

Документ подписан простой электронной подписью

Информация о владельце:

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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

«Hospital Therapy, Occupational Diseases»

- Specialty: 31.05.01 General Medicine
- Mode of training: Full-time
- Year of commencement of studies: 2026
- Delivered in Semester, 9-12

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Hospital Therapy, Occupational Diseases» for students of the specialty (majoring in) 31.05.01 General Medicine.
2. The ATF is an appendix to the program of the discipline «Hospital Therapy, Occupational Diseases
3. Developer(s): Pozdnyakova O.Yu. Dr. of Med. Sc Acting Head Department of General Medicine
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.

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-1				
Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency situations. Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-1 Is capable of conducting therapeutic measures when rendering emergency medical care in conditions requiring urgent medical intervention	Not capable of delivering therapeutic measures	Capable of delivering therapeutic measures	Capable of delivering therapeutic measures when offering emergency medical care	Capable of delivering therapeutic measures when offering emergency medical care in conditions requiring urgent medical intervention
Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency	Does not know how to identify conditions	Knows how to identify conditions	Knows how to identify conditions requiring medical care	Knows how to identify conditions requiring medical care in an emergency form, including clinical signs of sudden failure of blood

<p>situations. Acquisition of special medical skills and their application in practical healthcare.</p> <p>Indicator: ID-2 PC-1 Knows how to identify conditions requiring the provision of medical care in an emergency form, including clinical signs of sudden cessation of blood circulation and respiration</p>				<p>circulation and respiration</p>
<p>Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency situations. Acquisition of special medical skills and their application in practical healthcare.</p> <p>Indicator: ID-3 PC-1 Possesses skills for assessing the condition of a patient requiring the provision of medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life,</p>	<p>Does not possess skills for assessing the patient's condition requiring medical care in an emergency form</p>	<p>Possesses skills for assessing the patient's condition requiring medical care in an emergency form</p>	<p>Possesses skills for assessing the patient's condition requiring medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life</p>	<p>Possesses skills for assessing the patient's condition requiring medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life, including states of clinical death (failure of vital functions of the human body (blood circulation and/or respiration), requiring medical care in an emergency form</p>

including states of clinical death (cessation of vital functions of the human body (blood circulation and/or respiration), requiring the provision of medical care in an emergency form				
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 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	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 and medical devices	Assesses the efficacy and safety of the use of medicinal drugs, medical devices, medical nutrition, and non-drug treatment
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-3 PC-5 Plans and monitors the management of patients with various nosological forms in outpatient conditions and day hospital conditions	Does not plan and monitor the management of patients	Plans and monitors the management of patients	Plans and monitors the management of patients with various nosological forms	Plans and monitors the management of patients with various nosological forms in outpatient conditions and day hospital conditions
Competency: PC-7				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in	Not capable of assessing medical indications and medical contraindications for the methods of disease prevention	Capable of assessing medical indications and medical contraindications for the use of methods of	Capable of assessing medical indications and medical contraindications for the use of methods of prevention of	Capable of assessing medical indications and medical contraindications for the use of methods of prevention of

<p>practical healthcare.</p> <p>Indicator: ID-1 PC-7 Is capable of assessing medical indications and medical contraindications for the use of methods of prevention of diseases and (or) conditions, preventive measures taking into account the diagnosis 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</p>		disease prevention	diseases and (or) conditions, preventive measures taking into account the diagnosis in accordance with current procedures for rendering medical care	diseases and (or) conditions, preventive measures taking into account the diagnosis following current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care
<p>Learning outcomes for the discipline (module):</p> <p>Acquisition of special medical skills and their application in practical healthcare.</p> <p>Indicator: ID-2 PC-7 Applies principles of specific and non-specific prevention of infectious diseases, the national calendar</p>	Does not apply principles of specific and non-specific prevention	Applies principles of specific and non-specific prevention	Applies principles of specific and non-specific prevention of infectious diseases, the national calendar of preventive vaccinations	Applies principles of specific and non-specific prevention of infectious diseases, the national calendar of preventive vaccinations, including according to epidemic indications

of preventive vaccinations, including according to epidemic indications				
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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, 9	
1.	c	Characteristic manifestations of exertional angina: a) presence of pain "in the heart region" occurring with sudden movements; duration of pain is 5–20 sec; b) typical localization of pain is a limited space in the region of the apex of the heart; duration of pain 1-2 hours c) typical localization of sensations is the retrosternal region; pain is provoked by physical stress and is relieved within 1–2 min at rest or after taking nitroglycerin d) all statements are correct	PC-1
2.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-1
3.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-1
4.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-1
5.	c	Arterial hypertension of degree III in mm Hg is when: a) Systolic BP below 130, diastolic - below 85; b) Systolic BP above 200, diastolic - above 110; c) Systolic BP above 180, diastolic above 110; d) Systolic BP above 160, diastolic - below 80;	PC-1
6.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-1

7.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including	PC-1
8.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-1
9.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-1
10.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-5
11.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-5
12.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-5
13.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ;	PC-5
14.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-5
15.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking	PC-5

		b) viruses c) bacteria d) fungi	
16.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-5
17.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-7
18.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-7
19.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-7
20.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-7
21.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-7
22.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including after therapy. c) cough with sputum production; d) pulmonary sound with a box-like tint;	PC-7
23.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease.	PC-7

		b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	
Semester,10			
24.	c	Characteristic manifestations of exertional angina: a) presence of pain "in the heart region" occurring with sudden movements; duration of pain is 5–20 sec; b) typical localization of pain is a limited space in the region of the apex of the heart; duration of pain 1-2 hours c) typical localization of sensations is the retrosternal region; pain is provoked by physical stress and is relieved within 1–2 min at rest or after taking nitroglycerin d) all statements are correct	PC-1
25.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-1
26.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-1
27.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-1
28.	c	Arterial hypertension of degree III in mm Hg is when: a) Systolic BP below 130, diastolic - below 85; b) Systolic BP above 200, diastolic - above 110; c) Systolic BP above 180, diastolic above 110; d) Systolic BP above 160, diastolic - below 80;	PC-1
29.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-1
30.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary	PC-1

		disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including	
31.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-1
32.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-1
33.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-5
34.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-5
35.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-5
36.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (Streptococcus pneumoniae); c) Haemophilus influenzae;	PC-5
37.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-5
38.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses	PC-5

		c) bacteria d) fungi	
39.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-5
40.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-7
41.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-7
42.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-7
43.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-7
44.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-7
45.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including after therapy. c) cough with sputum production; d) pulmonary sound with a box-like tint;	PC-7
46.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG.	PC-7

		c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	
Semester, 11			
47.	c	Characteristic manifestations of exertional angina: a) presence of pain "in the heart region" occurring with sudden movements; duration of pain is 5–20 sec; b) typical localization of pain is a limited space in the region of the apex of the heart; duration of pain 1-2 hours c) typical localization of sensations is the retrosternal region; pain is provoked by physical stress and is relieved within 1–2 min at rest or after taking nitroglycerin d) all statements are correct	PC-1
48.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-1
49.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-1
50.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-1
51.	c	Arterial hypertension of degree III in mm Hg is when: a) Systolic BP below 130, diastolic - below 85; b) Systolic BP above 200, diastolic - above 110; c) Systolic BP above 180, diastolic above 110; d) Systolic BP above 160, diastolic - below 80;	PC-1
52.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-1
53.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is:	PC-1

		a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including	
54.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-1
55.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-1
56.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-5
57.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-5
58.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-5
59.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (Streptococcus pneumoniae); c) Haemophilus influenzae;	PC-5
60.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-5
61.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-5

62.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-5
63.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-7
64.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-7
65.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-7
66.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-7
67.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-7
68.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including after therapy. c) cough with sputum production; d) pulmonary sound with a box-like tint;	PC-7
69.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-7

70.	c	<p>Characteristic manifestations of exertional angina:</p> <p>a) presence of pain "in the heart region" occurring with sudden movements; duration of pain is 5–20 sec;</p> <p>b) typical localization of pain is a limited space in the region of the apex of the heart; duration of pain 1-2 hours</p> <p>c) typical localization of sensations is the retrosternal region; pain is provoked by physical stress and is relieved within 1–2 min at rest or after taking nitroglycerin</p> <p>d) all statements are correct</p>	PC-1
71.	c	<p>Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except:</p> <p>a) Body weight; measurement of blood pressure;</p> <p>b) Resting ECG;</p> <p>c) Exercise test on a bicycle ergometer;</p> <p>d) X-ray examination of the chest organs;</p>	PC-1
72.	b	<p>A distinctive feature of stable exertional angina:</p> <p>a) absence of connection of the attack with emotional stress</p> <p>b) connection of the attack with physical stress</p> <p>c) occurrence of the attack at any time of the day</p> <p>d) premonition of the onset of the attack</p>	PC-1
73.	d	<p>Secondary infective endocarditis is:</p> <p>a) infective endocarditis in a patient who has had myocardial infarction</p> <p>b) infective endocarditis in a patient with immunodeficiency</p> <p>c) infective endocarditis in a patient with heart disease</p> <p>d) infective endocarditis in a patient with sepsis</p>	PC-1
74.	c	<p>Arterial hypertension of degree III in mm Hg is when:</p> <p>a) Systolic BP below 130, diastolic - below 85;</p> <p>b) Systolic BP above 200, diastolic - above 110;</p> <p>c) Systolic BP above 180, diastolic above 110;</p> <p>d) Systolic BP above 160, diastolic - below 80;</p>	PC-1
75.	b	<p>The most common causative agent of community-acquired pneumonia:</p> <p>a) staphylococcus;</p> <p>b) pneumococcus (<i>Streptococcus pneumoniae</i>);</p> <p>c) <i>Haemophilus influenzae</i>;</p> <p>d) viruses;</p>	PC-1
76.	b	<p>The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is:</p> <p>a) expiratory dyspnea;</p> <p>b) irreversible or poorly reversible bronchial obstruction, including</p>	PC-1

77.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-1
78.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-1
79.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-5
80.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-5
81.	d	Secondary infective endocarditis is: a) infective endocarditis in a patient who has had myocardial infarction b) infective endocarditis in a patient with immunodeficiency c) infective endocarditis in a patient with heart disease d) infective endocarditis in a patient with sepsis	PC-5
82.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (Streptococcus pneumoniae); c) Haemophilus influenzae;	PC-5
83.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-5
84.	a	The main etiological factor in the development of chronic obstructive pulmonary disease is: a) smoking b) viruses c) bacteria d) fungi	PC-5
85.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease.	PC-5

		b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	
86.	c	Mandatory examination methods in patients with heart failure, in the presence of such symptoms as shortness of breath, leg edema and moist rales in the lungs, all except: a) Body weight; measurement of blood pressure; b) Resting ECG; c) Exercise test on a bicycle ergometer; d) X-ray examination of the chest organs;	PC-7
87.	b	A distinctive feature of stable exertional angina: a) absence of connection of the attack with emotional stress b) connection of the attack with physical stress c) occurrence of the attack at any time of the day d) premonition of the onset of the attack	PC-7
88.	c	Causes of tricuspid insufficiency all, except: a) Severe pulmonary hypertension; b) Infective endocarditis; c) Left ventricular infarction; d) Cardiomyopathies;	PC-7
89.	b	The most common causative agent of community-acquired pneumonia: a) staphylococcus; b) pneumococcus (<i>Streptococcus pneumoniae</i>); c) <i>Haemophilus influenzae</i> ; d) viruses;	PC-7
90.	c	The most important criterion for the diagnosis of chronic bronchitis: a) enhanced vesicular (harsh) breathing; b) dry bass and high-pitched rales; c) cough with sputum for at least 3 months a year for at least 2 consecutive years d) moist fine- and coarse-bubbling rales;	PC-7
91.	b	The most important of the listed differential diagnostic signs of chronic obstructive pulmonary disease is: a) expiratory dyspnea; b) irreversible or poorly reversible bronchial obstruction, including after therapy. c) cough with sputum production; d) pulmonary sound with a box-like tint;	PC-7
92.	c	To make a diagnosis of "chronic cor pulmonale" the presence of all the listed is necessary, except: a) presence in the patient of a chronic lung disease. b) detection of pulmonary hypertension on EchoCG. c) defect of the interventricular septum. d) ECG signs of right ventricular hypertrophy.	PC-7

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.