

№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
On "Outpatient therapy. Training simulation course 2"**

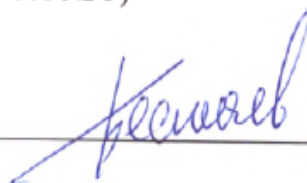
the main professional educational program of higher education is the specialty program
in the specialty 31.05.01 General Medicine, partially implemented in English, approved
on 24.05.2023.

for students of the Faculty of Medicine 5th, 6th 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 tools
5. *Set of evaluation tools:*
 - questions to the module
 - bank of situational tasks/practical tasks/business games
 - standards of test tasks
 - 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 дисциплине **«Поликлиническая терапия. Обучающий симуляционный курс 2»**,
образовательная программа, частично реализуемая на английском языке

для лечебного факультета

5,6 курс

по специальности 31.05.01 Лечебное дело

Оценочные материалы составлены на кафедре внутренних болезней № 3

на основании рабочей программы дисциплины **«Поликлиническая терапия. Обучающий симуляционный курс 2» образовательная программа, частично реализуемая на английском языке**, утвержденная 24.05.2023 г. и соответствуют требованиям ФГОС 3++ «Лечебное дело»

Оценочные материалы включает в себя:

- вопросы к модулю,
- 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 **«Поликлиническая терапия. Обучающий симуляционный курс 2» образовательная программа, частично реализуемая на английском языке** 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 вопроса. 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 обучающимися теоретического материала при текущем контроле успеваемости, промежуточной аттестации. Сложность вопросов в экзаменационных билетах распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

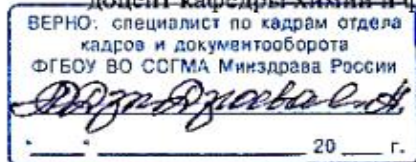
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Рецензируемые оценочные материалы по дисциплине **«Поликлиническая терапия. Обучающий симуляционный курс 2» образовательная программа, частично реализуемая на английском языке** могут быть рекомендованы к использованию для текущей и промежуточной аттестации на лечебном факультете у обучающихся 5,6 курса.

Рецензент:

Председатель ЦУМК

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



Н.И. Божилова

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ
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ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ**

РЕЦЕНЗИЯ

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Рецензент:

Главный врач ГБУЗ «Поликлиника №1»
РСО-Алания



З.В. Мецаева

**Passport of the evaluation materials for
"Outpatient therapy. Training simulation course 2", partially implemented in English**

№i/o	Name of the supervised section (topic) of the discipline/module	The code of the competence being formed (stage)	Name of the evaluation tool
1	2	3	4
Type of control	Current/Intermediate		
1	The practical activity of the district therapist of the polyclinic is the medical examination of patients with a therapeutic profile in the conditions of the polyclinic. Principles of rehabilitation in outpatient settings	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
2	Hypertension syndrome	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
3	Pain syndrome in the left half of the chest	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
4	Respiratory diseases	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
5	Abdominal pain syndrome and dyspeptic syndrome	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
6	Urinary syndrome	EPC -1 EPC -4 EPC -6	test control, questions for the module, a bank of situational tasks /practical

		EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	tasks/ business games, tickets for the test / exam
7	Anemicsyndrome	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
8	Articularsyndrome	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
9	Subfebrilityandfebrilesyndrome	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam
10	Outpatient rehabilitation for coronary heart disease, hypertension, bronchial asthma, peptic ulcer	EPC -1 EPC -4 EPC -6 EPC -7 EPC -8 EPC -11 PC-4 PC-5 PC-6	test control, questions for the module, a bank of situational tasks /practical tasks/ business games, tickets for the test / exam

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

Questions about the module

Questions for module № 1 (IX semester)

1. Organizational activity of the district therapist of the polyclinic.
2. Types of temporary disability.
3. Therapeutic and diagnostic activity of the district therapist of the polyclinic.
4. Rehabilitation of patients with a therapeutic profile in a polyclinic.
5. Examination of temporary disability. The procedure for issuing a certificate of disability for caring for a sick family member (adult, child).
6. Preventive activities of the district therapist of the polyclinic.
7. Medical examination - goals and objectives. Groups of dispensary observation.
8. The main indicators for assessing the quality and effectiveness of medical examination.
9. Prolonged or permanent disability. Criteria for determining disability groups.
10. Features of the work of a district general practitioner with adolescents
11. Examination of temporary disability in a polyclinic (types, causes)
12. Oncological alertness in the work of the district doctor.
13. Medical examination of patients with chronic non-communicable diseases (CHD, AH, BA) in a polyclinic.
14. Features of somatic pathology during pregnancy.
15. Documents to be filled in by the district doctor.

Questions for module № 2 (IX semester)

1. Influenza and acute respiratory infections of the upper respiratory tract. Definition. Diagnostics. Treatment.
2. Sore throats. Definition. Etiology, pathogenesis. Classification. Diagnostics. Treatment. Prevention. Temporary disability.
3. Bronchial asthma. Definition. Etiology, pathogenesis, classification.
4. Bronchial asthma. Clinical picture. Diagnostics.
5. Bronchial asthma. Differential diagnosis. Differential diagnosis.
6. Bronchial asthma. Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.
7. Acute bronchitis. Etiology, pathogenesis, clinic, diagnosis, treatment, temporary disability, prevention.
8. Chronic bronchitis. Etiology, pathogenesis, clinic, diagnosis, treatment, temporary disability, medical examination, prevention.
9. Chronic obstructive pulmonary disease. Definition. Etiology, pathogenesis.
10. Chronic obstructive pulmonary disease. Classification. Clinical picture.
11. Chronic obstructive pulmonary disease. Diagnosis, differential diagnosis.
12. Chronic obstructive pulmonary disease. Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.
13. Community-acquired pneumonia. Definition. Etiology, pathogenesis.
14. Community-acquired pneumonia. Classification, clinical picture.
15. Community-acquired pneumonia. Diagnosis, differential diagnosis.
16. Community-acquired pneumonia. Treatment. Temporary disability. Prevention.

Questions for the module (X semester)

1. Functional dyspepsia. Classification. Clinical picture.
2. Functional dyspepsia. Diagnostic criteria. Differential diagnosis.
3. Functional dyspepsia. Treatment, course and prognosis.
4. Chronic gastritis. Etiology and pathogenesis. Classification.
5. Chronic gastritis. Clinical picture.
6. Chronic gastritis. Diagnostics. Differential diagnosis.
7. Chronic gastritis. Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.
8. Peptic ulcer of the stomach and duodenum. Definition. Etiology and pathogenesis. Classification.
9. Peptic ulcer of the stomach and duodenum. Clinic. Diagnostics.
10. Peptic ulcer of the stomach and duodenum. Differential diagnosis.
11. Peptic ulcer of the stomach and duodenum. Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.
12. Gastroesophageal reflux (reflux-esophagitis). Definition. Etiology and pathogenesis.
13. Gastroesophageal reflux (reflux-esophagitis). Clinic. Classification.
14. Gastroesophageal reflux (reflux-esophagitis). Diagnostics. Differential diagnosis.
15. Gastroesophageal reflux (reflux-esophagitis). Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.

16. Irritable bowel syndrome. Definition. Etiology and pathogenesis.
17. Irritable bowel syndrome. Clinic. Diagnostics. Differential diagnosis.
18. Irritable bowel syndrome. Treatment. Temporary disability. Medical examination. Prevention.
19. Chronic pancreatitis. Definition. Etiology and pathogenesis. Classification.
20. Chronic pancreatitis. Clinic. Diagnostics.
21. Chronic pancreatitis. Treatment. Treatment. Temporary disability. Medical examination. Prevention. Spa treatment.
22. Syndromes of the operated stomach. Classification. Pathogenesis. Clinic.
23. Syndromes of the operated stomach. Classification. Pathogenesis. Clinic.
24. Syndromes of the operated stomach. Diagnostics. Treatment. Examination of temporary disability (ETD). Medical examination.
25. Chronic diseases of the biliary tract. Definition. Etiology and pathogenesis. Classification.
26. Chronic diseases of the biliary tract. Clinic. Diagnostics. Differential diagnosis.
27. Chronic diseases of the biliary tract. Treatment. ETD. Medical examination. Current and forecast.
28. Cholelithiasis. Definition. Etiology and pathogenesis. Definition. Etiology and pathogenesis.
29. Cholelithiasis. Clinic, diagnosis, treatment. ETD. Medical examination.
30. Postcholecystectomy syndrome. Definition. Clinic. Treatment. ETD. Medical examination.

Questions for the module (XI semester)

1. Definition, etiology, pathogenesis of coronary artery disease (ischemic heart disease). Proven risk factors for coronary heart disease. Clinical classification of coronary heart disease.
2. Definition, pathophysiology, classification of angina pectoris. Stable angina pectoris of tension: definition, clinical picture, atypical manifestations and equivalents of angina pectoris of tension. Modern classification of the severity of angina pectoris.
3. Treatment of stable angina pectoris: goals and tactics of treatment, the main aspects of non-drug treatment of angina pectoris, principles of drug treatment of angina pectoris (justification of the choice of drugs and a brief description of the main groups of drugs), antianginal (anti-ischemic) therapy, criteria for the effectiveness of treatment.
4. ACS (acute coronary syndrome): definition, pathogenesis, diagnostic methods, risk stratification based on the principles of evidence-based medicine. Medical and surgical methods of treatment of ACS. Tactics of management of patients with ACS.
5. Myocardial infarction: definition, etiology, pathogenesis. Classification. Clinical picture. Laboratory and instrumental diagnostic methods. Proven diagnostic significance of tests to determine biomarkers of myocardial infarction.
6. Thrombolytic therapy for myocardial infarction: methodology, indications and contraindications, evaluation of effectiveness, complications.
7. Complications of acute myocardial infarction: cardiac arrhythmia and conduction, acute heart failure, cardiogenic shock, Dressler syndrome, thromboembolic complications. Clinic, diagnosis, treatment.
8. Rational pharmacotherapy of Acute left ventricular heart failure: treatment goals, general approaches, choice of drug therapy (indications for use and brief description of drugs), mechanical methods of blood circulation support, features of treatment of AHF depending on the cause of decompensation.
9. CHF (chronic heart failure). Definition, principles of diagnosis: symptoms, instrumental and laboratory diagnostics, stress tests. Classification of degrees of severity of CHF (NYHA). An algorithm for the diagnosis of chronic heart failure based on national recommendations for the diagnosis and treatment of CHF.
10. Goals of CHF treatment, ways to achieve these goals. Non-drug and drug treatment of CHF based on the principles of evidence-based medicine. Indications for hospitalization.
11. Arterial hypertension (AH): definition, pathophysiology, clinic, diagnosis. Classification of hypertension according to the recommendations of the All-Russian Scientific Society of Cardiologists. Criteria for risk stratification based on the principles of evidence-based medicine.
12. Management tactics of patients with arterial hypertension: therapy goals, general principles, lifestyle change measures, drug therapy (choice of antihypertensive drug, effective combinations), indications for hospitalization.
13. Emergency conditions in hypertension. Acute complications. Differentiated emergency therapy of hypertensive crisis.
14. Symptomatic hypertension: classification, clinic, diagnosis, treatment, complications.
15. Myocarditis: definition, etiology, pathogenesis, clinic, diagnosis, treatment.
16. Cardiomyopathy (hypertrophic, dilated): definition, forms, clinic, diagnosis, treatment, prognosis.
17. Unstable angina pectoris. Clinic, diagnosis, treatment.

Questions for the module (XII semester)

1. Definition, etiology, pathogenesis, classification of glomerulonephritis.
2. Verification of the diagnosis of CGN (complaints, anamnesis, examination, laboratory and instrumental research

methods)

3. Differential diagnosis of CGN
4. Indications for hospitalization, treatment of CGN
5. Prevention, examination of temporary disability (ETD), clinical observation of CGN.
6. Definition, etiology, pathogenesis, classification of CP.
7. Verification of the diagnosis of CP (complaints, anamnesis, examination, laboratory and instrumental research methods)
8. Indications for hospitalization, treatment of CP.
9. Prevention, examination of temporary disability (ETD), dispensary observation of CP.
10. CKD. Definition. Stages of CKD.
11. Verification of the diagnosis (complaints, anamnesis, examination, laboratory and instrumental research methods)
12. Indications for hospitalization, treatment of CKD.
13. Prevention, examination of temporary disability (ETD), clinical observation of CKD.
14. RA. Definition. Classification.
15. Verification of RA diagnosis (complaints, anamnesis, examination, laboratory and instrumental research methods)
16. Special clinical syndromes of RA.
17. Differential diagnosis of RA.
18. Indications for hospitalization, treatment of RA
19. Prevention, examination of temporary disability (ETD), dispensary observation of RA.
20. OA. Definition, form, localization, presence of synovitis, radiological stage, FC.
21. Verification of the diagnosis of OA (complaints, anamnesis, examination, laboratory and instrumental research methods)
22. Indications for hospitalization, treatment of OA.
23. Prevention, examination of temporary disability (ETD), dispensary observation of OA.
24. Ankylosing spondylitis. Definition. Stage, activity, ASDAS index, FC, complications.
25. Verification of the diagnosis of ankylosing spondylitis (complaints, anamnesis, examination, laboratory and instrumental research methods)
26. Indications for hospitalization, treatment of ankylosing spondylitis
27. Prevention, examination of temporary disability (ETD), dispensary observation of ankylosing spondylitis

The list of questions for the preparation of students of the Faculty of Medicine for the exam in the discipline "POLYCLINIC THERAPY. TRAINING SIMULATION COURSE 2"

1. Organizational activity of the district therapist of the polyclinic
2. Hypertensive syndrome: possibilities of examination in the polyclinic to identify the cause of hypertension, differential diagnosis
3. Types of temporary disability
4. NCD in the practice of a district general practitioner
5. Therapeutic and diagnostic activity of the district therapist of polyclinics
6. Hypertension in the practice of a district general practitioner
7. Rehabilitation of patients with a therapeutic profile in a polyclinic
- 8 Symptomatic arterial hypertension in the practice of a district general practitioner
- 9 Examination of temporary disability. The procedure for issuing a disability certificate for caring for a sick family member (adult, child)
10. Coronary heart disease. Angina pectoris in the practice of a local general practitioner
11. Preventive activity of the district therapist of the polyclinic
12. Coronary heart disease. Acute myocardial infarction. Pre-hospital period. Tactics of patient management after discharge from a hospital or rehabilitation department of a cardiological sanatorium.
13. Medical examination – goals and objectives. Dispensary observation groups
14. myocarditis. Patient management in a polyclinic
15. The main indicators for assessing the quality and effectiveness of medical examination
16. Cardiomyopathy (hypertrophic and dilated). Tactics of the polyclinic therapist in establishing the diagnosis, patient management.
17. Prolonged or permanent disability. Criteria for determining disability groups.
18. Congestive heart failure in the practice of a district general practitioner.
19. Features of the work of a district general practitioner with adolescents
20. Pneumonia. Diagnosis and treatment in a polyclinic. solving VTE issues, medical examination.
21. Features of the course and treatment of somatic diseases in old age.
22. Influenza and other acute respiratory infections in the practice of a district general practitioner
23. Pain syndrome in the left half of the chest – extracardial causes (sympathalgia, diseases of the abdominal cavity, pleural pain) – diagnosis in a polyclinic
24. Acute glomerulonephritis – diagnosis in a polyclinic. Management of the patient after discharge from the hospital.
25. Anemic syndrome. Examination of patients on an outpatient basis.
26. Chronic non-calculous cholecystitis in the practice of a district general practitioner
27. Abdominal pain syndrome. Differential diagnosis of major diseases accompanied by these symptoms
28. Chronic pyelonephritis in the practice of a district general practitioner 29. Fever of unknown origin – diagnosis in a polyclinic
30. Osteoarthritis in the practice of a local general practitioner
31. Examination of temporary disability in a polyclinic (types, causes)
32. Gout in the practice of a district general practitioner
33. Preventive activity of the district doctor of the polyclinic: medical examination
34. Bronchial asthma. Introduction of the patient in the polyclinic
35. Oncological alertness in the work of a district doctor.
36. Chronic bronchitis in the practice of a district general practitioner
37. Medical examination of patients with chronic non-communicable diseases (CHD, AH, BA) in a polyclinic
38. Rheumatoid arthritis in the practice of a local general practitioner
- 39 Features of somatic pathology during pregnancy
40. Diseases associated with HP (gastritis, peptic ulcer disease) in the practice of a district general practitioner

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Department of Internal Diseases № 3

Faculty Medical

Course 5,6

Discipline "Outpatient therapy. Training simulation course 2", partially implemented in English

Situational task № 1

Patient K., 45 years old, was admitted to the clinic with complaints of cough with a small amount of viscous, difficult-to-separate sputum, shortness of breath during exercise. It is known from the anamnesis that cough has been bothering for the last 7 years, it worsens mainly after frequent acute respiratory infections, antibiotics with a positive effect have been prescribed. During the last 2 years, I began to notice shortness of breath with moderate physical activity. The patient smokes 1 pack of cigarettes a day from the age of 17. By profession, a locksmith, work is associated with frequent hypothermia. Deterioration of the condition during the last 3 days, when the cough intensified again with the discharge of a small amount of purulent sputum, the body temperature increased to 37.5 C.

Objectively: a condition of moderate severity. Body temperature 37.5 C. Above the lungs with percussion - box sound, with auscultation - hard breathing, scattered dry buzzing and whistling wheezes. BDD - 22 in min. Pulse - 80 per minute. AD - 130 and 80 mmHg,

In the general blood test: erythrocytes - 4.5 million, Hb - 145 g / l, CP - 0.95, leukocytes - 10 thousand (p / I - 5%, s / I - 57%, lymph - 27%, monocyte - 8%, eos - 3%), ESR - 23 mm/ h. In the general sputum analysis: leukocytes - 60-80 in n/a, macrophages - a lot, Kurschmann spirals, Charcot-Leiden crystals and eosinophils - were not found, CD and atypical cells were not found. Chest X-ray: there are no fresh focal and infiltrative changes, the pulmonary fields are of increased transparency, the walls of the bronchi are compacted, the roots are expanded. FVD: LEL - 57%, OFV1 - 64%, after inhalation of berotek: LEL - 60%, OFV1 - 68%,

Give written answers to the following questions:

1. Formulate a preliminary diagnosis.
2. Determine the survey plan and the need for additional research.
3. Prescribe treatment and justify it.

Head of the department, dmsBestaev D.V.

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Situational task №2

Patient A., 47 years old, a French teacher, went to the polyclinic with complaints of the occurrence of attacks of suffocation at night with the appearance of coughing and the release of mucosal sputum in a small amount. During seizures, the patient sits on the edge of the bed, puts mustard plasters on the front surface of the chest, sometimes goes outside or approaches an open window. The attacks last 30-40 minutes and disappear.

I got sick 4 years ago, when sneezing, runny nose, lacrimation, itching in the eye area, a feeling of soreness behind the sternum first appeared in the spring. On the advice of a doctor (neighbor), she took diphenhydramine, tavegil, eye drops. My well-being improved, but this condition bothered me for a month. Subsequently, every year in the spring, all the symptoms of the disease were repeated. This year, along with these symptoms, one night I woke up from an attack of suffocation, accompanied by a persistent cough with the release of mucosal viscous sputum. In the lungs, according to the patient, "everything was whistling." Similar attacks were repeated every night. To stop seizures, I took euphyllin, put mustard plasters on the chest area. By morning, all phenomena disappeared. The last attack was the day before. Heredity is not burdened. Objectively: the general condition is satisfactory. There are no pathological changes on the part of internal organs during examination. There is nasal congestion and hyperemia of

the eyes.

1. Make a preliminary diagnosis.
2. Make a survey plan.
3. Outline a treatment plan.

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Situational task №3

Patient A., 20 years old, has had elevated blood pressure since childhood, the level of which is currently 180-200 /110-120 mm Hg. The influence of psychoemotional factors is absent. There are practically no fluctuations in HELL. There is no headache. It is not possible to normalize blood pressure with the help of antihypertensive drugs. Systolic murmur is heard to the left and right of the navel. General urinalysis without pathology. Name the suspected form of arterial hypertension and its probable cause in this patient. What is the mechanism of arterial hypertension formation? Which study should be performed to confirm or refute the diagnosis? What result of this study will confirm your assumption?

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Situational task №4

Patient M., 63 years old, suffering from bronchial asthma, has been taking glucocorticoid medications for several years. During these years, body weight gradually increased, diabetes mellitus and hypertension developed. Name the form of arterial hypertension. What are the mechanisms of arterial hypertension formation in this pathology?

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Situational task №5

The man is 45 years old. From the age of 35, he noted the appearance of sudden seizures, accompanied by a sharp

headache, dizziness, palpitations, sweating, hearing impairment and pronounced pallor of the skin. Seizures occurred with a frequency of up to 1-2 times a month, were provoked by psychoemotional stress or abundant food and were stopped independently. Subsequently, during the attacks, high blood pressure figures were revealed (up to 230/130 mmHg). During the inter-crisis period, blood pressure fluctuated between 140-160/100 mm Hg. The last 2 years have marked a change in the course of the disease: blood pressure figures have stabilized at a higher level, the picture of crises has become more smoothed. In 2 years I lost 10 kg. From the same time, increased blood glucose figures (up to 7.7 mmol/l) began to be recorded, and therefore the patient was diagnosed with type 2 diabetes mellitus. On the fundus: hypertensive angiopathy 2 st..

QUESTIONS:

1. Formulate the most likely clinical diagnosis taking into account the presented data.
2. What additional studies should be conducted to clarify the diagnosis?
3. Treatment tactics.

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Practical task/Business Game № 1

Fill out the temporary disability sheet to Ivanov I.I. from 1.03- 15.03 with the diagnosis: Acute tracheobronchitis.

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Practical task/Business Game №2

1. Fill out the spa card to the patient Ivanov I.I. with the diagnosis: coronary heart disease. Stable angina pectoris of tension FC II. Circulatory insufficiency I

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Department of Internal Diseases № 3

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Practical task/Business Game № 3

1.Fill out the control card of accounting (030 / y) to the patient Ivanov I.I. with the diagnosis: Chronic cholecystitis. Arterial hypertension of the II degree, II stage, risk II.

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 **Outpatient therapy. Training simulation course 2, 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, 6th 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.

Entrance control of the level of training of students

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

11. Bronchial asthma is characterized by:

- 1 nocturnal attacks of suffocation with shallow frequent breathing, may be accompanied by foamy sputum
- 2 attacks of suffocation with difficulty exhaling, after the end of the attack , vitreous viscous sputum is released

3 weakened vesicular respiration

4 outside the attack in the lower parts of the lungs, small bubbly, silent, moist wheezes are heard

12. COPD IS NOT TYPICAL

- a) Percussive sound over the lungs with a boxy tinge
- b) Inspiratory shortness of breath
- c) Elongated exhalation
- d) Dry whistling wheezes

13. PNEUMONIA IS CONSIDERED NOSOCOMIAL IF IT IS DIAGNOSED

- a) Upon admission to the hospital
- b) 2-3 days or more after hospitalization
- c) 3-5 days after discharge from the hospital

14. THE NATURE OF PAIN IN PEPTIC ULCER OF THE DUODENUM

- a) Dull, pressing pain in the epigastrium, which increases when eating
- b) Cramping pains in the right hypochondrium when eating fatty foods
- c) Constant dull pain, unrelated to eating
- d) Pain in the epigastrium on an empty stomach and 2-3 hours after eating
- e) Pain 30 minutes after eating

15. IN GASTRITIS, ANTIBODIES are PRODUCED

- a) To the main cells
- b) To mucin-synthesizing cells
- c) To the lining cells
- d) To endocrine cells
- e) To all cells of the gastric mucosa

16. SPECIFY AN ANTISECRETORY DRUG THAT BLOCKS PROTON PUMP

- a) Famotidin
- b) Gastrocepin
- c) Sucralfate
- d) Omeprazole
- e) De-nol

17. The main research methods that allow verifying the diagnosis of chronic gastritis include:

- 1) analysis of gastric juice;
- 2) fluoroscopy;
- 3) gastroscopy;
- 4) morphological examination of the gastric mucosa;
- 5) true 3) and 4).

18. Chronic gastritis must be differentiated from:

- 1) stomach ulcer;
- 2) stomach cancer;
- 3) chronic pancreatitis;
- 4) chronic cholecystitis;
- 5) with all of the above.

19. How can I start treatment of arthritis before establishing an accurate diagnosis?

- 1) with sulfonamides;
- 2) with antibiotics;
- 3) with nonsteroidal anti-inflammatory drugs;
- 4) with prednisone;

20. Rheumatoid arthritis most often affects the joints:

- 1) spine;
- 2) knee;
- 3) interphalangeal;
- 4) sacroiliac joint;

5) maxillofacial.

21. The most reliable sign of chronic renal failure is:

- 1) oliguria;
- 2) proteinuria;
- 3) arterial hypertension in combination with anemia;
- 4) increased creatinine levels in the blood;
- 5) hyperlipidemia.

22. How long after the infection develops acute glomerulonephritis?

- 1) 10-14 days;
- 2) 3 days;
- 3) week;
- 4) month;
- 5) 2 months.

23. The most common cause of iron deficiency anemia in men is:

- 1) blood loss from the gastrointestinal tract;
- 2) prostate tumors;
- 3) alcoholic hepatitis;
- 4) the hematuric form of glomerulonephritis.

24. HEMATOLOGICAL CHARACTERISTICS OF ANEMIA WITH IRON DEFICIENCY

- a) Hypochromic, microcytic
- b) Hyperchromic, macrocytic
- c) Normochromic, microcytic
- d) Hyperchromic, microcytic

25. PARESTHESIA IN THE FEET, GAIT INSTABILITY IN B12-DEFICIENT ANEMIA ARE CAUSED BY

- a) Hypokalemia
- b) Funicular myelosis
- c) Encephalopathy
- d) Residual phenomena of cerebral circulation disorders
- e) Angiopathy of the arteries of the lower extremities

Organization of the work of the district doctor of the polyclinic. Medical and labor expertise

1. Morbidity with temporary disability is understood as:

- a) all cases accompanied by temporary disability of workers and employees
- b) all cases of diseases (excluding injury) accompanied by temporary disability of workers and employees
- c) all cases of morbidity for which a disability certificate
- d) all cases for which a disability certificate has been issued.

2. A disability certificate is not issued

- a) when on vacation for sanatorium treatment
- b) when caring for a sick family member
- c) during quarantine
- d) persons on leave without pay
- , e) in case of a domestic injury.

3. A certificate of any form is issued

- a) in case of domestic injury
- b) in case of diseases due to intoxication or actions related to intoxication, as well as due to alcohol abuse
- c) to military personnel who have applied for medical help at their place of residence
- d) able-bodied persons sent during medical examinations for examination.

4. The unit of observation when taking into account morbidity with temporary disability is

- a) a temporary disability sheet
- b) a case of temporary disability
- c) primary disease

d) a disease first detected in a given year

5. An indicative assessment of the severity of the disease with temporary disability is
a) a temporary disability certificate
b) a temporary disability certificate issued for a period of more than 10 days
c) the duration of the disease exceeding 1 month
d) the nature of the pathological process

6. The medical significance of the disability certificate is that it
a) characterizes the health of workers
b) indicates the nature of the disease
c) determines the degree of disability
d) serves for statistical reporting on form No. 16

7. Patient K. was given a sick leave with the diagnosis: "Acute respiratory viral infection" from 18.10 to 20.10 with instructions to come to the doctor's appointment on 20.10. the patient came to the appointment only on 25.10., as he left the city without the doctor's permission. During the examination, pneumonia was diagnosed. The sick leave must be issued as follows

: a) extended from 21.10 with an indication of "regime violations"
b) extended from 25.10.
c) a new sick leave was issued from 25.10.
d) extended from 25.10 with an indication of "regime violations".

8. When issuing a sick leave to nonresident patients, the visa of the administrator of the medical institution is put

a) on the 1st day, when issuing a sick leave
b) on the 3rd day, with the continuation of the sick leave
c) on the 6th day, when the patient is discharged to work
d) the visa is not issued

9. A sick leave may be issued to a working disabled person of group III in connection with an attached disease or an exacerbation of the one that caused the disability

(a) for 1 month
b) for 2 months
c) for 3 months
d) for 4 months
e) for a period determined depending on the forecast.

10. Of the listed cases, it cannot be considered as a violation of the regime when applying for a sick leave

a) departure to another locality
b) refusal of hospitalization
c) refusal of referral to Medical and Labor Expert Commission
d) failure to appear on the appointed day at Medical and Labor Expert Commission
e) attendance at a doctor's appointment in a state of intoxication.

(Pulmonology)

1. For how long is bed rest prescribed to a patient with influenza during his outpatient treatment?

A) until full recovery
B) before the temperature normalizes
B) for the first three days
D) until you feel better
E) for 5-6 days

2. Which of the following statements is incorrect that antibiotics should be prescribed in the treatment of flu patients?

A) always and to everyone from the 1st day of the disease to prevent the development of bacterial infection
B) only to persons with chronic foci of infection
C) in severe forms of influenza, due to the risk of bacterial pneumonia
D) with fever persisting after 5 days of illness, indicating the possibility of bacterial complications

3. When should a patient who has had the flu be discharged?

A) 5-6 days after the onset of the disease

B) after the disappearance of catarrhal phenomena
B) after 3 days of normal temperature and subject to the disappearance of clinical manifestations of influenza
D) after a decrease in clinical manifestations, after a day of normal temperature
E) after 5 days of normal temperature

4. Which antibacterial drug should I give preference to for follicular angina?

- A) bisepitol
- B) tetracycline
- C) furagin
- D) levomycetin
- E) penicillin

5. What are the average terms of temporary disability for angina

- A) 5-6 days
- B) 10- 12 days
- C) 8-10 days
- D) 6-8 days

6. The loader of the transagency after follicular angina was discharged for the same job on the 12th day of the illness. What is your attitude to this action of the doctor?

- A) the action is correct
- B) it would be necessary to increase the stay for temporary disability by 2-3 days
- B) release through the clinical and expert commission for 7 days from heavy physical work with the preservation of wages
- D) transfer through the clinical and expert commission to another job for a period of 1 month with the preservation of wages

7. Is a patient who has had a sore throat subject to medical supervision?

- A) no
- B) yes, within 1 month
- B) yes, within 3 months
- D) yes, during the year

8. When, after recovery, is a patient who has suffered a sore throat examined by a therapist?

- A) after 5 days and after 10 days
- B) 7-10 days and 3 weeks after the end of temporary disability
- C) after 14 days and after 3 months
- D) every 3 months

9. Specify the etiotropic drug for the treatment of flu patients

- A) bisepitol
- B) remantadine
- C) erythromycin
- D) penicillin

10. What acute respiratory viral disease is characterized by a complication of "false croup"?

- A) flu
- B) parainfluenza
- C) rhinovirus infection
- D) adenovirus infection

(Cardiology)

1. A patient with stable angina pectoris and concomitant disease (glaucoma), with a pulse of 96 per minute, blood pressure 140/80 mm Hg should be prescribed treatment to prevent angina pectoris, which is preferable:

- A) nitrosorbide 10 mg 4 times a day
- B) sustak-forte (6.4 mg) 1 tablet 4 times a day
- B) cardiket (40 mg) 1 tablet 2 times a day orally before meals
- D) concor (bisoprolol) 5 mg 1 time a day
- E) trinitrolong 0.992 4 times a day (apply the plate to the gum mucosa)

2. After abrupt withdrawal of B-blockers, increased symptoms of myocardial ischemia, negative ECG changes, MI, and even sudden death, i.e. withdrawal syndrome, may develop. At what time after the withdrawal of B-blockers can this syndrome manifest itself?

- A) from 1 to 7 days B) from 1 to 14 days
- B) from 1 to 21 days D) from 1 to 30 days
- E) from 1 day to 3 months

3. According to the principle of step therapy, which appointment, in order to prevent angina attacks, will be optimal for a patient with angina pectoris?

- A) non-drug treatment methods
- B) monotherapy with one of the coronaractive agents
- B) therapy with two coronaractive agents
- D) therapy with three coronaractive agents

4. How long should a patient with stable angina pectoris of the PS tension take drug therapy for a preventive purpose?

- A) only for the period of upcoming significant loads
- B) for a long time; only with stable improvement can it be canceled altogether
- C) constantly; with steady improvement, reduce the number of drugs

5. All techniques are correct in the implementation of individual selection of adequate antianginal therapy, except for one:

A) based on changes in the frequency of typical angina attacks and the number of nitroglycerin tablets used for 1-2 weeks under normal patient loads

B) on the basis of double bicycle ergometry (before taking the medication and after taking it)

C) on the basis of outpatient ECG monitoring (before taking the medication and against the background of taking it)

D) on the basis of changes in complaints during 2-3 days of treatment

6. Indicate the correct tactics of the district therapist for the first time angina pectoris:

A) outpatient treatment with one of the drugs (stage 1) until improvement

B) outpatient treatment with two drugs (stage 2) until improvement

C) outpatient treatment with 3 drugs (stage 3) until improvement

D) referral for inpatient treatment

7. Indicate the correct tactics of the district therapist for progressive angina pectoris:

A) outpatient treatment with the transition to a higher stage of drug treatment

B) referral of the patient to inpatient treatment

C) referral to double bicycle ergometry for verification of the diagnosis and selection of an adequate drug and its doses

D) outpatient treatment with the transition to the third stage in combination with antiplatelet agents.

8. Note the correct tactics of the district therapist in case of variant angina pectoris (Prinzmetal angina pectoris) for the first time:

A) prescribe beta-blockers

B) prescribe calcium antagonists

C) assign a combination of them

D) send for inpatient treatment

E) prescribe a combination of: nitrates + calcium antagonists

9. Which of the following conditions is not a contraindication to physical training of patients with coronary heart disease:

A) acute period of myocardial infarction

B) circulatory insufficiency of stage I

C) unstable angina

D) circulatory insufficiency of the first stage

E) Blood pressure above 180/100 mmHg

10. Which of the following conditions is not a contraindication to physical training of patients with coronary heart disease:

- A) respiratory failure of 1 art.
- B) severe rhythm and conduction disorders
- C) severe forms of diabetes mellitus
- D) respiratory failure II
- E) unstable angina