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Информация о владельце:

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Должность: и.о. декана медико-биологического факультета

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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

Pediatrics

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 9,A

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of Pediatrics 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) Pediatrics
3. Developer(s): Kashnikov Vyacheslav Stanislavovich, 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.

Zybinsky Ivan Alexandrovich, Associate 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-2				
Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-1 PC-2 Knows how to carry out the collection of complaints, anamnesis of life, and disease of the patient and analyze the information obtained	Does not know how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning the patient's complaints, anamnesis of life, and disease	Knows how to carry out the collection of details concerning complaints, anamnesis of life, and disease, and how to analyze the information obtained
Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-2 PC-2 Conducts a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interprets its results	Does not carry out a complete physical examination of the patient	Carries out a complete physical examination of the patient	Carries out a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	Carries out a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interprets its results
Learning outcomes for the discipline (module): Development of clinical thinking. Indicator: ID-3 PC-2 Defines a	Does not define a preliminary diagnosis	Defines a preliminary diagnosis	Defines a preliminary diagnosis and compiles a plan for laboratory examinations	Defines a preliminary diagnosis and compiles a plan for laboratory and instrumental examinations

preliminary diagnosis and compiles a plan for laboratory and instrumental examinations of the patient				
Competency: PC-3				
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 skills and their application in practical healthcare.	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 subject to ICD-10

Indicator: ID-2 PC-3 Identifies main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with 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
1	Correct answer: B	1. Which age periods are recognised in paediatrics? A) Only neonatal and adult B) Neonatal, infant, toddler, child, adolescent C) Only school age and elderly D) Only prenatal and postnatal	PC-2
2	Correct answer: B	2. What is the main principle of the paediatric approach? A) Treat a child as a small adult B) Consider growth and development, family centred care, and age specific physiology and pathology C) Focus only on acute infections D) Limit care to vaccinations and check ups	PC-3
3	Correct answer: B	3. Name a prominent figure in Russian paediatrics. A) I. P. Pavlov B) N. F. Filatov C) S. P. Botkin D) N. I. Pirogov	PC-2
4	Correct answer: B	4. What does “failure to thrive” mean clinically? A) Rapid weight gain B) Significant drop in weight/height percentiles despite adequate nutrition C) Normal constitutional growth delay D) Increased appetite	PC-3

5	Correct answer: B	5. How do you interpret a child's weight below the 3rd centile on a WHO growth chart? A) It's normal for most children B) The child weighs less than 97 % of peers of the same age; this is low and needs clinical assessment C) The child is large for age D) Immediate high calorie diet without evaluation is required	PC-2
6	Correct answer: B	6. What is constitutional delay of growth? A) A pathological condition requiring immediate hormone therapy in all cases B) A normal variant where a child is shorter than peers but follows their own curve, with later puberty and normal final height C) A sign of severe endocrine disease D) Caused exclusively by poor nutrition	PC-3
7	Correct answer: B	7. Which domains are assessed by developmental milestones? A) Height and weight only B) Gross and fine motor, speech/language, social/emotional skills C) School grades only D) Athletic performance only	PC-2
8	Correct answer: B	8. What is the purpose of the ASQ (Ages & Stages Questionnaires)? A) To measure height B) To screen for developmental delays using parent reported items C) To assess school performance D) To calculate BMI	PC-3
9	Correct answer: B	9. Which are early signs of autism spectrum disorder in toddlers? A) Highly social and early reading B) Not responding to name, avoiding eye contact, repetitive behaviours C) Tall for age D) Frequent colds	PC-2
10	Correct answer: B	10. Why is history taking from parents essential in paediatrics? A) Parents always know more medicine than doctors B) Children may be unable to describe symptoms; parents provide reliable information about onset, behaviour, development, and context C) To finish the visit faster D) Hospital policy requirement only	PC-3
11	Correct answer: B	11. Which technique helps reduce a young child's anxiety during examination?	PC-2

		A) Start with the most painful procedure B) Use distraction, demonstrate on a doll, involve parents, progress from least to most invasive C) Avoid talking to the child D) Examine without parents present	
12	Correct answer: B	12. What does the clinical note “The child is alert and well hydrated” mean? A) The child is asleep and not drinking B) The child is responsive, has good skin turgor, moist mucous membranes, and adequate urine output C) The child has a high fever D) The child is crying without reason	PC-3
13	Correct answer: B	13. When and what does the Apgar score assess? A) Intelligence at 1 hour after birth B) Appearance, pulse, grimace, activity, respiration at 1 and 5 minutes after birth C) Birth weight and length D) Only respiratory rate	PC-2
14	Correct answer: B	14. How do physiological and pathological jaundice differ in newborns? A) Physiological appears within 24 hours and lasts months B) Physiological appears after 24 hours, peaks at 3–5 days, resolves spontaneously; pathological may appear within 24 hours, rise rapidly, or persist beyond 2 weeks C) Pathological is always harmless D) Physiological always requires blood transfusion	PC-3
15	Correct answer: B	15. What is RDS (respiratory distress syndrome) in neonates? A) An allergic reaction B) Breathing difficulty due to surfactant deficiency, most common in preterm infants C) Common cold D) Congenital heart defect	PC-2
16	Correct answer: B	16. Why are Salter–Harris fractures specific to children? A) Children’s bones are stronger B) They involve the growth plate (epiphyseal plate), present only in growing bones C) Children fall more often D) They are a type of sports injury only	PC-3
17	Correct answer: B	17. What is the difference between genu varum and genu valgum? A) Genu varum is knock knees; genu valgum is bow legged	PC-2

		B) Genu varum is bow legged (knees apart), genu valgum is knock knees (knees together) C) They are synonyms D) They are types of fractures	
18	Correct answer: B	18. How is developmental dysplasia of the hip (DDH) screened in infants? A) Blood test B) Ortolani and Barlow tests, hip ultrasound in at risk infants C) Routine X ray for all newborns D) Based on child's complaints	PC-3
19	Correct answer: B	19. Why are children more prone to airway obstruction? A) They have larger airways B) Smaller airways, more compliant tracheal walls, relatively larger tongue C) They lack tonsils D) Mucus clearance is more efficient	PC-2
20	Correct answer: B	20. Name two signs of respiratory distress in a child. A) Quiet breathing and pink cheeks B) Tachypnoea, nasal flaring, intercostal retractions C) Good appetite and sleep D) High fever without other symptoms	PC-3
21	Correct answer: B	21. How to differentiate croup from epiglottitis clinically? A) Croup: high fever, drooling, tripod position; epiglottitis: barking cough, mild fever B) Croup: barking cough, stridor, worse at night; epiglottitis: severe toxicity, drooling, dysphagia, emergency condition C) They are the same disease D) Both are mild and do not require medical attention	PC-2
22	Correct answer: B	22. What are the main concerns with persistent vomiting in a child? A) Weight gain B) Dehydration, electrolyte imbalance, possible obstruction or serious underlying condition C) Improved digestion D) Reduced temperature	PC-3
23	Correct answer: B	23. How should you approach differential diagnosis of acute diarrhoea in a child? A) Prescribe antibiotics to all children immediately B) Take a detailed history (exposure, diet, travel), assess dehydration, consider age	PC-2

		and epidemiology, rule out dangerous causes C) Ignore if there is no fever D) Treat only with home remedies	
24	Correct answer: B	24. Why is oral rehydration therapy (ORT) preferred over plain water in paediatric diarrhoea? A) Water tastes better B) ORT contains glucose and electrolytes that enhance sodium and water absorption and correct electrolyte losses C) Water is absorbed faster D) ORT is more expensive and therefore more effective	PC-3
25	Correct answer: B	25. Name two common congenital heart defects in children. A) Myocardial infarction and stroke B) Ventricular septal defect (VSD), atrial septal defect (ASD) C) Varicose veins D) Hypertension	PC-2
26	Correct answer: B	26. Which signs may indicate a significant heart defect in an infant? A) Excellent appetite and rapid weight gain B) Poor feeding, dyspnoea, cyanosis, failure to thrive, heart murmurs C) Frequent laughter D) Early sitting and walking	PC-3
27	Correct answer: B	27. When should a paediatrician refer a child to a cardiologist? A) For any heart murmur without symptoms B) For a loud or unusual murmur, cyanosis, syncope, chest pain, signs of heart failure C) For a cold D) For high academic performance	PC-2
28	Correct answer: B	28. Which test is the primary method to confirm pneumonia in a child? A) Complete blood count B) Chest X ray C) Peak flow measurement D) Spirometry	PC-3
29	Correct answer: B	29. What symptom is most characteristic of bronchial asthma in children? A) Constant wet cough throughout the day B) Episodic expiratory dyspnoea and wheezing, often worse at night or with exercise C) High fever from the first day of illness D) Unilateral chest pain	PC-2

30	Correct answer: B	30. Which condition must be urgently considered in a child with “coffee ground” vomitus? A) Functional dyspepsia B) Gastrointestinal bleeding C) Mild gastrointestinal infection without dehydration D) Overeating	PC-3
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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.

