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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
«Dietetics»**

- 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 «Dietetics» for students of the specialty (majoring in) 31.05.01 General Medicine.
2. The ATF is an appendix to the program of the discipline «Dietetics».
3. Developer(s): Ivchenko G.S., Cand. of Med.Sc. Acting Head Department of Propedeutics of Internal Diseases.
4. Expert examination of the ATF has been completed.

Expert group:

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

Committee members: T. I. Dzhandarova, Head of the Department of Anatomy and Histology.
Pozdnyakova O.Yu., Professor of the 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-6				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-6 Is capable of planning measures for medical rehabilitation of the patient, determining medical indications and contraindications for carrying them out, taking into account the diagnosis in accordance with current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care	Not capable of planning measures for the patient's medical rehabilitation	Capable of planning measures for the patient's medical rehabilitation	Capable of planning measures for the patient's medical rehabilitation, determining medical indications and contraindications for carrying them out, taking into account the diagnosis following current procedures for offering medical care	Capable of planning measures for the patient's medical rehabilitation, determining medical indications and contraindications for carrying them out, taking into account the diagnosis following current procedures for offering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care
Learning outcomes for the discipline (module):	Does not determine medical indications for	Determines medical indications for conducting	Determines medical indications for conducting	Determines medical indications for conducting

Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-2 PC-6 Determines medical indications for conducting medical rehabilitation measures, including during the implementation of an individual program of rehabilitation or habilitation of disabled persons, in accordance with current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care	conducting medical rehabilitation measures	medical rehabilitation measures	medical rehabilitation measures, including during the implementation of an individual program of rehabilitation or habilitation of disabled persons, in accordance with current procedures for rendering medical care	medical rehabilitation measures, including during the implementation of an individual program of rehabilitation or habilitation of disabled persons, in accordance with current procedures for rendering medical care, clinical recommendations (treatment protocols) on issues of medical care provision, taking into account standards of medical care
Competency: PC-8				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Readiness for communication in verbal and written forms.	Not capable of clearly presenting in popular terms	Capable of clearly presenting in popular terms	Capable of clearly presenting in popular terms the significance of risk factors	Capable of clearly presenting in popular terms the significance of risk factors in diseases of internal organs and measures for exacerbation prevention

Indicator: ID-1 PC-8 Is capable of clearly presenting in popular terms the significance of risk factors in diseases of internal organs and measures for prevention of exacerbations				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Readiness for communication in verbal and written forms. Indicator: ID-2 PC-8 Identifies characteristics, determines the forms and methods of educational activity of medical workers among patients and the population to eliminate risk factors and form skills of a healthy lifestyle	Does not identify characteristics, does not determine forms and methods	Identifies characteristics, determines forms and methods	Identifies characteristics, determines forms and methods of educational activity of medical employees	Identifies characteristics, determines the forms and methods of educational activity of medical employees among patients and the population to eliminate risk factors and shape skills of a healthy lifestyle

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.	a	The diet for a patient upon admission is determined by: a. the attending physician; b. the on-duty physician; c. the head of the admission department; d. the chief physician.	PC-6
2.	a	Principles for providing assistance in case of chemical burns: a. If possible, neutralize the substances causing the burn, then rinse with cold water. b. Rinse with cold water for an hour. c. Administer analgesics; for second-degree burns and above, apply dry aseptic dressings without treating the burned surface. d. Sprinkle with talc.	PC-6
3.	c	Porridge excluded from diet in case of bowel diseases a. semolina porridge (milk-based) b. oat porridge (milk-based) c. corn porridge (milk-based)	PC-6
4.	a	The indicators of effective resuscitation are: a. The appearance of a pulse in the carotid arteries, pupil constriction, and the return of their reaction to light. b. Dilated pupils. c. Proper chest compressions.	PC-6
5.	a	The person responsible for maintaining the бракеражный journal is: a. diet nurse b. dietitian c. duty doctor d. head of production e. chief physician	PC-6
6.	c	The main therapeutic diets are numbered: a. from 1 to 7 b. from 1 to 10 c. from 0 to 15 d. from 0 to 20	PC-6
7.	c	For anorexia, the diet prescribed is: a. salt-free diet b. vegetarian diet c. individualized diet	PC-6

8.	d	A patient who has undergone stomach surgery should receive food in the first 3–4 months after the operation: a. once a day; b. twice a day; c. three times a day, or as often as possible; d. the frequency of meals does not matter.	PC-6
9.	a	«For a patient with chronic pancreatitis, it is recommended to use vegetable oil in nutrition» a. allowed b. not allowed c. based on tolerance d. allowed in small amounts	PC-6
10.	b	The breakdown of proteins in the gastrointestinal tract includes the following sequential stages: a. proteins — glycerol — amino acids b. proteins — amino acids — urea c. proteins — polypeptides — peptides — amino acids d. proteins — pectins — amino acids e. proteins — urea	PC-6
11.	b	In Diet No. 3, to stimulate the motor function of the intestine, the content of: a. fried dishes b. fiber and fibrous оболочек (fiber-rich components) c. salty dishes d. raw dishes e. fatty foods is increased.	PC-6
12.	c, d	The main simple carbohydrates are: a. dietary fiber (cellulose) b. starch c. glucose d. fructose	PC-6
13.	a,d	For acute cholecystitis, in the first 2 days, the following is prescribed: a. broths b. raw eggs c. acidic juices d. weak tea, mineral waters	PC-6
14.	c,d	For patients with acute cholecystitis, all of the listed foods are allowed except: a. mucilaginous and pureed soups; b. pureed liquid porridges; c. herring; d. sweet juices; e. cottage cheese soufflé.	PC-6

15.	b,c	Diet therapy (therapeutic nutrition) is the use of diets for preventive and therapeutic purposes for: a. healthy people b. patients with acute diseases c. patients with chronic diseases	PC-6
16.	a	In what time interval does the fulminant (lightning-fast) form of shock develop? a. within 1–2 minutes b. within 4–5 minutes c. within 3–6 minutes d. more than 5 minutes	PC-6
17.	a,b,c,d	The main documents for organizing therapeutic nutrition in a healthcare facility. a. seven-day consolidated menu b. dish catalogue (or recipe database) c. information on patients receiving nutritional support (or data on patients on dietary therapy) d. product issuance ledger (or issue voucher for products)	PC-6
18.	dietetics	The field of medicine that studies therapeutic (dietotherapy) and preventive (dietoprophylaxis) nutrition for humans and animals, including patients, as well as the applied discipline concerned with organizing nutrition in healthcare facilities.	PC-6
19.	anthropometry. body mass index (BMI). dual-energy X-ray absorptiometry (DEXA/DXA). magnetic resonance imaging (MRI). computed tomography (CT). ultrasound body composition analysis. (BIA) — bioelectrical impedance analysis (BIA).	Methods for determining body composition	PC-6
20.	Functional food products	Food products that have additional properties beyond traditional nutritional value due to the addition (enrichment) of extra ingredients, whether new or already existing.	PC-6
21.	traditional. preventive therapeutic and preventive	List the types of food	PC-6

	therapeutic specialized.functional		
22.	a	The diet for a patient upon admission is determined by: a. the attending physician; b. the on-duty physician; c. the head of the admission department; d. the chief physician.	PC-8
23.	a	Principles for providing assistance in case of chemical burns: a. If possible, neutralize the substances causing the burn, then rinse with cold water. b. Rinse with cold water for an hour. c. Administer analgesics; for second-degree burns and above, apply dry aseptic dressings without treating the burned surface. d. Sprinkle with talc.	PC-8
24.	c	Porridge excluded from diet in case of bowel diseases a. semolina porridge (milk-based) b. oat porridge (milk-based) c. corn porridge (milk-based)	PC-8
25.	a	The indicators of effective resuscitation are: a. The appearance of a pulse in the carotid arteries, pupil constriction, and the return of their reaction to light. b. Dilated pupils. c. Proper chest compressions.	PC-8
26.	a	The person responsible for maintaining the бракеражный journal is: a. diet nurse b. dietitian c. duty doctor d. head of production e. chief physician	PC-8
27.	c	The main therapeutic diets are numbered: a. from 1 to 7 b. from 1 to 10 c. from 0 to 15 d. from 0 to 20	PC-8
28.	c	For anorexia, the diet prescribed is: a. salt-free diet b. vegetarian diet c. individualized diet	PC-8
29.	d	A patient who has undergone stomach surgery should receive food in the first 3–4 months after the operation: a. once a day; b. twice a day;	PC-8

		c. three times a day, or as often as possible; d. the frequency of meals does not matter.	
30.	a	«For a patient with chronic pancreatitis, it is recommended to use vegetable oil in nutrition» a. allowed b. not allowed c. based on tolerance d. allowed in small amounts	PC-8
31.	b	The breakdown of proteins in the gastrointestinal tract includes the following sequential stages: a. proteins — glycerol — amino acids b. proteins — amino acids — urea c. proteins — polypeptides — peptides — amino acids d. proteins — pectins — amino acids e. proteins — urea	PC-8
32.	b	In Diet No. 3, to stimulate the motor function of the intestine, the content of: a. fried dishes b. fiber and fibrous оболочек (fiber-rich components) c. salty dishes d. raw dishes e. fatty foods is increased.	PC-8
33.	c, d	The main simple carbohydrates are: a. dietary fiber (cellulose) b. starch c. glucose d. fructose	PC-8
34.	a,d	For acute cholecystitis, in the first 2 days, the following is prescribed: a. broths b. raw eggs c. acidic juices d. weak tea, mineral waters	PC-8
35.	c,d	For patients with acute cholecystitis, all of the listed foods are allowed except: a. mucilaginous and pureed soups; b. pureed liquid porridges; c. herring; d. sweet juices; e. cottage cheese soufflé.	PC-8
36.	b,c	Diet therapy (therapeutic nutrition) is the use of diets for preventive and therapeutic purposes for: a. healthy people b. patients with acute diseases c. patients with chronic diseases	PC-8

37.	a	In what time interval does the fulminant (lightning-fast) form of shock develop? a. within 1–2 minutes b. within 4–5 minutes c. within 3–6 minutes d. more than 5 minutes	PC-8
38.	a,b,c,d	The main documents for organizing therapeutic nutrition in a healthcare facility. a. seven-day consolidated menu b. dish catalogue (or recipe database) c. information on patients receiving nutritional support (or data on patients on dietary therapy) d. product issuance ledger (or issue voucher for products)	PC-8
39.	dietetics	The field of medicine that studies therapeutic (dietotherapy) and preventive (dietoprophylaxis) nutrition for humans and animals, including patients, as well as the applied discipline concerned with organizing nutrition in healthcare facilities.	PC-8
40.	anthropometry. body mass index (BMI). dual-energy X-ray absorptiometry (DEXA/DXA). magnetic resonance imaging (MRI). computed tomography (CT). ultrasound body composition analysis. (BIA) — bioelectrical impedance analysis (BIA).	Methods for determining body composition	PC-8
41.	Functional food products	Food products that have additional properties beyond traditional nutritional value due to the addition (enrichment) of extra ingredients, whether new or already existing.	PC-8
42.	traditional. preventive therapeutic and preventive therapeutic specialized.functional	List the types of food	PC-8

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.