Ministry of Science and Higher Education of the Russian Federation Ministry of Education and Science of the Kyrgyz Republic

Interstate Educational Organization of Higher Education Kyrgyz-Russian Slavic University named after the first President of the Russian Federation B.N. Yeltsin.

Fund of Assessment Tools

in the discipline "Polyclinic obstetrics and gynecology"

Level of higher education

SPECIALIST

Field of study

560001 – KR General Medicine (for international students)

(code and name of the field of study)

Qualification Medical Doctor

1. LIST OF COMPETENCIES WITH AN INDICATION OF THE STAGES OF THEIR FORMATION IN THE PROCESS OF MASTERING THE DISCIPLINE

Emerging competencies	**Planned learning outcomes in the discipline, characterizing the stages of competence formation**	**Types of assessment tools/section code in this document**
PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Health-Related Problems, X revision	**Know**: methods of conducting research to identify the main pathological conditions, symptoms of disease syndromes, nosological forms	**Block A** Questions for midterm control. Questions for intermediate certification Test tasks Oral questioning
	Be able to: comprehend the results of the study of the main nosological forms of diseases	**Block C** Practical Skills (Bedside / Simulation) Clinical Case Study (Physical Examination, Interpretation of Tests)
	Possess: skills in identifying the main pathological conditions, symptoms, disease syndromes.	**Block D** Analytical Work / Written Analysis (Clinical Case Review) Preparation and protection Clinical Case Presentations
PC-11: readiness to participate in the provision of emergency medical care for conditions requiring urgent medical intervention	**Know**: diagnostic methods, diagnostic capabilities of methods of direct examination of the patient of therapeutic, surgical and infectious profile, modern methods of clinical, laboratory instrumental examination of patients (including endoscopic, X-ray methods, ultrasound diagnostics);	**Block A** Practical Skills (Bedside / Simulation) Clinical Case Review (Physical Examination, Interpretation of Tests) **Block D** Analytical work / written analysis (Clinical case review) Preparation and defense of the presentation of a clinical case
	Be able to: select an individual type of care for the treatment of the patient in accordance with the situation: primary care, hospitalization;	**Block B** Situational tasks (cases) Written analysis of the clinical situation (Preparation of maps, case histories, appointments)
	Possess: the skills to formulate indications for the chosen method of treatment, taking into account etiotropic and pathogenetic agents, to substantiate pharmacotherapy in a particular patient for the main pathological syndromes and emergency conditions, to determine the route of administration, regimen and dose of drugs, to assess the effectiveness and safety of the treatment;	**Block D** Analytical work / written analysis (Clinical case review) Preparation and defense of the presentation of a clinical case

2. TECHNOLOGICAL MAP OF THE DISCIPLINE/PRACTICE

Technological map of the discipline "Polyclinic obstetrics and gynecology"
Course/Semester: 5/9(10) Number of Credits (ZE): 2 Reporting: Credit with Grade

Name of the modules of the discipline according to the RPD	Control	Form of control	Credit minimum	Classification maximum	Control schedule
Module 1					
	Current	Theoretical survey; Patient supervision (anamnesis, gynecological examination, analysis of laboratory tests) Verification of SRS.	17	30	20/43 weeks
	Rubizhny	Oral questioning Solving situational problems	3	5	
Module 2					
	Current	Theoretical survey; Patient supervision (anamnesis, gynecological examination, analysis of laboratory tests) Verification of SRS.	17	30	21/44
	Rubizhny	Oral questioning Solving situational problems	3	5	
Total per semester			40	70	
Intermediate control (Credit with grade)	Oral questioning Solving situational problems		20	30	
Semester Ranking by Discipline			60	100	

Midterm control : checking the completeness of knowledge and skills (achievement of educational results) on the material of the module as a whole.
Intermediate control is a completed documented part of an academic discipline – a set of closely related modules of the discipline**.**

3. STANDARD CONTROL TASKS AND OTHER MATERIALS NECESSARY TO ASSESS THE PLANNED LEARNING OUTCOMES IN THE DISCIPLINE / PRACTICE (ASSESSMENT TOOLS)

Block A

A.0 Fund of test tasks in the discipline.
A.1 Questions for the survey:
Midwifery Test Assignments for Students Studying in English
1. Obstetric perineum is a region:

between posterior commisure and coccyx;
between posterior commisure and anus;
between anus and coccyx;

from the lower edge of pubis (loin) up to anus;
from the lower edge of coccyx up to anus.

2. What hormone is used as a marker for normal progressing pregnancy?

estradiol;
hypophyseal gonadotropin;
progesterone;
prolactin;
chorionic gonadotropin.

3. Name the process which helps the embryon to create a contact with the body of mother (uterus).

gastrulation;
location;
histogenesis;
fertilization;
placentation.

4. When does the embryonic period end and begin the fetal period of the intrauterine development?

at the end of the first month;
at the end of the second month;
at the beginning of the third month;
at the end of the third month;
at the beginning of the fourth month.

5. The first trimester of pregnancy is named as a period of:

organogenesis;
placentation;
implantation;
fertilization;
location.

6. The positive sign of pregnancy is:

absence of menses;
increased size of uterus;
dyspeptic disturbances;
presence of fetus in uterus;
abdominal enlargement.

7. In normal position of fetal parts, the head is located at the position of:

maximum flexion;

moderate flexion;
moderate extension;
maximum extension.

8. Fetal position is:

relation of the fetal back to the sagittal plane;
relation of the fetal back to the frontal plane;
relation of the fetal back to the transversal plane;
relation of the fetal axis to the length of uterus;
interrelation of various parts of fetus.

9. Position is called as longitudinal, when the fetal axis is:

located under the right angle to the longitudinal axis of uterus;
located under the acute angle to the axis of uterus;
coincides with the length of uterus;
interrelation of various parts of fetus;
located under obtuse (broad) angle to the axis of uterus.

10. Fetal presentation is the relation of:

head of fetus to its entry in the pelvis;
pelvic end to the entry in pelvis;
most lower part of fetus to the entry in pelvis;
most higher part of fetus to the entry in pelvis;
head of fetus to the fundus of uterus.

11. Head presentation of fetus in physiological labour is:

anterior head presentation;
occipital presentation;
frontal presentation;
facial presentation;
brow presentation.

12.The most common presentation of fetus is:

complete breech presentation;
breech with flexed legs;
footling presentation;
cephalic presentation;
transverse presentation.

13.
Fetal position means:

relation of the fetal back to the lateral walls of uterus;
relation of the fetal head to the entry in pelvis;
relation of the fetal axis to the length of uterus;
relation of the fetal axis to the fundus of uterus;
interrelation of various parts of uterus.

14. At the first position, the back of fetus is turned:

to the right parts of uterus;
to the fundus of the uterus;
to the left parts of uterus;
to the entry in the big pelvis;
to the entry in the small pelvis.

15. At the second position, the back of fetus is turned:

to the right parts of uterus;
to the fundus of uterus;
to the left parts of uterus;
to the entry in the big pelvis;
to the entry in the small pelvis.

16. When fetus is lying transversely, the position of fetus can be determined by the position of:

fetal back;
fetal head;
small fetal parts;
pelvic end of the fetus;
cannot be determined.

17. Objective examination of the pregnant woman or woman in labor starts with:

palpation of the abdomen;
auscultation of the abdomen;
measurement of the pelvis;
objective examination by systems;
measurement of the uterus.

18. By the first method of the external obstetric examination may be defined:

position of the fetus;
occipito-anterior position
occipito-posterior position;
height of the uterine fundus;
prelying part of the fetus.

19. By the second method of the external obstetric examination may be defined:

prelying part of the fetus;
disposition of the fetal parts;
height of the uterine fundus;
position of fetus;
head of fetus.

20. By third method of the external obstetric examination may be defined:

prelying part of the fetus;

disposition of the fetal parts;
height of the uterine fundus;
position of fetus;
type of position.

21. By the fourth method of the external obstetric examination may be defined:

type of prelying part of the fetus;
type of position of the fetal parts;
type of height of the uterine fundus;
type of position of fetus;
relation to the entry in the pelvis.

22. At a women of normal constitution, the lumbar rhombus has the following form:

triangular;
geometrically correct rhombus;
correct quadrangular;
triangular, stretched in vertical direction;
quadrate (square form).

23. The method of instrumental examination used during pregnancy and at delivery is:

probing of the uterus;
examination by speculum;
biopsy;
histerography;
hysteroscopy.

24. Vaginal examination is not used for:

determination of stage of opening of the uterine cervix;
estimation of integrity of the amniotic sac;
estimation of condition of fetus;
determination of features of insertion of the fetal head;
estimation of the size of pelvis.

25. Diagonal conjugate can be defined:

on the external conjugate;
on the height of pubis symphysis;
on the lateral conjugate;
examination by speculum;
on vaginal examination.

26. Diagonal conjugate is equal to:

31-32 cm;
12-13 cm;
12-15 cm;
28-29 cm;
9-12 cm.

27. True conjugate is equal to:

13 cm;
11 cm;
10 cm;
20 cm;
9 cm.

28. The normal fetal heart rate per minute is:

80-90 beats;
100-110 beats;
120-140 beats;
100-200 beats;
170-180 beats.

29.
Where the fetal heart beats are the best heard in the 1st position of anterior type of occipital presentation?

on the right below umbilicus;
on the left below umbilicus;
on the left above umbilicus;
on the left at the level of umbilicus;
in any point.

30. The average duration of the first stage of labour in primigravidae is:

3-5 hrs;
6-9 a.m.;
10-2 p.m.;
3-6 p.m.;
7-12 p.m.

31. What method should be used in anaesthesia for amniocenthesis:

the general anaesthesia;
local anaesthesia;
sacral blockade;
without anaesthesia and analgesic;
light analgesia.

32. The indication for the appointment of anesthetics at the first stage of labour is:

passability of the cervical channel for 1-1,5 fingers;
opening of cervix to 4 cm;
weak contraction of uterus during labour ;
discoordination of patrimonial activity;
absence of the fetal sac.

33. At the end of pregnancy of a primigravida women, cervix of uterus is normally:

extended;
truncated (shortened);
smoothed partially;
smoothed completely;
kept.

34. Name signs of the beginning of the first stage of labour:

efflux of amniotic fluid;
opening of cervix to 4 cm;
presence of "mature" uterine neck;
occurrence of regular birth pangs ;
head insertion into the entrance of the minor pelvis.

35. The first stage of labour comes to an end always:

by the full disclosure of the uterine cervix;
by occurrence of attempts;
by efflux of amniotic fluid;
in 6-8 hours from the beginning of regular birth pangs;
opening of cervix to 4 cm.

36. In labour, at head prelying of a fetus, the following basal frequency of heart beats is considered to be normal:

140-160 per minute;
120-160 beats per minute;
110-150 per minute;
100-180 per minute;
more than 200 per minute.

37. Name signs of the beginning of the second period of labour:

opening of cervix to 10 cm
presence of attempts;
efflux of amniotic fluid;
full opening of the uterine os;
insertion of the fetus head.

38. In what situation it is possible to speak about engagement of the fetus head into the entrance of the pelvic:

the head is in the pelvic cavity;
bisparietal size of the head is in an entrance plane of small pelvis;
the prelaying part is at the level of sciatic axis;
arrow-like suture is in the cross-section size of the pelvis;
the fetus head is bent.

39. In what plane of the minor pelvis the internal rotation of the head takes place?

over an entrance to the pelvis;

in an entrance plane of the minor pelvic;
in a plane of the wider part of the pelvic cavity;
in a plane of a narrow part of the pelvic cavity;
in a plane of the exit of the pelvis.

40. The major movements of a fetus during labour occur in certain sequence. What of the following sequences is correct?

descent, internal rotation, flexion;
engagement, flexion, descent;
engagement, internal rotation, descent;
flexion, internal rotation, extension;
descent, flexion, engagement.

41. In the 2nd period of labour the heart beats are supervised:

after each attempt;
every 5 mines;
every 10 mines;
every 15 mines;
every 20 minute.

42. Episiotomy is for the prevention of:

bad healing of perineum;
rupture of muscles of perineum;
severe fetal hypoxia;
development of rectocele and cystocele;
contraction of musclus levator ani.

43. Volume of physiological blood loss in labour:

100 - 150 ml;
200 - 300 ml;
300 - 400 ml;
400 - 500 ml;
less than 100 ml.

44. Tactics of conducting the third stage of labour depends on:

degree of the blood loss;
duration of labour;
presence of signs of the afterbirth detachment;
conditions of the newborn;
duration of labour without amniotic fluid.

45. What is indicative during jointing of placenta?

manual afterbirth detachment;
introduction of contraction drugs;
curettage of cavity of uterus;
to put cold on the abdomen;

extirpation or amputation of uterus.

46. To diagnose the prolonged pregnancy, it is necessary:

to do USG to confirm the position of fetus;
to determine exact duration of pregnancy;
to measure the heart rate of fetus;
to determine the volume of amniotic fluid;
to carry out the stress contraction test.

47. What is necessary to undertake first of all in the starting blood loss in post-partum period:

manual detachment of placenta;
introduction of uterus contraction preparations;
examine of patrimonial ways;
define signs of the placenta detachment;
ice on the lower abdomen.

48. The major reason of the premature detachment of the normally located placenta is:

trauma of the abdomen;
gestosis;
prolonged pregnancy;
hydramnion, multi pregnancy;
short umbilical cord.

49. For the clinical picture of premature detachment of the normally located placenta is not characteristic:

abdominal pain;
absent abdominal pain;
hemorrhagic shock;
change in the heart beat of fetus;
change in shape of uterus.

50. For the prelying of placenta the following positions are characteristic:

on the anterior wall at the bottom;
on the bottom of uterus;
on the posterior wall of uterus;
partial or total covering of the internal os;
at the lower segment of uterus.

51. The prelying of placents is the pathology at which placenta is located:

at the body of uterus;
at the medium segment of uterus;
at the lower segment of uterus;
on the posterior wall of uterus;
on the bottom of uterus.

52. In the prelying of placenta, bleeding is usually appeared at the term of pregnancy of:

8-12 weeks;
16- 20 weeks;
22- 24 weeks;
28 – 32 weeks;
36 – 40 weeks.

53. In what cases the vaginal investigation is indicative in suspicion of the prelying placenta

each visit at practitioner or gynecologist;
at the term of 27 weeks on admission in the hospital;
after admission in hospital and stop of bleeding;
before the localizing of placenta with USG;
only for selection of the method of delivery.

54. Clinical symptom of the prelying placenta:

pains in the lower abdomen;
changes in the heart beat of fetus;
changes in the form of uterus;
bleeding of different intensity;
efflux of amniotic fluid.

55. The most characteristic features of preeclampsia include:

shin edema;
albuminuria;
subjective complaints;
pale skin;

56. The manifestations of the late gestosis include:

edema;
proteinuria;
hyperglycemia;
hyperinsulinemia;
vomiting.

57. The possible cause of death in eclampsia is:

cardiac arrest during convulsions;
pulmonary oedema;
stroke, coma;
vomiting

58. The most typical cause of maternal death in eclampsia is:

headache;
stroke;
lung oedema;
infection;
vomiting.

59. The optimal variant for delivery in severe form of gestosis is:

application of obstetrical forcepses;
self supporting delivery;
cesarean section;
vacuum-extraction of fetus;
fetus destructing operation.

60. Anatomically narrow pelvis is considered to be any pelvis which in comparison with normal:

all the sizes are reduced by 0,5-1 cm;
at least one size is reduced by 0,5-1 cm;
at least one size is reduced by 1,5-2 cm;
all the sizes are reduced by 1,5-2 cm;
at least one size is reduced by 1,5-2 cm.

61. Generally and equally narrowed (justo minor) pelvis is characterized by:

shortening only of the direct size of entry to the small pelvis;
equal decrease of all sizes of the small pelvis;
at least one size is reduced by 0,5-1 cm;
at least one size is reduced by 1,5-2 cm;
lengthening of the sacrum.

62.
Characteristic for the biomechanism of labour in generally and equally narrowed (justo minor) pelvis is:

acynclytic insertion of the fetal head;
placing of the sagittal suture at the transverse size;
extension of the head is in the entry to the small pelvis;
maximum extension of the fetal head;
maximum flexion of the fetal head.

63. Simple flat pelvis is characterised by:

the decrease of all direct sizes of the cavity of the small pelvis;
increase in height of the cavity of the small pelvis;
the decrease of the transverse size of the sacrolumbal rhombus;
at least one size is reduced by 0,5-1 cm;
at least one size is reduced by 1,5-2 cm.

64. For the course of rapid labour the most typical is:

raised body temperature;
nausea, vomiting;
dry tongue, tachycardia;
renal-hepatic insufficiency;
fast delivery

65. The most important consequences of wide application of cesarean sections:

decrease risk of fetal hypoxy;
decrease in maternal death rate;
decrease in maternal pathologies;
decrease in perinatal death rates;
decreased blood loss.

66. The cesarean section is the relative indication in all cases, except:

one cesarean section in the anamnesis;
fetal hypoxia;
umbilical cord prolapse;
premature detachment of placenta;
presence of a dead fetus.

67. The most frequent technique of cesarean sections is:

corporal cesarean section;
extraperitoneal cesarean section;
isthmic-corporal cesarean section;
a cesarean section in the lower segment;
vaginal cesarean section.

68. In modern obstetrics the following technique of cesarean sections is not used:

classical (corporal) caesarean section;
a cesarean section in the lower segment of a uterus;
extraperitoneal caesarean section;
intraligamental cesarean section;
vaginal cesarean section.

69. Choose the basic complication of a classical cut of the uterus in cesarean section:

rupture of scar tissue in the following pregnancies and deliveries;
formation of postoperative commissure;
poor healing of wounds on the uterus;
a cesarean section in the lower segment of a uterus;
more extended damage of vessels of the uterus.

70. While applying the exit obstetrical forceps, spoons should lie on the fetal head:
in the right slanting size;
in the transverse size;
in the direct size;
at pelvic inlet;
at pelvic midcavity.

71. Formation of feto-placental system, as a rule ends at:

16 weeks of pregnancy;
20 weeks of pregnancy;
24 weeks of pregnancy;
28 weeks of pregnancy;

32 weeks of pregnancy.

72. Name the correct characteristics of the umbilical cord:

the umbilical cord is formed from the villus;
there are 2 arteries in the umbilical cord;
there are 2 veins in the umbilical cord;
lymphatic vessels go through the umbilical cord;
diameter of the umbilical cord is 12 cm.

73. Name the correct characteristics of the placenta:

normal weight of placenta is 1200g;
main mass of placenta consists of vessels;
in placenta chorionic gonadotropin is formed;
normally placenta is attached to the internal fauces of the uterine cervix;
in placenta erythrocytes are formed.

74. Which objective investigations are compulsory for pregnant women?

measurement of blood pressure;
determination of particularity of body constitution;
measurement of thorax circumference;
condition of mammary glands;
examination of fundus of eye.

75. Which information helps to determine intrauterine fetal position?

fetal back to longitudinal axis of uterus;
place of the attachment of placenta;
fundal height of uterus;
place in which the fetal heart sounds are heard;
disposition of small parts of fetus.

76. Indications for vaginal examinations in women in labor are:

life-threatening asphyxia of the fetus;
nephropathy of pregnant woman;
bloody discharges from genitalia;
albuminuria;
starting of post-natal period.

77. Which changes are characteristics for normal pregnancy?

thickening of sacro-iliac joints;
increase of body mass by 300g a week in the second half of pregnancy;
expressed edema in lower extremities;
divergence of the pubic rami to the sides by 0,3-0,5cm;
depigmentation of linea alba of the abdomen.

78. Which changes can occur during normal pregnancy?

unstable arterial pressure and hypertension;
total or partial leucopenia;
increase in ESR till 20-25 mm an hour;
decrease of erythrocytes count;
thrombocytopenia;

79. Changes in cardiovascular system, which are characteristics for normal pregnancy:

decrease in circulating blood volume;
total or partial leucopenia;
edema of lower extremities;
increase in vascularisation of uterus;
increase in quantity of fibrinogen;

80. Which changes in a woman, caused by pregnancy, are nonreversible

choriogonin hormone;
striae gravidum;
lactation;
acromegaly;
pigmentation.

81. What signs are characteristic for 40-week pregnancy?

striae gravidum;
urine analysis showed albuminuria;
height of uterus above pubis is 36 cm;
umbilical extrusion;
bloody discharges from genitalia.

82. Indicate the characteristics for the 1st type of occipito-anterial position:

fetal heart beats are heard on the right;
major fontanel is determined from the left and the front;
minor fontanel is determined from the left and the back;
back of the fetus is turned to the front and the left;
back of the fetus is turned to the uterine fundus.

83. Importance of sutures and fontanels on the head of fetus during labor:

determination of size of head of fetus;
determination of configuration of head of fetus;
determination of type of occipital position;
determination of occipito-frontal size of fetus;
determination type of synclitism insertion of fetal head.

84. Name the main point and the point of fixation during labour in occipito-anterial position:

chin;
the middle of frontal suture;
minor fontanel;
major fontanel;

upper jaw.

85. Clinical signs of severe acute hypoxia of fetus do not include:

fetal heart rate of 90-100 beats per minute;
fetal heart rate of 120-140 beats per minute;
muffled fetal heart beats;
fetal heart rate of 160-190 beats per minute;
fetal heart rate - arrhythmia.

86. Green color of amniotic fluid indicates:

chronic hypoxia of fetus;
acute hypoxia of fetus;
antenatal death of fetus;
hemolytic disease of fetus;
metabolism of amniotic fluid.

87. Brown color of amniotic fluid indicates:

chronic hypoxia of fetus;
acute hypoxia of fetus;
antenatal death of fetus;
hemolytic disease of fetus;
metabolism of amniotic fluid.

88. Minimal height of a viable fetus is:

25cm;
32cm;
35cm;
40 cm;
45cm.

89. Minimal weight of a viable fetus is:

400g;
500g;
600g;
800g;
1000g.

90. Criterion for a viable fetus (newborn) is a term of pregnancy:

18 weeks;
20 weeks;
22 weeks;
26 weeks;
28 weeks.

91. At what time after physiological delivery is it most advisable to attach the baby to the breast?

Immediately after delivery;
In the first 2 hours after giving birth;
12 hours after delivery;
30 minutes after giving birth;
Immediately after the start of lactation.

92. Premature detachment of a normally located placenta is possible:

In the pre-term period;
In the first period of labor;
In the second period of labor;
In the third period of labor;
Regardless of the stage of labor

93. The condition of fetal intrauterine hypoxia in case of premature detachment of a normally located placenta depends on:

The area of the detached part of the placenta;
Rates of placental abruption;
Morphofunctional state of the placenta;
Gestation period, fetal “full term”;
The total amount of blood loss.

94. The Solovyov index is:

10-14cm.
12-16cm.
14-17cm.
15-17cm.
16-18cm.

95. An eclampsia attack may develop:

Only during childbirth;
Only during pregnancy;
Only in the early postpartum period;
Only in the late postpartum period;
Regardless of pregnancy and childbirth.

96. At what severity of early toxicosis of pregnant women is outpatient treatment possible:

At light stage;
At average stage;
At sever stagee;
In any case;
Risk of miscarriage.

97. For the diagnosis of multiple pregnancies, the most commonly used

Ultrasound examination:
X-ray examination;
Radioisotope scintigraphy;

Computed tomography;
Magnetic resonance imaging.

98. Causes of uterine rupture during pregnancy:

An untenable scar on the uterus
Clinically narrow pelvis
Anatomically narrow pelvis
Big size of the fetus
Abnormality of the uterine structure

99. A generally constricted pelvis is characterized by:

The same reduction in all sizes of the small pelvis
Reducing only the direct size of the entrance to the pelvis
Reduction of all direct dimensions of the small pelvis
Reducing only the transverse size of the entrance to the pelvis
Reduction of all transverse dimensions of the small pelvis

100. Duration of perinatal period is:

since the 20nd week of intra-uterine development including 7 days after birth;
since the 20nd week of intra-uterine development including 10 days after birth;
since the 22nd week of intra-uterine development including 7days after birth;
since the 22nd week of intra-uterine development including 10 days after birth;
since the 24th week of pregnancy till the 7th day after birth.

101.
Most often causes of death of premature newborns are:

developmental anomalies;
hemolytic disease of newborns;
respiratory distress syndrome;
jaundice of newborns;
intrauterine infections.

102. On the Apgar scale, mild degree of asphyxia is:

8 points;
7 points;
6 points;
5 points;
4 and less points.

103. Low marks on Apgar scale (3 and 5 points on the 1st and the 5th minute respectively) can be in all listed clinical situations except:

prematurity;
detachment of placenta;
extremely intensive labor;
infections in fetus;
arterial hypertension in mother.

104. What corresponds to the first stage of infection at postnatal purrulo-septic infections?

lactation mastitis at postpartum period;
infection in the area of the postnatal wound;
infection is outside the wound's area, but within the small pelvis;
infection is outside the small pelvis, near generalization;
generalised infection at postpartum period.

105. What corresponds to the second stage of infection at postnatal purrulo-septic infections?

infection in the area of postnatal wound;
infection is outside wound's area, but within the small pelvis;
infection is outside wound's area, but within the big pelvis;
infection is outside the small pelvis, near generalization;
generalised infection at postpartum period.

106. What corresponds to the third stage of infection at postnatal purrulo-septic infections?

infection in the area of postnatal wound;
infection is outside wound's area, but within the small pelvis;
associated with the lactation mastitis;
infection is outside the small pelvis, near generalization;
generalised infection at postpartum period.

107. What corresponds to the fourth stage of infection at postnatal purrulo-septic infections?

infection in the area of postnatal wound;
infection is outside wound's area, but within the small pelvis;
infection is outside the small pelvis;
infection outside the small pelvis, near generalization;
generalised infection at postpartum period.

108. Perineal rupture of the second degree is not accompanied by the rupture of:

muscles of the perineum;
perineal skin;
levator ani muscle;
uterine cervix;
vaginal walls.

109. The main criterion for viviparity are:

fetal mass of 1000 g and more;
length of fetus of 35 cm and more;
presence of heartbeats;
presence of unaided breathing;
pregnancy duration of 28 weeks and more.

110. Which signs are not characteristics of early gestosis?

sialorrhea;

loss of body weight;
latent edema;
dehydration;
skin dryness.

111. If the fetus is lying accros the uterus, with the head in the flank

transverse lie
cephalic lie
breech lie
frank lie
oblique lie

112. Engaging diameter, in fully extended head :

Occipital mentum
occipital submentum
submentobregmatic
biparietal
mentovertica

113. During the active phase of labour, the effective cervical dilatation in primigravida should be at the rate of

1 cm per hour
0.5 cm per hour
2.5 cm per hour
1.5 cm per hour
2 cm per hour

114. Commonest type of uniovular twins is

diamniotic monochorionic
diamniotic dichorionic
triamniotic monochorionic
monoamniotic dichorionic
monoamniotic monochorionic

115. The best way to tackle the blood coagulation disorders in abruption placenta

massive fresh blood transfusion
to administer fibrinogen rich substances
use of antifibrinolytic substances
use of medicine with heparin
use of medicine with aspirine

116. Organogenesis is complete at:

2 weeks after ovulation.
6 weeks after ovulation.
8 weeks after ovulation.
18 weeks after ovulation.

20 weeks after ovulation.

117. Diabetic control is important before conception to reduce the incidence of:

maternal nephropathy.
diabetic ketoacidosis.
congenital anomalies.
maternal retinopathy.
C-section.

118. The most common cause of heart disease in pregnant woman is:

Congenital heart disease.
Cardiomyopathy.
Myocardial infarction.
Cardiomegaly.
Rheumatic heart disease.

119. The common possible cause of oligohydramnions is:

Oesophageal atresia.
Placental haemangioma.
Renal agenesis.
Diabetes mellitus.
Rh incompatibility.

120. Of the following methods, the safest, most precise and simplest for placental localization is:

auscultation.
ultrasonography.
radioisotope study.
abdominal palpation.
soft tissue radiography.

121. Pregnancy induced hypertension is diagnosed when:

hypertension is encountered after 20 weeks of gestation.
hypertension gets worse in first week of pregnancy.
hypertension is not controlled with aldomet.
hypertension gives rise to left ventricular failure.
blood urea & creatine levels in blood are abnormal.

122. Shoulder dystocia occurs during:

stage 1 latent phase of labor
stage 1 active phase of labor
stage 2 of labor
stage 3 of labor
can occur at any stage

123. Most important cause of immediate post partum hemorrhage:

laceration of cervix
laceration of vagina
uterine atony
uterine hypertony
placental fragment retention

124. Leopold maneuvers refers to:

delivery of head
external version
internal version
breech extraction
examination of abdomen

125. Refers to the part of the fetus that occupies the lower segment of the uterus or pelvis

the show
the version
the engagement
the lie
the presentation

126. Which is the least frequent site of an ectopic pregnancy?

fallopian tube
cervix
ovary
abdominal cavity
broad ligament

127. Woman with a complete mole is most likely to present with which of the symptoms?

vaginal bleeding
excessive uterine size
hypermesis
prominent theca lutein cysts
pre-eclampsia

128. The gold standard in diagnosing ectopic pregnancy

laparoscopy
culdocentesis
beta HCG
ultrasonography
progesterone

129. The most common side effect of tocolytics agent is:

vaginal bleeding.
abdominal pain.
nausea, vomiting.
palpitations.

oliguria.

130. What is the diameter of fetal skull that presents at vulva during normal labour:

suboccipitofrontal.
mentovertical.
suboccipitobregmatic.
occipitofrontal.
metoposterior.

A.2 Questions for mid-term control (colloquium)

1.
Which one of the following are external genital organ:

major labia;
minior labia;
bartholin glands;
clitoris;
all answers are correct.
#
2. Bartholin gland of vagina are located:

in the basis of minor labia;
in thickness of mid- layers of major labia;
in a groove between the bottom thirds of minor and major labia;
in thick back parts of major labia.
#
3. The upper border of the frontal vaginal wall contacts with:

urethra;
urenary bladder;
ureter;
all are wrong.
#
4. The lower border of the frontal vaginal wall contacts with:

urethra;
urenary bladder;
ureter;
all are wrong.
#
5. The upper border of back wall of vagina consists of:

rectum;
douglus pouch;
cervix of the urinary bladder;
urethra;
all are wrong.
#
6.
The normal border of the outer and inner sex organs (genitals) usually is:

outer uterine os;
inner uterine os;
hymen;
minor labia;
no answer is correct.
#
7.
Length of fallopian tube during reproductive age of woman is:

7-8 cm;
9-10 cm;
10-12 cm;
15-18 cm;
19-20 cm.
#
8.
Length of non fertile uterus is:

4-6 cm;
6-7 cm;
8-9 cm;
9-10 cm;
11-12 cm.
#
9.
The internal genital organs are represented by the following organs except for:

uterus;
fallopian tube;
ovary;
bartholin gland;
vagina.
#
10.
Which are the ligaments of paramount no importance to support the uterus in normal position:

ovarian ligament;
wide ligament;
round ligament;
creasta-uterine ligament;
#
11.
What is the position of the uterus in small pelvis:

body and cervix of the uterus making angle with each other;
body of the uterus is situated in the narrow part of the small pelvis;
vaginal part of the cervic uteri and external uterine os are located below ischial spines;
all answers are correct.
#
12.
Ovary is supported in the abdominal cavity by the help of:

round ligament;
cardinal ligament;
pelvico-infundibulum ligament;
cresto-uterine ligament.
#
13.
Which are the actual position of the ovary:

size of the ovary is 4.5 cm-4cm-3cm;
ovaries are covered with perithoneum;
ovaries are located on a forward leaf of wide ligament;
ovaries are located on backward leaf of wide ligament;
#
14.
Parametrium:

situated between the leaves of wide uterine ligament;
situated at the uterine cervix;
situated generally in the ground of wide uterine ligament;
provides mild connection between perithoneum and uterus;
all answers are correct.
#
15.
Ovaries are vasculated by:

uterine artery;
ovarian artery;
illolumbar artery;
both uterine and ovarian artery;
both internal genital and ovarian artery.
#
16.
Oligomenorrhoea is:

rare and poor menstruation;
rare and painfull menstruation;
decreased amount of the blood loss during menstruation;
intermenstrual bloody allocation;
short menstruation cycle.
#
17.
Menorrhagia is:

acyclic uterine bleeding;
cyclic uterine bleeding in connection with menstruation cycle;
painfull and abundant menstruation;
pre- & post menstruation bloody allocation;
short period of menstruation cycle.
#
18.
Metrorrhagia:

changes in menstruation rhythm;
increased amount of the blood loss during menstruation cycle;
increased duration of menstruation cycle;
acyclic uterine bleeding.
#
19.
Follicular phase of menstruation cycle is characterised by:

desquamation of functional layer of endometrium;
proliferation of endometrial functional layer;
the increase of endrogen in blood circulation;
atrophy of ovarian follicle;
development of yellow body in ovary.
#
20.
For the luteinising phase of the menstruation cycle is not characteristic:

secretory transformation of the endometrium;
continues about 13 days;
the level of estrogen in blood is increasing;
corpus leuteum is present in ovarium.
#
21.
Desquamation of functional layer of endometrium occurs owing to:

peak output of luteotropine;
decreased amount of estrogen and progesterone in the blood;
decreased amount of prolactin in the blood;
increased amount of estradiol in the blood;
peak output of follitropine.
#
22.
Hypothalamus secretes the following hormones:

gonadotropine;
estrogen;
progestin;
releasing-hormone.
#
23.
Hypothalamus secretes the following hormones excluding:

gonadotropine;
releasing factor FSH;
releasing factor LH;
no one is correct;
all are correct.
#
24.
Action of estrogen on the organism:

blocks receptor of uterus;

weaken proliferative process of endrometrium;
causes secretory transformation of endometrium;
all answers are correct;
all are wrong.
#
25.
Which hormone provides lactation process:

estrogen;
cortisol;
insulin;
prolactin;
all are correct.
#
26.
Estrogen possess the following action:

promotes peristalsis in uterus and tube;
promotes processes of ossification;
stimulates activity of cellular immunity;
all answers are correct;
all are wrong.
#
27.
Gestagens possess the following action:

decrease amount of cholesterole in the blood;
determine development of primary and secondary sex characters;
increase uterine contractility;
all answers are correct;
all are wrong.
#
28.
Androgen is secreted:

in ovary (intersticial cell, stroma, internal theca);
reticular zone of adrenal cortex;
both are true;
both are incorrect.
#
29.
Tests of functional diagnostics allow to detect:

two-phase nature of menstrual cycle;
level of estrogen saturation of an organism;
presence of ovulation;
full value of luteinising cycle;
all are correct.
#
30.
Tests of functional diagnostics include:

investigation of cervical mucous layer;
changes of basal temperature;
colpocytology;
all answers are correct;
all are incorrect.
#
31.
Tests of functional diagnostics allow to detect the following except:

cario-picnotic index;
Symptom "pupillus";
measurement of basal temperature;
progestin testing;
fern symptom.
#
32.
The test for measurement of basal temperature is based on hyperthermal effect of:

estradiol;
prostaglandin;
progesterone;
LTH;
FH.
#
33.
The most exact method for the diagnosis of the reason of the uterine bleeding:

colposcopy
laparoscopy
USG
hysteroscopy
cystoscopy
#
34.
The indication for hysterosalpingography is:

suspicion on fallopian tube sterility;
suspicion on internal endometriosis;
presence of intrauterine pathology;
suspicion on fallopian tube pregnancy;
all answers are correct.
#
35.
Which method of diagnosis is not obligatory for confirmation myoma of the uterus:

USG of the organs of lower pelvis;
pelviography;
separate diagnostic currettage of the mucous membrane from the uterus & its cervix;
hysteroscopy;
laparoscopy.
#
36.

At appearance of acyclic hemorrhagic discharges, the following is conducted:

hysterosalphyngography;
determination of LH;
USG;
diagnostic currettage;
all of the above.
#
37.
Choose the most exact method for determination of pathological reason for uterine bleeding in women

from 30-40 years:
measurement of the basal temperature of the body;
diagnostic currettage of the mucous membrane of the uterus;
hysteroscopy;
measurement of the concentration of estrogens and progesterone in the blood serum.
#
38.
The most exact method for the diagnosis of pathology in uterine bleeding:

colposcopy;
laparoscopy;
USG;
hysteroscopy.
#
39.
The women with dysfunctional uterine bleeding form the risk group:

on spontaneous abortion or preterm delivery;
on development of birth abnormalities;
on development of the genital tumors;
on development of the tumors of the mammary glands;
all answers are correct.
#
40.
Diagnostic value of laparoscopy in gynecology is particularly high under all enumerated conditions, except:

ectopic pregnancy;
uterine pregnancy;
tumors of the ovaries;
myoma of the uterus;
all of the above.
#
41.
Which of the following is not used for the diagnosis of reasons of uterine bleeding:

colposcopy;
laparoscopy;
USG;
separate currettage of the mucous membrane of the uterus & its cervix;

hysteroscopy.
#
42.
Methods of the diagnostics of the endometrial cancer are the following, except:

laparoscopy;
separate diagnostic currettage of the mucous membrane from the uterine cervix & its body;
USG;
Hysteroscopy.
#
43.
The main method for the diagnosis of the cancer of the uterine body:

hystologic study of the endometrium;
cytological study of the aspirate from the uterine cavity;
transvaginal echography;
hysteroscopy;
radiologically monitored hysterosalphingography.
#
44.
At suspicion on endometrial cancer, hysteroscopy allows to diagnose (define) all enumerated, except:

presence of any pathological process;
superficial spreading of process;
the depth of invasion;
result of biopsy.
#
45.
For anovulatory menstrual cycle are characteristic the following features:

cyclic changes in organism;
elongated follicular persistancy;
prevalence of gestogens in the second phase of the cycle;
prevalence of gestogens in the first phase of the cycle.
#
46.
Which of the following enumerated reasons are the most probable for dysfunctional uterine bleeding?

anovulation;
organic diseases;
chronic endometritis;
malignant diseases of the uterine cervix.
#
47.
Amenorrhoea is the absence of menstruations during:

4 months;
5 months;
6 months;
1 year;

none of the above.
#
48.
Physiological amenorrhoea is the absence of menstruations:

in girls of 10-12 years;
during pregnancy;
during period of lactation;
at senile age;
all of the above.
#
49.
Which amenorrhoea is regarded to be not physiological?

before menarchy;
after menopause;
during pregnancy;
at reproductive age;
during lactation.
#
50.
Amenorrhoea in girls of 16 years can be result of all enumerated conditions, except:

closure (atresia) of hymen;
syndrome of insensitivity to androgens;
polycystosis of ovaries;
granulosocellular tumor.
#
51.
False amenorrhoea can be caused by:

atresia of the uterine tubes;
atresia of the body of the uterus;
atresia of the vagina;
dysgenesis of gonads;
all of the above.
#
52.
True (pathological) amenorrhoea can result from all specified below diseases, except:

hypothyroidism;
neurogenic anorexia;
syndrome of testicular feminisation;
atresia of hymen;
micro- and makroadenoma of the hypophysis.
#
53.
Physiological amenorrhoea is typical for:

childhood period;
postmenopause;
period of lactation;

to pregnancy;
all answers are correct.
#
54.
Secondary amenorrhoea can result from:

psychic stress;
massive blood loss during labour;
expressed deficiency of the body mass;
genital tuberculosis;
all of the above.
#
55.
During treatment of the patient with any form of dysgenesis of gonads, as a rule, what is not recovered:

menstrual function;
sexual functions;
reproductive function;
all of the above;
none of the above.
#
56.
Associated syndromes with hypergonadotropic amenoroea are:

ovary depletion syndrome;
resistant ovary syndrome;
Shereshevski-Turner syndrome;
all of the above.
#
57.
Long and severe uterine bleeding in assosiation with regular cycle is named:

metrorrhagia;
oligomenorrhoea;
polymenorrhoea;
hyperpolymenorrhoea;
menorrhagia.
#
58.
Causes of primary algomenorrhoea:

infantilism;
retrodeviation of uterus;
high production of prostaglandins;
all the above factors.
#
59.
Which of the following does not belong to clinics of premenstrual syndrome:

heaviness of lactate glands;
increase in body weight;

migraine;
amenorrhoea;
depression.
#
60.
Which of these is not common for ovarian polycystic syndrome:

amenorrhoea;
hirsutism;
ovulatory menstrual cycles;
obesity;
infertility.
#
61.
Characteristic changes in menstrual cycle during lactation after labour:

hyperpolymenorrhoea;
amenorrhoea due to high prolactin levels;
amenorrhoea due to decreased estrogens;
metrorrhagia;
none of the above.
#
62.
Which is not characteristic for climacteric syndrome:

neurovegetative disturbances;
metabolic-endocrinic disturbances;
ovarian hyperstimulation syndrome;
psycho-emotional disturbances;
extragenital diseases.
#
63.
In climacteric syndrome in women during premenopause the symptoms noticed are:

vegetative-vascular;
metabolic-endocrinic;
neuro-psychological;
all the above.
none of the above.
#
64.
Physiological course of climacteric period is usually characterized by:

absence of involution of genitals;
stopping of mentrual function;
presence of reproductive function;
peservation of menstrual function.
#
65.
Which pathological changes of the endometrium can occur in patients with recurrent anovulatory ovarian bleeding:

glandular-cystic hyperplasy;
atypical hyperplasy;
endometrial polyps;
adenocarcinoma;
all are correct.
#
66.
Causative agents of nonspecific inflammatory diseases of the female genital organs are:

staphylococcus;
chlamydiae;
gonococcus;
gardenella;
all the above.
#
67.
All the below factors increase risk of inflammatory diseases of genitals except:

beginning of sexual activities at the age of 15;
medical abortion;
taking oral contraceptives;
hysterosalpingography;
use of IUD.
#
68.
Which of the following factors does not increase risk of inflammatory diseases of genitals:

beginning of sexual activities at the age of 15;
medical abortion;
taking oral contraceptives;
hysterosalpingography;
use of IUD.
#
69.
What among the following may be the reason of inflammatory process of the internal genitals:

medical abortion;
dilation of the cervical canal and currettage;
implantation of IUD;
hysterosalpingography;
all the above;
none of the above.
#
70.
Complaints characteristic for inflammatory diseases of genitals are the following except:

pain in the lower part of the abdomen;
fever;
stinking-odour secretions from the vagina;
increased concentration of bilirubin in the blood;
increased erythrocyte sedimentation rate and increased leucocytosis.
#

71.
Infection with which microorganisms causing colpitis demands the treatment of both partners:

trichomonads;
candid;
streptococci;
staphylococci;
enterococci;
#
72.
Which of the following methods is better for diagnosis of inflammatory fallopian tubes:

increased count of leucocytes;
gram stain smear of mucous from the cervix;
colpocentesis;
laparoscopy;
USG of small pelvis.
#
73.
All the below methods may help in diagnosis inflammatory diseases of lower pelvis except:

laproscopy;
USG;
colpocentesis;
urine analysis by Zimnitski;
rectal examination.
#
74.
Main complications of inflammatory diseases in the organs of the lower pelvis are all expect:

endometriosis;
ectopic pregnancy;
scars in the region of the lower pelvis;
disparaeunia;
hydrosalphinx.
#
75.
Which factors further candidosis vulvovaginitis:

obesity;
syringing with soda solution;
diabetes mellitus;
rare sexual intercourse;
frequent use of antibacterial drugs;
all the above are false.
#
76.
The factors which do not predispose to candida vaginosis are:

oral contraceptives;
pregnancy and diabetes mellitus;
antidepressants;

hypotensive drugs.
#
77.
Which disease should be kept in mind if vaginal candida infection frequently arises:

anemia;
diabetes mellitus;
systemic lupus;
endometriosis of the genitals;
congenital hyperplasy of adrenal glands.
#
78.
Factors for the resistance of mucous membrane of vagina to infections:

high levels of progesterone;
low levels of estrogens;
acidic medium;
absence of “Doderlein’s” bacilli;
high levels of progesterone.
#
79.
For bacterial vaginosis are characteristic all except:

increase in pH of vaginal secretion;
low pH of vaginal secretion;
presence of leucorrhea in pungent smell;
presence of “key” cells in smears;
finding vaginal cocci.
#
80.
Bacterial vaginosis is characterized by all the following except:

pH 5.0;
“key” cells;
increased inflammatory process;
positive test with caustic potassium (KOH);
good effect with metronidazole treatment.
#
81.
Name the main clinical symptom of bacterial vaginosis:

itching of external genital;
dyspareunia;
great amount of white secretion with unpleasant smell;
dysuria;
pelvic pain.
#
82.
In patients with Chlamydia infection (not in pregnancy) better to use the following except:

doxycycline;
erythromycin;

“Sumamed”
ampicilline;
tetracycline;
#
83.
In the development of gardnerellosis the most important is:

hypoestrogenia;
pH of vaginal secretion shifts to basic;
death of lactobacilli;
growth of anaerobs;
all of the above.
#
84.
Etiology of gonorrhea in the inflammatory process at the region of fallopian tubes may be suggested:

in the presence of bilateral salpingoophoritis at a primarily infertile woman;
in combination of bilateral salpingoophoritis with endocervititis (at a woman who did not have partus or abortions);
in combination bilateral salpingoophoritis with urethritis, bartolinitis;
all the above.
#
85.
What is involved into the process in the ascending gonorrhea:

canal of the cervix of uterus;
fallopian tubes;
paraurethral glands;
urethra.
#
86.
Main way of dissemination (generalization) of gonorrhea infection is:

lymphogenic;
hematogenic;
perineural;
contact;
intracanalicular.
#
87.
Endometritis is:

inflammation of fallopian tube;
inflammation of muscles of uterus;
inflammation of peritoneum;
inflammation of parametrium;
inflammation of mucous layer of uterus.
#
88.
Parametritis is :

inflammation of ovaries;
inflammation of caecum;
inflammation of fallopian tube;
inflammation of surrounding structure of uterus;
inflammation of omentum.
#
89.
The composition of the solution for hydrotubation usually no includes:

antibiotic;
lidase;
hydrocortisone;
vitamins of group B;
#
90.
In tuberculosis of genital tract, which of the following organ is affected in 90-100 %?

ovaries;
uterus;
fallopian tube;
cervix uteri;
vagina.
#
91.
In tuberculosis of genital tract, primary lesion is generally localized in:

lungs;
bones;
urinary system;
lymphatic nodes;
on peritoneum.
#
92.
Which parts of genital system in a women are generally affected in tuberculosis?

fallopian tube;
ovaries;
uterus;
external genital organs;
vagina.
#
93.
Which of the following are not the causes of tuboovarian abscess:

hepatitis;
endometritis;
salpingitis;
cervicitis;
#
94.
Step of pathogenesis of tuboovarian abscess may be:

perihepatitis;
endometritis;
Endosalpingitis;
cervicitis;
myometritis.
#
95.
Pleuroperitonitis is:

inflammation of peritoneum of small pelvis;
inflammation of adipose tissue of small pelvis;
inflammation of serous membrane of uterus;
all of the above;
none of the above.
#
96.
The most typical clinical symptoms of peritonitis:

vomiting, dry tongue;
constipation & meteorism;
abdominal distension & bloating;
symptom of irritation of peritoneum;
all of the above;
none of the above.
#
97.
To a group at high risk to get AIDS pertain:

homosexual individuals;
narcomaniac;
hemophiliacs;
people having haotic sexual life;
all the above;
none of the above.
#
98.
Which of the following is not related to HIV-infection?

HIV-infection increases risk of developing cancer of uterine cervix;
sexual intercourse is the only way of infection;
this virus causes condyloma;
often combines with hepatitis B.
#
99.
The complex preoperative preparation to cavitary gynaecological operation as a rule includes:

siphon enema for 3-4 day every night till operation;
vegetable oil 1 tablespoon 3 times a day before food for 10 days till operation;
cleansing [purgetive] enema the night before operation ;
all the above.
#

100.
Radical operative intervention of hysteromyoma is:

Supravaginal amputation of tumor;
hysterectomy (complete hysterectomy);
myomectomy;
all the above.
#
101.
Composition of surgical pedicle of ovary is:

Ligamentum ovarii proprium;
ligamentm infundibulopelvic;
mesosalpinx;
fallopian tube;
all the above;
all are incorrect.
#
102.
In composition of surgical pedicle of ovary is not included:
5
ligamentm infundibulopelvic;
Ligamentum ovarii proprium;
mesovarium;
tube;
round ligament.
#
103.
For torsion of pedicle of ovarian tumor is characteristic:
4
severe pain underneath the stomach, arising after physical exertion;
determination of immovable, severely painful tumors on bimanual investigation of small pelvis;
positive symptom of irritative peritoneum on the side of tumor;
all the above.
#
104.
Torsion of pedicle of ovarian tumor may be:
1
complete;
full;
repeated;
all the above;
none of the above.
#
105.
Anatomical pedicle of ovarian tumor consists of:
3
ligamentum ovarii suspensoria;
loop of intestine and omentum;
ligamentm infundibulopelvic;
fallopian tube;
none of the above.

#
106.
What should be done during the operation on the torsion of pedicle of dermoid ovarian cyst:
4
overwound pedicle of ovarian tumor should be unwound to clear up
the anatomy; make hysterectomy with appendages;
removal of both ovaries;
none of the above.
#
107.
Clinical symptoms of torsion of pedicle of ovarian cystoma:
2
sharp pain in upper region of abdomen;
positive Blumberg's symptom;
anemia;
temperature rise;
enlargement of uterus.
#
108.
Operation of hysterectomy (total hysterectomy) differs from supravaginal amputation of uterus (subtotal hysterectomy) by removing:
2
upper third of vagina;
cervix uteri;
parametral tissues;
iliac lymphatic nodes;
greater omentum.
#
109.
Complications of medical abortion is not:
2
infertility;
disturbance of ovarian function;
endometritis;
uterine perforation;
cystitis.
#
110.
Risk factors for ectopic pregnancy:
3
uterine hypoplasia;
oral contraception
deferred inflammatory diseases of the genitals;
history of Caesarean section;
#
111.
Which method of diagnosing ectopic pregnancy is most accurate?
3
culpocentesis;
endometrial biopsy;
laparoscopy;
serial determination of CHG;

USG of pelvic organs.
#
112.
The main clinical manifestations of progressive ectopic pregnancy:
5
paroxysmal pain at the lower regions of abdomen;
smearing discharges of blood from the vagina;
weakly positive symptoms of irritation of peritoneum;
all of the above;
none of the above symptoms.
#
113.
In progressive tubular pregnancy is indicated to do:
2
currettage of the uterus;
emergency surgery;
conservative treatment;
hysteroscopy;
all listed above.
#
114.
Not informative features for the differentiation of uterine pregnancy and tube pregnancy are:
4
USG of pelvic organs;
the level of chorionic gonadotropin in the blood;
bimanual examination of small pelvis organs;
smears for colpocytology;
uterine currettage.
#
115.
Ectopic pregnancy can be located in all the following organs except:
5
cervix;
rudimentary horn of uterus;
ovary;
abdominal cavity;
vagina.
#
116.
What is the most frequent place of implantation of fetal egg in ectopic pregnancy?
2
on the peritoneum;
in ampullary part of fallopian tube;
the ovary;
in isthmus part of fallopian tube;
in interstitial part of fallopian tube.
#
117.
In damaged ectopic pregnancy with marked anemia the patient is done the section:
3
transverse suprapubic anchor;
according to Pfannenshtil;

vertical incision from loin to navel;
all listed above.
#
118.
These symptoms are associated with disturbance of tubal pregnancy except:
3
unilateral pain in lower abdomen;
vaginal bleeding or smearing discharge;
rectal bleeding;
pain in the subscapular area.
#
119.
With progressive ectopic pregnancy is used:
2
conservative anti-inflammatory treatment;
operation;
hemotransfusion;
all of the above;
none of the above.
#
120.
In the tube abortion it is possible to observe:
5
the formation of retrouterinal hematoma;
the formation of peritubar hematoma;
the formation of hematosalpynx;
massive hemorrhage into the abdominal cavity;
all mentioned above;
none of the above mentioned.
#
121.
The operations predominantly performed in the tube ectopic pregnancy:
1
salpingectomy
salpingoovarioectomy;
longitudinal salpingostomy;
the resection of the segment of fallopian tube which contains fertile egg, plastics.
#
122.
The operation recommended in ectopic pregnancy, besides:
2
salpingoectomy;
salpingoovariectomy;
longitudinal salpingostomy;
the resection of the segment of tube, which contains fertile egg, plastic.
#
123.
Apoplexy of ovary more frequently begins:
1
in the period of ovulation;
in the stage of the vascularization of the corpus luteum;
in the period of maturation of Graafian follicle;

in the period of atresia of follicles.
#
124.
For apoplexy of ovary is characteristic everything, except:
4
pain below abdomen;
internal hemorrhage;
negative biological reactions to the pregnancy;
increased leukocytosis;
the symptoms of the irritation of peritoneum.
#
125.
In case of the significant hemorrhage into the abdominal cavity in patient with apoplexy of ovary, it is indicated;
1
abdominal incision, the resection of ovary;
abdominal incision, the removal of ovary;
the observation of on-duty doctor for the dynamics of symptoms, by indication - blood transfusion;
the conservative therapy: rest, cold to the bottom of abdomen, fortifying therapy.
#
126.
Basic clinical symptoms of the hemorrhagic shock:
5
arterial pressure; (high or low?)
oliguria and anuria;
frequent thready pulse;
acrocyanosis;
all symptoms mentioned above.
#
127.
Predisposing factors for development of endometriosis of genitalia, except:
4
multiply labours and abortions
scar on the uterus after cesarean section or myomectomy;
retrodeviation of uterus
contraception by progestins;
frequent catarrhal diseases.
#
128.
“Infertility marriage” means:
2
absence of capability for bearing in the woman ;
absence of capability for conception during 1 year in the husbands;
the absence of the pregnancy of 0,5 years;
none of the above mentioned.
#
129.
Marriage is infertile if pregnancy does not begin even with the sexual life without the application of contraceptives for:
2
0,5 years;

1 year;
2,5 years;
3 years;
5 years.
#
130.
Marriage is considered to be infertile if pregnancy does not begin even with the presence of regular sexual life without the application of contraceptives during:
2
0,5 years;
1 year;
2,5 years;
5 years.
#
131.
Reasons of the infertility of married women are:
5
the inflammatory diseases of sex organs;
infantilism and the hypoplasia of sex organs;
the general wasting diseases and intoxications;
all reasons are false;
all reasons are true.
#
132.
The most frequent reasons for tubal infertility are:
1
the unspecific recurrent inflammatory diseases of the appendages of womb;
the specific inflammatory diseases of the appendages of womb;
the endometriosis of uterine tubes;
anomalies of the development of uterine tubes;
all mentioned reasons.
#
133.
The most frequent reason of female infertility:
3
ovarian cyst;
uterus myoma;
fallopian tube obstruction;
anovulatory cycles.
#
134.
What is the most authentic for specification of the reason of culpocentesis;
3
colposcopy;
hysterosalpingography;
hysteroscopy;
USG.
#
135.
Oral contraceptives can be applied to the cancer prophylaxis of:
3
vagina;

fallopian tube;
endometrium;
uterine cervix;
colon.
#
136.
Juvinile uteral bleedings are caused more often:
1
impairment of rhythmic production of hormones from the ovaries;
organic diseases of the reproductive system;
disease of various systems of an organism;
all listed;
none of the listed.
#
137.
Treatment of dysfunctional uterine bleedings at youthful age includes:
5
physiotherapeutic treatment;
vitamins;
contractive preparations;
hemostatics;
all listed.
#
138.
Characteristic features of the development of the secondary sex signs at girls in comparison with boys is all listed, except:
2
development of subcutaneous fat;
changes between pelvic and humeral belts towards relative increase in a circle of the last.
#
139.
The sign of Shereshevsky-Terner's syndrome is:
5
female phenotype;
primary amenorrhea;
underdevelopment of uterus;
aplasia or hypoplasia of gonads;
all listed is true.
#
140.
Atresia is:
4
secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
absence of a part of organ;
absence of organ;
obliteration in places of anatomic narrowing of a sexual tract.
#
141.
Agnesia is:
3

secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
absence of a part of organ;
absence of organ;
obliteration in places of anatomic narrowing of a sexual tract.
#
142.
Aplasia is:
2
secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;
absence of a part of organ;
absence of organ;
obliteration in places of anatomic narrowing of a sexual tract.
#
143.
Atresia of hymen is:
1
continuous hymen, not having an orifice;
continuous hymen with a small orifice;
entirely absence of hymen.
#
144.
Agnesia of vagina is:
3
primary absence of a part of vagina;
full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
primary full absence of vagina;
full septum in vagina.
#
145.
Aplasia of vagina is:
1
primary absence of a part of vagina;
full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
primary full absence of vagina;
full septum in vagina.
#
146.
Atresia of vagina is:
2
primary absence of a part of vagina;
full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;
primary full absence of vagina;
full septum in vagina.
#
147.
Deficiency of body weight is one of the reson for:
4
delay in menarche;
long formation of menstrual functions;

development or aggravation of impairment of menstrual functions;
all listed;
none.
#
148.
Name the most frequent sign characteristic for uterus myoma:
1
hyperpolymenorrhea;
infertility;
impairment of function of a bladder and rectum;
pain in the lower part of the abdomen.
#
149.
Which symptom is typical for myoma of the uterus, corresponding to the size of the uterus at a term of pregnancy 6-7 weeks:
5
acute spastic pain;
frequent micturation;
constipation;
arrest in micturation;
all the above.
#
150.
Submucous myomas can be accompanied by all listed symptoms, except:
4
pathological bleedings;
anemia;
infertility;
impairment in micturation;
spasmatic pains in the bottom of the abdomen.
#
151.
Uterine bleedings caused by myoma, are characterised by:
5
gradual strengthening of bleedings;
considerable lengthening of menstrual bleedings;
profound bleeding at normal duration of menstruation;
development of anemia;
irregularity of menstrual cycle with hypermenorrhea.
#
152.
Myoma of the uterus is accompanied by clinical conditions mentioned below except:
4
anemia;
polyuria;
impairment of defication;
amenorrhea;
pains at the lower part of abdomen.
#
153.
The presence of submucous uterine mioma may be proved by the examinations enumerated below except:

5
тransvaginal echography;
X-ray hysterosaphingography;
hysteroscopy;
probing (sondage) of the uterine cavity;
laparoscopy.
#
154.
Which of the following is not used for diagnostics of uterine myoma?
3
abdominal palpation;
bimanual investigation;
X-ray investigation of the thorax;
USG of organs of the lower pelvis;
laparoscopy.
#
155.
Which method of investigations is not necessary for confirmation of the diagnosis of uterine mioma?
2
USG examination of organs of the lower pelvis;
pelviography;
separate diagnostic currettage of mucous of the uretus & its cervix;
hysteroscopy;
laparoscopy.
#
156.
Most informative method for the diagnostics of the nascent myomatic node is:
2
transvaginal echography;
investigation of the uterine cervix with mirror and bimanual checkup;
X-ray hysteroscalphyngography;
hysteroscopy;
laparoscopy.
#
157.
Most informative method for the diagnosis of sumucous myomatic node is:
3
checkup of the uterine cervix with mirror and subcequent bimanual investigation;
laparoscopy;
hysteroscopy;
colposcopy;
X-ray pelviography.
#
158.
Conservative myomectomy is conducted usually:
5
at patients of young age;
in subperitoneal location of the myomatic node on the pedicle;
for preservation of the menstrual function;
for preservation of generative functions;
all of the above.

#
159.
The indication for extirpation of uterus in myoma:
2
low localizing of nodes;
precancerous diseases of the uterus;
secondary changes to submucous myomatic node;
combination of myoma with ovarian cyst.
#
160.
Displasia of vulva is characterized by all enumerated, except :
4
atypia in all layers of multilaminated flat epithelium, except the superficial layer;
impairment of layering of the epithelium;
preservation of the basal membrane;
destruction of the cells.
#
161.
Vulval cancer is mostly found in woman at:
3
reproductive age;
premenopause;
postmenopause;
regardless of age.
#
162.
Symptoms of vulval cancer:
5
presence of tumor;
bleeding of tissues;
purulent discharges from ulcerous surface;
itching;
all of the above.
#
163.
What is not a method for treatment of vulval cancer:
2
normal vulvectomy;
removal of tumor;
radilogical treatment;
chemiotherapy;
combine therapy.
#
164.
The most frequent localisation of malignant process of female genitals is:
1
cervix of uterus;
ovary;
miometrium;
vulva;
fallopian tube.

#
165.
Precancer diseases and cancer of uterine cervix mostly often develop:
4
in the cervical canal;
on the frontal labia of the uterine cervix;
on the border with vaginal arch;
on the transitive zone on the border of multilayer squamous and cylindrical epithelium.
#
166.
Severe dyplasia of cervical epithelium is:
2
beginning (initial) form of cancer;
precancer;
background process;
dyshormonal hyperplasia;
all answers are correct.
#
167.
Severe dysplasia of the uterine cervix is charactirized by morphological changes in epithelium in:
4
all layer;
only on superficial layer;
only in separate cells;
in all layers except for superficial.
#
168.
Prophylaxis of cancer of the uterine cervix consist of:
5
prophylactic medical examinations of patients with application
cytologic and colpocytological methods of diagnostics;
regular routine inspections of women with cytologic examination of smear;
improvement of work of examination rooms;
to constant study of the staff;
all answers are correct.
#
169.
Find the precancer changes on vaginal part of the uterine cervix:
3
recidivous polyps of cervical canal;
true erosion;
dysplasia;
ectropion;
endometrosis.
#
170.
The most informative screening test for the early diagnosis of cervical cancer of uterus:
3
simple colposcopy;
bimanual and rectal examination;
cytological examination of smear from the canal of uterine cervix and surface of uterine cervix;
vacuum-currettage of cervical canal.

#
171.
Diagnosis of cervical cancer is made with the help of:
5
gynecological examination;
cytological examination of scrape from the uiterine cervix and cervical canal;
colposcopy;
hystological examination of a piece of the uterine cervix;
all answers are correct.
#
172.
Risk factors of precancer of endometrium are the following, excluding:
3
anovulary menstruation cycle;
obesity;
ovular menstruation cycle;
diabetus mellitus.
#
173.
Risk factor for the appearance of hyperplastic processes and cancer of the endometrium:
4
the disorder of lipid metabolism;
stress situations;
the disorder of menstrual cycle;
all mentioned above.
#
174.
Hyperplastic processes and cancer of endometrium are developed most frequently during:
5
anovulation;
obesity;
diabetes mellitus;
arterial hypertension;
all mentioned above.
#
175.
The factors of the risk for the development of precancerous diseases and cancer of endometrium include:
5
steady anovulation;
obesity and arterial hypertensia;
prolonged use of intrauterine contraceptives;
the sterility of endocrine origin;
all mentioned above are correct.
#
176.
What states of endometrium are considered to be precancerous:
4
glandular and cystic hyperplasia;
glandular polyp of endometrium;
atrophy of endometrium;
atypical hyperplasia;

all mentioned above are true.
#
177.
Major method for diagnosis of cancer of the uterine body:
1
histological study of the scrape of endometrium;
cytological study;
trans-vaginal echography;
hysterography;
X-ray and television hysterosalpingography.
#
178.
Major clinical symptom of cancer of the uterine body:
3
chronic pelvic pain;
contact hemorrhages;
acyclic hemorrhages;
disturbance of the function of adjacent organs;
sterility.
#
179.
Major way of metastastic propagation of cancer of the endometrium:
2
hematogenic;
lymphogenic;
location;
contact;
all mentioned above.
#
180.
The first stage of cancer of the endometrium is divided into versions (A, B, C) depending on:
2
degree of the propagation of tumor beyond the limits of uterus;
degree of the invasion of tumor into the myometrium;
size of the lumen of uterus;
dimensions of uterus.
#
181.
Wertheim's operation differs from the simple extirpation of uterus in terms of the removal:
4
parametric adipose tissue;
iliac lymph nodes;
upper third of vagina and entire lymphatic collector, which surrounds
all mentioned above.
#
182.
Trophoblastic disease is:
4
the sarcoma of uterus;
myoma of uterus;
the cystoma of ovary;
chorionepithelioma;

cancer of the body of utreus.
#
183.
Chorio-carcinoma is most frequently developed after:
4
extra-uterine pregnancy;
labour;
the artificial termination of pregnancy;
vesicular drift;
the late induced abortion.
#
184.
Most frequently chorionepitelioma appears after:
3
abortions;
normal labour;
vesicular drift;
premature labour;
all mentioned above.
#
185.
The most often cancer of ovaries is found out at a stage of :
3
1 stage;
2 stage;
3 stage;
4 stage.
#
186.
What kind of cancer of ovaries does not occur:
1
the mixed;
the secondary;
the metastatic;
the primary.
#
187.
What percent occupies a primary cancer of ovaries among all cancer diseases of ovaries?
4
40 %;
20 %;
60 %
5 %;
80 %.
#
188.
Benign tumours of the ovaries do not concern:
3
serous cystadenoma;
mucinous cystadenoma;
light-cell tumour;
endometroid cystadenoma.

#
189.
To tumourous processes in ovaries concern:
4
follicular cyst;
cysts of corpus luteum;
endometriosis;
all listed;
none from the listed.
#
190.
What cysts are more often subject to remission without operative treatment?
3
the serous;
benign teratoma;
cysts ofcorpus luteum;
mucinous;
endometroid.
#
191.
Treatment of paraovarian cysts in young women.
1
removal of cysts;
removal of ovary with cysts;
puncture of cysts;
taking of sex hormones;
taking gestogens.
#
192.
What from listed is not a risk factor of the development of cancer of the ovaries?
4
absence of deliveries in the anamnesis;
abortions or a significant amount of pregnancies in the anamnesis;
cancer of ovaries in close relatives;
chronic pyelonephritis;
endocrine diseases in the anamnesis.
#
193.
For diagnosis of tumours of ovaries, the following diagnostic methods are used:
5
the cytologic;
the endoscopic;
the ultrasonic;
the histologic;
all listed methods.
#
194.
The age period at which it is most often found out ovarian carcinoma:
1
45 – 55 years;
7 – 17 years;
30 – 40 years;

60 – 70 years.
#
195.
What volume of operative intervention it is necessary to consider as the radical for the cancer of ovaries at 2 and 3 stages?
2
expanded extirpation of the uterus (Vertheim's operation);
extirpation of the uterus with appendages and with simultaneous resection or extirpation of the omentum major;
supravaginal amputation of the uterus and appendages;
any of the listed above volumes of operative intervention.
#
196.
Metastatic affection of the ovary is possible in:
5
mammary gland cancer;
carcinoma of the body of uterus;
malignant affection of one of the ovaries;
cancer of the GIT;
in all cases listed above.
#
197.
Krukenberg's tumour:
4
is a metastasis of a cancer of the GIT;
is a rule, affects both the ovaries;
has a solid structure;
all answers are true;
all answers are wrong.
#
198.
What of the ovarian tumours is most often exposed to malignancy?
3
fibroma;
mucinous cystadenoma;
serous cystadenoma;
tekoma;
teratoma.
#
199.
Cancer of the ovary concerns:
4
all the malignant tumours of the ovaries;
only germinogenous tumours;
only stromal tumours;
only tumours of epithelial origin.
#
200.
The basic method for the treatment of follicular cyst of ovaries:
1
surgical removal of the cysts;
hormonal therapy;

antibacterial therapy;
surgical removal of the cysts with the ovary;
chemotherapy.

Block B

B.0 Options for the tasks for the implementation of the LWG, RPR are given: a link to the sources indicated in the lists of basic and additional literature in the work program

B.1 Typical tasks:

An 18-year-old woman complains of heavy menstruation with blood clots for 10 days, which began after a 2-month delay. Menstruation began at the age of 16, but the rhythm has not been established until now. The girl's height is 172 cm, body weight is 50 kg. According to Tanner, mammary glands have a II degree of development, pubic hair is sparse. The external genitalia are properly developed. On examination: the uterus is small, rudimentary, the ratio of the body to the cervix is 1:1, the appendages are not palpable.

A 15-year-old woman was admitted to the gynecological department with complaints of abundant bloody discharge from the genital tract, weakness, dizziness. Menstruation from 13 year old, regular, painless. He denies sexual activity. During the last year, there have been progressive delays in menstruation with an increase in the intervals between them up to 2-4 months. She received hemostatic and antianemic therapy. She got sick 10 days ago, when, after a 2-month absence of menstruation, moderate spotting from the genital tract appeared. In the following days, the intensity of bleeding increased, weakness and dizziness appeared. He does not notice any pain in the lower abdomen.

The woman is 16 years old; menstruation is irregular, with long breaks. Last menstruation was 4 months ago. She is a pale on admission with significant blood discharge from the genital tract.

A 22-year-old woman reported bleeding during 12 days, after a 6-week delay in menstruation. The bleeding started as moderate, then periodically decreased and intensified again. Anemia, 1st degree.

A 26-year-old woman, complaining of bleeding from the genital tract during 10 days and slight aching pains in the lower abdomen, coinciding with the onset of bleeding. Menstruation from 16 year old, during 3-4 days, irregular, with delays of up to 10-20 days, not abundant, painless. She had bleeding two years ago, and conservative treatment was carried out. Last menstruation 1.5 months ago.

A 49-year-old woman complaining of heavy menstruation with blood clots during 10 days, which began after a 2-month delay. She have progressive menstrual delays with an increase in the intervals between them to 2-4 months during the last year.

The woman is 42 years old, complaining of bloody discharge from the genital tract during 10 days. Menstruation is irregular, with long breaks; the last menstruation was 4 months ago.

A 53-year-old woman, with bloody outflow from the vagina. Menopause is 3 years old. For 3 months, he periodically notices the appearance of bloody moderate discharge.

A 28-year-old woman, complaining of prolonged bleeding after a 3-month delay in menstruation. The patient has been infertile for 2 years.

A 48-year-old woman was admitted to the gynecological department with complaints of acyclic, bloody discharge lasting 20 days and occurring after a 2-month delay in menstruation. Menstruation from 17 year old. No special features. Height 155 cm, weight 112 kg, diabetes mellitus for 7 years. Blood pressure 180/110 mm Hg. There are no deviations from the gynecological examination of the genitals.

A 60-year-old woman with complaints of bloody spotting from the vagina for a week, sleep disorders, and appetite. The patient is worried about her condition. Menopause is 10 years old. Examination of the cervix with speculum: bloody spotting from the cervix. Bimanual vaginal examination: the condition of the internal genital organs corresponds to age-related changes. The uterus has a dense consistency and limited mobility. Appendages are not defined.

Block C

C.0 Variants of tasks for the implementation of course projects/works are given: a link to the sources indicated in the lists of basic and additional literature in the work program

C.2 Individual creative tasks

1. Levels of regulation of menstrual and reproductive function.
2. Endoscopic methods of inspection in gynecology.
3. Congenital dysfunction of bark of adrenal glands.
4. Steroidogenesis in ovaries.
5. Hyper menstrual syndrome.
6. Syndrome of polycystous ovaries.
7. Hyperprolactinemia.
8. Metabolic syndrome.
9. Premenstrual syndrome.
10. Climacteric syndrome.
11. Hypomenstrual syndrome.
12. Sexual transmitted infections
13. Multiple pregnancy.
14. Changes in systems and organs during pregnancy.
15. Hypertensive disorders during pregnancy. Their influence on the "Mother-placenta-fetus" system

Block D

• Questions to check the level of learning to know

1. Methods of anesthesia of abortions, medical and diagnostic manipulations and gynecologic operations.
2. Methods of artificial interruption of pregnancy in early and late terms – indications (basis), conditions, contraindications, choice of a method and technology of performance.
3. Nonspecific inflammatory diseases of bodies of a small pelvis, a pelvic peritoneum and cellulose – epidemiology, etiologic structure of activators, factors of infection and way of distribution of an infection, pathogenesis, clinical forms. Principles of treatment. Rehabilitation, complications and outcomes.

4. Specific inflammatory diseases of bodies of a small pelvis, a pelvic peritoneum and cellulose – epidemiology, ways of infection (transmissible), problems, special pathogenic characteristics of activators, features of a current and clinical manifestations of an infection, diagnostics, principles of treatment, criteria of cured, measure prevention.
5. Herpes - a viral infection (VPG-1,2; TsMV) and pregnancy – factors and degree of risk of infection of a fetus, ways of infection, nature of infectious defeats, therapeutic tactics at detection of viral infections at women during pregnancy.
6. The tumor formations of ovaries (deprived of an epithelial lining) and hyperplasia of ovaries. Pathogenesis, clinic, diagnostics, treatment. Surgical tactics at detection of the tumor formations. Organ-preserving operations.
7. Tumors of ovaries – a histogenesis, the histologic WHO classification.
8. Benign tumors of ovaries – an etiology, a histogenesis, clinic, the differential diagnosis. Complications. Surgical treatment, forecast. Dispensary supervision.
9. Background processes of a neck of a uterus – definition, pathogenesis, clinic, diagnostics. Treatment. Dispensary supervision.
10. Epithelial dysplasia and a morphological precancer of a neck of a uterus – definition, pathogenesis, risk factors, morphology, classification of a dysplasia. Diagnostics. Treatment. Dispensary supervision.
11. A uterus neck cancer – epidemiology, background processes, options of growth and a metastasis, clinical manifestations and visual signs, diagnostics methods, classification. Treatment, the recommended operation volume. Forecast.
12. Endometrial hyperplasia – morphological classification, clinic-morphological definition of a precancer endometry, etiology, pathogenesis, and diagnostics. Treatment methods (the general hormonal, surgical) and dispensary supervision in age aspect.
13. A uterus body cancer (adenocartcinoma of endometrium) – clinic-morphological options, clinical manifestations. Methods of diagnostics, classification. Treatment methods, the recommended operation volume.
14. Trophoblastic diseases – definition of concepts, an etiology, pathogenetic forms, diagnostics, treatment, dispensary supervision (terms, problem of repeated pregnancy).
15. A cancer of ovaries – epidemiology, risk factors, pathogenic forms, ways of distribution. Classification. Clinic, features of diagnostics. Methods of the combined treatment. The recommended volume surgery.
16. Uterus myoma. Definition, concept. Epidemiology. Etiology. Classification. Clinical symptoms. Diagnostics. Surgical methods of treatment. Indications. Conditions. Organ-preserving volumes operations. Equipment.
17. Not operational methods of treatment of patients with uterus myoma. Small forms of myomas. Pathogenetic justification the recommended means and methods of treatment. Choice and order of purpose of preparations of hormonal therapy.
18. Endometriosis. Definition, concept. Epidemiology. Etiopathogenesis. Classification. Clinical forms. Diagnostics methods.
19. Modern methods of treatment of genital endometriosis. Pathogenetic justification of the combined applications of methods of surgical and drug treatment. Laparoscopic volumes of interventions. Choice and purposes of various hormonal preparations.
20. Pelvic inflammatory disease (PID). Symptomocomplex. Reasons. Diagnostics. Differential diagnosis. Tactics maintaining.
21. Physiology of reproductive system. Regulation levels. Folliculogenesis in ovaries. Process of an ovulation. Biosynthesis of steroids in ovaries. Bodies and fabrics – targets of sexual steroids.
22. Criteria of a normal menstrual cycle. Methods of definition of the maintenance of hormones of an ovary, gonadotropin-releasing hormones. Pregnancy endocrinology. Standards of the maintenance of hormones in blood plasma. Tests functional diagnostics.

23. DUB. Etiopathogenesis. Classification. Therapy. Juvenile violations of a menstrual cycle. Treatment. Indications to a hormonal hemostasis. Prevention.
24. Premenstrual syndrome. Pathogenetic concepts. Clinical forms. Diagnostics. Treatment. Forecast. A premenstrual syndrome in a premenopaus. Diagnostics. Treatment. SHT in a perimenopaus.
25. Hyperandrogenism. The bodies producing androgens. Clinical action. An adrenal gland – functional zones. Regulation mechanisms. Biosynthesis of androgens in adrenal glands. Diagnostics. Tests.
26. Adrenogenital syndrome (AGS). Pathogenesis. Clinical forms. Classification. Congenital (classical) form. Diagnostics. Hormonal tests. Maintaining tactics.
27. Pubertal, AGS postpubertal form. Pathogenesis. Clinical manifestations. Diagnostics.
28. Syndrome of polycystous ovaries (PCOS or MCOS). Etiopathogenesis. Biosynthesis of an estrogen and PCO. Forms. Clinic. Diagnostics. Hormonal tests.
29. Treatment of MCOS. Hormonal methods of stimulation of an ovulation. Indications, volumes of the surgical interventions.
30. Prolactin. Prolactin secretion regulation. Physiological secretion. Hyperprolactinemia. Classification. Clinic. Pathogenesis of violation of reproductive function.
31. Algorithm of inspection of women from the amenorrhea. Interpretation of data.
32. Amenorrhea. Classification. Principles of inspection. Primary amenorrhea. (with a delay of sexual development and without DSD). Secondary amenorrhea.
33. Uterine form of an amenorrhea. Malformations of a uterus and vagina. Aplasia of a uterus (syndrome of Rokitanskogo-Kyustnera). Pathogenesis. Clinical manifestations. Ashirman's syndrome.
34. Ovarial form of an amenorrhea. Organic reasons of a disgenesis of gonads. Syndrome of exhaustion of ovaries. Syndrome resistant ovaries. Hypofunction of ovaries of various genesis. Etiological concepts. Clinic. Diagnostics. Treatment.
35. Hypophysial forms of an amenorrhea. Functional gipogonadotropny amenorrhea. Functional/hypothalamic syndrome. "Empty" Turkish saddle. Hypergonadotropic amenorrha. Diagnostics. Treatment.
36. Central forms of an amenorrhea. Hypothalamic, cortical amenorrhea. Amenorrhea after loss of body weight. Simans, Shikhan's syndrome.
37. Sterile marriage. Definition, types. Factors. Algorithm of inspection of a married couple. Interpretation data.
38. Endocrine factors of infertility. Levels of violations of generative function. Algorithm of inspection. Hormonal tests. Pathogenetic hormonal correction.
39. A syndrome of hyper stimulation of ovaries – iatrogenic factors. Pathogenesis. Clinic. Diagnostics. Complications. Treatment.
40. Climacteric. Terminology. Phases of climacteric. Menopause. Endocrinology of climacteric. Follikulogenesis. Postmenopause.
41. Pathological climax. Classification of climacteric frustration.
42. Hormonal therapy of climacteric frustration in a perimenopaus. Prevention.
43. Substitution hormonal therapy. The basic principles and indications to purpose of the substitution hormonal therapy. The preparations used for SHT. Ways of introduction.
44. Concept of reproductive health and planning of a family. Consultation of patients concerning PS. Integration of services in questions family planning, STD, oncopathology. Classification of methods of contraception. Classes of WHO.
45. Contraception methods: method of lactation amenorrhea, intrauterine device (IUD), barrier, implants, COC, voluntary surgical sterilization of women and men. Selection of patients. Advantages, shortcomings. Side effects.
46. Hormonal methods of contraception. Types. Selection of patients. Not contraceptive properties. Maintaining side effects.

47. Preoperative training of pregnant women (general laboratory, special methods of inspection). Indications, preoperative preparation. Postoperative leaving. Prevention of complications.
48. "Small" gynecologic operations (removal of cysts of external genitals, vaginas, opening abscess, uterus neck biopsy, puncture of the back arch). Indications. Abortion. Types depending on pregnancy term.
49. Anesthesia in obstetrics and gynecology. Labor pain relief. Anesthesia at obstetric and gynecologic operations. Types of anesthesia. Application of analgesic preparations at intravenous administration.
50. Preoperative inspection, preparation and postoperative maintaining patients taking into account features and volume of gynecologic operations.
51. Anatomo-topographical relationship of internal genitals and bodies of the urinary systems of the woman. The techniques during performance of gynecologic operations excluding damages ureter and bladder. Diagnostics of complications.
52. Operation. A separate medical and diagnostic scraping of walls of the cervical channel and a cavity of a uterus – indications, conditions, tools. Technology of performance and protocol of operation.
53. Operation of puncture of an abdominal cavity through the back arch of a vagina - indications, conditions, tools. Equipment performance and protocol of operation.
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55. Surgical anatomy, volume and technology of performance of operation at overwind legs of a cyst (cistoma) ovary. Prevention of possible complications.
56. Methods of female surgical sterilization by tube occlusion. Opportunities laparoscopic technology of voluntary sterilization. Technology of performance of operation on Mandler's method.
57. Normal position of a uterus in a small basin. The Anatomo-phisiologycal factors defining this situation. Medical terminology, norms and options of anomalies of position of a uterus. Surgical methods of their correction.

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4. Specific inflammatory diseases of bodies of a small pelvis, a pelvic peritoneum and cellulose – epidemiology, ways of infection (transmissible), problems, special pathogenic characteristics of activators, features of a current and clinical manifestations of an infection, diagnostics, principles of treatment, criteria of cured, measure prevention.
5. Herpes - a viral infection (VPG-1,2; TsMV) and pregnancy – factors and degree of risk of infection of a fetus, ways of infection, nature of infectious defeats, therapeutic tactics at detection of viral infections at women during pregnancy.
6. The tumor formations of ovaries (deprived of an epithelial lining) and hyperplasia of ovaries. Pathogenesis, clinic, diagnostics, treatment. Surgical tactics at detection of the tumor formations. Organ-preserving operations.
7. Tumors of ovaries – a histogenesis, the histologic WHO classification.

8. Benign tumors of ovaries – an etiology, a histogenesis, clinic, the differential diagnosis. Complications. Surgical treatment, forecast. Dispensary supervision.
9. Background processes of a neck of a uterus – definition, pathogenesis, clinic, diagnostics. Treatment. Dispensary supervision.
10. Epithelial dysplasia and a morphological precancer of a neck of a uterus – definition, pathogenesis, risk factors, morphology, classification of a dysplasia. Diagnostics. Treatment. Dispensary supervision.
11. A uterus neck cancer – epidemiology, background processes, options of growth and a metastasis, clinical manifestations and visual signs, diagnostics methods, classification. Treatment, the recommended operation volume. Forecast.
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13. A uterus body cancer (adenocartcinoma of endometrium) – clinic-morphological options, clinical manifestations. Methods of diagnostics, classification. Treatment methods, the recommended operation volume.
14. Trophoblastic diseases – definition of concepts, an etiology, pathogenetic forms, diagnostics, treatment, dispensary supervision (terms, problem of repeated pregnancy).
15. A cancer of ovaries – epidemiology, risk factors, pathogenic forms, ways of distribution. Classification. Clinic, features of diagnostics. Methods of the combined treatment. The recommended volume surgery.
16. Uterus myoma. Definition, concept. Epidemiology. Etiology. Classification. Clinical symptoms. Diagnostics. Surgical methods of treatment. Indications. Conditions. Organ-preserving volumes operations. Equipment.
17. Not operational methods of treatment of patients with uterus myoma. Small forms of myomas. Pathogenetic justification the recommended means and methods of treatment. Choice and order of purpose of preparations of hormonal therapy.
18. Endometriosis. Definition, concept. Epidemiology. Etiopathogenesis. Classification. Clinical forms. Diagnostics methods.
19. Modern methods of treatment of genital endometriosis. Pathogenetic justification of the combined applications of methods of surgical and drug treatment. Laparoscopic volumes of interventions. Choice and purposes of various hormonal preparations.
20. Pelvic inflammatory disease (PID). Symptomocomplex. Reasons. Diagnostics. Differential diagnosis. Tactics maintaining.
21. Physiology of reproductive system. Regulation levels. Folliculogenesis in ovaries. Process of an ovulation. Biosynthesis of steroids in ovaries. Bodies and fabrics – targets of sexual steroids.
22. Criteria of a normal menstrual cycle. Methods of definition of the maintenance of hormones of an ovary, gonadotropin-releasing hormones. Pregnancy endocrinology. Standards of the maintenance of hormones in blood plasma. Tests functional diagnostics.
23. DUB. Etiopathogenesis. Classification. Therapy. Juvenile violations of a menstrual cycle. Treatment. Indications to a hormonal hemostasis. Prevention.
24. Premenstrual syndrome. Pathogenetic concepts. Clinical forms. Diagnostics. Treatment. Forecast. A premenstrual syndrome in a premenopaus. Diagnostics. Treatment. SHT in a perimenopaus.
25. Hyperandrogenism. The bodies producing androgens. Clinical action. An adrenal gland – functional zones. Regulation mechanisms. Biosynthesis of androgens in adrenal glands. Diagnostics. Tests.
26. Adrenogenital syndrome (AGS). Pathogenesis. Clinical forms. Classification. Congenital (classical) form. Diagnostics. Hormonal tests. Maintaining tactics.
27. Pubertal, AGS postpubertal form. Pathogenesis. Clinical manifestations. Diagnostics.

28. Syndrome of polycystous ovaries (PCOS or MCOS). Etiopathogenesis. Biosynthesis of an estrogen and PCO. Forms. Clinic. Diagnostics. Hormonal tests.
29. Treatment of MCOS. Hormonal methods of stimulation of an ovulation. Indications, volumes of the surgical interventions.
30. Prolactin. Prolactin secretion regulation. Physiological secretion. Hyperprolactinemia. Classification. Clinic. Pathogenesis of violation of reproductive function.
31. Algorithm of inspection of women from the amenorrhea. Interpretation of data.
32. Amenorrhea. Classification. Principles of inspection. Primary amenorrhea. (with a delay of sexual development and without DSD). Secondary amenorrhea.
33. Uterine form of an amenorrhea. Malformations of a uterus and vagina. Aplasia of a uterus (syndrome of Rokitanskogo-Kyustnera). Pathogenesis. Clinical manifestations. Ashirman's syndrome.
34. Ovarial form of an amenorrhea. Organic reasons of a disgenesis of gonads. Syndrome of exhaustion of ovaries. Syndrome resistant ovaries. Hypofunction of ovaries of various genesis. Etiological concepts. Clinic. Diagnostics. Treatment.
35. Hypophysial forms of an amenorrhea. Functional gipogonadotropny amenorrhea. Functional/hypothalamic syndrome. "Empty" Turkish saddle. Hypergonadotropic amenorrha. Diagnostics. Treatment.
36. Central forms of an amenorrhea. Hypothalamic, cortical amenorrhea. Amenorrhea after loss of body weight. Simans, Shikhan's syndrome.
37. Sterile marriage. Definition, types. Factors. Algorithm of inspection of a married couple. Interpretation data.
38. Endocrine factors of infertility. Levels of violations of generative function. Algorithm of inspection. Hormonal tests. Pathogenetic hormonal correction.
39. A syndrome of hyper stimulation of ovaries – iatrogenic factors. Pathogenesis. Clinic. Diagnostics. Complications. Treatment.
40. Climacteric. Terminology. Phases of climacteric. Menopause. Endocrinology of climacteric. Follikulogenesis. Postmenopause.
41. Pathological climax. Classification of climacteric frustration.
42. Hormonal therapy of climacteric frustration in a perimenopaus. Prevention.
43. Substitution hormonal therapy. The basic principles and indications to purpose of the substitution hormonal therapy. The preparations used for SHT. Ways of introduction.
44. Concept of reproductive health and planning of a family. Consultation of patients concerning PS. Integration of services in questions family planning, STD, oncopathology. Classification of methods of contraception. Classes of WHO.
45. Contraception methods: method of lactation amenorrhea, intrauterine device (IUD), barrier, implants, COC, voluntary surgical sterilization of women and men. Selection of patients. Advantages, shortcomings. Side effects.
46. Hormonal methods of contraception. Types. Selection of patients. Not contraceptive properties. Maintaining side effects.
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METHODICAL INSTRUCTIONS FOR THE ORGANIZATION OF THE STUDY OF THE DISCIPLINE:

- Conducting practical classes, monitoring SRS, checking lecture notes, essays, medical history - in the traditional mode.

Training consists of classroom classes, including a lecture course and practical classes, and independent work. The main study time is allocated for practical work on certain diseases. Patient supervision, clinical reviews and the development of practical skills of working with women in labor are widely used.

Practical classes are conducted in the form of bedside work, demonstration of thematic video material and other visual aids, solving situational problems, test tasks, analysis of clinical examples. The student's work in a group forms a sense of teamwork, personal responsibility and sociability. It is necessary to pay attention to the formation of communication skills with the patient.

Working with patients contributes to the formation of deontological behavior, accuracy, and discipline.

When analyzing nosological forms for certain diseases, it is recommended to adhere to the following sequence:

- definition;
- the relevance of the studied nosological form and the history of the issue under study;
- etiology;
- pathogenesis, including genetic factors in the development of the disease, the presence of concomitant pathology, pathomorphology;
- clinical picture;
- criteria for assessing the severity of the course in different periods of the disease;
- complications;
- possible outcomes, criteria for recovery, development of a chronic course, causes of death;
- laboratory and instrumental diagnostics;
- Criteria for diagnosis in different periods of the disease;
- differential diagnosis;
- treatment: etiological, pathogenetic, symptomatic, taking into account the age and severity of the disease, emergency medical care in emergency conditions, treatment of severe forms of diseases, treatment and prevention of possible complications, treatment in hospital and on an outpatient basis;
- medical examination, rehabilitation;
- prevention.

In accordance with the requirements of the Federal State Educational Standards of Higher Education, it is necessary to widely use active and interactive forms of conducting classes in the educational process (business role-playing games, analysis of specific clinical situations,

performing tasks of a search and research nature using Internet resources, etc.). The share of classes conducted in interactive forms should be at least 10% of classroom classes.

MODULAR CONTROL IN THE DISCIPLINE INCLUDES:
1. Current control: assimilation of educational material in classroom classes (lectures, practical, including attendance and activity) and the performance of mandatory tasks for independent work.
2. Midterm control: checking the completeness of knowledge and skills on the material of the module as a whole. The implementation of modular control tasks is carried out in writing and is a mandatory component of modular control.
3. Intermediate control is a completed documented part of an academic discipline, a set of closely related test modules.

BASIC REQUIREMENTS FOR CURRENT CONTROL:
When building a practical lesson, teachers adhere to the following general indicative plan:
1. Organizational stage of the lesson (time - up to 2%);
1) roll call;
2) homework on the following topic;
3) motivation of the topic of this practical lesson;
4) familiarization of students with the goals and plan of the lesson;
2. Control and correction of the initial level of knowledge (time - up to 20%):
1) theoretical survey on the current topic;
2) correction of students' theoretical knowledge by the teacher;
3) the stage of demonstration of practical skills by the teacher (time - up to 15%)
4) the stage of demonstration of students' independent work (defense of the report with presentation) (time - up to 45%)
5) the final stage of the lesson (time - up to 18%):
a) final final control of the formed theoretical knowledge and skills by solving situational problems;
b) summing up the results of the practical lesson (the teacher's characterization of the students' fulfillment of all the goals of the lesson and individual assessment of knowledge and skills).

INDEPENDENT WORK OF STUDENTS
implies preparation for practical classes and includes the study of special literature on the topic (recommended textbooks, manuals, familiarization with materials published in monographs, specialized journals, on recommended medical sites); performing tasks of a search and research nature using Internet resources; preparation of notes, speeches at the seminar, essays, multimedia presentations; conducting business games. Independent work is considered as a type of educational work in the discipline and is carried out within the hours allotted for the SRS. Each student is provided with access to the educational and methodological office of the department and the library funds of the university.
For each section, the department has developed methodological recommendations for students, as well as methodological instructions for teachers.
Recommendations for planning and organizing the time necessary to study the discipline.
1. It is recommended to organize the time necessary for studying the discipline in the following way: Study of the lecture notes on the same day, after the lecture - 10-15 minutes.
Studying the lecture notes the day before the next lecture – 10-15 minutes. Study of theoretical material from the textbook and synopsis – 1 hour per week. Preparation for the practical lesson – 2 hours.
Total per week – 3 hours 30 minutes.
2. Description of the sequence of actions of the student:
To understand the material and assimilate it qualitatively, the following sequence of actions is recommended:

After listening to the lecture and finishing the training sessions, in preparation for the next day's classes, you should first review and think about the text of the lecture you listened to today (10-15 minutes).
When preparing for the next day's lecture, you need to review the text of the previous lecture, think about what the topic of the next lecture may be (10-15 minutes).
During the week, choose a time (1-hour) to work with the recommended literature in the library.
When preparing for the next day's practical classes, you must first read the basic concepts and approaches to the topic of homework. When performing an exercise or task, you must first understand what is required in the problem, what theoretical material should be used, and outline a plan for solving the problem.
3. Recommendations for the use of materials of the educational and methodological complex. It is recommended to use the methodological instructions for the course and the text of the teacher's lectures.
4. Recommendations for working with literature:
The theoretical material of the course becomes more understandable when, in addition to listening to the lecture and studying the notes, books are also studied. It is easier to master the course by sticking to one textbook and notes. It is recommended, in addition to "memorizing" the material, to achieve a state of understanding of the topic of the discipline being studied. For this purpose, it is recommended to perform a few simple exercises on this topic after studying the next paragraph. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about?, what new concepts have been introduced, what is their meaning?, what will it give in practice?.
5. Tips for preparing for midterm and intermediate control:
In addition to studying the lecture notes, it is necessary to use a textbook. In addition to "memorizing" the material, it is very important to achieve a state of understanding of the topics studied in the discipline. For this purpose, it is recommended to perform several exercises on this topic after studying the next paragraph. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about?, what new concepts have been introduced, what is their meaning?, what will it give in practice?.
In preparation for the intermediate control, you need to study the theory: definitions of all concepts and approaches to assessment to the state of understanding the material and independently solve several typical problems from each topic. When solving problems, it is always necessary to be able to interpret the result of the solution qualitatively.
6. Instructions for the organization of work on homework. When doing homework, you must first read the basic concepts and approaches to the topic of the task. When performing an exercise or task, you must first understand what is required in the problem, what theoretical material should be used, outline a plan for solving the problem, and then proceed to calculations and make a high-quality conclusion.
7. In preparation for intermediate and midterm control, you need to study the theory: definitions of all concepts and approaches to assessment to the state of understanding the material and independently complete several typical tasks.
8. Practicing missed classes:
Control over the assimilation of the material of the curriculum of the discipline by students is carried out systematically by the teacher of the department and is reflected in the teacher's journal and in points. A student who has received an unsatisfactory grade in the current material is obliged to prepare this section and answer it to the teacher at an individual interview.
A lecture missed without valid reasons must be worked out by the method of oral questioning by the lecturer or preparation of an essay on the materials of the missed lecture within a month from the date of absence. Other methods of working out missed lectures are also possible (questioning at practical sessions, test control, etc.). Practicing practical exercises.
- Each lesson missed by a student without a valid reason is worked out without a mandatory basis. Work is carried out according to the schedule of the department, agreed with the dean's office.

- Missed classes must be worked out within 10 days from the date of absence. Seminar classes missed by a student without a valid reason are worked out no more than one lesson per day. Missed classes for a good reason (illness, absences with the permission of the dean's office) are worked out according to the thematic material without taking into account the hours.
- A student who has not completed the pass within the established time frame is allowed to attend regular classes only with the permission of the dean or his deputy in writing. It is not allowed to exclude students who are poorly prepared for these classes from the next seminar class.
- For students who missed seminar classes due to a long illness, the work should be carried out after the permission of the dean's office according to an individual schedule agreed with the department.
- In exceptional cases (participation in inter-university conferences, competitions, Olympiads, duty, etc.), the dean and his deputy, in agreement with the department, can exempt students from working off some missed classes.

PROCEDURE FOR PATIENT SUPERVISION.

1. Theoretical preparation for the patient's supervision (familiarization with the patient's topics).
2. Distribution of patients among students.
3. Establishing a trusting contact with the patient.
5. Collection of complaints and anamnesis of the patient's disease and life.
6. Examination and examination of the systems of internal organs.
7. Examination and description of clinical status.
8. Making a preliminary diagnosis.
9. Collection of laboratory research data.
10. Differential diagnosis.
11. Clinical diagnosis.
12. Determination of the tactics of the proposed management of the patient.
13. Writing diaries, stage or discharge epicrisis in the patient's educational history.
14. A brief summary of etiology, pathogenesis, clinical presentation and treatment according to modern data from literary sources.
15. Discussion of the educational medical history in a group among students and with the teacher of the department.

MEDICAL HISTORY.

The student fills out the medical history according to the specified scheme:

1. General information about the patient;
2. Complaints.
3. Medical history (anamnesis mobi).
4. Life history (namnesis vitae).
5. Objective research.
6. Traumatological (orthopedic) status.
7. Preliminary diagnosis with justification.
8. Laboratory, instrumental and additional research methods.
9. Clinical diagnosis.
10. Substantiation of clinical diagnosis.
11. Treatment.
12. Diary.
13. Epicrisis.
14. References.

REPORT WITH PRESENTATION. Rules of preparation and writing:

Oral presentation - the report should not be a retelling of other people's thoughts, but an attempt to independently problematize and conceptualize a certain, rather narrow and specific topic. All footnotes available in the work are carefully checked and provided with "addresses". It is unacceptable to include excerpts from the works of other authors in your work without indicating this, to retell someone else's work close to the text without reference to it, to use someone else's

ideas without indicating the original source. This also applies to sources found on the Internet. You must specify the full address of the site.
All cases of plagiarism should be excluded. At the end of the work, an exhaustive list of all sources used is given.
Preparation of a report for the lesson.
The main stages of the preparation of the report:
• choosing a topic;
• teacher's consultation;
•preparing a report outline;
• work with sources and literature, collection of material;
• writing the text of the report;
• preparation of the manuscript and its submission to the teacher before the start of the report, which determines the student's readiness for the presentation;
• Presentation of a report, answers to questions.
The topic of the report is proposed by the teacher at the WCF.
Multimedia presentations are a type of independent work of students to create visual information aids made with the help of a multimedia computer program PowerPoint. This type of work requires the coordination of the student's skills in collecting, systematizing, processing information, designing it in the form of a selection of materials that briefly reflect the main issues of the topic under study, in electronic form. That is, the creation of presentation materials expands the methods and means of processing and presenting educational information, forms students' computer skills. Presentation materials are prepared by the student in the form of slides using Microsoft PowerPoint.
Requirement for students to prepare a presentation and defend it in the classroom in the form of a report.
1. The topic of the presentation is chosen by the student from the proposed list of FOS and must be agreed with the teacher and correspond to the topic of the lesson.
2. Stages of preparing a presentation
Drawing up a presentation plan (setting a task; goals of this work)
Thinking through each slide (at first, this can be done manually on paper), while it is important to answer the questions:
- How does the idea of this slide reveal the main idea of the entire presentation?
- What will be on the slide?
- What will be said?
- How will the transition to the next slide be made?
3. Making a presentation using MS PowerPoint:
- It makes sense to be careful. Sloppily made slides (discrepancies in fonts and indentations, typographical errors) arouse suspicion that the student-speaker approached the substantive issues half-heartedly.
- The title page is necessary to introduce you and the topic of your report to the audience.
- The number of slides is no more than 30.
- The optimal number of lines on a slide is from 6 to 11.
- A common mistake is to read the slide verbatim. It is best if detailed information is written on the slide, and the words tell their meaningful meaning. The information on the slide can be more formal and strictly stated than in the speech.
- Optimal switching speed – one slide in 1-2 minutes.
- It is encouraged to use more drawings, pictures, formulas, graphs, tables in the presentation. You can use animation effects.
- When explaining tables, you need to say what the rows correspond to and what the columns correspond to.
- Introduce only those notations and concepts without which it is impossible to understand the main ideas of the report.

- In a short speech, you cannot repeat the same idea, even in other words - time is precious.
- The last slide with conclusions in short presentations should not be pronounced.
- It is recommended to change the main font in the text and formulas to Arial or similar; the Times font looks bad from afar. Be sure to set the MathType to the basic font size equal to the basic font size in the text.

4. A student is obliged to prepare and make a report at a strictly allotted time by the teacher, and on time.

5. Instructions to speakers.
- communicate new information;
- use technical means;
- know and navigate well in the topic of the entire presentation;
- be able to discuss and quickly answer questions;
- strictly follow the established time limit: speaker - 10 minutes; discussion - 5 min.;

It should be remembered that the speech consists of three parts: introduction, main part and conclusion.

The introduction helps to ensure the success of the speech on any topic. The introduction should contain:
- the title of the presentation;
- communication of the main idea;
- modern assessment of the subject of presentation;
- a brief list of issues under consideration;
- a lively interesting form of presentation;

The main part, in which the speaker must deeply reveal the essence of the topic raised, is usually built on the principle of a report. The task of the main part is to provide enough data for listeners and

were interested in the topic and wanted to get acquainted with the materials. At the same time, the logical structure of the theoretical block should not be given without visual aids, audio-visual and visual materials. A conclusion is a clear and concise summary that listeners are always waiting for.

BASIC REQUIREMENTS FOR WRITING TESTS:

1. There are 100 closed-ended questions in one test task.
2. Ready-made answers are given to the questions, one of which is correct and the rest are incorrect.
3. For each correct answer – 1 point.
4. The total score is defined as the sum of the interest earned.
5. The number of percentages collected is converted into points.

REFERENCE VERSION OF THE TEST:

To normalize metabolic processes in the fetus and stimulate oxidative reactions of the Krebs cycle, the following is used:

1. glucose (5-10%) solution with insulin
2. Tocolytics
3. Antispasmodics
4. Sedatives
5. All of the above.

SITUATIONAL TASK IN OBSTETRICS. REFERENCE ANSWER OPTION.

CONDITION: A primiparous woman of 24 years old was admitted to the maternity hospital. For several days - headache, feeling unwell. Before the onset of complaints, I felt healthy. On examination: edema of the lower extremities and anterior abdominal wall. When boiling urine, there is a large flaky sediment. Blood pressure is 180/100 mm Hg. External examination: breech presentation, contractions in 4-5 minutes, s/b of the fetus on the left, above the navel, 140 beats per minute. Pelvic dimensions: 25-28-31-20cm. Vaginal examination: the opening is complete, the amniotic sac is intact, the left leg is palpable on the left and front. The posterior surface of the

womb and the sacral cavity are free. During the vaginal examination, convulsions appeared, lasting 3-4 minutes, with loss of consciousness.
1) Assess the condition of the woman in labor upon admission.
2) Determine the period of labor.
3) What does the presence of the amniotic membrane at the moment of labor indicate?
4) The cause that provoked the cramps?
5) What are the doctor's tactics?
ANSWERS:
1) Eclampsia.
2) Stage II of labor.
3) On the physiological course of the first stage of labor.
4) Vaginal examination without inhalation anesthesia.
5) Caesarean section.
The initial level of students' knowledge is determined by testing and a mandatory oral interview, the current control of the mastery of the subject is determined by an oral survey in the course of practical classes during clinical reviews, when solving typical situational tasks and modules.
At the end of the cycle, it is planned to conduct a test control on all topics covered in combination with an oral interview. The final control includes:
- Interview on theoretical issues;
- control of practical skills and abilities;
- solving situational problems.
BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL
When appearing for a differentiated test or examination, students are required to have their record books, which they present to the examiner at the beginning of the exam.
At the intermediate control, the student must correctly answer the theoretical questions of the ticket and complete the situational tasks.
Students can use technical means, reference and regulatory literature, visual aids, educational programs.
Assessment of intermediate control:
- min 20 points - Questions to check the level of learning to know (if the student correctly formulates the basic concepts when answering the questions asked)
- 20-25 points – Tasks to check the level of learning to BE ABLE and POSSESS (if the student correctly formulates the essence of the problem set in the ticket and gives recommendations for its solution)
- 25-30 points - Tasks to check the level of learning to BE ABLE and POSSESS (in case of complete completion of the control task).
Questions on obstetrics are included in the Final State Certification of Graduates.