Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Стегний Кирилл Владимирович
Должность: И.о. ректора
Дата подписания: 02.04.2026 08:44:47
Уникальный программный ключ:
d59234ba928aea5c04c54eb9013e367220b6b2ae

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 Psychiatry

_____ / Burlaka O.P./
“5th” of May 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.24 Psychiatry and narcology
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 Psychiatry

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 3.2.3 General professional competencies of graduates and indicators of achieving them)

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
		Standardized Patient Scenarios
		Checklists

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

Tests for continuous 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-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER TEST QUESTIONS**
		001. ENDOGENOUS MENTAL DISORDERS INCLUDE +A schizophrenia B affective-shock reactions C general paresis D Alcohol-induced Korsakoff syndrome. 002. PSYCHOGENIC DISORDERS INCLUDE +A neurasthenia

+B affective-shock reactions
C general paresis
D schizophrenia

003. INSTEAD OF ANSWERING THE DOCTOR'S QUESTION, THE PATIENT REPEATS THE QUESTION, IN CASE OF
A catalepsy
+B echo-symptoms
C active negativism
D passive negativism

004. WHICH DISORDERS BELONG TO THE GROUP OF THOUGHT DISORDERS?
A echolalia
B déjà vu syndrome
+C perseveration
+D delusion

005. DEREALIZATION IS
A distressing sensations, not always having clear localization
B distorted perception of individual properties of objects and phenomena
+C impairment of the sensory coloring of perception of the surroundings
D unpleasant sensations associated with an innervation zone

006. WHAT IS CHARACTERISTIC OF MANIC SYNDROME?
+A elevated mood
+B overestimation of one's own abilities
+C ideational and motor excitement
D tearfulness

007. CONTACT WITH THE PATIENT IS DIFFICULT IN CASE OF
A depressive stupor
+B catatonic stupor
C neurosis
D intellectual disability

008. OBSESSIVE FEARS (PHOBIAS) ARE CHARACTERIZED BY
+A involuntary occurrence
+B awareness of their alien nature
+C great variety
D lack of criticism towards them

009. THINKING DISORDERS INCLUDE
A lying
+B paralogical thinking
C lack of self-criticism
+D derailment

		010. THE STRUCTURE OF PARAPHRENIC DELUSION INCLUDES +A pseudohallucinations +B phenomena of mental automatism C confabulations +D delusions of grandeur

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

Interview questions

	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-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER THE QUESTIONS** 1. Subject of psychiatry. Goals and objectives, specialized sections. 2. Main stages of psychiatry development. Greco-Roman period. 3. Avicenna, his works related to psychiatry. 4. Psychiatry in the Middle Ages. 5. Psychiatry in the Renaissance. France (second half of the 18th – early 19th centuries). Activities of F. Pinel, J. Esquirol. 6. English psychiatry (late 18th – early 19th centuries). J. Conolly, the principle of "non-restraint" and "open doors". 7. German psychiatry (first half of the 19th century). The "psychicists" and "somaticists" debate. W. Griesinger, his proposition on general patterns of development of mental disorders. 8. E. Kraepelin, nosological system of classification of mental illnesses. 9. The status of mentally ill patients in Russia during the period of monastic care. Decrees of Peter the First concerning the mentally ill. 10. The status of mentally ill patients in Russia during the period of "prikaznaya" medicine (1775 – 1864). 11. Psychiatry in Russia during the zemstvo period. Principles of planning psychiatric care. Psychiatric colony-hospitals. 12. The role of V.I. Yakovenko, N.N. Bazhenov, P.D. Maksimov, P.T. Kashchenko, etc. in the development of social

		and organizational psychiatry in Russia. 13. The role of I.M. Balinsky, V.Kh. Kandinsky, I.P. Merzheevsky, S.S. Korsakov, etc. in the development of national clinical psychiatry. 14. The teaching of K. Bonhoeffer on exogenous type reactions. 15. S. Freud. Prerequisites for the development of his theory of repression. 16. The use of S. Freud's ideas by E. Bleuler in the theory of schizophrenia. 17. The Soviet period of national psychiatry. 18. Groups of dispensary registration of mentally ill patients in Russia. 19. The teaching of I.P. Pavlov on three instances of the organism's relationship with the environment, on the first and second signal systems. 20. Ambiguity of cause-and-effect relationships in the occurrence, course, and outcome of mental illnesses. The transition of national psychiatry to ICD-10. 21. Sensation as a reflective process. Pathology of sensations. 22. Perception. Pathology of perception. Illusions, psychosensory disorders, depersonalization, derealization. 23. Representations. Pathology of representations. Theories of hallucinations. 24. Memory. Memory processes. Typology of memory. Quantitative memory disorders. 25. Qualitative memory disorders.

Assessment criteria:

"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.

Standardized case studies and checklists for the **Б1.О.24 Psychiatry and narcology** 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-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	PC-3	Ability and readiness to collect and analyze complaints that a

		patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
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** The patient is a 42-year-old man. For the last 2 months he has been agitated, disinhibited, made immodest compliments to women, spoke unclearly, indistinctly. Constantly smiles, makes absurd jokes. Pupils constricted, do not react to light; the patient makes errors in simple arithmetic, interprets proverbs literally. Incorrectly names the date and month. Does not consider himself ill.
Q	1	Question: Name the described psychopathological syndrome characterizing the patient's condition
Q	2	Question: In which disorders can this syndrome be observed?
Q	3	Question: What additional examination methods are indicated for differential diagnosis?
Q	4	Question: What is the sequence of the physician's actions when diagnosing this syndrome?
Q	5	Question: What main group of medications is used to manage this condition?

Case Study No.2

	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-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
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** The patient is a27-year-old man. The condition developed rapidly for the first time 2 days prior. During the preceding week the patient’s condition changed: he became absent-minded, did not understand the essence of questions, answered after a long pause. Gradual increase in obtundation was noted, muscle tone increased, the patient assumed uncomfortable postures, stopped answering questions altogether. Oiliness of the face and infrequent blinking were noted; the patient resisted attempts to move him, clenched his lips at attempts of feeding

		him and opened his mouth when the spoon was moved away.
Q	1	Question: What symptoms are described?
Q	2	Question: Which psychopathological syndrome is diagnosed in the patient?
Q	3	Question: In which diseases can this syndrome be observed?
Q	4	Question: What risk factors may contribute to the development of this condition?
Q	5	Question: Which groups of pharmacological drugs may be used to treat the indicated condition?

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: Examination of the patient's emotions

C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis		
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease		
F	A/02.7	Examination of the patient in order to make a diagnosis		
	Action		Performed	Not Performed
1.	Ask the patient to sit down in the offered seat.		1 point	-1 point
2.	Ask the patient to state the current date (day, month, year, day of the week, season).		1 point	-1 point
3.	Ask the patient to name their current location (country, region, city, clinic, floor).		1 point	-1 point
4.	Ask the patient a series of questions:			
5.	"Do you feel afraid?"		0.5 point	-0.5 point
6.	"Are there reasons for this fear?"		0.5 point	-0.5 point
7.	"What is your mood like?"		0.5 point	-0.5 point
8.	"Is your mood always good?"		0.5 point	-0.5 point
9.	"Are you prone to mood swings (do you fall into depression)?"		0.5 point	-0.5 point
10.	"Do you often have a bad mood?"		0.5 point	-0.5 point
11.	"You say your mood is low. Do you feel you have done something wrong?"		0.5 point	-0.5 point
12.	"How strongly do you feel this?"		0.5 point	-0.5 point
13.	"Do you often cry (get angry)?"		0.5 point	-0.5 point
14.	"Do you often worry? Why?"		0.5 point	-0.5 point
15.	Make a conclusion.		2 points	-2 points
	Total		10 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: Examination of the patient's memory

C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis		
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease		
F	A/02.7	Examination of the patient in order to make a diagnosis		
	Action		Performed	Not Performed
1.	Ask the patient to sit down in the offered seat.		1 point	-1 point
2.	Ask the patient to state the current date (day, month, year, day of the week, season).		1 point	-1 point
3.	Ask the patient to name their current location (country, region, city, clinic, floor).		1 point	-1 point
4.	Ask the patient a series of questions:			
5.	"Do you remember well what you read (memorize by heart)?"		1 point	-1 point
6.	"Can you say how long you have been in the hospital?"		1 point	-1 point
7.	"Who are these people around you?"		1 point	-1 point
8.	"What did you eat for breakfast today?"		1 point	-1 point
9.	Conduct the clock drawing test with the patient (give the patient a blank sheet of unlined paper and a pencil. Give the patient the instruction: "Please draw a round clock with numbers on the face and have the clock hands show a quarter to two")		1 point	-1 point
10.	Make a conclusion.		2 points	-2 points
	Total		10 points	

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