Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Стегний Кирилл Владимирович
Должность: И.о. ректора
Дата подписания: 21.05.2026 15:27:02
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

Director of the Institute of Surgery
_____/ Kostiv E.P.
"4th" of April 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.39 Traumatology, orthopedics
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 Surgery

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**
2	**Interim assessment**	**Interview questions**
		Mini-Case Studies
		Checklists
3	**State Final Examination**	**Tests**
		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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**ANSWER TEST QUESTIONS (SELECT CORRECT ANSWER(S))**

		1. Algorithm of examination of a patient with an injury includes 1. patient interview, X-ray, examination of the site of the injury 2. examination of the site of the injury, collecting information on the patient's complaints and medical history, patient interview, X-ray 3. collecting information on the patient's complaints, examination of the site of the injury, patient interview, collecting information on the patient's medical history, X-ray +4. collecting information on the patient's complaints, patient interview, collecting information on the patient's medical history, general examination, examination of the site of the injury, additional methods of examination (X-ray, ultrasound, puncture, etc.) **2. Detailed identification of patients' complaints** 1. is an optional point in the presence of a fracture +2. is the beginning of an examination 3. is not essential for making a diagnosis 4. only confuses the doctor **3. In the medical history of a patient, it is important to pay attention to** 1. the circumstances of the injury, the mechanism of the injury, and the extent of medical care provided 2. the circumstances of the injury, the time of the injury, and the extent of medical care provided 3. the circumstances of the injury, the mechanism of the injury, and the time of the injury +4. the circumstances of the injury, mechanism of the injury, date and time of the injury, and extent of medical care provided **4. In the medical history of a patient with orthopedic and traumatological conditions, it is important to pay attention to** +1. addictions / substance abuse, concomitant diseases, previous injuries, allergic reactions, social status, work history, and working and living conditions 2. addictions / substance abuse, previous injuries, allergic reactions, social status, working and living conditions 3. addictions / substance abuse, concomitant diseases, previous injuries, allergic reactions, social status, work history, and working and living conditions 4. concomitant diseases, previous injuries, allergic reactions, work history, working and living conditions **5. During the examination of the site of the injury (Status localis),** 1. it is advisable to undress the patient, assess the patient's position, pain syndrome, deformations, edema, crepitation, pathological mobility, skin condition, limb axis, and length 2. the patient's position, pain syndrome, crepitation, pathological mobility, skin condition, limb axis, length, and range of joint movements are assessed 3. the pain syndrome, crepitation, pathological mobility, skin condition, limb axis, range of joint movements are assessed +4. it is advisable to undress the patient, assess the patient's position, pain syndrome, deformities, edema, crepitation, pathological mobility, skin condition, limb axis, length, and joint range of motion

6. Data about the fracture that can be obtained by X-ray examination in standard projections includes
1. the type and degree of shortening of the limb
2. pathological mobility of the bone fragments and impaired function of the limb
+3. the presence of a fracture, its location, and the type of displacement of the fragments
4. damage to major vessels and nerves

7. A proven symptom for all bone fractures is
+1. pathological mobility and crepitation of the bone fragments
2. edema and hemorrhage in the soft tissues
3. local tenderness and impaired function
4. limb deformity

8. If the fracture site and the point of force application coincide, this indicates the _____ mechanism of injury
1. indirect
+2. direct
3. combined
4. multiple

9. The displacement of the fragments occurs as a result of
1. the mechanism of injury
+2. muscle traction
3. ligament traction
4. bone shape

10. The Hüter triangle is formed by the points at the tops of
1. the supraglenoid and coracoid processes
2. the ulnar, coracoid, and internal supraglenoid processes
+3. the supraglenoid and ulnar processes
4. the capitulum and the block of the humerus

11. Varus deviation of the limb axis is characterized by
1. X-shaped deformation
+2. O-shaped deformation
3. concave deformation
4. convex deformation

12. Valgus curvature of the limb axis is characterized by
+1. X-shaped deformation
2. O-shaped deformation
3. concave deformation
4. convex deformation

13. It is advisable to use MRI in case of
1. fracture of bones
+2. tear of the ligamentous-muscular apparatus
3. tear of major vessels
4. damage to nerve trunks

14. The true length of the upper limb is measured:

		1. from the acromial process of the scapula to the nail phalanx of the third finger of the hand in a straight line +2. from the greater tubercle of the humerus to the ulnar process + from the ulnar process to the coracoid process of the ulna 3. from the greater tubercle of the humerus to the nail phalanx of the third finger of the hand in a straight line 4. from the acromial process of the scapula to the acromial process of the ulna **15. The relative length of the upper limb is measured** +1. from the acromial process of the scapula to the nail phalanx of the third finger of the hand in a straight line 2. from the greater tubercle of the humerus to the ulnar process + from the ulnar process to the acromial process of the ulna 3. from the greater tubercle of the humerus to the nail phalanx of the third finger of the hand in a straight line 4. from the acromial process of the scapula to the acromion process of the ulna **16. Abduction and adduction of the limbs are movements** 1. in the sagittal plane +2. in the frontal plane 3. in the axial plane 4. around the longitudinal axis **17. Extension and flexion of the limb are movements** +1. in the sagittal plane 2. in the frontal plane 3. in the axial plane 4. around the longitudinal axis **18. A conventional X-ray examination makes it impossible to detect** 1. fracture or crack of a bone 2. dislocation or subluxation of a joint fragment 3. bone tumor +4. soft tissue lesion **19. The type of displacement of the fragments is determined based on** +1. X-ray images 2. angiograms 3. questioning and examination 4. ultrasound **20. Shortening of the limb is determined based on** 1. palpation 2. measuring only the damaged segment 3. X-ray of the segment +4. comparative measurements of the limbs **21. The indications for surgical treatment of a patient in shock include** 1. open bone fractures +2. continuing bleeding into the cavity, fractures with damage to the vascular-nervous bundle 3. fractures with large displacement of the fragments

4. multiple-fragment fractures

22. In the case of pelvic fractures with disruption of the continuity of the anterior and posterior sections, it is advisable to use _____ as anti-shock measures
1. Volkovich's position
+2. a rod apparatus
3. open reduction and internal stable osteosynthesis
4. only intra-pelvic blockade according to Shkolnikov-Selivanov

23. An amputation is
1. disarticulation of a limb from a joint
+2. length-wise truncation of the limb
3. crushing of the limb
4. detachment of the limb

24. Preferable device for immobilization of a hip fracture is
1. Beler's splint
2. Kramer's splint
+3. Diederichs' splint
4. Vilensky's splint

25. The length of the plaster cast for diaphyseal fractures of the lower leg should span
1. from the knee joint to the toes
2. from the upper third of the lower leg to the ankle joint
3. from the upper third of the thigh to the ankle joint
+4. from the upper third of the thigh to the base of the toes

26. The length of the plaster cast for diaphyseal fractures of the forearm bones should span
1. from the level of the shoulder blade to the fingers of the hand
+2. from the upper third of the shoulder to the fingers of the hand
3. from the lower third of the shoulder to the end of the fingers of the hand
4. from the lower third of the shoulder to the wrist

27. The type of immobilization for an impacted valgus femoral neck fracture is
+1. a de-rotational boot
2. a plaster splint
3. a large hip splint
4. a Y-shaped splint

28. The length of transport immobilization in case of fractured lower-leg bones spans from the end of the toes to
1. the upper third of the shin
2. the middle third of the thigh
+3. the upper third of the thigh
4. the lower third of the thigh

29. Immobilization for fractures of the metatarsal bones and phalanges of the toes
1. is not needed
2. includes tight bandaging

		+3. includes plaster splint up to the upper third of the shin 4. includes circular plaster cast **30. After the dislocation of the humerus is reduced, the _____ is applied:** 1. soft tissue Desault's bandage 2. plaster thoraco-brachial bandage +3. plaster Desault's bandage 4. plaster Smirnov-Weinstein bandage

Assessment criteria
"Very good" – 86-100% correct answers of questions of every level
"Good" - 71-85% correct answers of questions of every level
"Satisfactory" - 50-70% correct answers of questions of every level
"Unsatisfactory" - less than 50% 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	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**ANSWER THE QUESTIONS**
		1. Transport immobilization in patients with injuries of the lower limbs. 2. Transport immobilization in patients with injuries of the upper limbs. 3. Plaster cast types. 4. Classification of prosthetic-orthopedic devices. Apparatus, braces, 4. Classification of prosthetic-orthopedic devices. Apparatus, removable joint-immobilizers, corsets, shoes, bandages, braces, prostheses. Indications. Organization of prosthetic and orthopedic care. 5. Dislocations of the acromial and sternal ends of the clavicle. Etiology, classification, clinical manifestation, diagnosis, treatment. 6. Fractures of the clavicle. Mechanism of injury. Typical displacements. Clinical manifestation. Classification. Conservative treatment methods. Surgical immobilization. Complications. 7. Dislocations of the shoulder. Mechanism of injury. Clinical manifestation. Classification. Treatment methods. Complications. 8. Habitual dislocation of the shoulder. Clinical manifestation, diagnostics, surgical treatment. Types of surgical interventions. 9. Fractures of the proximal humerus. Clinical manifestation, diagnosis, treatment.

		10. Fractures of the diaphysis of the humerus. Classification, typical fragment displacements. Clinical manifestation, diagnosis, treatment. 11. Supracondylar fractures of the shoulder. Classification. Clinical manifestation, diagnosis, treatment. 12. Intra-articular injuries of the elbow joint. Etiology, classification, clinical manifestation, diagnosis, treatment. Specifics of injuries of this area. 13. Dislocations of the forearm. Etiology, classification, clinical manifestation, diagnosis, treatment. 14. Fractures of the diaphysis of the radius and ulna. Typical displacements. Diagnosis, treatment. Monteggia, Galeazzi fractures. 15. Typical fracture of the radius (Colles' fracture). Clinical manifestation, diagnosis, treatment. 16. Dislocations of the hand in the wrist joint. Etiology, classification, clinical manifestation, diagnosis, treatment. 17. Dislocations of the metacarpal bones and phalanges of the fingers. Clinical manifestation, diagnosis, treatment. 18. Hip dislocations. Mechanism of injury. Classification, clinical manifestation, diagnosis, first aid, treatment. 19. Medial femoral neck fractures. Classification. Clinical manifestation, diagnosis, emergency medical aid, general principles of treatment. 20. Fractures of the trochanteric section of femur. Classification. Clinical manifestation, diagnostics, emergency medical aid. Conservative treatment. Methods of surgical immobilization. 21. Fractures of the diaphysis of the femur. Classification, typical displacements, clinical manifestation, diagnosis, conservative and surgical treatment. 22. Fractures of the condyles of the femur and tibia. Classification, clinical manifestation, emergency medical aid, treatment. 23. Fractures of the patella. Clinical manifestation, diagnosis, treatment. 24. Injuries of the menisci of the knee joint. Clinical manifestation, diagnosis, treatment. 25. Injuries of the lateral ligaments of the knee joint. Mechanism of injury. Clinical manifestation, diagnosis, treatment. 26. Injuries of the cruciate ligaments of the knee joint. Mechanism of injury. Clinical manifestation, diagnosis, treatment. 27. Fractures of the diaphysis of the lower leg bones. Classification, clinical manifestation, diagnosis, treatment, duration of temporary disability. 28. Fractures of the ankle joint. Classification, types of displacements, clinical diagnosis, treatment. 29. Fractures of the bones of the foot. Classification of fractures of the calcaneus and talus. Clinical manifestation, diagnosis, treatment. 30. Fractures of the bones of the metatarsus, tarsus, phalanges of the toes. Mechanism of injury. Clinical manifestation, diagnosis. Methods of conservative and surgical treatment. 31. Fractures and dislocations at the Chopart and Lisfranc joints. Mechanism of injury. Clinical manifestation, diagnosis, treatment. 32. Dislocations of the lower leg. Etiology, classification, clinical manifestation, diagnosis, treatment.

		33. Dislocations in the ankle joint. Subtalar dislocation of the foot. Dislocation of the talus. Etiology, classification, clinical manifestation, diagnosis, treatment. 34. Closed soft tissue injuries. Contusions. Sprains. Tears. 35. Injuries of the muscles and tendons. Achilles tendon rupture. Clinical manifestation, diagnosis, treatment. Types of sutures. Specifics of applying a plaster cast. 36. Injuries of the rotator cuff of the shoulder. Clinical manifestation, diagnosis, treatment. 37. Rupture of the tendon of the biceps brachii muscle. Clinical manifestation, diagnosis, treatment. 38. Rupture of the quadriceps femoris muscle. Clinical manifestation, diagnosis, treatment. 39. Rupture of patellar tendon. Clinical manifestation, diagnosis, treatment. 40. Injuries of the tendons of the extensors of the hand. Etiology, classification, clinical manifestation, diagnosis, treatment. 41. Injuries of the flexor tendons of the fingers and wrist. Diagnosis and surgical treatment. Types of tendon sutures. 42. Injuries of the ligaments of the ankle joint. Mechanism of injury. Clinical manifestation, diagnosis, treatment. 43. Nerve damage. The main symptoms of damage to the radial, ulnar, median, sciatic, and fibular nerves. Treatment. 44. Cervical spine injury. Classification, clinical manifestation, aspects of X-ray examination, treatment. 45. Fractures of the thoracic and lumbar spine. Classification, clinical manifestation, diagnosis, transportation of patients. 46. Methods of treatment of fractures of the thoracic and lumbar spine. 47. Fractures of the pelvic bones. Clinical manifestation, diagnosis, treatment. 48. Malgaigne fractures of the pelvis. Classification. Mechanism of injury. Clinical manifestation, diagnosis, treatment. 49. Closed injuries of the spine and spinal cord. Classification. Patient examination algorithm. Treatment. 50. Pelvic wounds. Classification. Symptoms and diagnosis. Medical care at the stages of medical evacuation. 51. Polytrauma. Classification. Concomitant and multiple traumatic injuries. Specifics of progression. Treatment. 52. Multimodal injuries. Definition and classification. Radiation and chemical multimodal injuries. Clinical features. Principles of osteoarthritis of the joints. Etiology, pathogenesis, clinical manifestation, treatment. Diagnosis, treatment. 53. Acquired foot deformities in adults (Hallux valgus). Clinical manifestation, conservative and surgical treatment. 54. Tumors of the bones. Classification. Diagnostics. Treatment of malignant tumors. 55. Osteochondropathies. Classification. Clinical manifestation, diagnosis. Conservative and surgical treatment. 56. Congenital hip dislocation. Etiology, pathogenesis. Classification. 57. Congenital hip dislocation. Early clinical signs. 56. Congenital hip dislocation. Late clinical signs, X-ray diagnostics. 59. Conservative treatment of congenital hip dislocation.

		57. Congenital hip dislocation. Indications for surgical treatment. Principles of surgical interventions. 61. Congenital muscular torticollis. Etiology. Pathogenesis. Clinical manifestation, early diagnosis. 61. Congenital muscular torticollis. Conservative treatment. 63. Congenital muscular torticollis. Indications for surgical treatment. Principles of surgical interventions. 64. Acquired muscular torticollis. Grisel's syndrome. Cervical spine sprain. Etiology, clinical manifestation, conservative treatment. 65. Congenital clubfoot, etiology, clinical manifestation, diagnosis, conservative treatment. 66. Congenital clubfoot, etiology, clinical manifestation, diagnosis, surgical treatment 67. Scoliosis. Classification, clinical manifestation, treatment. The concept of scoliotic disease. 68. Acute post-traumatic osteomyelitis. Etiology, clinical manifestation, treatment. 69. Chronic post-traumatic osteomyelitis. Etiology, clinical manifestation, treatment. 70. Bone tissue regeneration. Impaired fracture healing. Complications in the treatment of fractures: non-consolidated fractures, false joints. 71. Gunshot wounds, Classification. Specifics of modern gunshot wounds. Mechanism of action of the wounding projectile. Morphological and functional changes in tissues of a gunshot wound. 72. Gunshot wound. Ballistics of a wounding projectile. Wound canal. Clinical manifestations. 73. Crush syndrome, etiology, pathogenesis, classification, phases of development. 74. Purulent wound infections. Varieties of purulent infection, Principles of local and general treatment at the stages of medical evacuation. 75. Anaerobic infection. Pathogens (causative agents). Clinical manifestations. Diagnostics. Treatment. Tetanus. Etiology and pathogenesis. Local and general signs. Basic principles of tetanus treatment. 76. Anaerobic gas gangrene. Pathogens (causative agents). Clinical manifestations. Diagnostics. Treatment. 77. Amputations of limbs. Indications, Selection of amputation level. Types of amputations. 78. Bleeding and blood loss. Acute bleeding. Mechanism behind development of severe pathological reactions. 79. Injuries of the large blood vessels. Classification. Diagnostics. Principles of treatment at the stages of medical evacuation. 80. Organization of blood transfusion. Principles of infusion-transfusion therapy. Infusion-transfusion media used to correct acute blood loss. Post-infusion reactions during transfusion of blood and its components. Diagnosis and treatment. The main complications of blood transfusion. Diagnosis and treatment. 81. Classification of hemorrhages. Clinical manifestation of bleeding and acute blood loss. 82. Definition of traumatic shock. The frequency and severity of shock in modern warfare. Pathogenetic factors of traumatic shock, its phases.

		83. Aspects of progression and clinical manifestations of shock in patients with various localizations of wounds and traumatic injuries. Classification. Complex shock therapy. Treatment measures depending on the severity of the shock. 84. Clinical manifestations of traumatic shock. Aspects of progression of shock in the elderly and children. Treatment principles.

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.39 Traumatology, orthopedics** 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	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An elderly, overweight woman was walking on an icy sidewalk. She slipped and fell on the palm of her outstretched right hand. She experienced severe pain in her wrist joint and visited an emergency room. Patient examination results: the right wrist joint is swollen, movement is very painful and limited. There is a distinct "bayonet-like" deformity of the joint (the distal fragment, along with the wrist, is displaced towards

		the back). Palpation of the dorsal surface of the joint is painful. Axial load causes increased pain at the injury site.
Q	1	Question: make a preliminary diagnosis
Q	2	Question: name additional methods of examining the patient
Q	3	Question: name the type of anesthesia
Q	4	Question: name the type of treatment for the patient
Q	5	Question: name the type of immobilization for the injured area

Case Study No.1 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An elderly, overweight woman was walking on an icy sidewalk. She slipped and fell on the palm of her outstretched right hand. She experienced severe pain in her wrist joint and visited an emergency room. Patient examination results: the right wrist joint is swollen, movement is very painful and limited. There is a distinct "bayonet-like" deformity of the joint (the distal fragment, along with the wrist, is displaced towards the back). Palpation of the dorsal surface of the joint is painful. Axial load causes increased pain at the injury site.
Q	1	Question: make a preliminary diagnosis
A		Correct answer: Closed flexion fracture of the Colles' right radius in a typical location with displacement of the bone fragments
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: name additional methods of examining the patient
A		Correct answer: Patient interview (complaints, anamnesis, circumstances of the injury, mechanism of the injury), examination, palpation, examination of the sensitivity of the fingers and pulsation on

		the radial artery, X-ray of the right wrist joint in two projections (direct and lateral)
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: name the type of anesthesia
A		Correct answer: Local infiltration anesthesia (blockade) of the fracture site with 1% novocaine solution - 20 mL.
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: name the type of treatment for the patient
A		Correct answer: The type of treatment is conservative. Closed one-stage manual reduction of the fracture. Matching the bone fragments according to the reverse mechanism of the injury, setting the peripheral fragment according to the central fragment, and eliminating all types of displacements
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: name the type of immobilization for the injured area
A		Correct answer: Required type of fracture immobilization is a plaster splint on the back surface of the right forearm from the heads of the metacarpal bones to the upper third of the forearm, without fixing the elbow joint. The limb is positioned between supination and pronation, with the hand in the "gripping a tennis ball" position
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

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	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** 18-year-old patient B presents to the emergency room with complaints of pain in the left shoulder blade, which increases with movement in the shoulder joint and radiates to the fingers. From the patient's medical history, it was revealed that two hours prior, during a sports competition, the patient hit his left shoulder on the ground while running. The pain appeared immediately. After examining the patient, the sports team doctor applied a sling to the affected area and advised the patient to visit the emergency room. Physical examination results: the patient is of average build, left arm is pressed against the body, the shoulder is lowered and shortened. The affected limb is supported by the right hand. There is swelling, hematoma, and visible deformation in the middle part of the left clavicle. Palpation reveals pathological mobility of the bone fragments, crepitation, and the protruding central fragment of the clavicle with tension of the skin above it (risk of skin perforation by the fragment). The left hand is pale, its temperature is reduced, and the pulse on the radial artery of the left forearm is weakened. Decreased tactile sensitivity on the 5th and 4th fingers of the hand is also noted. The range of motion in the hand is full. When the shoulder is raised and the patient is lying down, the pulse on the radial artery improves
Q	1	Question: make a preliminary diagnosis
Q	2	Question: What is a possible accompanying complication in fractures of the clavicle body?
Q	3	Question: justify the identification of accompanying complication
Q	4	Question: List the scope of examination of the patient at the outpatient stage and the options of treatment tactics. Name the type of immobilization of the injured limb
Q	5	Question: Choose and justify the most appropriate method of treatment for this patient

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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** 18-year-old patient B presents to the emergency room with complaints of pain in the left shoulder blade, which increases with movement in the shoulder joint and radiates to the fingers. From the patient's medical history, it was revealed that two hours prior, during a sports competition, the patient hit his left shoulder on the ground while running. The pain appeared immediately. After examining the patient, the sports team doctor applied a sling to the affected area and advised the patient to visit the emergency room. Physical examination results: the patient is of average build, left arm is pressed against the body, the shoulder is lowered and shortened. The affected limb is supported by the right hand. There is swelling, hematoma, and visible deformation in the middle part of the left clavicle. Palpation reveals pathological mobility of the bone fragments, crepitation, and the protruding central fragment of the clavicle with tension of the skin above it (risk of skin perforation by the fragment). The left hand is pale, its temperature is reduced, and the pulse on the radial artery of the left forearm is weakened. Decreased tactile sensitivity on the 5th and 4th fingers of the hand is also noted. The range of motion in the hand is full. When the shoulder is raised and the patient is lying down, the pulse on the radial artery improves
Q	1	Question: make a preliminary diagnosis
A		Correct answer: Closed complicated fragmented fracture of the middle 1/3 of the left clavicle with displacement
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: What is a possible accompanying complication in fractures of the clavicle body?
A		Correct answer: Complication: compression of the branches of the brachial plexus and the subclavian artery

R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: justify the identification of accompanying complication
A		Correct answer: The mechanism of injury is high-energy. In this case, there is a fragmentation fracture and a significant displacement of the fragments leads to compression of the branches of the brachial plexus and the subclavian artery, which pass between the 1st rib and the clavicle
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: List the scope of examination of the patient at the outpatient stage and the options of treatment tactics. Name the type of immobilization of the injured limb
A		Correct answer: Clarification of the patient's complaints, the mechanism of injury, the time from the moment of injury, the amount of care provided to admission, and medical history (presence of concomitant diseases), Examination of the patient, comparative assessment of anatomical zones, study of local status (palpation). Checking for distal blood flow and neurological disorders in the injured limb. Radiography of the left clavicle area: usually in one straight anteroposterior projection. Immobilization of the limb with a Kramer splint, or a Desault's bandage. Transportation to a hospital. Next, an ultrasound duplex scan of the upper limb vessels. Consultation with a vascular surgeon and a neurologist. If there are symptoms of damage (compression) to the subclavian vessels and the brachial plexus, surgery is performed: open reduction of the fragments and osteosynthesis of the clavicle. Given that the pulse on the radial artery normalizes when the fragments are displaced (due to the weight of the injured limb being removed by the patient's horizontal position), a conservative treatment option is possible: closed reduction and fixation with a Smirnov-Weinstein plaster cast for 4-5 weeks
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: Choose and justify the most appropriate method of treatment for this patient

A		Correct answer: With symptoms of damage to subclavian vessels and brachial plexus, surgical intervention is performed: open reposition of fragments and osteosynthesis of the clavicle. Considering that at moments that reduce the displacement of fragments (excluding the weight of the damaged limb due to the horizontal position of the patient), pulsation on the radial artery normalizes, a conservative treatment option is possible: closed reposition and fixation with a Smirnov-Weinstein plaster cast for a period of 4-5 weeks. In this case, there is a fracture of the clavicle with dislocation of fragments, complicated by compression of the subclavian artery, this is a relative indication for open reposition and osteosynthesis. Monitoring the restoration of blood flow with a closed reposition confirms the possibility of using such therapeutic tactics, especially in a regional hospital. The order of the closed reposition of clavicle fragments and the method of fixation are indicated
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient O., 60 years old, fell on his right side. He was admitted to the hospital in good condition. He presents with pain in the upper third of his right thigh. The leg is rotated outward and shortened by 3 cm. There is a positive “stuck heel” symptom, a positive Giroglav symptom, and the greater trochanter is above Roser-Nélaton line
Q	1	Question: make a preliminary diagnosis
Q	2	Question: What is the scope of examination for the patient upon admission to the hospital?

Q	3	Question: Assign a plan for emergency care for the patient. Name the type of immobilization of the injured limb
Q	4	Question: name the indications for surgical treatment in this pathology
Q	5	Question: name the methods of surgical interventions

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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient O., 60 years old, fell on his right side. He was admitted to the hospital in good condition. He presents with pain in the upper third of his right thigh. The leg is rotated outward and shortened by 3 cm. There is a positive “stuck heel” symptom, a positive Giroglav symptom, and the greater trochanter is above Roser-Nélaton line
Q	1	Question: make a preliminary diagnosis
A		Correct answer: Closed medial fracture of the right hip neck with displacement
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: What is the scope of examination for the patient upon admission to the hospital?
A		Correct answer: Examination of the patient, patient interview, clarification of the circumstances of the injury, concomitant diseases, examination of the local status. X-ray of the hip joint in two projections, laboratory tests of blood and urine, ECG, X-ray of the chest.
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified

		The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: Assign a plan for emergency care for the patient. Name the type of immobilization of the injured limb
A		Correct answer: Immobilization of the limb with a derotation (anti-rotation) boot. Blockage of the fracture site with 1%-20% novocaine solution, closed manual single-stage reduction, and skeletal traction for the calcaneus with a load of 5-6 kg
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: name the indications for surgical treatment in this pathology
A		Correct answer: Non-wedged medial fractures of the femoral neck (subcapital, transcervical), persistent displacement of the fragments, aseptic necrosis of the femoral head
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: name the methods of surgical interventions
A		Correct answer: Fixation with three compression screws or endoprosthetics
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient

C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 19-year-old girl fell on her outstretched arm during a sports training session. She experienced severe pain and dysfunction in her right elbow joint. The joint is deformed, and the ulnar process is visible under the skin on the back of the joint. The forearm is shortened. There is no movement in the joint. The triangle and Hüter's line are disrupted. There is a positive "springy resistance" symptom
Q	1	Question: make a preliminary diagnosis
Q	2	Question: Describe the scope of first aid for the patient. Name the type of immobilization of the injured limb
Q	3	Question: name the scope of examination of the patient upon admission to the hospital
Q	4	Question: name the possible complications of this type of injury
Q	5	Question: outline the plan for providing emergency care to the patient

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	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-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 19-year-old girl fell on her outstretched arm during a sports training session. She experienced severe pain and dysfunction in her right elbow joint. The joint is deformed, and the ulnar process is visible under the skin on the back of the joint. The forearm is shortened. There is no movement in the joint. The triangle and Hüter's line are disrupted. There is a positive "springy resistance" symptom
Q	1	Question: make a preliminary diagnosis
A		Correct answer:

		Fresh, uncomplicated posterior dislocation of the bones of the right forearm
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: Describe the scope of first aid for the patient. Name the type of immobilization of the injured limb
A		Correct answer: 1. Medication analgesia 2. Cold on the area of injury 3. Transport immobilization with a sling.
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: name the scope of examination of the patient upon admission to the hospital
A		Correct answer: 1. Collection of anamnesis and clarification of the circumstances of the injury 2. Examination of the patient, study of the local status (checking sensitivity, pulsation). 3. X-ray of the elbow joint in two projections (revealed separation of articulating surfaces of the shoulder and forearm)
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: name the possible complications of this type of injury
A		Correct answer: 1. Damage to the brachial artery 2. Damage to the ulnar nerve 3. Fracture of the coronoid process of the ulna 4. Fractures of the supraglenoid bursae of the humerus
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: outline the plan for providing emergency care to the patient
A		Correct answer:

		1. Local or general anesthesia 2. Reduction of dislocation: The arm is abducted and slightly extended at the elbow joint. The doctor grasps the lower third of the shoulder with two hands. An assistant holds the wrist. The limb is traction along the axis, and the doctor with the thumbs shifts the ulnar process and the head of the radius to the front, while simultaneously pulling the shoulder to the back and using it as a point of support. If the forearm is reduced, free passive movements appear. 3. The limb is fixed with a posterior plaster cast from the upper third of the shoulder to the heads of the metacarpal bones. 4. X-ray control. Immobilization for 3-4 weeks. Physical therapy.
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

Case Study No.5

	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	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 2-year-old girl started walking late. From the patient's history, she was born in breech position. Objectively, the left lower limb is shortened by 1 cm, and the left hip joint is restricted in its abduction. The patient walks with a roll on the left side. The Trendelenburg sign is positive. By the evening, she experiences pain in the left hip joint
Q	1	Question: make a preliminary diagnosis
Q	2	Question: identify the absolute symptoms of this pathology
Q	3	Question: What additional examinations should be performed?
Q	4	Question: outline the conservative treatment at the stage of qualified care

Q	5	Question: outline the type of surgical treatment at the stage of qualified care

Case Study No.5 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 2-year-old girl started walking late. From the patient's history, she was born in breech position. Objectively, the left lower limb is shortened by 1 cm, and the left hip joint is restricted in its abduction. The patient walks with a roll on the left side. The Trendelenburg sign is positive. By the evening, she experiences pain in the left hip joint
Q	1	Question: make a preliminary diagnosis
A		Correct answer: Congenital dislocation of the left hip
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: identify the absolute symptoms of this pathology
A		Correct answer: Shortening of the limb, pain syndrome, late onset, rolling gait to the left side, positive Trendelenburg symptom
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: What additional examinations should be performed?
A		Correct answer: Overview X-ray of the pelvic bones according to Hilgenreiner
R2	Very good	The answer is correct

R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: outline the conservative treatment at the stage of qualified care
A		Correct answer: Fixation in the Vilensky splint with gradual loading of the lower extremities. Ter-Yegiazarov-Sheptun plaster immobilization. Overhead skeletal vertical traction
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: outline the type of surgical treatment at the stage of qualified care
A		Correct answer: Open reduction of the dislocation with arthroplasty, followed by plaster immobilization in the postoperative period
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

Case Study No.6

	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	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 12-year-old boy presents to an orthopedist with complaints of inability to turn his head to the right. Physical examination results: asymmetry of the facial skull is noted, the brow ridge is

		lower on the right side, the eye slit is narrower on the right, the corner of the mouth is lowered on the right, and the right clavicle is asymmetrical
Q	1	Question: make a preliminary diagnosis
Q	2	Question: identify the absolute symptoms of this pathology
Q	3	Question: What additional examinations should be performed?
Q	4	Question: outline the type of surgical treatment at the stage of qualified care
Q	5	Question: name the type of immobilization required in postoperative treatment period

Case Study No.6 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-8	Is able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 12-year-old boy presents to an orthopedist with complaints of inability to turn his head to the right. Physical examination results: asymmetry of the facial skull is noted, the brow ridge is lower on the right side, the eye slit is narrower on the right, the corner of the mouth is lowered on the right, and the right clavicle is asymmetrical
Q	1	Question: make a preliminary diagnosis
A		Correct answer: Congenital right-sided muscular torticollis
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	2	Question: identify the absolute symptoms of this pathology
A		Correct answer: Head and neck alignment, facial skeletal asymmetry
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified

		The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	3	Question: What additional examinations should be performed?
A		Correct answer: Ultrasound, MRI of the sternocleidomastoid muscle
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	4	Question: outline the type of surgical treatment at the stage of qualified care
A		Correct answer: Zatsepin method: open intersection of the heads of the altered muscle in its lower part
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect
Q	5	Question: name the type of immobilization required in postoperative treatment period
A		Correct answer: Thoraco-cervicocranial plaster bandage in the position of hypercorrection (the head is turned to the healthy side and forward, the cervical spine is tilted back) for 1 month. Then a cervical collar (neck brace) for 2 months.
R2	Very good	The answer is correct
R1	Good/Satisfactory	The answer is correct, the type of fracture is not specified The answer is correct, the type of fracture and the type of displacement are not specified
R0	Fail	The answer is incorrect

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 " Conducting examinations of patients in order to identify injuries, diseases and (or) conditions of the musculoskeletal system, establishing a diagnosis "

C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis		
F	A/02.7	Examination of the patient in order to make a diagnosis		
WA	Work activities as part of the function: Formulation of a preliminary diagnosis and preparing a plan for laboratory tests and instrumental examination of the patient			
	Action		Performed	Not Performed
1.	Patient interview (medical history, and social and professional history of patients / their legal representatives) of patients with injuries, diseases, and (or) conditions of the musculoskeletal system		1 point	-1 point
2.	Physical examination of patients with injuries, diseases, and (or) conditions of the musculoskeletal system		1 point	-1 point
3.	Interpretation and analysis of the examination results of patients with injuries, diseases, and (or) conditions of the musculoskeletal system		1 point	-1 point
4.	Formulation of a preliminary diagnosis and preparing a plan for laboratory tests and instrumental examination of patients with injuries, diseases, and (or) conditions of the musculoskeletal system		1 point	-1 point
5.	Establishing a diagnosis based on the current International Statistical Classification of Diseases and Health Problems (ICD)		1 point	-1 point
	Total		5 points	

Assessment criteria:

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

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