



Evaluation tools for certification in the discipline "Hospital surgery, pediatric surgery" for students of 6 course of 31.05.01 "Medical case" training for 2023-2024 academic year

The fund of evaluation funds for intermediate certification in the discipline "Pediatric Surgery".

The student's competencies formed as a result of mastering the discipline:

General professional competencies (GPC):

GPC-4, the ability and willingness to implement ethical and deontological principles in professional activities;

GPC -6, readiness to maintain medical records;

GPC -8, readiness for medical use of medicines and other substances and their combinations in solving professional tasks;

Professional competencies (PC):

PC-5, readiness to collect and analyze patient complaints, medical history data, examination results, laboratory, instrumental, pathologic-anatomical and other studies in order to recognize the condition or establish the presence or absence of the disease;

PC-6, the ability to determine in patients the main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Health-related Problems - X revision, adopted by the 43rd World Health Assembly, Geneva, 1989;

PC-8, the ability to determine the tactics of managing patients with various nosological forms;

PC-9, readiness for the management and treatment of patients with various nosological forms in outpatient and day hospital settings;

PC-10, readiness to provide primary health care to children with sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care;

PC-11, readiness to participate in the provision of emergency medical care to children in conditions requiring urgent medical intervention;

PC-20, readiness to analyze and publicly present medical information based on evidence-based medicine.

Table 1

The level of competence formation is defined as:

Assessment according to the 5-point system	The score is based on a 100-point system	Levels of competence formation	
5.0	Great	91-100	High
4.0	Well	76-90	Average
3.0	Satisfactory	61-75	Low
2.0	Unsatisfactory	0-60	There is no competence



Table 2

Competence assessment scale

Response characteristics	The level of competence	Points in the PRS (point-rating system)	Evaluation
A complete, detailed answer to the question is given, a set of conscious knowledge about the object is shown, manifested in the free operation of concepts, the ability to identify its essential and non-essential signs, cause-and-effect relationships. Knowledge about the object is demonstrated against the background of understanding it in the system of this science and interdisciplinary connections. The answer is formulated in terms of science, presented in literary language, logical, evidence-based, demonstrates the author's position of the student. The student demonstrates an advanced level of competence formation.	High	100–96	5(5+)
A complete, detailed answer to the question is given, a set of conscious knowledge about the object is shown, the main provisions of the topic are evidently disclosed; a clear structure, logical sequence reflecting the essence of the disclosed concepts, theories, phenomena is traced in the answer. Knowledge about the object is demonstrated against the background of understanding it in the system of this science and interdisciplinary connections. The answer is presented in literary language in terms of science. There may be flaws in the definition of concepts, corrected by the student himself in the process of answering. The student demonstrates a high level of competence formation.		95–91	5
A complete, detailed answer to the question is given, the ability to identify essential and non-essential signs, cause-and-effect relationships is shown. The answer is clearly structured, logical, and presented in literary language in terms of science. There may be flaws or minor errors corrected by the student with the help of a teacher. The student demonstrates an average increased level of competence formation.	Average	90–81	(4+)
A complete, detailed answer to the question is given, the ability to identify essential and non-essential signs, cause-and-effect relationships is shown. The answer is clearly structured, logical, and stated in terms of science. However, minor errors or omissions were made, corrected by the student with the help of "leading" questions from the teacher. The student demonstrates an average sufficient level of competence formation.		80–76	4
A complete but insufficiently consistent answer to the question is given, but at the same time the ability to identify essential and non-essential signs and cause-and-effect relationships is shown. The answer is logical and stated in terms of science. There may be 1-2	Low	75–71	3(+)

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<p>mistakes in the definition of basic concepts, which the student finds it difficult to correct on his own. The student demonstrates a low level of competence formation.</p>				
<p>An insufficiently complete and insufficiently detailed answer has been given. The logic and sequence of the presentation have violations. Mistakes were made in the disclosure of concepts and the use of terms. The student is not able to independently identify significant and non-essential signs and cause-and-effect relationships. A student can concretize generalized knowledge by proving their main points by examples only with the help of a teacher. Speech design requires corrections and corrections. The student demonstrates an extremely low level of competence formation.</p>		70–66	3	
<p>An incomplete answer is given, the logic and sequence of presentation have significant violations. Gross mistakes were made in determining the essence of the disclosed concepts, theories, and phenomena, due to the student's misunderstanding of their essential and non-essential features and connections. There are no conclusions in the response. The ability to reveal specific manifestations of generalized knowledge is not shown. Speech design requires corrections and corrections. The student demonstrates the threshold level of competence formation.</p>	Threshold	65–61	3(3-)	
<p>An incomplete answer is given, representing scattered knowledge on the topic of the question with significant errors in definitions. There is a fragmentary, illogical presentation. The student does not realize the connection of this concept, theory, phenomenon with other objects of the discipline. There are no conclusions, concretization and evidence-based presentation. The speech is illiterate. Additional and clarifying questions from the teacher do not lead to correction of the student's answer not only to the question posed, but also to other questions of the discipline. There is no competence.</p>	There is no competence	60–41	2	
<p>No answers have been received on the basic questions of the discipline. The student does not demonstrate indicators of achieving the formation of competencies. There is no competence.</p>		40–0	2	

Table 3

№	Questions for the 1-st stage of the exam (control of the development of practical skills)	Competencies to be tested
1	Patient supervision.	GPC-1, GPC -4
2	Interpretation of the results of laboratory and instrumental examination methods	GPC -1, GPC -9

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3	Emergency care	GPC -1, GPC -8, GPC -11	
4	Medical manipulation. Write out a prescription.	GPC -1, GPC -6	

Table 4

№	Practical skill	Competencies to be tested
1	To collect the medical history of a surgical patient	GPC -4, GPC -6, PC-4
2	To examine the child and identify the leading symptoms of the surgical disease	GPC -4, PC-6
3	Make a plan for the examination of a patient with a surgical disease;	GPC -8, PC-6, PC -10, PC-11
4	To substantiate the diagnosis, to formalize the medical history of a patient with surgical pathology in a hospital,	GPC -6, PC-11, PC-6,
5	Make a treatment plan for the patient, taking into account the age, premorbid background of the child, severity and diagnosis;	GPC -8, PC-6, PC-10, PC -8
6	Assign and be able to interpret the results of laboratory tests and additional examination methods	PC-5, PC -8
7	Perform the following diagnostic manipulations (gastric probing, installation of a urethral catheter, determination of blood type, prepare systems for intravenous infusion, perform a peripheral vein puncture).	GPC -9, PC-5, PC-8, PC-9
8	To examine a newborn with suspected surgical pathology (diaphragmatic hernia, intestinal obstruction, anorectal malformation, congenital pathology accompanied by a clinic of respiratory failure)	GPC -4, GPC -5, PC -10, PC -11,
9	Provide emergency care at the prehospital stage (hyperthermic syndrome, convulsive syndrome, infectious and toxic shock, dehydration, hypovolemic shock, DN).	GPC -8, PC-9, PC-10, PC-11
10	Provide emergency care to a child with urgent conditions in a hospital (for acute DN, acute CC insufficiency, airway obstruction, apply a plaster splint in case of limb fracture	GPC -8, PC-9, PC-10, PC-11



To conduct an examination at:

- acute abdominal syndrome;
- acute intestinal obstruction;
- congenital intestinal obstruction;
- bleeding from the upper and lower parts of the digestive tract;
- purulent – inflammatory diseases of soft tissues, bones and joints;
- malformations and lung diseases;
- destructive pneumonia, pleuropneumonia;
- malformations of the esophagus;
- burns of the esophagus;
- diaphragmatic hernia;
- malformations of the upper and lower urinary tract;
- inguinal hernia, dropsy of the testicular membranes, cryptorchidism, hypospadias, varicocele;
- congenital dislocation of the hip;
- congenital torticollis;
- fractures and dislocations of limb bones;
- traumatic brain injury;
- hemangiomas, lymphangiomas, pigmented spots.

Interpret the research results:

- indicators of peripheral blood in various purulent – septic conditions in children;
- urine tests for malformations and diseases of the urinary system
- acid – base state and blood gases;
- biochemical parameters of blood;
- ultrasound data for kidney defects and diseases;
- X-ray examination for intestinal obstruction;
- X-ray examination for necrotic enterocolitis;
- X-ray examination for osteomyelitis;
- X-ray examination for hydronephrosis, ureterohydronephrosis;
- X-ray examination for typical bone fractures;
- X-ray examination for congenital hip dislocation;
- X-ray examination for pneumothorax, pyopneumothorax, congenital lobular emphysema, lung cysts;
- X-ray examination for diaphragmatic hernia;
- X-ray examination for esophageal atresia,
- X-ray examination for lung atelectasis.

To carry out diagnostic and therapeutic manipulations:

- rectal examination;
- cleansing and siphon enemas;
- apply a bactericidal dressing;
- perform a pleural puncture;
- apply a transport tire;
- apply traction on the Shed;
- probing, gastric lavage;
- catheterization of the bladder.

Provide emergency assistance in case of:

- in case of pain shock;
- acute respiratory failure at the prehospital and hospital stages;
- stopping breathing;



- cardiac arrest;
- burn of the esophagus;
- hemorrhagic shock;
- acute dehydration.

Arrange transportation:

- newborns with surgical pathology;
- children in critical condition.

Sample of a standard ticket for the 1st stage of intermediate certification (assessment of practical skills)

1. Patient supervision (write a medical history)
2. Conduct an examination of a 5-year-old child with a respiratory failure clinic: Chest X-ray (attached). General blood test: erythrocytes $4.8 \times 10^{12}/l$, hemoglobin 110 g/l, color index 0.88, leukocytes $16.4 \times 10^9/L$, rod-shaped 12%, segmented 62 %, lymphocytes 18%, monocytes 8%, ESR 18mm/hour. General urine analysis: color – light yellow, acidic reaction, specific gravity 1022, protein – rel., bile pigments, urobilin – rel., leukocytes – 1-2 in the field of view, erythrocytes – rel., flat epithelium 1-3 in the field of view, cylinders – rel.
3. Provide emergency care to a child with a burn of the esophagus with acetic essence at the hospital and pre-hospital stages.

Table 5

№	The 2-nd stage of the intermediate certification (final oral interview on the control issues of the ticket and the clinical situational task)	Comtencies to be tested
1	Abnormalities of kidney development (aplasia, hypoplasia, dystopia, cysts). Nephroptosis. Clinic, diagnosis and treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
2	Gastrointestinal reflux. Classification. Clinic, diagnostics. Conservative and surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
3	Abnormalities of the ureters in children (doubling of the kidneys and ureters, ureterocele, ectopia and dystopia of the ureteral mouth). Clinic, diagnostics. Indications and types of surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
4	Abnormalities of the development of the head and neck (Pierre-Robin syndrome, ranula, hoan atresia, short frenulum of the tongue, macroglossia). Clinic, diagnostics, therapeutic tactics.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
5	Congenital muscular torticollis. Clinic, differential diagnosis. Treatment (conservative and surgical). Terms and methods of treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
6	Diseases of the rectum (hemorrhoids, cracks, polyp, paraproctitis). Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
7	Acute appendicitis. Classification, features of the clinic in young children. The main symptoms and syndromes. Diagnostics. Treatment methods.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
8	Bites of dogs and synanthropic animals. Prevention of rabies. Indications for the appointment of anti-rabies drugs.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20



9	Nonspecific ulcerative colitis and Crohn's disease. Clinic, diagnostics. Treatment tactics.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
10	Acute hematogenous osteomyelitis. Modern classification. Clinic, diagnostics. Indications for surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
11	Malrotation syndrome. Embryogenesis, clinic, diagnosis. Indications for surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
12	Malformations of the esophagus (esophageal atresia, esophageal achalasia, congenital esophageal stenosis, isolated tracheoesophageal fistula). Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
13	Damage to the kidneys, bladder and urethra. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
14	Malformations of the lungs (aplasia, hypoplasia, sequestration, congenital lobular emphysema). Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
15	Vesicoureteral reflux. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
16	Pathology of the vaginal process of the peritoneum. Classification. Diagnosis and differential diagnosis. Terms and methods of treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
17	A complication of a viral bacterial infection of the lungs. Classification. Clinic, diagnostics. Therapeutic tactics (antibacterial therapy, local treatment, features of intensive care).	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
18	Cryptorchidism and testicular ectopia. Clinic, diagnostics. The timing of surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
19	Malformations of the biliary tract. Biliary atresia. Classification. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
20	Fractures of the lower extremities. Clinic, diagnosis, and treatment methods.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
21	Fractures of the pelvic bones. Clinic, diagnosis, and treatment methods.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
22	Foreign bodies of the respiratory tract. Classification. Clinic, diagnosis, complications; treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
23	Embryonic hernia of the umbilical cord. Gastroschisis. Classification, clinic, diagnosis, conservative and surgical treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
24	Osteochondropathy. Osteochondropathy of the femoral head. Classification. Clinic, diagnostics. Treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
25	Cyst-adenomatous malformation of the lungs. Classification. Clinic. Differential diagnosis. Methods of treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
26	Malformations of the yolk and urinary ducts. Clinic. Diagnostic methods, therapeutic tactics.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20
27	Anorectal malformations. Embryogenesis. Classification. Diagnostics. Treatment.	GPC-4, GPC -8, PC-6, PC-10, PC -11, PC -20



28	Hematocolpos, hematometer, labia fusion, phimosis, paraphimosis, balanoposthitis. Clinic, diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
29	Acquired intestinal obstruction (inversion, adhesions, thrombosis of mesenteric vessels, intussusception). Clinic, diagnostics, tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
30	Foreign bodies of the esophagus. Clinic, diagnostics, therapeutic tactics. Complications.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
31	Peritonitis. Classification. The main pathological syndromes. Preoperative preparation.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
32	Surgical interventions. Postoperative treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
33	Congenital high intestinal obstruction. Antenatal diagnostics. Classification. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
34	Congenital low intestinal obstruction. Antenatal diagnostics. Classification. Clinic, diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
35	Snake bites and venomous insects. Clinic. Treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
36	Gastrointestinal bleeding. Reasons. Clinic, diagnostics, tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
37	Pancreatic injuries in children. Etiology, classification, clinic, diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
38	Bladder exstrophy. Clinic, diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
39	Malformations of the gallbladder. Acute cholecystitis. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
40	Diaphragmatic hernias. Classification. Clinic, diagnosis, therapeutic tactics for false diaphragmatic hernias.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20
41	Congenital clubfoot. Clinic, features of diagnosis and treatment before and after the year.	GPC-4, GPC -8, PC-6,PC-10, PC -11
42	Damage to the organs of the chest cavity. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
43	Hip dysplasia. Features of the clinic and diagnosis in newborns and young children. Treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
44	Hydronephrosis. Reasons. Clinic, diagnosis. nistica. Palliative and radical interventions.	GPC-4, GPC -8, PC-6,PC-10, PC -11
45	Thermal damage. Classification. Clinic, diagnosis. Treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
46	Congenital pylorostenosis. Clinic. Diagnostics. Differential diagnosis. Treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
47	Sacrococcygeal teratoma in children. Clinic, diagnosis, treatment, medical examination.	GPC-4, GPC -8, PC-6,PC-10, PC -11
48	Varicocele. Reasons. Clinic, diagnosis.	GPC-4, GPC -8, PC-6,PC-10, PC -11



49	Congenital cysts and fistulas of the neck. Diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
50	Umbilical hernia, hernia of the white line of the abdomen, diastasis of the rectus abdominis muscles. Clinic, diagnosis. Terms and types of surgical interventions.	GPC-4, GPC -8, PC-6,PC-10, PC -11
51	Echinococcosis in children. Ways of helminth penetration. Clinic, methods of laboratory and instrumental diagnostics. Therapeutic tactics and prevention.	GPC-4, GPC -8, PC-6,PC-10, PC -11
52	Intestinal intussusception. Etiology. Clinic, diagnosis. Indications for conservative and surgical treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
53	Hypospadias and epispadias. Clinical forms. Terms and methods of surgical treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
54	Necrotizing enterocolitis of the newborn. Etiology. Clinic, diagnostics, therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11
55	Chemical burns of the esophagus. Classification, clinic, diagnosis, therapeutic tactics. First aid for burns of the esophagus. Prevention.	GPC-4, GPC -8, PC-6,PC-10, PC -11
56	Hemangiomas, lymphangiomas in children. Pigmented spots. Classification. Diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
57	Portal hypertension. Clinic, diagnostic value of special research methods. Treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
58	Volumetric formations of abdominal organs (dermoid cyst, choledochus cyst, ovarian cyst, doubling of the intestine, lymphangioma). Diagnostic algorithm. The role of additional diagnostic methods.	GPC-4, GPC -8, PC-6,PC-10, PC -11
59	Chronic osteomyelitis. Complications. Clinic, diagnosis. Differential diagnosis with tumors. Issues of immunocorrection.	GPC-4, GPC -8, PC-6,PC-10, PC -11
60	Injuries in the area of the elbow joint. Classification. Clinic, diagnosis, treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
61	Acute testicular diseases. The reasons, the clinic. Differential diagnosis with inguinal strangulated hernia. Therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11
62	Purulent-inflammatory processes of soft tissues (phlegmon of the newborn, lymphadenitis, erysipelas, mastitis). Features of the course in young children. Diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11
63	Birth injuries of newborns (cephalohematoma, fractures of the humerus, collarbone) Duchene-Erbe paralysis. Clinic, diagnostics, therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11
64	Injuries to the bones of the forearm in children. Clinic. Diagnostics. Therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11
65	Injuries to the bones of the upper limb girdle and shoulder joint in children. Clinic. Diagnostics. Therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11

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66	Damage to the abdominal organs in children. Reasons. Classification. Diagnostics and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11	
67	Juvenile epiphyseolysis of the femoral head. Clinic. Diagnostics. Therapeutic tactics.	GPC-4, GPC -8, PC-6,PC-10, PC -11	
68	Congenital deformities of the chest. Classification, diagnosis and treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11	
69	icp. Diagnostics. Methods of orthopedic correction and surgical treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20	
70	Spinal deformities in children. Etiology. Clinic. Methods of treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20	
71	Spinal cord and spinal cord injuries. Clinic, diagnosis and	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20	
72	Traumatic brain injury. Etiology. Clinic. Diagnostics. Methods of treatment. Indications for surgical treatment.	GPC-4, GPC -8, PC-6,PC-10, PC -11, PC -20	

Table 6

<i>№</i>	Stage 2 of the intermediate certification (control questions of the clinical situational task)	The competencies being tested
1.	Make a diagnosis according to the clinical classification.	PC-6
2.	What are the causes of this disease?	PC -4, PC -20
3.	Classification of this disease	PC-8
4.	What additional research methods can be used?	PC -8, PC -11, PC -11
5.	Conservative and surgical treatment of this disease and indications for them.	GPC -8, PC -10, PC -11

Sample of a standard ticket for the 2nd stage of intermediate certification (final oral interview on ticket control issues and clinical situational task):

EXAM TICKET № 1

1. Abnormalities of the development of the head and neck (Pierre-Robin syndrome, ranula, hoan atresia, short frenulum of the tongue, macroglossia). Clinic, diagnostics, therapeutic tactics.
2. Critorchism and testicular ectopia. Clinic, diagnosis. The timing of surgical treatment.
3. Damage to the abdominal organs in children. Reasons. Classification. Diagnostics and treatment.
4. Clinical situational task.

A mother with a 4-year-old child complained to the polyclinic about unreasonable temperature rises (up to 38-39°C), which independently decreased to normal figures, periodic abdominal pain, sometimes associated with the act of urination. The girl from the first pregnancy, which occurred with toxicosis of the I and II halves, gave birth on time. She grew and developed according to her age. The skin is clean, moist, of normal color, there is a pasty eyelid, dark circles under the eyes. From the musculoskeletal system – without visible pathology. In the lungs, respiration is vesicular, There are no wheezes. The heart tones are clear, rhythmic, and the pulse is 78 beats per minute. The tongue is clean, moist, pink in color. The abdomen is of an ordinary shape, participates evenly in the act of breathing, is soft and painless on palpation. The liver is at the edge of the costal arch, the kidneys are not palpable. The symptom of the 12th rib is negative on both sides. Diuresis is sufficient, urination is

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frequent and painful. Blood test: Hb – 124 g/l; er. – 4.1×10^{12} / l; l. – 6.4×10^9 / l; E. – 2%; p/I – 2%; s/I – 58%; lymph. – 35%; mon. – 3%, ESR – 15 mm/hour. Biochemical blood test: total protein – 65 g/l; chlorides – 98 mmol/l; K – 4.4 Na – 130, bilirubin – 16 mmol/l, direct reaction; AsAT – 0.14 units, AlAT – 0.14 units, urea – 4.4. Urinalysis: specific gravity – 1018; protein – none; ep. pl. – units in n/a; leukocytes – 32-36 in n/a; er. – units in n/a; bacteria ++. Urine analysis according to Nechiporenko: leukocytes – 20,000; erythrocytes – 500.

EXAMPLES OF SITUATIONAL TASKS:

Task number 1

A four-year-old girl came to consult an orthopedist at a children's hospital in the direction of a polyclinic doctor.

He does not complain at the time of the inspection. According to her parents, about 6 months ago the girl fell at home, after which she had pain, deformity, swelling of soft tissues in the upper third of the humerus breakdown. They went to the emergency room, where an X-ray was performed. The traumatologist, suspecting a fracture, applied a plaster splint. She was treated on an outpatient basis. Subsequently, after consolidation of the fracture and removal of the splint, she was observed by an orthopedist, and was sent to a hospital for further treatment. The circumference of the upper third of the right shoulder is 1 cm larger than that of the opposite limb at the same level. On palpation at this level, there is a slight soreness on the right. Movements in the shoulder joint in full.

Task number 2

The boy was born 18 hours ago full-term with a weight of 3100.0 and an Apgar score of 8 points. Shortly after birth, it was noted that the child with anxiety develops pronounced cyanosis, difficulty breathing. These symptoms are aggravated in the position on the right side. The condition is serious. Skin and mucous membranes with a cyanotic tinge. The child is sluggish, the cry is weak. The chest is asymmetrical - the left half is larger in volume, less involved in the act of breathing. Breathing is shallow, difficult, 56 times in 1 min., left in the lower half is not carried out. Percussion and auscultation indicate a shift of the mediastinum to the right, tachycardia up to 180 per minute. The abdomen is reduced in size, not swollen, soft. Your diagnosis. Differential diagnosis. What additional methods of examination should be carried out. What are the possible immediate complications? Emergency care. Tactics of treatment in the hospital. The outcomes.

Task number 3

A mother with a 5-year-old child went to the pediatrician with complaints of repeated vomiting with blood, black stools, and impaired well-being. According to the mother, these complaints appeared 2 days ago. Anamnesis: the second child in the family, full-term. After childbirth, bleeding from the umbilical wound was noted for 7 days. From the age of 2 months, the pediatrician revealed an increase in the volume of the abdomen, an increase in the spleen, and suffers from flatulence. The child was under the supervision of a pediatrician during the entire period. Family history: parents are healthy. On examination: paleness of the skin is pronounced, pulse is weak, tachycardia is up to 120 beats per minute, blood pressure is 80/50 mmHg, heart tones are muted. The abdomen is soft, painless, the liver is within normal limits, the spleen is + 5 cm from under the costal arch. General blood test: Hb 75 g/l, er. 2.0×10^{12} / l, CP 0.9, L. 4.5×10^9 / l, n/a 3%, s/I 60%, E. 3%, lymph. 21%, mon. 7%, ESR of 10 mm/hour. General urine analysis: straw-yellow color, transparent, pH 6.0, specific gravity 1018, no protein, l. 2-3 in n/a, er. no. Biochemical blood analysis: Total protein 74 g/l, albumins 44%, globulins 56% (α_1 – 4%, α_2 – 12%, β - 12%, γ - 28%), alkaline phosphatase 70 units / l, AlAT 0.15 units, AsAT 0.2 units, amylase 30 units / l, thymol sample 3 units, total bilirubin 12 mmol / l, direct reaction. Ultrasound of the abdominal organs: the liver is slightly reduced in size, parenchyma is homogeneous, echogenicity is normal. There are many small vessels of different calibers in the projection of the portal vein. Your diagnosis. Differential diagnosis. What additional methods of examination should be carried out. What are the possible immediate complications? Emergency care. Tactics of treatment in the hospital. The outcomes.



Task number 4

The newborn was transferred from the regional maternity hospital.

Anamnesis morbi:

Immediately after birth, total cyanosis, tachypnea up to 60 per minute, and dextrocardia are noted. Oxygenotherapy did not give any effect. He was examined by a surgeon at the Disaster Medicine Center and transferred to the Pediatric Surgery Clinic.

Anamnesis vitae:

A child from 3 pregnancies, 3 births at 36 weeks. During pregnancy, the child's mother was repeatedly hospitalized due to the threat of termination of pregnancy. The child's birth weight is 1890, height is 48 cm. The Apgar score is - 5 points.

Status praesens:

The child's condition is serious. The reaction to external stimuli is preserved. The scream is loud, the movements are active. He reacts to the examination with motor anxiety and screaming. The large fontanel is 1.5 x 1.5 cm at the level of the skull bones. There is a tremor of the chin. Reflexes of oral automatism are triggered, but quickly depleted. Tendon reflexes S=D with clones. The skin and visible mucous membranes are clean, bluish. The symptom of the "white spot" is negative. Body temperature is 36.8 C. Breathing is independent, sharply weakened on the left in all pulmonary fields. There are no wheezes. BH up to 80 in 1 min. The heartbeat is determined on the right in the 5th intercostal space along the midclavicular line. The heart tones are heard on the right, muffled, rhythmic. CCC up to 180 in 1 min. The stomach is sunken. Palpation is mild, painless in all departments. Liver + 2 cm from under the edge of the costal arch. The spleen is not palpable. There was no chair. Urine through the urethral catheter is light.

UAC-Er-5,2-1012, Nv-214 g/l, Nt-61.6%, Le-6,0x10, YU-2, p-9, e-0, m-1,L-19, SOE - 3 mm/h.

Blood biochemistry: Bil-149.9 microns /l, pr-0, nepr-149.9 microns / L, Tim- 1.2 units, AsAT-0.37, AlAT- 0.09. Blood electrolytes: Na- 124.1, K-4.9.

An X-ray of the chest and abdominal cavity was performed (attached).

A presumptive diagnosis. Therapeutic tactics. Terms and indications for surgical treatment. Methods of surgical treatment.

For current and boundary control of academic performance during clinical practical training, the following methods are used:

1. Test tasks for written control of the initial level of knowledge.
2. Situational clinical tasks.
3. Boundary control is carried out in the form of a final control lesson at the end of each module. On tickets with practical tasks (calculation manipulations, recipes, algorithms for organizing anti-epidemic measures) and laboratory analyses for conducting the final final task for the block. The medical history is being protected.

Table 7

A list of practical skills and verifiable competencies for certification based on the results of mastering the discipline (exam):

№	Practical skill	Comtencies to be tested
1	To collect the medical history of a surgical patient;	GPC -4, GPC-6, PC-4
2	To examine the child and identify the leading symptoms of the surgical disease;	GPC -4, PC-6
3	Make a plan for the examination of a patient with a surgical disease;	GPC -8, PC-6, PC -10, PC-11
4	To substantiate the diagnosis, to formalize the medical history of a patient with surgical pathology in a hospital;	GPC -6, PC-11, PC-6,

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5	Make a treatment plan for the patient, taking into account the age, premorbid background of the child, severity and diagnosis;	GPC -8, PC-6, PC-10, PC -8	
6	Assign and be able to interpret the results of laboratory tests and additional examination methods;	PC-5, PC -8	
7	Perform the following diagnostic manipulations (gastric probing, installation of a urethral catheter, determination of blood type, prepare systems for intravenous infusion, perform a peripheral vein puncture);	GPC-9, PC-5, PC-8, PC-9	
8	Make a plan for the patient's follow-up after surgery;	PC-1, PC-2	
9	To examine a newborn with suspected surgical pathology (diaphragmatic hernia, intestinal obstruction, anorectal malformation, congenital pathology accompanied by a clinic of respiratory failure(RF));	GPC-4, GPC -5, PC -10, PC -11,	
12	Provide emergency care at the prehospital stage (hyperthermic syndrome, convulsive syndrome, infectious and toxic shock, dehydration, hypovolemic shock, RF);	GPC-8, PC-9, PC-10, PC-11	
13	Provide emergency care to a child with urgent conditions in a hospital (for acute RF, acute cardiovascular insufficiency, airway obstruction, apply a plaster splint in case of limb fracture.	GPC-8, PC-9, PC-10, PC-11	

3. Methodological guidelines for the student's independent work

During the period of studying the discipline, students draw up an academic medical history of the child.

Purpose. To teach students how to properly draw up the main medical document of a children's hospital – the child's medical history (medical card of an inpatient (003/y)).

The procedure for protecting the academic medical history. During the semester, while studying at the Department of Pediatric Surgery in the discipline " Hospital surgery, pediatric surgery ", the student submits the medical history to the teacher for review. The teacher checks it, notes all errors, errors in the design. At the end of the training, the student defends the medical history, briefly reporting the patient and giving a justification for the clinical diagnosis, answers all questions and comments from the teacher. After that, the teacher gives an assessment for the medical history (on a 5-point scale).

MEDICAL HISTORY

Patient (full name): _____

Age (date of birth): _____

The diagnosis is clinical (basic): _____

(related): _____

Complaints (on the day of curation): _____

Anamnesis of the disease: Anamnesis of life (including hereditary, allergic): _____



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Epidemiological history: _____

Objective examination: _____

Laboratory and instrumental studies: Substantiation of the clinical diagnosis (basic): _____

Differential diagnosis plan (for the main diagnosis): _____

Treatment: _____

Medical examination (check-up): _____

Prognosis for recovery and life: _____

Student's signature: _____

The history was checked by the examiner (full name): _____ **Assessment:** _____

Discussed at the meeting of the Department of Pediatric Surgery, Protocol No. 1 dated August 30, 2023.

Head of the Department
of Pediatric Surgery
Doctor of Medical Sciences,

Professor

A.I. Perepelkin