

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

Neurology

- 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 «Neurology» for students of the specialty (majoting in) 31.05.01 General Medicine.
2. The ATF is an appendix to the program of the discipline (module) «Neurology»
3. Developer(s): Zybinsky Ivan Alexandrovich, Associate professor of Department of General Medicine.
4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: Kubanov Sergey Ismailovich, Deputy Dean of Faculty of Medicine and Biology for Practical Medicine;

Committee members: Pozdnyakova Oksana Yuryevna, Head of Department of General Medicine.

Kashnikov Vyacheslav Stanislavovich, professor of 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-3. Capable of determining the patient's main pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th Revision.				
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
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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
2	1. Hypodense lesion with clear borders 2. Hyperintense (white) area of irregular shape 3. No changes 4. Ring enhancement with contrast	What is characteristic of hemorrhagic stroke on CT in the first hours?	PC-3
2	1. Flattening of the nasolabial fold 2. Absence of forehead wrinkling on the affected side 3. Loss of taste on the anterior 2/3 of the tongue 4. Lagophthalmos	Which sign allows differentiation between central (supranuclear) facial nerve palsy and peripheral?	PC-3
1	1. Miosis, ptosis, enophthalmos, anhidrosis 2. Mydriasis, exophthalmos, facial flushing 3. Pupil constriction with preserved light reaction 4. Paralysis of accommodation	In Horner's syndrome (lesion of the sympathetic trunk), the following is observed	PC-3
2	1. Hunger 2. Bright light and visual stimuli 3. Physical exertion 4. Staying in a stuffy room	The classic trigger for a migraine attack with aura is	PC-3

2	1. Suspicion of meningitis 2. Use of anticoagulants (uncorrected) 3. Headache 4. Elevated blood pressure	An absolute contraindication to lumbar puncture is	PC-3
2	1. Hypodense cysts in the basal ganglia 2. Demyelinating foci in the periventricular white matter (plaques) 3. Cerebellar atrophy 4. Hydrocephalus	In multiple sclerosis, MRI typically reveals	PC-3
2	1. Interferon beta 2. High dose methylprednisolone (pulse therapy) 3. Azathioprine 4. Vitamin D	The first line drug for the treatment of multiple sclerosis exacerbation is	PC-3
2	1. Asymmetric flaccid paresis of the arms 2. Rapid development of lower paraparesis with pelvic organ dysfunction 3. Slow progression over years 4. Isolated radicular sensory disturbance	Acute transverse myelitis is characterized by	PC-3
1	1. Rest tremor, rigidity, bradykinesia 2. Action tremor, ataxia, dystonia 3. Myoclonus, dementia, hallucinations 4. Chorea, hypotonia, tics	Parkinson's disease is characterized by the following triad of symptoms	PC-3
1	1. A series of seizures without recovery of consciousness between them, or a single seizure lasting more than 30 minutes 2. Two seizures within 24 hours 3. A seizure lasting more than 5 minutes without loss of consciousness 4. An epileptic seizure during sleep	Status epilepticus is defined as	PC-3
1	1. Ascending flaccid tetraparesis with sensory disturbance and albumino cytological dissociation in CSF 2. Descending paralysis with bulbar involvement 3. Asymmetric weakness of distal arms 4. Hyperreflexia and spasticity	Guillain Barré (acute inflammatory demyelinating polyneuropathy) is characterized by	PC-3

1	1. Burning pain in the feet, reduced vibration sense 2. Acute weakness of proximal leg muscles 3. Asymmetric foot paresis 4. Peripheral facial nerve palsy	Diabetic polyneuropathy most typically presents with	PC-3
2	1. Weakness of thumb adduction 2. Paresthesias in fingers 1–3, worsening at night 3. Hypothenar atrophy 4. Pain along the ulnar border of the hand	In carpal tunnel syndrome, a typical symptom is	PC-3
2	1. Mosquito bite 2. Ixodid tick bite 3. Airborne route 4. Contact with animals	Tick borne encephalitis is typically transmitted through	PC-3
2	1. Lymphocytic pleocytosis, normal protein 2. Neutrophilic pleocytosis (>1000 cells/μL), decreased glucose, high protein 3. Eosinophilia, elevated pressure 4. No cells, high protein	In bacterial (purulent) meningitis, the CSF shows	PC-3
1	1. Neck stiffness, Kernig's and Brudzinski's signs 2. Focal seizures 3. Hemiplegia 4. Diplopia	Meningeal syndrome includes	PC-3
2	1. Constant symmetric weakness 2. Pathological muscle fatigability with improvement after rest 3. Progressive muscle dystrophy 4. Sensory disturbance	Myasthenia gravis is characterized by	PC-3
2	1. Medial thigh 2. Dorsum of the foot and big toe 3. Lateral leg 4. Groin area	In lumbar osteochondrosis with L5 root compression, numbness is typical in	PC-3
1	1. Pain in the lower back appears upon raising the straight leg to 30–60° 2. Pain in the buttock upon hip abduction 3. Pain worsens when bending the head forward 4. Radiation to the leg appears with coughing	Lasègue's sign is considered positive when	PC-3

2	1. Bradycardia 2. Dizziness and syncope upon head turning 3. Occipital pain unrelated to movement 4. Diplopia	In vertebral artery syndrome (at the cervical level), typical findings include	PC-3
2	1. Only dysphonia 2. Choking, nasal speech, tongue atrophy with fasciculations 3. Absent gag reflex with normal speech 4. Palatal paresis without swallowing impairment	Bulbar syndrome (involvement of IX, X, XII cranial nerves) presents with	PC-3
2	1. Proximal arm weakness with normal reflexes 2. Combination of spastic lower paraplegia and arm weakness with atrophy (mixed syndrome) 3. Isolated loss of vibration sense 4. Pelvic dysfunction without motor deficit	Cervical myelopathy (e.g., due to spondylosis) is characterized by	PC-3
2	1. Neutrophilic pleocytosis >2000 cells, marked glucose decrease 2. Lymphocytic pleocytosis, moderate protein elevation, glucose decrease, formation of a spider web clot 3. No cells, high protein (albumino cytological dissociation) 4. Eosinophilia and elevated pressure with normal composition	In tuberculous meningitis, the CSF most typically shows	PC-3
2	1. Predominantly motor, symmetric distal leg weakness 2. Sensory, predominantly distal, with pain and reduced tendon reflexes 3. Asymmetric with proximal arm involvement 4. Isolated autonomic form	The most common type of peripheral polyneuropathy in chronic alcoholism is	PC-3
2	1. Hemiparesis and aphasia 2. Cerebellar signs (ataxia, dysmetria) and signs of intracranial hypertension with morning vomiting 3. Epileptic seizures without focal symptoms 4. Olfactory disturbances and visual hallucinations	A posterior fossa tumor (e.g., hemangioblastoma) in adults clinically manifests as	PC-3

2	1. Presence of tongue atrophy and fasciculations 2. Absence of tongue atrophy, preserved gag reflex, presence of oral automatism reflexes (snout, palmomental) 3. Severe limb paresis 4. Facial sensory disturbance	The difference between pseudobulbar and bulbar syndromes is	PC-3
1	1. Ipsilateral spastic paralysis and loss of deep sensation, contralateral loss of pain and temperature sensation 2. Both sides affected symmetrically 3. Only segmental disturbances at the level of lesion 4. Complete loss of all sensation below the level	In Brown Séquard syndrome (hemisection of the spinal cord), the following is observed	PC-3
2	1. Rapid development of spastic paraparesis 2. Progressive dementia, personality changes, Argyll Robertson pupils (pupils do not react to light but react to accommodation) 3. Isolated optic nerve involvement 4. Absence of CSF changes	Neurosyphilis in the form of progressive paralysis (meningovascular syphilis) is characterized by	PC-3
2	1. Posterior columns (deep sensation) 2. Motor pathways and spinothalamic tract, while posterior columns are spared 3. Only lateral columns 4. All tracts completely	In anterior spinal artery syndrome (ischemia of the anterior 2/3 of the spinal cord), the affected structures are	PC-3
2	1. Root compression at the lumbar level 2. Vertebral fracture on the background of osteoporosis with minimal trauma (often cervical) 3. Inflammatory polyneuropathy 4. Cerebral circulatory disturbance due to vasculitis	In ankylosing spondylitis (Bechterew's disease), a neurological complication arises due to	PC-3

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.