

Документ подписан простой электронной подписью

Информация о владельце:

ФИО: Кубанов Сергей Исмаилович

Должность: и.о. декана медико-биологического факультета

Дата подписания: 20.10.2026 10:11:25

Уникальный программный ключ:

bbc0243907972fc80f279c67afb4501106151a7d

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

«Dermatovenereology»

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 7

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of Dermatovenereology 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) «Dermatovenereology»

3. Developer(s): G.S. Ivchenko, Acting Head of the Department of Propaedeutics of Internal Diseases

4. Expert examination of the ATF has been completed.

Expert group:

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

Committee members:

E.V. Denisova, Acting Deputy Dean for Academic Affairs,

S.M. Kotelevets, Professor of the Department of Propaedeutics 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-2 Ready to collect and analyze patient complaints, history data, examination results, laboratory, instrumental, pathological-anatomical, and other studies to recognize a condition or establish the fact of the presence or absence of a disease.				
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):	Does not define a preliminary diagnosis	Defines a preliminary diagnosis	Defines a preliminary diagnosis and compiles a plan	Defines a preliminary diagnosis and compiles a plan

Development of clinical thinking. Indicator: ID-3 PC-2 Defines a preliminary diagnosis and compiles a plan for laboratory and instrumental examinations of the patient			for laboratory examinations	for laboratory and instrumental examinations
Competency: PC-3. Capable of determining a patient's main pathological states, symptoms, disease syndromes, and nosological forms in accordance with 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. 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	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

application in practical healthcare. Indicator: ID-2 PC-3 Identifies main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-10				subject to ICD-10
--	--	--	--	-------------------

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
7th semester			
1.	e	The complex treatment of herpes zoster includes: a. antiviral drugs b. gamma globulin c. interferon d. B vitamins e. all of the above	PC-2
2.	b	HIV infection is not transmitted: a. by transfusion b. by vector-borne transmission c. from an infected mother to the fetus d. by injection e. by sexual contact	PC-2
3.	d	For scabies caused by animal parasites, the following is not characteristic: a. acute onset b. severe itching c. lesions of skin areas that were in contact with the sick animal d. chronic course e. self-healing	PC-2
4.	d	Surgical treatment of a furuncle is recommended: a. at the stage of initial infiltration b. at the stage of softening of the central part c. at the stage of core formation d. in case of abscess formation e. is not recommended	PC-2
5.	b	Ichthyosis is clinically manifested by: a. atrophy b. hyperkeratosis c. hyperplasia d. polymorphism	PC-2
6.	d	Common to all forms of ichthyosis is: a. a genetically determined change in the epidermis b. mutations in the steroid sulfatase gene c. mutations in keratin genes d. a disorder of the gene encoding the enzyme transglutaminase of keratinocytes	PC-2
7.	e	The forms of latent syphilis include all of the following, except: a. early b. late c. unknown d. unspecified e. seronegative	PC-2

8.	a	Trichomycoses include all of the following, except: a. actinomycosis b. favus c. trichophytosis d. microsporia e. microsporia caused by rusty microsporum	PC-2
9.	b	For microsporia of smooth skin, all of the following are characteristic, except: a. spots b. indistinct borders and rapid spontaneous resolution c. vesicles along the edge of the foci d. desquamation e. papules	PC-2
10.	d	A common feature of inherited congenital ichthyoses is: a. atrophy b. hyperplasia c. polymorphism d. erythroderma	PC-2
11.	b, c, d.	Secondary prevention of gonorrhea is aimed at: a. changing the behavior model in high-risk groups in order to avoid infection. b. examination and treatment of patients with diagnosed sexually transmitted infections. c. reducing the risk of re-infection among patients or people who have previously had the infection. d. effective diagnosis and, if necessary, treatment of contact persons.	PC-2
12.	c	For the chemical method of gonorrhea provocation, the following is used: a. aqueous solution of iodine b. brilliant green solution c. silver nitrate solution d. chlorhexidine	PC-2
13.	d	Which skin disease leads to sepsis? a. intertrigo b. chafing c. miliaria d. pemphigus	PC-2
14.	b	Acne vulgaris is localized on: a. the abdomen b. the face c. the lower extremities d. the back	PC-2
15.	a, c.	Patients with erysipelas of the face need: a. urgent hospitalization b. do not need hospitalization c. urgent prescription of antibiotics d. urgent isolation	PC-2
16.	The skin is the largest human organ, with an	Physiology and main functions of the skin.	PC-3

	area of 2.5 m² and constituting approximately 15–20% of the total body mass. FUNCTIONS OF THE SKIN: Barrier-protective. The skin protects the body from physical, chemical, mechanical, thermal, biological, and other influences. Immunological function. The skin contains a large number of immunocompetent cells; immune reactions can take place in it. Receptor function. The skin is a vast receptor field in which tactile, temperature, and pain nerve endings are concentrated. Participation in heat exchange.		
17.	Dermatitis is a collective term that unites a	Dermatitis. Definition. Classification.	PC-3

group of diseases accompanied by inflammatory lesions of the skin of various etiologies. Classification: Simple contact dermatitis. Arises due to the effect on the skin of some aggressive factor that provokes the development of inflammation. Allergic contact dermatitis. Appears due to the contact of the skin with some allergen. Seborrheic dermatitis. Develops due to an increase in the secretion and a change in the quality of sebum; it is localized in areas of accumulation of sebaceous glands. Atopic dermatitis. A chronic non-infectious skin disease of an allergic nature, occurring with periodic		
--	--	--

	changes of remissions and exacerbations.		
18.	Public prevention of syphilis provides for: mandatory registration of patients with syphilis and other sexually transmitted infections; examination of all persons who have been in sexual and close household contact with those infected with syphilis; regular preventive examinations of employees of children's institutions, food facilities, and motor transport enterprises; active detection of syphilis patients among risk groups (prostitutes, homosexuals, drug addicts, persons without a fixed place of residence). Individual prevention of syphilis consists in the observance of certain safety measures by	Prevention of syphilis: public and individual.	PC-3

	each specific person. These include: the use of individual household items. It is recommended to use strictly individual towels, washcloths, razors, and other personal hygiene items. Observance of personal and sexual hygiene. For example, the use of separate dishes and individual hygiene items, limiting the use of personal hygiene items of an infectious person (toothbrush, clothing, towel, etc.).		
19.	Etiology: the cause of skin tuberculosis is mycobacteria — <i>Mycobacterium tuberculosis</i>, which have several subspecies. The human, bovine, and (according to some data) avian varieties of the causative agent are capable of causing skin tuberculosis.	Etiology, clinical picture of skin tuberculosis.	PC-3

	Clinical picture: the clinical manifestations of skin tuberculosis are extremely diverse. Spots, papules, or tuberculo-nodular elements may appear on the body, in the mouth, or in the nose, which subsequently transform into hard-to-heal ulcers with the formation of deep, irregularly shaped scars.		
20.	Urticaria is a group of diseases of predominantly allergic nature, the characteristic symptom of which is a skin rash in the form of red blisters.	Urticaria is...	PC-3
21.	e	The complex treatment of herpes zoster includes: a. antiviral drugs b. gamma globulin c. interferon d. B vitamins e. all of the above	PC-3
22.	b	HIV infection is not transmitted: a. by transfusion b. by vector-borne transmission c. from an infected mother to the fetus d. by injection e. by sexual contact	PC-3
23.	d	For scabies caused by animal parasites, the following is not characteristic: a. acute onset b. severe itching	PC-3

		c. lesions of skin areas that were in contact with the sick animal d. chronic course e. self-healing	
24.	d	Surgical treatment of a furuncle is recommended: a. at the stage of initial infiltration b. at the stage of softening of the central part c. at the stage of core formation d. in case of abscess formation e. is not recommended	PC-3
25.	b	Ichthyosis is clinically manifested by: a. atrophy b. hyperkeratosis c. hyperplasia d. polymorphism	PC-3
26.	d	Common to all forms of ichthyosis is: a. a genetically determined change in the epidermis b. mutations in the steroid sulfatase gene c. mutations in keratin genes d. a disorder of the gene encoding the enzyme transglutaminase of keratinocytes	PC-3
27.	e	The forms of latent syphilis include all of the following, except: a. early b. late c. unknown d. unspecified e. seronegative	PC-3
28.	a	Trichomycoses include all of the following, except: a. actinomycosis b. favus c. trichophytosis d. microsporia e. microsporia caused by rusty microsporum	PC-3
29.	b	For microsporia of smooth skin, all of the following are characteristic, except: a. spots b. indistinct borders and rapid spontaneous resolution c. vesicles along the edge of the foci d. desquamation e. papules	PC-3
30.	d	A common feature of inherited congenital ichthyoses is: a. atrophy b. hyperplasia c. polymorphism d. erythroderma	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.

