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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
Obstetrics and Gynecology
_____ / Matyushkina L.S./
"11th" of April 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.27 Obstetrics and gynecology
of the basic educational program
of Higher Education

Specialty	**31.05.01 General Medicine for international students (in English)** (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 Obstetrics and Gynecology

Vladivostok, 2025

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 for international students (in English), 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 for international students (in English) specialty, 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**	**Tests**
		Interview Questions
		Mini-Case Studies
2	**Interim assessment**	**Interview Questions**

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

1. Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
F	A/01.7	Providing emergency or urgent medical care to the patient
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. THE POSITION OF THE FETUS IS a) the ratio of the fetal back to the sagital plane b) the ratio of the fetal back to the frontal plane +c) the ratio of the fetal axis to the length of the uterus d) the relationship of various parts of the fetus 2. THE CORRECT POSITION IS WHEN THE HEAD a) bent, arms crossed at the chest, legs bent at the knees and hip joints, torso bent

		+b) bent, arms crossed at the chest, legs bent at the knees and hip joints, torso bent c) bent, spine unbent, arms crossed at the chest, legs bent at the knees and hip joints, torso bent d) bent, arms crossed on the chest, legs straightened in the hip and knee joints 3. THE FETAL POSITION IS UNDERSTOOD AS +a) the ratio of the fetal back to the side walls of the uterus b) the ratio of the fetal head to the entrance to the pelvis c) the ratio of the fetal axis to the length of the uterus the length of the uterus d) the relationship of various parts of the fetus 4. IN THE FIRST POSITION, THE FETAL BACK IS TURNED a) to the right b) to the bottom of the uterus +c) to the left d) to the entrance to the small pelvis 5. THE TIME OF DELIVERY IS DETERMINED BY THE FORMULA +a) the first day of the last menstruation + 7 days – 3 months b) the first day of the last menstruation + 7 days-4 months c) the first day of the last menstruation + 240 days d) the first day of the last menstruation + 14 days – 3 months 6. ENDOMETRIOSIS IS a) a process in which in the uterine cavity there is a benign overgrowth of tissue, similar in morphological and functional properties to the endometrium. b) a process in which a malignant growth of tissue occurs in the uterine cavity, which is not similar in morphological and functional properties to the endometrium +c) a process in which benign tissue occurs outside the uterine cavity, which is similar in morphological and functional properties to the endometrium. d) the process in which malignant growth of tissue occurs outside the uterine cavity, which is not similar in morphological and functional properties to the endometrium
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. SEVERE PREECLAMPSIA INCLUDES THE FOLLOWING CLINICAL SYMPTOMS +1) increased blood pressure > 140/90 mm Hg +2) presence of proteinuria >3 g/L 3) cerebral or visual symptoms 4) lower limb 5) edema of the anterior abdominal wall 2. INTENSIVE CARE FOR SEVERE PREECLAMPSIA INCLUDES +1) anticonvulsants

		+2) antihypertensive medications +3) infusion therapy 4) antihypertensive 5) restricted drinking regimen 3. CORRELATION OF THE HEIGHT OF THE UTERUS FUNDUS WITH THE STAGE OF PREGNANCY +1) 20-21 weeks = 18-24 cm +2) 28-29 weeks = 26-31 cm 3) 32-33 weeks = 31-33 cm +4) 36-37 weeks = 32-37 cm 5) 38-39 weeks = 32-34 cm 4. FETAL RDS PREVENTION SCHEMES AT 24-34 WEEKS OF PREGNANCY INCLUDE +1) 2 doses of betamethasone i/m 12 mg after 24 hours +2) 4 doses of dexamethasone i/m 6 mg after 12 hours +3) 3 doses of dexamethasone i/m 8 mg after 8 hours 4) 2 doses of dexamethasone i/m 12 mg after 24 hours 5) 3 doses of betamethasone i /m 6 mg after 12 hours 5. CHOOSE THE CORRECT STATEMENT ABOUT PREECLAMPSIA +1) This is arterial hypertension established after 20 weeks of pregnancy with significant proteinuria. +2) This is a multisystem pathological condition that occurs in the second half of pregnancy (after the 20th week) and is characterized by arterial hypertension combined with proteinuria (0.3 g/L in the daily urine), often accompanied by edema and manifestations of multiple organ/system dysfunction/insufficiency. 3) This is arterial hypertension established after 28 weeks of pregnancy with significant proteinuria. 4) This is arterial hypertension established after 20 weeks of pregnancy with minor proteinuria. 5) This is arterial hypertension established before 20 weeks of pregnancy without proteinuria.

Assessment criteria

“Very good” - more than 90% correct answers of questions of every level
“Good” - 80-89% correct answers of questions of every level
“Satisfactory” - 70-79% correct answers of questions of every level
“Unsatisfactory” - less than 70% correct answers of questions of every level

Interview questions for interim assessment

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring

		urgent and emergency medical care
F	A/01.7	Providing emergency or urgent medical care to the patient
I		**ANSWER THE QUESTIONS** 1. Preeclampsia of pregnant women. Clinical manifestation, diagnosis, treatment. Clinical protocol. 2. Gonococcal infection of the lower genitourinary tract without abscess of the paraurethral and accessory glands. Classification, diagnosis, treatment. 3. Eclampsia. Clinical manifestation. Diagnosis, treatment. Clinical guidelines. 4. Benign diseases of the cervix. Classification, diagnosis, and treatment. 5. Incomplete placenta previa. Etiology, symptoms, management of childbirth. 6. Menstrual cycle disorders. The effect of alcohol, drugs on menstrual function 7. Management of pregnancy and childbirth with pelvic presentation of the fetus. Clinical protocol. 8. Cervical cancer. Stages, clinical manifestation, diagnosis. Clinical protocol. 9. Early postpartum bleeding. Hemorrhagic shock. Causes, methods of treatment. Clinical protocol. 10. Ovarian cystadenomas. Diagnosis, treatment. 11. Cesarean section. Indications and contraindications. Clinical protocol. Complications in the postoperative period and their prevention. 12. Abnormal uterine bleeding. Clinical manifestation, diagnosis, treatment. Clinical protocol. 13. Delayed pregnancy. Features of the course and management of childbirth. 14. Pseudomucinous ovarian cystadenoma. Diagnosis, treatment. 15. Severe preeclampsia. Clinic, diagnosis, treatment, prevention. Clinical protocol.

Assessment criteria

“Very good” - more than 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 54% correct answers of questions of every level

Standardized case studies and checklists for the **Б1.О.27 Obstetrics and gynecology** course

Case Study No.1

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions,

		diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
F	A/01.7	Providing emergency or urgent medical care to the patient
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 25-year-old pregnant woman was taken by ambulance to the city maternity hospital. She is 35 weeks pregnant. Complaints of thirst, poor sleep, headache, and nausea for the past two days. The condition first worsened 2 weeks prior. The woman refused the hospitalization offered by the doctor of the antenatal clinic because she was moving to another apartment. Physical examination results: height 163 cm, weight 78 kg. The skin is clean, pale, and the face is puffy. Pulse 96 bpm, blood pressure is 160/110, 175/120 mmHg. Moderate edema is observed on the anterior abdominal wall and lower legs. Protein in urine is 1.65 g/L. The uterus (fundal height) corresponds to 33-34 weeks pregnancy. The fetus is in the longitudinal lie; the head is the presenting part, first position, front view. Fetal heartbeat is rhythmic, 144 beats per minute, CTG – 7 points according to Fisher.
Q	1	Question: What is the diagnosis?
Q	2	Question: What are the doctor's tactics in this case?

Case Study No.1 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
F	A/01.7	Providing emergency or urgent medical care to the patient
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		Fisher.
Q	1	Question: What is the diagnosis?
A		Correct answer: Pregnancy at 35-36 weeks. Severe preeclampsia
Q	2	Question: What are the doctor’s tactics in this case?
A		Correct answer: 1. Antihypertensive therapy: alpha 2-adrenomimetic (methyldopa) or calcium channel blocker (nifedipine). 2. Seizure prevention: intravenous administration of MgSO4 25% (loading dose of 4-6 g of dry matter) for 1-15 minutes, followed by a maintenance dose of 1-2 g of dry matter per hour until delivery, with a subsequent extension of at least 24 hours after delivery (depending on the patient's condition). 3. Delivery by cesarean section after the patient's stabilization
R2	Very good	Complete answer to 2 of the questions is given, or there are minor deviations / need for leading (clarifying) questions from the teacher
R1	Good/Satisfactory	Complete answer to 1 of the questions and an incomplete answer to the other are given, the teacher has used clarifying questions
R0	Fail	No answers given

4. Assessment criteria for learning outcomes

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"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.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Determining the size of the pelvis

C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety		
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care		
F	A/01.7	Providing emergency or urgent medical care to the patient		
WA	Providing urgent and emergency medical care to the population			
	Action		Performed	Not Performed
1.	Measure Distantia spinarum: the distance between the anteroposterior spines of the iliac bones.		1 point	-1 point
2.	Measure Distantia cristarum: the distance between the anterior superior iliac spines.		1 point	-1 point
3.	Measure Distantia trochanterica: the distance between the large trochanter bones of the femur.		1 point	-1 point
4.	Measure Conjugata externa (external conjugate).		1 point	-1 point
5.	Measure Conjugata diagonalis (diagonal conjugate)		1 point	-1 point
	Total		5 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: External obstetric examination techniques (Leopold's maneuvers)

C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety		
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care		
F	A/01.7	Providing emergency or urgent medical care to the patient		
	Action		Performed	Not Performed
1.	Determine the fundal height and part of the fetus		1 point	-1 point
2.	Determine the location of the fetal back (fetal lie) and position of the fetus		1 point	-1 point
3.	Determine the presenting part and its relation to the entrance to the small pelvis		1 point	-1 point
4.	Determine the nature of the presenting part and its location in relation to the planes of the small pelvis		1 point	-1 point
	Total		4 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed