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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

Director of the Institute of Therapy (Internal Medicine) and Instrumental Diagnostics
_____ / Nevzorova V.A./
"14th" of April 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.31 Hospital therapy (internal medicine)
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)
Institute	of Therapy (Internal Medicine) and Instrumental Diagnostics

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**
		Mini-Case Studies
2	**Interim assessment**	**Interview questions**
3	**State Final Examination**	**Interview questions**
		Mini-Case Studies
		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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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 LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. The duration of an angina attack (in minutes) in most cases is +1) 2-5

2) 1
3) 15-30
4) 20-40

2. Risk factors for the development of arterial hypertension include
+1) smoking, heredity, dyslipidemia, overweight or obesity
2) gastrointestinal pathology, smoking, family history
3) pyelonephritis, cholelithiasis, heredity, dyslipidemia
4) dyslipidemia, overweight or obesity, chronic rhinitis

3. From the first contact with a health care worker an ECG from a patient with suspected ACS should be taken within
1) 30 minutes
2) 1 hour
+3) 10 minutes
4) 20 minutes

4. Leading clinical syndromes characteristic of chronic pancreatitis include
1) intoxication, pain
+2) pain, dyspeptic, exocrine and endocrine insufficiency syndrome
3) edematous, pain, dysuric syndrome
4) edematous, endocrine insufficiency

5. In a case of successful treatment of iron deficiency in anemia, the reticulocyte reaction usually occurs
1) on the 1st-2nd day
2) on the 30th-35th day
3) on the 45th day
+4) on the 7th-10th day

6. The value of GFR 60-89 ml/min/1.73 m^2 corresponds to
1) stage 1 of CKD
+2) stage 2 of CKD
3) stage 3 of CKD
4) end-stage renal failure

7. Main ECG signs of complete left bundle branch block include
1) wide Q wave in V1, V2 leads, prolongation of Q-T interval
2) ST segment elevation in standard lead III
3) prolongation of Q-T interval, f waves in leads I, aVL, V5, shortening of P-Q interval
+4) wide deformed QRS complex in I, aVL

8. What disease of the gastrointestinal tract clinically manifests similarly to angina pectoris?
1) diseases of the esophagus
+2) diaphragmatic hernia
3) peptic ulcer
4) chronic colitis

9. The endoscopic criterion for colon damage in ulcerative colitis is
+1) presence of superficial mucosal defects
2) abscencce of mucosal defects
3) abscencce of contact bleeding
4) presence of deep longitudinal ulcers

10. Lymphoid hyperplasia in all layers of the colon is characteristic of
1) ischemic colitis
2) diverticulosis
+3) Crohn's disease

		4) ascaridosis **11. For the diagnosis of ulcerative colitis, the most informative diagnostic method is** 1) X-ray examination of the small intestine 2) coprologram 3) abdominal overview +4) colonoscopy **12. To diagnose malabsorption syndrome in patients with chronic diarrhea, the most informative diagnostic method is** +1) proteinogram 2) scatological study 3) gastric secretion study 4) abdominal X-ray **13. Severe community-acquired pneumonia is a special form of pneumonia characterized by the presence of** +1) acute respiratory failure, multiple organ failure, sepsis 2) acute respiratory failure 3) sepsis 4) multiple organ failure **14. Treatment of pneumonia caused by legionella includes using** 1) penicillin 2) amoxicillin +3) azithromycin 4) tetracycline **15. Bronchial asthma is a(an)** 1) allergic disease 2) disease associated with infectious inflammation in the respiratory tract 3) disease based on bronchial obstruction +4) heterogeneous disease characterized by chronic airway inflammation **16. When assessing the risk of an unfavorable outcome of pneumonia on the CRB-65 scale, the patient is treated on an outpatient basis if they score** +1) 0 points 2) 2 points 3) 4 points 4) 1 point
I		**ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)**
		1. Main groups of medications used in the treatment of patients with hypertension are +1) ACE inhibitors, beta-blockers +2) calcium antagonists, diuretics, angiotensin II receptor blockers 3) NSAIDs, ACE inhibitors4. antihistamines, angiotensin II receptor blockers **2. Among the instrumental diagnostic methods used to confirm or exclude the diagnosis of bronchial asthma, the most important are** 1) bodipletismography with lung diffusion capacity assessment 2) angiographic enhanced multispiral chest computed tomography +3) picfluometry - before and after bronchodilators, daily fluctuations, prolonged monitoring for several weeks, months **3. Intestinal complications of UC include** +1) toxic dilatation of the colon (toxic megacolon)

		+2) intestinal bleeding 3) perforation 4) purulent paraproctitis **4. Differential diagnosis of UC is performed with** +1) Crohn's disease +2) dysentery 3) polyps of the colon 4) hirschsprung's disease **5. Abdominal X-ray can show** 1) flatulence 2) bleeding +3) perforation +4) toxic dilatation of the colon (toxic megacolon) **6. A radiological symptom not characteristic of Crohn's disease is** +1) presence of constrictions and strictures along the course of the affected areas of the intestine 2) multiple bulges of the colon wall +3) presence of identical lesions in both colon and small intestine +4) presence of internal and external intestinal fistulas **7. Bronchial asthma in the adult population** 1) refers to rare diseases 2) contributes significantly to population mortality +3) is one of the most common chronic non-communicable diseases +4) is a disease with high economic costs **8. High-resolution computed tomography is** 1) included in the mandatory standard of examination of COPD patients 2) not included in COPD standard +3) recommended for differential diagnosis in COPD (cancer, tuberculosis, interstitial lung disease, etc.) +4) recommended for COPD patients with severe pulmonary emphysema **9. In a flexible dosing regimen (MART therapy) for asthma, recommended combination medications (beta-2 agonists + iGCS) include** +1) formoterol/budesonide 2) formoterol/mometasone +3) formoterol/beclomethasone 4) vilanterol/fluticasone furoate 5) salmeterol/fluticasone **10. The most significant signs of COPD included in the A, B, C, D severity assessment are** 1) degree of OFV1 reduction +2) relapse rate 3) evidence of pulmonary hyperinflation +4) CAT symptom severity +5) mMRC dyspnea **11. Signs of uncontrolled asthma include** +1) daytime asthma symptoms more than 2 times a week +2) any nocturnal awakening caused by asthma +3) use of short acting beta-agonists more than 2 times a week 4) absence of asthma-induced physical activity limitations 5) appearance of respiratory symptoms in contact with irritants

I		**ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)**
		1. Treatment of urogenic reactive arthritis includes 1. NSAIDS; 2. intra-articular administration of GCS; 3. gold preparations; 4. antibiotics; 5. systemic GCS. 1) 2, 3, 4, 5 2) 1, 2, 3, 4 3) 1, 2, 3, 5 +4) 1, 2, 4 5) 2, 3, 5 **2. Which laboratory values have the greatest diagnostic value in detecting dermatomyositis? a) cholesterol; b) GFR; c) creatininuria; d) uric acid; e) alkaline phosphatase.** 1) a, b +2) b, c 3) c, g 4) a, b, c 5) c, d, e **3. Skin damage in SLE consists of the presence of: a) annular erythema; b) vascular "butterfly"; c) "butterflies" such as centrifugal erythema; d) papular-pustular rash; e) scaly lichen.** 1) a, b +2) b, c 3) c, g 4) a, b, c 5) c, d, d **4. The main diagnostic features of scleroderma include: a) focal and diffuse nephritis; b) Sjögren's syndrome; c) Raynaud's syndrome; d) true scleroderma of the kidney; e) polyneuritis.** 1) a, b 2) b, in +3) c, g 4) a, b, c 5) c, d, d

Assessment criteria

“Very good” – 91-100% correct answers of questions of every level
“Good” - 81-90% correct answers of questions of every level
“Satisfactory” - 51-80% correct answers of questions of every level
“Unsatisfactory” - less than 51% correct answers of questions of every level

Interview questions

	Code	**Competence description / name of labor function / name of work activity / text**
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C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety

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
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**
		1. Differential diagnosis of stable angina with cardiac and non-cardiac cardialgia. 2. Antianginal agents: medications, classification of antianginal agents within each group, mechanisms of action, side effects. Drug tolerance issues and methods of combating them. 3. Antithrombotic agents: medications, mechanisms of action, indications, contraindications, side effects. 4. Correction of lipid metabolism disorders (diet, statins, fibrates). 5. Individualized therapy of patients with angina pectoris depending on age, gender, concomitant diseases (hypertension, CHF, rhythm disturbances, cerebrovascular diseases, COPD, arterial hypotension, diabetes mellitus). 6. Methods of myocardial revascularization, choice of method depending on the clinical situation, caliber and number of stenotic coronary arteries, level of stenosis. 7. Concepts of unstable angina, acute coronary syndrome without ST segment elevation, causes and mechanisms of plaque destabilization in the coronary artery. 8. Variants of acute coronary syndrome. Stages and diagnosis of non-ST-segment elevation acute coronary syndrome. 9. Differential diagnosis between unstable angina and non-Q-wave myocardial infarction within non-ST-segment elevation acute coronary syndrome. 10. Differential diagnosis of acute coronary syndrome with causes of protracted pain syndrome (dissecting aortic aneurysm, spontaneous pneumothorax, pulmonary embolism). 11. Indications for urgent myocardial revascularization in acute coronary syndrome, revascularization methods. 12. Diagnosis of acute coronary syndrome without ST-segment elevation (clinical manifestation, ECG signs, biochemical markers of myocardial damage). Treatment strategy. 13. Management tactics of patients with acute coronary syndrome without ST-segment elevation: emergency care at the stages of polyclinic, NSR, and hospital, features of treatment of high and low risk patients. 14. Differential diagnosis of non-ST-segment elevation acute coronary syndrome with non-coronary and non-cardiac causes of chest pain syndrome. 15. Medical tactics for ST-segment elevation acute coronary syndrome. Indications and contraindications to thrombolytic therapy. 16. Diagnostic criteria for acute left ventricular (pulmonary edema) and acute right ventricular failure, prognosis, emergency care.

		17. Cardiogenic shock as a manifestation of an extreme degree of acute left ventricular failure, diagnostic criteria, prognosis, emergency care. 18.Required scope of examinations at AH (first and second stages of examination). 19. Main groups of antihypertensive medications, mechanism of action, side effects, contraindications, single and daily doses. 20. Selection of antihypertensive medications depending on age, target organ damage, associated clinical condition, including diabetes mellitus and concomitant diseases. 21. Criteria for the effectiveness of antihypertensive therapy, target BP levels in various groups of patients, taking into account the damage to target organs and associated conditions. 22. Features of the treatment of hypertension in old age, with isolated systolic hypertension, during pregnancy, with left ventricular hypertrophy and associated clinical conditions. 23. Relief of hypertensive crises. 24. The concept and classification of symptomatic AH. Physician's tactics in detecting secondary symptomatic AH and treatment methods, indications for surgical treatment. 25. Diagnostic criteria for hypertension of renoparenchymal genesis, the main laboratory and instrumental methods of examination. 26. Diagnostic criteria for pheochromacytoma, physician's tactics. 27. The main symptoms of Conn syndrome, laboratory and instrumental diagnostics, doctor's tactics. 28. Diagnostic criteria for Cushing’s syndrome and disease, examination methods, treatment. 29. Classification of cardiac rhythm and conduction disorders. Arrhythmia formation mechanisms. Classification of antiarrhythmic agents. 30. Main instrumental examination methods in the diagnosis of arrhythmias. 31.Differential diagnosis of supraventricular and ventricular premature heart beat (diagnostic ECG criteria). 32. Principles of ventricular premature heart beat treatment, main groups of antiarrhythmic agents, mechanisms of their action. 33. Differentiated prescription of antiarrhythmic agents depending on the source of premature heartbeat. Role of acute drug test in antiarrhythmic agent selection. 42. Doctor's tactics for premature heartbeat, indications for treatment, choice of antiarrhythmic agents depending on etiology, place of origin, patient's age, concomitant diseases. 43.Definition of the concept of atrial flutter and fibrillation. Causes, diagnostic (ECG) criteria, forms, effects on hemodynamics. Current classification of atrial fibrillation. 44. Doctor's tactics depending on the form of atrial flutter. Relief of the paroxysmal form. 45. Management of patients with permanent atrial fibrillation. 46. Methods of rhythm restoration in flutter and atrial fibrillation. Indications for rhythm recovery 47.Classification of conduction abnormalities. 48. Diagnostic criteria for C-A blockade, causes, prognosis. 49.Diagnosis, differential diagnosis and treatment tactics in bronchial asthma. 50. Diagnosis, differential diagnosis, and treatment tactics in chronic

		obstructive pulmonary disease. 51. Differential diagnosis and management tactics for epigastric pain. 52. Differential diagnosis and management tactics in gastric dyspepsia syndrome. 53. Differential diagnosis and management tactics in diseases of the gallbladder and biliary tract. 54. Possibilities of modern examination methods in the diagnosis and differential diagnosis of diseases of the pancreas and biliary tract. Significance of retrograde pancreatocholangiography. Indications. 55. Differential diagnosis and management tactics for diseases of the colon (ulcerative colitis, Crohn's disease, cancer). 56. Differential diagnosis and physician tactics for hepatomegaly. 57. Differential diagnosis and management tactics for hepatolienal syndrome. 58. Management tactics and differential diagnosis of joint syndrome in rheumatoid arthritis, gout, osteoarthritis. 59. Management tactics and differential diagnosis of rheumatoid arthritis with osteoarthritis and secondary synovitis. 60. Differential diagnosis of RA with arthritis in systemic connective tissue diseases. 61. Clinical and laboratory criteria for nephrotic syndrome. 62. Diagnostic criteria for diseases manifested by nephrotic syndrome. 63. Differential diagnosis and management tactics in nephrotic syndrome. 64.Glomerular filtration calculation, significance in the diagnosis of kidney disease 65. CKD. Diagnostic criteria and treatment. Indication for hemodialysis. 66. SLE. Diagnostic criteria and treatment. Indication for hospitalization. 67. Intestinal disease. Management tactics. 68. Management tactics for pneumonia. Indications for hospitalization. 69. Differential diagnostics in ACS. 70. Indications for hospitalization for atrial fibrillation. Management tactics.

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 **Б1.О.31 Hospital therapy (internal medicine)** 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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 59-year-old man consulted his district physician with complaints of periodic pressing pain behind the breastbone, radiating to the left arm and shoulder blade, occurring when walking for up to 200 m and/or climbing one flight of stairs, almost daily. The pain is relieved on its own after stopping physical activity or taking 1-2 nitroglycerin tablets after 2-3 minutes. Medical history: pressing pain behind the breastbone with moderate physical activity first occurred about 3 years ago. A year later, he consulted a general practitioner in a policlinic. An examination (the patient provided the results) was performed and treatment was prescribed. Over the past 6-8 months, the patient has noted an increase in the frequency of attacks of chest pain and a decrease in tolerance to physical activity. He takes Nitroglycerin (spray) to relieve pain up to 2-3 times a day, Isosorbide dinitrate 20 mg 2 times a day, Aspirin 100 mg at night. Statins were prescribed by therapist 3 years ago for a short time, but the patient has not been taking them for the last two years. Medical history: smokes for about 20 years, 1 pack a day. Heredity: father died at the age of 62 from myocardial infarction. Physical examination results: General condition is satisfactory. BMI - 26 kg/m2. No peripheral edema. Respiratory rate - 18 per minute, vesicular breathing in the lungs, no wheezing. Heart borders on percussion: right - right edge of the sternum in the 4th intercostal space, upper - 3rd intercostal space, left - 1.0 cm

		inward from the left midclavicular line in the 5th intercostal space. Heart sounds - the first sound is muffled at the apex, the rhythm is regular, no murmurs. Heart rate - 82 beats per minute. Blood pressure - 135/80 mm Hg. The liver and spleen are not palpable. No costovertebral angle (CVA) tenderness detected. Stool, diuresis without any peculiarities. Presented the results of the examination 2 years ago: total cholesterol - 6.6 mmol/L. ECG: sinus rhythm, 70 beats/minute, single ventricular premature heartbeat. Heart ultrasound: cardiac chambers are not dilated, global myocardial contractility is not reduced. EF 63%.
Q	1	Question: What is the diagnosis?
Q	2	Question: Assess the pharmaceutical treatment received by the patient. Justify the correction if necessary

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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 59-year-old man consulted his district physician with complaints of periodic pressing pain behind the breastbone, radiating to the left arm and shoulder blade, occurring when walking for up to 200 m and/or climbing one flight of stairs, almost daily. The pain is relieved on its own after stopping physical activity or taking 1-2 nitroglycerin tablets after 2-3 minutes. Medical history: pressing pain behind the breastbone with moderate physical activity first occurred about 3 years ago. A year later, he consulted a general practitioner in a policlinic. An examination (the patient provided the results) was performed and treatment was prescribed. Over the past 6-8 months, the patient has noted an increase in the frequency of attacks of chest pain and a decrease in tolerance to physical activity. He

		takes Nitroglycerin (spray) to relieve pain up to 2-3 times a day, Isosorbide dinitrate 20 mg 2 times a day, Aspirin 100 mg at night. Statins were prescribed by therapist 3 years ago for a short time, but the patient has not been taking them for the last two years. Medical history: smokes for about 20 years, 1 pack a day. Heredity: father died at the age of 62 from myocardial infarction. Physical examination results: General condition is satisfactory. BMI - 26 kg/m2. No peripheral edema. Respiratory rate - 18 per minute, vesicular breathing in the lungs, no wheezing. Heart borders on percussion: right - right edge of the sternum in the 4th intercostal space, upper - 3rd intercostal space, left - 1.0 cm inward from the left midclavicular line in the 5th intercostal space. Heart sounds - the first sound is muffled at the apex, the rhythm is regular, no murmurs. Heart rate - 82 beats per minute. Blood pressure - 135/80 mm Hg. The liver and spleen are not palpable. No costovertebral angle (CVA) tenderness detected. Stool, diuresis without any peculiarities. Presented the results of the examination 2 years ago: total cholesterol - 6.6 mmol/L. ECG: sinus rhythm, 70 beats/minute, single ventricular premature heartbeat. Heart ultrasound: cardiac chambers are not dilated, global myocardial contractility is not reduced. EF 63%.
Q	1	Question: What is the diagnosis?
A		Correct answer: IHD. Stable angina. FC 3. Coronary pressing pain behind the sternum with irradiation to the left arm, back, jaw, epigastric region, closely associated with physical activity and/or emotional stress, completely relieved after cessation of physical activity or taking nitroglycerin. Stable nature - the threshold of physical activity has not changed over the past 6-8 months. FC 3- pain that occurs when walking 100-200 m or climbing 1 floor according to the classification of the Canadian Cardiovascular Society
R2	Very good	Correct and full diagnosis was made
R1	Good/Satisfactory	Correct but incomplete diagnosis was made. Only syndromic diagnosis was named: polyarthritis. Partially incorrect diagnosis was made. The diagnosis is not full, but individual signs of an inflammatory process in the joints are indicated
R0	Fail	Incorrect diagnosis was made. The student does not know the main syndromes, their clinical signs, or special terminology
Q	2	Question: Assess the pharmaceutical treatment received by the patient. Justify the correction if necessary
A		Correct answer: The patient is not receiving beta-blockers (heart rate during examination is 82 bpm). It is necessary to prescribe beta-blockers in a dose necessary to achieve target heart rate values (from 55 to 65 bpm). The patient is not receiving statins. Prescribe statins in an adequate dose until the target LDL value of 1.4 mmol/L is achieved.

R2	Very good	The class of medications, the dose and posology are outlined; the choice of the medication is substantiated. Alternative methods of treatment are proposed
R1	Good/Satisfactory	Correct medication is named, the choice is not justified, and alternative treatment methods are not provided. Partially correct pharmacological treatment is proposed, the choice is not justified
R0	Fail	Treatment methods are not named

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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 45-year-old female teacher presents with pain and joint stiffness, morning stiffness. History of present illness. The symptoms have been present for 2 months. The patient took paracetamol without significant effect. Physical examination results: slight swelling, pain, limited movement in the proximal and metacarpophalangeal joints of the 2nd and 3rd fingers, wrists and knees. Otherwise, there is nothing of note.
Q	1	Question: What is the diagnosis?
Q	2	Question: What laboratory tests should be performed to confirm the diagnosis? What changes are expected to be seen?
Q	3	Question: What instrumental examination needs to be performed to confirm the diagnosis, what is expected to be seen?
Q	4	Question: What treatment can be prescribed by a general practitioner before receiving the results of a consultation with a rheumatologist?
Q	5	Question: Common principles of treatment of this disease.

Case Study No.2 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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 45-year-old female teacher presents with pain and joint stiffness, morning stiffness. History of present illness. The symptoms have been present for 2 months. The patient took paracetamol without significant effect. Physical examination results: slight swelling, pain, limited movement in the proximal and metacarpophalangeal joints of the 2nd and 3rd fingers, wrists and knees. Otherwise, there is nothing of note.
Q	1	Question: What is the diagnosis?
A		Correct answer: Rheumatoid arthritis. Very early stage.
R2	Very good	Correct and full diagnosis was made
R1	Good/Satisfactory	Correct but incomplete diagnosis was made. Only syndromic diagnosis was named: polyarthritis. Partially incorrect diagnosis was made. The diagnosis is not full, but individual signs of an inflammatory process in the joints are indicated
R0	Fail	Incorrect diagnosis was made. The student does not know the main syndromes, their clinical signs, or special terminology
Q	2	Question: What laboratory tests should be performed to confirm the diagnosis? What changes are expected to be seen?
A		Correct answer: Increased erythrocyte sedimentation rate (ECR) and CRP, positive reactions to Rheumatoid factor (IgM RF) and ACCP (antibodies to cyclic citrullinated peptide).

R2	Very good	Laboratory parameters are listed in full, and changes characteristic of rheumatoid arthritis are indicated
R1	Good/Satisfactory	Laboratory parameters are listed in full, and expected changes are partially outlined Laboratory parameters are listed, but their changes are not listed
R0	Fail	Student is unable to list laboratory parameters and their changes
Q	3	Question: What instrumental examination needs to be performed to confirm the diagnosis, what is expected to be seen?
A		Correct answer: It is necessary to perform X-ray of the hands in direct projection. Rheumatoid arthritis is characterized by: periarticular osteoporosis, narrowing of the X-ray joint space, detection of erosions (marginal defects of bone tissue on the side of the articular surfaces), formation of bone ankylosis.
R2	Very good	Correct instrumental examination method is named. The radiological signs characteristic of rheumatoid arthritis are listed in full
R1	Good/Satisfactory	X-ray examination method is named, the X-ray signs of rheumatoid arthritis are not fully listed A method of X-ray examination and only some signs of rheumatoid arthritis are named
R0	Fail	Instrumental examination method and radiological signs of the disease are not named
Q	4	Question: What treatment can be prescribed by a general practitioner before receiving the results of a consultation with a rheumatologist?
A		Correct answer: A nonsteroidal anti-inflammatory drug, such as meloxicam 15 mg 1 tablet in the evening, which is a selective cyclooxygenase inhibitor and has the least spectrum of undesirable effects inherent in this group of drugs. Ointments with or gels with nonsteroidal anti-inflammatory drugs, physiotherapy taking into account possible contraindications.
R2	Very good	The class of medications, the dose and posology are outlined; the choice of the medication is substantiated. Alternative methods of treatment are proposed
R1	Good/Satisfactory	Correct medication is named, the choice is not justified, and alternative treatment methods are not provided. Continued administration of paracetamol is advised. No anti-inflammatory medication or alternative treatment methods were named
R0	Fail	Treatment methods are not named
Q	5	Question: Common principles of treatment of this disease.
A		Correct answer: Long-term therapy of non-steroidal anti-inflammatory drugs, corticosteroids, basic anti-inflammatory therapy with synthetic and genetically engineered drugs.
R2	Very good	The timeframes for providing medical care are indicated correctly. The main groups of medications are named
R1	Good/Satisfactory	The timeframes for providing medical care are named, and

		some groups of medications is indicated. The need for long-term use of therapeutic measures is not indicated, and treatment methods are not specified
R0	Fail	Treatment principles are not listed.

Case Study No.3

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient K., 55, was hospitalized in the therapeutic department of the hospital after the referral of his local therapist with complaints of expiratory dyspnea with minimal physical exertion, an increase in body temperature to 38.2°C, periodic cough with scant mucopurulent sputum, dull pain along the back of the chest in the lower third triggered by deep breathing or coughing, general weakness. The first symptoms of the disease appeared after patient spent time in a room with a draft (cold air current) 3 days prior, and included general weakness, an increase in body temperature to 37.5C for 2 days and up to 38.5C on the third day, the appearance and intensification of cough, chest pain. The patient independently took ambroxol 1 tablet 3 times/day and paracetamol situationally. Physical examination results: a moderately severe condition. Cyanosis of the lips, pale moist skin. Mucous membranes are pink and moist. Heart sounds are muffled and rhythmic. Heart rate is 105 beats per minute. Blood pressure is 110/70 mm Hg. The borders of relative cardiac dullness are within normal limits. The chest is of normal shape, the left half lags behind during breathing. Percussion reveals shortening of the sound in the subscapular region on the left, crepitation is also heard there. Respiratory rate is 26 per minute. The abdomen is not enlarged, painless on superficial palpation. Liver dimensions on percussion: 9x8x7 cm, the edge of the liver is along the edge of the costal arch, not

		palpable. The spleen is not palpable. The stool is regular, formed, without pathological impurities. No costovertebral angle (CVA) tenderness detected. Diuresis is normal. On the X-ray a decrease in the transparency of the pulmonary pattern in the region of the lower lobe of the left lung is noted. Complete blood count: red blood cells (erythrocytes) - 4.8 x x10^{12}/L, hemoglobin -123 g/L, white blood cells (leukocytes) - 11.8x10^{9}/L, erythrocyte sedimentation rate (ESR) -31 mm/hour. Antibacterial therapy was prescribed: azithromycin 500 mg intravenously, mucolytic agents, anticoagulant therapy. On the 3rd day of treatment, the intoxication syndrome increased, body temperature increased to 40 C, cough became more frequent, sputum became purulent and increased in amount to 100 mL/day. CT was performed: a cavity up to 1.5 cm in diameter was detected in the lower lobe on the left.
Q	1	Question: What is the diagnosis?
Q	2	Question: What other examination methods should be used to clarify the diagnosis?
Q	3	Question: What treatment should be prescribed to this patient?
Q	4	Question: How do you explain the change in the clinical picture of the disease on the 3rd day of the patient's treatment?
Q	5	Question: What diseases should be considered for differential diagnosis?

Case Study No.3 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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient K., 55, was hospitalized in the therapeutic department of the hospital after the referral of his local therapist with complaints of expiratory dyspnea with minimal physical

		exertion, an increase in body temperature to 38.2°C, periodic cough with scant mucopurulent sputum, dull pain along the back of the chest in the lower third triggered by deep breathing or coughing, general weakness. The first symptoms of the disease appeared after patient spent time in a room with a draft (cold air current) 3 days prior, and included general weakness, an increase in body temperature to 37.5C for 2 days and up to 38.5C on the third day, the appearance and intensification of cough, chest pain. The patient independently took ambroxol 1 tablet 3 times/day and paracetamol situationally. Physical examination results: a moderately severe condition. Cyanosis of the lips, pale moist skin. Mucous membranes are pink and moist. Heart sounds are muffled and rhythmic. Heart rate is 105 beats per minute. Blood pressure is 110/70 mm Hg. The borders of relative cardiac dullness are within normal limits. The chest is of normal shape, the left half lags behind during breathing. Percussion reveals shortening of the sound in the subscapular region on the left, crepitation is also heard there. Respiratory rate is 26 per minute. The abdomen is not enlarged, painless on superficial palpation. Liver dimensions on percussion: 9x8x7 cm, the edge of the liver is along the edge of the costal arch, not palpable. The spleen is not palpable. The stool is regular, formed, without pathological impurities. No costovertebral angle (CVA) tenderness detected. Diuresis is normal. On the X-ray a decrease in the transparency of the pulmonary pattern in the region of the lower lobe of the left lung is noted. Complete blood count: red blood cells (erythrocytes) - 4.8 x x10^{12}/L, hemoglobin -123 g/L, white blood cells (leukocytes) - 11.8x10^{9}/L, erythrocyte sedimentation rate (ESR) -31 mm/hour. Antibacterial therapy was prescribed: azithromycin 500 mg intravenously, mucolytic agents, anticoagulant therapy. On the 3rd day of treatment, the intoxication syndrome increased, body temperature increased to 40 C, cough became more frequent, sputum became purulent and increased in amount to 100 mL/day. CT was performed: a cavity up to 1.5 cm in diameter was detected in the lower lobe on the left.
Q	1	Question: What is the diagnosis?
A		Correct answer: 1) Community-acquired pneumonia 2) in the lower left lobe 3) severe 4) abscess formation with pus breaking through into the bronchus
R2	Very good	The preliminary diagnosis was formulated correctly
R1	Good/Satisfactory	All diagnostic points are indicated except 2. 2 and/or 4 diagnostic points are not indicated, but 1 and 3 must be indicated.
R0	Fail	Incorrect answer was provided
Q	2	Question: What other examination methods should be used to clarify the diagnosis?
A		Correct answer: General sputum analysis; Microbiological examination of sputum at least 3 times; Sputum for AFB, at least 3 times;

		Blood for HIV. Biochemical blood test (total protein + fractions, C- reactive protein, procalcitonin, AST, ALT, bilirubin, urea, creatinine); Urinalysis, bronchoscopy; Control CT of the abdominal cavity within 10-14 days or earlier if necessary (worsening of the condition, appearance of additional clinical signs of damage to the respiratory organs and pleura).
R2	Very good	Full correct answer was provided
R1	Good/Satisfactory	All points, except 2 or 1 were specified. All points, except 3 were specified
R0	Fail	Incorrect answer was given or less than 4 examinations were named
Q	3	Question: What treatment should be prescribed to this patient?
A		Correct answer: Parenteral antibacterial therapy with broad-spectrum antibiotic agents is indicated: third-generation cephalosporins, respiratory fluoroquinolones or carbapenems/macrolides, mucolytics (for example, acetylcysteine).
R2	Very good	All possible treatment methods were listed in full
R1	Good/Satisfactory	All points, except 2 or 1 were specified. All points, except 3 were specified
R0	Fail	Incorrect answer was given
Q	4	Question: How do you explain the change in the clinical picture of the disease on the 3rd day of the patient's treatment?
A		Correct answer: The abscess broke through into the bronchus, which was accompanied by increased coughing and an increase in the amount of purulent sputum with an unpleasant odor.
R2	Very good	Full correct answer was provided
R1	Good/Satisfactory	Full answer was provided, but there were minor mistakes. Correct answer was provided, but no explanation was given
R0	Fail	Incorrect answer was given
Q	5	Question: What diseases should be considered for differential diagnosis?
A		Correct answer: 1. Lung cancer with paracancerous pneumonia and destruction of lung tissue. 2. Pulmonary aspergillosis. 3. Pulmonary tuberculosis. 4. Bronchiectasis.
R2	Very good	All 4 points were indicated in full
R1	Good/Satisfactory	3 points were indicated in full. 2 points were indicated in full.
R0	Fail	Less than 2 points were specified

Case Study No.4

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action

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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient V., 40 years old, presents with belt-like abdominal pain, nausea. For 5 years, he has been noticing similar pains that occur after violating his diet (consuming fatty foods and alcohol). Medical history: smokes 10 cigarettes a day for 15 years. Abuses alcohol. His father has a gastric ulcer. Physical examination results: The condition is satisfactory, undernourished. The skin is clean and dry, the pulse is 70 beats per minute, rhythmic, blood pressure is 130 and 80 mm Hg. Vesicular breathing in the lungs. The abdomen is soft on palpation, moderately distended, painful in the epigastric region and in the left abdominal area (positive Mayo-Robson symptom - pain on palpation in the area of the left costovertebral angle). Stool is mushy, frequent - 3 times a day.
Q	1	Question: What is the clinical diagnosis?
Q	2	Question: What examination methods should be performed?
Q	3	Question: What are the main objectives of conservative therapy for chronic pancreatitis? List the treatment principles
Q	4	Question: What types of pancreatitis are distinguished based on etiology?
Q	5	Question: What are the main complications of this disease?

Case Study No.4 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	UC-1	Is able to analyze of problems critically using system approach and devise a plan of action
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	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
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
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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient V., 40 years old, presents with belt-like abdominal pain, nausea. For 5 years, he has been noticing similar pains that occur after violating his diet (consuming fatty foods and alcohol). Medical history: smokes 10 cigarettes a day for 15 years. Abuses alcohol. His father has a gastric ulcer. Physical examination results: The condition is satisfactory, undernourished. The skin is clean and dry, the pulse is 70 beats per minute, rhythmic, blood pressure is 130 and 80 mm Hg. Vesicular breathing in the lungs. The abdomen is soft on palpation, moderately distended, painful in the epigastric region and in the left abdominal area (positive Mayo-Robson symptom - pain on palpation in the area of the left costovertebral angle). Stool is mushy, frequent - 3 times a day.
Q	1	Question: What is the clinical diagnosis?
A		Correct answer: Chronic pancreatitis with exocrine insufficiency, painful form. Exacerbation.
R2	Very good	Correct and full diagnosis was made
R1	Good/Satisfactory	Correct diagnosis was made, stage of the disease was not identified. Only the disease itself was named correctly.
R0	Fail	Incorrect answer was provided
Q	2	Question: What examination methods should be performed?
A		Correct answer: Laboratory tests: Complete blood count. Biochemical blood test. Determination of alpha-amylase and lipase in blood serum. For diagnostics of exocrine pancreatic insufficiency – determination of pancreatic elastase-1 activity in feces. Glycosylated hemoglobin, blood glucose, glucose tolerance test. Coprogram. Determination of fat content in feces. Instrumental methods: transabdominal ultrasound, CT scan of abdominal organs, retrograde cholangiopancreatography.
R2	Very good	Correct and full answer was provided
R1	Good/Satisfactory	All examination methods were listed except for two. All examination methods were listed except for three
R0	Fail	Incorrect answer was made or less than half of examination methods were listed
Q	3	Question: What are the main objectives of conservative therapy

		for chronic pancreatitis? List the treatment principles
A		Correct answer: 6 main objectives of conservative therapy of chronic pancreatitis are: 1. abstinence from alcohol and smoking, regardless of the suspected etiology of the disease, limiting daily doses of alcohol and the number of cigarettes smoked per day, the duration of alcohol consumption and smoking; 2. determining the cause of abdominal pain and attempting to reduce its intensity; 3. treatment of insufficiency of the exocrine function of the pancreas; 4. detection and treatment of endocrine insufficiency in the early stages before complications develop; 5. nutritional support; 6. screening for pancreatic adenocarcinoma, especially in hereditary (familial) pancreatitis, aggravated hereditary history of pancreatic cancer, a long history of proven chronic pancreatitis, and age over 60 years. Basic treatment principles: Diet therapy: fractional meals in small portions 5-6 times a day. High protein and carbohydrate content in food is desirable, if this does not increase pain and dyspeptic symptoms. The degree of fat restriction in exocrine pancreatic insufficiency depends on the severity of steatorrhea; in most cases, fats are not limited. Patients with severe exocrine insufficiency, who, despite adequate replacement therapy, have severe steatorrhea, causing severe discomfort leading to social maladaptation, are recommended a diet containing less than 40-60 g of fat per day. Patients with intense pain syndrome are recommended periodic administration or courses of analgesics (e.g. paracetamol 1000 mg × 3 times a day) or non-steroidal anti-inflammatory drugs. If ineffective, tramadol should be preferred (no more than 400 mg/day). The duration of continuous therapy with paracetamol should not exceed 3 months with monitoring of the patient's condition and biochemical blood parameters. Replacement therapy with pancreatin in capsules at a dose of 25-40 thousand IU of lipase per main meal and 10-25 IU per additional meal. All patients receiving enzyme replacement therapy are recommended to evaluate the initial effectiveness of treatment assessing reduction in the severity of symptoms 6 months after the start of therapy. In the event that symptoms of maldigestion persist in patients receiving maximum doses of enteric-coated digestive enzyme preparations, it is recommended to prescribe gastric secretion suppressants - proton pump inhibitors in standard doses. Most patients with pancreatogenic diabetes mellitus and ineffectiveness of the appropriate diet require insulin. The diet for pancreatogenic diabetes mellitus corresponds to that for type 1 diabetes mellitus, with the exception of the need to correct malabsorption, vitamin and microelement deficiency; the appointment of fractional meals ensures the prevention of

		hypoglycemia.
R2	Very good	All main treatment objectives and principles were indicated
R1	Good/Satisfactory	All main treatment objectives and principles were indicated, but doses of medications were not specified. All main treatment objectives and principles were indicated, but specific medications were not named.
R0	Fail	Incorrect answer was provided or only half of treatment methods were indicated
Q	4	Question: What types of pancreatitis are distinguished based on etiology?
A		Correct answer: 1. Biliary-dependent 2.Alcoholic 3.Dysmetabolic 4.Infectious 5.Medicinal 6.Autoimmune 7.Ideopathic
R2	Very good	Correct and full answer was provided
R1	Good/Satisfactory	Correct answer was provided, but one type was not listed. Correct answer was provided, but two types were not listed.
R0	Fail	Incorrect answer was provided or Less than 4 types were listed
Q	5	Question: What are the main complications of this disease?
A		Correct answer: Disturbance of bile outflow and passage of duodenal contents Portal hypertension (subhepatic) Pseudoaneurysm Endocrine disorders: pancreatogenic diabetes mellitus, hypoglycemic conditions, etc. Inflammatory changes: abscess, cyst, parapancreatitis, "enzymatic" cholecystitis, pneumonia, exudative pleurisy, paranephritis. Malignancy.
R2	Very good	Correct and full answer was provided, all main complications were listed.
R1	Good/Satisfactory	Correct answer was provided, but one complication was not listed. Correct but incomplete answer was provided (only 4 main complications were listed).
R0	Fail	Incorrect answer was provided or less than 3 main complications were listed.

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.