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ASSESSMENT TOOLS FOR MIDTERM ASSESSMENT

Internal Diseases Propaedeutic (5th, 6th terms)

Curriculum	31.05.01 General Medicine
Specialty	General Medicine
Form of education	Full-time
Designer Department	Internal diseases
Graduate Department	Internal Diseases

SAMPLE TASKS AND TESTS

STAGE I: FORMATIVE ASSESSMENT (5TH SEMESTER)

POINTS ORAL QUIZ

1. Can you name the scheme of the case history?

2. The rules of taking the anamnesis.
3. What is the sequence of the general examination of the patient?
4. Can you name the types of disturbed consciousness?
5. What position in bed can a sick person take?
6. How is the nutritional status of the patient evaluated?
7. Diagnostic value of face examination.
8. What do people pay attention to when examining the skin?
9. Can you name the causes of cyanosis, jaundice and pale skin?
10. Can you name the causes of general and local edema?
11. How to assess the severity of subcutaneous fat?
12. What is a pasty?
13. What is an anasarca?

TEST PAPER – TEST ASSIGNMENTS (5TH SEMESTER)

I. Palpation of the chest can determine:

1. The location of the borders of the lungs
2. Pleural friction noise
3. Localization and cause of pain
4. Chest resistance
5. Vocal fremitus

II. The rigidity of the chest is observed at:

1. Massive compaction of lung tissue
2. Ossification of the costal cartilage
3. The pleural cavities filled with liquid
4. Formation of the cavity in the lung which communicates with the bronchus

III. Vocal fremitus is strengthened by the syndrome of:

1. Seals lung tissue
2. Increased airiness of the lung tissue
3. The fluid accumulation in the pleural cavity
4. Formation of the cavity in the lung which communicates with the bronchus
5. The air accumulation in the pleural cavity

IV. Vocal fremitus is weakened by the syndrome of:

1. Seals lung tissue
2. Increased airiness of the lung tissue
3. The fluid accumulation in the pleural cavity
4. The air accumulation in the pleural cavity
5. Inflammation of the bronchi

V. What diseases are characterized by increased vocal fremitus?

1. Adhesive pleurisy
2. Exudative pleurisy
3. Chronic bronchitis
4. Lung abscess after dissection
5. Croupous pneumonia in stage 2 of the disease

VI. What diseases are characterized by weakening of vocal fremitus?

1. Exudative pleurisy
2. Pneumothorax
3. Focal pneumonia
4. Lung abscess after dissection
5. Chronic bronchitis

VII. What diseases are characterized by weakening of vocal fremitus?

1. Emphysema
2. Pneumosclerosis
3. Central lung cancer (with complete obstruction of the bronchus)
4. Exudative pleurisy
5. Bronchoectatic disease

VIII. The rigidity of the chest is marked with

1. Bronchial asthma
2. Emphysema
3. Exudative pleurisy
4. Bronchitis
5. Croupous pneumonia

IX. Vocal fremitus is increased by

1. Pneumothorax
2. Hydrothorax
3. Formation in the lung cavity, communicating with the bronchus
4. Inflammation of the bronchi
5. Increased airiness of the lungs

Keys: I – 3,4,5; II – 2,3; III – 1,2; IV – 2,3,4; V - 4,5; VI - 1,2; VII – 1,2,3,4; VIII – 2,3; IX – 3.

Sample Case-studies for formative assessment

The syndromes of the lungs diseases.

1. The study of the patient's chest revealed an increase in its anterior-posterior size. The lower border of the lungs: to the right on the appropriate lines at the level of VII, VIII, IX, X, XI ribs, to the left – at the level of VIII, IX, X, XI ribs, height of standing tops to the right and left — 4,5 cm. What kind of pathology is it? What are the expected results when carrying out comparative percussion and auscultation of the lungs?

Answer: emphysema of the lung, box sound by percussion, weakened vesicular breathing

2. The right half of the patient's chest lags behind sharply when breathing, with comparative percussion a dull sound is determined in the right axillary region. What are the possible causes of these changes, what additional methods of physical research should be used to differentiate them?

Answer: Blunt sound can be caused by hydrothorax or lung compaction syndrome, it is necessary to conduct auscultation – with hydrothorax lack of breathing, with compaction of the lung – bronchial breathing.

TEST PAPER – TEST ASSIGNMENTS (6TH SEMESTER)

1. In bronchial asthma, the patient occupies a position:

1. active
2. passive
3. forced

2. In liver diseases, the skin color is:

1. hyperemia
2. bronze
3. yellow

3. In coma, the degree of depression of consciousness is:

1. minimal
2. complete loss

4. In heart failure, edema is noted:

1. face in the morning
2. lower limbs in the morning
3. lower limbs in the evening

5. In respiratory failure, the following is observed:

1. acrocyanosis
2. central cyanosis
3. pallor of the skin

TEST WORK – SITUATIONAL TASKS (6TH SEMESTER)

Patient A., 23 years old, complained of severe shortness of breath, fever, heaviness in the right side, and general weakness upon admission to the hospital.

She became ill acutely, a week ago. At first, she developed a slight dry cough, stabbing pains in the right side when breathing, which intensified with a deep breath, as well as with coughing, sweating, headaches, and her body temperature rose to 37.7 °C. She took aspirin on her own, without effect. Shortness of breath joined in and began to intensify, and her body temperature rose to 38.3 °C. Stabbing pains in the chest were replaced by a feeling of heaviness in the right side.

During the examination, the doctor found moderate cyanosis, an increase in the volume of the right half of the chest with smoothing of the intercostal spaces, and a lag in breathing in the right half of the chest. The respiratory rate was 35 per minute. There is no vocal fremitus on the right below the angle of the scapula. Percussion on the right reveals a zone of dull sound with an arched upper border, the upper point of which is located along the posterior axillary line. During auscultation, breathing is not heard over the area of dullness, and above the dullness, breathing with a bronchial tint.

1. What could be the cause of the patient's chest pain?
2. What syndromes can be established in the patient based on complaints and objective examination data?
3. What disease can cause the patient's clinical picture?

A 55-year-old man consulted a doctor complaining of squeezing pain behind the sternum, lasting up to 5 minutes. From the anamnesis it is known that the pain has been bothering for about 6 months, occurs during fast walking and climbing the stairs to the 1st floor, and is relieved at rest after 10 minutes. The father suffered from hypertension.

Objectively: the condition is satisfactory, the skin is clean, of physiological color. In the lungs, vesicular breathing, no wheezing, respiratory rate 16 per minute. Heart sounds are rhythmic, clear, no noise, heart rate 74 per minute, blood pressure 130/80 mm Hg. The abdomen is soft, painless. There is no edema.

Questions

1. Explain the mechanism of pain
2. Determine the syndrome
3. What is your presumptive diagnosis

TEST – MEDICAL HISTORY (6th SEMESTER)

The test is conducted to monitor students' acquisition of the lecture course knowledge, to assess the knowledge and skills acquired during practical classes, and to check the ability to solve various types of problems that develop professional abilities in accordance with the requirements of the specialist's qualification characteristics. The test is conducted according to the schedule during class hours in the volume stipulated by the work program for the discipline and the teacher's academic workload. The time for preparing for the test is included in the number of hours of independent work for students and should not exceed 4 hours. The test is assessed using differentiated assessment. In the event of an unsatisfactory grade received by the student, a new deadline for writing the test outside of class time is set. (Surgut State University Quality Management System QMS Surgut State University STO-2.12.5-15 Organization of Current Monitoring of Academic Performance and Midterm Assessment of Students Edition No. 2 p. 7 of 21)

WRITING A CLINICAL MEDICAL HISTORY (6TH SEMESTER)

The student independently selects a nosological form, develops and defends a medical history according to the proposed scheme

Main stages of writing a clinical history:

Title page (separate page)

1. Passport section.
2. Complaints: main and additional when questioning organ systems.
3. Medical history.
4. Medical history.
5. Data of objective examination of the patient.
6. Syndromes. Preliminary diagnosis.
7. Examination plan.
8. Data of laboratory and instrumental studies, consultants' opinions.
9. Clinical diagnosis (justification and formulation).
10. Patient treatment plan.
11. Curation diary.

TYPICAL QUESTIONS FOR THE TEST (5th semester)

The test assignments contain 2 theoretical questions and a list of practical skills.

List of theoretical points for oral quiz

1. Cough, types of cough. Detailing the complaint, the causes, diagnostic value of the symptom.
2. The separation of sputum. The types of sputum (mucoïd, mucopurulent, purulent, rottenness-tion). Detailing the complaint, the causes, diagnostic value of the symptom.
3. Hemoptysis. Pulmonary hemorrhage. Detailing the complaint, the causes, diagnostic value of the symptom. Difference from esophageal and gastric bleeding.
4. Chest pain in the disease of the pleura and respiratory muscles. Detailing the complaints, the causes, diagnostic value of the symptom.
5. Dyspnea (inspiratory, expiratory, mixed, tachypnea, stridor), shortness of breath. Mechanisms of occurrence, diagnostic value.
6. Central and peripheral cyanosis, the mechanism of its occurrence, diagnostic value.
7. Study of voice tremor in symmetrical areas of the chest. Diagnostic value in major bronchopulmonary syndromes.
8. The nature of percussion sound in symmetrical areas of the chest normally and by major bronchopulmonary syndromes.
9. Vesicular respiration. Mechanism of occurrence. Diagnostic value by the major bronchopulmonary syndromes.
10. Bronchial breathing. Mechanism of occurrence. Diagnostic value by the major respiratory syndromes.

11. Hard breath. Mechanism of occurrence. Diagnostic value by the basic bronchopulmonary syndromes.
12. Dry bass and treble rales. Mechanism of occurrence. Diagnostic value.
13. Crackles: voiced and unvoiced, small-, medium - and large bubbly wheezing. Mechanism of occurrence. Diagnostic value.
14. Crepitus, mechanism of formation, differences between the rales and noise of friction of pleura. Diagnostic value.
15. The noise of friction of the pleura, the mechanism of occurrence, differences from the wheezing and fastening. Diagnostic value.
16. Shortness of breath in heart disease (heart failure). Detailing the complaint, the causes, diagnostic value of the symptom.
17. Apical push. Characteristics of the apical push. Diagnostic value.
18. Cardiac impulse and epigastric pulsation. Diagnostic value.
19. Determination of systolic and diastolic tremor in the heart. Palpation of the heart base. Diagnostic value.
20. Diagnostic value of changes in the boundaries of relative dullness of the heart.
21. Diagnostic value of changes in the boundaries of absolute dullness of the heart.
22. The 1st and the 2nd cardiac tones. Basic properties of tone. Change of the first tone in pathology. Diagnostic value.
23. The 3rd and the 4th cardiac tones. Basic properties of tone. Mechanism of occurrence. Gallop rhythm. Diagnostic value.
24. The murmur of mitral regurgitation. Character, timbre, duration of noise. Places of the best auscultation of murmurs, ways of murmur conduction of heart. Diagnostic value.
25. Types of edema (cardiac, renal, impaired local venous circulation, giponatriemie), the cause, their location, prevalence and rainnot.
26. Pain in the epigastric region: early, late, night, hungry pain. Spasticity and distension pain. Details of the complaint. Diagnostic value.
27. Peritoneal abdominal pain. Details of the complaint. Diagnostic value. Symptom of peritoneal irritation by Schetkin-Blumberg. Diagnostic value.
28. Dyspeptic phenomena: nausea, vomiting, heartburn, belching. Detailed characteristics, mechanisms and diagnostic significance of these symptoms.
29. Constipation, diarrhea. Mechanism of origin, diagnostic value.
30. Gastrointestinal bleeding: esophageal, gastric, and intestinal. Clinical signs. Diagnostic value.
31. Biliary colic. The mechanism of pain, their diagnostic value.
32. Spider veins. Hepatic palms. Gynecomastia. Diagnostic value.
33. Renal colic. Details of the complaint.
34. Violation of urination: oliguria, strangury, ischuria, polyuria, anuria, floor-lacure. Diagnostic value.

List of theoretical points for oral quiz: syndromes of diseases of internal organs

1. Bronchial obstruction syndrome.
2. Syndrome of lobar and focal compaction of pulmonary tissue.
3. Syndrome of the air cavity in the lung connected to the bronchus and pneumothorax syndrome.
4. Emphysema syndrome.
5. Syndrome of fluid accumulation in the pleural cavity (hydrothorax) with compression atelectasis syndrome.
6. Restrictive respiratory failure.

7. Obstructive respiratory failure.
8. Acute coronary insufficiency syndrome (angina, myocardial infarction).
9. Syndrome of acute left ventricular failure. Heart asthma, pulmonary edema.
10. Syndrome (biventricular) chronic heart failure.
11. The syndrome of acute vascular insufficiency (faint, collapse, shock).
12. The syndrome of hypertension.
13. Syndromes of cardiomegaly (hypertrophy and dilation of the heart).
14. Syndrome of hypertension of the small circle of blood circulation.
15. Small bowel syndrome (enteritis).
16. Syndrome lesions of the colon (colitis).
17. The syndrome of 'acute abdomen'.
18. Syndromes of esophageal, gastric and intestinal bleeding.
19. The syndrome of parenchymatous (hepatic) jaundice.
20. Syndromes of mechanical (obstructive) jaundice.
21. Syndromes of hemolytic (adrenal) jaundice.
22. Portal hypertension syndrome.
23. The syndrome of hepatic-cellular insufficiency (hepatic coma).
24. The syndrome of biliary colic.
25. Renal colic syndrome.
26. Nephrotic syndrome.
27. Nephritic syndrome.
28. Renal failure syndrome (acute and chronic). Uremic coma.
29. The syndrome of anemia.
30. Syndrome, hyperthyroidism, hypothyroidism.

List of theoretical points for oral quiz: diseases of internal organs

1. Chronic bronchitis
2. Focal pneumonia
3. Lobar pneumonia
4. Lung abscess
5. Bronchial asthma
6. Dry and exudative pleurisy
7. Spontaneous pneumothorax
8. Emphysema
9. The respiratory distress syndrome
10. Coronary heart disease: angina pectoris
11. Coronary heart disease: myocardial infarction
12. Hypertension and symptomatic hypertension
13. Mitral valve insufficiency
14. Stenosis of the left atrioventricular orifice
15. Aortic valve insufficiency
16. Stenosis of estuary of aorta
17. Tricuspid valve failure
18. Acute and chronic heart failure syndrome
19. Chronic pulmonary heart
20. Chronic gastritis
21. Gastric and duodenal ulcer
22. Chronic enteritis and colitis
23. Chronic hepatitis

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24. Cirrhosis
 25. Cholelithiasis
 26. Cholecystitises
 27. Jaundice syndrome: parenchymal, mechanical and hemolytic
 28. Hepatic cell failure syndrome
 29. Acute glomerulonephritis
 30. Chronic glomerulonephritis
 31. Nephrotic syndrome
 32. The syndrome of chronic renal failure. Uremic coma
 33. Acute post-hemorrhagic anemia
 34. Chronic iron deficiency anemia
 35. B12-folic deficiency anemia

Sample examination card:

Surgut State University
 Medical Institute
 Specialty "General Medicine"
 Department of Internal Diseases
 Discipline: Propaedeutics of Internal Diseases
 3rd year

CARD №15

1. Sputum separation. Types of sputum (mucous, mucopurulent, purulent, putrefactive). Details of the complaint, causes of occurrence, meaning of the symptom.
2. Syndrome of damage to the small intestine (enteritis).
3. Mitral valve insufficiency.

Head of the Department of Internal Diseases
 MD, Professor

O. L. Aryamkina

Associate Professor

PhD, O.O. Rybalka

List of points for practical skill:

1. General examination of the patient. Assessment of skin, mucous membranes. Determination of edema, evaluation of subcutaneous fat. Palpation of lymph nodes. Examination, palpation of the musculoskeletal system.
2. Examination and palpation of the chest. Interpretation of results.
3. Comparative percussion of the lungs. The change of percussion sound by the main bronchopulmonary syndromes.
4. Topographic percussion of the lungs: determination of the upper, lower border of the lungs and respiratory excursion of the lower edge of the lungs. Interpretation of the results.
5. Auscultation of the lungs. Interpretation of the results.
6. Examination and palpation of the heart. Definition and characteristics of the apical shock. Interpretation of the results.
7. Limits of relative dullness of the heart: determination of the right, left and upper limits.
8. Determination of the boundaries of absolute dullness of the heart: left, upper, right. Interpretation of the results.
9. Determination of the diameter of the heart, the width of the vascular bundle, the configuration of the heart. Signs of dilation of the heart cavities. Interpretation of the results.

10. Auscultation of heart. Interpretation of the results.
11. Examination, superficial tentative palpation and auscultation of the abdomen. Interpretation of the results. Determination of symptoms of Mendel, Schetkin-Blumberg. Signs of 'acute' belly.
12. Methodical deep sliding palpation by V. P. Obrastsov and N. D. Strazhesco. Interpretation of the results of palpation.
13. Belly percussion. Three methods of determination of ascites. Interpretation of the results.
14. Percussion determination of the boundaries of the liver by Kurlov. Determination of the size of the liver by Kurlov (according to percussion and palpation of the liver).
15. Palpation of the liver. Interpretation of the results.
16. Palpation of the gallbladder. Determination of the symptoms Kera, Mussi-St. George (right-sided Frenikus-symptom), Murphy and Lepene. Interpretation of the results.
17. Percussion and palpation of the spleen. Interpretation of the results.
18. Demonstration of the research methods needed to diagnose fluid syndrome in the pleural cavity (hydrothorax).
19. Demonstration of the research methods necessary for the diagnosis of pulmonary lobar syndrome.
20. Demonstration of the research methods necessary for the diagnosis of obstructive atelectasis syndrome.
21. Demonstration of the research methods necessary for the diagnosis of air syndrome in the pleural cavity (pneumothorax).
22. Demonstration of the research methods necessary for the diagnosis of syndrome of arterial hypertension.
23. Examination of the lumbar region, the "tapping" symptom, palpation of the ureteral points, kidneys.
24. Methods of palpation of the thyroid gland.