

Документ подписан простой электронной подписью

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

«Traumatology, Orthopedics»

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, 10.

Introduction

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

3. Developer(s): S.I. Kubanov, Associate Professor of the Department of Surgery, Orthopedics and Traumatology

4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: G.S. Ivchenko, Acting Head of the Department of Propaedeutics of Internal Diseases (Full Name, Position)

Committee members: T.I. Dzhandarova, Head of the Department of Anatomy and Histology
N.G. Belyaev, Professor of the Department of Physiology and Pathology

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-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)
Competency: PC-6. Ready to identify the need for applying natural healing factors, medication, non-medication treatment, and other methods in patients requiring medical rehabilitation and health-recovery resort treatment.				

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
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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
9th semester			
1.	d	PERCUSSION DOES NOT ALLOW TO IDENTIFY: a) the presence of fluid in the cavity of a lesion or joint b) the presence of gas in a cavity or joint c) the degree of union of fractures of long tubular bones d) the degree of blood supply to the extremities e) the presence of large cavities in the epiphyses or metaphyses of the extremities	PC-3
2.	b	ABDUCTION AND ADDUCTION OF THE LIMBS ARE MOVEMENTS: a) in the sagittal plane b) in the frontal plane c) in the axial plane	PC-3
3.	a	EXTENSION AND FLEXION OF THE LIMB ARE MOVEMENTS: a) in the sagittal plane b) in the frontal plane c) in the axial plane	PC-3
4.	d	A STANDARD X-RAY EXAMINATION MAKES IT POSSIBLE TO IDENTIFY ALL OF THE FOLLOWING PATHOLOGY, EXCEPT: a) a fracture or fissure of the bone b) a dislocation or subluxation of joint fragments c) a bone tumor d) damage to cartilaginous tissue	PC-3
5.	c	WHICH OF THE SYMPTOMS IS ABSOLUTELY RELIABLE FOR A FRACTURE? a) Pain on palpation b) Swelling in the area of trauma c) Crepitus of the fragments d) Bruise	PC-3
6.	a	SECONDARY DISPLACEMENT OCCURS AS A RESULT OF: a) contraction of the muscles attached to this segment b) incomplete fracture c) the action of the traumatic force d) all of the above	PC-3
7.	a	A FRACTURE IS CONSIDERED OPEN IF: a) there is any wound on the same segment in the projection of the fracture b) there is any wound on adjacent areas of the body c) only when bone fragments protrude into the wound d) an aseptic dressing has not been applied	PC-3

8.	e	THE TASKS OF THERAPEUTIC PHYSICAL TRAINING IN ACUTE TRAUMA DURING THE IMMOBILIZATION PERIOD ARE: a) increasing the patient's vitality b) counteracting hypotrophy of the neuromuscular apparatus, improving the function of internal organs c) preparation for the development of the function of movement in the immobilized segment d) training in changing the position of the body and limbs in conditions favorable for the restoration of impaired functions e) all of the above	PC-3
9.	a	ALL OF THE FOLLOWING SIGNS ARE CHARACTERISTIC OF A CLAVICLE FRACTURE, EXCEPT: a) the upper limb is raised upward and displaced posteriorly b) there is deformity and swelling above the clavicle c) the supraclavicular fossa is smoothed d) the distance from the spine to the medial edge of the scapula is increased on the side of the injury	PC-3
10.	d	IN SURGICAL TREATMENT, THE FOLLOWING WILL BE A MISTAKE: a) incorrect assessment of the general condition during the operation b) incorrect choice of the construct c) shortening of the immobilization period d) all of the above	PC-3
11.	d	PERCUSSION DOES NOT ALLOW TO IDENTIFY: a) the presence of fluid in the cavity of a lesion or joint b) the presence of gas in a cavity or joint c) the degree of union of fractures of long tubular bones d) the degree of blood supply to the extremities e) the presence of large cavities in the epiphyses or metaphyses of the extremities	PC-6
12.	b	ABDUCTION AND ADDUCTION OF THE LIMBS ARE MOVEMENTS: a) in the sagittal plane b) in the frontal plane c) in the axial plane	PC-6
13.	a	EXTENSION AND FLEXION OF THE LIMB ARE MOVEMENTS: a) in the sagittal plane b) in the frontal plane c) in the axial plane	PC-6
14.	d	A STANDARD X-RAY EXAMINATION MAKES IT POSSIBLE TO IDENTIFY ALL OF THE FOLLOWING PATHOLOGY, EXCEPT: a) a fracture or fissure of the bone b) a dislocation or subluxation of joint fragments	PC-6

		c) a bone tumor d) damage to cartilaginous tissue	
15.	c	WHICH OF THE SYMPTOMS IS ABSOLUTELY RELIABLE FOR A FRACTURE? a) Pain on palpation b) Swelling in the area of trauma c) Crepitus of the fragments d) Bruise	PC-6
16.	a	SECONDARY DISPLACEMENT OCCURS AS A RESULT OF: a) contraction of the muscles attached to this segment b) incomplete fracture c) the action of the traumatic force d) all of the above	PC-6
17.	a	A FRACTURE IS CONSIDERED OPEN IF: a) there is any wound on the same segment in the projection of the fracture b) there is any wound on adjacent areas of the body c) only when bone fragments protrude into the wound d) an aseptic dressing has not been applied	PC-6
18.	e	THE TASKS OF THERAPEUTIC PHYSICAL TRAINING IN ACUTE TRAUMA DURING THE IMMOBILIZATION PERIOD ARE: a) increasing the patient's vitality b) counteracting hypotrophy of the neuromuscular apparatus, improving the function of internal organs c) preparation for the development of the function of movement in the immobilized segment d) training in changing the position of the body and limbs in conditions favorable for the restoration of impaired functions e) all of the above	PC-6
19.	a	ALL OF THE FOLLOWING SIGNS ARE CHARACTERISTIC OF A CLAVICLE FRACTURE, EXCEPT: a) the upper limb is raised upward and displaced posteriorly b) there is deformity and swelling above the clavicle c) the supraclavicular fossa is smoothed d) the distance from the spine to the medial edge of the scapula is increased on the side of the injury	PC-6
20.	d	IN SURGICAL TREATMENT, THE FOLLOWING WILL BE A MISTAKE: a) incorrect assessment of the general condition during the operation b) incorrect choice of the construct c) shortening of the immobilization period d) all of the above	PC-6
10th semester			

21.	Comolli's symptom	A characteristic symptom of a scapular fracture is...	PC-3
22.	impaired function of the limb, spring-like resistance	Which symptoms are characteristic of a shoulder dislocation?	PC-3
23.	with a contusion or overstretching of the long thoracic nerve	The occurrence of a "winging" scapula is associated with...	PC-3
24.	90°	The angle of abduction on an abduction splint for a fracture of the neck or glenoid cavity of the scapula should be...	PC-3
25.	Bone metastases with a pathological fracture	A patient who underwent surgery for breast cancer 3 years ago complains of persistent pain in the shoulder, intensifying with movement, without a temperature reaction. What process should be considered in such a patient?	PC-3
26.	puncture, radiography, percussion	Which methods of diagnosing pneumothorax are the most informative?	PC-3
27.	Comolli's symptom	A characteristic symptom of a scapular fracture is...	PC-6
28.	impaired function of the limb, spring-like resistance	Which symptoms are characteristic of a shoulder dislocation?	PC-6
29.	with a contusion or overstretching of the long thoracic nerve	The occurrence of a "winging" scapula is associated with...	PC-6
30.	90°	The angle of abduction on an abduction splint for a fracture of the neck or glenoid cavity of the scapula should be...	PC-6

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.

