ASSESSMENT MATERIALS

for the discipline "HEMATOLOGY"

Higher Education Level

SPECIALIST DEGREE

Field of study: 31.05.01 – Russian Federation; 560001 – Kyrgyz Republic, General Medicine

(code and name of the field of study)

Qualification: Physician (General Practitioner)

2026 y.

These assessment materials are intended to assess students' knowledge in the General Medicine specialty in the discipline "Hematology".

The assessment materials were reviewed and approved at a meeting of the Department of Therapy.

Minutes No. 26 dated "08" 2026

Head of the Department of Therapy: _____ Doctor of Medical Sciences, Professor I.S. Sabirov
Department name *Signature* *Full name*

Prepared by:

Lecturer: _____ A.A. Bayramukova
Position *Signature* *Full name*

Lecturer: _____ N.A. Sverdlov
Position *Signature* *Full name*

1. LIST OF COMPETENCIES INDICATING THE STAGES OF THEIR DEVELOPMENT DURING THE STUDY OF THE DISCIPLINE

Competencies to be developed	Planned learning outcomes for the discipline describing the stages of competency development	Assessment methods / section code in this document
PC-5: Able and prepared to conduct and interpret patient interviews, physical examinations and clinical assessments; interpret the results of modern laboratory and instrumental investigations; and complete outpatient and inpatient medical records for adults and children.	**KNOW: The methodology of clinical examination of patients with blood disorders: algorithms for history taking and physical examination (inspection, palpation, percussion and auscultation) in adults and children. Anatomical and physiological features; normal and pathological findings in the organs and haematopoietic system. Clinical presentation: the main symptoms and syndromes of the most common diseases. Diagnostic methods for blood disorders and interpretation of their results.**	**Section C** Practical skills (bedside / simulation) Clinical case discussion (Physical examination, interpretation of test results) **Section D** Analytical work / written case analysis (Клинический разбор diagnostic case discussion) Preparation and presentation presentation of a clinical case
	BE ABLE TO: Obtain a medical history from a haematology patient: conduct a detailed interview with the patient (or legal representatives if the patient is a child), identify complaints and establish the history of the disease. Perform a physical examination: conduct a complete objective examination by organ system in adult patients and children of different ages.	**Section B** Clinical cases (cases) Written analysis of a clinical scenario (Completion of records, medical histories, and prescriptions)
	HAVE PRACTICAL SKILLS IN: Clinical reasoning: correlating interview, examination and laboratory/instrumental findings to establish a preliminary or final diagnosis in a patient with a blood disorder. Physical examination techniques: practical skills in palpation, percussion and auscultation (e.g. auscultation of the heart and lungs, abdominal palpation). Analysis of laboratory	**Section D** Analytical work / written case analysis (Клинический разбор diagnostic case discussion) Preparation and presentation presentation of a clinical case

	and instrumental findings in haematology patients.	
PC-16: Able and prepared to use diagnostic algorithms to formulate the primary diagnosis, comorbidities and complications in accordance with the ICD, and to perform essential diagnostic procedures to identify emergencies and life-threatening conditions.	**KNOW: Algorithms for disease-specific diagnosis: principles and sequence of formulating a diagnosis (identification of the primary disease, its complications and comorbid conditions).**	**Section A** Questions for module assessment Questions for interim assessment Test questions Oral questioning
	BE ABLE TO: Formulate a comprehensive haematological diagnosis, specifying the form, stage (cytogenetic/molecular subtype), disease course and severity of manifestations (e.g. degree of anaemia or cytopenia). Recognise haematological emergencies and promptly differentiate signs of acute DIC, severe haemolysis or incipient septic shock in the setting of agranulocytosis.	**Section C** Practical skills (bedside / simulation) Clinical case discussion case discussion (Физикальное examination, interpretation of test results)
	HAVE PRACTICAL SKILLS IN: The algorithm for differential diagnosis of critical haematological conditions, including rapid identification of the causes of haemorrhagic or anaemic shock in haematology patients.	**Section D** Analytical work / written case analysis (Клинический разбор diagnostic case discussion)
PC-17: Able and prepared to provide essential treatment for the most common diseases and conditions in adults and children in outpatient and inpatient settings.	**KNOW: Principles of treatment of haematological diseases: current standards and clinical guidelines for the treatment of anaemias of various aetiologies, haematological malignancies (leukaemias, lymphomas), myeloproliferative diseases and coagulopathies in adults and children. Pharmacotherapy in haematology: mechanisms of action, regimens, adverse effects and contraindications of the main drug groups. Basics of transfusion medicine: indications, contraindications and rules for blood transfusions.**	**Section D** Analytical work / written case analysis (Клинический разбор diagnostic case discussion)
	BE ABLE TO: Prescribe pathogenetic treatment and develop a plan of conservative therapy for the most common	

	diseases. Arrange transfusion support.	
	HAVE PRACTICAL SKILLS IN: Algorithms for choosing treatment strategies, including clinical decision-making on outpatient treatment versus emergency or elective admission to a haematology ward. Management of acute conditions, including provision of first aid and specialised care for haematological complications (control of haemorrhagic syndrome in haemophilia or thrombocytopenia, and treatment of acute haemolytic crisis).	
PC-18: Able and prepared to provide medical care for acute diseases and conditions and exacerbations of chronic diseases that are not life-threatening and do not require emergency medical care.	**KNOW: Clinical manifestations of exacerbations of chronic haematological diseases: symptoms of decompensated chronic anaemias (iron-deficiency and vitamin B12-deficiency), exacerbations of immune thrombocytopenia, and routine courses of haematological malignancies and myelofibrosis. Principles of urgent (but not emergency) treatment in haematology.**	**Section C** Practical skills (bedside / simulation) Clinical case discussion case discussion (Физикальное examination, interpretation of test results)
	BE ABLE TO: Assess the severity of an exacerbation and differentiate non-life-threatening deterioration (e.g. a decrease in haemoglobin to 80 g/L or platelets to 50 × 10^9/L) from terminal critical conditions. Prescribe and adjust symptomatic treatment.	**Section C** Practical skills (bedside / simulation) Clinical case discussion case discussion (Физикальное examination, interpretation of test results)
	HAVE PRACTICAL SKILLS IN: Algorithms for managing scheduled haematology patients with decompensation, including selection of individual treatment regimens in the outpatient setting. Interpretation of changes in laboratory tests, including serial assessment of complete blood count and blood biochemistry to monitor the effectiveness of outpatient treatment of an	**Section C** Practical skills (bedside / simulation) Clinical case discussion case discussion (Физикальное examination, interpretation of test results)

	exacerbation.	

Course Assessment and Progression Map

Specialty: General Medicine

Year 4, Semester 8, Credits (ECTS) – 2, Assessment – Pass/Fail

Course module titles according to the course syllabus	Assessment	Assessment format	Minimum points	Maximum points	Assessment schedule
Module 1					
Physiology and pathophysiology of the blood system. Clinical and laboratory diagnosis of blood diseases. Anaemias. Leukaemias.	Ongoing assessment	Oral questioning. Practical diagnostic examination skills, attendance. Essays (presentations)	5	15	26/36
	Module assessment	Test No. 1 (two written questions, a clinical case and laboratory tests)	15	20	
Module 2					
Lymphomas. Monoclonal gammopathies. Multiple myeloma. Haemostatic disorders. Emergency haematology. Transfusion medicine	Ongoing assessment	Oral questioning. Practical diagnostic examination skills, attendance. Essays (presentations)	5	15	30/40
	Module assessment	Test No. 2 (two written questions, a clinical case and laboratory tests)	15	20	
TOTAL for the semester			40	70	
Interim assessment (pass/fail)			20	30	
Semester course rating			60	100	

APPENDIX 2

HAEMATOLOGY TEST QUESTIONS – SEMESTER 8

SECTION A

1. In patients with vitamin B12-deficiency anaemia, reticulocytosis is expected to appear after vitamin B12 administration:

A) on days 12–14

B) on days 2–3

C) on days 4–5

D) after one month

2. The main differential diagnostic feature distinguishing iron-deficiency anaemia from anaemias associated with impaired haem synthesis is:

A) anisocytosis

B) severity of anaemia

C) colour index

D) serum iron level

3. Indicate the pathomorphological substrate of leukaemia:

A) reticular infiltration of the bone marrow

B) Howell–Jolly bodies

C) Hodgkin cells

D) blast cells

4. The phenomenon of a "leukaemic hiatus" in leukaemia is characterised by:

A) absence of intermediate forms between blasts and granulocytes

B) a left shift in the leukocyte differential

C) absence of lymphocytes in the blood

D) an increased leukocyte count

5. Haemophilia belongs to which group of disorders:

A) infectious-allergic vasculitides

B) vasculopathies

C) coagulopathies

D) thrombocytopathies

6. The type of bleeding in haemorrhagic microthrombovasculitis is:

A) petechial–ecchymotic

B) vasculitic–purpuric

C) mixed

D) angiomatous

7. An indication for blood component therapy is a haemoglobin level below:

A) 110 g/L

B) 70 g/L

C) 50 g/L

D) 60 g/L

8. A 65-year-old patient has lymphadenopathy. The blood test shows leukocytosis with absolute lymphocytosis and smudge cells (Botkin–Gumprecht shadows). What is your diagnosis:

A) acute lymphoblastic leukaemia

B) Hodgkin lymphoma

C) chronic lymphocytic leukaemia

D) multiple myeloma

9. Vitamin B12-deficiency anaemia may occur in all of the following conditions except:

A) pregnancy

B) chronic gastritis with secretory insufficiency

C) gastric cancer

D) status after gastrectomy

10. Folate-deficiency anaemia is treated by prescribing:

A) oral folic acid preparations

B) vitamin B12

C) vitamin B12 and folic acid

D) a combination of vitamins C, B12 and folic acid

11. Cryoprecipitate is used in:

A) haemophilia B

B) haemophilia C

C) haemophilia A

D) gastric bleeding

12. Massive transfusion syndrome occurs when the volume of stored blood administered to a patient within 24 hours exceeds:

A) 10% of circulating blood volume

B) 20% of circulating blood volume

C) 30% of circulating blood volume

D) 40% of circulating blood volume

13. Botkin–Gumprecht cells are found in:

A) chronic lymphocytic leukaemia

B) chronic myeloid leukaemia

C) chronic monocytic leukaemia

D) polycythaemia vera

14. Proliferation of myeloblasts in the bone marrow indicates:

A) multiple myeloma

B) acute myeloblastic leukaemia

C) acute plasmablastic leukaemia

D) polycythaemia vera

15. Haematocrit is increased in:

A) myelofibrosis

B) chronic lymphocytic leukaemia

C) chronic myeloid leukaemia

D) polycythaemia vera

SECTION B

Haematology Clinical Cases (Semester 8)

Haematology Case 1

Patient S., 64 years old. Approximately 5 years ago, he underwent subtotal gastrectomy for peptic ulcer disease. He did not regularly follow recommendations for prophylactic vitamin supplementation. Over the past few months, he has noticed a progressive deterioration in his general condition.
Complaints: Marked general weakness, shortness of breath and palpitations on minimal exertion, and burning at the tip and edges of the tongue (especially when eating acidic or spicy foods). He also reports a "pins and needles" sensation, numbness in the feet, and unsteadiness when walking, which worsens in the dark.
Physical examination:

- General condition: moderately severe

- Skin: pale

- Respiratory system: respiratory rate 25/min; vesicular breath sounds, no wheezes

- Cardiovascular system: heart rate 110 bpm; soft systolic murmur at the apex

- Digestive system: bright-red tongue; abdomen soft and non-tender

- Neurological examination: reduced sensation in the feet

Complete blood count: red blood cells (RBC) 2.1×10^{12}/L; haemoglobin (Hb) 84 g/L; colour index 1.2; MCV 118 fL; MCH 40 pg; MCHC 338 g/L; RDW 19.2%; white blood cells (WBC) 3.2×10^{9}/L; platelets (PLT) 125×10^{9}/L; reticulocytes 0.2%; ESR 22 mm/h.

Vitamin B12 test: active B12 – 10 pmol/L; total B12 – 100 pmol/L.

Tasks for Haematology Case 1:

1. State the clinical diagnosis.

2. What additional diagnostic tests should be performed for this patient?

3. Prescribe treatment for this patient.

Answer key for Case 1:

Diagnosis: moderate vitamin B12-deficiency anaemia. Subacute combined degeneration of the spinal cord (funicular myelosis).

To rule out combined vitamin B12 and folate deficiency, measure the folic acid level. Perform an ECG to rule out arrhythmias associated with vitamin B12 deficiency.

Treatment: cyanocobalamin 400–500 mcg/day subcutaneously every day during the first week, then at intervals of up to 5–7 days between injections until the blood vitamin B12 level

normalises. During remission, the maintenance dose is 100 mcg twice a month; in the presence of neurological symptoms, 200–400 mcg 2–4 times a month.

Haematology Case 2

Patient, 61 years old. About a year ago, he noticed painless “lumps” in the neck and axillary regions that gradually increased in size. He did not seek medical attention, attributing them to ageing. During the last month, he developed low-grade fever in the evenings and marked sweating, prompting him to consult a doctor. Complaints: moderate general weakness, fatigue by the end of the day, increased sweating (especially at night, requiring a change of clothes), and a feeling of enlarged lymph nodes in the neck, axillae and groins.

System examination: General condition satisfactory; conscious and alert. Skin and visible mucous membranes normally coloured and clear. No haemorrhages or rash. Lymphatic system: symmetrically enlarged anterior and posterior cervical, axillary, epitrochlear and inguinal lymph nodes are palpable, measuring 2.0–4.0 cm in diameter. The nodes are doughy-elastic, completely painless, mobile and not adherent to each other or to the skin (“lymph node packages”). Respiratory system: respiratory rate 16/min; vesicular breath sounds, no wheezes. Cardiovascular system: regular heart sounds, heart rate 78 bpm; blood pressure 130/80 mmHg. Digestive system: tongue moist and clean; abdomen soft and non-tender throughout. Liver palpable at the costal margin. Spleen clearly palpable, extending 3.5 cm below the left costal margin; firm-elastic and painless. Urinary system: no abnormalities. Costovertebral angle tenderness absent bilaterally. Neurological and mental status: unremarkable.

Complete blood count: RBC 4.1×10^{12}/L; Hb 124 g/L; WBC 42.0×10^{9}/L; blasts 0%; promyelocytes, myelocytes and metamyelocytes 0%; segmented neutrophils 12%; eosinophils 1%; basophils 0%; lymphocytes 85%; monocytes 2%; numerous smudge cells (Botkin–Gumprecht shadows); PLT 175×10^{9}/L; ESR 25 mm/h.

Blood biochemistry: total bilirubin 14.0 µmol/L; ALT 28 U/L; AST 24 U/L; lactate dehydrogenase (LDH) 480 U/L; total protein 62 g/L; albumin 38 g/L.

Myelogram (bone marrow aspirate): The aspirate is rich in cellular elements. The lymphoid lineage is markedly expanded. Lymphocytes account for 54% of all bone marrow nucleated cells. The lymphocytes are predominantly mature, with no signs of anaplasia. Granulocytic and erythroid lineages are preserved but relatively reduced due to the excess of lymphocytes.

Histological findings (iliac bone trephine biopsy): Diffuse-nodular infiltration of the bone marrow by small, mature lymphocytes is observed. Normal haematopoietic elements and fat spaces are preserved focally. No signs of significant fibrosis or osteosclerosis are found.

Tasks for Haematology Case 2:

1. State the clinical diagnosis.

2. What additional investigations should be prescribed for this patient?

3. Treatment of the disease.

Answer key for Haematology Case 2:

Diagnosis: chronic lymphocytic leukaemia (CLL).

Additional investigation: FISH (fluorescence in situ hybridisation) of peripheral blood lymphocytes to detect key chromosomal aberrations in CLL.

Targeted drugs: Bruton tyrosine kinase inhibitors (acalabrutinib or zanubrutinib).

Haematology Case 3

The parents of a 3-year-old boy consulted a paediatrician and haematologist because of marked swelling, deformity and severe pain in the right knee joint, which has made the child completely unable to bear weight on the leg. Frequent, prolonged bleeding from minor scratches and tongue bites is also reported, as well as large bruises on the trunk and limbs after even minor injuries.

The child was born after the mother's first uncomplicated pregnancy. The first signs of increased bleeding appeared at 10 months of age, when the boy began crawling actively (subcutaneous haematomas developed on the shins and forearms). Prolonged capillary bleeding was noted after teething. The current deterioration began one day ago, after the child tripped and fell onto his knee while playing. The joint rapidly enlarged and became hot; the boy cries because of the pain.

Family history: The mother's biological brother (the child's uncle) has had similar problems since childhood: frequent nosebleeds and bleeding into large joints. As a result, he became disabled by the age of 25 and walks with a cane.

Examination findings: General condition moderately severe (due to pain). Skin moderately pale. Multiple large ecchymoses (bruises) at different stages of evolution ("in bloom") are visible on the back, buttocks and thighs, as well as firm subcutaneous haematomas that are painful on palpation. Local findings (right knee): the joint is markedly enlarged, with obliteration of its contours. The overlying skin is hyperaemic and warm to the touch. Palpation is very painful. Active and passive movements are almost impossible due to pain. The limb is held in a protective flexed position (contracture). Patellar ballottement is positive.

Coagulation profile: platelet count 240×10^9/L; bleeding time (Duke method) 3 minutes; prothrombin index (PI) 95%; INR 1.05; thrombin time 16 seconds; activated partial thromboplastin time (aPTT) markedly prolonged – 78 seconds.

Imaging: Ultrasound and radiography of the right knee reveal a large amount of free fluid in the joint cavity (blood), widening of the joint space and thickening of the synovial membrane.

Coagulation factor activity: factor VIII activity 0.8%; factor IX activity 95%; von Willebrand factor antigen (vWF:Ag) 102%.

Tasks for Haematology Case 3:

1. State the clinical diagnosis.

2. What additional investigations should be prescribed for this patient?

3. Treatment of the disease.

Answer key for Haematology Case 3:

Diagnosis: haemophilia A. Haemarthrosis.

Additional investigations:

- Measurement of the factor VIII inhibitor titre (Bethesda assay): mandatory before starting intensive replacement therapy to rule out inhibitor development in haemophilia.

- Complete blood count and blood biochemistry (total protein, creatinine, urea, electrolytes, ALT, AST): assessment of general condition, exclusion of post-haemorrhagic anaemia, and monitoring of organ function.

- Blood group and Rh factor: routinely determined for emergencies and possible blood transfusions.

Treatment includes replacement therapy with factor VIII concentrate and knee joint aspiration.

PRACTICAL SKILLS

SECTION C

1. General inspection
2. Assessment of the patient's physical condition (palpation, percussion, auscultation)

LABORATORY TESTS

Complete blood count (CBC):

Haemoglobin – 86 g/L.

Red blood cells – 2.2×10^{12}/L.

Colour index – 1.2.

White blood cells – 3.5×10^{9}/L.

Platelets – 130×10^{9}/L.

MCV – 115 fL.

Macrocytes and hypersegmented neutrophils are found in the blood smear.

Histological examination of an iliac crest bone marrow trephine biopsy:

The bone marrow is markedly hypercellular. There is pronounced hyperplasia of the myeloid haematopoietic lineage, with a predominance of granulocytic elements at various stages of maturation.

The myeloid-to-erythroid ratio is significantly increased. The erythroid lineage is relatively suppressed. The number of megakaryocytes is increased; they are predominantly small, with hypolobulated nuclei.

The number of blast cells is slightly increased. No marked bone marrow fibrosis is detected.

REVIEW QUESTIONS (SEMESTER 8)

SECTION C

Set 1

1. Structure and functions of the blood (haematopoietic) system

2. Clinical manifestations of haematological diseases

3. Interpretation of the complete blood count

4. Diagnostic value of MCV, MCH, MCHC, RDW and reticulocyte count

5. Basic coagulation tests

6. Indications for bone marrow examination

6. Diagnostic approach to anaemia, leukocytosis, leukopenia, thrombocytopenia and pancytopenia

7. Definition and classification of anaemias

8. Clinical manifestations of anaemia

9. Iron metabolism

10. Causes and stages of iron deficiency

11. Laboratory diagnosis of iron-deficiency anaemia

12. Oral and intravenous iron therapy

13. Causes of vitamin B12 and folic acid deficiency

14. Clinical manifestations of vitamin B12 and B9 deficiency

15. Treatment of anaemias caused by vitamin B12 and B9 deficiency

16. Classification of haemolytic anaemias

17. Intravascular and extravascular haemolysis

18. Hereditary and acquired haemolytic disorders

19. Autoimmune haemolytic anaemia

20. Diagnostic markers of haemolysis; Coombs test

21. Aplastic anaemia and bone marrow failure

22. Differential diagnosis of pancytopenia

23. Principles of treatment of haemolytic anaemias

24. Indications for haematopoietic stem cell transplantation

25. Classification of leukaemias

26. Acute myeloid leukaemia

27. Acute lymphoblastic leukaemia

28. Clinical manifestations and complications of acute leukaemias

29. Blood findings in acute leukaemias; diagnostic criteria

30. Role of bone marrow examination, immunophenotyping, cytogenetic and molecular genetic testing in acute leukaemias

31. General principles of chemotherapy and targeted therapy for acute leukaemias

32. Chronic myeloid leukaemia

33. Chronic lymphocytic leukaemia

34. Clinical manifestations and complications of chronic leukaemias

35. Blood findings in chronic leukaemias; diagnostic criteria

36. Role of bone marrow examination, immunophenotyping, cytogenetic and molecular genetic testing in chronic leukaemias

37. General principles of chemotherapy and targeted therapy for chronic leukaemias

Set 2

1. Hodgkin and non-Hodgkin lymphomas

2. Physical examination in lymphadenopathy

3. Lymph node biopsy: diagnostic role, indications, contraindications and procedure

4. Basic principles of lymphoma staging

5. Multiple myeloma

6. Monoclonal gammopathy

7. Clinical and laboratory manifestations of plasma cell disorders

8. Serum protein electrophoresis and immunofixation

9. Principles of treatment and supportive therapy for lymphomas

10. Primary and secondary haemostasis

11. Diagnostic approach to bleeding

12. Immune thrombocytopenia

13. Haemophilia

14. von Willebrand disease

15. Interpretation of PT, INR, aPTT, fibrinogen and D-dimer

16. Disseminated intravascular coagulation

17. Hereditary thrombophilia

18. Acquired thrombophilia

19. Basic principles of anticoagulant and haemostatic therapy

20. Severe symptomatic anaemia

21. Acute bleeding

22. Febrile neutropenia

23. Tumour lysis syndrome

24. Hyperleukocytosis and leukostasis

25. Thrombotic thrombocytopenic purpura

26. Hyperviscosity syndrome

27. Transfusion of red blood cells, platelets and plasma

APPENDIX 4

List of Assessment Tools

ASSESSMENT AND CERTIFICATION METHODS; TYPES OF ASSESSMENT TOOLS

TEST SCORING SCALE (interim assessment – "KNOWLEDGE")

"Excellent" – 85–100% correct answers

"Good" – 70–84% correct answers

"Satisfactory" – 60–69% correct answers

"Unsatisfactory" – fewer than 60% correct answers

CLINICAL CASES

Example case

A 58-year-old woman consulted a physician with complaints of general weakness, increased fatigue, dizziness, shortness of breath on exertion, palpitations, numbness and tingling in the fingers and toes. She also reports decreased appetite and a burning sensation of the tongue.

Her medical history includes chronic gastritis for several years. Her diet is irregular.

On physical examination: the skin is pale with a slight yellowish tinge. The tongue is smooth and bright red ("glossy tongue"). Pulse 96 beats/min; blood pressure 110/70 mmHg.

Complete blood count:

Haemoglobin – 82 g/L.

Red blood cells – 2.1×10^{12}/L.

Colour index – 1.2.

White blood cells – 3.5×10^{9}/L.

Platelets – 130×10^{9}/L.

MCV – 115 fL.

Macrocytes and hypersegmented neutrophils are found in the blood smear.

The blood vitamin B12 level is decreased

Questions: 1. What is your provisional diagnosis? 2. Which diseases should be considered in the differential diagnosis? 3. Develop a treatment plan.

Answer key for the clinical case: moderate vitamin B12-deficiency megaloblastic anaemia with neurological manifestations. The differential diagnosis includes folate-deficiency anaemia, myelodysplastic syndrome and other causes of macrocytosis. Treatment: vitamin B12.

Assessment guidelines (in %)

Correct and complete solution, including all the elements listed above / 85–100

Correct but incomplete solution / 70–84

· Incomplete solution, including one of the elements listed above / 60–69 · All elements are incorrect / 0–59

PRESENTATION ASSESSMENT SCALE

	Нет ответа -0 баллов	Минимальный ответ - 31-59%	Изложенный, раскрытый ответ - 65-69 %	Законченный полный ответ – 69-84 %	Образцовый, примерный, достойный подражания ответ - 85-100 %
Раскрытие Проблемы	-	Проблема не раскрыта. Отсутствуют выводы	Проблема раскрыта не полностью. Выводы не сделаны или выводы не обоснованы	Проблема раскрыта. Проведен анализ Проблемы без привлечения дополнительной литературы. Не все выводы сделаны или обоснованы.	Проблема раскрыта полностью. Проведен анализ проблемы с привлечением дополнительной литературы. Выводы сделаны.
		информация логически не связана. Не использованы профессиональные термины.	информация не систематизирована и не последовательна. Использован 1-2 профессиональных термина	информация систематизирована и последовательна. Использовано более 2-х профессиональных терминов.	информация систематизирована, последовательна и логически связана. Использовано более 5 профессиональных терминов.
Оформление	-	Не использованы информационные технологии (PowerPoint). Больше 4 ошибок в представляемой информации	Использованы информационные технологии (PowerPoint) частично. 3-4 ошибки в представляемой информации	Использованы информационные технологии (PowerPoint). Не более 2-х ошибок в представляемой информации	Широко использованы информационные технологии (PowerPoint). Отсутствуют ошибки в представленной информации
Ответы На вопросы	-	Нет ответов на вопросы	Только ответы на элементарные вопросы	Ответы на вопросы полные или частично полные.	Ответы на вопросы полные с приведением примеров и пояснений
Итоговая оценка		**неудовлетворительно**	**удовлетворительно**	**Хорошо**	**отлично**

Активация Windows
Чтобы активировать Window

ASSESSMENT SCALE FOR ANALYTICAL AND PRACTICAL TASKS

(interim assessment – "ABILITY TO PERFORM AND PRACTICAL SKILLS")

Oral question

The following criteria are considered when assessing oral responses:

1. Knowledge of the main areas of haematology
2. Depth and completeness of the answer.
3. Command of terminology and its appropriate use in the answer.
4. Ability to explain, draw conclusions and generalise, and provide reasoned answers.
5. Logical and coherent presentation, and the ability to answer follow-up questions.

Assessment of oral and written responses to evaluate the learning outcomes "ABILITY TO PERFORM AND

PRACTICAL SKILLS" (in %)

A score of 85–100 is awarded for an answer presented in a logically correct and accessible manner, using terminology appropriate to hospital-based internal medicine and medicine in general. The student demonstrates excellent knowledge of the aetiology and pathogenesis of internal diseases; is able to identify symptoms and syndromes and establish a clinical diagnosis; and understands the clinical course, diagnosis, treatment and prognosis of internal diseases.

A score of 70–84 is awarded for an answer demonstrating good knowledge of internal diseases, the formulation of a clinical diagnosis, the aetiology, pathogenesis and course of diseases, as

well as their diagnosis, treatment and prognosis. The answer is incomplete or the student is uncertain about 1–2 of the elements listed above.

A score of 60–69 is awarded for an answer demonstrating an average level of knowledge of internal diseases, their clinical course, diagnosis, treatment and prognosis, as well as an average understanding of their aetiology and pathogenesis. The student has difficulty formulating a clinical diagnosis. The answer is incomplete or the student is uncertain about 3 of the elements listed above.

A score of 0–59 is awarded for an answer demonstrating extremely poor knowledge of internal diseases.

The student is unable to demonstrate knowledge of the aetiology, pathogenesis, clinical course, diagnosis, treatment and prognosis of various diseases, makes serious errors in the answer and demonstrates a lack of understanding of the problem.

The requirements of the task are not met.

PRACTICAL SKILLS ASSESSMENT SCALE (in %)

A score of 85–100 is awarded for correct performance of the patient examination technique. The student names the examination methods, demonstrates the examination technique, gives clear instructions when performing tests, follows ethical and deontological principles and applies an individual approach to the patient.

A score of 70–84 is awarded for correct performance of the patient examination technique. The student does not provide the full names of the examination methods, demonstrates the examination technique, gives somewhat unclear instructions when performing tests, and follows ethical and deontological principles and an individual approach to the patient.

A score of 60–69 is awarded for performance of the patient examination technique. The student does not provide the full names of the examination methods, makes inaccuracies when demonstrating the examination technique, has difficulty giving instructions to the patient when performing tests, but follows ethical and deontological principles.

A score of 0–59 is awarded if the patient examination technique is not performed. The student does not name the examination methods, cannot demonstrate the examination technique, has difficulty giving instructions to the patient when performing tests, and does not apply an individual approach to the patient.

LABORATORY TEST ASSESSMENT SCALE

Completeness of the interpretation of laboratory test results is assessed.

When interpreting laboratory tests:

85–100% – “Excellent”: a complete interpretation is provided, including the identified changes and the diseases or conditions in which they occur.

70–84% – “Good”: the interpretation is incomplete; for example, not all diseases or conditions associated with the identified changes are listed.

60–69% – “Satisfactory”: the interpretation is unclear; for example, either the identified changes or the diseases/conditions in which they occur are not specified.

0–59% – “Unsatisfactory”: the test results are interpreted incorrectly.