

№ЛД-21ИИ

**Federal State Budgetary Educational Institution of Higher Education "North-Ossetia State Medical Academy" of the Ministry of Healthcare of the Russian Federation**

**Department of Internal Diseases № 3**

APPROVED  
by the minutes of the meeting  
of the Central Coordinating  
Educational and Methodological Council  
"23" May 2023 № 5

**THE EVALUATION MATERIALS**

**General medical practice (assistant to an outpatient clinic doctor),  
partially implemented in English**

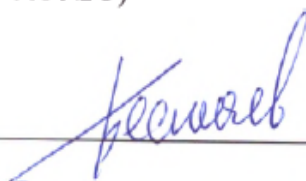
the main professional educational program of higher education is the specialty program  
in the specialty 31.05.01 General Medicine, partially implemented in English, approved  
on 24.05.2023

**for** students of the Faculty of Medicine 5th year

**by specialty** 31.05.01 General Medicine

Reviewed and approved at the meeting of the Department  
dated February 03, 2021. (Protocol № 3)

Head of the Department, MD.



Bestaev D. V.

**Vladikavkaz 2023**

## **STRUCTURE OF THE EVALUATION MATERIALS**

1. Title page
2. The structure of the evaluation materials
3. Review of the evaluation materials
4. Passport of evaluation materials
5. Set of evaluation materials:
  - a bank of situational tasks/practical tasks/business games
  - standards of test tasks (with title page and table of contents),
  - examination tickets /test tickets

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ  
УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ  
ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА  
ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ  
РЕЦЕНЗИЯ**

**на оценочные материалы**

**по производственной практике Практика общеврачебного профиля (помощник  
врача амбулаторно-поликлинического учреждения) образовательная программа,  
частично реализуемая на английском языке**  
для студентов 5 курс  
по специальности 31.05.01 Лечебное дело

Оценочные материалы составлены на кафедре внутренних болезней № 3 на  
основании рабочей программы учебной дисциплины Практика по получению первичных  
профессиональных умений и опыта профессиональной деятельности, в том числе научно-  
исследовательская работа (помощник врача амбулаторно-поликлинического учреждения)  
**образовательная программа, частично реализуемая на английском языке, утвержденная  
24.05.2023г.**

и соответствуют требованиям ФГОС 3++ Лечебное дело  
Оценочные материалы включают в себя:

- банк ситуационных задач/практических заданий/деловых игр,
  - эталоны тестовых заданий (с титульным листом и оглавлением),
  - экзаменационные билеты

Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют рабочей программе **производственной практике Практика общеврачебного профиля (помощник врача амбулаторно-поликлинического учреждения)** и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Банк содержит ответы ко всем тестовым заданиям и задачам.

Количество экзаменационных билетов достаточно для проведения экзамена и исключает неоднократное использование одного и того же билета во время экзамена в одной академической группе в один день. Экзаменационные билеты выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет включает в себя 3 вопросов. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной дисциплины.

Дополнительно к теоретическим вопросам предлагается банк ситуационных задач (анализы, рецепты, рентгенограммы, электрокардиограммы и т.д.)/ практических заданий/ деловых игр. Ситуационные задачи (и др.) дают возможность объективно оценить уровень усвоения студентом теоретического материала при текущем, промежуточном, итоговом контроле. Сложность вопросов в экзаменационных билетах распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы программы производственной практики **Практика общеврачебного профиля (помощник врача амбулаторно-поликлинического учреждения) образовательная программа, частично реализуемая на английском языке** способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемые оценочные материалы по **производственной практике Практика общеврачебного профиля (помощник врача амбулаторно-поликлинического учреждения)**

образовательная программа, частично реализуемая на английском языке может быть рекомендован к использованию для текущей и промежуточной аттестации на лечебном факультете у студентов 5 курса.

Рецензент:

Главный врач ГБУЗ «Поликлиника №1»  
РСО-Алания



З.В. Мецаева

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ  
УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ  
ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА  
ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ**

**РЕЦЕНЗИЯ  
на оценочные материалы**

**по производственной практике Практика общеврачебного профиля (помощник  
врача амбулаторно-поликлинического учреждения) образовательная программа,  
частично реализуемая на английском языке  
для студентов 5 курс  
по специальности 31.05.01 Лечебное дело**

Оценочные материалы составлены на кафедре внутренних болезней № 3 на основании рабочей программы учебной дисциплины Практика по получению первичных профессиональных умений и опыта профессиональной деятельности, в том числе научно-исследовательская работа (помощник врача амбулаторно-поликлинического учреждения) образовательная программа, частично реализуемая на английском языке, утвержденная 24.05.2023г.

и соответствуют требованиям ФГОС 3++ Лечебное дело

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Количество экзаменационных билетов достаточно для проведения экзамена и исключает неоднократное использование одного и того же билета во время экзамена в одной академической группе в один день. Экзаменационные билеты выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет включает в себя 3 вопросов. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной дисциплины.

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Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы программы производственной практики **Практика общеврачебного профиля (помощник врача амбулаторно-поликлинического учреждения) образовательная программа, частично реализуемая на английском языке** способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемые оценочные материалы по **производственной практике Практика общеврачебного профиля (помощник врача амбулаторно-поликлинического учреждения) образовательная программа, частично реализуемая на английском языке** может быть

рекомендован к использованию для текущей и промежуточной аттестации на лечебном факультете у студентов 5 курса.

Рецензент:

Председатель ЦУМК

естественно-научных и математических дисциплин  
с подкомиссией экспертизы учебных материалов,  
доцент кафедры химии и физики

ВЕРНО: специалист по кадрам отдела  
кадров и документооборота  
ФГБОУ ВО ССГМА Минздрава России



\_\_\_\_\_ 20 \_\_\_\_ г.



Н.И. Боцева

**Passport of the evaluation materials for**  
the discipline Practice of obtaining primary professional skills and professional experience, including research work  
(assistant to a doctor of an outpatient clinic), partially implemented in English

<b>№i/o</b>	<b>Name of the supervised section (topic) of the discipline/module</b>	<b>Name of the supervised section (topic) of the discipline/module</b>	<b>Name of the evaluation tool</b>
1	2	3	4
<b>Type of control</b>	<b>Current/Intermediate</b>		
<b>1.</b>	structure of outpatient polyclinic care to the population of the Russian Federation, registration of medical documentation	EPC-1 EPK -4 EPC 6 EPC -7 EPC -8 EPC-11 PC-4 PC-5	test control, a bank of situational tasks/practical tasks/business games, examtickets
<b>2.</b>	Medical work (diagnosis, treatment and rehabilitation of diseases of internal organs in outpatient practice)	EPC-1 EPK -4 EPC 6 EPC -7 EPC -8 EPC-11 PC-4 PC-5	test control, a bank of situational tasks/practical tasks/business games, examtickets
<b>3.</b>	Preventive work in the polyclinic (participation in dispensary, periodic examinations, sanitary work)	EPC-1 EPK -4 EPC 6 EPC -7 EPC -8 EPC-11 PC-4 PC-5	test control, a bank of situational tasks/practical tasks/business games, examtickets
<b>4.</b>	Examination of temporary disability in a polyclinic	EPC-1 EPK -4 EPC 6 EPC -7 EPC -8 EPC-11 PC-4 PC-5	test control, a bank of situational tasks/practical tasks/business games, examtickets
<b>5.</b>	Emergency care in a polyclinic	EPC-1 EPK -4 EPC 6 EPC -7 EPC -8 EPC-11 PC-4 PC-5	test control, a bank of situational tasks/practical tasks/business games, examtickets

\*The name of the supervised section (topic) or topics (sections) of the discipline/ module is taken from the work program.

### **Questions for the interim certification**

1. Structure of outpatient polyclinic care for the population of the Russian Federation
2. The list of polyclinic documentation to be filled in by the district general practitioner when detecting diseases
3. Types of temporary disability
4. General rules for the issuance and registration of a disability certificate. The procedure for issuing a certificate of disability to nonresidents.
5. The procedure for issuing a sick leave for the care of a sick family member (adult, child)
6. The procedure for issuing a sick leave for diseases
7. The procedure for issuing a sick leave for pregnancy and childbirth
8. The procedure for issuing a sick leave for prosthetics and quarantine
9. The procedure for issuing a disability certificate for the period of sanatorium treatment and medical rehabilitation
10. Rules of registration of medical documentation in case of household injury
11. Maximum permissible periods of temporary disability in long-term patients
12. Tasks and functions of Medical Commissions
13. Tasks and functions of the Bureau of Medical and Social Expertise
14. The concept of long-term or permanent disability
15. Instructions for determining disability groups
16. Goals and objectives of medical examination
17. Principles of rehabilitation of therapeutic patients in outpatient settings
18. Types of rehabilitation in outpatient conditions
19. The main criteria for the effectiveness of medical examination of the adult population
20. Health status groups (based on the results of medical examination)
21. . The second stage of medical examination
22. The first stage of medical examination (screening)
23. The procedure for conducting medical examinations of certain groups of the adult population
24. The main tasks of a general practitioner during medical examination. The list of documents to be filled in by the doctor during the medical examination.
25. Diagnosis and treatment in outpatient polyclinic conditions of patients with acute respiratory infections and influenza. Indications for hospitalization
26. Diagnosis and treatment in outpatient polyclinic conditions of patients with bronchial asthma. Indications for hospitalization
27. Diagnosis and treatment in outpatient polyclinic conditions of patients with acute bronchitis.
28. Diagnosis and treatment in outpatient polyclinic conditions of patients with chronic obstructive bronchitis. Indications for hospitalization
29. Diagnosis and treatment in outpatient polyclinic conditions of patients with community-acquired pneumonia. Indications for hospitalization
30. Diagnosis and treatment in outpatient polyclinic conditions of patients with hypertension. Indications for hospitalization
31. Diagnosis and treatment in outpatient polyclinic conditions of patients with coronary heart disease - angina pectoris. Indications for hospitalization.
32. Diagnostics, prehospital care and rehabilitation in outpatient polyclinic conditions of patients with myocardial infarction. Indications for hospitalization.
33. Diagnosis and treatment in outpatient polyclinic conditions of patients with circulatory insufficiency. Indications for hospitalization
34. Diagnosis and treatment in outpatient polyclinic conditions of patients with pericarditis. Indications for hospitalization.
35. Diagnosis and treatment in outpatient polyclinic conditions of patients with myocarditis. Indications for hospitalization
36. Diagnosis and treatment in outpatient conditions of patients with gastroesophageal reflux disease (GERD)
37. Diagnosis and treatment in outpatient conditions of patients with chronic gastritis.
38. Diagnosis and treatment in outpatient polyclinic conditions of patients with gastric ulcer and duodenal ulcer.
39. Diagnosis and treatment in outpatient polyclinic conditions of patients with chronic pancreatitis. Indications for hospitalization.
40. Diagnosis and treatment in outpatient polyclinic conditions of patients with non-calculous cholecystitis. Indications for hospitalization
41. Diagnosis and treatment in outpatient polyclinic conditions of patients with gallbladder dyskinesia.
42. Diagnosis and treatment in outpatient polyclinic conditions of patients with chronic glomerulonephritis
43. Diagnosis and treatment in outpatient polyclinic conditions of patients with chronic pyelonephritis
44. Diagnosis and treatment of urinary tract infection on an outpatient basis. Indications for hospitalization.
45. Diagnosis and treatment of CRF in outpatient settings. Indications for hemodialysis.
46. Diagnosis and treatment in outpatient polyclinic conditions of patients with iron deficiency anemia
47. Diagnosis and treatment in outpatient polyclinic conditions of patients with B12- and folate-deficient anemia
48. Diagnosis and treatment in outpatient conditions of patients with rheumatoid arthritis



49. Diagnosis and treatment in outpatient polyclinic conditions of patients with Osteoarthritis.
50. Diagnosis and treatment in outpatient polyclinic conditions of patients with Gout
51. Diagnosis and treatment in outpatient polyclinic conditions of patients with SLE.
52. Diagnosis and treatment in outpatient polyclinic conditions of patients with SSD
53. Diagnosis and treatment in outpatient settings of patients with seronegativespondyloarthritis (reactive arthritis, ankylosing spondyloarthritis)
54. Prehospital medical care for an attack of angina pectoris
55. Prehospital medical care for acute coronary syndrome
56. Prehospital medical care for hypertensive crisis
57. Prehospital care for rhythm disorders (paroxysmal tachycardia, atrial fibrillation)
58. Prehospital medical tactics for pulmonary edema
59. Prehospital medical tactics for an attack of asthma
60. Prehospital medical tactics for anaphylactic shock
61. Prehospital medical tactics for fainting, collapse.

**Federal State Budgetary Educational Institution  
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Federation**

**Department of Internal Diseases № 3**

**Faculty Medical Course 5**

**Discipline Practice in obtaining primary professional skills and professional experience, including research work (assistant to a doctor of an outpatient clinic), partially implemented in English**

**Situational task № 1**

Patient G., 29 years old, seamstress, complains of headaches, palpitations, increasing in the evening, irritability, periodically - dizziness, sweating. Objectively: The general condition is satisfactory, the skin of the usual color, hands and feet with a cyanotic tinge, moist. Emotionally labile. In the lungs, vesicular respiration, BDD 16 in 1 min. The heart is the boundaries of relative cardiac dullness within the normal range, the heart tones are of sufficient sonority, the rhythm is correct, tachycardia. Pulse 118 in 1 min, blood pressure 140/90 mm Hg The abdomen is soft, painless on palpation. Additional studies: general blood and urine analysis within normal limits. On the ECG: the electric axis is not deflected, sinus arrhythmia, heart rate 86 in 1 min. Chest X-ray is normal. Consultation of an optometrist - the fundus is within normal limits, consultation of a neurologist - no organic pathology has been revealed.

1. Formulate a diagnosis.
2. Conduct a medical and labor expertise
3. Make a treatment plan for the patient

**Head of the department, dmsBestaev D.V.**

**Federal State Budgetary Educational Institution  
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**Situational task № 2**

Patient T., 65 years old, complains of pain, interruptions in the heart, a feeling of tightness behind the sternum, shortness of breath when walking 250-300 m, heaviness in the right hypochondrium, weakness. Objectively: The general condition is of moderate severity, the skin is of ordinary color, the lower extremities are pasty. In the lungs, against the background of vesicular respiration in the lower parts, moist small-bubbly wheezes are heard, BDD 20 in 1 min. Heart: the boundaries of relative cardiac dullness are expanded to the left (3.5 cm outward from the left mid-clavicular line). Auscultation: tones are muted, arrhythmic, systolic noise at the apex, tachycardia, pulse 102 in 1 min.,. Blood pressure 140\95 mm Hg The abdomen is soft, painful on palpation in the right hypochondrium, the liver protrudes from the edge of the rib arch by 3 cm, the edge is rounded. Additional studies: Blood cholesterol 7 mmol/l, beta-lipoproteins 6 g/l, blood sugar 5.4 mmol/l. On the ECG: hypertrophy of the left ventricle, polytopic extrasystole, impaired myocardial blood supply in the septum and apex.

- 1 . Formulate a diagnosis
2. What is the cause of systolic noise
3. Make a treatment plan
4. Make a medical examination plan

**Head of the department, dmsBestaev D.V.**

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#### **Situational task № 3**

Patient C, 20 years old, student. Complains of an increase in body temperature to subfebrile figures, shortness of breath with little physical exertion, palpitations, pain in the knee and elbow joints, weakness. As a child, he often had sore throats. 3 weeks ago I suffered another sore throat, and 5 days ago the above complaints appeared. On examination: the skin of the usual color, the left knee joint with exudative manifestations, painful on palpation. Tonsils are loose, enlarged. Body temperature 37.3 O. Heart: the boundaries of relative cardiac dullness are expanded to the left by 2 cm. Auscultation: I tone is muted at the top, there is also a gentle systolic noise (amplified in the position on the left side), pulse - 94 in 1 minute, blood pressure 110/70 mm Hg. In the lungs, respiration is vesicular. The abdomen is soft, painless on palpation, the liver and spleen are not enlarged. Stool, diuresis is normal.

1. Make a preliminary diagnosis
2. Additional studies to confirm the diagnosis
3. Prescribe treatment to the patient.
4. Determine the forecast in relation to military service

**Head of the department, dmsBestaev D.V.**

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#### Situational task № 4

Patient V., 35 years old, complains of pain, swelling and restriction of movements in the proximal interphalangeal joints of the hands, metacarpophalangeal joints, swelling of the left ankle joint, morning stiffness until 12 o'clock in the afternoon. Anamnesis : I got sick 1 year ago, when the swelling in the ankle joints first appeared. 3 months ago, there were pains, swelling and limited movements in the small joints of the hands, morning stiffness in them. Objectively: The skin is of normal color, the peripheral lymph nodes are not enlarged. There is an increase in volume and hyperthermia of the proximal interphalangeal joints of the hands, metacarpophalangeal, wrist and left ankle joints, restrictions of movement in them. In the lungs - vesicular breathing, no wheezing. Heart: tones of sufficient sonority, the rhythm is correct, the pulse is 76 in 1 min., blood pressure is 110/70 mm Hg. The abdomen is soft, painless on palpation, the liver and spleen are not palpated. Additional research : General blood test : Er.4.2x10<sup>12</sup>/l, Hb 112 g/l, Leukocytes 4.5x10<sup>9</sup>/l, ESR 40 mm /h; rheumatoid factor 1:320; Urinalysis within normal limits, biochemical blood parameters without deviations from the norm. On the ECG, the rhythm is sinus, no pathological changes were detected. Radiography of the hands and feet: regional osteoporosis was revealed in the area of the proximal interphalangeal joints of the hands.

1. Your diagnosis.
2. Treatment plan
3. Medical examination.

**Head of the department, dmsBestaev D.V.**

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**Discipline Practice in obtaining primary professional skills and professional experience, including research work (assistant to a doctor of an outpatient clinic), partially implemented in English**

#### Situational task № 5

Patient B., 45 years old, complains of pain in the epigastric region after eating (especially coarse, spicy, smoked and plentiful food); nausea, belching of eaten food, heartburn, bloating, diarrhea after milk and plentiful food; weakness, irritability. Anamnesis of the disease: 10 years ago, there were aching pains in the epigastric region after acute and coarse food. After 4 years, belching and nausea appeared. At the same time, milk intolerance appeared (bloating, diarrhea). The last 2 years, heartburn, weakness, weight loss up to 5 kg per year have been added to the complaints. Objectively: the condition is satisfactory. The skin is clean, dry. In the lungs, breathing is vesicular, there is no wheezing, BDD up to 14 in 1 min. Heart: the heart tones are of sufficient sonority, the rhythm is correct, the pulse is 76 in 1 min, the blood pressure is 130/85 mm Hg. The tongue is overlaid with a white-yellow coating, the abdomen is soft, with palpation there is pain in the epigastric region.the projection area of the pancreas. Liver, spleen are not enlarged. Results of additional studies : General blood test: Er.3,3x10<sup>12</sup>/l, Hb 110 g / l, Color.pok .110 g/l, Leukocytes 6,4x10<sup>9</sup>/l, ESR 16 mm/h; Total bilirubin 12.0 mmol/l; Total protein 71 g / l; AlAT 14 IU, AsAT 12 IU; Cholesterol 4.16 mmol / l FGDS : the esophagus is without features, the cardia does not completely close, the mucosa of the antral part of the stomach body is thinned and smoothed, pH- metry is a significant decrease in the acid-forming function of the stomach, HP+++ were found in gastrobiopates. Bacteriological examination of feces: moderate degree of dysbiosis (a decrease in the number of bifidum bacteria and an increase in the number of E. coli with weakened enzymatic properties.

1. What is your diagnosis?
2. Make a treatment plan.
- 3 The scheme of dispensary observation

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**Practical task/Business Game № 1**

Ivanov A.A., 50 years old, Diagnosis: Chronic obstructive bronchitis in the acute stage  
Apply for a sick leave for 18 days.

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**Practical task/Business Game № 2**

Apply for a sick leave for 10 days:  
Patient Asanova E.P., 45 years old, diagnosis: Hypertension 2 art. Hypertensive crisis of the 1st order.

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**Practical task/Business Game № 3**

A patient suffering from bronchial asthma and hypertension complains of the appearance of a dry cough. She takes beclomethasone, kapoten daily and salbutamol for breathing difficulties 2-3 times a week.

1. specify the most likely cause of dry cough
2. specify the severity of BA

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**Practical task/Business Game № 4**

The patient has a sick list for acute respiratory viral infections from 18.03 to 22.03. He came to the reception on 26.03 with objective symptoms of focal pneumonia. How should I apply for a sick leave ? Prescribe treatment.

**Head of the department, dmsBestaev D.V.**

№ЛД-21ИИ

**Federal State Budgetary Educational Institution of Higher Education "North- Ossetia State Medical Academy" of the Ministry of Healthcare of the Russian Federation**

**Department of Internal Diseases № 3**

**Benchmarks of test tasks**

on the discipline of Practice in obtaining primary professional skills and professional experience, including research work (assistant to a doctor of an outpatient clinic)

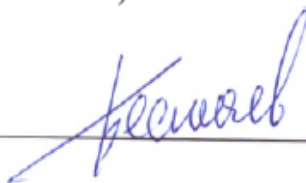
the main professional educational program of higher education is the specialty program in the specialty 31.05.01 General Medicine, partially implemented in English, approved on 24.05.2023

for students of the Faculty of Medicine \_\_\_\_\_ 5th year

by specialty \_\_\_\_\_ 31.05.01 General Medicine

Reviewed and approved at the meeting of the Department  
dated February 03, 2021. (Protocol № 3)

Head of the Department, MD. \_\_\_\_\_



Bestaev D. V.

**Vladikavkaz 2023**

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\*The name of the supervised section (topic) or topics (sections) of the discipline/ module is taken from the work program.

1. THE DUTIES OF THE DISTRICT PHYSICIAN DO NOT INCLUDE

- a) provision of medical care
- b) referral to sanatorium treatment
- c) determination of disability group
- d) issuance of a disability certificate

2. THE NORMATIVE NUMBER OF THE POPULATION AT THE THERAPEUTIC SITE

- a) 1000 people
- b) 1,700 people
- c) 2500 people
- d) 5000 people

3. SYMPTOMS OF MALIGNANT ARTERIAL HYPERTENSION

- a) High blood pressure (more than 220/130 mmHg)
- b) Severe fundus damage
- c) Impaired kidney function
- d) Hypertensive encephalopathy
- e) All of the above

4. MITRAL STENOSIS IS MOST OFTEN A CONSEQUENCE OF

- a) Rheumatism
- b) Infectious myocarditis
- c) Bacterial myocarditis
- d) Systemic lupus erythematosus
- e) Atherosclerosis

5. OUTCOMES OF FIRST-TIME ANGINA PECTORIS

- a) Clinical recovery
- b) Development of myocardial infarction
- c) Transition to a stable form
- d) Sudden death
- e) All of the above

6. What signs are characteristic of cardiogenic shock?

- 1) arterial hypotension;
- 2) pulse pressure more than 30 mm Hg;
- 3) bradycardia;
- 4) oliguria;
- 5) correct 1 and 4

7. OF THE FOLLOWING RISK FACTORS FOR ATHEROSCLEROSIS, THE MOST IMPORTANT IS

- a) overweight
- b) hypercholesterolemia
- c) psycho-emotional stress
- d) physical inactivity

8. The basic means in outpatient patients in the treatment of chronic heart failure include everything except:

- 1) ACE inhibitors;
- 2) diuretics;
- 3) cardiac glycosides;
- 4) beta blockers;
- 5) calcium antagonists.

9. THE CRITERION OF CHRONIC BRONCHITIS (WHO) IS THE DURATION COUGH

- a) At least 6 months a year for 2 consecutive years
- b) More than 4 months in a given year
- c) At least 3 months a year for 2 consecutive years
- d) At least 2 months a year for 3 consecutive years

10. ABOUT THE ALLERGIC NATURE OF BRONCHIAL ASTHMA IN THE ANALYSIS



#### SPUTUM EVIDENCE

- a) Eosinophils
- b) The presence of alveolar epithelial cells
- c) Leukocytes
- d) Koch bacteria