appendicitis is characterized by: a) headache; b) pain in the projection of the right ureter; c) nausea, vomiting, and diarrhea; d) sudden acute abdominal pain; e) pain in the epigastric region, gradually moving to the right iliac region	PC-3
15.	e	If an intact appendix is found during surgery in a patient with a clinical picture of acute appendicitis, the following should be done: a) perform an appendectomy; b) complete the surgery by draining the abdominal cavity; c) complete the surgery by tamping the abdominal cavity; d) inject an antibiotic into the abdominal cavity and suture the surgical wound; e) inspect 1.5 meters of the terminal part of the small intestine	PC-3
16.	Cloiber Bowls	What X-ray sign indicates a severe form of peritonitis?	UK-1
17.	Eliminating the source of peritonitis	What is the main goal of surgery for peritonitis?	UK-1
18.	significant swelling of the thighs and shins, and pale skin	The following clinical signs are characteristic of Leriche syndrome:	UK-1
19.	pain in the calf muscles; slight swelling of the foot and lower third of the lower leg; positive Hohmann's symptom	List the symptoms of acute deep vein thrombosis of the lower leg:	UK-1
20.	accumulation of fluid and gas in the intestinal loops	The appearance of the "splash noise" symptom in acute intestinal obstruction is explained by:	UK-1
21.	In the sigmoid colon	Obstructive intestinal obstruction most often develops when the tumor is localized:	UK-1
22.	Repeated vomiting, abdominal pain of a cramping nature, and a positive splash noise symptom	The following clinical signs are characteristic of small bowel obstruction:	UK-1
23.	Bleeding from an ulcer	What complication of duodenal ulcer is characterized by the disappearance of epigastric pain and the appearance of melena?	UK-1
24.	Flow of acidic gastric contents through the right lateral channel	Explain the cause of muscle tension in the right iliac region, which occurs in case of a perforated duodenal ulcer:	UK-1

25.	Acute intestinal obstruction	When examining a 70-year-old patient, you found a swollen abdomen and heard increased resonant peristalsis and "splash noise." What disease is characterized by this clinical picture?	UK-1
26.	immediate herniotomy	A 17-year-old schoolboy developed severe pain in his right groin area while playing football, and had a history of right-sided inguinal hernia with repeated pinches. The patient tried to repair the hernia himself, but unsuccessfully. Determine the tactics of patient management:	UK-1
27.	c	What is the management strategy for a patient with acute hemorrhagic pancreatitis? a) emergency surgery; b) strictly conservative treatment; c) conservative treatment; if there is no effect, surgery; d) all of the above; e) none of the above	UK-1
28.	c	Which research method is the most informative in the diagnosis of acute pancreatitis? a) diagnostic pneumoperitoneum; b) abdominal X-ray; c) laparoscopy; d) gastroduodenoscopy	UK-1
29.	b	Recurrent pancreatitis is characterized by: a) periodic abdominal pain; b) frequent pain in the upper abdomen that is radiating c) persistent pain in the epigastric region; d) persistent pain in the lumbar region	UK-1
30.	d	In case of chronic pancreatitis with moderately severe pain symptoms, the following is indicated: a) Puestow operation; b) 95% pancreatectomy; c) distal pancreatectomy with intestinal drainage of the pancreatic duct; d) conservative treatment	UK-1

3.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.

4.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.