

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

FACULTY OF TREATMENT AND PREVENTION

Evaluation materials on practice

"Emergency medical procedures"

(appendix to the work program of practice)

Specialty 05/31/01 General Medicine

1. List of competencies formed by practice

professional (PC):

Code and name of professional competence
PC-1 provision of medical care to the patient in urgent and emergency forms

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

Name competencies	Types of assessment materials	number of tasks for 1 competency
PC-1	Open type tasks: Situational tasks	30 with sample answers

Open type tasks:

Task 1. Interview question.

Developing myocardial infarction corresponds to a period in hours from 0 to ____

Correct answer: up to 6 hours

Task 2. Interview question.

Doctor's tactics for suspected myocardial infarction at an outpatient appointment _____?

Correct answer: take an ECG on the spot, provide emergency assistance, call a cardiology ambulance team

Task 3. Interview question.

The maximum daily dose of salmeterol is ____ mcg

Correct answer: 100 mcg

Task 4. Interview question.

The permissible volume of administration of 40% glucose during hypoglycemic coma is ____ ml

Correct answer: 20-80 ml

Task 5. Interview question.

IN acute period highly probable TELA compulsory is purpose_____?

Correct answer: heparin

Task 6. Interview question.

First of all, for pulmonary edema in a patient with concomitant mitral heart disease, the following drug is used _____

Correct answer: intravenous nitrates

Task 7. Interview question.

A patient with post-infarction cardiosclerosis developed weakness and dizziness at a polyclinic appointment; an ECG was recorded - a paroxysm of ventricular tachycardia with a heart rate of 164 per minute. The drug of choice for relieving paroxysm is _____

Correct answer: amiodarone

Task 8. Interview question.

Determine the main drug of choice at the stage of providing outpatient care for the treatment of uncomplicated hypertensive crisis.

Correct answer: captopril Task

9. Interview question.

At an outpatient appointment, the patient complains of palpitations. Upon examination, a pulse deficiency was revealed. Determine which rhythm disturbance this phenomenon corresponds to.

Correct answer: atrial fibrillation Task 10.

Interview question.

Determine in which complicated hypertensive crisis an urgent normalization of blood pressure or even a decrease in blood pressure to the minimum tolerated level is indicated. (diagnosis)

Correct answer: dissecting aortic aneurysm Task 11.

Interview question.

By what mechanism does the effect of bronchial dilatation with Salbutamol occur?

Correct answer: selective excitation -2--adrenoreceptors Task 12.

Interview question.

A 45-year-old patient receives heparin injections for unstable angina. As a result of an overdose of the drug, gastrointestinal bleeding developed. Identify a drug to neutralize heparin.

Correct answer: protamine sulfate

Task 13. Interview question.

Determine a drug to relieve pain during an angina attack on an outpatient basis.

Correct answer: nitro drugs Task 14.

Interview question.

What complication of diabetes mellitus is characterized by the following symptoms: restlessness, anxiety, severe hunger, trembling?

Correct answer: hypoglycemia

Task 15. Interview question.

Name the cause of melena in the presence of hepatomegaly (topical diagnosis) **Correct answer: Bleeding from dilated veins of the esophagus**

Task 16. Situational task

The patient is aged 65 years. According to store workers, the customer reached the display case with bread products, fell and lost consciousness. According to a neighbor, she has been suffering from diabetes for more than 10 years; she used to take pills. For the last six months, the doctor has prescribed insulin injections. A more precise history of the disease could not be clarified. Objectively: the patient is unconscious. The skin is damp, there are beads of sweat on the forehead. Tissue turgor is increased. Breathing is smooth, calm, respiratory rate is 18 per minute. Heart sounds are muffled; blood pressure is 140/90, heart rate is 80 beats/min. Laboratory data: Blood glucose 1.8 mmol/l, express urine test for acetone: result (-)

What complication developed in the patient? What emergency care should be provided for this complication?

Correct answer: Hypoglycemia, it is necessary to urgently administer 40% glucose intravenously, followed by hospitalization of the patient.

Task 17. Situational task

A 38-year-old patient turned to her local physician with complaints of a sharp headache in the temporal regions, nausea, a feeling of trembling in the body, chills, palpitations, and a feeling of fear. The patient considers himself within 5 years, when in the first half of pregnancy an increase in blood pressure to 180/100 mm Hg was noted. Subsequently, she periodically felt headaches and increased excitability, but did not consult a doctor. Over the past 2 years, attacks with the above-described complaints have appeared. The attacks were triggered by nervous tension and weather changes. Objectively. The patient is excited, the skin is pale and moist. Pulse 122 per minute, blood pressure 200/115 mm Hg, the borders of the heart are expanded to the left by 1 cm, the rhythm is correct, the tones are clear, pure, accent of 2 tones over the aorta.

Formulate a preliminary diagnosis. Emergency treatment.

Correct answer: Hypertension stage 2, degree 3, risk 4, hypertensive crisis. Captopril 25 mg p.i., diazepam (seduxen, relanium) 2 ml 0.5% solution i.v. or i.m. If there is no effect, sodium enalaprilate 1.25 mg every 6 hours IV bolus slowly (over 5 minutes) or drip

Task 18. Situational task

Patient V., 43 years old, turned to her local physician with complaints of daily attacks of suffocation, exhalation was especially difficult, general weakness, and malaise. After an attack, a small amount of viscous, glassy sputum is discharged. She has been ill for 3 years, these complaints occur annually in June, in July all symptoms disappear. He associates his illness with the loss of a loved one. There are two children, 7 and 13 years old, who also have asthma attacks. The mother and grandmother also experienced asthma attacks. The patient is allergic to strawberries and penicillin. Objectively: the condition is of moderate severity. The patient sits, leaning her hands on the edge of the chair. The skin is clear, with a cyanotic tint. The chest is barrel-shaped, the supra- and subclavian areas are smoothed, the intercostal spaces are widened, 6 there is swelling of the jugular veins, the participation of auxiliary muscles, and retraction of the intercostal spaces. Breathing is loud, with whistling and noise, 26 times per minute. Upon percussion, a box sound is noted, the lower border of the lungs along the mid-axillary line is determined at the level of the 9th rib, the excursion of the lungs along this line is 2 cm. Against the background of weakened vesicular breathing with prolonged exhalation, dry wheezing rales are heard. NPV - 26 per minute. Heart sounds are rhythmic, clear, 92 per minute, blood pressure 110/70 mm Hg. No abdominal pathology was detected. Peak expiratory flow during peak flowmetry is 70% of predicted.

Formulate a presumptive diagnosis. Name the necessary additional research. List the complications of this disease. Determine your tactics in relation to this patient, tell us about the principles of treatment, prognosis and prevention of this disease

Correct answer: Atopic bronchial asthma, moderate severity. Emphysema.

Complications - Status asthmaticus. Respiratory failure. Examination - general blood test, biochemical analysis, microscopic examination of blood, sputum). Study of external respiration function - spirometry. X-ray of the chest organs.

Principles of treatment: Inhaled glucocorticosteroids: beclomethasone, budesonide. Long-acting sympathomimetics: salmeterol. Forecast in

favorable in relation to life in the case of anti-relapse treatment. Prevention of exacerbations: eliminate the effect of allergens (if possible). Conduct peak flowmetry to monitor bronchial patency; clinical observation, patient education in asthma schools; carrying out specific hyposensitization

Task 19. Situational task

A 32-year-old woman consulted a local general practitioner with complaints about attacks of suffocation becoming more frequent over the last month; they were accompanied by wheezing, a cough audible at a distance, with the release of a small amount of viscous sputum, after which relief followed. Similar conditions have been bothering me for about 2 years, and have not been examined. History of allergic rhinitis. The deterioration of the condition is associated with the transition to a new job in the library. Over the past month, symptoms have occurred daily, at night 3 times a week, and interfere with activity and sleep.

Objectively: general condition is satisfactory. Normosthenic constitution. The skin is pale pink, there are no rashes. There is no peripheral edema. Breathing over the lungs is harsh, scattered dry wheezing sounds are heard. NPV - 18 per minute. Heart sounds are clear, the rhythm is correct, heart rate is 72 beats per minute. Blood pressure - 120/80 mm Hg. Art. The abdomen is soft and painless on palpation.

General blood test: red blood cells - $4.2 \times 10^{12}/l$, hemoglobin - 123 g/l, leukocytes - $4.8 \times 10^9/l$, eosinophils - 16%, segmented neutrophils - 66%, lymphocytes - 18%, monocytes - 2%, ESR - 10 mm/h. General analysis of sputum: mucous membrane, leukocytes - 5-7 in the field of view, squamous epithelium - 7-10 in the field of view, detritus in a small amount, Kurschmann spirals. X-ray of the lungs. No infiltrative shadows are detected in the lungs. Diaphragm, heart shadow, sinuses without features.

Spirotest. Initial data: vital capacity - 82%, FEV1 - 62%, FVC - 75%. 15 minutes after inhalation of 800 mcg of Salbutamol: FEV1 - 78%.

Formulate a clinical diagnosis. Justify the severity of the disease. How is a bronchodilator test performed? Evaluate the results. What studies need to be done to confirm the diagnosis? Prescribe treatment. Are there indications for prescribing inhaled glucocorticoids in this case?

Correct answer: Bronchial asthma, mixed, persistent, moderate severity, exacerbation. The severity of bronchial asthma (persistent, moderate) is determined based on the number of daytime attacks (in this case, daily) and nighttime symptoms (3 times a week).

Spirometry using a rapid-acting inhaled bronchodilator. The criterion for the reversibility of bronchial obstruction is an increase in FEV1 \geq 15%. In this patient, the obstruction is reversible. X-ray of the lungs.

We begin drug treatment from stage 3. To control bronchial asthma - low doses of inhaled glucocorticosteroids + long-acting B2 agonist.

Yes, this patient has indications for inhaled glucocorticoids. In this case, one should remember about local undesirable effects: oropharyngeal candidiasis, dysphonia, cough due to irritation of the upper respiratory tract.

Task 20. Situational task

Patient A., 38 years old, complains of a throbbing headache, accompanied by a feeling of compression of the head, palpitations, sweating, and chills. Over the past 6 months, he has lost 4 kg of weight. I measured my blood pressure irregularly. Over the past 8 months, the patient has a history of frequent hypertensive crises, which were treated by emergency doctors (he does not remember the medications). She did not take antihypertensive therapy on a regular basis, but when her blood pressure increased above 170/100 mm Hg. Art. took Captopril 25 mg orally without significant effect. On examination: blood pressure – 220/130 mm Hg. Art., heart rate – 180 beats per minute. Body temperature - 37.8°C, pale skin, tremor, cold hands, photophobia. A brief syncope was noted. Therapy was carried out with slow intravenous administration of the drug Urapidil with a decrease in blood pressure within an hour to 160/90 mm Hg. Art.

Establish a preliminary diagnosis. Outline a plan for examining the patient at the first stage. Determine the range of differential diagnosis. Determine treatment tactics.

Correct answer: Pheochromocytoma. Crisis form. Hypertensive crisis. The patient was recommended: CBC, fasting blood sugar, ECG, ultrasound of the adrenal glands, kidneys, thoracic and abdominal aorta, MSCT of the kidneys and adrenal glands, urine testing for the quantitative content of norepinephrine, adrenaline, vanillylmandelic acid, tropafen test.

Differential diagnosis with hypertensive symptomatic arterial crisis, hypertension.

Treatment tactics: Alpha-blockers, if necessary, combination with beta-blockers, calcium channel antagonists, ACE inhibitors. Surgical treatment (adrenalectomy) is planned.

Task 21. Situational task

Complaints of sudden shortness of breath, pain behind the sternum, aggravated by coughing. History of ischemic heart disease, atrial fibrillation [arrhythmia](#). The condition is of moderate severity, consciousness is clear, the position is lying down, the skin is cyanotic, the neck veins are swollen and pulsating. In the lungs, breathing is weakened, respiratory rate - 36. Heart sounds are muffled, accent and bifurcation of the second tone on the pulmonary artery, blood pressure 100/60, FS - 96, arrhythmic. The liver protrudes from under the costal margin by 1.5 - 2.0 cm. Preliminary diagnosis, your actions.

Correct answer: TELA. A combination of an anti-shock position with an elevated position of the upper half of the body; Ensure airway patency; Inhalation administration of 100% O2 on a constant flow through nasal catheters (mask) or IVL mask with an "Ambu" bag with oxygenation of 100% O2 on a constant flow; Sodium chloride 0.9% - IV, drip, at a rate of 10 ml/kg/hour, under auscultatory control of the lungs In the presence of pain and SBP > 90 mm Hg: Morphine - IV slowly in 2-fractions 3 mg after 2-3 minutes until effect is obtained or a total dose of 20 mg; Heparin - from 60 IU/kg IV bolus slowly;

Task 22. Situational task

An 18-year-old patient complains of shortness of breath, palpitations, heaviness in the head, "tension in the body," a feeling of stretching of the skin, severe weakness, and drowsiness. From the anamnesis it was found out: sick [acute respiratory infections](#). After taking paracetamol, a skin rash and an increase in t were noted. Objectively, the face is puffy, swelling of the subcutaneous tissue, respiratory rate up to 28 minutes, blood pressure 120/80 mm Hg, heart rate 60 minutes, the rhythm is correct. Your tactics. **Correct answer: Quincke's edema. Tactics of assistance: placement of a peripheral catheter, NaCl solution 0.9%, Adrenaline 0.5 ml, Oxygen therapy, Prednisolone 30-60 mg**

Task 23. Situational task

In the clinic, in the corridor, according to those around her, the woman suddenly lost consciousness. The condition is moderate, he appears to be 60 years old. The skin is pale and moist. Blood pressure 110/70. PS-96, satisfactory filling and voltage. There are traces of injections on the skin of the abdomen and shoulders. Preliminary diagnosis, tactics.

Correct answer: Hypoglycemia. Ensure airway patency; Reduce pressure on the abdominal cavity (unfasten clothes, trouser belt); Horizontal position with an elevated position of the upper half of the body; In case of disturbances in the function of external respiration: inhalation administration of 100% O2 on a constant flow through nasal catheters (mask) or IVL with an "Ambu" bag with oxygenation of 100% O2 on a constant flow; For hypoglycemia due to alcohol consumption or malnutrition:

Thiamine – 100-200 mg IV bolus (IM);

Glucose 40% – IV in fractional 20 ml bolus doses (no more than 100 ml); Task 24. Situational task

Patient S., 68 years old, pensioner, complains of squeezing pain in the heart area radiating to both arms. Attacks of pain have been repeated daily over the past week and are poorly controlled by taking nitroglycerin. The last attack of intense chest pain lasted more than 20 minutes, was not relieved by taking nitroglycerin, and was accompanied by fear of death and cold sweat. A specialized ambulance team was called.

On examination: the condition is serious, the skin is pale, heart rate is 102 per minute, the pulse is weak and tense. Blood pressure 80/50 mmHg, respiratory rate 26/min. Fine bubble moist rales are heard in the lower parts of the lungs.

Additionally: ECG dome-shaped rise of the STIII segment, V1 - V3 leads, ventricular extrasystoles. What is your preliminary diagnosis? What is the management strategy for this patient? Provide emergency care to this patient? Planned therapy after relief of an emergency condition?

Correct answer: IHD: Acute myocardial infarction in the area of the posterior wall of the left ventricle and septum. Cardiogenic shock II degree, threat of pulmonary edema. Providing emergency care on site until hemodynamic parameters normalize. Pain relief: fentanyl with droperidol; Anti-shock measures: Dopamine with nitroglycerin; corticosteroids, rheopolyglucin, anticoagulants (thrombolysis), potassium chloride. Anticoagulants, antiplatelet agents, nitrates, B-blockers, statins.

Task 25. Situational task

Patient T., 29 years old, was delivered by ambulance with complaints of severe dry mouth, thirst, frequent, copious urination, shortness of breath at rest. Sick of type 1 diabetes, deterioration of health after suffering from influenza. Objectively: lethargic, satisfactory nutrition, dry skin, reduced skin turgor, rubeosis on the face, dry tongue, covered with a brown coating. Breathing is frequent, noisy, and the surrounding air smells of acetone. Blood pressure 100/50 mm Hg. What is your diagnosis? What additional research needs to be done? What is the management strategy for this patient?

Correct answer: Type 1 diabetes mellitus, ketoacidotic precoma. A blood test for sugar, ketone bodies, urine for sugar, and acetone is required. Tactics: intravenous administration of small doses of simple insulin, rehydration, correction of electrolyte balance.

Task 26. Situational task.

A young man complained of pain in the right half of the chest, which sharply intensified with movements, coughing, and breathing. He moves slowly, holding the sore spot with his hand. An hour ago, I slipped and fell and hit my chest on the edge of the sidewalk. Objectively: the condition is of moderate severity, the affected half of the chest lags behind in breathing, shallow breathing, with a frequency of 22 per minute, pulse 80 beats per minute. Palpation-sharp local pain and crepitus in the projection of the 3rd and 4th ribs along the posterior axillary line, there is also swelling and bruising. Determine the patient's emergency. Create an algorithm for providing first aid. Demonstrate transport immobilization (on a phantom) as applied to this situation.

Correct answer. 1. Diagnosis: Closed fracture of the 3rd and 4th ribs on the right. 2. Algorithm for providing emergency care: a) give a half-sitting position; b) administer an anesthetic (solution of analgin, baralgin, trigan, spazgan, maxigan); c) call an ambulance through a third party for transportation to a health care facility; d) apply local cold; e) ensure transportation to the healthcare facility in a half-sitting position

Task 27. Situational task.

In the lobby of the clinic, a 42-year-old patient suddenly developed an attack of suffocation. The patient sits, leaning his hands on the edges of the chair, the chest is in a state of maximum inspiration, the face is cyanotic, expresses fear, the respiratory rate is 38 per minute. Shortness of breath of an expiratory nature, dry wheezing can be heard at a distance. Identify and justify the patient's emergency condition. Draw up an algorithm for providing emergency care and justify each stage. Demonstrate the technique of using a pocket metered dose inhaler.

Correct answer. 1. The patient has an attack of bronchial asthma. The diagnosis was made on the basis of suffocation, a characteristic forced position, expiratory shortness of breath, respiratory rate (38 per minute), dry wheezing, audible at a distance. 2. Algorithm for providing emergency care: a) call a doctor to provide qualified medical care; b) unbutton tight clothing and provide access to fresh air; c) if the patient has a pocket metered dose inhaler, organize taking the drug (1-2 puffs) of salbutamol or Berotek, Novodrina, Bekotide, Beklomet, etc., to relieve spasm of bronchial smooth muscles. 3. The student demonstrates the rules for using a pocket metered dose inhaler.

Task 28. Situational task.

At a surgical appointment after the administration of novocaine, the patient complained of anxiety, a feeling of tightness in the chest, weakness, dizziness, and nausea. Blood pressure 80/40 mm Hg. Art., pulse 120 beats/min., weak filling and tension. Identify the patient's emergency condition. Draw up an algorithm for providing emergency care and justify each stage. Demonstrate techniques for measuring blood pressure.

Correct answer: 1. The patient developed anaphylactic shock in response to the administration of the drug, as evidenced by anxiety, chest tightness, weakness, dizziness, blood pressure 80/40 mm Hg. Art., pulse 120 beats/min., weak filling. 2. Algorithm for providing emergency care: a) place an ice pack at the injection site and inject 0.1% adrenaline solution in order to reduce the rate of absorption of the allergen; g) administer antihistamines for the purpose of desensitization (2% suprastin solution or 2% pipolfen solution, or 1% diphenhydramine solution); b) unbutton tight clothing and provide access to fresh air; c) place the patient with his head down, give an elevated position to the lower extremities in order to improve blood flow to the brain; d) urgently call an ambulance team to provide qualified medical care; e) monitor the patient's condition (blood pressure, respiratory rate, pulse).

Task 29. Situational task.

After passing the exam, the students rode standing in a crowded bus. Suddenly one of them felt ill. He turned pale and fell. Objectively: there is no consciousness, the skin is pale, the extremities are cold, the pupils are narrow, they do not react to light, the pulse is thread-like. Define and justify the type of emergency. Draw up an algorithm for providing emergency care and justify each stage. Demonstrate the technique of counting respiratory rate.

Correct answer: 1. As a result of psycho-emotional stress and being in a stuffy bus, the young man fainted. Information to suspect an emergency condition: - lack of consciousness; - lack of pupil reaction in the light; - pale skin, cold extremities; - tachycardia. 2. Algorithm for providing emergency care: a) lie with legs slightly elevated to improve cerebral circulation; b) call an ambulance; c) unfasten the collar, relax the belt to improve breathing; d) bring a swab moistened with a solution of ammonia to the nose for the purpose of a reflex effect on the central nervous system (if you have a first aid kit

at the driver); f) periodically monitor the pulse and observe the patient until the ambulance arrives;

Task 30. Situational task.

During the therapeutic appointment, the patient suddenly stood up, felt weak, dizzy, and darkened his eyes. History: 25 days ago he was operated on for a gastric ulcer complicated by bleeding. Objectively: consciousness is preserved, the skin is pale, cold sweat. Pulse 96 beats/min, weak filling, blood pressure 80/49 mm Hg. Art., breathing is not difficult, respiratory rate is 24 per minute. Define and justify the type of emergency. Draw up an algorithm for providing emergency care with arguments for each stage.

Demonstrate the technique for measuring blood pressure.

Correct answer: 1. As a result of a rapid transition from a horizontal to a vertical position, the patient developed orthostatic collapse. Information that allows you to suspect an emergency condition: - pale skin, cold sweat; - frequent pulse (96 beats/min), weak filling, low blood pressure (80/40 mm Hg); - rapid, undifficult breathing (24 beats/min). 2. Algorithm for providing emergency care: a) call an ambulance; b) ensure complete rest, give the patient a horizontal position in bed without a headrest with the leg end slightly raised in order to improve blood flow to the brain; c) to relieve hypoxia, provide access to fresh air or oxygen inhalation; d) to warm the patient, cover with a blanket, apply heating pads to the limbs, and give hot tea; e) monitor the patient's condition by measuring blood pressure, respiratory rate, pulse until the ambulance arrives.

CRITERIA for assessing competencies and rating scales

Grade	Grade	Rated "good" (passed) or sufficient level	Excellent rating (passed) or high level
"unsatisfactory" (not accepted) or absence of formation of competencies	"satisfactorily" (passed) or satisfactory (threshold) level of development of competencies	development of competencies	development of competencies
failure to demonstrate on one's own knowledge when solving assignments, lack of independence in application of skills.	student demonstrates independence in application of knowledge and abilities to solve educational tasks in full. According to	student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar	student demonstrates ability to full independence in choosing a method of solutions non-standard

Absence availability confirmation formation competencies indicates negative development results academic discipline	sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	assignments within disciplines with using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on high level.
---	---	---	--

Criteria for assessing test control:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed.

Interview assessment criteria:

Mark	Descriptors		
	strength of knowledge	ability to explain (introduce) 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	ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned	logic and subsequence answer

	terminological apparatus; free mastery of monologue speech, but one or two inaccuracies in the answer are allowed	answers, give examples; however one or two inaccuracies in the answer are allowed	
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	absence logic and sequences answer

Criteria for assessing 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	astastic implication problems. majority requirements	satisfactory 1st ability analyze situation, draw conclusions	satisfactory e skills solutions situations, falsity with	residual level professional thoughts. falls more a bunch of inaccuracies in

	declared to adania, completed		choosing a method solutions to the problem	answer or there is an error in the sequence solutions
will not satisfy really	misunderstanding problems. legs requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	izkaya benefit analyze situation	insufficient solution skills situation	missing