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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY
Head of the Department of
Epidemiology and Military Epidemiology
_____ / Skurikhina Yu.E./
"10th" of June 2026

COLLECTION OF ASSESSMENT TOOLS
B1.V.EC.02.02 Medical parasitology
of the basic educational program
of Higher Education

Specialty	**31.05.01 General Medicine (English-language program)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system)
Mode of study	**Full-time**
Period of mastering the BEP	**6 years** (nominal length of study)
Department	of Epidemiology and Military Epidemiology

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.01 General Medicine (English-language program), profile 02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system).

(BEP HE for the 31.05.01 General Medicine (English-language program), section 3. Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	**Continuous assessment**	**Interview Questions**
		Tests
		Mini-Case Studies
		Checklists
2	**Interim assessment**	**Interview Questions**
		Tests
		Mini-Case Studies
		Checklists

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER THE QUESTIONS** **General parasitology** 1. Definition of parasitology as a science 2. Parasitism as a concept 3. Main types of interactions between various organisms 4. Diseases considered parasitic diseases proper (diseases occurring only with parasitic invasion) 5. Classification of parasites

6. Classification of host organisms
7. True parasites as a concept
8. False parasites as a concept
9. Classification of parasites based on their location in the host organism
10. Parasite host as a concept
11. Host groups distinguished based on conditions for the development of a parasite
12. Pathways of parasites' effect on the host organism
13. Host organism response to effect of parasites
14. Non-specific response of host organism to parasites
15. Specific response of host organism to parasites
16. An organism as parasites' habitat
17. Obligatory parasitism
18. Facultative and potential host organisms
19. Biological classification of helminthes
20. Epidemiological classification of helminthiases

Specific parasitology

1. Malaria. Etiology, biology, Plasmodium development cycles in organisms of a host insect (mosquito) and a human
2. Specifics of modern epidemiological process of malaria
3. Clinical manifestation and diagnosis of malaria
4. Toxoplasmosis. Etiology, biology, clinical manifestation, epidemiology, prevention, diagnosis
5. Amebiasis. Etiology. E. histolytica lifecycle stages. Clinical manifestation, diagnosis. Epidemiology. Prevention and treatment measures
6. Old World visceral leishmaniasis. Visceral leishmaniasis (kala-azar, Dumdum fever, or black fever). Clinical manifestation. Diagnosis
7. Visceral infantile leishmaniasis. Clinical manifestation, diagnosis. Epidemiology
8. Anthroponotic cutaneous leishmaniasis. Clinical manifestation, diagnosis. Epidemiology. Prevention and treatment measures
9. Zoonotic cutaneous leishmaniasis. Clinical manifestation, diagnosis. Epidemiology. Prevention and treatment measures
10. Gambian Human African Trypanosomiasis. Clinical manifestation, diagnosis. Epidemiology. Prevention and treatment measures
11. Chagas disease (American trypanosomiasis). Clinical manifestation, diagnosis. Epidemiology. Prevention and treatment measures
12. Opisthorchiasis. Epidemiology. Prevention and treatment measures. Diagnosis
13. Clonorchiasis. Epidemiology. Prevention and treatment measures. Diagnosis
14. Metagonimiasis. Epidemiology. Prevention and treatment measures. Diagnosis
15. Paragonimiasis. Specifics of larval paragonimiasis. Clinical and epidemiological aspects. Diagnosis
16. Nanophyetiasis. Epidemiology. Prevention and treatment measures. Diagnosis
17. Urogenital schistosomiasis. Epidemiology. Diagnosis. Prevention and treatment measures
18. Schistosomiasis japonica. Clinical and epidemiological aspects. Prevention and treatment measures. Diagnosis

		19. Diphyllobothriasis. Clinical and epidemiological aspects. Diagnosis. Epidemiology. Prevention and treatment measures 20. Taeniasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 21. Taeniarhynchosis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 22. Cysticercosis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 23. Echinococcosis. Clinical and epidemiological aspects. Diagnosis. Epidemiology. Prevention and treatment measures 24. Alveococcosis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 25. Hymenolepiasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 26. Ascariasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 27. Trichuriasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 28. Ancylostomiasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 29. Enterobiasis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures 30. Trichinellosis. Clinical and epidemiological aspects. Diagnosis. Prevention and treatment measures

Test questions

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER TEST QUESTIONS**
		1. Forms of biotic relationships of living organisms in nature include A) competition B) predation +C) antibiosis +D) symbiosis E) all of the above **2. Symbiosis is** +A) any form of cohabitation of organisms of different species B) relationships, when the vital products of some suppress the vital activity of others C) relationships, when one kills the other D) relationships when the same or similar conditions for existence are necessary **3. Criteria for parasitism include**

A) spatial relationships
B) food at the expense of the owner
C) pathogenic effects on the host
+D) all of the above

4. By localization, all parasites are divided into
A) ectoparasites
B) endoparasites
C) intracavitary
D) intratissues
E) intracellular
+F) all of the above

5. Obligatory host is
+A) the host, which provides optimal conditions for the development of the parasite, has biocenotic relationships and biochemical conditions
B) the host that does not provide optimal biochemical conditions for the development of the parasite, but has biocenotic connections

6. Antagonism is the relationship of parasites in the host organism in which
+A) an increase in the abundance of one species causes a decrease in the abundance of another
B) two or more than one species cannot inhabit the same environment due to the release of metabolic products
C) there is a combination of helminths with protozoa, bacteria, viruses, etc.

7. The methods of infection of the host organism with the parasite can be
A) alimentary
B) contact
C) vector-borne
D) transplacental
E) sexual
F) transfusion
G) instrumental
+H) all of the above

8. Tasks of the parasitological service
A) parasitological diagnosis of diseases in humans
B) parasitological diagnosis of environmental objects
+C) timely diagnosis of parasitic diseases, treatment and prevention
D) all of the above

9. The goals of laboratory diagnosis of parasitic diseases include
A) diagnostic
B) evaluation of the effectiveness of treatment
C) assessment of the quality of antiparasitic measures
D) identification of sources of infection
E) the establishment of the level of prevalence of the population
+F) all of the above

10. Geogelminthes are
+A) worms, the development of which occurs in the soil
B) worms, the development cycle of which occurs with a change of owners

11. Biohelminthes are
A) worms, the development of which occurs in the soil
+B) worms, the development cycle of which occurs with a change of owners

12. Diphyllobothrium latum is associated with
A) cats
+B) fish
C) dogs
D) pigs

13. Ocular cysticercosis in humans is caused by
A) Dipylidium caninum
+B) Taenia solium
C) Taenia saginata
D) B & C

14. Autoinfection in humans is caused by
A) Dipylidium caninum
B) Taenia saginata
C) Hymenolepis diminuta
+D) Taenia solium

15. Lateral uterine branches in gravid proglottid are counted for diagnosis of infection cause by
A) Diphyllobothrium latum
B) Hymenolepis nana
C) Dipylidium caninum
+D) Taenia saginata

16. Taenia saginata is associated with
A) cats
B) dogs
+C) cattle
D) pigs

17. Taeniasis solium develops after ingestion of the
A) cysticercoid larvae
+B) cysticercus cellulosae
C) cysticercus bovis
D) Taenia egg

18. What parasite is associated with measly pork?
A) Diphyllobothrium latum
B) Taenia saginata
C) Dipylidium caninum
+D) Taenia solium

Assessment criteria
"Very good" – over 80% correct answers of questions of every level
"Good" – 70-79% correct answers of questions of every level
"Satisfactory" – 55-69% correct answers of questions of every level
"Unsatisfactory" – less than 55% correct answers of questions of every level

Standardized case studies and checklists for the **B1.V.EC.02.02 Medical parasitology** course

Case Study No.1

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** During a routine examination for helminthiases in children and employees of a boarding school, 4 cases of hymenolepiasis were detected among children in primary grades. The boarding school is located in a typical building, designed for 240 students. Children stay around the clock. The sleeping building is isolated from the educational building. Children are grouped by age and according to class distribution. Classes are held in 2 shifts; the classroom system is respected. The dining room is typical, meets sanitary standards and requirements. Each class is assigned educators. Children participate in various extra-curricular classes.
Q	1	Question: Where did the outbreak occur? Identify the boundaries of the outbreak
Q	2	Question: Indicate the main areas of focus elimination
Q	3	Question: How are patients with hymenolepiasis identified, for what purpose?
Q	4	Question: How often are routine preventive examinations of children in preschool education and educational organizations for hymenolepiasis performed?

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** During a routine examination for helminthiases in children and employees of a boarding school, 4 cases of hymenolepiasis were detected among children in primary grades. The boarding school is located in a typical building, designed for 240 students. Children stay around the clock. The sleeping building is isolated from the educational building. Children are grouped by age and according to class distribution. Classes are held in 2 shifts; the classroom system is respected. The dining room is typical, meets

		sanitary standards and requirements. Each class is assigned educators. Children participate in various extra-curricular classes.
Q	1	Question: Where did the outbreak occur? Identify the boundaries of the outbreak
A		Correct answer: Building and adjacent territory
Q	2	Question: Indicate the main areas of focus elimination
A		Correct answer: Identification of patients and parasite carriers; treatment of identified infected individuals and chemoprophylaxis of contacts; sanitary and parasitological control of epidemically significant objects, including water in swimming pools, sand in sandboxes, drinking water, premises, equipment, inventory, toys, household items, food units and others in organized children's groups; implementation of sanitary and hygienic and anti-epidemic measures (disinfestation of surfaces in premises, upholstered furniture, carpets, toys, household items, cleaning equipment, feces; environmental objects - indoor air, drinking water and swimming pool water, sand in sandboxes; hand disinfection)
Q	3	Question: How are patients with hymenolepiasis identified, for what purpose?
A		Correct answer: Detection of eggs or individuals of helminths in feces, to identify a possible source of invasion
Q	4	Question: How often are routine preventive examinations of children in preschool education and educational organizations for hymenolepiasis performed?
A		Correct answer: Scheduled preventive examinations of children and service personnel in preschool educational institutions and grades 1-4 of general education institutions are conducted once a year (after the summer period) and (or) according to epidemiological indications

Case Study No.2

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 7-year-old was admitted to the children's city hospital. According to his mother, the child has lost a lot of weight over the past 6 months. He began to complain of periodic severe cramping abdominal pain, weakness, and fatigue. On examination, it was found that the child has a very low weight (does not correspond to his age); palpation along the ascending part of the colon causes pain, thickening of the cecum is noted, liver and spleen are not enlarged. Differential diagnosis with giardiasis, dysentery, salmonellosis and

		other acute intestinal infections was carried out. Ultrasound of the internal organs, X-ray examination, CT and MRI were also used. Microscopy of stool revealed trophozoites of E. histolytica, which made it possible to diagnose intestinal amoebiasis.
Q	1	Question: What kind of parasites does this pathogen belong to (its taxonomy)?
Q	2	Question: Who is the reservoir and source of invasion?
Q	3	Question: The mechanism and pathways of infection with intestinal amoebiasis
Q	4	Question: Criteria for discharge of patients from the hospital
Q	5	Question: Prevention of intestinal amebiasis

Case Study No.2 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 7-year-old was admitted to the children's city hospital. According to his mother, the child has lost a lot of weight over the past 6 months. He began to complain of periodic severe cramping abdominal pain, weakness, and fatigue. On examination, it was found that the child has a very low weight (does not correspond to his age); palpation along the ascending part of the colon causes pain, thickening of the cecum is noted, liver and spleen are not enlarged. Differential diagnosis with giardiasis, dysentery, salmonellosis and other acute intestinal infections was carried out. Ultrasound of the internal organs, X-ray examination, CT and MRI were also used. Microscopy of stool revealed trophozoites of E. histolytica, which made it possible to diagnose intestinal amoebiasis.
Q	1	Question: What kind of parasites does this pathogen belong to (its taxonomy)?
A		Correct answer: Entamoeba histolytica, belongs to the protozoa of the Sacromastigophora type, order Amoebidae
Q	2	Question: Who is the reservoir and source of invasion?
A		Correct answer: Patients with amebiasis or carriers, excretors of cysts
Q	3	Question: The mechanism and pathways of infection with intestinal amoebiasis
A		Correct answer: Fecal-oral mechanism, alimentary (food-borne), water, contact-household routes
Q	4	Question: Criteria for discharge of patients from the hospital
A		Correct answer: Clinical recovery, two-time negative analysis for amebiasis

Q	5	Question: Prevention of intestinal amebiasis
A		Correct answer: Personal hygiene, hand hygiene. The patient is isolated at home or in a hospital in a separate box or with children with a similar nosology until complete clinical recovery (on average for 2-3 weeks) and persistent disappearance of dysentery amoeba from feces. After clinical recovery, the child is allowed into an educational organization without anti-epidemic restrictions. In the center of amebiasis, a set of measures is carried out used to prevent infections with a fecal-oral transmission mechanism. It is necessary to provide the patient with separate dishes and personal care items. Contact persons undergo parasitological examination of feces, quarantine and isolation measures are not organized for them. Specific prevention of amebiasis has not been developed.

Assessment criteria

"Very good" - the presented answer is full, justified, and clearly formulated.

"Good" - the presented answer is full and clearly formulated, but an error was made in the justification.

"Satisfactory" - the answer presented is incomplete and contains errors in the justification.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.

4. Assessment criteria for learning outcomes

"Pass" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"Fail" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Making a diagnosis based on clinical, epidemiological, and laboratory data

C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems		
F	A/02.7	Examination of the patient in order to make a diagnosis		
WA	Conducting patient interview (chief complaint, history of present illness, and medical history) in order to establish a diagnosis			
	Action		Performed	Not Performed
1.	Examine the provided information on the case study		1 point	-1 point
2.	Make a preliminary diagnosis based on the presented clinical and epidemiological data		1 point	-1 point
3.	Determine what additional information and examinations are necessary to confirm the diagnosis		1 point	-1 point
4.	Specify the main method of parasitological diagnosis		1 point	-1 point
5.	Determine the main preventive measures for the identified parasitic disease		1 point	-1 point
	Total		5 points	

Final grade:

"Pass" - at least 75% of required actions performed

"Fail" - 74% of required actions or less performed