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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
«Phthisiology»

- Specialty: 31.05.01 General Medicine
- Mode of training: Full-time
- Year of commencement of studies: 2026
- Delivered in Semester, 11

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Phthisiology» for students of the specialty (majoring in) 31.05.01 General Medicine.

2. The ATF is an appendix to the program of the discipline «Phthisiology»

3. Developer(s): Ivchenko G.S., Cand. of Med.Sc. Acting Head Department of Propedeutics of Internal Diseases.

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: Kotelevets S.M., Professor of the Department of Propedeutics of Internal Diseases.

Pozdnyakova O.Yu., Professor of the Department of General Medicine

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-5				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-5 Prescribes medicinal drugs, medical devices, and medical nutrition taking into account the diagnosis, age, and clinical picture of the disease in accordance with current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care	Does not prescribe medicinal drugs, medical devices, and medical nutrition	Prescribes medicinal drugs, medical devices, and medical nutrition	Prescribes medicinal drugs, medical devices, and medical nutrition taking into account the diagnosis, age, and clinical picture of the disease in view of procedures for rendering medical care	Prescribes medicinal drugs, medical devices, and medical nutrition taking into account the diagnosis, age, and clinical picture of the disease in view of current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care
Learning outcomes for the discipline (module): Acquisition of	Does not assess the efficacy and safety of the use of medicinal drugs	Assesses the efficacy and safety of the use of medicinal drugs	Assesses the efficacy and safety of the use of medicinal drugs	Assesses the efficacy and safety of the use of medicinal drugs, medical

special medical skills and their application in practical healthcare. Indicator: ID-2 PC-5 Assesses the efficacy and safety of the use of medicinal drugs, medical devices, medical nutrition, and non-drug treatment			drugs and medical devices	devices, medical nutrition, and non-drug 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
		Semester, 11	
1.	a	What is the most important in diagnosing tuberculosis in adults: a) sputum examination for Mycobacterium tuberculosis; b) biochemical blood test; c) complete blood count and urinalysis; d) percussion and auscultation of the chest.	PC-5
2.	b	Primary vaccination is carried out in healthy full-term newborns: a) on days 1–2 of life; b) on days 1–4 of life; c) after one month; d) after two months.	PC-5
3.	c	To identify a patient with smear-positive tuberculosis, they must have at least: a) 1 positive smear in the absence of radiological findings; b) 1 positive smear with clinical and radiological findings present; c) 2 positive smears out of 3; d) 3 positive smears out of 3; e) 1 positive smear with a normal chest X-ray (overview radiograph of the lungs).	PC-5
4.	d	In the diagnosis of focal tuberculosis, the leading role is played by: a) medical history; b) findings from the objective examination; c) laboratory data; d) radiological examination; e) Koch's tuberculin test.	PC-5
5.	a	What belongs to specific prevention of tuberculosis? a) BCG vaccination b) tuberculin test c) Koch's test d) social prevention e) sanitary prevention	PC-5
6.	c	What is a characteristic morphological feature of infiltrative pulmonary tuberculosis? a) Exudate in the lung tissue b) Foci of varying intensity c) Perifocal inflammation around a centrally located focus d) Productive inflammation e) Fibrosis and sclerosis	PC-5
7.	d	What plays an important role in the pathogenesis of infiltrative pulmonary tuberculosis? a) exudative reaction b) proliferative reaction	PC-5

		c) granulomatous reaction d) inflammatory allergic reaction and hypersensitization of the lung tissue e) stress	
8.	c	What is the main morphological difference between caseous pneumonia and variants of infiltrative pulmonary tuberculosis? a) a tendency to bronchogenic dissemination; b) involvement of large bronchi; c) a significant predominance of caseous necrosis; d) a large volume of affected tissue; e) a productive type of inflammation. ☐ ☐ ☐ ☐ ☐	PC-5
9.	c	In acute disseminated pulmonary tuberculosis, characteristic radiological changes are detected: a) in the first 1–3 days of the disease; b) by the end of the 1st month; c) by the end of the 2nd month; d) on days 7–10 from the onset of the disease.	PC-5
10.	d	Indicate the main route of infection spread from a cavity that leads to the progression of tuberculosis: a) lymphogenic; b) hematogenic; c) contact; d) bronchogenic; e) mixed.	PC-5
11.	b	The development of cavernous tuberculosis is most often preceded by: a) focal pulmonary tuberculosis; b) infiltrative pulmonary tuberculosis; c) disseminated pulmonary tuberculosis; d) cirrhotic tuberculosis of the lungs; e) tuberculous bronchoadenitis.	PC-5
12.	e	For newly detected cavernous tuberculosis, the following is characteristic: a) a two-layered cavity wall; b) an abundance of polymorphic foci in the tissue located below the cavity; c) the presence of a sequestrum in the cavity (PC-5); d) coarse pericavitary fibrosis; e) the absence of pronounced pericavitary infiltrative changes. ☐ ☐ ☐ ☐ ☐ ☐	PC-5
13.	b	The most common outcome of bronchial tuberculosis is: a) complete resolution; b) scarring and deformation; c) grade I stenosis; d) grade II stenosis.	PC-5
14.	Moderate amount, mucopurulent, sometimes with blood streaks.	What type of sputum is most commonly observed in a patient with pulmonary tuberculosis?	PC-5
15.	intradermal	How is the BCG vaccine administered?	PC-5

16.	cessation of bacterial excretion	The main criterion for assessing the effectiveness of treatment in patients with destructive forms of tuberculosis.	PC-5
17.	ring-shaped shadow	The direct radiological sign of a cavity in pulmonary tuberculosis is...	PC-5
18.	Gastrointestinal blood loss.	The most common cause of iron deficiency anemia in men is...	PC-5
19.	tuberculoma	What is shown on the X-ray? 	PC-5
20.	the main drugs in category 1	The patient has been diagnosed with infiltrative pulmonary tuberculosis in the decay phase, MBT-positive.	PC-5
21.	overview radiography of the lungs	What study confirms the presence of spontaneous pneumothorax?	PC-5
22.	tuberculoma	Patient K., 25 years old, with newly diagnosed infiltrative tuberculosis in segment S1 of the right lung; the patient was in the hospital for 2 months, where the intensive phase with four anti-tuberculosis drugs and a 4-month maintenance phase were carried out. Bacterioexcretion has ceased. On the radiograph, a well-demarcated homogeneous formation with a diameter of 3 cm is detected in segment S1 of the right lung. Please state your предполагаемый diagnosis (presumptive diagnosis).	PC-5

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.