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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
Allergology
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 5,6

Introduction

1. Purpose

The Fund of Assessment Tools (FAT) is intended for ongoing monitoring of academic performance and intermediate assessment in the discipline «Allergology» for students of the specialty 31.05.01 General Medicine.

2. Regulatory basis

The FAT is an appendix to the work program of the discipline «Allergology».

3. Developer

Vlasov A.A., Associate Professor of the Department of Physicochemical Biology and Immunology.

4. Expertise

The FAT has undergone expert review. Members of the expert group:

Chairman: Kubanov S.I., Associate Professor of the Department of Surgery, Orthopedics and Traumatology

Commission members:

Dzhandarova T.I., Head of the Department of Anatomy and Histology

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

Representative of the employer organization: Vilensky I.L., Chief Physician of LLC «Independent Clinical Diagnostic Laboratory».

Expert conclusion: The FAT allows assessing the level of competence formation and is recommended for use in the educational process.

5. Validity period

The validity period of the FAT is determined by the duration of the educational program implementation.

1. Description of criteria for assessing competencies at various stages of their formation,

description of assessment scales

Competence	Levels of competence formation, indicator(s)	Minimum level not achieved (Unsatisfactory) 2 points	Minimum level (Satisfactory) 3 points	Intermediate level (Good) 4 points	High level (Excellent) 5 points
Competence: PC-2 Ready to collect and analyze patient complaints, data from his anamnesis, results of examination, laboratory, instrumental, pathological and other studies in order to recognize a condition or establish the fact of the presence or absence of a disease					
Learning outcomes for the discipline: Conducting patient examination for diagnostic purposes. Indicator: ID-1 PC-2 Able to collect complaints, life history and disease history of the patient and analyze the information received	Does not understand the basic concepts of physiology and biochemistry, pathophysiology of body reactions	Understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions	Understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions, mechanisms of development of allergological reactions	Understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions, mechanisms of development of allergological reactions, able to collect complaints, life history and disease history of the patient and analyze the information received	
Learning outcomes for the discipline: Conducting patient examination for diagnostic purposes. Indicator: ID-2 PC-2 Conducts a complete physical examination	Not capable of predicting pathophysiological allergic reactions	Capable of predicting the results of physicochemical processes and chemical transformations of biological substances	Capable of predicting the results of physicochemical processes and chemical transformations of biological substances, able to independently perform methods for determining allergens	Predicts the results of physicochemical processes and chemical transformations of biological substances, able to conduct a complete physical examination of the patient (examination, palpation,	

of the patient (examination, palpation, percussion, auscultation) and interprets its results				percussion, auscultation) and interpret its results	
Learning outcomes for the discipline: Ready to collect and analyze patient complaints, data from his anamnesis, results of examination, laboratory, instrumental, pathological and other studies in order to recognize a condition or establish the fact of the presence or absence of a disease. Indicator: ID-3 PC-2 Formulates a preliminary diagnosis and draws up a plan for laboratory and instrumental examinations of the patient	Not capable of analyzing research results, does not possess experimental skills for studying biochemical parameters in human cells in norm and pathology	Analyzes research results in allergology, does not possess experimental skills	Analyzes research results in allergology, possesses experimental skills for studying biochemical parameters in human cells in norm and pathology	Understands the processes of development of allergic reactions of various genesis, is oriented in development mechanisms, possesses research methods and methods for determining allergens in the human body	

Competence: PC-3 Able to determine the main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision					
Learning outcomes for the discipline: Conducting patient examination for diagnostic purposes. Indicator: ID-1 PC-3 Able to build an algorithm and select criteria for determining the main pathological conditions, syndromes, diseases in patients of various profiles in accordance with the International	Not capable of determining the main pathological conditions, syndromes, diseases in accordance with the International Statistical Classification of Diseases	Capable of determining the main pathological conditions, syndromes, diseases in accordance with the International Statistical Classification of Diseases	Capable of determining the main pathological conditions, syndromes, diseases in accordance with the International Statistical Classification of Diseases	Capable of analyzing, determining, understanding the processes of development of allergic reactions of various genesis, is oriented in development mechanisms, possesses research methods and methods for determining allergens in the human body; capable of building an algorithm and selecting criteria for determining the main pathological	

1 Statistical Classification of Diseases and Related Health Problems, X revision (ICD-X)				conditions, syndromes, diseases in patients of various profiles in accordance with ICD-X	
Learning outcomes for the discipline: Conducting patient examination for diagnostic purposes. Indicator: ID-2 PC-3 Identifies the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X	Not capable of identifying the main pathological symptoms and syndromes	Capable of identifying the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X	Capable of identifying the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X	Capable of identifying the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X, analyzes research results in allergology, possesses experimental skills for studying biochemical parameters in human cells in norm and pathology	

The assessment of the level of competence formation in the discipline is carried out on the basis of the «Regulations on the implementation of ongoing monitoring of academic performance and intermediate assessment of students in educational programs of higher education - bachelor's programs, specialist programs, master's programs - in the Federal State Autonomous Educational Institution of Higher Education «North Caucasus Federal University» in the current version.

ASSESSMENT TOOLS FOR CHECKING THE LEVEL OF COMPETENCE FORMATION

Task No.	Correct answer	Question content	Competence
		Semester 5	
1.	d	Which provocative allergy tests are appropriate for allergic contact dermatitis? a. inhalation; b.	PC-2

		intranasal; c. conjunctival; d. patch (application); e. intradermal	
2.	a	When using H1 histamine receptor blockers for allergic rhinitis, it should be remembered that: a. it is better to use in the early stages of the disease; b. if there is no effect, the dose and duration should be increased; c. during remission, these drugs should be taken periodically for prevention; d. in prolonged course, oral administration is better than topical	PC-2
3.	c	When using intranasal adrenomimetics for allergic rhinitis, it should be remembered that: a. the optimal course is 2-4 weeks; b. for a prolonged course, it should be used until symptoms disappear; c. these drugs should not be used for more than 3-5 days in a row; d. if there is no effect, the dose should be gradually increased; e. indicated for prevention of exacerbations during remission	PC-2
4.	a	Which of the following facts are true for bronchial asthma: a. if both parents are affected, the child's risk is more than 50%; b. concordance in monozygotic twins is 100%; c. more common in rural residents than urban; d. if only the father is affected, there is practically no risk for the child; e. the disease is transmitted by airborne droplets	PC-2
5.	b	When using inhaled glucocorticoids for bronchial asthma, it should be remembered that: a. the maximum effect develops in 2-3 minutes; b. a common complication is oral candidiasis; c. a common complication is delayed tooth eruption; d. cannot be combined with adrenomimetics; e. cannot be combined with mast cell stabilizers	PC-2
6.	c	Necessary studies for the diagnosis of aspirin-induced asthma: a. lung scintigraphy; b. radioallergosorbent test; c. spirometry, spirometry; d. skin tests with allergens; e. determination of T- and B-lymphocytes in blood	PC-2

7.	a	Indicate the type of hypersensitivity that is predominant in the development of angioedema: a. reaginic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-2
8.	a	Indicate the type of hypersensitivity that is predominant in the development of urticaria: a. reaginic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-2
9.	c	Indicate the type of hypersensitivity that is predominant in the development of serum sickness: a. reaginic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-2
10.	d	Indicate the type of hypersensitivity that is predominant in the development of allergic contact dermatitis: a. reaginic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-2
11.	a, b	The pathogenesis of which diseases is based on anaphylactic reactions? a. pollinosis; b. urticaria; c. chronic nonspecific lung diseases; d. thymic hyperplasia; e. diabetes mellitus	PC-2
12.	a, d	Immediate-type hypersensitivity mechanisms underlie: a. bronchial asthma; b. autoimmune hemolytic anemia; c. contact dermatitis; d. exogenous allergic alveolitis; e. Mantoux test	PC-2
13.	b, c, d, e	Manifestations of atopic dermatitis are more often provoked by: a. cold weather; b. hot water; c. scratching; d. food allergens; e. infections	PC-2
14.	c, d	Characteristic signs of sensitization to household allergens are: a. moderate eosinophilia; b. allergic manifestations usually occur in spring; c. allergic manifestations may subside with a change of residence; d. allergic manifestations may occur after cleaning the apartment; e. combination with food allergy	PC-2
15.	a, b, c	Clinical signs associated with asthma: a. aspirin may cause or	PC-2

		worsen manifestations; b. the only external manifestation may be cough; c. during an attack, wheezing in the lungs may be absent; d. absence of wheezing in the lungs during an attack is a good prognostic sign; e. attacks are usually accompanied by low-grade fever	
16.	b, c	Which of the following mediators are contained in mast cell granules? a. prostaglandins; b. histamine; c. serotonin; d. cytokines; e. leukotrienes	PC-2
17.	a, b, c, d	Indicate the effects of mediators of allergic inflammation: a. local vasodilation; b. increased vascular permeability; c. smooth muscle spasm; d. hypersecretion of mucus; e. irritation of nerve endings	PC-2
18.	d	Which provocative allergy tests are appropriate for allergic contact dermatitis? a. inhalation; b. intranasal; c. conjunctival; d. patch (application); e. intradermal	PC-3
19.	a	When using H1 histamine receptor blockers for allergic rhinitis, it should be remembered that: a. it is better to use in the early stages of the disease; b. if there is no effect, the dose and duration should be increased; c. during remission, these drugs should be taken periodically for prevention; d. in prolonged course, oral administration is better than topical	PC-3
20.	c	When using intranasal adrenomimetics for allergic rhinitis, it should be remembered that: a. the optimal course is 2-4 weeks; b. for a prolonged course, it should be used until symptoms disappear; c. these drugs should not be used for more than 3-5 days in a row; d. if there is no effect, the dose should be gradually increased; e. indicated for prevention of exacerbations during remission	PC-3
21.	a	Which of the following facts are true for bronchial asthma: a. if both parents are affected, the child's risk is more than 50%; b. concordance in monozygotic twins is 100%; c. more	PC-3

		common in rural residents than urban; d. if only the father is affected, there is practically no risk for the child; e. the disease is transmitted by airborne droplets	
22.	b	When using inhaled glucocorticoids for bronchial asthma, it should be remembered that: a. the maximum effect develops in 2-3 minutes; b. a common complication is oral candidiasis; c. a common complication is delayed tooth eruption; d. cannot be combined with adrenomimetics; e. cannot be combined with mast cell stabilizers	PC-3
23.	c	Necessary studies for the diagnosis of aspirin-induced asthma: a. lung scintigraphy; b. radioallergosorbent test; c. spirometry, spirometry; d. skin tests with allergens; e. determination of T- and B-lymphocytes in blood	PC-3
24.	a	Indicate the type of hypersensitivity that is predominant in the development of angioedema: a. reagenic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-3
25.	a	Indicate the type of hypersensitivity that is predominant in the development of urticaria: a. reagenic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-3
26.	c	Indicate the type of hypersensitivity that is predominant in the development of serum sickness: a. reagenic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-3
27.	d	Indicate the type of hypersensitivity that is predominant in the development of allergic contact dermatitis: a. reagenic (type I); b. cytotoxic (type II); c. immune complex (type III); d. cell-mediated (type IV)	PC-3
28.	a, b	The pathogenesis of which diseases is based on anaphylactic reactions? a. pollinosis; b. urticaria; c. chronic nonspecific lung diseases; d. thymic hyperplasia; e. diabetes mellitus	PC-3

29.	a, d	Immediate-type hypersensitivity mechanisms underlie: a. bronchial asthma; b. autoimmune hemolytic anemia; c. contact dermatitis; d. exogenous allergic alveolitis; e. Mantoux test	PC-3
30.	b, c, d, e	Manifestations of atopic dermatitis are more often provoked by: a. cold weather; b. hot water; c. scratching; d. food allergens; e. infections	PC-3
31.	c, d	Characteristic signs of sensitization to household allergens are: a. moderate eosinophilia; b. allergic manifestations usually occur in spring; c. allergic manifestations may subside with a change of residence; d. allergic manifestations may occur after cleaning the apartment; e. combination with food allergy	PC-3
32.	a, b, c	Clinical signs associated with asthma: a. aspirin may cause or worsen manifestations; b. the only external manifestation may be cough; c. during an attack, wheezing in the lungs may be absent; d. absence of wheezing in the lungs during an attack is a good prognostic sign; e. attacks are usually accompanied by low-grade fever	PC-3
33.	b, c	Which of the following mediators are contained in mast cell granules? a. prostaglandins; b. histamine; c. serotonin; d. cytokines; e. leukotrienes	PC-3
34.	a, b, c, d	Indicate the effects of mediators of allergic inflammation: a. local vasodilation; b. increased vascular permeability; c. smooth muscle spasm; d. hypersecretion of mucus; e. irritation of nerve endings	PC-3
		Semester 6	
35.	Allergen	An antigen that is capable of stimulating a type I hypersensitivity reaction in people suffering from atopic dermatitis through immunoglobulin E (IgE) responses. This is:	PC-2
36.	Type I reaction (atopic, anaphylactic, or reaginic type) is mediated by IgE antibodies. Type II reaction (cytotoxic type) is	Name the reactions of types I, II, III, IV.	PC-2

	associated with binding of IgG and IgM antibodies to antigens on cell surfaces. Type III reaction (immune complex allergic reactions) occurs as a result of the formation of antigen-antibody complexes that deposit on tissues and organs. Type IV reaction (delayed-type hypersensitivity or cell-mediated hypersensitivity) is regulated by T-cells.		
37.	Anaphylactic shock	A rapidly developing, particularly dangerous allergic reaction that occurs in the most severe cases of allergic diseases. This is:	PC-2
38.	In vivo tests. In vitro tests. Elimination method. Instrumental methods.	List the methods for diagnosing allergic diseases.	PC-2
39.	Family history of allergic diseases; unfavorable course of maternal pregnancy; acute respiratory diseases suffered in childhood; helminthic infections; monotonous diet with predominance of the same foods (over time, intolerance may develop); consumption of large amounts of allergens — foods that contribute to the development of an allergic reaction.	Risk factors for the development of allergies.	PC-2
40.	Mantoux test	A reaction of the body to the introduction of tuberculin. This diagnostic test shows the intensity of immunity to tuberculosis and detects the presence of tuberculosis infection in the body. The tuberculin reaction is...	PC-2
41.	Allergen	An antigen that is capable of stimulating a type I hypersensitivity reaction in people suffering from atopic dermatitis through immunoglobulin E (IgE) responses. This is:	PC-2
42.	Type I reaction (atopic, anaphylactic, or reaginic type) is mediated by IgE antibodies. Type II reaction (cytotoxic type) is associated with binding of IgG and IgM antibodies to antigens on cell surfaces. Type III reaction (immune complex allergic	Name the reactions of types I, II, III, IV.	PC-2

	reactions) occurs as a result of the formation of antigen-antibody complexes that deposit on tissues and organs. Type IV reaction (delayed-type hypersensitivity or cell-mediated hypersensitivity) is regulated by T-cells.		
43.	Allergen	An antigen that is capable of stimulating a type I hypersensitivity reaction in people suffering from atopic dermatitis through immunoglobulin E (IgE) responses. This is:	PC-3
44.	Type I reaction (atopic, anaphylactic, or reaginic type) is mediated by IgE antibodies. Type II reaction (cytotoxic type) is associated with binding of IgG and IgM antibodies to antigens on cell surfaces. Type III reaction (immune complex allergic reactions) occurs as a result of the formation of antigen-antibody complexes that deposit on tissues and organs. Type IV reaction (delayed-type hypersensitivity or cell-mediated hypersensitivity) is regulated by T-cells.	Name the reactions of types I, II, III, IV.	PC-3
45.	Anaphylactic shock	A rapidly developing, particularly dangerous allergic reaction that occurs in the most severe cases of allergic diseases. This is:	PC-3
46.	In vivo tests. In vitro tests. Elimination method. Instrumental methods.	List the methods for diagnosing allergic diseases.	PC-3
47.	Family history of allergic diseases; unfavorable course of maternal pregnancy; acute respiratory diseases suffered in childhood; helminthic infections; monotonous diet with predominance of the same foods (over time, intolerance may develop); consumption of large amounts of allergens — foods that contribute to the development of an allergic reaction.	Risk factors for the development of allergies.	PC-3
48.	Mantoux test	A reaction of the body to the introduction of tuberculin. This diagnostic test shows the intensity of immunity to tuberculosis and	PC-3

		detects the presence of tuberculosis infection in the body. The tuberculin reaction is...	
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2. Description of the Assessment Scale

Within the framework of the rating system, student performance in each discipline is assessed during ongoing monitoring and intermediate assessment. The rating system for assessing student knowledge is based on the use of a set of control measures to test the material covered (control points), optimally located throughout the entire time interval of studying the discipline. The principles of the rating system for assessing student knowledge are based on the requirements described in the «Regulations on the organization of the educational process based on the rating system for assessing student knowledge in the Federal State Autonomous Educational Institution of Higher Education «North Caucasus Federal University».

3. Criteria for Assessing Competencies

Grade «Excellent» is given to a student who understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions, is able to collect complaints, life history and disease history of the patient and analyze the information received, predicts the results of physicochemical processes and chemical transformations of biological substances, is able to conduct a complete physical examination of the patient (examination, palpation, percussion, auscultation) and interpret its results, understands the processes of development of allergic reactions of various genesis, is oriented in development mechanisms, possesses research methods and methods for determining allergens in the human body, is able to analyze, determine, understand the processes of development of allergic reactions of various genesis, is oriented in development mechanisms, possesses research methods and methods for determining allergens in the human body; is able to build an algorithm and select criteria for determining the main pathological conditions, syndromes, diseases in patients of various profiles in accordance with ICD-X, is able to identify the main pathological symptoms and syndromes, formulate a clinical diagnosis in accordance with ICD-X, analyze research results in allergology, possesses experimental skills for studying biochemical parameters in human cells in norm and pathology.

Grade «Good» is given to a student who understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions, mechanisms of development of allergological reactions, is able to predict the results of physicochemical processes and chemical transformations of biological substances, independently perform methods for determining allergens, analyzes research results in allergology, possesses experimental skills for studying biochemical parameters in human cells in norm and pathology, is able to determine the main pathological conditions, syndromes, diseases in the patient in accordance with the International Statistical Classification of Diseases.

Grade «Satisfactory» is given to a student who understands the basic concepts of physiology and biochemistry, pathophysiology of body reactions, is able to predict the results of physicochemical processes and chemical transformations of biological substances, analyzes research results in allergology, is able to determine the main pathological conditions in the patient in accordance with the International Statistical Classification of Diseases and Related Health Problems, is able to identify the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X.

Grade «Unsatisfactory» is given to a student who does not understand the basic concepts of physiology and biochemistry, pathophysiology of body reactions, is not able to predict the results of pathophysiological allergic reactions, is not able to analyze research results, does not possess experimental skills for studying biochemical parameters in human cells in norm and

pathology, is not able to determine the main pathological conditions, syndromes, diseases in the patient in accordance with the International Statistical Classification of Diseases and Related Health Problems, is not able to identify the main pathological symptoms and syndromes.

Grade «Pass» is given to a student who fulfills the work plan, studies the material on time and answers at control points, keeps a laboratory journal, writes conclusions, studies additional literature, independently finds information sources.

Grade «Fail» is given to a student if the work plan is not completed, the laboratory journal is not filled out, does not participate in discussions, and material for control points is not submitted.