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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

Obstetrics and Gynecology

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 7-11

Introduction

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

3. Developer(s): Zubenko V.B., Acting Head of the Department of Obstetrics and Gynecology

4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: Pakhomova T.A., Associate Professor of the Department of Anatomy and Histology

Committee members: Ivchenko G.S., Acting Head of the Department of Internal Medicine
Propaedeutics

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

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
PC-1 Ready to participate in providing emergency medical care for conditions that require urgent medical intervention				
Results of training in the discipline: Providing medical care to a patient in an urgent or emergency situation Indicator: ID-1 PC-1 Capable of carrying out medical measures when providing urgent medical care for conditions that require urgent medical intervention	Unable to perform medical procedures during emergency medical care	Capable of partially performing medical procedures during emergency medical care	Capable of carrying out medical procedures in the provision of emergency medical care	Capable of carrying out medical procedures in the provision of emergency medical care for conditions that require urgent medical intervention
Results of training in the discipline: Providing medical care to a patient in an urgent or emergency form Indicator: ID-2 PC-1 Can identify conditions that require medical care in an emergency form, including clinical signs of sudden cessation of blood circulation and breathing	Does not know how to identify conditions that require emergency medical care	Partially able to identify conditions that require emergency medical care	He is able to identify conditions that require emergency medical care	Able to identify conditions requiring medical care in emergency form, including clinical signs sudden stoppage of circulation and breathing
Results of training in the discipline: Providing medical care to a patient in an urgent or emergency form Indicator: ID-3 PC-1 Has the skills to assess the condition of a patient who	Does not possess the skills to assess the condition of a patient who requires medical care	Has the skills to assess the condition of a patient who requires medical care	Has the skills to assess the condition of a patient who requires emergency medical care, and the skills to recognize conditions that	Has the skills to assess the condition of a patient who requires emergency medical care, and the skills to recognize conditions that pose a threat to the

requires medical care in an emergency form, the skills to recognize conditions that threaten the life of the patient, including conditions of clinical death (stoppage of vital functions of the human body (circulation and/or respiration) that require emergency medical care			threaten the patient's life	patient's life, including conditions of clinical death (the cessation of vital bodily functions (circulation and/or respiration) that require emergency medical care
PC-2 is ready to collect and analyze patient complaints, medical history data, and the results of physical examination, laboratory tests, instrumental tests, pathological and anatomical studies, and other tests in order to diagnose a condition or determine the presence or absence of a disease.				
Learning outcomes by discipline: Conducting examination patient in order establish diagnosis Indicator: ID-1 PC-2 Can carry out collection complaints, anamnesis of life and disease patient and analyze received information	Does not know how to collect complaints, medical history, or the patient's condition	Can partially carry out collection of complaints, anamnesis of life and disease of the patient	Knows how to carry out collection of complaints, anamnesis of life and disease of the patient	Is able to carry out collection of complaints, anamnesis of life and disease patient and analyze received information
Results of training in the discipline: Conducting examination of a patient in order to establish the diagnosis Indicator: ID-2 PC-2 Conducts a complete physical examination of a patient (examination, palpation, percussion, auscultation) and interprets its results	Unable to perform a physical examination of the patient. (examination, palpation)	Performs a physical examination of the patient (examination, palpation)	Conducts a full physical examination of the patient (examination, palpation, percussion, auscultation)	Performs a complete physical examination of the patient (examination, palpation, percussion, auscultation) and interprets the results

Learning outcomes by discipline: Conducting examination patient in order establish diagnosis Indicator: ID-3 PC-2 Formulates preliminary diagnosis and makes plan of laboratory and instrumental examination patient	Unable to create a plan for laboratory and instrumental examinations of the patient	Draws up a partial plan of laboratory and instrumental repeated examinations of the patient	Draws up a plan of laboratory and instrumental repeated examinations of the patient	Formulates a preliminary diagnosis and creates a plan for laboratory and instrumental examinations of the patient
PC-3 is capable of identifying the patient's main pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the International Statistical Classification of Diseases and Health Problems, 10th Revision				
Results of training on the discipline: Conducting examination patient in order to establish diagnosis Indicator: ID-1 PC-3 Is able to build algorithm and choose criteria definition of patients of various profile of the main pathological states, syndromes, diseases in accordance with International statistical classification diseases and health-related problems, X revision (ICD-X)	Unable to create an algorithm for various profiles of basic pathological conditions, syndromes, and diseases	He is able to create an algorithm for various profiles of basic pathological conditions, syndromes, and diseases.	He is able to build an algorithm and select criteria for determining the main pathological conditions, syndromes, and diseases in patients with various profiles	Able to build algorithm and choose criteria definition in patients various profile main pathological conditions, syndromes, diseases in accordance with International statistical classification diseases and health-related problems, X revision (ICD-X)
Results of training on the discipline: Conducting examination of the patient in order to establish the diagnosis Indicator: ID-2 PC-3 Identifies the main pathological symptoms and syndromes, formulates clinical	Unable to identify pathological symptoms and syndromes	It highlights some pathological symptoms and syndromes	It identifies the main pathological symptoms and syndromes	Identifies the main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-X

diagnosis in accordance with ICD-X				
PC-4 Is capable of determining the management tactics for patients with various nosological forms				
Learning outcomes by discipline: Prescription of treatment and control of its effectiveness and safety Indicator: ID-1PC-4 Determines the tactics of managing patients with various nosological forms ID-2PC-4 Draws up a plan for the treatment of the patient's disease and condition, taking into account the patient's diagnosis, age, and clinical presentation of the disease, in accordance with the current procedures for providing medical care, clinical recommendations (treatment protocols), and standards for medical care.	He has a weak knowledge of the tactics of treating patients. He has a weak ability to determine the scope of necessary medical measures for patients. He has a weak ability to fill out medical records for patients with various diseases.	Does not fully know the tactics of treating patients. Does not fully create a treatment plan for the patient's disease and condition, taking into account the patient's diagnosis, age, and clinical picture of the disease, in accordance with the current regulations and procedures for providing medical care, clinical recommendations (treatment protocols), and standards of medical care.	Knows the tactics of managing patients with various diseases. Compiles a treatment plan for the disease and patient's condition, taking into account the patient's diagnosis, age, and clinical picture of the disease, in accordance with current guidelines for providing medical care, clinical recommendations (treatment protocols), and medical care standards.	Knows at a high level the tactics of managing patients with various diseases. Compiles a plan of treatment of the disease and the patient's condition, taking into account the diagnosis, the patient's age, and the clinical picture of the disease, in accordance with the current regulations for providing medical care, clinical recommendations (treatment protocols) for providing medical care, taking into account the standards of medical care

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 7			
1.	b	At what gestational age is the maximum concentration of chorionic gonadotropin in the blood recorded: a. 5–6 weeks; b. 8–10 weeks; c. 14–16 weeks; d. 35–37 weeks;	PC-1
2.	b	Cordocentesis is: a. taking a blood sample from the uterine arteries of a pregnant woman b. taking a blood sample from the umbilical vein of the fetus c. obtaining amniotic fluid by transvaginal access d. obtaining an aspirate of chorionic villi e. none of the above	PC-1
3.	e	In obstetrics, functional diagnostics tests can be used for: a. assessing the readiness of a pregnant woman's body for childbirth; b. diagnosing early pregnancy; c. assessing the condition of the fetus; d. diagnosing early pregnancy complications; e. all of the above.	PC-1
4.	e	The temperature test allows you to: a. identify a uniphasic menstrual cycle; b. determine the duration of the cycle phases; c. establish the nature of the menstrual cycle disorder; d. determine the time of ovulation; e. all of the above is correct.	PC-1
5.	d	Using the first method of palpation of the fetus in the uterus, the following is determined: a. the presentation of the fetus; b. the position and attitude of the fetus; c. the relationship of the presenting part of the fetus to the inlet of the pelvis; d. the level of the fundus of the uterus; e. the relationship of the presenting part of the fetus to the plane of the pelvis	PC-1
6.	c	Direct (fetal) methods of diagnosis of congenital abnormalities of fetal development include all listed below, except: a. cordocentesis; b. chorion and skin biopsy of the fetus; c. determination of estriol in the blood serum and urine of the pregnant; d. ultrasound scanning; e. amniocentesis.	PC-1
7.	d	A reliable sign of pregnancy is: a. enlargement of the uterus; b. cessation of menstruation; c. enlargement of the abdomen in a woman of reproductive age;	PC-1

		d. palpation of the fetus in the uterus; e. cyanosis of the vaginal part of the cervix.	
8.	e	It has been definitively proven that the mature placenta produces the following hormones: a. adrenocorticosteroid (ACTH); b. thyroid-stimulating (TSH); c. a-adrenotropic; d. all of the above; e. none of the above.	PC-1
9.	a	Gas exchange (O ₂ and CO ₂) between the mother and the fetus is carried out by a. simple diffusion; b. phagocytosis; c. selective absorption; d. pinocytosis; e. all of the above.	PC-1
10.	b	The genotype coincides with the phenotype a. always; b. not always; c. only in the early stages of development; d. only after birth; e. by the time of puberty	PC-1
11.	b	At what gestational age is the maximum concentration of chorionic gonadotropin in the blood recorded: a. 5–6 weeks; b. 8–10 weeks; c. 14–16 weeks; d. 35–37 weeks;	PC-2
12.	b	Cordocentesis is: a. taking a blood sample from the uterine arteries of a pregnant woman b. taking a blood sample from the umbilical vein of a fetus c. obtaining amniotic fluid by transvaginal access d. obtaining an aspirate of chorionic villi j. none of the above	PC-2
13.	e	In obstetrics, functional diagnostics tests can be used for: a. assessing the readiness of a pregnant woman's body for childbirth; b. diagnosing early pregnancy; c. assessing the condition of the fetus; d. diagnosing early pregnancy complications; e. all of the above.	PC-2
14.	e	The temperature test allows you to: a. identify a uniphasic menstrual cycle; b. determine the duration of the cycle phases; c. establish the nature of the menstrual cycle disorder; d. determine the time of ovulation; e. all of the above is true	PC-2
15.	d	Using the first method of palpation of the fetus in the uterus, the following is determined: f. the presentation of the fetus; g. the position and attitude of the fetus; h. the relationship of the presenting part of the fetus to the inlet of the	PC-2

		pelvis; i. the level of the fundus of the uterus; j. the relationship of the presenting part of the fetus to the plane of the pelvis	
16.	a,b,c	What complications in childbirth are an indication for urgent delivery a. acute fetal hypoxia; b. premature detachment of the normally located placenta; c. preeclampsia; d. weakness of labor activity; e. exhaustion of the mother.	PC-2
17.	a,b,c	What operations are possible in the case of a transverse position of the fetus? a. decapitation; b. evisceration; c. spondylotomy; d. excerebration; e. craniotomy.	PC-2
18.	The external genital organs are represented by the clitoris, the vestibule of the vagina, and the labia majora and minora. They perform the covering (protective) and sensory functions. The internal genital organs are located in the pelvic cavity. They include the ovaries, fallopian tubes, uterus, and vagina. The internal reproductive organs are involved in the production of sex hormones, the maturation of eggs, and play a significant	External and internal genitalia.	PC-2

	role in the gestation and birth of a child.		
19.	This is a spontaneous abortion (expulsion or extraction of the embryo/fetus) before 22 weeks of pregnancy	Spontaneous abortion - is...	PC-2
20.	Oblique (asymmetric) pelvis. Assimilation ("long") pelvis. Funnel-shaped pelvis. Generalized narrow pelvis. Flat pelvis. Pelvis deformed by fractures, tumors, and exostoses	List the possible pelvic abnormalities	PC-2
21.	a,b,c	What operations are possible in the case of a transverse position of the fetus? a. decapitation; b. evisceration; c. spondylotomy; d. excoriation; e. craniotomy.	PC-3
22.	This is the degree of development of the fetus at the time of birth, which ensures that its organs and systems are ready for extrauterine existence	The concept of fetal maturity	PC-3
23.	this is the absence or cessation of menstruation	The concept of Amenorrhea	PC-3
24.	an infectious disease caused by	Gonorrhea - definition	PC-4

	gonococci. It is most often manifested by damage to the organs of the genitourinary system, and less often by conjunctivitis of the eyes, mucous membranes of the nose and mouth, pharynx and tonsils, and rectum		
25.	it is a benign tumor that occurs in the muscular layer of the uterus, the myometrium	The concept of "Fibroids" of the uterus	PC-4
26.	c	The term "isoimmunization" means a. stimulation of immunity; b. suppression of immunity; c. formation of antibodies; d. reduction of the body's reactivity; e. all of the above	PC-3
27.	a	The minimum body weight of a viable fetus is a. 500 g; b. 600 g; c. 800 g; d. 1000 g; e. 1500 g	PC-3
28.	b	The criterion for the viability of the fetus (newborn) is the gestational age: a. 20 weeks; b. 22 weeks; c. 26 weeks; d. 28 weeks; e. 30 weeks.	PC-4
29.	b	The genotype coincides with the phenotype a. always; b. not always; c. only in the early stages of development; d. only after birth; e. by the time of puberty	PC-4
30.	d	A reliable sign of pregnancy is: a. enlargement of the uterus; b. cessation of menstruation; c. enlargement of the abdomen in a woman of reproductive age; d. palpation of the fetus in the uterus;	PC-3

	e. cyanosis of the vaginal part of the cervix.	
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31. 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.

32. 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.