Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Psychiatry with Neurology, Neurosurgery and Medical Rehabilitation (Neurology, neurosurgery)

APPROVED
BY the minutes of the meeting
Central Coordinating Educational
and Methodological Council
«23» May 2023 г. №5

EVALUATION MATERIALS EDUCATIONAL PRACTICE

"CEREBROVASCULAR DISEASES, COGNITIVE IMPAIRMENTS, PAIN SYNDROMES, Dizziness AND SLEEP DISORDERS IN THE PRACTICE OF A PRIMARY CARE DOCTOR"

the main professional educational program of higher education – specialty program in the specialty 31.05.01 General Medicine, partially implemented in English approved on May 24, 2023

For 6th year students of the Faculty of Medicine

specialty 05/31/01 General Medicine

Reviewed and approved at a department meeting From 05/19/2023 (protocol No. 9)

Head of the Department, Doctor of Medical Sciences, Professor Bukanovskaya T.I.

Pos

Vladikavkaz 2023

STRUCTURE OF EVALUATION MATERIALS

- 1. Title page
- 2. Structure of assessment materials
- 3. Reviews of evaluation materials
- 4. Passport of evaluation materials
- 5. Set of assessment materials:
- bank of situational problems and practical tasks
- standards of test tasks

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

РЕЦЕНЗИЯ на оценочные материалы

по программе учебной практики «ЦЕРЕБРОВАСКУЛЯРНЫЕ ЗАБОЛЕВАНИЯ, КОГНИТИВНЫЕ НАРУШЕНИЯ, БОЛЕВЫЕ СИНДРОМЫ, ГОЛОВОКРУЖЕНИЯ И РАССТРОЙСТВА СНА В ПРАКТИКЕ ВРАЧА ПЕРВИЧНОГО ЗВЕНА ЗДРАВООХРАНЕНИЯ»

для студентов 6 курса по специальности 31.05.01 Лечебное дело

Оценочные материалы составлены на кафедре Психиатрии с Неврологией, Нейрохирургией и медицинской реабилитацией

на основании рабочей программы учебной практики «ЦЕРЕБРОВАСКУЛЯРНЫЕ ЗАБОЛЕВАНИЯ, КОГНИТИВНЫЕ НАРУШЕНИЯ, БОЛЕВЫЕ СИНДРОМЫ, ГОЛОВОКРУЖЕНИЯ И РАССТРОЙСТВА СНА В ПРАКТИКЕ ВРАЧА ПЕРВИЧНОГО ЗВЕНА ЗДРАВООХРАНЕНИЯ»

утвержденной 24.05.2023 и соответствуют требованиям ФГОС ВО № 988 по специальности 31.05.01 Лечебное дело, утвержденный Министерством образования и науки РФ «12» августа 2020 г.

Оценочные материалы включают в себя:

- банк ситуационных задач и практических заданий
- эталоны тестовых заданий (с титульным листом и оглавлением)

Банк ситуационных задач и практических заданий включают в себя сами задания и шаблоны ответов. Все задания соответствуют рабочей программе практики «цереброваскулярные заболевания, когнитивные нарушения, болевые синдромы, головокружения и расстройства сна в практике врача первичного звена здравоохранения» формируемым при ее изучении компетенциям, и охватывают все её разделы. Банк содержит ответы ко всем ситуационным задачам и практическим заданиям. Эталоны тестовых заданий включают в себя следующие элементы: тестовые задания, шаблоны ответов. Все задания соответствуют рабочей программе практики «цереброваскулярные заболевания, когнитивные нарушения, болевые синдромы, головокружения и расстройства сна в практике врача первичного звена здравоохранения» формируемым при ее изучении компетенциям, 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.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по программе практики **«цереброваскулярные заболевания, когнитивные нарушения, болевые синдромы, головокружения и расстройства сна в практике врача первичного звена здравоохранения» способствуют** качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемые оценочные материалы по программе практики **«цереброваскулярные заболевания, когнитивные нарушения, болевые синдромы, головокружения и расстройства сна в практике врача первичного звена здравоохранения»** могут быть рекомендованы к использованию для контроля успеваемости практики на лечебном факультете у студентов 6 курса.

Рецензент: Председатель ЦУМК д.м.н. заведующий кафедрой внутренних болезней № 1 Тотров И.Н.

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Рецензент: Главный внештатный невролог МЗ РСО-Алания, д.м.н., профессор Дзугаева Ф.К.

Подпись Дзугаевой Ф.К. удостоверяю, Начальник отдела кадров ФГБУ « СКММЦ» Минздрава России (г. Беслан)

Passport of assessment materials for the practice program "Cerebrovascular diseases, cognitive impairment, pain syndromes, dizziness and sleep disorders in the practice of a primary care physician"

No.	Name of the controlled section (topic) of the discipline/module	Code of the competence (stage) being formed	Name of assessment material		
1	2	3	4		
Type of control	Current, interim				
1.	1. Regulatory documentation for the provision of medical care to the population for diseases of the nervous system	UK-1, UK-6, OPK-1, OPK- 4, OPK-5, OPK-7	test control, bank of situational tasks, practical tasks,		
2.	2. Symptoms, clinical presentation of major neurological diseases in the practice of a primary care physician.	UK-1, UK-6, OPK-1, OPK- 4, OPK-5, OPK-7	test control, bank of situational tasks, practical tasks,		
3.	3. Basic and additional methods for diagnosing neurological diseases, in particular cerebrovascular pathology, cognitive impairment, pain syndromes, dizziness, insomnia.	UK-1, UK-6, OPK-1, OPK- 4, OPK-5, OPK-7	test control, bank of situational tasks, practical tasks,		
4.	4. Algorithm for the treatment of these neurological conditions, provision of primary medical care, tactics for managing patients with concomitant neurological symptoms.	UK-1, UK-6, OPK-1, OPK-4 , OPK-5, OPK-7	test control, bank of situational tasks, practical tasks,		

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Situational task No. 1

A 40-year-old patient complains of headache and dizziness every time after mental, psycho-emotional stress or after a change in meteorological conditions; also notes sleep disturbance, memory loss; malfunction. Similar complaints have been troubling me for the last 2 years. He has been suffering from arterial hypertension for 6 years.

Objectively: excess nutrition. Pulse 72 per minute, rhythmic. Heart sounds are muffled. A/D 160/100 mm Hg. Neurological status: emotionally labile, no signs of focal damage to the nervous system. Additional studies revealed increased levels of triglycerides and LDL cholesterol; in the fundus – retinal angiopathy.

Clinical diagnosis? Treatment?

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Situational task No. 2

A 70-year-old man suddenly developed weakness in his left arm. Upon examination, paresis of up to 3 points in the proximal part and up to plegia in the hand is revealed in the left hand, the tone in the flexors of the hand and fingers is increased, tendon reflexes are revived, and Hoffman's symptom is determined.

- 1. Neurological syndrome?
- 2. Localization of the lesion?
- 3. Additional research methods?

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Situational task No. 3

A 68-year-old patient in the morning, against the background of a moderate headache, noticed difficulty in selecting and pronouncing words; Over the next hour, weakness developed in the right arm. Over the past month, several times I noticed a quickly passing awkwardness when performing small movements in my right hand. Objectively: general condition is satisfactory. Pulse 70 per minute, rhythmic. A/D 140/70 mm Hg . Neurological status: mild motor aphasia, facial asymmetry on the right, paresis of the right arm up to 3.5 points, muscle tone and deep reflexes on the right are increased. ECG shows signs of focal cardiosclerosis; in the fundus – retinal angiosclerosis . Meho -EG – without displacement. Topical and clinical diagnosis? Necessary examinations? Treatment?

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Situational task No. 4

A 64-year-old man suffering from hypertension, after a quarrel with his wife, felt a severe headache, lost consciousness, and fell. The patient was hospitalized in the intensive care unit. The condition is serious. Coma. BP-220/120 mmHg . PS-56 in 1 min. The left cheek "sails" when breathing, the left leg is rotated outward, Babinski's sign is on the left, and stiffness of the occipital muscles is determined. Make a presumptive topical and clinical diagnosis. Prescribe examination and treatment.

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Educational practice " Cerebrovascular diseases, cognitive impairment, pain syndromes, dizziness and sleep disorders in the practice of a primary care physician"

Situational task No. 5

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Situational task No. 6

A neurologist was called to a 67-year-old patient, a university teacher. According to his relatives, over the past year his memory has deteriorated significantly, he has become indifferent to his surroundings, and is unkempt. Over the past month, their relative could not find his way home several times. The night before, the patient had been noted to be confused and agitated.

- 1. Similar symptoms can occur in all diseases except: a) brain tumor; b) Alzheimer's disease; c) Pick's disease; d) Riley-Smith syndrome; e) progressive paralysis.
- 2. To make a diagnosis of Alzheimer's disease, all provisions are correct, except: a) exclusion of other possible causes of dementia; b) the presence of two or more types of cognitive impairment; c) gradual development of the disease; d) the presence of hyperkinesis; e) constant progression.
- 3. In drug therapy for Alzheimer's disease, everything is used except: a) methylphenidate; b) imipramine; c) dysport; d) lucetam; d) tacrine.

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Situational task No. 7

A 45-year-old man has been experiencing unsteadiness in his gait and awkwardness in his left limbs for the last year. Objectively: there is sufficient strength in the left extremities, muscle hypotonia, decreased reflexes, intention tremor when performing finger-to-nose and heel-knee tests, adiadochokinesis; in the Romberg test and when walking - staggering with a deviation to the left.

- 1. Neurological syndrome?
- 2. Localization of the lesion?
- 3. Additional research methods?

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Situational task No. 8

A 45-year-old patient complains of constant headache in the occipital region and double vision. Over the past two months, he periodically experienced an increase in body temperature to low-grade levels with chills and night sweats. (manifestations of the prodromal period) Neurologically: consciousness is clear. Severe rigidity of the neck muscles, bilateral positive Kernig's sign, weakly positive Brudzinski's symptoms (meningeal symptoms) In the Romberg position, he is unstable with a deviation to the right. Limitation of outward movements of the right eyeball, decreased corneal reflex on the right. Weakness of the muscles of the left nasolabial fold. Hearing loss in the left ear. Sensitive, motor and reflex disorders on the trunk and limbs are not detected. Lumbar puncture: cerebrospinal fluid pressure 300 mmH2O. Art., the cerebrospinal fluid is cloudy, slightly opalescent. Protein 0.644 g/l, cytosis 847 lymphocytes, 13 neutrophils; sugar 1.74 mmol/l, chlorides 69 mmol/l. When standing for 10 minutes, a fibrin mesh formed on the surface of the cerebrospinal fluid. Under the influence of treatment, the patient's condition improved: a decrease in the intensity of the headache was noted, and symptoms from the cranial nerves regressed.

Control questions: evaluate the readings of the cerebrospinal fluid. Diagnosis. Additional research methods. Treatment tactics.

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Situational task No. 9

A 45-year-old woman notes weakness in her right leg and numbness in her left leg and left half of her body to the level of the costal arch. The examination revealed a decrease in strength in the right leg to 3 points with an increase in the knee and Achilles reflexes, Babinski's symptom on the right, weakening of pain and temperature sensitivity in the left leg and left half of the body to the Th 8 level.

- 1. Neurological syndromes?
- 2. Localization of the lesion?
- 3. Additional research methods?

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Situational task No. 10

The patient, 40 years old, was admitted to the neurological department in serious condition. The patient is drowsy, opens her eyes when irritated, but there is no verbal contact. He responds to external stimuli (light, sounds, examination by a doctor) with a grimace of pain, closing his eyes, and withdrawing his limbs. From the medical history (when questioning relatives), it was established that for 10 years the patient had been bothered by attacks of headaches in one half of the head, starting gradually with visual sensations of flashing dots, flashes of light before the eyes. (AURA MIGRAINE) The attack was accompanied by nausea, vomiting, dizziness and lasted from several hours to 2-3 days. During the attack, a heightened sense of smell appeared, everything was irritating. Sometimes during this period numbness and weakness appeared in the left hand; speech became unclear and intermittent; the patient retired to herself and tried to sleep. Cephalgia decreased or disappeared with early intake (at the very beginning of

the attack) of strong hot tea, citramon (1-2 tablets), after sleep. The last attack was unusually severe and protracted (3 days), accompanied by repeated vomiting, which did not bring relief. Persistent numbness and weakness in the left arm and dysarthria developed. The patient became drowsy, lethargic, and had little contact. On examination: the condition is serious; does not make verbal contact, the face is pale. Blood pressure – 135/85 mmHg , pulse 82 beats. in 1 min. Rigidity of the neck muscles and Kernig's sign are easily expressed . Small-scale nystagmus in both directions. The left nasolabial fold was easily smoothed. Tendon reflexes are brisk, with a clear emphasis on the left. Pathological reflexes of Babinsky , Rossolimo on the left.

Questions: determine the pathogenetic variant of cephalgia. Diagnosis. Additional research methods. Treatment.

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Situational task No. 11

A 65-year-old woman suddenly developed speech impairment ("mush in the mouth") and weakness in the right extremities. An examination a month after the onset of the disease revealed deviation of the tongue when protruding, atrophy of the left half of the tongue, a decrease in the range of movements in the right extremities to 3 points, revival of tendon reflexes and Babinski's sign on the right .

- 1. Neurological syndromes?
- 2. Localization of the lesion?
- 3. Additional research methods?

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Situational task No. 12

A 30-year-old man has facial asymmetry: the frontal and nasolabial folds are smoothed on the left, the corner of the mouth is drooping, facial expression tests cannot be performed, when trying to squint, the left eyeball goes up, the white of the eye is visible, lacrimation from the left eye, the left palpebral fissure is wider right, left eye rarely blinks, taste is lost on the front two-thirds of the tongue on the left.

- 1. What type of paresis does the patient have on the left half of the face: central or peripheral?
 - 2. What are the symptoms of Bell's sign and lagophthalmos?
 - 3. Localization of the lesion?

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Training practice "Cerebrovascular diseases, cognitive impairment, pain syndromes, dizziness and sleep disorders in the practice of a primary care doctor"

Situational task No. 13

A 50-year-old man has convergent strabismus and double vision when looking to the right; outward movement of the right eyeball is impossible, the frontal and nasolabial folds on the right are smoothed, the movements of all facial muscles on the right are lost; in the left extremities, a decrease in the volume and strength of movements, revitalization of tendon reflexes, and Babinsky's symptom are detected.

- 1. Neurological syndromes?
- 2. Localization of the lesion?
- 3. Additional research methods?

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Situational task No. 14

A 65-year-old woman complains of decreased sense of smell. The examination revealed no neurological disorders, with the exception of a significant decrease in the sense of smell; a computed tomography scan of the head also found no changes.

- 1. Neurological syndrome?
- 2. Localization of the lesion?

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Situational task No. 15

A 69-year-old patient has been suffering from arterial hypertension and coronary heart disease for 20 years. One morning she complained to her relatives about not feeling well, but was unable to specify her complaints. She answered questions randomly and was not always clear. Seek medical help. On examination: the patient is clearly conscious, confused, trying to explain herself, but the patient's speech is incomprehensible, as she "scares" syllables that sound similar (for example, "year" and "cat", "ba" and "pa"). The patient is unable to express her thoughts in writing. A request to repeat a phrase or individual words after the doctor is met with bewilderment from the patient. The patient also does not comply with other requests and instructions from doctors or performs them incorrectly. Mild (up to 4 points) weakness in the right extremities, increased reflexes on the right, loss of all types of sensitivity on the right

side of the body are detected.

- 1. Neurological syndromes?
- 2. Localization of the lesion?
- 3. Additional examination methods?

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Practical task No. 1

- 1. Collect anamnesis from a patient with a disease of the nervous system
- 2. Assess the patient's motor disorders
- 3. Evaluate the results of the cerebrospinal fluid analysis

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Practical task No. 2

- 1. Collect anamnesis from a patient with a disease of the nervous system
- 2. Examine speech and cognitive functions
- 3. Read radiographs of the skull and spine

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Practical task No. 3

- 1. Explore the coordination sphere
- 2. Explore praxis
- 3. Methods for studying the cerebellum

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Practical task No. 4

- 1. Assess the patient's motor disorders
- 2. Examine the oculomotor nerves
- 3. Evaluate brain MRI data

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Practical task No. 5

- 1. Examine a patient with pain in the spine.
- 2. Examine muscle tone
- 3. Methods for assessing sleep disorders.

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Practical task No. 6

- 1. Investigate cerebellar function
- 2. Investigate Meningeal Syndrome
- 3. Read a CT scan of the head

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Practical task No. 7

- 1. Assess the severity of cerebral symptoms
- 2. Explore memory
- 3. Read MRI of the spine

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Practical task No. 8

- 1. Investigate the function of IX, X and XII pairs of the cranial nerves
- 2. Examine muscle tone
- 3. Read MRI of the spinal cord

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Practical task No. 9

- 1. Investigate cerebellar function
- 2. Explore deep sensitivity
- 3. Carry out liquorodynamic tests

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Practical task No. 10

- 1. Assess the condition of the sensitive area
- 2. Describe MRI of the brain with stroke
- 3. Analyze angiograms

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Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Psychiatry with Neurology, Neurosurgery and Medical Rehabilitation (Neurology, neurosurgery)

Standards of test tasks EDUCATIONAL PRACTICE

"CEREBROVASCULAR DISEASES, COGNITIVE IMPAIRMENTS, PAIN SYNDROMES, Dizziness AND SLEEP DISORDERS IN THE PRACTICE OF A PRIMARY CARE DOCTOR"

main professional educational program of higher education - specialty program in specialty <u>05/31/01 General Medicine</u>, <u>approved 05/24/2023</u>.

For 4th year students of the Faculty of Medicine, specialty 05/31/01 General Medicine

Vladikavkaz 2023

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