Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Стегний Кирилл Владимирович
Должность: И.о. ректора
Дата подписания: 21.07.2026 17:41:19
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 Pediatrics
_____/ Shumatova T.A./
"14th" of April 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.28 Pediatrics
of the basic educational program of Higher Education

Specialty	**31.05.03 Dentistry for international students (in English)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	**Full-time**
Period of mastering the BEP	**5 years** (nominal length of study)
Institute	of Pediatrics

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 31.05.03 Dentistry for international students (in English), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

(BEP HE for the 31.05.03 Dentistry 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
		Checklists
2	**Interim assessment**	**Interview Questions**

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

1. Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. Biological age is A) a set of anthropometric characteristics B) a set of functional characteristics +C) individual rate of development in general D) disproportion in the development of individual organs and systems E) the level of development of skills and abilities 2. Maximum calcium is contained in A) soy +B) cheese C) cottage cheese D) beans

E) milk

3. A bright red polished tongue is observed in patients with
+A) pernicious (B12 deficiency) anemia
B) candidiasis
C) chronic gastrointestinal diseases
D) HIV infection
E) iron deficiency anemia

4. It is recommended to use toothpaste for oral care of children starting from the age of
A) 6 months
+B) 1 year
C) 2 years
D) 3 years
E) 4 years

5. To assess the condition of the lymph nodes, _____ are examined during patient examination
A) contour, mobility, degree of inflammation
+B) size, shape, mobility, consistency, pain on palpation
C) the degree of inflammation, contour, limitation of mouth opening
D) pain on palpation, limited mouth opening
E) mobility, consistency, degree of inflammation

6. Fainting is
A) manifestation of vascular insufficiency with preservation of consciousness
B) allergic reaction
+C) loss of consciousness with weakening of muscle tone
D) loss of consciousness with convulsive syndrome
E) manifestation of vascular insufficiency with hypertonicity

7. First aid for a fracture of the lower jaw is
A) urgently send to hospital
+B) pain relief, application of a sling bandage, transportation to the hospital
C) pain relief, splinting
D) antibiotic injection
E) pain relief, fracture reduction

8. Signs of a jaw fracture are
A) bleeding, pain, swelling
+B) malocclusion, crepitus, pain
C) tooth mobility, pain, bleeding
D) contracture, pain
E) hyperemia, swelling, contracture, pain

9. In gastrointestinal diseases, the oral cavity is determined
A) decreased taste, hypersalivation
B) geographic tongue
+C) tongue coating
D) stomatitis

E) ulcerative-necrotic lesions

10. In case of leukemia, lesions that may be found in the oral cavity include
A) hyperkeratosis, aphthae
B) vesicles, hyposalivation
+C) hemorrhages, ulcerative-necrotic lesions
D) xerostomia, taste disturbances
E) geographic tongue, hypersalivation

11. In diabetes mellitus, the oral cavity may be affected with
A) hypersalivation, sialoadenia
+B) xerostomia, trophic ulcers
C) petechiae, hemangiomas, pain
D) hyperemia, cyanosis
E) hemorrhages, ulcerative-necrotic lesions

12. Aphtha is a characteristic element of the lesion
+A) acute herpetic stomatitis
B) candidal stomatitis
C) HIV infections
D) tuberculosis
E) diabetes mellitus

13. White curdy rashes are typical for
+A) candidiasis
B) ulcerative gingivitis
C) herpetic stomatitis
D) allergic stomatitis
E) HIV infection

14. The eruption of permanent teeth begins in
A) 10 years
B) 8 years
C) 7 years
+D) 6 years
E) 4 years

15. The formation of temporary and some permanent teeth begins
+A) from 14-15 weeks of embryogenesis
B) from the 5th month of the antenatal period
C) by the end of the antenatal period
D) immediately after birth
E) from the 7th day of life

16. When a newborn was first breastfed, milk appeared in his nasal passages and he started coughing. Which of the following could be the cause?
A) short frenulum of the tongue
B) tight chest
C) weak development of Bish's fat pads in the thickness of the cheeks
+D) developmental anomaly – “cleft palate”

		E) developmental anomaly - "cleft lip"
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. The criteria for assessing the biological age of schoolchildren are +A) body proportions +B) growth and weight indicators C) the number of milk teeth +D) secondary sexual characteristics +E) the number of permanent teeth 2. Diagnostic criteria for rickets include +A) bone deformation B) tremor, muscle hypertonicity +C) muscular hypotonia D) increased bone fragility +E) increased neuromuscular excitability 3. The anatomical and physiological characteristics of the nasal cavity in young children are +A) underdevelopment of cavities +B) tenderness of the mucous membrane C) cartilage density +D) narrowness of the nasal passages +E) unformed inferior nasal passage 4. A newborn baby actively suckles at the mother's breast and retains feeds well. Which of the following contributes to this? A) features of the development of the cardiac part of the stomach +B) relatively small size of the oral cavity and a large tongue C) the location of the stomach in the left hypochondrium D) horizontal position of the stomach +E) roller-shaped duplication of the gingival mucosa 5. The difficulty of palpating the lymph nodes in young children is explained by A) good development of trabeculae +B) insufficient development of the capsule +C) good development of the subcutaneous fat layer +D) small size E) good development of trabeculae
		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1 Match the following: Family history: 1. gout, hypertension 2. obesity, autoimmune diseases 3. neurodermatitis, eczema Diathesis: A. allergic B. exudative-catarrhal

		C. lymphatico -hypoplastic D. neuroarthritic 2 Match the following: Body weight deficit: 1. grade 1 hypotrophy 2. grade 2 hypotrophy 3. grade 3 hypotrophy A. over 30% B. 20-30% C. 10-20% 3 Match the following: 1st health group 2nd health group 3rd health group A Children with chronic diseases B. Healthy children C. Children from at-risk groups 4. Match the following: Age 1) 1 month 2) 1 year 3) 5 years 4) 10 years Respiratory rate per 1 minute a) 15 b) 16 - 8 c) 20 - 25 d)30-35 e) 40 - 60

Assessment criteria

"Very good" - more than 80% correct answers of questions of every level
"Good" - 70-79% correct answers of questions of every level
"Satisfactory" - 55-69% correct answers of questions of every level
"Unsatisfactory" - less than 54% correct answers of questions of every level

Interview questions

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**ANSWER THE QUESTIONS**

		1. Peculiarities of collecting anamnesis in children. Principles of ethical conduct. Relationships between doctor and parents, doctor and sick child. 2. Participation of a doctor - a tomologist - in continuous monitoring of children of different ages. 3. Childhood stages. Adaptation of children and adolescents to the environment during growth and development. 4. The influence of risk factors (endogenous and exogenous) on growth, development and manifestation of pathology in children. 5. Assessment of children's psychomotor development across age groups. The role of the social environment. The impact of alcohol, drugs, and substance abuse on the development of the fetus, child, and adolescent. 6. Assessment of physical development of children in age-related aspects. 7. Comprehensive assessment of children's health. Health groups. 8. The timing and order of teeth eruption in children. Timing of fontanelle closure and the appearance of ossification centers. 9. The benefits of breastfeeding. Principles of breastfeeding. 10. Principles of artificial feeding. Adapted formulas for feeding young children. 11. Principles of mixed feeding. 12. Indications and timing of introducing complementary foods for infants. 13. The role of vitamins and microelements in the nutrition of young children and the development of the dental system. 14. Principles of organizing nutrition for young children. 15. Principles of organizing nutrition for school-age children. 16. Early childhood, features of pathology, development of the dental system. 17. Features of the school period, the nature of the pathology. 18. Peculiarities of puberty. Observation regimen and methods. 19. Iron deficiency anemia in children. Etiology, clinical features, diagnosis, treatment, and prevention. Dystrophy. Causes of development. Clinical features and treatment. 20. Rickets in children: clinical features and diagnostics. Rickets and the development of the dental system. 21. Principles of non-specific and specific prevention of rickets. 22. Acute respiratory infections in children. Etiology, clinical features, diagnosis, treatment, and prevention. 23. Etiology, clinical features and treatment of acute bronchitis in children. 24. Acute pneumonia in young children. Etiology, clinical presentation, diagnosis, and treatment. 25. Pyelonephritis. Etiology. The role of chronic infection foci. Clinical presentation and treatment. Dentist's approach to monitoring and treating children with kidney disease. 26. Acute and chronic glomerulonephritis. Clinical

		presentation, diagnosis, and staged treatment. Patient monitoring. Dentist's approach. 27. Thrombocytopenic purpura. Clinical features, treatment, and prevention. Dentist's approach to treating dental diseases. 28. Hemorrhagic vasculitis. The role of chronic infectious foci in disease development. Clinical forms. Treatment, follow-up. Dentist's approach. 29. Hemophilia. Clinical and laboratory diagnostics. Treatment principles. Dentist's tactics for the treatment and follow-up of patients with hemophilia. 30. Dysfunctions of the biliary tract. Clinic, diagnosis, treatment, prevention. 31. Chronic gastroduodenitis. Clinical presentation, diagnosis, and treatment. Dental monitoring tactics. 32. Providing emergency care for anaphylactic shock. 33. Emergency care for hyperthermia in children. 34. First aid for seizures. 35. Providing emergency care for attacks of paroxysmal tachycardia. 36. Providing emergency care for foreign bodies in the upper respiratory tract, broncho-obstructive syndrome. 37. Disorders of phosphorus-calcium metabolism: clinical manifestations, diagnostic and treatment methods.

Assessment criteria

“Very good” - more than 91% correct answers of questions of every level
“Good” - 81-90% correct answers of questions of every level
“Satisfactory” - 71-80% correct answers of questions of every level
“Unsatisfactory” - less than 70% correct answers of questions of every level

Standardized case studies and checklists for the **Б1.О.28 Pediatrics** course

Case Study No.1

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An 8-year-old child is referred to a dentist for a consultation at the hematology department. The child is undergoing treatment for acute lymphoblastic leukemia. The child complains of a fever of 37.9-38.3°C and loss of appetite. Physical examination results: the facial skin is pale and clear. The vermilion border of the lips is dry, and whitish scales are present at the corners of the mouth. The submandibular lymph nodes are 0.5 cm in size and painless upon palpation. Dense, leathery plaques of a brownish-brown color are present on the mucous membranes

		of the lips, cheeks, and tongue. The lesions have a blotchy, polygonal appearance. Plaque is difficult to remove, and bleeding is observed from exposed erosions. The teeth are covered with a soft coating.
Q	1	Question: Formulate a diagnosis
Q	2	Question: What is the leading pathogenetic syndrome?
Q	3	Question: Dentist's tactics in this case
Q	4	Question: Urgency of intervention
Q	5	Question: The expected prognosis of the disease for this child

Case Study No.1 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An 8-year-old child is referred to a dentist for a consultation at the hematology department. The child is undergoing treatment for acute lymphoblastic leukemia. The child complains of a fever of 37.9-38.3°C and loss of appetite. Physical examination results: the facial skin is pale and clear. The vermilion border of the lips is dry, and whitish scales are present at the corners of the mouth. The submandibular lymph nodes are 0.5 cm in size and painless upon palpation. Dense, leathery plaques of a brownish-brown color are present on the mucous membranes of the lips, cheeks, and tongue. The lesions have a blotchy, polygonal appearance. Plaque is difficult to remove, and bleeding is observed from exposed erosions. The teeth are covered with a soft coating.
Q	1	Question: Formulate a diagnosis
A		Correct answer: Chemotherapeutic stomatitis - mucositis
R2	Very good	The answer is complete and correct
R1	Good/Satisfactory	The diagnosis is not fully established Only general diagnosis (stomatitis) is made
R0	Fail	Incorrect answer to the question is given
Q	2	Question: What is the leading pathogenetic syndrome?
A		Correct answer: Cellular Hyperplasia Syndrome
R2	Very good	The answer is complete and correct
R1	Good/Satisfactory	Enanthem syndrome

		Elements of the rash
R0	Fail	Incorrect answer to the question is given
Q	3	Question: Dentist's tactics in this case
A		Correct answer: 1. Antidote correction; 2. Control of microflora; 3. Cryoprophylaxis; 4. N - acetylcysteine; 5. Vitamins A , E.
R2	Very good	The answer is complete and correct
R1	Good/Satisfactory	3 points out of 5 are listed Only 1 point is mentioned
R0	Fail	Incorrect answer to the question is given
Q	4	Question: Urgency of intervention
A		Correct answer: Medical intervention is urgent
R2	Very good	The answer is complete and correct
R1	Satisfactory	Not urgent
R0	Fail	Incorrect answer to the question is given
Q	5	Question: The expected prognosis of the disease for this child
A		Correct answer: Remission
R2	Very good	The answer is complete and correct
R1	Satisfactory	Unfavorable
R0	Fail	Incorrect answer to the question is given

Case Study No.2

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An outpatient appointment with a mother and her one-month-old boy. The child is from her first pregnancy, which was complicated by polyhydramnios. From the 20th week of pregnancy, she was hospitalized due to the threat of miscarriage. The child was born on time, with a birth weight of 2800 g and a length of 48 cm. He has been vaccinated according to the schedule. The family's living conditions and financial situation are satisfactory. The mother works as a laboratory assistant at a gas

		production complex. The hereditary burden index is 0.5. The child is breastfed. On examination, there is a right-sided defect of the lip (cleft) 2 cm long and 0.5 cm wide. Examination of the oropharynx also revealed a unilateral defect of the hard and soft palate (cleft up to 2.0 cm long and 0.5 cm wide). No pathology was found in other internal organs and systems. Large fontanelle – 2.0×2.5 cm. Weight – 3600 g (3), length – 53 cm (3). Sleep is restless. Appetite is disturbed. Psychometry: vision system – smooth tracking of a moving object; focuses gaze on a stationary object; hearing system – listens intently to an adult's voice, the sound of a toy; emotions – first smile in response to an adult's conversation; movement – lying on stomach, tries to lift and hold head for up to 5 seconds
Q	1	Question: Make an assessment of the health criteria
Q	2	Question: Make a diagnosis and determine the health group of the child
Q	3	Question: Provide recommendations to the child's legal guardian regarding the child's regimen, nutrition, educational and physical interventions, indicating the number and characteristics of these interventions
Q	4	Question: Conduct prevention of borderline states
Q	5	Question: What specific prophylaxis against infectious diseases should be performed for a child under 2 months of age as part of the national calendar of preventive vaccinations?

Case Study No.2 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.03	Dentistry for international students (in English)
C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** An outpatient appointment with a mother and her one-month-old boy. The child is from her first pregnancy, which was complicated by polyhydramnios. From the 20th week of pregnancy, she was hospitalized due to the threat of miscarriage. The child was born on time, with a birth weight of 2800 g and a length of 48 cm. He has been vaccinated according to the schedule. The family's living conditions and financial situation are satisfactory. The mother works as a laboratory assistant at a gas

		production complex. The hereditary burden index is 0.5. The child is breastfed. On examination, there is a right-sided defect of the lip (cleft) 2 cm long and 0.5 cm wide. Examination of the oropharynx also revealed a unilateral defect of the hard and soft palate (cleft up to 2.0 cm long and 0.5 cm wide). No pathology was found in other internal organs and systems. Large fontanelle – 2.0×2.5 cm. Weight – 3600 g (3), length – 53 cm (3). Sleep is restless. Appetite is disturbed. Psychometry: vision system – smooth tracking of a moving object; focuses gaze on a stationary object; hearing system – listens intently to an adult's voice, the sound of a toy; emotions – first smile in response to an adult's conversation; movement – lying on stomach, tries to lift and hold head for up to 5 seconds
Q	1	Question: Make an assessment of the health criteria
A		Correct answer: 1. Criterion A is aggravated by biological history (the child is from the first pregnancy, which was complicated by polyhydramnios; from 20 weeks of pregnancy, there was a threat of termination, and the mother was hospitalized). 2. Criterion FD is not aggravated, as weight and height are in the 3rd corridor (normal weight is in the 3rd to 6th corridor, and height is in the 3rd to 7th corridor). 3. Criterion NPD is not aggravated by NPR group 1, degree 3. 4. Criterion - R - not aggravated, as the child has not had any colds during the first month of life. 5. Criterion - FS - not aggravated, as there are no indications of abnormalities in the functioning of organs and systems. 6. Criterion CD is aggravated, as the task indicates that the child has congenital malformations (there is a defect of the lip (cleft) 2 cm long and 0.5 cm wide). An examination of the oropharynx also reveals a defect in the hard and soft palate (cleft up to 1.0 cm long and 0.5 cm wide).
R2	Very good	The answer is complete and correct, additional questions are answered
R1	Good/Satisfactory	The answer is complete and correct, additional questions are not answered The answer is incomplete
R0	Fail	Incorrect answer to the question is given
Q	2	Question: Make a diagnosis and determine the health group of the child
A		Correct answer: Diagnosis: “Congenital malformation, unilateral (right) complete cleft of the hard and soft palate, cleft lip on the right, risk group for PPNS and hypotrophy.” Health group: IV.
R2	Very good	The answer is complete and correct, additional questions are answered

R1	Good/Satisfactory	The answer is complete and correct, additional questions are not answered The answer is incomplete
R0	Fail	Incorrect answer to the question is given
Q	3	Question: Provide recommendations to the child's legal guardian regarding the child's regimen, nutrition, educational and physical interventions, indicating the number and characteristics of these interventions
A		Correct answer: The regimen for this age group (0 to 3 months) No. 1 includes: feeding - 7 times every 3 hours for 20-30 minutes, awake time for 1-1.5 hours, nighttime sleep for 10-11 hours, daytime sleep for 4 periods of 2-1.5 hours. Daily nutrition: 1/5 of body weight (3600) - 720 ml, 740 ml per feeding 7 times a day, which is 103 ml of breast milk. Due to the presence of a defect, each feeding must be carried out through an obturator. Pe – physical effects – gymnastic complex No. 1 is prescribed from the age of 1.5 months and is aimed at reducing the tone of the flexors. Exercises in complex No. 1 include: stroking massage of the arms and legs; laying on the stomach; stroking massage of the back; clockwise abdominal massage; reflex crawling. Ee – educational effects – at 2 months of age and consists of stimulating the following lines of NPD: V.s. – watching a moving object for a long time – hang a toy above the child's crib; H.s. – searching head turns when there is a prolonged sound; a toy can be hung above the crib with music; E – talking to the child with different emotions (positive, questioning, etc.), forming a smile in response to an adult's conversation; M – lay the baby on their stomach and try to hold their head up for a long time.
R2	Very good	The answer is complete and correct, additional questions are answered
R1	Good/Satisfactory	The answer is complete and correct, additional questions are not answered The answer is incomplete
R0	Fail	Incorrect answer to the question is given
Q	4	Question: Conduct prevention of borderline states
A		Correct answer: Prevention of borderline conditions at 2 months of age includes: maintaining good hygiene, taking walks in the fresh air, sunbathing, and air bathing, as well as proper care of the mother's mammary glands. We prescribe Vitamin D3 at a dose of 1000 IU E once daily. Since the child’s weight and height are at the lower limit of the norm, monitor the child’s weight gain and perform a control weighing (monitoring for risk groups for protein-energy deficiency).

		For mom: recommendations for supporting breastfeeding: frequent breastfeeding, five meals a day , psychological comfort in the family
R2	Very good	The answer is complete and correct, additional questions are answered
R1	Good/Satisfactory	The answer is complete and correct, additional questions are not answered The answer is incomplete
R0	Fail	Incorrect answer to the question is given
Q	5	Question: What specific prophylaxis against infectious diseases should be performed for a child under 2 months of age as part of the national calendar of preventive vaccinations?
A		Correct answer: BCG (BCG M), first vaccination against hepatitis B , pneumococcal infection
R2	Very good	The answer is complete and correct, additional questions are answered
R1	Good/Satisfactory	The answer is complete and correct, additional questions are not answered The answer is incomplete
R0	Fail	Incorrect answer to the question is given

4. Assessment criteria for learning outcomes

"Pass" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"Fail" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Lymph node palpation technique

C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity		
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity		
	Action		Performed	Not Performed
1.	Introduce oneself, obtain the patient's consent to perform the procedure, and explain the procedure			
2.	Palpation is performed symmetrically, pressing the lymph nodes against the underlying denser tissue (muscles, bones) with gentle, stroking (transverse, longitudinal, circular) movements of the II, III and IV fingers. Conduct an examination and palpation of the **occipital lymph nodes:** • Using circular movements of the fingers of both hands, feel the area of the back of the head • palpate the lymph nodes Conduct an examination and palpation **of the parotid lymph nodes:** • Use circular movements of the fingers to feel the area of the mastoid process • Using circular movements of the fingers, feel the area in front of the earlobe and external auditory canal • palpate the lymph nodes Conduct an examination and palpation of the **submandibular lymph nodes:** • tilt the child's head slightly downwards • immobilize the child's head with the hand on the same side (when palpating on the left - with the left hand, when palpating on the right - with the right hand) • place four fingers of the half-bent other hand, palm up, under the lower edge of the jaw, pushing out the lymph nodes from there • palpate the lymph nodes Conduct an examination and palpation **of the submental lymph nodes:** • tilt the child's head down • place four fingers of a half-bent hand, palm up, in the middle of the chin area • palpate the lymph nodes towards the chin, trying to press them against the bone Conduct an examination and palpation of the **anterior cervical lymph nodes:** • with the same hand (left - left, right - right) fix the child's head, which is tilted forward and to the side • using the index and middle fingers of the opposite hand, push the sternocleidomastoid muscle back • palpate the lymph nodes on the anterior surface of the upper part of the sternocleidomastoid muscle		

	Conduct an examination and palpation **of the posterior cervical lymph nodes:** • with the same hand (on the left – left hand, on the right – right hand) immoilize the child's head, which is tilted forward and to the side • using the index and middle fingers of the opposite hand, move the muscle forward, palpating its posterior surface • it is possible to use palpation with both hands, standing behind the child Conduct an examination and palpation **of the supraclavicular lymph nodes:** • palpate the area of the supraclavicular fossa between the sternocleidomastoid and trapezius muscles Conduct an examination and palpation **of the subclavian lymph nodes:** • palpate the area of the subclavian fossa between the sternocleidomastoid and trapezius muscles Conduct an examination and palpation of the **axillary lymph nodes:** • ask the child to place their hands on their sides • insert your fingers deep into the armpit area • ask the child to lower their hands • determine the presence of lymph nodes by sliding movements along the lateral surface of the chest parallel to the midaxillary line Conduct an examination and palpation **of the thoracic (chest) lymph nodes:** • Place the II, III, IV fingers of the hands along the anterior surface of the chest under the lower edge of the pectoralis major muscle • Move the fingers towards the sternum in a circular motion • palpate the lymph nodes Conduct an examination and palpation **of the cubital (elbow) lymph nodes:** • bend the child's arm at the elbow at a right angle and hold it by the wrist with the fingers of the non-dominant hand • palpate with the fingers of the dominant hand in the medial groove of the biceps muscle and slightly above • palpate the lymph nodes Conduct an examination and palpation of the **inguinal lymph nodes:** • place the child on the bed/couch • palpate the lymph nodes using circular movements along the inguinal ligament Conduct an examination and palpation **of the femoral lymph nodes:** • place the child on the bed/couch • palpate the lymph nodes with circular movements in the upper third of the thigh along the inner surface, along the femoral arteries Conduct an examination and palpation of the **popliteal lymph nodes:** • with the child standing or lying down, bend the leg at the knee joint at a right angle • in the popliteal fossa area, palpate the lymph nodes using circular movements		

	State **the conclusion** for each palpated group of lymph nodes, indicating: • visible changes in the skin over the lymph nodes • their presence (by palpation) • number of palpable lymph nodes (single, multiple) • dimensions (in centimeters) • shapes (round, oval, flattened, etc.) • consistency (soft or dense elastic, soft, dense) • mobility • pain • adhesions between themselves, with the skin and surrounding tissues • skin temperature over the lymph nodes (normal, elevated)		
3.	Make a general conclusion on the study of peripheral lymph nodes: • number of palpable groups of lymph nodes: existing deviations from the norm with specific descriptions Assess lymph nodes according to certain criteria: • Localization: normally, the cervical, submandibular, axillary and inguinal lymph nodes (up to 3 groups) can be palpated. Other nodes are palpated less frequently. • Quantity: single (3 or less lymph nodes are palpated in each group), multiple (more than 3). In healthy children, single nodes may be palpated. • Dimensions: assessed in millimeters or centimeters. A normal lymph node size is up to 0.5-1 cm. If the nodes are enlarged, the transverse and longitudinal dimensions are assessed in centimeters. • Consistency: in healthy children the consistency of the nodes is elastic (soft or densely elastic); in case of pathology, softening or compaction may be detected. • Mobility: in healthy children the nodes are mobile, in pathological cases they are slightly mobile and immobile. • Pain or tenderness: Lymph nodes are usually painless when palpated. In case of pathology, tenderness may be detected. • Relationship to other tissues (adhesion to the skin and to each other); in healthy children, lymph nodes are not fused to each other or to surrounding tissues. In pathological cases, they may be fused to the skin and to each other, in which case they are referred to as “packets” of nodes. • Changes in the skin over the lymph nodes: normally, the color and temperature of the skin over the nodes are unchanged. In pathological cases, the skin over the node may be hot to the touch and hyperemic.		
	Total		

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

Practical Skills Assessment Checklist

Practical Skill Name: Musculoskeletal system examination

C	GPC-5	Is able to perform a patient examination in order to make a diagnosis when working to achieve objectives of professional activity		
C	GPC-6	Is able to prescribe, monitor the efficacy and safety of non-pharmacological and pharmacological treatment when working to achieve objectives of professional activity		
	Action		Performed	Not Performed
1.	1 Briefly explain to the child or the child's guardian the course of the upcoming examination The examination should be performed from top to bottom in a lying, sitting, and standing position with straight legs and arms hanging freely at their sides. The child is asked to walk, squat, bend and straighten their legs, arms, etc. 2 Obtain oral consent from the child or the child's legal guardian			
2.	Inspection Examine the head: • front, side, back Make the conclusion and indicate: • head shapes • pathological shape of the skull (if any) • relationships between the facial and cranial skull • symmetry of the brow ridges • symmetry of the eye slits • symmetry of the nasolabial folds • symmetry of the ears Assess the condition of your teeth and bite: • ask the child to open his mouth • take a spatula and, moving the lips and cheeks with it, visually assess the condition of the teeth and count their number Make the conclusion and indicate: • number of teeth (baby and/or permanent) • dental formula • color and condition of enamel • tooth shapes • presence of carious teeth • bite type Examine the chest: • sequentially from the front, side, back Make the conclusion and indicate: • ratio of the anteroposterior and lateral dimensions of the chest • severity of supraclavicular fossae • size of the epigastric angle • directions of the ribs in the lateral parts of the chest • position of the shoulder blades relative to the ribs • ratio of the upper and lower thoracic aperture • conclusions on the shape of the chest (based on the characteristics described above) • presence/absence of chest deformities • if there are any deformations, describe them Examine the spine: • with the patient standing in front, on the side, or behind • in the position of the patient's torso tilted forward • ask the patient to lean firmly against the wall with his head, torso, and heels Make the conclusion and indicate: • front symmetrical arrangement:			

	■ shoulders ■ clavicles ■ waist triangles ■ superior anterior iliac spines • behind the symmetry of the location: ■ shoulders ■ angles of the shoulder blades ■ waist triangles • from the side, indicating the presence and severity of spinal curves: ■ cervical lordosis ■ thoracic kyphosis ■ lumbar lordosis ■ sacral kyphosis • when leaning forward: ■ deviations of the line connecting the spinous processes to the side ■ the presence of protrusion or retraction of groups of spinous processes (anteriorly, posteriorly) • assess posture, assess Forestier's symptom Examine the upper limbs: • Make the conclusion and indicate: ■ symmetry ■ shortening ■ deformations ■ proportionality of the length of the shoulders, forearms, and hands ■ proportionality of the length of the upper limbs relative to the length of the body and height 11. Look at the lower limbs: Make the conclusion and indicate: • symmetry of the legs • symmetry of the gluteal folds •number of folds on the inner thighs (for children in the first year of life) • shortening • deformations • proportionality of the length of the thighs and shins; • proportionality of the length of the lower limbs relative to the length of the torso and height 12. Examine the foot and assess the condition of the arches of the foot: • ask the patient to take a kneeling position on a horizontal surface, with the feet hanging freely • draw the first line on the foot from the center of the heel to the middle of the base of the 1st (big) toe • draw a line on the foot from the center of the heel to the space between the second and third toes • assess the position of the inner arch of the foot in relation to the lines 13. Make the conclusion and indicate • condition of the arch of the foot (absence/presence of flat feet and its degree)		
	Total		

Assessment criteria:

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

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