Foundation

of assessment tools

for the discipline " Standards of treatment"

The level of higher education

(SPECIALTY)

2026y.

The assessment Fund is designed to monitor the knowledge of students in the field of training (specialty) "General medicine" in the discipline "Standards of treatment".

The assessment Fund endorsed by Department of Therapy (General Medicine) Meeting Record of 26.08.2026 y. No1.

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1. LIST OF COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)

Final Students' Competences	Planned learning outcomes in the discipline, characterizing the stages of competence formation	Types of assessment tools/ section code in this document
PC-8: the ability to determine the tactics of managing patients with various nosological forms	**Knowledge::** classification and main characteristics of medicines, pharmacodynamics and pharmacokinetics, indications and contraindications for the use of medicines; side effects of medicines general principles of prescribing and compounding prescriptions for medicines;	**Block A, D** - tasks of the reproductive level Types of assessment tools: tests, oral interview, written questions The content of the block: • classification of medicines • pharmacodynamics and pharmacokinetics of the main groups of drugs • indications and contraindications for the use of medicines • side effects and complications of pharmacotherapy • standards and principles of treatment of the main nosological forms
	Skills: to substantiate pharmacotherapy in a specific patient with major pathological syndromes and urgent conditions; determine the methods of administration, regimen, and dose of medications; evaluate the effectiveness and safety of the treatment;	**Block B, D** - tasks of the reconstructive level Types of assessment tools: situational tasks, clinical cases The content of the block: • justification of the choice of pharmacotherapy for a particular patient • choosing a drug based on the diagnosis • determination of dose, frequency and method of administration • preparation of a treatment regimen • evaluation of the effectiveness and safety of therapy

	Expertise: skills in the use of medicines in the treatment, rehabilitation and prevention of various diseases and pathological conditions; proper management of medical records; assessments of the state of public health; methods of general clinical examination	**Block C, D** - practice-oriented and/or research-level assignments Types of assessment tools: practical skills, working with the patient, documentation The content of the block: • the use of medicines in clinical practice • management of patients with various diseases • providing emergency care • monitoring the effectiveness and safety of treatment • registration of medical documentation • carrying out preventive measures

The planning sheet of discipline " Standards of diagnostics "

Specialty "General Medicine" for the 2026-2027 academic year.

Course 6, semester 12, Credit units (CU) – 2

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
Module 1					
Section 1. Chronic diseases of cardiovascular, respiratory systems	Formative assessment	Practical skills, attendance. Independent work of the student: - paper, presentation, - work with educational and methodical literature, - preparation for midterm examination	**17**	**30**	**26 week**

	Midterm examination	Test	**3**	**5**	
Module 2					
Section 2. Chronic diseases of musculoskeletal, gastrointestinal, endocrine, secretory system, system of blood	Formative assessment	Practical skills, attendance. Independent work of the student: - paper, presentation, - work with educational and methodical literature, - preparation for midterm examination	**17**	**30**	**31 week**
	Midterm examination	Test	**3**	**5**	
TOTAL			**40**	**70**	
Midpoint assessment		Task of standards of diagnostics and treatment	**20**	**30**	
Summative assessment			**60**	**100**	

Note:

1. For active participation in a work practice 0.5 points are added.

2. For active participation in science work – 3 points.

3. For each missed and not fulfilled working day 0.5 points are removed.

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

Block A

1. [T017874] THE MAIN RESOLVENTS FOR TREATMENT OF PATIENTS OF BRONCHIAL ASTHMA ARE

A) glucocorticoids B) metilksantina

C) inhibitors of a fosfodiesteraza 4

D) nonsteroid resolvents

2. [T017877] BRONHOSPASTICHESKOE HAS EFFECT

A) propranolol B) fenoterol

C) beclametazone D) salbutamol

3. [T017878] FOR TREATMENT OF PATIENTS WITH BRONCHIAL ASTHMA OF MODERATE SEVERITY ARE USED

A) inhalation glucocorticosteroids and β2-agonist B) antibacterial and mukolitichesky medicines

C) system glucocorticoids and metilksantina of) kromona and antihistaminic medicines

4. [T017885] ANTIBACTERIAL THERAPY TO PATIENTS WITH EXACERBATION OF THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE IS APPOINTED IN THE CASE

A) increases in volume and degree of inflammation of a phlegm of B) existence of symptoms of a sharp respiratory infection In) emergence of the dry whistling rattles

D) long experience of smoking

5. [T017886] AS STARTING ANTIBACTERIAL THERAPY OF EXTRA HOSPITAL PNEUMONIA OF NOT HEAVY CURRENT AT THE HOSPITALIZED PATIENTS CAN BE CHOSEN

A) amoxicillin + clavulanic acid B) ciprofloxacin

C) gentamycin G) tetraciclin

6. [T017887] THE MEDICINE CONTRAINDICATED AT PYELONEPHRITIS IN THE STAGE OF THE CHRONIC RENAL FAILURE, IS

A) gentamycin B) oxacilline C) azitromycine

D) karbenicilline

7. [T017892] THE LEVEL OF CREATININE AT WHICH CARRY OUT THE HEMODIALYSIS MAKES μMOL/L

A) 700

B) 400

C) 500

D) 600

8. [T017896] CHOICE MEDICINE IN TREATMENT OF RHEUMATOID ARTHRITIS IS

A) methotrexate

B) a hydroxychloroquine

C) leflunomide

D) sulfasalazine

9. [T017898] THE MEDICINE OF THE CHOICE OF GENETICALLY ENGINEERED BIOLOGICAL THERAPY APPLIED TO TREATMENT OF PATIENTS OF SYSTEM RED VOLCHANKAYA WITH HIGH IMMUNOLOGICAL AND CLINICAL ACTIVITY IS

A) belimumab B) infliximab C) etanerzent D) adalimumab

10. [T017899] AT PATIENTS WITH CHRONIC GASTRITIS IN COMBINATION WITH SEKRETORNY INSUFFICIENCY THE MOST EFFECTIVE IS

A) atsidin-pepsin B) almagel

C) ranitidine G) famotidine

11. [T017684] AT WILSON-KONOVALOV'S DISEASE ARE SURPRISED

A) liver and brain

B) heart and kidneys

C) kidneys and lungs

D) liver and kidneys

12. [T017783] AT THE SYNDROME OF THE ANGRY GUT ARE NOTED

A) functional frustration

B) organic changes

C) inherited disorders

D) anomalies of development of intestines

13. [T017784] THE FACTOR CONTRIBUTING TO FORMATION OF THE POST-INFECTIOUS SYNDROME OF THE ANGRY GUT IS

A) perenes• nny intestinal infection

B) milk

C) use of products rich with cellulose

D) dislipidemiya

14. [T017785] THE DIAGNOSIS OF THE SYNDROME OF THE ANGRY INTESTINES IS EXCLUDED AT

A) availability of blood in Calais

B) a chair 3 times a week are more often

C) feeling of incomplete depletion of intestines

D) a chair 3 times a week are more rare

15. [T022973] BELONGS TO PRIMARY CARDIOMYOPATHIES

A) hypertrophic

B) alcoholic

C) metabolic

D) disgormonalny

16. [T022977] SINKOPALNY STATES, DIZZINESS, CORONARY INSUFFICIENCY AND SHORT WIND MOST OFTEN MEET AT

A) hypertrophic cardiomyopathy with obstruction of the taking-out path of left ventricle

B) insufficiency of the aortal valve

C) dilyatation cardiomyopathy

D) postinfarction cardiosclerosis

17. [T022982] THE CARDIOSPECIFIC MARKER OF THE NECROSIS OF THE MYOCARDIUM IS

A) troponin I

B) myoglobin

C) LDG

D) general KFK

18. [T023236] SERUMAL ALPHA FETOPROTEIN'S INCREASE IS MOST EXPRESSED AT

A) gepatotsellyulya cancer

B) to a carcinoma of a thick gut

C) pancreatic cancer

D) to a carcinoma of a gall bladder

19. [T023242] MOST OFTEN AT AUTOIMMUNE HEPATITIS APPLY

A) Prednisolonum

B) Ziclosporin

C) Triamcinolone

D) Lamivudine

20. [T023247] FOR TREATMENT OF PSEVDOMEMBRANOZNY COLITIS IS USED

A) metronidazole

B) cefalexin

C) acyclovir

D) omeprasoli

21. [T023250] TERMINAL DEPARTMENT OF THE PODVZDOSHNY GUT ISN'T SURPRISED AT

A) psevdomembranozny colitis

B) the infection caused by Yersinia Enterocolitica

C) diseases Krone

D) tuberculosis

22. [T023251] IS CHARACTERISTIC OF ULCER COLITIS

A) existence of frequent bleedings

B) bezretsidivny current

C) segmentary defeat

D) emergence transmural of ulcers

23. [T023255] EXISTENCE OF THE TRIAD OF SYMPTOMS - PERMANENT INCREASE IN GASTRIC SECRETION, A GIT ULCERATION, DIARRHEA - SPECIFIES ON

A) Zollingera-Ellison's syndrome

B) stomach ulcer with localization in a stomach

C) ulcer colitis

D) chronic pancreatitis

24. [T024588] IS CAPABLE TO PROVOKE VENTRICULAR TACHYCARDIA LIKE "PIROUETTE"

A) sotalol

B) verapamil

C) atenolol

D) diltiazy

25. [T024589] HAS THE PHOTOSENSITIZING EFFECT

A) amiodaron

B) dizopiramid

C) sulpirid

D) metformin

26. [T024593] HAS CARDIOTOXIC EFFECT UP TO DEVELOPMENT OF THE SECONDARY DILATATSIONNY CARDIOMYOPATHY ANTINEOPLASTIC MEDICINE

A) doxorubicine

B) dactinomycine

C) bleomycin

D) sarcolisin

27. [T024594] AT PATIENTS WITH THE OBSTRUCTIVE FORM OF THE HYPERTROPHIC CARDIOMYOPATHY IS CONTRAINDICATED APPOINTMENT

A) nitrates, dihydropyridines, APF inhibitors

B) verapamil, diltiazem, atenolol

C) bisoprolola, dizopiramida, amiodarona

D) spironolaktona, propranolol, sotalol

28. [T024595] THE SYNDROME OF CANCELLATION CAN DEVELOP AFTER THE END OF APPLICATION

A) glucocorticosteroids

B) bisfosfonat

C) trimetazidina

D) ranolazina

29. [T024600] WHEN PERFORMING REPLACEMENT KIDNEY THERAPY (GEMODIALIZ, PERITONEALNYY DIALIZ) AT PATIENTS WITH THE TERMINAL RENAL DISEASE OF PREFERABLE ANTICOAGULANT IS

A) heparin

B) varfarine

C) fondaparinkus

D) dabigatran

30. [T024602] OF ERITROPOEZ-STIMULIRUYUSHCHIMI MEDICINES OF THE FIRST LINE ON THE PROTEINACEOUS BASIS ARE

A) erythropoietins (alpha, beta, delta, omega)

B) prolylhydroxylase inhibitors

C) EPO-mimetiki

D) transkriptaza inhibitors

31. [T024603] FOR CORRECTION OF ANEMIA AT PATIENTS WITH THE CHRONIC DISEASE OF KIDNEYS USE

A) stimulators of an eritropoez

B) stimulators of a leykopoez

C) analogs of nucleosides

D) immunodepressants

32. [T024604] AT ANEMIA AT PATIENTS WITH THE CHRONIC DISEASE OF KIDNEYS NEEDS TO APPOINT THE COMBINED THERAPY: ERITROPOEZ'S STIMULATORS WITH MEDICINES

A) gland

B) calcium

C) potassium

D) magnesium

33. [T024606] AT DECREASE IN SKF <30 ML/MIN/1,73M2 GIPERKALIYEMIYA CAN CAUSE APPOINTMENT

A) spironolaktona

B) dabigatrana

C) febuksostat

D) ivabradina

34. [T024607] THE INDICATION FOR PURPOSE OF SYSTEM AMINOGLYCOSIDES IS

A) the complicated pyelonephritis

B) extra hospital pneumonia

C) prevention of an infectious endocarditis

D) pneumocystic pneumonia

35. [T024609] SELECTION OF THE DOSE OF UNFRACTIONATED HEPARIN IS CARRIED OUT BY MEANS OF DEFINITION

A) the activated partial tromboplastinovy time

B) the international normalized relation

C) soluble fibrin - monomeric complexes with fibrinogen

D) the activated time of a rekaltsifikation of protein of fibrin

36. [T024666] ANTI-COAGULATIVE EFFECT AND RISK OF HEMORRHAGIC COMPLICATIONS INCREASES AT THE COMBINATION OF ANTICOAGULANTS C

A) nonsteroid resolvents

B) I1-imidazolinovykh agonists of receptors

C) blockers of CD20 receptors of V-lymphocytes

D) partial agonists of nicotinic receptors

37. [T024674] PATHOGENETIC REMEDIES FOR THE NEPHROTIC SYNDROME ARE

A) glucocorticosteroids, cytostatics, anticoagulants

B) diuretics, proteinaceous solutions, antikininovy medicines

C) antihistamines, antibiotics, polyvitamins

D) spironolaktona, nitrovazodilatator, antagonists of calcium

38. [T024679] (WITH MODERATE BLOCKADE OF SODIUM CHANNELS) CARRY TO THE ANTIARRHYTMIC MEMBRANE STABILIZING MEDICINES IA OF THE CLASS

A) hinidine, novocainamid, dizopiramide

B) allapinini, propafenoni, etazisine

C) metaprololi, betaksolol, bisoprololi

D) amiodaroni, sotalol, dronedarone

39. [T024680] (WITH THE EXPRESSED BLOCKADE OF SODIUM CHANNELS) CARRY TO THE ANTIARRHYTMIC MEMBRANE STABILIZING MEDICINES IC OF THE CLASS

A) allapinini, propafenoni, etazisine

B) hinidine, novocainamid, dizopiramide

C) metaprololi, betaksolol, bisoprololi

D) amiodaroni, sotalol, dronedarone

40. [T024681] CARRY TO ANTIARRHYTMIC MEDICINES II OF THE CLASS (BETA ADRENOBLOKATORA)

A) metaprololi, betaksolol, bisoprololi

B) allapinini, propafenoni, etazisine

C) hinidine, novocainamid, dizopiramide

D) amiodaroni, sotalol, dronedarone

41. [T024682] CARRY TO ANTIARRHYTMIC MEDICINES III OF THE CLASS (INCREASE ACTION POTENTIAL DURATION)

A) amiodaroni, sotalol, dronedarone

B) metaprololi, betaksolol, bisoprololi

C) allapinini, propafenoni, etazisine

D) hinidine, novocainamid, dizopiramide

42. [T024685] FOR TREATMENT OF THE EDEMATOUS SYNDROME AT THE CHRONIC DISEASE OF KIDNEYS 4 STAGES (GLOMERULAR FILTRATION < 20 ML/MIN/1,73 OF SQ.M) DIURETICS OF THE CHOICE ARE

A) furosemide, torasimide

B) spironolactone, triamteren

C) indapamide, hlortalidone

D) manninit, bumetanide

43. [T024692] AT PATIENTS WITH DYSFUNCTION OF KIDNEYS IS RECOMMENDED TO APPLY ANTIHISTAMINIC MEDICINES CONCERNING THE ACCOMPANYING ALLERGIC DISEASES

A) loratadine, hifenadine

B) zetirisine, acrivastine

C) dezloratadine, levozetirisine

D) cehifenadine, fecsofenadine

44. [T024699] CHOICE MEDICINES FOR TREATMENT OF THE EXTRA HOSPITAL PNEVMONIIYA CALLED BY HAEMOPHILUS INFLUENZAE ARE

A) aminopenicillin

B) oksazolidinona

C) tetratsiklina

D) sulfanylamides

45. [T024709] CONTROL OF EFFICIENCY AND SAFETY OF THERAPY BY VARFARIN IS CARRIED OUT WITH THE HELP

A) international normalized relation (INR)

B) activated partial tromboplastinovy time (APTT)

C) activated rekaltsifikation time (ART)

D) soluble fibrin-monomeric complexes (SFMC)

46. [T024710] AT INTRAVENOUS ADMINISTRATION OF VERAPAMIL CAN DEVELOP ASISTOLIYA AGAINST THE BACKGROUND OF RECEPTION BY THE PATIENT

A) propranolol

B) phenobarbital

C) spironolaktona

D) febuksostat

47. [T024712] ISN'T RECOMMENDED TO USE POTENTIALLY DANGEROUS COMBINATIONS OF DIGOXIN C

A) amiodarony, hinidiny, verapamil

B) atorvastatiny, nifedipine, klopidogrely

C) valsartany, fenofibraty, amlodipiny

D) tsetiriziny, omeprazoly, denosumaby

48. [T024714] CARRY OUT SELECTION OF THE DAILY DOSE OF DABIGATRAN

A) безконтроля koagulogramma indicators

B) under control of the international normalized relation

C) under control of all indicators of a koagulogramma

D) under control of the activated partial tromboplastinovy time

49. [T024717] FOR SAFETY OF TREATMENT OF PATIENTS WITH THE METHOTREXATE NEEDS TO BE CONTROLLED

A) transaminelements, clearance of creatinine, clinical blood test, a condition of lungs according to a X-ray analysis

B) a lipidic profile, immunological and serological blood tests, a condition of a myocardium according to an echocardiography

C) hormonal blood test, a daily proteinuria, a condition of a liver and kidneys according to ultrasonography

D) a complex immunohistochemical profile, trofoblastichesky beta 1 - a glycoprotein, phenotypes of lymphocytes (the main subpopulations)

50. [T024725] CHOICE MEDICINE FOR KNOCKING OVER OF THE PAROXYSM OF FIBRILLATION OF AURICLES AGAINST THE BACKGROUND OF THE SHARP MYOCARDIAL INFARCTION IS

A) amiodaroni

B) novocainamidi

C) lidocaine

D) metoprololi

51. [T024731] IN CASE OF THE REMAINING PAIN SYNDROME AGAINST THE BACKGROUND OF THE PAROXYSM OF FIBRILLATION OF AURICLES AT THE PATIENT WITH THE SHARP MYOCARDIAL INFARCTION, IS SHOWN

A) performing electropulse therapy

B) performing infusion of a novokainamid

C) performing infusion of an amiodaron

D) introduction of narcotic analgetics

52. [T024736] WHEN DEVELOPING THE PAROXYSM OF STEADY VENTRICULAR TACHYCARDIA AGAINST THE BACKGROUND OF THE MYOCARDIAL INFARCTION IS SHOWN

A) immediate carrying out EIT

B) performing infusion of a kordaron

C) performing infusion of lidocaine

D) appointment beta адреноблокаторов

53. [T024738] PRELIMINARY PURPOSE OF LOW-MOLECULAR HEPARINS FOR TREATMENT OF THE SHARP VENOUS THROMBEMBOLIA (VTE) IS SHOWN FOR

A) dabigatrana

B) apiksabana

C) aspirin

D) rivaroksabana

54. [T024739] TWO TIMES A DAY FOR TREATMENT OF THE SHARP VENOUS THROMBEMBOLIA (VTE) MAKES DURATION OF APPLICATION OF APIKSABAN IN THE DOSE OF 10 MG DAYS

A) 7

B) 14

C) 21

D) 28

55. [T024741] DURATION OF ANTIKOAGULYANTNY THERAPY AFTER THE FIRST EPISODE OF THE VENOUS THROMBEMBOLIA (VTE) MAKES NOT LESS MONTHS

A) 3

B) 6

C) 9

D) 12

56. [T024742] PERFORMING THROMBOLYTIC THERAPY AT THE SHARP VENOUS THROMBEMBOLIA (VTE) IS SHOWN AT

A) cardiogenic shock

B) repeated thrombembolia of a pulmonary artery (TELA) V) bilateral TELA

D) iliofemoralny thrombosis

57. [T024745] IMPLANTATION KAWA FILTER HAS TO BE CONSIDERED AT

A) recidivous TELA against the background of intake of anticoagulants

B) massive TELA

C) thrombosis of deep veins

D) the planned surgery of high risk

58. [T024747] OF PRODLENNAYA TROMBOPROFILAKTIKA IS SHOWN AT

A) repeated episode of unprovoked TELA

B) sharp venous thrombembolia (VTE)

C) secondary pulmonary hypertensia

D) known trombofiliya

59. [T024765] CHOICE MEDICINE FOR TREATMENT OF THE SYNDROME OF THE GAME IS

A) antagonist of an aldosteron

B) antagonist of calcium

C) the antagonist of receptors of 1 type to angiotensin II

D) beta- adrenoblock

60. [T024791] FUNIKULYARNY MIYELOZ IS CHARACTERISTIC FOR

A) B12-scarce anemia

B) aplastic anemia

C) iron deficiency anemia

D) hemolytic anemia

61. [T024795] OF GEPATO-AND SPLENOMEGALIYA AT THE SHARP LEUKOSIS ARE MANIFESTATION OF THE SYNDROME

A) hyper plastic

B) hemorrhagic

C) anemic

D) infectious and toxic

62. [T024796] HYPERAEMIA OF SKIN AND MUCOUS, GEPATOSPLENOMEGALIYA, WARM AND VASCULAR COMPLICATIONS ARE CHARACTERISTIC FOR

A) politsitemiya

B) sharp leukosis

C) chronic leukosis

D) miyelofibroza

63. [T024797] IS CHARACTERISTIC INCREASE IN THE GENERAL LEVEL OF PROTEIN FOR THE ACCOUNT OF THE MULTIPLE MYELOMA

A) paraprotein

B) gamma globulin

C) albumine

D) alpha globulin

64. [T024799] MULTIPLE INJURIES, EXTENSIVE SURGICAL INTERVENTIONS, SEPTIC STATES, MALIGNANT TUMOURS CAN BE THE CAUSE OF DEVELOPMENT

A) syndrome of diffusion intra vascular folding

B) hemorrhagic vaskulit

C) hemolytic anemia

D) Randyu-Osler's diseases

65. [T024819] AT THE CHRONIC RENAL FAILURE TREATMENT OF ANEMIA INCLUDES APPOINTMENT

A) erythropoietin

B) Prednisolonum

C) B12 vitamin

D) folic acid

66. [T024840] THE FINAL DIAGNOSIS OF THE SYNDROME OF THE ANGRY GUT CAN BE ESTABLISHED ON THE BASIS OF FULL KLINIKO-OF TOOL INSPECTION AND

A) exceptions of other diseases

B) histologic confirmation

C) immunohistochemical confirmation

D) irrigoskopichesky confirmation

67. [T024844] AT THE INCREASE IN BILIRUBIN TYPICAL FOR GILBERT'S SYNDROME, IT IS NECESSARY TO EXCLUDE

A) hemolytic anemia

B) infectious мононуклеоз

C) acute viral hepatitis A

D) chronic alcoholic intoxication

68. [T024850] THE REASON OF THROMBOSIS OF VOROTNY VIENNA AND ITS BRANCHES IS DEFICIENCY

A) proteins of C and S

B) immunoglobulin G

C) vitamin K

D) alcohol dehydrogenase

69. [T024866] KRONE CARRY TO EXTRA INTESTINAL DISPLAYS OF THE DISEASE

A) knotty eritema

B) interintestinal fistulas

C) pankreatogenny diabetes

D) generalized erosive psoriasis

70. [T024871] AT GEPATOKARTSINOM IN BLOOD RAISES LEVEL

A) alfafetoproteina

B) pro-calcitonin

C) gamma globulin

D) beta phytosterol

71. [T024873] AT AUTOIMMUNE HEPATITIS IN BLOOD IS RAISED CONTENTS

A) gamma globulin and IgG

B) beta globulin and IgA

C) alfa2-globulin and IgM

D) alfa1-globulin and IgE

72. [T024874] AT WILSON'S DISEASE IN BLOOD IS LOWERED CONTENTS

A) ceruloplasmin

B) gamma globulin

C) alfafetoproteina

D) alfa1-anti-trypsin

73. [T024875] BENIGN SHOULD BEGIN TREATMENT OF PSEVDOMEMBRANOZNY COLITIS WITH USE OF METRONIDAZOLE

A) inside

B) intravenously

C) inside and intravenously

D) in candles and in the form of rectal foam

74. [T024914] FOR TREATMENT OF HEAVY ALCOHOLIC HEPATITIS PREDNISOLONUM APPOINT 40 MG/DAYS IN THE DOSE

A) orally

B) intravenously

C) intramuscularly

D) in microenemas

75. [T025330] OF VIOLATION OF A-V OF CONDUCTIVITY AT THE LOWER MYOCARDIAL INFARCTION ARE CONNECTED WITH

A) violation of a blood-groove up to a knot AV artery

B) violation of a blood-groove up to an artery of sinus knot

C) extensiveness of damage of a sidewall of LZh

D) damage of an interventricular partition

76. [T025335] SHARPLY ARISEN BLOCKADE OF THE LEFT LEG OF THE BUNCH OF GISA MOST OFTEN ACCOMPANIES THE LOCALIZATION HEART ATTACK

A) lobby

B) lower

C) side

D) back

77. [T025336] SHARPLY DEVELOPED BLOCKADE OF THE LEFT LEG OF THE BUNCH OF GISA AGAINST THE BACKGROUND OF THE MYOCARDIAL INFARCTION IS EQUIVALENT

A) to raising of a segment of ST on the ECG

B) to a sharp myocardial infarction without raising of a segment of ST on the ECG

C) to formation of sharp aneurysm of a top of LV

D) sharp left ventricular insufficiency

78. [T025347] FOR IDENTIFICATION OF THE ARITMOGENNY NATURE OF SINKOPALNY STATES IS SHOWN CARRYING OUT REGISTRATION OF THE ECG WITHIN HOURS

A) 72

B) 24

C) 48

D) 12

79. [T025350] GROUP VENTRICULAR EKTOPIYA'S INDUCTION AT THE PATIENT AT PEAK OF LOADING IS

A) diagnostic criterion of ischemia of a myocardium

B) the indication to a koronaroangiografiya.

C) doubtful result of test on coronary insufficiency

D) criterion of the diagnosis of subsharp myocarditis

80. [T025351] HAVE THE MAXIMUM DIAGNOSTIC ACCURACY FROM NONINVASIVE METHODS OF INSPECTION FOR DIAGNOSIS OF THE ARITMOGENNY DYSPLASIA OF THE MYOCARDIUM

A) magnitnorezonansny tomography of heart and genetic blood test

B) a multispiral computer tomography of heart with contrasting and blood test on specific cardiomarkers

C) monitoring of the ECG, load test, if necessary koronaroangiografiya

D) a one-photon issue computer tomography of heart at rest and at loading and genetic blood test

81. [T025353] THE VENTRICULAR RHYTHM IS REGARDED AS "STEADY VENTRICULAR TACHYCARDIA" AT DURATION MORE SECONDS.

A) 30

B) 20

C) 90

D) 15

82. [T025354] THE RECOMMENDED TACTICS OF ANTIARRHYTMIC THERAPY AT GROUP VENTRICULAR EKTOPIYA AT THE PATIENT WITH THE POSTINFARCTION CARDIOSCLEROSIS IS APPLICATION

A) a sotalola – in the presence of a tendency to tachycardia

B) an allapinina or a propafenona in combination with sotaloly

C) an amiodarona, in combination with a beta adrenoblokatorami at a tendency to tachycardia

D) verapamil

83. [T025355] INDICATIONS TO IMPLANTATION OF THE CONSTANT ELECTROPACEMAKER ARE

A) pauses more than 3 seconds in the absence of a yatrogeniya

B) blockade AV episodes 2 degrees at night

C) signs of a syndrome of early repolarization of ventricles

D) signs of a syndrome of Brugad

84. [T025356] CHRESPISHCHEVODNY EHOKG SHOULD BE CARRIED OUT FOR THE EXCEPTION OF INTRACARDIAL THROMBOSIS WITH DURATION OF THE PAROXYSM OF FIBRILLATION OF AURICLES

A) more than 48 h

B) more than 24 h

C) less than 48 h

D) less than 24 h

85. [T025374] OF U PATSIYENTKI S AG AT THE DIFFERENCE HELL ON THE LEFT AND RIGHT HANDS IN 20 MM HG. FIRST OF ALL IT IS NECESSARY TO SUSPECT

A) Takayasu's disease

B) Cushing's disease

C) atherosclerotic damage of a humeral artery

D) Addison's disease

86. [T025387] ECHOCARDIOGRAPHIC CRITERIA OF THE CONCENTRIC HYPERTROPHY OF THE LEFT VENTRICLE ARE

A) increase in the index of mass of a myocardium of the left ventricle and relative thickness of walls of the left ventricle

B) increase in the index of mass of a myocardium of the left ventricle and normal amount of relative thickness of walls of the left ventricle

C) normal index of mass of a myocardium of the left ventricle and increase in relative thickness of walls of the left ventricle

D) normal index of mass of a myocardium of the left ventricle and normal relative thickness of walls of the left ventricle

87. [T025389] DURING CARRYING OUT LOAD TREDMIL-TESTA ON THE SCREEN OF THE MONITOR IS REGISTERED TACHYCARDIA WITH WIDE COMPLEXES THEREFORE IT IS NECESSARY TO STOP THE RESEARCH

A) at any genesis of changes which aren't clear

B) because of a paroxysm of ventricular tachycardia

C) because of a paroxysm of supraventricular tachycardia with an aberration of intra ventricular carrying out

D) because of chastotzavisimy blockade of the left leg of a bunch of Gis.

88. [T025392] PRETESTOVY CHANGE OF THE ECG WHICH MAKES IMPOSSIBLE CARRYING OUT LOAD TREDMIL-TESTA IS

A) total block of the left leg of a bunch of Gis

B) total block of the right leg of a bunch of Gis

C) an initial (pretestovy) horizontal depression of a segment of ST in assignments of II, III, aVF up to 1 mm

D) an initial (pretestovy) horizontal depression of a segment of ST in assignments of V4-6 up to 1 mm

89. [T025706] AT THE CHRONIC DISEASE OF KIDNEYS OF C3A OF THE STAGE AGAINST

A) glibenclamide

B) metformin

C) empagliflozine

D) sitagliptine

90. [T025928] AT THE SYNDROME OF WEAKNESS OF SINUS KNOT IS CONTRAINDICATED TO PATIENTS APPOINTMENT

A) moksonidina

B) nifedipine

C) gidrolazina

D) felodipina

91. [T025933] AT TREATMENT OF GKMP WITH OBSTRUCTION OF THE TAKING-OUT PATH OF THE LEFT VENTRICLE MEDICINES OF THE CHOICE ARE

A) β-adrenoblokator

B) APF inhibitors

C) diuretics

D) blockers angiotenzinovykh of receptors

92. [T025947] OF PREPARATAMI VYBORA PRI LECHENII AG IN COMBINATION WITH VIOLATIONS OF THE RHYTHM OF HEART ARE

A) β-adrenoblokator

B) diuretics

C) α-adrenoblokator

D) medicines of the central action

93. [T025948] LIQUID IN THE CAVITY OF THE PERICARDIUM CAN APPEAR AS A RESULT OF THERAPY

A) cytostatics

B) antibacterial medicines B) hypotensive medicines

D) nonsteroid anti-inflammatory medicines

94. [T025949] PROTIVOTROMBOTICHESKY EFFICIENCY OF KUMARINOVA ANTICOAGULANTS OF GROUP IS OPTIMUM AT MAINTENANCE OF MHO IN LIMITS

A) 2,0 – 3,0

B) 1,0 – 2,0

C) 0 – 1,0

D) 5,0 – 6,0

95. [T025955] CONTROL OF ADEQUACY OF USE OF ANTICOAGULANTS OF INDIRECT ACTION IS CARRIED OUT BY DEFINITION

A) MHO

B) fibrinogen level

C) prothrombin ratio

D) S-jet protein

96. [T025962] EXISTENCE OF THE PHILADELPHIAN CHROMOSOME OF PATOGNOMONICHNO FOR

A) chronic myeloid leukemia

B) chronic volosatokletochny leukosis

C) subleukemic leukosis

D) sharp promiyelotsitarny leukosis

97. [T025963] THE STERNALNY PUNCTURE IS THE COMPULSORY DIAGNOSTIC PROCEDURE AT

A) sharp leukosis

B) chronic limfoleykoz

C) Villebrand's diseases

D) hemolytic anemia

98. LEYKOPENIYA'S [T025967] CAN BE A CONSEQUENCE

A) gipersplenizm

B) transfusions of incompatible blood

C) stomach injuries

D) chronic pyelonephritis

99. [T025971] BELONGS TO SIGNS OF DVS-SINDROMA

A) gematomno-petekhialny

B) gematomny

C) petekhialny

D) vaskulitno-purple

100. [T025978] TROMBOTSITOZ CAN BE A CONSEQUENCE

A) eritremiya

B) sharp leukosis

C) chronic limfoleykoz

D) B12-scarce anemia

101. [T025979] THROMBOCYTOPENIA CAN BE OBSERVED AT

A) DVS-syndrome

B) iron deficiency anemia

C) hemolytic anemia

D) essentsialny trombotsitemiya

102. [T025980] TROMBOTSITOZ CAN BE A CONSEQUENCE

A) essentsialny trombotsitemiya

B) sharp leukosis

C) iron deficiency anemia

D) hemolytic anemia

103. [T025981] THROMBOCYTOPENIA CAN BE OBSERVED AT

A) sharp trombotsitopenichesky purple

B) iron deficiency anemia

C) hemolytic anemia

D) eritremiya

104. [T025982] THROMBOCYTOPENIA CAN BE OBSERVED AT

A) sharp leukosis

B) eritremiya

C) hemolytic anemia

D) essentsialny trombotsitemiya

105. [T025983] TROMBOTSITOZ CAN BE OBSERVED AT

A) to an amiloidoza

B) sharp leukosis

C) application of antiagregant

D) use of anticoagulants

106. [T025987] ANEMIA CAN BE OBSERVED AT INSUFFICIENCY

A) chronic kidney

B) sharp hepatic

C) sharp warm

D) chronic respiratory

107. [T025993] AT LIMFOPROLIFERATIVNYKH GEMOBLASTOZAKH CARRY TO V-SIMTOMAM

A) weight loss, weakness

B) limfoadenopatiya

C) gipersplenizm

D) anemia and thrombocytopenia

108. LEYKOPENIYA'S [T026000] CAN BE A CONSEQUENCE OF APPLICATION

A) tsitostatik

B) hormonal contraceptives

C) koloniyestimuliruyushchy factor

D) erythropoietin

109. [T026001] CAN CAUSE PURPOSE OF ERYTHROPOIETIN

A) arterialyy hypertensia

B) nausea and vomiting

C) feverish syndrome

D) thrombocytopenia

110. [T026007] WITH THE MULTIPLE MYELOMA APPLY TO TREATMENT OF PATIENTS

A) lenalidamide

B) interferon alpha

C) interferon beta

D) koloniyestimuliruyushchy factor

111. [T026008] WITH THE MULTIPLE MYELOMA APPLY TO TREATMENT OF PATIENTS

A) bortezamib

B) colchicine

C) interferon beta

D) koloniyestimuliruyushchy factor

112. [T026011] AT TREATMENT GEMOBLASTOZOV BELONGS TO COMPLICATIONS OF USE OF CYTOSTATIC MEDICINES

A) agranulocytosis

B) thrombosis

C) rash on skin

D) cold

113. [T026015] ERYTHROPOIETIN IS USED FOR TREATMENT

A) anemias at a chronic disease of kidneys

B) anemias at a sharp renal failure

C) anemias, autoimmune gemoliz

D) leykopeniya at influence of tsitostatik

114. [T026020] ARE PRESENT AT SCHEMES OF TREATMENT OF DVS-SINDROMA

A) plasma exchange and freshly frozen plasma

B) antiagregant and activators of a fibrinoliz

C) anticoagulants, antifibrinolitik

D) anticoagulants and activators of a fibrinoliz

115. [T026021] THE BLEEDING STOP METHOD AT SHARP DVS-THE SYNDROME IS

A) transfusion of sufficient volumes of freshly frozen plasma

B) introduction not less than 1 l of warm donor blood

C) carrying out a plasma exchange of 1 l of an eksfuziya

D) purpose of medicines factor of a protrombinovy complex

116. [T026022] AT LONG SDAVLENIYA'S SYNDROME THERAPY OF DVS-OF THE SYNDROME SHOULD BE BEGUN WITH

A) carrying out a plasma exchange of 1 l of an eksfuziya

B) transfusions of fresh donor blood

C) introductions of fibrinolitik

D) imposings of a plait on the affected extremity

117. [T026024] MEDICINAL TROMBOTSITOPATIYA CAN BE CONNECTED WITH RECEPTION

A) nonsteroid anti-inflammatory medicines

B) antibiotics of a broad spectrum of activity

C) antiviral medicines

D) hypotensive medicines

118. [T026025] WHEN USING INDIRECT ANTICOAGULANTS NEEDS TO BE CONTROLLED

A) the international normalized relation

B) the protrombinovy index on Kvika

C) level of anti-thrombin is III

D) the activated partial trombinovy time

119. [T026026] WHEN USING DIRECT ANTICOAGULANTS IN MEDICAL DOSES NEEDS TO BE CONTROLLED

A) the activated partial trombinovy time

B) the international normalized relation

C) the protrombinovy index on Kvika

D) trombinovy time

120. [T026027] WHEN USING DIRECT ANTICOAGULANTS IN PREVENTIVE DOSES NEEDS TO BE CONTROLLED

A) existence of hemorrhagic complications

B) chronometric indicators of a hemostasis

C) level of aggregation of platelets

D) level of fibrinolytic activity of blood

121. [T026028] AT APPLICATION OF PREVENTIVE DOSES OF LOW-MOLECULAR HEPARINS CAN DEVELOP

A) neimunny thrombocytopenia

B) medicinal trombotsitopatiya

C) geparinassotsiirovanny агранулоцитоз

D) secondary thrombosis

122. [T026029] IN TREATMENT GEMOBLASTOZOV USE

A) cytostatics and targetny biological medicines

B) anticoagulants and antiagregant

C) antibiotics and anticoagulants

D) steroid hormones and antibiotics

123. [T026030] APPLY TO TREATMENT OF CHRONIC MYELOID LEUKEMIA

A) inhibitors of a tyrosinekinase and cytostatics

B) cytostatics and steroid hormones

C) steroid hormones and antibiotics

D) antibiotics and inhibitors of tyrosinekinases

124. [T026041] VILLEBRAND'S DISEASE IS SHOWN

A) trombotsitopatiya

B) thromboses and gemorragiya

C) vaskulitno-purple bleeding

D) thrombocytopenia

125. [T026045] STERNALNAYA PUNCTURE

A) it is carried out in out-patient and stationary conditions

B) it is carried out only by the hematologist

C) always demands local anesthesia

D) always demands the general anesthesia

126. [T026047] AT TREATMENT OF THE MULTIPLE MYELOMA SHOULD BE PROVIDED

A) normal work-rest schedule

B) minimum level of physical activity

C) aseptic conditions

D) exception of work with physical activity

127. [T026048] AT TREATMENT OF PATIENTS WITH THE SHARP LEUKOSIS SHOULD BE PROVIDED

A) aseptic conditions, transfuziologichesky help

B) occupations physical culture in the increasing mode

C) full refusal of physical activities

D) obligatory obtaining disability

128. [T026049] SICK PURPLES IN AUTOIMMUNE TROMBOTSITOPENICHESKAYA'S REMISSION HAVE TO

A) to have a normal work-rest schedule

B) to exclude physical activities, sports activities

C) to avoid mass congestions of people

D) to eat with application of hypoallergenic diets

129. [T026050] PATIENTS IN REMISSION OF THE SHARP LEUKOSIS HAVE TO

A) to have a normal work-rest schedule

B) to exclude physical activities, sports activities

C) to avoid mass congestions of people

D) to eat with application of hypoallergenic diets

130. [T026051] PATIENTS WITH CHRONIC LIMFOLEYKOZ HAVE TO

A) to avoid conditions of high risk of respiratory infections

B) to exclude physical activities, sports activities

C) to reach disability

D) to eat with application of hypoallergenic diets

131. [T026052] AT REABILIATTION OF PATIENTS IN REMISSION OF THE SHARP LEUKOSIS

A) restrictions of physical activity aren't required

B) restrictions of duration of the working day are required

C) restrictions on degree of intellectual loading are required

D) it is required to exclude use of public transport

132. [T026059] AT TREATMENT OF PATIENTS WITH THE SHARP LEUKOSIS SHOULD BE PROVIDED

A) transfuziologichesky help

B) maximum physical activity

C) observance of a high bed rest

D) obligatory obtaining disability

133. [T026065] PREVENTION OF BLEEDINGS AT HEMOPHILIA IS CARRIED OUT

A) by regular introduction of settlement doses of medicines of factors of fibrillation

B) introduction of the necessary amount of medicines of factors of folding at the very beginning of bleeding

C) use of medicines of the activated seventh factor of blood

D) daily introduction of medicines of a protrombinovy complex

134. [T026076] WHEN CARRYING OUT THE STERNALNY PUNCTURE FOLLOWS

A) to explain to the patient the course of the procedure and its value

B) to give soothing and to support the encouraging conversation during the procedure

C) to give soothing and not to disturb a talk the procedure

D) before a puncture to carry out local anesthesia of skin

135. [T026078] AFTER THE TERMINATION STERNALNOY OF THE PUNCTURE FOLLOWS

A) to paste a sterile bandage to the place of a puncture

B) to apply the pressing bandage the place of a puncture

C) to put back a puncture a bubble with ice

D) to leave the patient under observation of medical personnel

136. [T026100] THE MOST CHARACTERISTIC COMPLICATION FOR THE DISEASE KRONE IS

A) intestinal impassability

B) bleeding

C) the increased risk of a malignization

D) development toxic megacolon

137. [T027079] LYMPHOCYTIC STRUCTURE AND INSIGNIFICANT QUANTITY OF MEZOTELIALNY CAGES IN PLEURAL EXUDATE ARE MOST CHARACTERISTIC FOR

A) tuberculosis

B) pneumonia

C) limfoleykoza

D) tumors

138. [T027083] THE MOST PROBABLE ACTIVATOR AT THE OUTBREAK OF FOCAL PNEUMONIA IN COLLECTIVE IS

A) mycoplasma

B) colibacillus

C) pneumococcus

D) proteas

139. PLEURAL LIQUID REPRESENTS [T027091] AT TUMORAL METASTATIC EXUDATES MORE OFTEN

A) exudate

B) transudate

C) chylous hydrothorax

D) hemothorax

140. [T027092] AT SHARP TUBERCULAR PLEURISY PLEURAL LIQUID

A) serous

B) hemorrhagic

C) purulent

D) hilezny

141. [T027093] VERY FAST REPEATED ACCUMULATION OF LIQUID IN THE CAVITY OF THE PLEURA IS TYPICAL SIGN

A) mesothelioma (cancer) of a pleura

B) chronic heart failure

C) tuberculosis of lungs

D) system red volchanka

142. [T027099] THE DIFFUSION PNEUMOSCLEROSIS CAN DEVELOP AT PATIENTS

A) HOBL

B) bronkhoektatichesky disease

C) heavy pneumonia

D) abscess of lungs

143. [T027101] THE MOST INFORMATIVE METHOD FOR IDENTIFICATION OF THE PNEUMOSCLEROSIS IS

A) computer tomography

B) fizikalny inspection

C) X-ray analysis

D) ultrasonography

144. [T027105] NOZOKOMIALNAYA PNEUMONIA DEVELOPS

A) in 48 hours after hospitalization

B) in the period of a flu epidemic

C) in the presence of a secondary immunodeficiency

D) as a result of aspiration defeat

145. [T027123] THE BLOOD SPITTING AND PULMONARY BLEEDING CAN ARISE AT

A) lung abscess

B) to bronchial asthma

C) to a mukovistsidoza

D) ekssudativny pleurisy

146. [T027124] THE PUNCTURE AT THE PLEURAL PUNCTURE NEEDS TO BE CARRIED OUT

A) on the upper edge of an edge

B) on bottom edge of an edge

C) on the middle of distance between edges

D) between edges

147. PERKUTORNO'S [T027128] PLEURAL EXUDATE IS DEFINED AT ITS VOLUME NOT LESS THAN A ML

A) 500

B) 100

C) 50

D) 1000

148. [T027131] FORMATION OF CAVITIES OF DESTRUCTION IN LUNGS IS MOST CHARACTERISTIC OF THE PNEUMONIA CAUSED

A) staphylococcus of B) pneumococcus

C) chlamydia

D) enterokokky

149. [T027132] OF GIDROTORAKS IS CHARACTERIZED BY THE CONGESTION IN THE PLEURAL CAVITY

A) exudate B) blood

C) pus

D) lymph

150. [T027133] THE MAIN METHOD OF DIAGNOSTICS OF RESPIRATORY INSUFFICIENCY IS

A) pulsoksimetriya of B) spirometry

C) computer tomography of) X-ray analysis

151. [T027138] RADIOLOGICAL SIGN OF THE FORMED CAVITY IN THE LUNG IS

A) ring-shaped blackout with accurate external and internal contours

B) an enlightenment of irregular shape with not defined external contour

C) deckle-edged ring-shaped blackout and thick walls

D) an enlightenment with the accurate horizontal level of liquid

152. [T027162] THE NEFROTOKSICHNOST OF AMINOGLYCOSIDES INCREASES AT THEIR COMBINATION WITH

A) tsefalosporinam

B) levomitsetiny

C) penicillin

D) erythromycin

153. [T027167] THE SAFEST BRONCHIAL SPASMOLYTIC AT ELDERLY PATIENTS WITH IBS IS

A) atrovent

B) salbutamol

C) fenoterol

D) eufillini

154. [T027170] TO THE MAN WITH HOBL AND COMPLAINTS TO THE COMPLICATED URINATION CAN'T APPOINT

A) atrovent

B) salbutamol

C) fenoterol, teofilline

155. [T031323] THE COMPLICATION FROM BODIES OF A GIT AT THE DISEASE KRONE ISN'T

A) polyposes

B) perforation

C) holelitiaz

D) intra intestinal obstruction

156. [T031328] CLINICAL VALUE OF THE GULLET OF BARRET IS DEFINED BY THE INCREASED RISK OF DEVELOPMENT

A) gullet adenocarcinomas

B) bleedings from varicose expanded veins of a gullet In) planocellular cancer of a gullet

D) gullet leukoplakias

157. [T031329] BARRET'S GULLET IS CHARACTERIZED BY METAPLAZIYA

A) a multilayered flat neorogovevayushchy epithelium of a gullet with development of a cylindrical epithelium of intestinal type

B) a multilayered flat neorogovevayushchy epithelium of a gullet with development of a cylindrical epithelium with glands of kardialny type

C) a multilayered flat neorogovevayushchy epithelium of a gullet with development of a cylindrical epithelium with glands fundalny (gastric) types

D) a stomach epithelium on intestinal type

158. [T031331] RISK OF THE ADENOCARCINOMA OF THE GULLET IS MAXIMUM AT

A) an intestinal metaplaziya of an epithelium of a gullet with a dysplasia of high degree

B) eozinofilny infiltration of a gullet with detection more than 15 eosinophils under review In) a cylindrical metaplaziya with glands of fundalny type

D) a cylindrical metaplaziya with glands of kardialny type

159. [T038588] THE MAJOR FACTOR OF DEVELOPMENT OF VIBRATING ARRHYTHMIA IS

A) dilatation of a myocardium of the left auricle of

B) focal fibrosis of a myocardium of ventricles In

C) a hypertrophy of the left ventricle

D) dilatation of the left ventricle

160. [T038595] GENETICALLY DETERMINED DISEASE OF HEART IS

A) hypertrophic cardiomyopathy

B) alcoholic cardiomyopathy

C) miokarditichesky cardiosclerosis

D) open oval window

161. [T038613] THE MAJOR FACTORS CONTRIBUTING TO THROMBOSIS ARE

A) damage endoteliya, turbulent current of blood, hyper coagulation

B) angiospasm, atherosclerosis, high activity of renin of plasma

C) thrombocytopenia, rarefikation of the microcirculator course, embolism

D) ateromatozny plaques, hemostasis, hypocoagulation

162. [T038616] WARM AND VASCULAR MANIFESTATION OF THE SYNDROME OF MARFAN IS

A) aorta aneurysm

B) vaskulit

C) miokardialny fibrosis

D) violation of a rhythm and conductivity of heart

163. [T038665] AT THE HYPERTROPHIC CARDIOMYOPATHY WITH OBSTRUCTION OF THE TAKING-OUT PATH OF THE LEFT VENTRICLE IS CONTRAINDICATED

A) digoxin

B) bisoprololi

C) verapamil

D) diltiazy

164. [T001203] OF THE THIRD AND STAGES OF THE CHRONIC DISEASE OF KIDNEYS (HBP 3A) CORRESPONDS TO SKF OF ML/MIN/1,73M2

A) 45-59

B) 30-44

C) 15-29

D) <15

165. [T001204] OF THE FOURTH STAGE OF THE CHRONIC DISEASE OF KIDNEYS (HBP 4) CORRESPONDS TO SKF OF ML/MIN/1,73M2

A) 15-29

B) 45-59

C) 30-44

D) 60-89

166. [T001286] AT INSUFFICIENCY OF THE AORTAL VALVE LEADS TO THE HYPERTROPHY AND DILATATION OF THE LEFT VENTRICLE

A) overload of the left ventricle volume

B) decrease in a coronary blood-groove

C) overload of the left ventricle pressure

D) reduction of warm emission

167. [T001287] AT PATIENTS WITH THE HEAVY AORTAL STENOSIS WITH THE CHARACTERISTIC CHANGE REVEALED AT THE ECHOCARDIOGRAPHY IS

A) high gradient of pressure left ventricle / aorta

B) increase in shock volume

C) aortal regurgitation

D) an akineziya zone in the field of an interventricular partition

168. SICK WITH THE AORTAL STENOSIS, THE HYPERTROPHY OF THE LEFT VENTRICLE AND PAROXYSMS OF FIBRILLATION OF AURICLES FOR PREVENTION OF ATTACKS OF ARRHYTHMIA IT IS EXPEDIENT TO [T001289] TO USE

A) amiodaroni

B) quinidine

C) digoxin

D) lappakonitina hydrobromide (allapinini)

169. [T001290] AT FOR THE FIRST TIME THE ARISEN PAROXYSM OF VIBRATING ARRHYTHMIA LASTING 2 HOURS CORRECT IS

A) active restoration of a sinus rhythm within the first two days (up to electropulse therapy)

B) appointment urezhayushchy a rhythm of therapy (beta-blockers) and observation of the patient at good tolerance of arrhythmia

C) refusal of further attempts of knocking over of an attack at inefficiency in/in introductions of a novokainamid

D) knocking over of a paroxysm by ChPESS method

170. [T001291] SIGN OF AV-BLOKADY OF THE I ST IS

A) increase in PQ more than 200 ms

B) gradual lengthening of PQ with the subsequent loss of QRS

C) independent reduction of auricles and ventricles

D) loss of QRS without gradual lengthening of PQ

171. [T001294] BELONGS TO ANTIARRHYTMIC MEDICINES III OF THE CLASS

A) amiodaroni

B) quinidine

C) lidocaine

D) propafenoni

172. [T001354] CARRY OUT TREATMENT OF AUTOIMMUNE HEPATITIS

A) corticosteroids (sometimes in a combination with cytostatics)

B) antiviral therapy

C) flat refusal of alcohol

D) dynamic observation

173. [T001357] GIPERSPLENIZM IS

A) intensification of elimination of uniform elements of blood

B) increase in the sizes of a spleen

C) expansion of diameter of a splenic vein

D) intensification of blood supply of a spleen

174. [T001363] ABOUT DEVELOPMENT OF CANCER OF THE LIVER AGAINST THE BACKGROUND OF CIRRHOSIS CAN BE SUSPECTED AT INCREASE OF BLOOD

A) alpha fetoproteini

B) nuclear heating plant

C) immunoglobulin A

D) cholinesterases

175. [T001370] THE FASTEST SPEED CIRRHOSIS DEVELOPS AT

A) autoimmune (lyupoidny) hepatitis

B) chronic viral hepatitis B

C) chronic viral hepatitis C

D) alcoholic intoxication

176. [T005684] MORPHOLOGICAL SUBSTRATA OF NONSPECIFIC ULCER COLITIS ARE

A) chronic erosion, ulcer, crypts abscesses

B) specific granulomas

C) lymphocytic granulomas

D) cicatricial changes of intestines

177. [T005685] ENDOSCOPIC DISPLAY OF NONSPECIFIC ULCER COLITIS IN THE PHASE OF AGGRAVATION IS

A) ulceration and hyperaemia of a mucous membrane of a gut

B) narrowing of a gleam of a gut

C) total atrophy of a mucous membrane

D) gemorroidalny knot

178. [T005686] AFFECTS INFLAMMATION AT NONSPECIFIC ULCER COLITIS

A) mucous membrane

B) all layers of a gut

C) submucous membrane

D) muscular cover

179. [T005687] IN THE REMISSION STAGE AT NONSPECIFIC ULCER COLITIS ENDOSCOPIC COMES TO LIGHT

A) not changed mucous membrane

B) mucous in the form of "cobblestone road"

C) mucous with erosion

D) contact bleeding of a mucous membrane

180. [T005689] AT THE DISEASE KRONE ARE SURPRISED

A) all layers of intestines

B) mucous and submucous layers

C) submucous and muscular layers

D) muscular layer and serous cover

181. [T005694] THE MOST FREQUENT COMPLICATION DURING THE FIRST HOURS OF THE SHARP MYOCARDIAL INFARCTION IS

A) violation of a rhythm

B) hypostasis of lungs

C) sharp cardiovascular insufficiency

D) cardiogenic shock

182. [T005695] APPLICATION OF VAGUSNY TESTS CAN INTERRUPT THE ATTACK

A) predserdny paroksizmalny tachycardia

B) fibrillations of ventricles

C) fibrillations of auricles

D) ventricular paroksizmalny tachycardia

183. [T005709] FOR DIAGNOSTICS OF THE NEPHROTIC SYNDROME THE MAJOR CRITERION IS IDENTIFICATION

A) daily proteinuria more than 3,5 g

B) hypostases

C) it is lower than 30 g/l of the level of serumal albumine

D) hyper coagulations

184. [T005710] IS THE LEAST PROBABLE CAUSE OF THE NEPHROTIC SYNDROME

A) polycysts of kidneys

B) glomerulonefrit

C) miyelomny disease

D) diabetic nephropathy

185. [T005734] TO THE PATIENT WITH XCH AND FIBRILLATION OF AURICLES HAVE TO BE SURELY APPOINTED

A) anticoagulants

B) acetilsalicylic acid

C) I klopidogret

D) ticagrelor

186. [T005749] TREATMENT OF HEART FAILURE AT THE DILATATSIONNY CARDIOMYOPATHY INCLUDES APPOINTMENT

A) inhibitors of angiotenzinprevrashchayushchy enzyme

B) antagonists of calcium (fenilalkilamin)

C) fosfodiesteraza inhibitors

D) karboangidraza inhibitors

187. [T005755] CHOICE MEDICINE AT VENTRICULAR TACHYCARDIA IS

A) lidocaine

B) digoxin

C) dizopiramide

D) etacizine

188. [T005759] FOR ASSESSMENT OF EFFICIENCY OF ANTITROMBOTICHESKY THERAPY BY VARFARIN DEFINE

A) international normalized relation (INR)

B) bleeding time

C) trombinovy time

D) level of retikulotsit

189. [T006774] UNDERSTAND AS THE TERM "ELECTROMECHANICAL DISSOCIATION"

A) sokhran• nny electric activity of heart in the absence of reductions

B) deficiency of pulse

C) different pressure on the right and left hand

D) reductions of heart without electric activity

190. [T007586] TO THE ANTIBIOTICS USED AT TREATMENT OF PNEUMONIA WHICH HAVE THE EXPRESSED ANTITUBERCULAR ACTIVITY AND BELONG TO ANTITUBERCULAR MEDICINES, CARRY

A) ftorhinoloni B) macroleads

C) aminopenitsilina of) zefalosporini

191. [T007933] THE MAIN PATHOLOGICAL MANIFESTATION OF THE INTERMEDIATE PERIOD OF THE SYNDROME OF LONG SDAVLENIYA IS

A) sharp renal failure

B) the progressing traumatic hypostasis of an extremity

C) necrosis of skin and muscles of an extremity

D) sharp hepatic insufficiency

192. [T008224] OF EKG-DIAGNOSTIKU OF THE MYOCARDIAL INFARCTION COMPLICATES

A) blockade of the left leg

B) fibrillation of auricles

C) ventricular premature ventricular contraction

D) atrioventricular blockade of 1 degree

193. [T008336] THE TUMOUR SUBSTRATUM AT CHRONIC MYELOID LEUKEMIA ARE MAINLY

A) granulocytes

B) miyeloblasta

C) plazmotsita

D) eritrokariotsita

194. [T008337] THE HEMORRHAGIC SYNDROME AT HEMOPHILIA AND IS CAUSED BY DEFICIENCY

A) VIII factor

B) anti-thrombin III

C) a protein With

D) formations of platelets

195. [T008340] DESTRUCTION OF FLAT BONES MEETS MAINLY AT

A) to a multiple myeloma

B) talassemiya

C) aplastic anemia

D) eritremiya

196. [T008344] DRESSLER'S SYNDROME DEVELOPS LATER

A) sharp myocardial infarction

B) extra hospital pneumonia

C) sharp myocarditis

D) sharp gastritis

197. [T008349] FEATURE OF HAEMO DYNAMICS AT DILATATSIONNA KARDIOPATII IS

A) decrease in shock volume and warm emission

B) increase in fraction of emission of the left ventricle

C) delay of opening of the mitralny valve

D) reduction of diastolic volume of the left ventricle

198. [T008350] AT HYPERTROPHIC KARDIOPATIYA DEVELOPS

A) relative coronary insufficiency

B) nonspecific koronariit

C) spasm of coronary arteries

D) sharp thrombosis of coronary arteries

199. [T008352] AUSKULTATIVNY SIGN OF THE EXUDATE IN THE PLEURAL CAVITY IS

A) sharp weakening of breath

B) amforichesky breath

C) krepitation

D) noise of friction of a pleura

200. [T008365] IS CHARACTERISTIC OF TAKAYASU'S DISEASE EXISTENCE IN THE CLINICAL PICTURE

A) lack of pulse on one of hands

B) hemorrhagic purples

C) mesh livedo

D) blood spitting

201. [T008368] KNOTTY ERITEMA IS OBSERVED AS EXTRA INTESTINAL MANIFESTATION

A) diseases Krone

B) divertikulyarny disease of intestines

C) psevdomembranozny colitis

D) syndrome of the angry intestines

202. [T008369] IN DIAGNOSTICS OF THE EROSIVE GASTROEZOFAGEALNOY FORM OF THE REFLUX DISEASE "THE GOLD STANDARD" IS

A) daily monitoring pH in a gullet and a stomach + an ezofagogastroskopiya

B) definition of Helicobacter pylori

C) the analysis a calla on the hidden blood

D) roentgenoscopy of a gullet and stomach

203. [T008370] INCREASE IN THE KALPROTEKTINA LEVEL IN CALAIS HIGHER THAN 300 MKG/G CONFIRMS THE DIAGNOSIS

A) disease Krone

B) ascaridose

C) syndrome of the angry intestines

D) gluten enteropatiya

204. [T008373] REFLEX KNOCKING OVER OF VIOLATIONS OF THE RHYTHM OF HEART IS POSSIBLE AT

A) supraventrikulyarny tachycardia

B) to full AV-blockade

C) ventricular tachycardia

D) frequent premature ventricular contraction

205. [T008374] VERAPAMIL ON THE ACTION MECHANISM

A) blocks transfer through a membrane of ions of calcium

B) blocks fast sodium channels

C) possesses antiadrenergichesky action

D) blocks beta adrenoceptors

206. [T008388] FOR TREATMENT OF ULCER COLITIS USE

A) sulfasalazine

B) amoxicillin

C) tetracyclini

D) Pancreatinum

207. [T008390] FOR BIOLOGICAL THERAPY OF THE DISEASE KRONE USE

A) infliximab

B) azatioprine

C) Prednisolonum

D) methotrexate

208. [T008391] CHOICE MEDICINE FOR GRANULEMATOZ WEGENER'S TREATMENT IS

A) ziclofosfamide

B) levoflunomide

C) pentozifilline

D) metotreksa

209. [T008819] IS APPLIED TO DIAGNOSIS OF THE DISEASE OF WILSON-KONOVALOV DEFINITION

A) serum ceruloplasmin

B) kreatinfosfokinaza in blood

C) level of protein of Bens-Jones in urine

D) level of a tsiankobolamin in blood

210. [T008934] IN THE PRESENCE OF BRADYCARDIA AT PATIENTS WITH ARTERIAL HYPERTENSION THE SAFEST IS

A) amlodipini

B) verapamil

C) propranolol

D) atenolol

211. [T009950] AT ULCER COLITIS IN BLOOD TESTS IS DEFINED

A) anemia, leykocytosis, acceleration of SOE

B) anemia, leykopeniye, thrombocytopenia

C) эритроцитоз, лейкоцитоз, thrombocytopenia

D) leykopeniye, limphocytosis, acceleration of SOE

212. [T009962] THE DIAGNOSIS OF THE SHARP LEUKOSIS CAN BE PRECISELY ESTABLISHED AT DETECTION

A) more than 20% the blastnykh of cages in marrow

B) more than 20% the blastnykh of cages in peripheral blood B) at a combination of temperature, anemia and bleeding

D) in the presence of anemia in combination with thrombocytopenia, bone pains and temperature

213. [T009964] THE LEVEL OF GLOMERULAR FILTRATION CHARACTERISTIC FOR 2 STAGES OF THE CHRONIC DISEASE OF KIDNEYS, CORRESPOND TO ML/MIN.

A) 30

B) 60

C) 20

D) 15

214. [T009965] RELIABLE RADIOLOGICAL SIGN OF PERFORATION OF THE GASTRODUODENAL ULCER IS

A) free gas in an abdominal cavity

B) high standing of a diaphragm

C) intestines pnevmatization

D) Kloyber's "bowls"

215. [T009977] AT THE HEART OF PATHOGENESIS OF SHARP DVS-SINDROMA LIES

A) generalized damage endoteliya of microvessels

B) damage of adhesive properties of platelets

C) exhaustion and deficiency of a prostatsiklin

D) development of antibodies to platelets

216. [T009978] THE MAIN CLINICAL MANIFESTATION OF THE DILATATSIONNY CARDIOMYOPATHY IS

A) heart failure

B) thorax pain

C) arterial hypertension

D) faints

217. [T009982] THE TARGET ORGANS WHICH ARE MAINLY SURPRISED AT WILSON-KONOVALOV'S DISEASE ARE

A) liver and brain

B) kidneys and lungs

C) liver and lungs

D) heart and kidneys

218. [T009983] THE MAIN METHOD OF DIAGNOSTICS OF THE HYPERTROPHIC CARDIOMYOPATHY IS

A) echocardiography

B) electrocardiography

C) phonocardiography

D) X-ray analysis

219. [T009985] AT THE PREGNANT WOMAN IS NECESSARY FOR ASSESSMENT OF DEGREE OF THE HYPERTROPHIC SUBAORTAL STENOSIS CARRYING OUT

A) echocardiography

B) The ECG with physical activity

C) radio nuclide scanning of heart

D) X-ray analysis of bodies of a thorax

220. [T010008] CLINICAL MANIFESTATION OF CREST-SINDROMA IS

A) teleangiektaziya

B) proximal myopathy

C) damage of intestines

D) damage of kidneys

221. [T010009] DERMATOMIOZIT'S SIGN IS

A) supraorbitalny hypostasis and hyperaemia of skin about eyes

B) "butterfly" on a face

C) osteolisis nail phalanxes

D) deformation of joints

222. [T010010] HAS DIAGNOSTIC VALUE AT DERMATOMIOZITA

A) high activity of a kreatinfosfokinaza

B) increase in level ostrofazovykh of proteins

C) moderated leykocytosis

D) existence of hemolytic anemia

223. [T010011] CARRIAGE OF B 27-ANTIGENOV HLA IS PECULIAR

A) Bekhterev's diseases

B) to rheumatoid arthritis

C) to Shegren's syndrome

D) to a dermatomiozit

224. [T010012] VESSELS OF LARGE CALIBRE ARE SURPRISED AT

A) Takayasu's arteritis

B) diseases of the Burgher

C) nodular periarteriit

D) hemorrhagic vaskulit

225. [T010015] THE PRELIMINARY DIAGNOSIS AT THE MAN OF 68 YEARS WITH THE REVEALED GENERALIZED LIMFADENOPATIYA, SPLENOMEGALIYA AND LEUKOCYTES 84H109/L (P.B. 2, S/YA 18, L 72, M 8)

A) chronic limpholeikosis

B) idiopathic mielofibrosis

C) chronic myeloid leukemia

D) Hodgkin's disease

226. [T010018] RELIABLE SIGN OF THE STENOSIS OF THE GATEKEEPER IS

A) noise of splash in 3-4 hours after meal

B) vomiting bile

C) a resonance under Traube's space

D) visible vermicular movement

227. [T010019] AT THE ULCER PENETRATION IN THE PANCREAS IN BLOOD RAISES

A) activity of amylase

B) activity of a lipase

C) glucose level

D) activity of alkaline phosphatase

228. [T010021] AT HEMOPHILIA IS OBSERVED INCREASE IN VALUE

A) active partial protrombin time

B) protein

C) a protein With

D) plazminogena

229. [T010023] IS CHARACTERISTIC OF FIBRILLATION OF AURICLES

A) lack of teeth P

B) frequency of ventricular complexes more than 120 in min.

C) existence of the premature QRS complexes

D) shortening of intervals of PQ

230. [T010024] DARK AND YELLOWISH COLOURING OF SKIN AT THE CHRONIC RENAL FAILURE DEPENDS FROM

A) violations of allocation of urokhrom

B) increases in direct bilirubin

C) increases in indirect bilirubin

D) violations of synthesis of urokhrom

231. [T012430] FOR COMPLETION OF DEFICIENCY OF THE FACTOR OF VIII USE

A) octanat

B) bebuline

C) factonine

D) agemfiya

232. [T024929] FOR CONFIRMATION OR THE EXCEPTION OF THE DIAGNOSIS OF HEART DISEASE THE MOST INFORMATIVE IS

A) echocardiography of B) ECG

C) thorax X-ray analysis

D) blood test on credits of anti-streptococcal antibodies

233. [T024930] MAKES THE TERM OF FORMATION OF MITRALNY DEFECTS AFTER THE EPISODE OF SHARP RHEUMATIC FEVER

A) 6–12 months

B) 1–2 weeks

C) 2–4 months

D) 3–5 years

234. [T024931] THE "BIG" CRITERIA OF SHARP RHEUMATIC FEVER ARE

A) revmokardit, polyarthritis, small a trochee, the ring-shaped eritema of B) valvulit, artralgiya, a gematuriya, fever

C) myocarditis, polyarthritis, knotty eritema, tofusa

D) fever, Osler's small knots, sharp valvate regurgitation

235. [T024932] ARE CHARACTERISTIC OF THE CLINICAL PICTURE OF INSUFFICIENCY OF THE MITRALNY VALVE

A) heartbeat, easing of the I tone on a top, the systolic noise which is carried out to the left axillary area

B) interruptions in work of heart, a tripartite rhythm on a top, sinkopal states C) a blood spitting, the enhanced I tone on a top, diastolic noise on a top

D) heartbeat, easing of the I tone on a top, systolic noise in Botkin-Erba point

236. [T024933] WITH THE AORTAL STENOSIS CARRY TO TYPICAL COMPLAINTS OF PATIENTS

A) sinkopal states

B) weight in the right hypochondrium C) the surrounding belly-aches

D) pains behind a breast of constant character

237. [T024934] AT FIZIKALNY SURVEY OF THE PATIENT WITH THE MITRALNY STENOSIS CAN BE REVEALED

A) loud I tone

B) the pulsing liver In) easing of the I tone

D) reduction of pulse pressure

238. [T024935] THE CHARACTERISTIC AUSKULTATIVNY SYMPTOM OF INSUFFICIENCY OF THE MITRALNY VALVE IS

A) systolic noise on a top of B) the clapping I tone

C) mesodiastolic noise

D) systolic noise at the heart basis

239. [T024936] THE STRENGTHENED PULSATION OF CAROTIDS IS CHARACTERISTIC FOR

A) aortal insufficiency of B) aortal stenosis

C) trikuspidal insufficiency D) mitral insufficiency

240. [T024939] AT PATIENTS WITH INSUFFICIENCY OF THE AORTAL VALVE

A) systolic arterial blood pressure raises, and diastolic arterial blood pressure decreases B) systolic arterial blood pressure decreases, and diastolic arterial blood pressure raises

C) systolic arterial blood pressure doesn't change, and diastolic arterial blood pressure raises D) systolic and diastolic arterial blood pressure don't change

Block B

Methodical instructions to the solution of situational tasks:

For example, **to a Section Cardiology:**

Task. Man A. 56 years, the research associate complains of pains in the top third of a breast, the squeezing character. Pains arise several times a day at height of physical activity when walking by a moderate step through 500 meters, last up to 10 minutes, nitroglycerine are removed in 3-4 minutes. Objectively: the correct constitution, the raised food. Over lungs a pulmonary sound, vesicular breath. The right and top borders of heart within norm, left on the median clavicle line. Tones are clean, rhythmical, are muffled. Accent of the II tone over an aorta, a rhythm correct, pulse-78/mines, AD-140/70. Blood and urine without features. Cholesterol of-7,6 mmol/l. On the ECG at pains: in V4-V6 chest assignments ST segment shift down of horizontal character on 1,5 mm is noted. At a x-ray research of bodies of a thorax small increase in the left ventricle is noted.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Answer:

1. Coronary heart disease. Stenocardia of tension of functional class II. Atherosclerosis of an aorta, coronary arteries. Hypertension of the I degree of very high risk. Hypercholesterolemia of very high risk.

2. 1) The research of urine will help to reveal diabetes and damage of kidneys, i.e. factors accelerating development of atherosclerosis. 2) Blood test has to include

determination of content of lipids (cholesterol and lipoprotein of high density), glucose, creatinine, hematocrit number and in the presence of the indications established at objective inspection, function of a thyroid gland. 3) Radiological inspection of a thorax as it helps to reveal such complications of an ischemic disease as increase in heart, an aneurysm of the left ventricle and also symptoms of heart failure and a calcification of coronal arteries.

4) Electrocardiogram. On the ECG symptoms of earlier postponed myocardial infarctions can come to light. The typical changes of a segment of ST and a tooth of T which are arising during an attack of stenocardia and undergoing later his disappearances are more specific to coronary heart disease. 5) Load tests. For diagnosis of coronary heart disease use the test including registration of the ECG in 12 assignments to loading and during loading on the treadmill or the stationary bicycle more often. 6) Coronary angiography. This invasive method allows to reveal obstructive defeats in coronal arteries, to estimate local and general reduce function of the left ventricle.

3. Diet: days of intake of cholesterol of 200 mg, a diet No. 10, atenolol of 50 mg on ½ tablet 2 times a day, aspirin 0,5 on 1 time in the evening after a meal, Liprimar 10 mg during a dinner once a day.

Methodical recommendations about her performance:

- at the solution of this situational task, it is necessary to pay attention first of all, to passport data, complaints given the anamnesis, objective signs. Results of laboratory and tool inspection. Using knowledge of qualification of a disease and criteria of the diagnosis it is necessary to resolve the first issue: to expose the diagnosis, according to classification. Proceeding from the aforesaid, it is necessary to make the plan of inspection and to appoint the corresponding inspection with the expected results. Then to resolve a final issue: purposes of treatment, taking into account doses and a course of treatment.

Situational tasks

Task №.1

The man of 51 years, the smoker, with the long anamnesis of an arterial hypertension. Doesn't receive hypotensive therapy. From the anamnesis: the father has a stroke at the age of 49 years. At inspection: circle of a waist of 105 cm. Arterial blood pressure of 174/96 mm Hg., heart rate of 62 beats/min. Glomerular filtration

rate of 57 ml/min. / 1.73м2, the relation albumin/creatinine in a morning portion of urine of 45 mg/g.

1) the diagnosis according to classification;

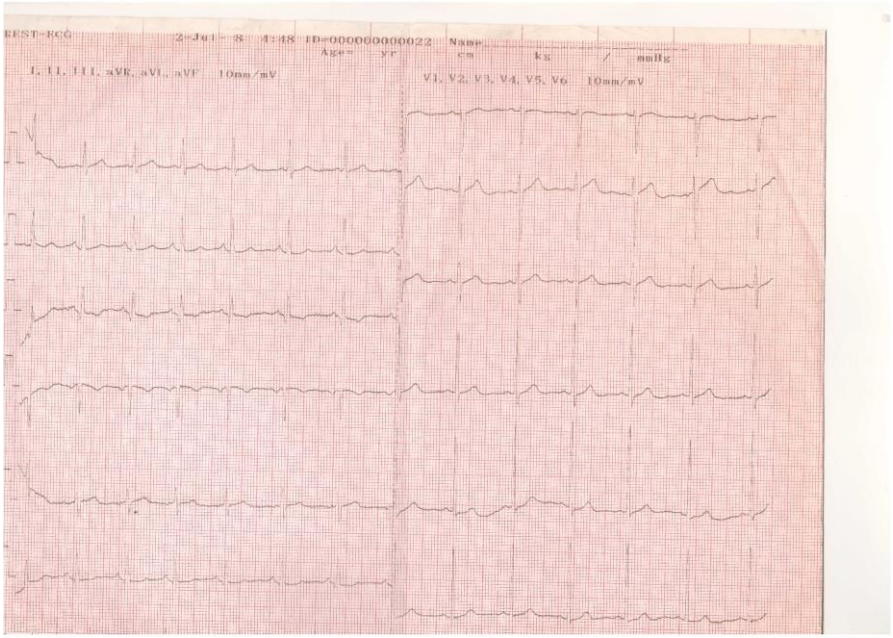
2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task №.2

The patient, 48 years, the mechanic, has arrived with complaints to pain in a thorax and short wind. Pain was localized behind a breast, arose at physical activity, irradiated in the left hand and passed in rest. Short wind arose at rise on one ladder flight. The patient denies any diseases in the past, administration of drugs, smoking and alcohol intake. At survey: heart rate – 78 in min., arterial blood pressure – 130/75 mm Hg. Temperature – 37,2 °C. Respiration rate – 13 in min. Auscultative data: the systolic noise with a maximum in an aorta point irradiating on neck vessels, easing 2 tones over an aorta. A X-ray analysis of bodies of a thorax – without pathological changes.

The ECG is attached.



1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task №.3

The man of 24 years, the graduate student, has addressed with complaints to headaches, decrease in working capacity against the background of the increased figures arterial blood pressure. At 17-year age increase arterial blood pressure to 180/100 mm Hg for the first time has accidentally been recorded. At inspection (blood tests and urine, ultrasonography of kidneys and adrenal glands, ultrasonography of a thyroid gland) pathology isn't revealed. According to the recommendation of doctors constantly I accepted a Concor of 5 mg/days, Arifon 1,5 mg/days - without effect.

Objectively: heart rate = 78 beats/min., arterial blood pressure = 200/110 mm Hg. arterial blood pressure on the lower extremities of 160/100 mm Hg. Tones of heart rhythmical. Systolic noise over all surface of heart with a maximum at an auscultation in inter scapular area is listened. For the rest on bodies – without features.

ECG: Axis deviation to the left, signs of hypertrophy of the left ventricle.

echocardiography: left auricle=3,2 of cm, final diastolic size =5,0 of cm, final systolic size=3,2 of cm, the valve device it isn't damaged, pathological currents isn't revealed.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 4.

To the 50-year-old woman, the teacher of kindergarten having the hypertension describing clinic of stenocardia 2 FC, carrying out operation of a hysterectomy is planned. Within the last 2 years she constantly accepts Amlodipine 5 mg with good clinical effect. I didn't take other medicines. The heredity is burdened by the family anamnesis of early cardiovascular diseases. In analyses – increase in level of the general cholesterol (6,4 mmol/l) and LDL (4,7 mmol/l), decrease in the LVP level (1,01 mmol/l). roentgen graph of a thorax, the ECG without aberrations.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task №.5.

The woman has 46 years, the state employee considering herself healthy without addictions, without the burdened heredity on cardiovascular diseases, at medical examination figures arterial blood pressure 144/96 are registered. There are no complaints to the moment of survey. At a physical research without aberrations. The ECG, analyses – without pathology.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 6.

The man of 51 years, the smoker, with the long anamnesis of an arterial hypertension. Doesn't receive hypertensive therapy. From the anamnesis: the father has a stroke at the age of 49 years. At inspection: circle of a waist of 105 cm. arterial blood pressure of 174/96 mm Hg., heart rate of 62 beats/min. Glomerular filtration rate of 57 ml/min. / 1.73м2, the relation albumin/creatinine in a morning portion of urine of 45 mg/g.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 7.

The woman of 64 years, the nurse, complains of severe general and muscle weakness which have appeared after considerable physical activity, dryness in a mouth, I am eager, a polyuria, prevalence of a night diuresis over day. Morbidity of muscles of shins at a palpation. Arterial blood pressure of 162/93 mm Hg. To serum of 2,6 mmol/l

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 8.

The woman of 47 years, the teacher, arterial blood pressure up to 220/100 mm Hg complains of periodic sudden increases., provoked by a strain, headaches, dizziness Increase arterial blood pressure is followed by perspiration, feeling of an internal shiver, uneasiness, heartbeat, plentiful urination. Sitting arterial blood pressure of 157/92 mm Hg., heart rate of 72 beats/min, standing arterial blood pressure of 133/78 mm Hg., heart rate of 90 beats/min.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task №9.

The patient of B, 28 years who wasn't receiving continuous medicinal therapy is hospitalized concerning the second to life paroxysm of fibrillation of auricles with heart rate of 170 beats/min against the background of increase arterial blood pressure up to 184/96 mm Hg., arisen during physical activity of the spasmodic heartbeat which was followed by feeling, weakness, perspiration, sensation of fear. The sinus rhythm has been restored by introduction of 5 mg of a metoprolol.

At physical inspection: situation is active, integuments of usual coloring and humidity, breath vesicular, there are no rattles, borders of heart aren't expanded, at a heart auscultation the ratio of tones is kept, noise aren't listened, Pulse the 78th rhythmical beats/min, arterial blood pressure of 136/80 mm Hg., there are no peripheral hypostases.

Indicators of laboratory clinical trials within normal values. At an echocardiography of structural pathology of a myocardium it isn't revealed, test with physical activity is negative, tolerance to physical activity high, laboratory indicators within normal values. The patient denies the use of drugs, abuse of alcohol and coffee, the family anamnesis of violations of a rhythm of heart.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 10.

The patient of B, 28 years, after an extract and inspection in a hospital receives therapy metorpololy the prolonged action of 200 mg/days for prevention of paroxysms of fibrillation of auricles. Eventually the patient has fibrillation of auricles paroxysms which were followed by weakness, perspiration, began to become frequent up to 2-3 times a week. Episodes of fibrillation of auricles were short, the sinus rhythm was restored spontaneously. Earlier at inspection of the patient at an echocardiography of structural pathology of a myocardium it isn't revealed, test with physical activity was negative, tolerance to physical activity high, laboratory researches haven't revealed deviations.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 11.

The patient of B, 28 years, without structural pathology of a myocardium and paroxysms of the fibrillation of auricles with a frequency of 2-3 times a week which were followed by weakness, perspiration. For the purpose of control of a rhythm of heart to the patient has been appointed propafenon in a dose of 450 mg/days, and within the next 6 months of the patient I didn't note fibrillation of auricles paroxysms. Due to the lack of the symptoms connected with arrhythmia of heart, the patient has seen the attending physician with a request for cancellation of medicinal therapy.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 12.

The man of 42 years complains of an release of urine of red color, there are no pains at urination.

Anamnesis: the above-stated complaints disturb 10 years, appear usually during respiratory infections. According to analyses in the out-patient card in urine – a moderate proteinuria, an erythrocyte in urine.

Objectively: there are no hypostases, the area of kidneys isn't changed, a knock on lumbar area without serious consequences on both sides. Arterial blood pressure of 130/80 mm Hg.

General analysis of urine: specific weight 1020, protein of 0.165 g/l, erythrocytes 10-15 under review;

The analysis of urine across Nechiporenko: leukocytes 750, erythrocytes 20 000 in 1 ml of urine.

Daily proteinuria: protein of 0.3 g/days.

Biochemical blood test: general protein of 72 g/l, albumine of 43 g/l, creatinine of 70 μmol/l, glomerular filtration rate CKD-EPI of 110 ml/min. / 1.73 sq.m, Ig A 7.5 of g/l.

Ultrasonography of kidneys: kidneys of the normal sizes, cup pelvis the system isn't changed

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task №13.

The man of 30 years complains of a headache, increase in arterial blood pressure to 210/150 mm Hg.

Anamnesis: the above-stated complaints disturb within 2 days. I have had pharyngitis about 2 weeks ago. Earlier I considered myself absolutely healthy.

Objectively: puffiness of the person, pastose of shins, area of kidneys isn't changed, a knock on lumbar area without serious consequences on both sides. Arterial blood pressure of 190/110 mm Hg.

General analysis of urine: specific weight 1020, protein of 0.5 g/l, erythrocytes 15-20 under review; erythrocyte cylinders 20-30 under review.

The analysis of urine across Nechiporenko: leukocytes 6500, erythrocytes 5100 in 1 ml of urine.

Daily release of protein: protein of 0.7 g/days.

Biochemical blood test: general protein of 72 g/l, albumine of 43 g/l, creatinine of 70 μmol/l, glomerular filtration rate CKD-EPI of 100 ml/min. / 1.73 sq.m. SRB of 38 mg/l, ASLO of 550 ME/ml.

Ultrasonography of kidneys: kidneys of the normal sizes, cup pelvis the system isn't changed.

Biopsy of kidneys: diffusion and proliferative glomerulonephritis.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 14.

The woman of 37 years complains of fever to 38,9 C, fever, pains in lumbar area on the right.

Anamnesis: The above-stated complaints disturb within 3 days, have arisen after an overcooling episode.

Objectively: The area of kidneys isn't changed. There are no hypostases. The knock symptom positive in lumbar area, is more on the right. arterial blood pressure of 120/76 mm Hg. Body temperature is 38,7 C.

General blood test: leukocytes 15 x 109/l, ESR - 100 mm/h

Biochemical blood test: CRB of 57 mg/l, creatinine of 74 μmol/l, glomerular filtration rate

CKD-EPI of 95 ml/min. / 1.73 sq.m.

General analysis of urine: leukocytes cover all field of vision, there is a lot of bacteria.

Ultrasonography of kidneys: Pathology isn't revealed.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 15.

The patient To., 25 years, I have addressed with complaints to nausea, the general weakness, heartbeat, the increased sweating, the frequent, badly issued chair of black color. From the anamnesis it is known that the patient was periodically disturbed by night, hungry pains, heartburn. Concerning what I was examined, the stomach ulcer of a 12-perstny gut associated with H. pylori is diagnosed. It wasn't treated, independently periodically I accepted soda. There was the night before nausea, vomiting wasn't, the sharp weakness, feeling of a fever have developed. At night almost I didn't sleep. During the night of 5-6 times the chair of black color, not properly executed was observed. In the morning the weakness has amplified, heartbeat, dizziness have appeared. Condition of average weight. Skin pale, damp, breath vesicular, isn't present rattles, tones of heart rhythmical, pulse-112 in a minute, weak filling. Arterial blood pressure - 90/60 mm Hg. The stomach is blown up, at a palpation painless. The liver, a spleen aren't increased. In the general blood test: erythrocytes - 3,7*1012/ml, hemoglobin of-87 g/ml, SOE - 15 mm/h. At gastroscopy: the gullet isn't changed, the cardiac section of a gullet is closed completely. The stomach well finishes air. In a bulb of a duodenum gut in her average third a fresh ulcer the sizes of 6x8 mm, with symptoms of the taken place bleeding, Forrest 1b (bleeding with slow release of blood).

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 16.

The patient, has addressed 52 years concerning weight in the right hypochondria. In the anamnesis within 18 years Hbs-Ag comes to light. At survey the increase in a liver up to 11/2-8-7 cm comes to light. The liver is dense, painless, the spleen isn't palpated.

At inspection: ALT of 89 Pieces/l, nuclear heating plant of 70 Pieces/l.

HBs-Ag (+), HBs-Ab (-), HBe-Ag (-), HBe-Ab (+), HbcorAb total (+), amount of DNA of a virus of hepatitis In 2500000 ME/ml. HDV-Ab (-), HDV RNA (-), HCV-Ab (-). Liver fibrosis degree – F 2 (N - 0).

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 17.

At the man of 31 years, the resident of the Moscow region, increase in activity transaminase is revealed. Within 5 years HBs-Ag with normal level transaminase came to light. Hepatitis B virus DNA wasn't investigated by the polymerase chain reaction quantitative method. Satisfactory condition. The stomach is soft, painless. The sizes of a liver aren't increased (9–8-7 cm). The spleen isn't palpated.

At biochemical blood test is noted substantial increase of ALT of 573 Pieces/l (norm to 40 Pieces/l), nuclear heating plant of 438 Pieces/l (norm up to 40 Pieces/l). Level of bilirubin is normal, data for cholestasia isn't obtained, proteinaceous and synthetic function of a liver is kept.

At a research of serumal markers of viruses of hepatitis B and C: HBsAg (+), HBeAg (-), antihbcor IgG (+), antihbcor IgM (-), HBV-DNA (-), antihcv (-), HCV-RNA (-). Hepatitis D virus markers are in addition revealed: anti-HDV and RNA HDV

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 18.

At the patient of 25 years within 6 years antibodies to a hepatitis C virus come to light. I have addressed for performing antiviral therapy. Satisfactory condition. Weight is 52 kg. Increase in a liver up to 11/2-8-7 cm across Kurlov, a liver soft, painless. The spleen isn't palpated.

At inspection: genotype of a virus of hepatitis C 1v, quantity of a virus of hepatitis C (virus loading) of 145000 ME/ml., degree of fibrosis 0-1 (N 0). Data aren't received for a chronic HBV infection, HIV infection. Hemoglobin of 12,0 g/dl, leukocytes of 5,1 thousand / microlitres, platelets of 168 thousand / microlitres. ALT – 71 Piece/l (N 0-50), nuclear heating plant of 60 Pieces/l (N 0-50), alkaline phosphatase of 106 Pieces/l (N 30-120), gamma GT of 31 Piece/l (N 0-55), glucose of 5,4 mmol/l (N 4,10-5,90), cholesterol of 3,9 mmol/l (N 0,0-5,20), iron of 8,3 μmol/l (10,7-32,2), hormones of a thyroid gland is normal.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task 19.

The patient of 36 years, temperature increase of a body to 37,3ºC complains of heartbeat, irritability, sleep disorders, an unstable chair, intolerance of hot rooms, perspiration, weight loss on 7 kg in 3 months.

Objectively: the lowered food (BMI of 17,6 kg/sq.m). Integuments are hot, damp. Tremor of fingers of hands. Exophthalmos. The upper eyelid lags behind edge of a cornea at a look down, the eye crack is expanded. Body temperature 37,5ºC. heart rate 120/min. The dense increased, painless thyroid gland is palpated, over it systolic noise is listened.

Laboratory data: TTG 0,01 mkME/ml (0,4-4 mkME/ml), T4 of free 26 pmol/L (9-19 pmol/L), T3 of free 9 pmol/L (2,6-5,6 pmol/L). Antibodies to TTG receptors are defined.

Ultrasonography of a thyroid gland: diffusion increase in a thyroid gland. Considerable strengthening of a blood-groove in tissue of a thyroid gland.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Task № 20.

The patient of 58 years, the chill complains of drowsiness, slackness, decrease in memory and attention, increase in body weight on 5 kg for the last 2 months, locks.

Anamnesis: a year ago - the subtotal resection of a thyroid gland concerning a diffusion toxic craw, replacement hormonal therapy doesn't receive. According to relatives I began to snore, worse to hear.

Objectively: deep hoarse voice. The person is edematous, there is no mimicry. Language is increased, with prints of teeth. Dense hypostases of shins. Integuments are dry, rough, cold. Rare hair. Pulse of 48 beats/min. Tones of heart deaf.

Laboratory data: general cholesterol of 8,6 mmol/l (0-5 mmol/l), TTG 53 mED/l (0,4-4), free T4 3,1 pmol/L (9-22).

ECG: sinus rhythm, low voltage of QRS, heart rate 46 of beats/min.

1) the diagnosis according to classification;

2) standards of inspection with the expected results;

3) standards treatment of the patient.

Block C

INDEPENDENT WORK OF STUDENTS

Content of the material of disciplines which is taken out on IWS		Number of hours	Form of control
1.	Types of clinical trials	2	Presentation
2.	Questionnaires of SAT, mMRCA, Fagerstrom. Assessment of risk of aggravations.	2	Presentation
3.	The choice of the place of treatment on CRB, a further algorithm of maintaining patients with pneumonia.	2	Presentation
4	Principles of pain management and thrombolytic therapy.	2	Presentation
5	Post-hospital maintaining the patients who have transferred myocardial infarction. Modification of the risk factors (RF), FR target levels.	2	Presentation
6.	Hypertensive crises.	2	Presentation
7.	Scales of CHA2DS2VASc, HAS-BLED at patients with ciliary arrhythmia. New oral anticoagulants in treatment of ciliary arrhythmia.	2	Presentation
8.	Main groups of medicines at treatment of congestive heart failure.	2	Presentation
9.	Algorithm of treatment of a sharp decompensation of congestive heart failure.	2	Presentation
10.	A self-checking role under the authority of patients with congestive heart failure.	2	Presentation

	Invasive methods of treatment of congestive heart failure.		
11.	Extra articulate defeats at rheumatoid arthritis. Clinical options of a current of rheumatoid arthritis (Steel's Syndrome, Felty's syndrome, juvenile rheumatoid arthritis).	2	Presentation
12.	Rules of selection of basic therapy at rheumatoid arthritis.	2	Presentation
13.	Assessment of activity of systemic lupus erythematosus.	2	Presentation
14.	Basic anti-inflammatory treatment of systemic lupus erythematosus.	2	Presentation
15.	Algorithm of maintaining patients with chronic viral hepatitis. New medicines in treatment of chronic viral hepatitis B, C.	2	Presentation
16.	Protecting a kidney therapy at chronic diseases of kidneys. Treatment of a terminal stage of chronic diseases of kidneys.	2	Presentation
17.	Tactics of maintaining sick diabetes. Target levels of sugar of blood, glycol hemoglobin and other RF.	2	Presentation
18.	Anemia modern standards of diagnostics and treatment.	2	Presentation
	TOTAL:	**36 hours**	

Results of independent work are controlled by the teacher and considered at certification of the student (offset, examination). At the same time it is carried out: testing, poll on a seminar and practical training, hearing of reports, check of written works.

Subject		Form of control
1.	Application of evidential medicine in clinical practice	report
2.	Tobacco addiction	report
3.	A role of basic medicines in treatment of an obstructive syndrome	report
4	Dyslipidemia, target levels of a lipid range	report
5	Predictive scales of GRACE, CRUSADE	report

6.	Hypertensive crises: criteria of diagnostics and treatment	report
7.	New oral anticoagulants in treatment of ciliary arrhythmia	report
8.	Invasive methods of treatment of chronic heart failure	report
9.	Algorithm of treatment of chronic heart failure	report
10.	Main groups of medicines at treatment of chronic heart failure	report
11.	Extra articulate defeats at rheumatoid arthritis	report
12.	The Genetically Engineered Biological Medicines (GEBM) in treatment of systemic lupus erythematosus	report
13.	Algorithm of maintaining patients with the chronic viral hepatitis	report
14.	Target levels of sugar of blood, glycol hemoglobin and other risk factors	report
15.	Anemia at pregnant women	report

Block D

The student has to be able:

1. To estimate the objective status of the patient, using propaedeutic methods (survey, a palpation, percussion, an auscultation).
2. To be able to conduct the corresponding examination of the patient:
• to be able to remove and interpret the ECG
• to interpret results of beam and ultrasonic diagnostics
• to carry out electro pulse therapy
• to carry out a puncture of a pleural and abdominal cavity
• to hold resuscitation events at urgent states in clinic of internal diseases
• to carry out monitoring and assessment of violations of a rhythm
3. To carry out differential and diagnostic search at various diseases of internals, marking out the general and distinctive signs of a syndrome.
4. To appoint the differentiated therapy taking into account features and the course of a disease.
5. To exercise dynamic control of efficiency of propaedeutic therapy.
6. To define the forecast, to hold rehabilitation and preventive events taking into account evidential medicine.

7. To make out medical documentation: at hospitalization, in period stays in a hospital, at the patient's extract from a hospital, at the direction of a military-medical examination.
8. To organize conversations with patients (his relatives) concerning self-checking behind a disease, to bases of clinical nutrition, drug treatment, sanitary and hygienic actions, measures of primary and secondary prevention.
9. To carry out research activity:
• to carry out the analysis of scientific literature and official statistical reviews;
• preparation of papers on modern scientific problems;
• participation in the solution of separate research and scientific and applied tasks in the field of health care of diagnostics, treatment, rehabilitation and prevention;
• observance of the main requirements of information security to development of new methods and technologies in the field of health care;
• participation in carrying out the statistical analysis and preparation of the report on the executed research;
• participation in assessment of efficiency of innovative technological hazards at introduction of new medico-organizational technologies in activity of the medical organizations.

The student has to own:
• By methods of the general clinical inspection of patients.
• By methods of early detection of the most widespread diseases relating to risk groups.
• Interpretation of results of laboratory, tool methods of diagnostics at patients;
• An algorithm of statement of the preliminary diagnosis by the patient with the subsequent direction them on additional inspection and to doctors to experts; an algorithm of statement of the developed clinical diagnosis by the patient;
• To own techniques of performing differential diagnosis of internal diseases with other diseases.
• By methods of sanitary education of the population and promotion of a healthy lifestyle.

PRACTICAL SKILLS OF OBJECTIVE INSPECTION

Students study an inspection technique, work practical skills in group, work with patients in chambers therapeutic office under the leadership of the teacher. For work it is recommended to use methodical recommendations to practical occupation, posters, tables, methodical developments of department. Hardware: at department there are a phonendoscope, a tonometer, a lung-tester, centimeter, etc. The final stage of work is the maintaining patients of the patient and execution of the clinical record.

The student has to show ability of inquiry, objective inspection of the patient with a disease of internals (survey, a palpation, percussion, an auscultation), diagnosis, scheduling of laboratory and tool inspection; possession of methods of all-clinical inspection (inquiry, survey, a palpation, percussion, an auscultation) for the purpose of diagnostics and diff. diagnostics of the main clinical syndromes at

internal diseases.

SCALE of ESTIMATION of the TEST

1. In one test task of 25 closed questions.

2. To tasks ready answers to the choice, one correct and other wrong are given.

3. The student needs to remember: in each task with the choice of one correct answer the correct answer has to be.

4. For each correct answer – 4 points

5. The general assessment is defined as the sum of the gained points.

6. Mark of (%).

"Perfectly" - 85-100% of the correct answers

"Well" - 70-84% of the correct answers

"Well" - 60-69% of the correct answers

"Unsatisfactorily" - less than 60% correct the answer

SCALE of ESTIMATION of SITUTSIONNY TASKS

1. To make the correct diagnosis - 25%.

2. To choose the correct plan of inspection – 25%.

3. To carry out differential diagnostics – 25%.

4. To appoint the correct treatment – 25%.

TREATMENT OF PATIENTS (current control)

1. To get acquainted with subject of a clinical form of the tuberculosis patient – 5%.

2. To execute the rules established National center of cardiology and therapy-5%

3. To come into confidential contact with the patient - 5%.

4. To make collecting complaints, the anamnesis of a disease and the patient's life – 5%.

5. To make therapeutic survey and inspection of the patient on the systems of internals - 10%.

6. To describe the objective status – 15%.

7. To make the preliminary diagnosis – 5%.

8. To analyze data of laboratory researches – 5%.

9. To carry out differential diagnostics – 10%.

10. To make the clinical diagnosis – 15%.

11. To define tactics of alleged treatment – 10%.

12. To write diaries of a landmark or discharge summary in educational history of the patient – 5%.

13. To briefly summarize an etiology, pathogenesis, clinic and treatment under the protocol and data of references – 5%.

SCALE of ESTIMATION of the REPORT WITH the PRESENTATION

No.	**Name of an Indicator**	**Mark (in %)**
FORM		10
1	Division of the text into introduction, main part and conclusion	0-5
2	Logical and clear transition from one part to another and also	0-5
CONTENTS		50
1	Compliance to a subject	0-10
2	Existence of the main subject (thesis) in the prolog and frontage prologs to the reader	0-10
3	Development of a subject (thesis) in the main part (disclosure of the main provisions through the system of the arguments which are buttressed up by facts examples, etc.)	0-15
4	Existence of the conclusions corresponding to a subject and the maintenance of the main part	0-15
PRESENTATION		25

1	The title page with heading according to section	0-2
2	Design of slides and use of additional effects (change of slides, sound, schedules)	0-5
3	The text of the presentation is written shortly, well and the created ideas clearly are stated and structured, the opening highlights of an etiology, pathogenesis, clinic and treatment	0-10
4	Slides are presented in the logical sequence	0-5
5	Slides are unpacked in a format of notes	0-3
REPORT Slides are unpacked in a format of notes		15
1	Correctness and accuracy of the speech during protection	0-5
2	Breadth of vision (answers to questions)	0-5
3	Implementation of regulations	0-5
In total points		100

SCALE of ESTIMATION of ORAL Responses (intermediate control)

At assessment of oral responses to check of level of proficiency the NOBILITY the following criteria are considered:

1. Knowledge of the main sections of a subject.

2. Depth and completeness of disclosure of a question.

3. Possession of a terms framework and his use at the answer.

4. Ability to explain essence of an etiology and pathogenesis of a disease, to draw conclusions

and generalizations to give the reasoned answers.

5. Possession of logicality and sequence of the answer, ability to answer the raised additional questions.

The mark **(85-100 points)** estimates the answer which is stated logically correctly in an available form according to terminology applied in therapy and also in general in medicine; excellent knowledge of an etiology and pathogenesis of various forms of

a disease; deeply understands statistics of the key epidemiological indicators (contamination, incidence, morbidity and mortality); freely is guided in the main clinical symptoms, in features of a clinical current, diagnostics, differential diagnostics, treatment and the forecast of a disease.

The mark **(70-84 points)** estimates the answer which shows strong knowledge in the general and private questions of a disease, features of a clinical current, diagnostics, differential diagnostics, treatment and the forecast, not rather profound knowledge of an etiology and pathogenesis of various forms of a disease; understands statistics of the key epidemiological indicators (contamination, incidence, morbidity and mortality); freely is guided in the main clinical symptoms of various forms of a disease.

The mark **(60-69 points)** estimates the answer which shows average knowledge in the general and private questions of therapy, features of a clinical current, diagnostics, differential diagnostics, treatment and the forecast of a disease, average knowledge of an etiology and pathogenesis of various forms of a disease; not deeply understands statistics of the key epidemiological indicators (contamination, incidence, morbidity and mortality); rather freely is guided in the main clinical symptoms and features of a current of various forms of a disease.

The mark **(0-59 points)** estimates the answer which shows very weak knowledge in the general and private questions of therapy, features of a clinical current, diagnostics, differential diagnostics, treatment and the forecast of a disease, bad knowledge of an etiology and pathogenesis of various forms of a disease; doesn't understand statistics of the key epidemiological indicators (contamination, incidence, morbidity and mortality); rather freely is guided in the main clinical symptoms and features of a current of various forms of a disease, serious mistakes in contents of the answer are made.

SCALE OF ESTIMATION OF ANALYTICAL AND PRACTICAL TASKS

(intermediate control – "To be ABLE and OWN")

At assessment of responses to check of level of proficiency to be ABLE and OWN the following criteria are considered:

The mark **(8-10 points)** estimates the answer at which the student puts diagnosis independently; estimates alternative decisions for diagnostics and treatment of a disease; professionally expresses and proves the position on the main clinical forms of a disease; concerning the organization and structure of therapeutic service, on modern approaches in complex treatment of diseases (etiology, pathogenesis

therapy, conservative and surgical treatment); deeply reveals degree and the nature of defeat of bodies and systems; is able to analyze and to think analytically at diagnosis, differential diagnostics and purpose of therapy.

The mark **(4-7 points)**, estimates the answer at which the student carries out diagnosis independently, but doesn't estimate alternative solutions of diagnostics; insufficiently professionally expresses and proves the position on the main clinical forms of a disease; on modern approaches in complex treatment; rather deeply reveals degree and the nature of defeat of bodies and systems; not absolutely competently reveals relationships of cause and effect in pathogenesis of development of a disease. Shows sufficient understanding of a problem. The majority of requirements imposed to a task are executed.