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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
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"10th" of June 2026

COLLECTION OF ASSESSMENT TOOLS
B1.C.20 Epidemiology
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**	**Tests**
		Interview Questions
		Mini-Case Studies
2	**Interim assessment**	**Tests**
		Interview Questions

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

Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**ANSWER TEST QUESTIONS (ONE OR MORE CORRECT ANSWER)**
		1. The main subject of epidemiology is A) individual patient +B) population and distribution of diseases in it C) healthcare system D) pathogen only 2. The main objective of epidemiology is A) treatment of individual patients B) laboratory identification of pathogens +C) study of patterns and causes of diseases and development of prevention measures D) recording of medical statistics

3. Objectives of modern epidemiology include
+A) description of disease distribution in populations
+B) identification of risk factors
+C) development of public health interventions
D) individual choice of anesthetic drug

4. Epidemiological method contributes to evidence based medicine primarily by
A) providing pathophysiological mechanisms
+B) generating quantitative evidence on associations between exposure and outcomes
C) describing only rare diseases
D) replacing clinical trials

5. Key components of the epidemiological method are
+A) formulation of hypothesis
+B) selection of study design
+C) systematic data collection and analysis
D) random choice of patients without criteria

6. In evidence based General Medicine, epidemiological studies are mainly used to
A) decide reimbursement tariffs
+B) estimate effectiveness and safety of preventive and treatment interventions
C) replace clinical judgment completely
D) determine only molecular mechanisms of diseases

7. A study in which groups with and without exposure are followed over time to compare incidence of disease is called
A) case control study
+B) cohort study
C) cross sectional study
D) ecological study

8. A study that compares past exposures in diseased and non diseased subjects is
A) randomized clinical trial
B) cross sectional study
+C) case control study
D) ecological study

9. Match the type of study and its main characteristic
1)Cross sectional study
2)Randomized controlled trial
3)Ecological study
A) Compares disease and exposure at one point in time in individuals
B) Compares outcomes between groups randomly assigned to interventions
C) Uses aggregated population data (countries, regions) Correct answer: 1–A, 2–B, 3–C

10. Sensitivity of a diagnostic test is defined as
A) proportion of true negatives among all without disease
+B) proportion of true positives among all with disease
C) probability that a person with positive test really has disease
D) incidence of disease in population

11. Evidence hierarchy in clinical epidemiology usually includes _____ as the highest level
A) expert opinion
B) case reports
C) non randomized trials
+D) systematic reviews and meta analyses of randomized trials

12. Which measures characterize accuracy of diagnostic tests?
+A) Sensitivity
+B) Specificity
+C) Positive predictive value
D) Patient satisfaction

13. The main purpose of a systematic review is to
A) present personal clinical experience
+B) summarize all high quality evidence on a clearly formulated question
C) publish results of one clinical trial
D) describe pathogenesis of disease

14. Key stages of a systematic review include
+A) formulation of clinical question (PICO)
+B) systematic literature search
+C) critical appraisal of included studies
D) random choice of only one article

15. The main epidemiological indicator for dental caries in populations is
A) case fatality rate
B) attack rate
+C) DMF index (Decayed, Missing, Filled)
D) disability adjusted life years

16. A risk factor for non infectious dental pathology is
A) acute viral infection
+B) high consumption of fermentable carbohydrates
C) short exposure to fluoride
D) one time use of local anesthetic

17. For non infectious oral diseases, clinical epidemiology studies
+A) prevalence and incidence
+B) association with behavioral risk factors
+C) effectiveness of preventive interventions (fluoridation, sealants)
D) only genetic mutations

18. In emergency situations (natural disasters, military conflicts) for a dentist, key epidemiological tasks include
A) only treatment of acute pain

+B) prevention of outbreaks of infectious diseases in dental settings
C) suspension of all dental care
D) refusal to use PPE to save time

19. Which situations require strengthening epidemiological surveillance in dental practice?
+A) Mass displacement of population
+B) Breakdown of water and sanitation systems
+C) High patient turnover in temporary dental clinics
D) Shortage of gloves for 10 minutes

20. Meta analysis in General Medicine typically
A) combines qualitative opinions of experts
+B) statistically pools quantitative results from multiple studies
C) is always free from bias
D) is performed only for infectious diseases

21. Measles vaccinations are given to
A) children up to 6 months;
+B) children of 12 months and 6 years;
C) adults;
D) children of 6 months and 6 years;
E) children of 18 months and 6 years.

22. The effectiveness of the immune response depends on the _____ of the macroorganism macroorganism
A) imparted age;
B) the place of administration of the antigen;
C) regulatory mechanisms of the immune system;
D) state organs and cells of the immune system;
+E) all of the above.

23. Which vaccine can be administered to children with immunodeficiency?
A) BCG
B) MMR;
C) OPV;
D) IPV;
E) DTaP.

24. The staff monitors the temperature in the refrigerator and records in the accounting document
A) once a day;
+B) twice a day;
C) once a week;
D) twice a week;
E) twice a month.

25. Adverse event following immunization is defined as
A) changes in the functional state of the organism, without departing from the physiological norm, associated with vaccination;
B) a pathological condition of the body that is outside the norm physiologically associated with vaccination;
C) a severe local reaction at the injection site.

+D) an undesirable event caused by a vaccine, by an immunization process, or by time associated with immunization;
E) a severe general reaction at the injection site.

26. Absolute contraindication to all vaccines is
+A) anaphylaxis;
B) non-progressive disease of the nervous system;
C) pregnancy;
D) the acute diseases;
E) the chronic diseases of various localizations.

27. HIV-infected children can get vaccinated using
A) only live vaccines;
+B) live and killed vaccines;
C) all vaccines;
D) only toxoids;
E) killed vaccines.

28. Absolute contraindications for live vaccines do NOT include
A) pregnancy;
B) immunosuppression;
C) primary immunodeficiency;
+D) chronic diseases of organs and systems;
E) malignancies.

29. To prevent adverse effects of vaccinations, _____ should not be used
A) vaccines stored with temperature violation;
B) expired vaccines;
C) vaccines with unclear or missing markings on the ampoule (vial);
D) vaccines with damaged ampoule integrity and changed physical properties;
+E) all of the above.

30. Transportation and storage of medications is performed at the temperature of
+A) +2°C -+8° C;
B) 0°C - +8°C;
C) +2°C - +4°C;
D) +2°C - +10° C;
E) 0°C -+ 4°C.

31. The most effective intervention to reduce the population's susceptibility to infectious diseases is
A) limiting contact with the source;
+B) immunoprevention;
C) nonspecific prevention;
D) hygiene education of the population;
E) rehabilitation of chronic infections.

32. To create active immunity _____ are used
+A) vaccines, toxoids;
B) immunoglobulins, serum;
C) interferons;

D) antibiotics;
E) bacteriophages.

33. Active immunity is characterized by
A) immunity occurring immediately after administration of the preparation;
B) immunity occurring a few years after the initial administration of the preparation;
C) immunity being maintained for 2-4 weeks;
+D) immunity being maintained for several years;
E) immunity being created by introducing antibodies.

34. Passive immunity is characterized by
+A) immunity occurring a few hours after administration of the preparation;
B) immunity occurring 2-3 weeks after the initial administration of the preparation;
C) immunity being maintained for 2-4 weeks;
D) immunity being maintained for several years;
E) immunity being stimulated by antigen administration.

35. The secondary immune response is characterized by
A) antibody synthesis peak is observed on the 14-15 days after antigen administration;
B) immunoglobulins of class M are produced;
+C) high affinity of antibodies;
D) stimulating the immune response by administering a larger dose;
E) none of the above.

36. Live vaccines are used to prevent
+A) measles, mumps;
B) diphtherias, botulism;
C) tuberculosis, tick-borne encephalitis;
D) pertussis, anthrax;
E) poliomyelitis, tetanus.

37. Killed vaccines are used to prevent
A) measles, mumps;
B) diphtherias, tetanus;
+C) rabies, anthrax;
D) pertussis, tick-borne encephalitis;
E) poliomyelitis, tetanus.

38. Advantage of live vaccines is
A) higher storage resistance of vaccines than that of killed vaccines;
+B) the tension, strength and duration of the immunity resulting from them approaching post-infection;
C) possibility of dying vaccine strains during production, transportation and storage;
D) possibility of use in persons with immunodeficiency;
E) the need for re-entries.

39. Advantage of the killed vaccines is
+A) greater storage resistance than live vaccines;

B) the tension, strength and duration of the immunity resulting from them approaching post-infection;
C) single administration in vaccination;
D) possibility of administering into human body by skin, oral, intranasal way;
E) none of the above.

39. The cold chain is defined as
A) personnel who maintain refrigeration equipment and provide medical services;
B) equipment for vaccine storage and transportation;
+C) a system providing conditions under which vaccine prepares retain their activity at all stages of their storage and transporting from the manufacturer to the vaccinated;
D) control of the delivery, storage and use of vaccines;
E) refrigerators and freezers, thermometers and thermoindicators.

ANSWER TEST QUESTIONS (ONE CORRECT ANSWER)

1. Relative risk (RR) compares
+A) risk in exposed and unexposed groups
B) observed and expected cases
C) prevalence and incidence
D) mortality and morbidity

2. If RR = 1 in a cohort study of sugary drinks and dental caries, this means
A) exposure is protective
B) exposure strongly increases risk
+C) no association between exposure and disease
D) study is invalid

3. In a case control study of periodontal disease and smoking, the main effect measure is
A) relative risk
+B) odds ratio
C) attributable risk
D) hazard ratio

4. Confidence interval for RR that does not include 1 indicates
A) lack of significance
+B) statistically significant association at chosen alpha level
C) random error only
D) measurement of prevalence

5. In clinical epidemiology, internal validity means
A) ability to generalize results to other populations
+B) absence of major bias and confounding in this study
C) large sample size
D) long duration of follow up

6. Heterogeneity in meta analysis reflects
A) quality of randomization
+B) differences in results between included studies
C) sample size of the largest trial
D) level of publication bias

		7. In General Medicine, an example of preventive intervention evaluated by meta analysis is A) rare congenital anomalies only +B) effectiveness of fissure sealants in caries prevention C) only anesthetic complications D) only maxillofacial trauma surgery 8. During a flood, the most important reason to limit aerosol generating dental procedures is A) high material costs +B) increased risk of airborne transmission of infections C) lack of lighting D) absence of anesthesia 9. In a cross sectional study of 15 year olds, prevalence of gingivitis is 40%. This means that A) 40% will develop gingivitis next year B) half are at risk +C) 40% have gingivitis at the time of examination D) 40% had gingivitis in the past 10. Attributable risk in exposed (AR) shows A) total risk in the population +B) part of risk in exposed group that can be attributed to exposure C) risk among unexposed D) accuracy of diagnostic test
I		**ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)**
		1. Types of epidemiological studies Match the type of study (column A) with its main characteristic (column B). Column A 1 Descriptive study 2 Cohort study 3 Case control study 4 Randomized controlled trial Column B A) Compares groups with and without exposure, prospectively assessing incidence B) Allocates participants randomly to intervention and control groups C) Compares past exposure in patients with disease and without disease D) Describes distribution of disease by person, place and time Correct answer: 1–D, 2–A, 3–C, 4–B. 2. Incidence and prevalence indicators Match the indicator (column A) with its definition (column B). Column A 1 Incidence rate 2 Prevalence 3 Cumulative incidence 4 Attack rate Column B

		A) Proportion of new cases among all persons at risk during a defined period B) Proportion of all existing cases (new and old) in a population at a given time C) Number of new cases per person time of observation D) Cumulative incidence used for acute outbreaks in a limited population Correct Answer: 1–C, 2–B, 3–A, 4–D. 3. Diagnostic test characteristics Match the term (column A) with the correct description (column B). Column A 1 Sensitivity 2 Specificity 3 Positive predictive value (PPV) 4 Negative predictive value (NPV) Column B A) Probability that a person with positive test result truly has the disease B) Proportion of true positives among all with disease C) Proportion of true negatives among all without disease D) Probability that a person with negative test result truly does not have the disease Correct answer: 1–B, 2–C, 3–A, 4–D. 4. Study design and example in General Medicine Match the type of study (column A) with the example (column B). Column A 1 Cross sectional study 2 Cohort study 3 Case control study 4 Meta analysis Column B A) Comparison of lifetime sugary drink consumption in adults with severe periodontitis and adults without periodontitis B) Combination of results from multiple trials evaluating effectiveness of fluoride varnish in caries prevention C) One time oral examination of 12 year olds to estimate prevalence of dental caries D) Follow up of children with and without exposure to fluoridated water to compare caries incidence over 3 years Correct answer: 1–C, 2–D, 3–A, 4–B.

Assessment criteria

Each correct answer – 1 point (for multi answer tasks only completely correct variant is scored).

Maximum – 20 points.

18–20 points – “Very good”; 14–17 – “Good”; 10–13 – “Satisfactory”; 0–9 – “Unsatisfactory” (according to general criteria in section 4).

Evaluation criteria for interim assessment:

Each correct answer – 1 point.

Maximum – 30 points.

27–30 points – “Very good”; 21–26 – “Good”; 15–20 – “Satisfactory”; 0–14 – “Unsatisfactory”.

Standardized case studies and checklists for **B1.C.20 Epidemiology** course

Case Study No.1

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A cross sectional survey was conducted among 320 adolescents aged 12–15 years in a city. Overall DMFT index was 5.4. Prevalence of caries was 82%. Seventy percent of adolescents reported daily consumption of sugary drinks; only 35% used fluoride toothpaste regularly, and 20% visited the dentist for preventive check ups. Community water is not fluoridated
Q	1	Question: What type of epidemiological study is used in this situation?
Q	2	Question: Interpret the obtained DMFT value and caries prevalence for this population.
Q	3	Question: Identify at least three modifiable risk factors for high caries level in this group
Q	4	Question: Propose at least three population level preventive measures for caries reduction in this city
Q	5	Question: Which epidemiological indicators should be monitored over time to evaluate effectiveness of your interventions?

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	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A cross sectional survey was conducted among 320 adolescents aged 12–15 years in a city. Overall DMFT index was 5.4. Prevalence of caries was 82%. Seventy percent of adolescents reported daily consumption of sugary drinks; only 35% used fluoride toothpaste regularly, and 20% visited the dentist for preventive check ups. Community water is not fluoridated
Q	1	Question: What type of epidemiological study is used in this situation?
R2	Very good	Correctly identifies the study as cross sectional
R0	Fail	Incorrect answer is given

Q	2	Question: Interpret the obtained DMFT value and caries prevalence for this population.
R2	Very good	Correctly interprets DMF as high caries experience and 82% as high prevalence
R0	Fail	Incorrect answer is given
Q	3	Question: Identify at least three modifiable risk factors for high caries level in this group
R2	Very good	Names ≥3 modifiable risk factors (sugary drinks, poor fluoride exposure, low preventive visits, poor oral hygiene)
R0	Fail	Incorrect answer is given
Q	4	Question: Propose at least three population level preventive measures for caries reduction in this city
R2	Very good	Proposes ≥3 realistic population based measures (fluoride programs, health education, regulation of sugary drinks in schools, sealants, organized check ups)
R0	Fail	Incorrect answer is given
Q	5	Question: Which epidemiological indicators should be monitored over time to evaluate effectiveness of your interventions?
R2	Very good	Indicates at least 2 indicators for follow up (prevalence, DMF, coverage with preventive measures)
R0	Fail	Incorrect answer is given

Case Study No.2

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A dental clinic wants to evaluate the effectiveness of a new fluoride varnish in preventing root caries in elderly patients. Two comparable groups of patients aged 60+ with similar baseline status are formed. One group receives standard care; the other group receives standard care plus quarterly application of fluoride varnish. After 2 years, incidence of new root caries lesions is compared between the groups
Q	1	Question: Which type of epidemiological study is this? Justify your answer
Q	2	Question: Formulate the main hypothesis of this study
Q	3	Question: Which outcome measure would you choose to evaluate effectiveness of the varnish?
Q	4	Question: How would you calculate relative risk (RR) and interpret it if RR = 0.6?
Q	5	Question: Which sources of bias and confounding should be controlled in this study?

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	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A dental clinic wants to evaluate the effectiveness of a new fluoride varnish in preventing root caries in elderly patients. Two comparable groups of patients aged 60+ with similar baseline status are formed. One group receives standard care; the other group receives standard care plus quarterly application of fluoride varnish. After 2 years, incidence of new root caries lesions is compared between the groups
Q	1	Question: Which type of epidemiological study is this? Justify your answer
R2	Very good	Correctly identifies the study as randomized (or controlled) clinical trial / experimental cohort
R0	Fail	Incorrect answer is given
Q	2	Question: Formulate the main hypothesis of this study
R2	Very good	Formulates clear hypothesis about reduction of root caries incidence in varnish group
R0	Fail	Incorrect answer is given
Q	3	Question: Which outcome measure would you choose to evaluate effectiveness of the varnish?
R2	Very good	Specifies outcome: incidence of new root caries lesions per person or per surface
R0	Fail	Incorrect answer is given
Q	4	Question: How would you calculate relative risk (RR) and interpret it if RR = 0.6?
R2	Very good	Correctly interprets RR = 0.6 as 40% risk reduction in varnish group vs control
R0	Fail	Incorrect answer is given
Q	5	Question: Which sources of bias and confounding should be controlled in this study?
R2	Very good	Names ≥3 potential biases/confounders (differences in oral hygiene, diet, baseline caries status, adherence, randomization problems)
R0	Fail	Incorrect answer is given

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction
I		**ANSWER THE QUESTIONS**

		1. Three links of the epidemic process 2. What anti-epidemic measures will be aimed at the source of infection? 3. What preventive (prophylactic) measures will be aimed at the susceptible organism? 4. Indicate the mechanisms of infection transmission and anti-epidemic measures. 5. Specify methods of introducing vaccines into the body 6. Classification of vaccines 7. Indicate vaccination against which infections is included in the vaccination schedule in India. Specify the age of vaccination 8. Define the subject and main objectives of epidemiology. 9. Explain the role of epidemiology in modern General Medicine and public oral health. 10. Describe the main stages of the epidemiological method and give an example from dental practice. 11. Classify epidemiological studies (descriptive, analytical, experimental) and give dental examples for each type. 12. Compare cohort, case-control and cross-sectional studies: design, advantages, limitations. 13. Define incidence and prevalence and explain their importance for dental caries and periodontal diseases. 14. Explain the concepts of sensitivity, specificity, predictive values and likelihood ratios of diagnostic tests in General Medicine. 15. Describe the hierarchy of evidence in clinical epidemiology and place systematic reviews and meta-analyses within it. 16. List the main steps of conducting a systematic review and meta-analysis in General Medicine. 17. Discuss major non-infectious dental diseases (caries, periodontal disease, erosion) and their key epidemiological indicators in populations. 18. Describe risk factors for non-infectious oral pathology and principles of population-based prevention (fluoride, sealants, sugar reduction). 19. Explain epidemiological aspects of dentist's work in extreme and emergency situations, including infection-control measures in temporary clinics.

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

C	GPC-6	Able to manage patient care, provide primary health care, ensure efficient decision-making at prehospital stage in case of medical emergencies, in emergency situations, during epidemics, and in areas affected by weapons of mass destruction		
	Action		Performed	Not Performed
1.	Formulates a clear clinical-epidemiological question in PICO format relevant to General Medicine		1 point	-1 point
2.	Performs a structured search in recognized databases (e.g. PubMed, Cochrane Library or national e-library) using correct keywords and filters		1 point	-1 point
3.	Selects and records bibliographic data of relevant sources using accepted citation style		1 point	-1 point
4.	Briefly evaluates the level of evidence and relevance of the found sources (study design, sample, outcome)		1 point	-1 point
5.	Works with electronic resources in accordance with information security rules (personal log-in, no transfer of passwords, correct use of university network, no disclosure of patients' personal data)		1 point	-1 point
	Total		5 points	

Final grade: "Pass" / "Fail"

Assessment criteria:

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

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