

**FEDERAL STATE BUDGET EDUCATIONAL  
HIGHER EDUCATION INSTITUTION  
"ROSTOV STATE MEDICAL UNIVERSITY"  
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**

**FACULTY OF TREATMENT AND PREVENTION**

Appraisal Fund  
in the discipline "Infectious diseases"

Specialty 05/31/01 General Medicine

1. **Interim certification form** -test, exam
2. **Type of intermediate certification**-solving situational problems.
3. **List of competencies formed by the discipline or in formation which discipline is involved**  
**general professional (OPK): OPK5, OPK8**  
**professional (PC): PK6, PK8**

Competencies	Stages of element formation competencies
<p style="text-align: center;"><b>OPK-5</b></p> <p>ability to analyze own prevention errors (OPK-5);            And readiness to analyze results of own professional activities For</p>	<p>ID GPC5 Be able to evaluate your medical work from the standpoint of making a preliminary and final diagnosis</p>
<p style="text-align: center;"><b>OPK-8</b></p> <p>readiness to apply drugs and other substances and their combinations at professional tasks (OPK-8).            To medical medicinal decision</p>	<p>ID OPK8 Use in medical practice only medicinal drugs, the effectiveness of which proven from the standpoint of evidence-based medicine</p>
<p style="text-align: center;"><b>PK-6</b></p> <p>ability to determine in a patient main pathological states, symptoms, syndromes diseases, nosological forms in accordance with the International Statistical classification diseases and health problems, X revision (PC-6);</p>	<p>ID PC6 Be able to use ICD-10 in your medical work            ID 2 PC-6 Know modern drug regimens and combination treatment in accordance with the standards of medical care</p>
<p style="text-align: center;"><b>PK-8</b></p> <p>ability to determine tactics for managing patients with various nosological forms (PC-8);</p>	<p>ID1 PC8 Be able to prescribe an examination plan And treatment in relation to To specific patient, taking into account the underlying and concomitant diseases            ID2 PK-8 Able to apply diagnostic methods, including using instrumental methods, at carrying out examination of the patient to establish a diagnosis</p>

#### 4. Stages of developing competencies in process of mastering the discipline

Sections of the discipline	Codes of formed competencies			
	OPK 5	OPK8	PK-6	PK-8
Semester 1				
Section 1	+	+	-	-
Section 3	+	+	+	+
Section 4	+	+	+	+
Section 5	+	+	+	+
Section 6	+	+	+	+
Semester 2				
Section 2	+	+	+	+
Section 3	+	+	+	+
Section 4	+	+	+	+
Section 5	+	+	+	+
Section 7	+	+	+	+

#### 5. Types of assessment materials in accordance with the competencies being developed

Name achievement indicator (ID) competence	Types of assessment materials	
	Current certification	Interim certification
ID1 OPK-5	Situational tasks	Situational tasks
ID 2 OPK-8	Situational tasks	Situational tasks
ID2 PK-6	Situational tasks	Situational tasks
ID PK-8	Questions for control	Situational tasks

#### 6. Current control

<i>Types and forms of control from RPD disciplines</i>	<i>number of exemplary (typical) tasks for 1 competency</i>
<i>Situational tasks</i>	<i>3 tasks with standard answers</i>
<i>Oral survey</i>	<i>test questions on the topics of the section</i>

## OPK-5:

### Situational tasks

A patient with suspected cholera was admitted to the department. Got sick the day before. Vomiting appeared, which was repeated twice, cramping pain in the abdomen - in the epigastrium and in the lower half. T – 38.5°C. The stool is liquid, at first fecal, abundant, but after 3-4 bowel movements it became scanty, with a large admixture of mucus. The abdomen is painful on palpation, especially in the left iliac region.

1. Preliminary diagnosis and its rationale.
2. Survey plan and rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: dysentery, salmonellosis, OKI call. UPF, yersiniosis, etc.**

**2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery. 3. Detoxification therapy, antibiotic therapy.**

A 35-year-old patient fell ill at 11 a.m. today when she developed a headache, “fog” before her eyes, weakness, and vomited food twice. She was sent to the hospital with a diagnosis of “acute gastroenteritis.” On admission: body temperature 36.8° C. Consciousness clear. Pulse 82 per minute, rhythmic, satisfactory properties. Blood pressure – 110/70 mm Hg. Heart sounds are rhythmic, moderately muffled. The tongue is dry, covered with a white coating. The abdomen is soft, painless, the liver is not enlarged. The pupils are dilated, the reaction to light is weakened, mild ptosis. Voice with a nasal tint.

1. Diagnosis and its rationale.
2. Survey plan and rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: botulism, myasthenia gravis, exogenous intoxications, etc.**

**2. blood test for botulinum toxin, test with proserin, blood for toxins, etc.**

**3. administration of anti-botulinum serum, detoxification therapy, gastric lavage, etc.**

A 32-year-old patient fell ill yesterday with nausea, vomiting, cramping pain throughout the abdomen. The temperature immediately rose to 39.0°C. The stool is loose, fecal, profuse, on the first day there were 5 stools.

On the 2nd day of illness the temperature was 38.8°C, vomiting recurred, abdominal pain was localized in the left iliac region. The stool became scanty, with mucus and streaks of blood, repeated 10 times. On admission there were no abnormalities from the lungs and heart. The tongue is dry and coated. The abdomen is soft, painful in all parts, but most of all in the left iliac region.

1. Preliminary diagnosis and its rationale.
2. Survey plan and rationale.
3. Treatment plan and rationale.

**Sample answer:**

**1. PD: dysentery, salmonellosis, OKI call. UPF, yersiniosis, typhoid fever, etc.**

**2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery, typhoid fever; blood for blood culture**

**3. Detoxification therapy, antibiotic therapy.**

### Oral survey

List of questions

1. What types of malaria are there?
2. In which malaria are late relapses observed, and what explains this?
3. What complications are observed with tropical malaria?
4. What symptoms contradict the diagnosis of dysentery?
5. Explain the nature of the temperature curve for three days and four days

malaria.

6. What types of hepatitis are characterized by transition to a chronic form?

7. What is the basis of the clinical classification of cholera

8. Clinical classification of anthrax

9. Methods for diagnosing infectious diseases

10. Clinical model of influenza and ARVI

### **OPK 8:**

#### **Situational tasks**

The patient, 30 years old, fell ill 2 days ago. The disease began with chills, nausea, repeated vomiting, and cramping abdominal pain. At the same time, loose stools appeared (7-8 times a day), and the temperature increased to 39.2 °C. On admission: temperature – 38.5°C. The general condition is moderate. Pulse 96 per minute, blood pressure – 105/70 mm Hg. The tongue is dry, thickly coated with white coating. The abdomen is soft, upon palpation there is pain throughout the entire abdomen, somewhat more in the left iliac region. The stool was checked - liquid with an admixture of mucus.

1. Preliminary diagnosis and its rationale.

2. Survey plan and its rationale.

3. Treatment plan and rationale.

**Sample answer: 1. PD: dysentery, salmonellosis, typhoid fever, yersiniosis, acute intestinal infections of viral etiology, etc. 2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery, enterovirus infection. 3. Detoxification therapy, antibiotic therapy.**

The patient, 28 years old, fell ill yesterday when a headache and vomiting appeared with chills. I began to feel severe pain in the groin area, where I myself felt a painful lump. On admission: serious condition, temperature 39.0°C. The face is hyperemic. The tongue is dry, covered with a white coating. Pulse 104 per minute, decreased filling. Blood pressure – 90/50 mm Hg. Heart sounds are muffled. In the right groin area, a painful infiltrate is palpable, measuring 3x5 cm, slightly mobile. The skin over it is hyperemic.

1. Preliminary diagnosis and its rationale.

2. Survey plan and its rationale.

3. Treatment plan and rationale.

**Sample answer: 1. PD: Plague, tularemia, lymphoproliferative And oncohematological diseases, etc.**

**2. . Bacterial examination of bubo punctate for plague, tularemia, intradermal test with tularin, RNGA, ELISA, PCR for plague, tularemia, etc.**

**3. Detoxification therapy, antibiotic therapy,**

The patient was admitted to the clinic inf. illness on the 2nd day of illness. She became acutely ill with general weakness, fatigue, aches throughout the body, headache, runny nose, dry cough, and slight pain in the throat when swallowing. Body temperature increased to 38.9°C. The next day the temperature is 39.8°C, pain in the eyeballs and epigastric region was added. On admission the condition was of moderate severity. T – 39°C. The skin is pale, there is no rash. Conjunctivitis is evident. The mucous membrane of the oropharynx is hyperemic, the posterior wall of the pharynx is granular. Breathing through the nose is difficult, light serous discharge from the nose. In the lungs, breathing is vesicular. Pulse 92 per minute. Heart sounds are moderately muffled. The stomach is soft. The liver and spleen are not enlarged. The chair is not changed.

1. Preliminary diagnosis and its rationale.

2. Survey plan and its rationale.

3. Treatment plan and rationale.

**Sample answer:**

- 1. PD: influenza, ARVI, measles, covid 19, yersiniosis, enterovirus infection. and etc.**
- 2. PCR of nasopharyngeal discharge for influenza, covid 19, RPGA for measles, PCR for enterovirus infection.**
- 3. Detoxification therapy, antiviral therapy, antibiotic therapy.**

**PC - 6:**

**Situational tasks**

A 25-year-old man fell ill yesterday when his temperature rose to 38.6 with chills. S, general weakness, headache, nausea, vomiting began to bother me. On admission: condition of moderate severity, temperature – 38.3oC. The skin is of normal color, lymph nodes accessible to palpation are not enlarged. Pulse 90 beats per minute, satisfactory filling, heart sounds are moderately muffled. In the lungs, breathing is vesicular. The tongue is slightly coated with a white-gray coating and is somewhat dry. The abdomen is soft, moderately painful in the epigastric region. The liver protrudes 1 cm from under the edge of the costal arch, elastic, painless. The spleen could not be palpated. Urine of normal color. The stool is normal.

1. Preliminary diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: OVH, leptospirosis, sepsis, yersiniosis, typhoid fever, etc.**

**2. Tank. blood test for sterility and blood culture, RNGA, ELISA, PCR for yersiniosis, leptospirosis, yersiniosis; ELISA for VH markers. 3. Detoxification therapy, antibiotic therapy.**

The patient, 34 years old, fell ill 4 days ago, when the temperature rose to 39.7 Co, there was a headache, general weakness, severe muscle pain, especially in the lower extremities, nausea, and vomiting twice. On admission: serious condition, temperature 39.6oC, The face is puffy. The sclera is injected and icteric. Pulse is 114 per minute, rhythmic. Heart sounds are muffled. Blood pressure – 100/60 mmHg. Vesicular breathing in the lungs. The tongue is moist, slightly coated with white coating. The abdomen is soft, moderately painful in the right hypochondrium. The liver is palpable 2 cm below the edge of the costal arch along the midclavicular line, soft. When lying on the right side, the edge of the spleen is palpable. Feces are of normal color. Urine is dark.

1. Diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: OVH, leptospirosis, sepsis, yersiniosis, toxic hepatitis, etc.**

**2. ELISA for VH markers, leptospirosis, yersiniosis, blood for toxins, blood test for sterility, RMA for leptospirosis, etc.**

**3. administration of anti-leptospirosis immunoglobulin, detoxification therapy, antibiotic therapy, etc.**

The patient, 32 years old, fell ill 3 days ago. With chills, the temperature rose to 39.5 C, a severe headache appeared, and vomited twice. Over the next 2 days the temperature remained high. Became sluggish.

On admission: temperature - 39.6 C, serious condition. No rash. The mucous membrane of the oropharynx is pale pink. Heart sounds are muffled. Blood pressure – 100/60 mm Hg. Art. meningeal symptoms are pronounced.

1. Preliminary diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer:**

**1. PD: leptospirosis, pneumococcal infection, enterovirus infection, WNV, etc.**

**2. RNGA, ELISA, PCR for leptospirosis, WNV, enterovirus, lumbar puncture**

and research cerebrospinal fluid, radiograph of the OGK, etc.

**3. Detoxification therapy, antibiotic therapy.**

**PC - 8:**

**Control questions**

List of questions

1. Signs of persistent impairment of body functions caused by diseases
  2. In which malaria are late relapses observed, and what explains this?
  3. Medical rehabilitation of convalescents of leptospirosis
  4. What complications are observed with tropical malaria?
5. Medical indications and contraindications for prescribing sanatorium and resort treatment as a stage of medical rehabilitation of the patient
  6. Identify signs of temporary disability and dysfunction body
  7. Medical rehabilitation of convalescent convalescents
  8. Medical indications and contraindications for prescribing a sanatorium-resort treatment as a stage of medical rehabilitation of the patient
  9. Features of medical rehabilitation of elderly and senile patients age
  10. Medical rehabilitation of botulism convalescents

**7. Interim certification**

<i>Types of intermediate certification from RPD discipline</i>	<i>number of exemplary (typical) tasks for 1 competency</i>
<i>Situational tasks</i>	<i>3 tasks with standard answers</i>

**OPK-5:**

**Situational tasks**

A 25-year-old man fell ill yesterday when his temperature rose to 38.6 with chills. OS, general weakness, headache, nausea, vomiting began to bother me. On admission: condition of moderate severity, temperature – 38.3oC. The skin is of normal color, lymph nodes accessible to palpation are not enlarged. Pulse 90 beats per minute, satisfactory filling, heart sounds are moderately muffled. In the lungs, breathing is vesicular. The tongue is slightly coated with a white-gray coating and is somewhat dry. The abdomen is soft, moderately painful in the epigastric region. The liver protrudes 1 cm from under the edge of the costal arch, elastic, painless. The spleen could not be palpated. Urine of normal color. The stool is normal.

1. Preliminary diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: OVH, leptospirosis, sepsis, yersiniosis, typhoid fever, etc.**

**2. Tank. blood test for sterility and blood culture, RNGA, ELISA, PCR for yersiniosis, leptospirosis, yersiniosis; ELISA for VH markers. 3. Detoxification therapy, antibiotic therapy.**

The patient, 34 years old, fell ill 4 days ago, when the temperature rose to 39.7°C, there was a headache, general weakness, severe muscle pain, especially in the lower extremities, nausea, and vomiting twice. On admission: serious condition, temperature 39.6°C, The face is puffy. The sclera is injected and icteric. Pulse is 114 per minute, rhythmic. Heart sounds are muffled. Blood pressure – 100/60 mmHg. Vesicular breathing in the lungs. The tongue is moist, slightly coated with white coating. The abdomen is soft, moderately painful in the right hypochondrium. The liver is palpable 2 cm below the edge of the costal arch along the midclavicular line, soft. When lying on the right side, the edge of the spleen is palpable. Feces are of normal color. Urine is dark.

1. Diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: OVH, leptospirosis, sepsis, yersiniosis, toxic hepatitis, etc.**

**2. ELISA for VH markers, leptospirosis, yersiniosis, blood for toxins, blood test for sterility, RMA for leptospirosis, etc.**

**3. administration of anti-leptospirosis immunoglobulin, detoxification therapy, antibiotic therapy, etc.**

The patient, 32 years old, fell ill 3 days ago. With chills, the temperature rose to 39.5°C, a severe headache appeared, and vomited twice. Over the next 2 days the temperature remained high. Became sluggish.

On admission: temperature - 39.6°C, serious condition. No rash. The mucous membrane of the oropharynx is pale pink. Heart sounds are muffled. Blood pressure – 100/60 mm Hg. Art. meningeal symptoms are pronounced.

1. Preliminary diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer:**

**1. PD: leptospirosis, pneumococcal infection, enterovirus infection, WNV, etc.**

**2. RNGA, ELISA, PCR for leptospirosis, WNV, enterovirus, lumbar puncture**

**and research cerebrospinal fluid, radiograph of the OGK, etc.**

**3. Detoxification therapy, antibiotic therapy.**

### **OPK - 8:**

#### **Situational tasks**

A patient with suspected cholera was admitted to the department. Got sick the day before. Vomiting appeared, which was repeated twice, cramping pain in the abdomen - in the epigastrium and in the lower half. T – 38.5°C. The stool is liquid, at first fecal, abundant, but after 3-4 bowel movements it became scanty, with a large admixture of mucus. The abdomen is painful on palpation, especially in the left iliac region.

4. Preliminary diagnosis and its rationale.
5. Survey plan and rationale.
6. Treatment plan and rationale.

**Sample answer: 1. PD: dysentery, salmonellosis, OKI call. UPF, yersiniosis, etc.**

**2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery. 3. Detoxification therapy, antibiotic therapy.**



A 35-year-old patient fell ill at 11 a.m. today when she developed a headache, "fog" before her eyes, weakness, and vomited food twice. She was sent to the hospital with a diagnosis of "acute gastroenteritis." On admission: body temperature 36.8° C. Consciousness clear. Pulse 82 per minute, rhythmic, satisfactory properties. Blood pressure – 110/70 mm Hg. Heart sounds are rhythmic, moderately muffled. The tongue is dry, covered with a white coating. The abdomen is soft, painless, the liver is not enlarged. The pupils are dilated, the reaction to light is weakened, mild ptosis. Voice with a nasal tint.

4. Diagnosis and its rationale.
5. Survey plan and rationale.
6. Treatment plan and rationale.

**Sample answer: 1. PD: botulism, myasthenia gravis, exogenous intoxications, etc. 2. blood test for botulinum toxin, test with proserin, blood for toxins, etc. 3. administration of anti-botulinum serum, detoxification therapy, gastric lavage, etc.**

A 32-year-old patient fell ill yesterday with nausea, vomiting, cramping pain throughout the abdomen. The temperature immediately rose to 39.0°C. The stool is loose, fecal, profuse, on the first day there were 5 stools.

On the 2nd day of illness the temperature was 38.8°C, vomiting recurred, abdominal pain was localized in the left iliac region. The stool became scanty, with mucus and streaks of blood, repeated 10 times. On admission there were no abnormalities from the lungs and heart. The tongue is dry and coated. The abdomen is soft, painful in all parts, but most of all in the left iliac region.

4. Preliminary diagnosis and its rationale.
5. Survey plan and rationale.
6. Treatment plan and rationale.

**Sample answer:**

**1. PD: dysentery, salmonellosis, OKI call. UPF, yersiniosis, typhoid fever, etc.**

**2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery, typhoid fever; blood for blood culture**

**3. Detoxification therapy, antibiotic therapy.**

## **PK-6**

The patient, 30 years old, fell ill 2 days ago. The disease began with chills, nausea, repeated vomiting, and cramping abdominal pain. At the same time, loose stools appeared (7-8 times a day), and the temperature increased to 39.2 °C. On admission: temperature – 38.5°C. The general condition is moderate. Pulse 96 per minute, blood pressure – 105/70 mm Hg. The tongue is dry, thickly coated with white coating. The abdomen is soft, upon palpation there is pain throughout the entire abdomen, somewhat more in the left iliac region. The stool was checked - liquid with an admixture of mucus.

1. Preliminary diagnosis and its rationale.
2. Survey plan and its rationale.
3. Treatment plan and rationale.

**Sample answer: 1. PD: dysentery, salmonellosis, typhoid fever, yersiniosis viral intestinal tract etiology, etc. 2. Bacterial examination of stool for the entire intestinal group, RNGA, ELISA, PCR for yersiniosis, salmonellosis, dysentery, enterovirus infection. 3. Detoxification therapy, antibiotic therapy.**

The patient, 28 years old, fell ill yesterday when a headache and vomiting appeared with chills. I began to feel severe pain in the groin area, where I myself felt a painful lump. On admission: serious condition, temperature 39.0°C. The face is hyperemic. The tongue is dry, covered with a white coating. Pulse 104 per minute, reduced filling. Blood pressure – 90/50 mm Hg. Heart sounds are muffled. In the right groin area

a painful infiltrate is palpable, measuring 3x5 cm, slightly mobile. The skin over it is hyperemic.

1. Preliminary diagnosis and its rationale.

2. Survey plan and its rationale.

3. Treatment plan and rationale.

**Sample answer: 1. PD: Plague, tularemia, lymphoproliferative And oncohematological diseases, etc.**

**2. . Bacterial examination of bubo punctate for plague, tularemia, intradermal test with tularin, RING, ELISA, PCR for plague, tularemia, etc.**

**3. Detoxification therapy, antibiotic therapy,**

The patient was admitted to the clinic inf. illness on the 2nd day of illness. She became acutely ill with general weakness, fatigue, aches throughout the body, headache, runny nose, dry cough, and slight pain in the throat when swallowing. Body temperature increased to 38.9°C. The next day the temperature is 39.8°C, pain in the eyeballs and epigastric region was added. On admission the condition was of moderate severity. T – 39°C. The skin is pale, there is no rash. Conjunctivitis is evident. The mucous membrane of the oropharynx is hyperemic, the posterior wall of the pharynx is granular. Breathing through the nose is difficult, light serous discharge from the nose. In the lungs, breathing is vesicular. Pulse 92 per minute. Heart sounds are moderately muffled. The stomach is soft. The liver and spleen are not enlarged. The chair is not changed.

1. Preliminary diagnosis and its rationale.

2. Survey plan and its rationale.

3. Treatment plan and rationale.

**Sample answer:**

**1. PD: influenza, ARVI, measles, covid 19, yersiniosis, enterovirus infection. and etc.**

**2. PCR of nasopharyngeal discharge for influenza, covid 19, RPGA for measles, PCR for enterovirus infection.**

**3. Detoxification therapy, antiviral therapy, antibiotic therapy.**

### **PK-8**

List of questions

1. Signs of persistent impairment of body functions caused by diseases

2. In which malaria are late relapses observed?

3. Medical rehabilitation of convalescents of leptospirosis

4. What complications are observed with tropical malaria?

5. Medical rehabilitation of botulism convalescents

6. Signs of temporary disability and dysfunction

body

7. Medical rehabilitation of convalescent convalescents

8. Medical indications and contraindications for prescribing a sanatorium-resort treatment as a stage of medical rehabilitation of the patient

9. Features of medical rehabilitation of elderly and senile patients

age

10. Medical rehabilitation of brucellosis convalescents

**8. Description of indicators and criteria for assessing competencies at the stages of their formation, description of assessment scales**

Criteria	Levels of competency development		
	<i>Threshold</i>	<i>Sufficient</i>	<i>High</i>
	Competence formed. Demonstrated threshold, satisfactory sustainable level practical skill	Competence formed. Demonstrated enough level independence, sustainable practical skill	Competence formed. Demonstrated high level independence, high adaptability practical skill

**Competency assessment indicators and rating scales**

Grade "unsatisfactory" (not accepted) or absence formation competencies	Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies	Rated "good" (passed) or sufficient level development competencies	Excellent rating (passed) or high level development competencies
failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence confirmation availability formation competencies indicates negative development results academic discipline	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	student demonstrates independent application knowledge, skills and skills at solving tasks, similar samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress given disciplines and adjacent disciplines should be considered competence formed at a high level.

## Evaluation criteria for the test

Mark	Descriptors		
	strength of knowledge	ability to explain the essence of phenomena, processes, do conclusions	logic and subsequence answer
passed	solid knowledge of the basic processes of the studied subject area, the answer differs in depth and completeness of the topic; possession terminological apparatus	ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	logic and subsequence answer
not accepted	insufficient knowledge subject matter being studied areas, unsatisfactory disclosure of the topic; weak knowledge of the basic issues of theory. Allowed serious mistakes in content of the answer	weak analysis skills phenomena, processes, events, inability give reasoned answers given the examples are wrong	lack of logic and consistency answer

### Criteria for evaluating forms of control:

#### *Exam:*

Mark	Descriptors		
	strength of knowledge	ability to explain the essence of phenomena, processes, do conclusions	logic and subsequence answer
Great	strength of knowledge, knowledge of basic processes subject matter being studied areas, the answer differs in depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer	high skill explain the essence phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high logic and subsequence answer
Fine	solid knowledge of the basic processes of the studied subject area, differs in depth and completeness of the topic; possession terminological apparatus; free proficiency in monologue speech, but is allowed	ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed	logic and subsequence answer

	one or two inaccuracies in the answer		
satisfactory really	satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Several are allowed errors in content answer	satisfactory logic and subsequence answer
will not satisfy really	poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge basic theoretical issues, poor analysis skills phenomena, processes. Serious errors in content answer	inability to give reasoned answers	lack of logic and consistency answer

**Situational tasks:**

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking
Great	complete implication problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions problems faithful solution skills situation	high level professional thoughts
Fine	complete implication problems. All requirements, submitted to adania, completed	benefit analyze situation, draw conclusions	benefit select method solutions problems faithful solution skills situation	residual level professional thoughts. drops one or two precision in the answer
satisfactory really	astatic implication problems. majority requirements declared to adania, completed	satisfactory 1st ability analyze situation, draw conclusions	satisfactory e skills solutions situation	residual level professional thoughts. falls more a bunch of inaccuracies in reply
will not satisfy really	misunderstanding problems. legs requirements,	izkaya benefit analyze situation	insufficient solution skills situation	missing

	submitted to I hope not completed. No Tveta. Did not have experiments to solve hello			
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### CHECKLIST FOR EXAMINATION PROCEDURE

(checklist for the second (commission) retake in case  
if the study of the discipline ends with a test, a differentiated test,  
exam)

No.	Exam	Grade
1	Situational tasks	5

\* Specific activities of the examination procedure are indicated (interview, test control (computer or text), solving situational problems, passing practical skills, etc.).