№ ЛД -21

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

Department of Phthisiopulmonology

APPROVED
minutes of the meeting of the Central
coordinating educational
methodological council
April 02, 2024

ASSESSMENT MATERIALS

INTERNSHIP PROGRAM

practice of a general medical profile (basics of practical training for the professional activity of a general practitioner for the provision of primary health care)
"DETECTION OF TUBERCULOSIS IN THE GENERAL MEDICAL NETWORK"

of the main professional educational program of higher education - programs of a specialist in specialty 31.05.01 General Medicine, (educational program, partially implemented in english)
approved on April 17, 2024

for students 6th course

by specialty 31.05.01 General medicine

Reviewed and approved at the meeting of the department
Dated April 01, 2024 (protocol №. 8)

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

Vladikavkaz 2024

STRUCTURE OF ASSESSMENT MATERIALS

1. Title page
2. Structure of assessment materials
3. Reviews of evaluation materials
4. Passport of evaluation materials
5. Set of assessment materials:
- input control
- questions for the module
- questions for the exam
- bank of situational tasks/practical tasks/business games
- standards of test tasks (with title page and table of contents)
- exam papers/test tickets

Федеральное государственное бюджетное образовательное учреждение высшего образования «Северо-Осетинская государственная медицинская академия» Министерства здравоохранения Российской Федерации (ФГБОУ ВО СОГМА Минздрава России)

РЕЦЕНЗИЯ
на оценочные материалы по ПРОГРАММЕ УЧЕБНОЙ ПРАКТИКИ

практика общеврачебного профиля (основы практической подготовки к профессиональной деятельности врача-лечебника для оказания первичной медико-санитарной помощи)

«ВЫЯВЛЕНИЕ ТУБЕРКУЛЕЗА В ОБЩИЙ ЛЕЧЕБНОЙ СЕТИ»

по дисциплине «Фтизиатрия»
для студентов 6 курса
по специальности 31.05.01 «Лечебное дело» (частично- реализовано на английском языке)

Оценочные материалы составлены на кафедре Фтизиатрии и соответствуют требованиям ФГОС ВО.

Оценочные материалы включает в себя:
- вопросы к зачету,
- банк ситуационных задач/практических заданий/деловых игр,
- эталоны тестовых заданий (с титульным листом и оглавлением),
- билеты к зачету

Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют программе учебной практики «ВЫЯВЛЕНИЕ ТУБЕРКУЛЕЗА В ОБЩИЙ ЛЕЧЕБНОЙ СЕТИ» и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу учебной практики 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 билетов достаточно для проведения зачета и исключает неоднократное использование одного и того же билета во время зачета в одной академической группе в один день. Билеты выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Каждый билет включает в себя 2 вопроса. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на зачет. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал учебной практики. Сложность вопросов в билетах к зачету распределена равномерно.

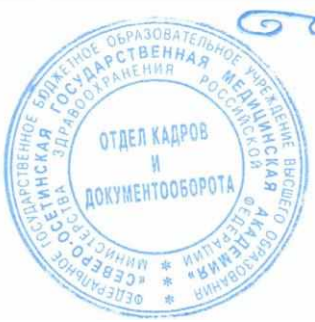
Замечаний к рецензируемому фонду оценочных средств нет.

В целом, оценочные материалы по дисциплине «Фтизиатрия» способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемый оценочные материалы по учебной практике практика общеврачебного профиля (основы практической подготовки к профессиональной деятельности врача-лечебника для оказания первичной медико-санитарной помощи) «ВЫЯВЛЕНИЕ ТУБЕРКУЛЕЗА В ОБЩИЙ ЛЕЧЕБНОЙ СЕТИ» может быть рекомендован к использованию для промежуточной аттестации на лечебном факультете (частично- реализовано на английском языке) у студентов 6 курса.

Рецензент:

Председатель ЦУМК
естественно-научных и математических дисциплин
с подкомиссией экспертизы оценочных материалов,
доцент кафедры химии и физики Боциева Н.И.



ВЕРНО: специалист по кадрам отдела
кадров и документооборота
ФГБОУ ВО СОГМА Минздрава России
Саламова
«___» _____ 20___ г.

Федеральное государственное бюджетное образовательное учреждение высшего образования «Северо-Осетинская государственная медицинская академия» Министерства здравоохранения Российской Федерации (ФГБОУ ВО СОГМА Минздрава России)

РЕЦЕНЗИЯ
на оценочные материалы
ПРОГРАММЫ УЧЕБНОЙ ПРАКТИКИ

практика общеврачебного профиля (основы практической подготовки к профессиональной деятельности врача-лечебника для оказания первичной медико-санитарной помощи)
«Выявление туберкулеза в общий лечебной сети»

по учебной практике «Выявление туберкулеза в общий лечебной сети» для студентов 6 курса по специальности 31.05.01 «Лечебное дело» (частично- реализовано на английском языке)

Оценочные материалы составлены на кафедре Фтизиатрии и соответствуют требованиям ФГОС ВО.

Оценочные материалы включает в себя:

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Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют программе учебной практики «Выявление туберкулеза в общий лечебной сети» и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу учебной практики 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.

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Сложность вопросов в билетах к зачету распределена равномерно.

Замечаний к рецензируемому фонду оценочных средств нет.

В целом, оценочные материалы дисциплине «Фтизиатрия» способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемый оценочные материалы по учебной практике практика общеврачебного профиля (основы практической подготовки к профессиональной деятельности врача-лечебника для оказания первичной медико-санитарной помощи)

«Выявление туберкулеза в общий лечебной сети» может быть рекомендован к использованию для промежуточной аттестации на лечебном факультете (частично-реализовано на английском языке) у студентов 6 курса.

Рецензент:

главный врач
ГБУЗ РКЦФП МЗ РСО-АЛАНИЯ
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Цопанова Е.С.

ОТДЕЛ
КАДРОВ

Passport of the fund of appraisal funds in practice

"Phthisiology"

No. p / p	Name of the controlled section (topics) discipline / module	Code of the formed competence (stage)	Name of the evaluation tool
one	2	3	five
Type of control	**Current / Intermediate**		
1.	Input control 1. Normative-legal documentation of the organization of anti-tuberculosis care to the population of the Russian Federation. Tuberculosis risk groups among polyclinic contingents, features of work in polyclinics and general somatic hospitals. 2.Basic methods for diagnosing tuberculosis. General practitioner's algorithm for suspected tuberculosis . Modern technologies for the detection of tuberculosis. 3. Clinical forms of tuberculosis of the respiratory organs and extrapulmonary localizations. The main symptoms and syndromes of tuberculosis. Differential diagnosis. 4. Sanitary prevention of tuberculosis, tuberculosis focus, anti-epidemic measures in the focus of tuberculosis	UK-1, OPK-1, OPK-4, OPK-5, OPK-7	Questions for testing, clinical tasks, test control, tickets for testing
2.	1. Normative-legal documentation of the organization of anti-tuberculosis care to the population of the Russian Federation. Tuberculosis risk groups among polyclinic contingents, features of work in polyclinics and general somatic hospitals. 2.Basic methods for diagnosing tuberculosis. General practitioner's algorithm for suspected tuberculosis . Modern technologies for the detection of tuberculosis. 3. Clinical forms of tuberculosis of the respiratory organs and extrapulmonary localizations. The main symptoms and syndromes of tuberculosis. Differential diagnosis. 4. Sanitary prevention of tuberculosis, tuberculosis focus, anti-epidemic measures in the focus of tuberculosis	UK-1, OPK-1, OPK-4, OPK-5, OPK-7	Questions for testing, clinical tasks, test control, tickets for testing
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	Differential diagnosis. 4. Sanitary prevention of tuberculosis, tuberculosis focus, anti-epidemic measures in the focus of tuberculosis		
4.	1. Normative-legal documentation of the organization of anti-tuberculosis care to the population of the Russian Federation. Tuberculosis risk groups among polyclinic contingents, features of work in polyclinics and general somatic hospitals. 2.Basic methods for diagnosing tuberculosis. General practitioner's algorithm for suspected tuberculosis . Modern technologies for the detection of tuberculosis. 3. Clinical forms of tuberculosis of the respiratory organs and extrapulmonary localizations. The main symptoms and syndromes of tuberculosis. Differential diagnosis. 4. Sanitary prevention of tuberculosis, tuberculosis focus, anti-epidemic measures in the focus of tuberculosis	UK-1, OPK-1, OPK-4, OPK-5, OPK-7	Questions for testing, clinical tasks, test control, tickets for testing
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Questions for testing
according to the TRAINING PRACTICE PROGRAM

practice of a general medical profile (basics of practical training for the professional activity of a general practitioner for the provision of primary health care)

"DETECTION OF TUBERCULOSIS IN THE GENERAL MEDICAL NETWORK"

1. Evaluation and interpretation of the results of the reaction to the Mantoux test with 2 TU PPD-L and the test with the recombinant tuberculosis allergen.
2. Drawing up a protocol for describing a survey radiograph of the chest organs (assessment of the technical characteristics of the radiograph, the condition of the soft tissues and bone structures of the chest, the nature of the lung pattern, the transparency and symmetry of the lung fields, the condition of the roots of the lungs, the median shadow, diaphragm and diaphragmatic sinuses).
3. Determination of localization and compilation of a description of radiological syndromes of the lung tissue.
4. Drawing up a differential diagnostic series of diseases in accordance with the identified x-ray syndromes.
5. The ability, taking into account the radiological syndrome and the presented data of the situational task, to make and substantiate the diagnosis, prescribe treatment
6. Rules for collecting sputum from a patient with suspected tuberculosis. Tactics of the doctor in the absence of sputum in the patient. Methods for studying material on the MBT (in order of increasing their effectiveness).
7. Simple microscopy in the diagnosis of tuberculosis in modern conditions. Materials for research on MBT.
8. Methods of radiation diagnostics. Features of radiological changes in pulmonary tuberculosis. typical localization.
9. Setting tuberculin samples, Diaskintest and their evaluation. TB diagnostic algorithm.
10. Describe the algorithm for detecting and diagnosing pulmonary tuberculosis in practice. Endoscopic methods for diagnosing tuberculosis. Indications, biopsy material and methods of its research.
11. Diagnostic capabilities of AFB sputum smear microscopy, a rule for the collection of high-quality sputum samples from patients with suspected tuberculosis.
12. Preparation for carrying out anti-epidemic measures in the foci of especially dangerous infections
13. Carrying out preventive medical examinations of patients in order to detect tuberculosis.
14. Organization of the work of a phthisiatric cabinet, department, dispensary
15. Clinical examination of patients taking into account the identified phthisiatric pathology.
16. Filling out primary documentation for a patient with tuberculosis in a dispensary
17. Making a medical history in a tuberculosis hospital
18. Promotion of a healthy lifestyle Carrying out sanitary and educational work on the prevention of tuberculosis
19. Carrying out anti-epidemic measures in the foci of tuberculosis infection
20. Formulate to determine its form and phase of the course, complications.

21. Diagnose tuberculosis of pulmonary and extrapulmonary localizations and conduct differential diagnosis with non-tuberculous diseases
22. Prescribe complex therapy, determine chemotherapy regimens, dosages, methods of administration, course duration in accordance with current standards
23. Determine indications for tuberculin diagnostics , differentiate post- vaccination and infectious allergies;
24. Determine indications for vaccination and BCG revaccination. Conduct BCG vaccination and evaluate its effectiveness;
25. Determine indications, evaluate the results of the Mantoux reaction, Diaskintest ,
26. Diagnose pulmonary hemorrhage and spontaneous pneumothorax. Provide emergency assistance.
27. Carry out dispensary observation of persons from foci of tuberculosis infection.
28. To carry out organizational and methodological guidance and control over the conduct of anti-tuberculosis activities in primary care institutions.
29. Artificial ventilation of the lungs;
30. intubation, tracheotomy;
31. First aid in emergency conditions
32. Performing a pleural puncture
33. Pleural fluid analysis
34. Collection of sputum for bacteriological and cytological studies
35. Tuberculin testing and evaluation
36. Provocative tests with high doses of tuberculin and their evaluation
37. Evaluation of cytological and bacteriological examination of sputum
38. Studies of sputum, bronchial washings to detect MBT;
39. Pleural effusion studies.
40. Interpretation of radiographs, tomograms and computed tomograms of the chest organs.
41. Artificial ventilation of the lungs;
42. intubation, tracheotomy;
43. First aid in emergency conditions
44. X-ray: description, protocol formation.
45. The method of collecting anamnesis in a patient with tuberculosis. Peculiarities. Contact detection.
46. Causes of errors in the diagnosis of disseminated pulmonary tuberculosis.
47. Primary disinfection.
48. X-ray: description, protocol formation.
49. Drawing up a plan of work in the focus of tuberculosis infection.
50. X-ray: description, protocol formation.

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

department Phthisiopulmonology
Faculty of Medicine **Course** 6
The discipline of phthisiology

Situational task number 1

A 9-year-old child, a student at a secondary school, was sent to the children's room of the - regional clinical anti-tuberculosis dispensary due to suspected tuberculosis after tuberculin diagnosis . From the anamnesis, he does not note contact with patients with tuberculosis, he had chickenpox in childhood, he notes rare colds . Makes no complaints.

Objectively: the skin is clean. On the part of the internal organs without features. Peripheral lymph nodes are not enlarged. Blood and urine tests are normal.

The chest radiograph is normal. Vaccinated in the maternity hospital (one post-vaccination scar). Mantoux test with 2TE PP D - L: at the age of 1 year - papule 11, 2 years - 10 mm, 3 years - 5 mm, 4-8 years - 8 mm, 9 years - papule with vesicle 15 mm.

medical tactics. Dispensary group.

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

Federal State Budgetary Educational Institution
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department Phthisiopulmonology
Faculty of Medicine **Course** 6
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Situational task number 2

A 6-year-old child has a Mantoux test with 2TE 1P1D-L - 10 mm papule.
At 1 year, the Mantoux test had a papule of 10 mm, at 2 years - a papule of 8 mm, at 3,4,5 years - negative. The child was examined, no pathology was detected .
your tactics.

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

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

department Phthisiopulmonology
Faculty of Medicine **Course** 6
The discipline of phthisiology

Situational task number 3

A 48-year-old patient had pulmonary tuberculosis in the past and was removed from the register due to recovery.

During a preventive examination, X-ray revealed changes: in the 2nd segment of the right lung, a thin-walled annular shadow 3 * 2 cm in diameter with clear internal and external contours. In the surrounding lung tissue, there are single foci of low intensity without clear contours, in the apical segment there are 2 dense foci with clear contours up to 0.5 cm. MBT were found in sputum.

Hemogram: ESR - 29 mm/hour, l - 6.0-10 ^{9} /l, p- neutrophic . - 4%, lymph. - 34%.

Make a diagnosis.

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

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

department Phthisiopulmonology
Faculty of Medicine **Course** 6
The discipline of phthisiology

Situational task number 4

Six years ago, a 43-year-old patient was diagnosed with infiltrative tuberculosis of 1.2 segments of the right lung in the disintegration phase, CD+. He was treated permanently, repeatedly violated the treatment regimen, and took drugs irregularly. Suffering from chronic alcoholism.

Objectively: reduced nutrition. Body temperature subfebrile. Retraction and lag in the act of breathing of the right half of the chest is determined. Respiratory rate - 28 per minute. In the lungs, auscultatory over all departments, but more over the right lung, a lot of moist mixed and dry rales. Heart sounds are deaf, tachycardia.

X-ray: the right lung is reduced in volume due to pronounced fibrous changes in the upper middle sections, a bean-shaped cavity is determined in the area of the upper lobe. In the underlying sections of the right lung and in all lung fields of the left lung, foci of bronchogenic dissemination are determined. The organs of the mediastinum are displaced to the right.

Hemogram: ESR - 54 mm/h, l - 8.8-10 ^{9} /l, n- neutrophic . - 12%, lymph. - fourteen%. BC in sputum was detected bacterioscopically and by culture. MBT culture is resistant to streptomycin, rifampicin .

Diagnosis. Specify the type of drug resistance.

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

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department Phthisiopulmonology
Faculty of Medicine **Course** 6
The discipline of phthisiology

Situational task number 5

A 34-year-old tractor driver 2 months ago noted a deterioration in his general condition, moderate general weakness by the end of the working day, sweating at night. He associated these phenomena with overwork at work. He paid little attention to health, in the evenings he often drank alcohol. In the future, general weakness became more pronounced, there was a constant cough with a moderate amount of sputum, subfebrile, and then febrile body temperature up to 38.2 ° C - 38.7 ° C. In the evenings he was treated with aspirin,
folk remedies with temporary improvement until profuse hemoptysis appears.

An x-ray examination in the district clinic in both lungs in all lung fields, mainly in the upper zones, revealed a lot of focal and infiltrative shadows in places of a confluent nature of low intensity with fuzzy contours. In the upper lobes of both lungs, several tones of bony annular shadows were contoured. The roots are poorly structured , the dimensions of the lung cavities and mediastinum are unremarkable. On the fluorogram performed a year ago, pathology in the lungs was not determined.

Hemogram: ESR - 42 mm/hour, l - 9.2-109/l. Mantoux test with 2TE Sh1D-L - papule 12 mm. In sputum bacterioscopically detected BC in large quantities.

Make a diagnosis.

Head of Department
Candidate of Medical Sciences, Associate Professor O.Z.Basieva

Case 1

An 18-year-old patient consulted an allergist with complaints of seasonal (April-May) itching of the eyelids, lacrimation, conjunctival hyperemia, sensation of a “foreign body in the eyes,” photophobia and swelling of the eyelids.

From the anamnesis: the above complaints have been bothering me seasonally for 5 years. The condition worsens in sunny, windy weather. Over the past two years, food allergies to peaches and apricots with clinical symptoms of oral syndrome. The disease is currently in remission.

Question:

1. Most likely diagnosis:

A. Seasonal allergic conjunctivitis. caused by an allergy to tree pollen B. Seasonal allergic conjunctivitis caused by an allergy to non-pathogenic

mold fungi

B. Contact allergic conjunctivitis

D. Vernal keratoconjunctivitis

D. Viral conjunctivitis

2. To confirm the diagnosis, it is necessary to conduct additional examinations: A. General clinical blood test

B. Skin tests with allergens

B. Provocative conjunctival test with allergens D. Determination of general and specific IgE

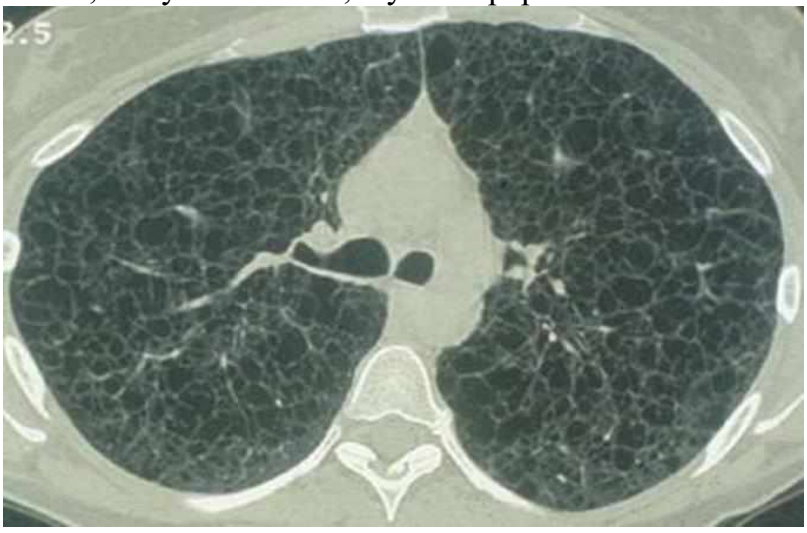
D. Biochemical blood test

Case 2

A 9-year-old child, a secondary school student, was sent to the children's office of the regional clinical tuberculosis dispensary due to suspicion of tuberculosis after a tuberculin diagnosis. From the anamnesis - he does not note contact with patients with tuberculosis, suffered from chickenpox in childhood, and notes rare colds. He makes no complaints.

Objectively: the skin is clean. There are no features from the internal organs. Peripheral lymph nodes are not enlarged. Blood and urine tests are normal.

Chest X-ray is normal. Vaccinated in the maternity hospital (one post-vaccination scar). Mantoux test with 2TE PPD-L: at the age of 1 year - papule 11, 2 years - 10 mm, 3 years - 5 mm, 4-8 years - 8 mm, 9 years - papule with a vesicle 15 mm.



№ ЛД-21 ИН

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

Department of Phthisiopulmonology

Samples of test tasks

INTERNSHIP PROGRAM
practice of a general medical profile (basics of practical training for the professional activity of a general practitioner for the provision of primary health care)
"DETECTION OF TUBERCULOSIS IN THE GENERAL MEDICAL NETWORK"

the main professional educational program of higher education - specialty programs in specialty 31.05.01 General Medicine, (educational program, partially implemented in english) approved on April 17, 2024

for students 6th course

by specialty 31.05.01 Medical business

Vladikavkaz, 2024

Table of contents

o. p / p	Name of the controlled section (topic) of the discipline/module	Code of competence (stage) being formed	Number of tests (Total)	page from __ to __
ne	2	3	4	5
ype of control	**Current /Interim**			
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Entrance control of the level of training of students

1. Social factors contributing to the spread of tuberculosis
1) material insecurity
2) unfavorable living conditions
3) disorderly lifestyle
all of the above
2. The focus of tuberculosis infection is:
1) patient excreting MBT
2) housing of a patient excreting MBT
3) the environment of the patient excreting MBT
all of the above
3. The most dangerous focus of tuberculosis infection
1) a bacteriologist having children or persons with antisocial behavior
2) meager bacterioexcretor , having contact only with adults
a patient who secretes MBT periodically and is in contact with adults
4. The main sources of tuberculosis infection for humans
1) food
2) environmental objects
3) tuberculosis patient
all of the above
5. The following types of animals are most often affected by tuberculosis
1) cattle
2) cats and dogs
3) birds
6. The causative agents of tuberculosis belong to the species:
1) bacteria
2) mushrooms
3) protozoa
4) viruses
7. The main cause of human tuberculosis
1) bovine mycobacteria
2) avian mycobacteria
3) human type mycobacteria
4) atypical mycobacteria
8. A distinctive feature of MBT is resistance to:
1) direct sunlight
2) boiling
3) acids, alkalis, alcohol
4) sodium chloride solution
5) ammonia
9. MBT can persist in dried sputum
1) 12 days
2) 70 days
3) 120 days
4) 12 months
5) 18 months
10. In hot milk at a temperature of +95 ^{about} stand:
1) 3 - 5 min.
2) 8 - 10 min.
3)15 - 20 min
11. In raw milk remain viable:
1) 5 – 6 days

2) 8 – 10 days
3) Up to 18 days
4) 20 - 25 days
12. The main route of human infection with tuberculosis
1) aerogenic
2) Alimentary
3) in utero
4) Contact
13. In the human body, more often affected by tuberculosis
1) Gastrointestinal tract
2) Respiratory system
3) urinary organs
4) Musculoskeletal system
14. The first pathomorphological reaction in the lesion
1) Formation of caseous necrosis
2) Formation of tuberculous granuloma
15. Specific morphological reaction in the lesion
1) Lymphoid cells
2) Neutrophil cells
3) Epithelioid cells with the inclusion of giant cells of the Pirogov- Langhans type
16. Changes that occur with the MBT under the influence of chemotherapy
1) Development of sustainability
2) Decrease in virulence
3) Decreased viability
4) Transformation to L -forms
5) All of the above is correct
17. The main reason for the development of secondary drug resistance
1) Single drug treatment
2) Presence of comorbidities
3) Lack of vitamin therapy
18. The highest incidence of tuberculosis in:
1) women
2) Teenagers
3) men
4) Children
19. Causes contributing to the emergence of tuberculosis
1) Alcoholism
2) Tobacco smoking
3) Pregnancy
4) Everything is listed correctly
20. In what diseases tuberculosis is more often detected
1) Addiction
2) Alcoholism
3) Stomach ulcer
4) Diabetes
5) All of the above is correct

Prevention of tuberculosis

1. Which of the following types of prevention does the tuberculosis service deal with:
1) Specific BCG
2) Chemoprophylaxis
3)Sanitary
4) Social
5) Personal hygiene
2. The BCG vaccine is:

1) MBT killed
2) Waste products of the office
3) Live attenuated MBT culture
4) Culture of pathogenic MBT
3. Method of BCG vaccine administration
1) subcutaneously
2) Intramuscular
3) oral
4) Intradermal
5) Intravenously
4. Site of injection of BCG vaccine
1) Subscapular region
2) abdomen
3) Upper third of the shoulder
5. BCG vaccine is carried out
1) Children from 1 to 14 years old
2) newborn
3) Adolescents 15 - 17 years old
6. BCG revaccination is carried out by all of the following, except:
1) Teenagers
2) newborns
3) Children
4) adults
7. BCG revaccination is necessary due to:
1) Decreased immunity after vaccination
2) Having contact with a patient with tuberculosis
3) With no post- vaccination sign
8. The decreed ages for BCG revaccination are all except :
1) Children under 5 years old
2) Children 6 - 7 years old
3) Children 14 - 15 years old
9. Define the concept - primary chemoprophylaxis
1) Disease prevention in the uninfected
2) Disease prevention in those infected
3) Anti -relapse treatment
10. Who is not subject to secondary chemoprophylaxis :
1) TB patients
2) Children with tuberculosis test
3) Persons in contact with bacterial excretors
4) Persons with hyperergic sensitivity to tuberculin
5) Persons at increased risk of tuberculosis
11. Chemoprophylaxis is carried out during:
1) 3 – 6 months with a tuberculin test
2) Until the end of contact with the bacterioexcretor
3) The above is correct
4) Listed is incorrect
12. Anti-tuberculosis drugs used for chemoprophylaxis
1) Isoniazid , pyrazinamide
2) , kanamycin
3) Prothionamide , ethambutol
13. Sanitary prevention includes everything except:
1) Isolation and hospitalization of the patient
2) Chemoprophylaxis
3) Current and final disinfection

4) Health education
5) Personal hygiene
14. Health education is carried out:
1) Among the healthy population
2) Among patients and persons in family contact
3) Among people working in TB facilities
4) All of the above is correct
5) All of the above is incorrect
15. Social prevention means:
1) Free anti-tuberculosis treatment for patients
2) Participation in the employment of patients and the preservation of the place of work (position) for the period established by the legislation of the Russian Federation
3) Improving the living conditions of patients
4) Referral of children to children's health institutions
5) All of the above are correct

Tuberculino - and laboratory diagnostics

Tuberculin is:
1) Culture of pathogenic MBT
2) A mixture of different MBT strains
3) Killed MBT
4) Waste products of the office
2. Which of the tuberculins is used more often?
1) Tuberculin Koch-ATK
2) Dry purified tuberculin
3) Purified tuberculin in standard dilution
3. When staging a Mantoux test, tuberculin is injected:
1) Intratracheal
2) Intradermal
3) subcutaneously
4) Skin
4. The reaction of the body to tuberculin develops after 6-8 hours and reaches its peak:
1) After 24 hours
2) After 48-72 hours
3) After 50 hours
4) Instantly like anaphylactic shock
5. When setting up the Mantoux test, tuberculin is used at a dose:
1) 1 TU
2) 5 TU
3) 20 TU
4) 100 TU
5) 2 TU
6. When setting up the Koch test, tuberculin is initially used at a dose of:
1) 10 - 20 TU
2) 100 TU
3) 50 TU
4) 2 TU
7. What tuberculin test is used to select individuals for revaccination?
1) Koch test
2) Graduated test of Grinchar-Karpilovsky
3) Pirquet test
4) Mantoux test
8. The Mantoux test is considered positive if the size of the papule is:
1) one -4 мм
2) five-10 мм

3) 10-16 мм
4) More 17 мм.
5) All of the above are true except
9. What is the purpose of the Koch test?
1) To detect the tuberculin test
2) To determine the activity of the tuberculosis process
3) To determine the infection of the population
10. The main route of penetration of the pathogen into the child's body during primary infection is:
1) Alimentary
2) aerogenic
3) Transplacental
4) Contact
11. Name the most dangerous sources of MBT infection
1) Contaminated meat and dairy products from sick livestock
2) Patients with active tuberculosis
3) Patients with damage to the respiratory organs with destruction of the lung tissue and massive bacterial excretion
12. What pathological material is used to confirm bacterial excretion ?
1) Phlegm
2) Flushing water of the bronchi or stomach
3) Defined fistula
4) Pleural effusion
5) cerebrospinal fluid
6) All of the above is correct
7) All of the above is incorrect
13. Which of the listed methods is the most reliable in the study of sputum and other detectables?
1) Bacteriological
2) Bacterioscopic
3) Biological
4) Polymerase chain reaction
14. The nature of sputum and bacterial excretion in fibrous-cavernous tuberculosis
1) Mucosa, MBT+
2) Purulent, MBT-
3) Mucopurulent , MBT-
4) Mucopurulent , MBT+

15. The nature of the cerebrospinal fluid in tuberculous meningitis
1) Transparent, colorless
2) Transparent, colorless, slightly opalescent
3) Cloudy, yellow
16. The most characteristic data in peripheral blood in tuberculoma
1) The blood is not changed, MBT-
2) Hyperleukocytosis , ESR acceleration, MBT+
3) Leukopenia, eosinopenia , MBT-
4) Left shift, lymphocytosis, ESR acceleration
17. With fibrous-cavernous tuberculosis in the blood there is
1) Moderate leukocytosis, eosinophilia , monocytosis
2) Hyperleukocytosis , a pronounced shift of the leukogram to the left, ESR - 50-60 mm / hour
3) Moderate leukocytosis, lymphopenia , shift of the formula to the left, ESR - 20-30 mm/hour
4) Leukocytes are normal, a slight right shift of the ESR leukogram is 10-20 mm/hour
5) The blood is not changed
18. The most characteristic sign of tuberculous lesions of the pleura in cytological examination:
1) Pirogov- Langhans giant cells
2) Epithelioid cells

3) Lymphocytes
4) Macrophage-histiocytic elements

primary tuberculosis

1. What is primary tuberculosis?
1)First identified
2)Occurs during the period of primary infection or infection
3) Tuberculosis disease that has arisen in an organism not previously affected by tuberculosis infection
2. What is the difference between primary and secondary tuberculosis?
1) Damage to the intrathoracic lymph nodes
2) The presence of tuberculous changes in the lungs
3) Severe intoxication
3. Tuberculous intoxication is:
1) Complex of functional disorders
2) Functional disorders without visible local changes in the lungs against the background of the tuberculin test turn
3) Enlargement of peripheral lymph nodes
4. The main method for detecting tuberculosis intoxication
1) Examination of children by contact
2) Tuberculin diagnostics
3) Identification by negotiability
5. In which organ is the morphological substrate most often localized in patients with tuberculous intoxication
1) A heart
2) kidneys
3) Lungs
4) The lymph nodes
5) Liver
6. What form of tuberculosis is not determined radiologically?
1) Tuberculoma
2) Focal tuberculosis
3) Pleurisy
4) Tuberculosis intoxication
7. Ways of distribution of MBT in the body
1) Bronchogenic
2) Lymphogenic
3) Hematogenous
4) Contact
5) All of the above is correct
8. The appearance of paraspecific reactions indicates:
1) Development of local tuberculosis
2) Presence of superinfection
3) General hypersensitization of the body
9. Paraspecific reactions are:
1) erythema nodosum
2) Flyctenular conjunctivitis
3) Enlargement of the liver and spleen
4) Enlargement of peripheral lymph nodes
5) All of the above
10. Criteria for TB infection include
1) Local form of tuberculosis
2) Syndrome of functional disorders
3) Pathology of the function of external respiration
11. Main outcome of primary infection

1) Recovery
2) Development of a local form of tuberculosis
3) infection
4) Formation of non-sterile immunity
12. Primary tuberculosis complex is:
1) The presence of tuberculous changes in the lungs
2) Tuberculosis, characterized by the presence of an infiltrate in the lungs, an inflammatory path to the root and lymphadenitis
3) Tuberculosis of the primary period with the presence of a focus in the lung, lymphangitis and lymphadenitis
13. What morphological feature is not typical for the primary tuberculosis complex?
1) Exudative reactions
2) Productive reactions
3) Caseous necrosis in the lungs
4) Caseous necrosis in the lymph nodes
14. Clinically, primary tuberculosis complex is characterized by:
1) Dry cough
2) Moist cough
3) Chest pain
4) Syndrome of intoxication
15. Which radiographic sign is not characteristic of the primary tuberculosis complex
1) Root Shadow Extension
2) Homogeneous area of darkening in the lung with fuzzy contours
3) Group of soft lesions
4) Inflammatory path to the root of the lung
16. Primary tuberculosis complex often needs to be differentiated
1) With lung cancer
2) with acute pneumonia
3) With a malformation of the lung
4) With eosinophilic infiltrate
17. Tuberculosis of intrathoracic lymph nodes is:
1) Pulmonary tuberculosis with obligatory involvement of the intrathoracic lymph nodes
2) Tuberculosis, the main localization of which is the defeat of the intrathoracic lymph nodes.
18. Tuberculous bronchoadenitis is characterized by:
1) Larger lymph node lesions
2) Severe caseous necrosis
3) Tendency to complicated course
4) Hyperergic tuberculosis tests
5) All of the above are correct
19. X-ray signs of infiltrative bronchoadenitis
1) Root shadow expanded
2) Root shadow structure blurred
3) The shadow of the root is displaced
20. Differential diagnosis of intrathoracic lymph nodes is carried out:
1) With nonspecific lymphadenitis
2) With lymphogranulomatosis
3) With sarcaidosis
4) with a malignant tumor
5) All of the above is correct

Disseminated pulmonary tuberculosis

1. What form of tuberculosis is characterized by the presence of bilateral focal changes?
1) Infiltrative tuberculosis
2) Disseminated tuberculosis
3) Focal tuberculosis

4) Tuberculous pleurisy

2. What can be the source of disseminated pulmonary tuberculosis?
1) Simon's foci
2) Tuberculosis in the kidney
3) Gon's hearth
4) Intrathoracic lymph nodes
5) All of the above are correct
3. Ways of spread of infection in disseminated pulmonary tuberculosis
1) Bronchogenic
2) Hematogenous
3) Lymphahematogenous
4) All of the above is correct
4. Disseminated tuberculosis can proceed according to the listed options, except for:
1) Acute
2) Subacute
3) Chronic
4) Recurrent
5. Pathological features of disseminated pulmonary tuberculosis
1) Interstitial spread of lesions
2) lung tissue infiltration
3) Formation of pneumosclerosis
6. The most common extrapulmonary lesion in disseminated pulmonary tuberculosis
1) Larynx
2) joints
3) Meninges
4) kidneys
5) urinary system
7. What symptom does not correspond to milliary tuberculosis?
1) Temperature rising to high
2) Minor dry cough
3) Violent cough with scanty sputum
4) Shortness of breath, tachycardia
8. Million tuberculosis is characterized by:
1) Massive bacterial excretion
2) Scanty bacterial excretion
3) Absence of MBT
9 When do radiological signs appear in miliary tuberculosis?
1) For 2 - 3 days
2) For 4 - 7 days
3) On the 10th - 14th day
10. Destructive changes in the lungs in miliary tuberculosis
1) Meet often
2) Rare
3) Do not meet
11. X-ray picture in miliary tuberculosis
1) same type of non-merging foci, depletion of the lung pattern
2) Multiple focal shadows, sometimes merging into small foci
3) Polymorphic foci of the upper parts of the lungs, small areas of enlightenment
12. Differential diagnosis of miliary tuberculosis is carried out with:
1) With chronic tuberculosis intoxication
2) Chronic bronchitis
3) typhoid fever
4) Aspergillosis

13. For pacute disseminated pulmonary tuberculosis is not typical:
1) sudden onset
2) pathogenic onset
3) Asymptomatic
14. In subacute disseminated tuberculosis, there is:
1) Massive bacterial excretion
2) Scanty bacterial excretion
3) Absence of MBT
4) All of the above is correct
15. In what form of tuberculosis are radiologically determined multiple medium and large, low and medium intensity focal shadows, the tendency of foci to merge into conglomerates
1) Miliary tuberculosis
2) Focal tuberculosis
3) Chronic disseminated tuberculosis
4) Subacute disseminated pulmonary tuberculosis
16. The outcome of subacute disseminated pulmonary tuberculosis with a favorable course can be:
1) Complete resorption compaction and fibro-sclerotic changes
2) Calcination
17. Chronic disseminated pulmonary tuberculosis is characterized by the onset:
1) Acute
2) Subacute
3) oligosymptomatic
4) All of the above is correct
18. The nature of the foci in chronic disseminated tuberculosis
1) small
2) Medium
3) Large different
19. X-ray in chronic disseminated tuberculosis revealed:
1) Small non-confluent foci, association of the lung pattern
2) Large foci, sometimes merging into conglomerates
3) Polymorphic foci in the upper-middle sections, reticular pneumosclerosis, pulled-up roots, drip heart, emphysema.
20. What is not typical for tuberculous meningitis
1) Facial asymmetry
2) Anisocoria
3) Unilateral ptosis
4) Strabismus
5) Exophthalmos
21. What clinical symptom is typical for tuberculous meningitis?
1) Acute onset of the disease
2) Headache
3) Stiff neck
4) Defeat III , VI , VII , IX , XII pairs of cranial nerves.

Focal pulmonary tuberculosis

1. Focal tuberculosis is:
1) Tuberculous process of limited extent
2) Tuberculous process with an erased clinical picture
3) Tuberculous process with an unexpressed clinic, poor bacterial excretion , the presence of single or multiple foci in one or two segments.
2. Factors of pathogenesis of focal tuberculosis
1) Exogenous superinfection
2) Reactivation of residual post-tuberculous changes in the lungs
3) Reactivation of intrathoracic lymph nodes
4) All of the above is correct

3. The main clinical and radiological types of focal tuberculosis, except for:
1) Soft-focal
2) Fibrofocal
4) Inactive
4. The main ways of spread of infection in focal tuberculosis, except for:
1) Hematogenous
2) Lymphogenic
3) Bronchogenic
5. What research is used to determine the activity of focal tuberculosis
1) Bronchoscopy
2) Koch test
3) Biopsy of the focus
6. What formation is called a focus in X-ray examination?
1) Before 1 см.
2) Before 5 см.
3) Before 7 см.
4) Before 10 см.
7. What are the complaints of patients with newly diagnosed focal tuberculosis?
1) Dyspnea
2) Temperature rise
3) Headaches
4) Weakness, fatigue
8. Examination data for focal pulmonary tuberculosis
1) The chest is symmetrical, lagging behind when breathing on one side
2) The chest is not changed, symmetrically participates in the act of breathing
3) Retraction of the chest on one side
4) All of the above is correct
5) All of the above is incorrect
9. Percussion data in focal pulmonary tuberculosis
1) Shortening of percussion sound above the apex on one side, moist rales
2) Box sound in the lower lung
3) Slight shortening of percussion sound in a limited area
4) Tympanic sound in the interscapular space
10. Data of auscultation in focal pulmonary tuberculosis
1) Various wet rales in a limited area
2) Scattered dry rales
3) Crepitus over the affected area
4) All of the above is correct
5) All of the above is incorrect
11. What laboratory data confirm the activity of focal pulmonary tuberculosis
1) ESR increase
2) Leukocytosis
3) Shift of the leukocyte formula to the left
4) Bacterioexcretion
5) All of the above are correct
12. In what material in patients with focal tuberculosis is MBT more often found?
1) Biopsy of intrathoracic lymph nodes
2) Wash water of the stomach
3) Phlegm
4) Bronchoalveolar lavage fluid
13. The prevalence of the process in focal pulmonary tuberculosis
1) One segment
2) One or two segments
3) One or two segments of both lungs

4) All of the above is correct
14. What radiological sign does not apply to focal tuberculosis
1) Round shadow of medium intensity 8 мм. in diameter
2) Low-intensity shadows 5- 9 ммin diameter
3) Rounded shadow of medium intensity 15- 18 ммin diameter
4) Polymorphic shadows size 2-4 мм
15. Mutual arrangement of foci in focal pulmonary tuberculosis
1) Uniform
2) dense
3) Chaotic
4) Group
16. X-ray picture of soft- focal pulmonary tuberculosis
1) The presence of foci of increased intensity with clear contours
2) The presence of foci of low intensity with fuzzy contours
3) The presence of focal shadows of an inhomogeneous structure extending from the apex to the third rib
4) The presence of foci of low and medium intensity in all lung fields
17. X-ray picture of fibro-focal pulmonary tuberculosis
1) Foci of increased intensity with clear contours against the background of pneumosclerotic changes
2) Foci of low intensity with fuzzy contours
3) The presence of focal fields of medium intensity with a size of 1,5 см.
18. What phase is rarely detected in focal pulmonary tuberculosis
1) Infiltration
2) Decay
3) resorption
4) Seal
19. The dimensions of the decay cavity in focal pulmonary tuberculosis are characterized by:
1) small size
2) medium size
3) Significant size
20. In what disease are the foci located in the upper lobes of the lungs?
1) Carcinomatosis
2) Sarcoidosis
3) Tuberculosis
4) Silicosis

Infiltrative tuberculosis

1. The development of infiltrates is most often preceded by:
1) Focal pulmonary tuberculosis
2) Exacerbation of calcified intrathoracic lymph nodes
3) Tuberculoma
4) Foci after primary screening (abrikosova , Simona)
5) Gon's hearth
2. Infiltrative pulmonary tuberculosis is:
1) Tuberculosis of the lungs characterized by an area of blackout
2) Tuberculosis of the lungs, manifested by the clinic of pneumonia
3) Pulmonary tuberculosis, characterized by inflammatory changes with a predominance of the exudative component and caseous necrosis in the center
3. The severity of clinical symptoms in infiltrative tuberculosis determines
1) Volume of lung injury
2) Type of infiltrate
3) Decay of lung tissue
4) Clinical manifestations of the disease
5) All of the above is correct

6) All of the above is incorrect
4. For a rounded infiltrate, the most typical:
1) Homogeneous or non-uniform rounded focus with clear contours and foci around and enlightenment in the center
2) Homogeneous, irregularly shaped focus without clear boundaries
3) Triangular heterogeneous area with foci around
5. What residual changes are formed during the effective treatment of round infiltrate
1) Area of pneumosclerosis
2) Dense focus with moderate pneumosclerosis
3) Tuberculoma
6. Round infiltrate must be differentiated from:
1) pneumonia
2) lung cancer
3) Echinococcus
4) Benign tumor
7. Cloud-like infiltrate is characterized by:
1) Clinical signs of pneumonia
2) Clinical symptoms of bronchitis
3) Absence of clinical manifestations
8. The main complaints of a patient with a cloud-like infiltrate
1) Weakness, headaches
2) Cough with a lot of sputum
3) Febrile temperature
4) Subfebrile temperature, slight cough with single spitting of mucous sputum
9. X-ray picture of a cloudy infiltrate
1) Rounded shadow with clear borders
2) Heterogeneous darkening of medium or low intensity without clear boundaries with a tendency to destruction
3) Shadow of medium intensity, located at the base on the underlined interlobar pleura
4) Darkening of medium or increased intensity, occupying the entire lobe of the lung
10. With effective treatment of a cloud -like infiltrate, the following can form:
1) Area of pneumosclerosis
2) Area of pneumosclerosis with foci
3) All of the above is correct
11. Cloudy infiltrate must be differentiated from:
1) pneumonia
2) lung cancer
3) Abscessing pneumonia
4) All of the above is correct
5) All of the above is incorrect
12. Characteristic radiographic signs of periscissuritis :
1) Inhomogeneous darkening, occupying the entire lobe of the lung
2) Homogeneous area of darkening of a rounded shape with foci
3) Shadow of medium intensity, triangular in shape, located on the basis of the underlined interlobar pleura
13. Clinical signs of periscissuritis :
1) Fever
2) Dry cough
3) Dry and fine bubbling moist rales
4) Shortening of percussion sound
5) Chest pain on affected side
6) All of the above is correct
7) All of the above is incorrect
14. Perescissuritis is mainly differentiated from:

1) Acute and abscessing pneumonia
2) lung cancer
3) Sarcoidosis
4) Eosinophilic pneumonia
15. What radiological sign is not typical for tuberculous lobit
1) Blackout area covering part of the beat
2) Shading area covering the entire lobe
3) The presence of a decay cavity
16. The main morphological difference between caseous pneumonia and a variety of infiltrative tuberculosis
1) Large damage volume
2) Predominance of caseous necrosis
3) More frequent breakdown
4) Tendency to bronchogenic dissemination
17. Clinical symptoms of caseous pneumonia
1) Acute onset
2) high fever
3) Moist cough
4) Many moist rales
5) All of the above is correct
6) All of the above is incorrect
18. Caseous pneumonia is characterized by
1) Scarce allocation of MBT
2) Mass allocation of MBT
3) Rare isolation of MBT
4) Single isolation of MBT
19. X-ray caseous pneumonia is:
1) Blackout area
2) Non-uniform shadow
3) High shadow intensity
4) Presence of decay
5) Bronchogenic dissemination
6) All of the above is correct
7) All of the above is incorrect
20. With effective treatment, caseous pneumonia often develops:
1) Area of pneumocirrhosis
2) Pneumosclerosis with foci
3) Multiple tuberculomas
4) Cirrhotic and fibrous-cavernous pulmonary tuberculosis

Tuberculoma of the lungs

1. The development of tuberculoma is most often preceded by:
1) Tuberculosis of intrathoracic lymph nodes
2) Fibrous-cavernous pulmonary tuberculosis
3) Disseminated pulmonary tuberculosis
4) Infiltrative pulmonary tuberculosis
2. Tuberculoma of the lungs is:
1) Focus of caseous necrosis, larger than 1 см., surrounded by specific granulation tissue
2) A focus of caseous necrosis, larger than 1 см., with specific and nonspecific inflammation around
3) Encapsulated focus of caseous pneumonia with a diameter of more than 1 см.
3. What morphological feature confirms the activity of tuberculoma
1) Dense lesions in the surrounding lung tissue
2) Perifocal inflammation
3) No calcification

4. Exacerbation of the tuberculous process in tuberculoma is associated with:
1) The appearance of symptoms of intoxication
2) The appearance of decay in the tuberculoma and a perifocal reaction around
3) MBT reproduction
5. Tuberculomas are considered large, size:
1) 1 - 2 см.
2) 3 - 4 см.
3) 5 см. and more
6. What percussion sound is determined in tuberculoma :
1) Dull or pulmonary
2) Crime -tympanic
3) Stupid
4) Tympanic
7. When auscultation is determined
1) Impaired vesicular breathing
2) Scattered dry rales
3) Vesicular breathing
4) Bronchial breathing and small bubbling moist rales
8. What complaint is not typical for pulmonary tuberculoma in the decay phase
1) Malaise
2) Pain in the side
3) hectic fever
4) Cough with phlegm
5) Hemoptysis
9. What radiographically confirms the progression of the process in tuberculoma ?
1) Turn on high intensity
2) Few high-intensity foci around tuberculoma
3) Perifocal infiltration
10. Variants of the clinical course of tuberculoma
1) Stationary
2) Progressive
3) Retrogressive
4) All of the above is correct
11. The most probable course of tuberculoma in the phase of infiltration and decay with effective treatment
1) Stationary process flow
2) Progression
3) Regression
12. If a patient with tuberculoma refuses treatment, the outcome of the process may be:
1) Stationary option
2) Progressive variant
3) Regressive variant of the course of the disease
13. With the appearance of a decay cavity in patients with tuberculoma bacterial excretion will be:
1) massive and permanent
2) Inexhaustible and fickle
3) Absent
14. Tuberculoma is more often localized in segments
1) 1,2,6,7
2) 3,5,8,9
3) 4,5,7,9
4) 1,2,6,10
15. Tuberculomas within the segment are more often localized
1) subpleural
2) In the central department

3) In the middle section
16. Tuberculoma in the phase of infiltration has a contour
1)Fuzzy
2)clear
3) Bumpy