

Документ подписан простой электронной подписью
Информация о владельце:
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EVALUATION TOOLS
Appendix to the work program for the discipline

PEDIATRIC GYNECOLOGY

Code, direction of training	31.05.01 Medical practice
Directionality (profile)	Medical practice
Form of study	full-time
Department of Development	Obstetrics, gynecology and perinatology
Graduating department	Internal diseases

Task for Test

Writing an abstract

The test is administered to assess students' mastery of the lecture course, evaluate knowledge and skills acquired during practical classes, and test their ability to solve various problems that develop professional skills in accordance with the requirements of the specialist's qualification profile. The test is administered according to the schedule during class hours and is scheduled for the duration specified by the course curriculum and the instructor's teaching load. Time for preparing for the test is included in the student's independent work schedule and should not exceed four hours. The test is graded using differentiated assessment. If a student receives an unsatisfactory grade, a new test is scheduled outside of class time.

(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 an abstract involves an in-depth study of the identified problem.

An abstract (from the Latin refero – I report, I communicate) is a special essay that defines the goals, objectives, and conclusions outlining the main provisions of a topic or problem.

The topics of the abstracts are presented in the Funds of assessment tools and in the teaching aids for independent work of the resident of the corresponding work program.

Abstracts are presented in class in accordance with the chosen topic and the calendar-thematic plan, and are submitted to the teacher strictly by the specified deadline.

The selected information must be integrated into the text according to a certain logic. The abstract consists of three parts: introduction, main body, and conclusion;

a) in the introduction it would be logical to justify the relevance of the topic (why this topic was chosen, how it is connected with modernity and science);

purpose (must correspond to the topic of the paper);

tasks (ways to achieve a given goal) are displayed in the titles of the paragraphs of the work;

b) The main body provides a description and analysis of the topic of the paper as a whole, followed by a summary of the selected information in accordance with the stated objectives. At the end of the chapter, a conclusion (or sub-conclusion) should be provided, beginning with the words: "Thus...", "So...", "Therefore...", "In conclusion of the chapter, we note...", "All of the above allows us to conclude...", "To summarize...", etc.

c) the conclusion contains conclusions by chapter (1-1.5 pages). It is appropriate to express your point of view on the problem under consideration.

The abstract may be presented in the form of a presentation, but the basic requirements for the abstract must be met, including the correct formatting of the bibliography!

The abstract's topic requires the inclusion of several specialized sources (at least 8-10 publications, monographs, reference works, and textbooks). Preference is given to publications in specialized journals and monographs by recognized experts in the relevant field. The use of foreign literature is mandatory.

Topics of essays for test papers:

1. Non-specific inflammatory diseases of the genital organs in children and adolescents (vulvovaginitis , synechia of the labia minora, vulvar dystrophy).
2. Inflammation of the genitals of specific etiology. Routes of infection, classification, and clinical presentation.
3. Diagnosis and treatment regimens for sexually transmitted infections in children.
4. Developmental anomalies of the uterus and vagina
5. Delayed puberty.
6. Precocious sexual development.
7. Viril syndrome, classification, frequency.
8. Transient dicephalic syndrome, etiology, pathogenesis, clinical picture, diagnosis, treatment, prognosis.
9. Ovarian hyperandrogenism (PCOS), clinical features, diagnosis, treatment .
10. Adrenogenital syndrome – etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis of AGS, treatment.
11. Amenorrhea in girls.
12. Juvenile uterine bleeding.
13. Examination methods in pediatric gynecology. Additional types of specialized examination.
14. Abdominal pain syndrome. Causes and underlying causes of abdominal pain in adolescents.
15. Pregnancy in young women: the impact of pregnancy on a girl's body; pregnancy diagnosis; characteristics of the course of pregnancy; pregnancy and childbirth management.
16. Principles of adolescent contraception, selection of a contraceptive method and possible complications, indications and contraindications, medical supervision.

Stage: conducting interim assessment in the discipline – credit

The midterm assessment is conducted as a test. The test consists of an oral examination and a series of test questions. The test ticket contains one theoretical question and 20 test questions. The results of the intermediate knowledge assessment are assessed as: “passed”; “failed”.

<i>Task for assessing the "Knows" descriptor</i>
Theoretical questions for the test:
1. Key stages of gynecological care for children in the Russian Federation. The importance of routine medical examinations .
2. Medical examination. Dispensary registration groups for adolescent girls. Infertility risk groups.

3. Adolescent health indicators. Structure of childhood gynecological morbidity.
4. Classification of periods of sexual development.
5. Intrauterine period of development of the reproductive system. Critical periods of embryogenesis.
6. Development of the paramesonephric ducts during the embryonic period. Stages of embryogenesis.
7. Neonatal period (1-10 days of life). Sexual crises of newborns.
8. Childhood period. Characteristics of the functional activity of the system.
9. Puberty period. Pathological puberty .
10. Assessment of the degree of development and functioning of the girl's reproductive system: characteristics of adolescence (biological, psychological, social, clinical).
11. Non-specific inflammatory diseases of the genital organs in children and adolescents (vulvovaginitis , synechia of the labia minora, vulvar dystrophy).
12. Inflammation of the genitals of specific etiology. Routes of infection, classification, clinical presentation.
13. Diagnosis and treatment regimens for sexually transmitted infections in children.
14. Classification of developmental anomalies of the uterus and vagina.
15. Aplasia of the uterus and vagina (Mayer- Rokitansky - Küstner-Hauser syndrome): clinical features, diagnosis and treatment.
16. Aplasia of the uterus and cervix in the presence of a vagina: clinical features, diagnosis and treatment.
17. Aplasia of the cervix with or without aplasia of the vagina with a functioning uterus: clinical presentation, diagnosis and treatment.
18. Vaginal aplasia with a functioning uterus: clinical features, diagnosis and treatment.
19. Hymenal atresia: clinical picture, diagnosis and treatment.
20. Defects associated with a combination of duplication and aplasia of certain parts of the reproductive tract (unicornuate uterus, uterus with an additional functioning "horn" communicating with it, duplication of the uterus and vagina with complete or partial aplasia of one or both vaginas): clinical presentation, diagnosis and treatment.
21. Classification of causes and etiology of delayed puberty.
22. Cerebral form of delayed sexual development. Diagnosis and treatment.
23. Gonadal (ovarian) form of delayed sexual development. Diagnosis and treatment.
24. Precocious puberty. Nosological forms.
25. True precocious puberty (central, constitutional, suprarenal forms). Diagnosis, differential diagnosis, treatment.
26. False precocious puberty, incomplete (isolated) forms of precocious puberty. Diagnosis, differential diagnosis, treatment.
27. Viril syndrome, classification, frequency.
28. Transient dicephalic syndrome, etiology, pathogenesis, clinical picture, diagnosis, treatment, prognosis.
29. Ovarian hyperandrogenism (PCOS), clinical features, diagnosis, treatment .
30. Adrenogenital syndrome – etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis of AGS, treatment.
31. Amenorrhea in girls, terminology, etiology.
32. Algorithms for examination of amenorrhea in girls, treatment.
33. Frequency, etiology, pathogenesis juvenile uterine bleeding.
34. Stages of examination of patients with juvenile uterine bleeding. Differential diagnosis.
35. Stages of treatment of patients with juvenile uterine bleeding.
36. Hemostatic therapy of juvenile uterine bleeding (non-hormonal correction, hormonal hemostasis).
37. Surgical hemostasis in juvenile uterine bleeding (indications, features of the technique).
38. Algorithm of emergency care for juvenile bleeding.

39. The second stage of treatment for patients with juvenile uterine bleeding . Non-hormonal stimulation of the menstrual cycle, hormonal correction.
40. Examination methods in pediatric gynecology. Additional types of special examination.
41. Abdominal pain syndrome. Prerequisites and main causes of abdominal pain in adolescents.
42. Sequence of diagnostic measures for abdominal pain syndrome, differential diagnostic criteria.
43. Algomenorrhea – etiology and pathogenesis, clinical features, algomenorrhea assessment scale , step-by-step examination, treatment.
44. Appendicular-genital syndrome, management of adolescent girls with appendicitis.
45. Endometriosis , features of the clinical picture in adolescence, algorithm of the treatment process, prevention.
46. Pregnancy in young women: the impact of pregnancy on the girl's body; diagnosis of pregnancy; features of the course of pregnancy; management of pregnancy and childbirth.
47. Principles of adolescent contraception, selection of a contraceptive method and possible complications, indications and contraindications, medical supervision.

Task for the assessment indicator of the descriptor "Can do", "Has mastered"

Examples of test questions for midterm assessment

Test results are valid if there is one or more correct answers.

1. Treatment of delayed puberty of ovarian origin

- A. estrogen replacement therapy
- B. progestogen replacement therapy
- C. use of glucocorticoids
- D. a and b are correct
- E. b and c are correct

2 . The absence of sexual development is due to

- A. infectious diseases suffered in early childhood
- B. history of inflammatory processes of the pelvic organs of viral etiology during puberty
- C. chromosomal abnormalities
- D. all of the above
- E. none of the above

3. Vaginal bleeding not associated with menstruation at the age of 11-12 years may be a consequence

- A. injuries
- B. vitamin C deficiency
- C. abortion
- D. a) and c) are correct
- E. all of the above

4. For the prevention of menstrual dysfunction in girls during puberty, it is especially important

- A. systematic morning exercise followed by water treatments (shower or dousing the body in parts)
- B. enough sleep
- C. control of bowel and bladder functions
- D. all of the above
- E. a) and b) are correct

5. In genital infantilism, the ratio of the cervix and body of the uterus usually corresponds

- A. 1:3
- B. 1:2
- C. 1:1
- D. 3:1
- E. 2:1

6. Treatment of algomenorrhea in a girl consists of the use of

- A. sedative drugs
- B. magnesium preparations
- C. NSAIDs (prostaglandin inhibitors)
- D. vitamin E
- E. all of the above

7. During puberty, dysfunctional uterine bleeding most often has the character

- A. ovulatory

- B. anovulatory , acyclic
- C. both of them
- D. neither one nor the other

8. Endometrial hyperplasia in a girl is caused by

- A. follicle persistence
- B. follicular atresia
- C. both
- D. neither one nor the other

9. Patients with dysfunctional uterine bleeding during puberty differ from healthy peers

- A. sexual morphotype that is ahead of the norm
- B. intersex morphotype
- C. infantile morphotype
- D. all of the above
- E. none of the above

10. Treatment of dysfunctional uterine bleeding in adolescence includes

- A. physiotherapy treatment
- B. vitamins
- C. uterotonics
- D. hemostatic drugs
- E. all of the above
- a. none of the above

No.	ANSWERS
1	D
2	C
3	D
4	D
5	D, E
6	E
7	B
8	C
9	D
10	E