

**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 "Forensic Medicine"

Specialty 05/31/01 General Medicine

**1. Form of intermediate certification (test, differentiated test (test with assessment), exam).**

In accordance with the work program - test with assessment.

**2.Type of intermediate certification:** *test with assessment.*

Interim certification form: interview, test control (computer-based), solving situational problems in accordance with the work program.

**3. List of competencies formed by the discipline or in the formation of which the discipline participates in**

| Code competencies | Content of competencies (results of mastering OOP)  | Contents of elements competencies, in implementation which participates discipline   |
|-------------------|---|--|
| PC - 7            | readiness to conduct an examination temporal disability, participation in medical and social examination, ascertainment of biological person of death | Carrying out analysis indicators mortality For characteristics health attached contingent. Compilation judicial medical diagnosis. Answers on questions investigator, supplied for permission judicial medical expert at carrying out practical classes on the topics: "Forensic study corpse", at examination alive persons on the topic: "Examination of a living person. Examination of medical documents." |

**4.Stages of developing competencies in the process of mastering educational program**

| Competence | Disciplines       | Semester |
|------------|-------------------|----------|
| PK-7       | Anatomy           | 1, 2, 3  |
|            | Operative surgery | 7.8      |

**5. Stages of developing competencies in the process of mastering the discipline**

| Sections of the discipline   | PK-7 |
|--|------|
| Section 1 The subject of forensic medicine, a brief history of its development. Procedural foundations of forensic medical examination. Organization of forensic medical examination in the Russian Federation. Thanatology. Early and late cadaveric phenomena. | +    |
| Section 2 Injuries from blunt hard objects. General issues of forensic traumatology. Road accident. Railway injury. Falling from height. Aviation injury.  | +    |
| Section 3 Forensic medical examination of injuries caused by sharp objects. Forensic medical examination of firearms damage. Blast injury.   | +    |
| Section 4 Forensic medical examination of mechanical asphyxia. Drowning.   | +    |
| Section 5 Forensic toxicology.   | +    |
| Section 6 Forensic medical examination of living persons. Forensic medical examination of medical documentation.   | +    |
| Section 7 Inspection of the scene of the incident.   | +    |
| Section 8 Forensic medical examination of material evidence.   | +    |
| Section 9 Forensic medical examination under the influence of extreme temperatures and electricity. Forensic medical examination of the study of newborn corpses.  | +    |

## 6. Current control

### Interview

List of questions:

*Section 1: The subject of forensic medicine, a brief history of its development. Procedural foundations of forensic medical examination. Organization of forensic medical examination in the Russian Federation. Thanatology. Early and late cadaveric phenomena.*

1. Subject and content of forensic medicine (definition of forensic medicine, system of the subject, content, objects of forensic medicine).

2. History of the development of forensic medicine.
3. History of the Department of Forensic Medicine of Rostov State Medical University.
4. Procedural foundations of forensic medical examination (the concept of examination, the mandatory appointment of a forensic medical examination - Art. 79 Code of Criminal Procedure of the Russian Federation).
5. Duties, rights and responsibilities of a forensic medical expert (Articles 307, 308, 310 of the Code of Criminal Procedure of the Russian Federation). Types of forensic medical examinations.
6. Types of forensic medical documentation (Acts and Conclusions).
7. Regulation of the activities of a forensic medical expert.
8. Organization of forensic medical examination in the Russian Federation (structure of the Bureau of Forensic Medical Examinations).
9. Dying and death (terminal states, guiding and reliable signs of death, category, genus, type, death, causes of death).
10. Cadaveric changes (early)
11. Cadaveric phenomena (late).
12. Establishing the duration of death (methods and signs).
13. Procedure and methodology for conducting forensic medical examination of a corpse.
14. Technique for examining a corpse (techniques for cutting the soft tissues of the body according to Shore).
15. Technique for examining a corpse (methods of incision of the soft tissues of the body according to Abrikosov).
16. The main goals and significance of forensic medical research of persons who died suddenly
17. Exhumation and examination of an exhumed corpse (reasons for conducting and features of the examination of an exhumed corpse).
18. Difference between forensic research from medical pathology.
19. The concept of cause of death, immediate cause of death, competition of causes and categories of death.

*Section 2: Damage from blunt hard objects. General issues Forensic medical traumatology. Road accident. Railway injury. Falling from height. Aviation injury.*

1. Damage (definition).
2. Classification of external influence factors.
3. The concept of injury (its types, causes).
4. Characteristics of the main types of mechanical damage (general concepts): abrasion, bruise, hemorrhage, wound, fracture, dislocation, sprain, rupture of an internal organ. Mechanisms of their formation.
5. Morphological signs and morphological features of injuries (abrasions, bruises) depending on the duration of the infliction.

6. The concept of a wound.
7. Classification of wounds according to the nature of the damaging factor.
8. Types of wounds inflicted by blunt objects (characteristics of bruised, lacerated, bruised-lacerated wounds).
9. The concept of a wound.
10. Classification of wounds according to the nature of the damaging factor.
11. Types of wounds inflicted by sharp objects (characteristics of stab, cut, stab wounds).
12. The concept of a wound.
13. Classification of wounds according to the nature of the damaging factor.
14. Types of wounds inflicted by sharp objects (characteristics of chopped, sawn wounds).
15. General characteristics of transport trauma (types of transport trauma, characteristic signs and morphological features of injuries).
16. Car injury (definition, classification of types of car injury).
17. Motorcycle injury (characteristic signs, morphological features of injuries and mechanism of injury formation).
18. Tractor injury (definition, types of tractor injury, characteristic signs and morphological features of injuries).
19. Rail injury (definition, types of rail injury, characteristic signs and morphological features of damage).
20. Types of falling from a height.
21. Local and structural damage when falling from a height.

*Section 3: Forensic examination of injuries caused by sharp objects. Forensic medical examination of gunshot injuries. Blast injury.*

1. Methods for determining the type of external influence.
2. Sequence and lifetime origin of damage caused by sharp objects, the age of their formation.
3. Additional instrumental and laboratory research methods used in forensic medical examination of injuries caused by sharp objects.
4. Causes of human death due to injuries caused by sharp objects.
5. Features of examining corpses for various types of damage caused by sharp objects.
6. Methodology for conducting an external examination of a corpse for damage caused by sharp objects.
7. Methodology for examining objects delivered with a corpse and its parts
8. Rules for forensic photography, video filming, sketches of damage on contour diagrams of parts of the human body.
9. Methods for determining the type of external influence, the sequence and lifetime of the origin of damage, their age

- education.
10. Additional instrumental and laboratory research methods used in forensic medical examination of injuries caused by sharp objects
  11. Damage from sharp objects.
  12. The mechanism of formation and morphological features of damage from the action of objects with cutting, piercing, piercing-cutting, chopping, and combined properties.
  13. Gunshot injuries (definition, classification). Damaging factors of a shot.
  14. Methods that can be used to identify and prove the presence of gunpowder in a wound.
  15. Shot at point-blank range, at close range, within the influence of factors accompanying the shot, and beyond its limits.
  16. Flight of bullets and shot.
  17. Entry gunshot wound, wound channel, exit gunshot wound (characteristic signs and morphological features of damage).
  18. Features of the entrance gunshot wound when fired from a smooth-bore hunting rifle loaded with shot.
  19. Tell us the principle of determining the distance of a shot when wounded by a scattering of shot.
  20. Blast injury.
  21. Damaging factors, characteristic signs and morphological features of damage.

*Section 4: Forensic medical examination of mechanical asphyxia.  
Drowning.*

1. What should be understood by the term "asphyxia" and when does it occur?
2. Classification of mechanical asphyxia.
3. External general asphyxial signs of the corpse.
4. Internal general asphyxial signs of the corpse.
5. What is hanging and under what conditions is it possible?
6. Classification of loops.
7. Features of the strangulation groove during hanging.
8. Features of the strangulation groove during compression with a loop.
9. Strangulation with a hard object, morphological features.
10. List the signs of a strangulation furrow formed during life.
11. What are the possibilities and significance of determining the intravital occurrence of a strangulation furrow?
12. What causes death from hanging?
13. What is the difference between hanging and strangulation with a noose?
14. What is the origin of mechanical asphyxia from manual strangulation and how can this be proven?
15. How to prove the closure of the openings of the mouth and nose?
16. Aspiration of blood and other body fluids?

17. Closure of the airways by a foreign object, morphological features.
18. What is "sprinkling"?
19. What is compression asphyxia and how to prove this type of mechanical asphyxia?
20. External and internal signs of compression asphyxia in a corpse.
21. Drowning (types of drowning).
22. Characteristic signs of a drowning corpse, morphological features.
23. Drowning in fresh and sea water.
24. Signs of a corpse being in water.
25. What questions should be asked if drowning is suspected and how to formulate them?
26. Death in a confined space, give examples, tell us what the diagnosis of this type of mechanical asphyxia is based on.
27. Positional mechanical asphyxia, give examples, tell us what the diagnosis of this type of mechanical asphyxia is based on.

#### *Section 5: Forensic toxicology.*

1. Classification of poisons, conditions of action of poisons.
2. Origin of poisoning.
3. Poisoning with destructive poisons (types of poisons, mechanism of action on the body).
4. Classification of poisons, conditions of action of poisons.
5. Poisoning with hemotropic poisons (types of poisons, mechanism of action on the body using the example of carbon monoxide poisoning).
6. Classification of poisons.
7. Poisons that cause functional disorders (types, mechanism of action on the body. For example, poisoning with narcotic substances).
8. Features of forensic medical examination of a corpse in cases of suspected poisoning.
9. Food poisoning (origin, effect on the body).
10. Poisoning with ethyl alcohol.
11. Degree of alcohol intoxication.

#### *Section 6: Forensic examination of living persons. Forensic medical examination of medical documentation.*

1. Reasons for conducting a forensic medical examination.
2. Methodology for conducting the examination.
3. Classification of degrees of severity of harm to health.
4. Medical criteria for determining the severity of harm caused to human health (qualifying signs of serious harm to health).
5. Medical criteria for determining the severity of harm caused to human health (qualifying signs of moderate and mild harm to health).

6. Determination of the degree of permanent disability (the concepts of general, professional, special ability to work).
7. Examination of self-harm and artificially induced painful conditions (features of examinations, concepts of simulation, dissimulation, aggravation, disaggravation).
8. Forensic medical examination for sexual crimes (rape, indecent assault).
9. Forensic medical examination of infection with venereal disease, HIV.
10. Forensic medical determination of age (reasons for conducting examinations, features and methods of conducting).
11. Name the medical documents drawn up by a forensic medical expert after conducting a forensic medical examination of a corpse and a living person (victim, accused, suspect).

*Section 7: Inspection of the accident scene.*

12. What is meant by the term "scene of incident"?
13. Whose responsibilities include organizing and conducting an inspection of the crime scene?
14. Who may be involved in the inspection of the crime scene.
15. What are the responsibilities of a forensic expert or other doctor involved as a specialist to participate in the examination of a corpse at the place of its discovery?
16. On the basis of what signs is a person's death declared?
17. What is the sequence of examining a corpse at the place of its discovery?
18. What data about the corpse should be reflected in the report of the inspection of the crime scene?
19. What questions can a specialist answer in a presumptive form based on an examination of the corpse at the place of its discovery?
20. On the basis of what criteria is the age of death determined?
21. What is the forensic medical significance of cadaveric spots?
22. What traces (of biological origin) of a person can be found at the scene of the incident?
23. What issues should be reflected in the Resolution on the appointment of a forensic medical examination in all cases?
24. What questions are most appropriate to raise for the resolution of a forensic medical examination when injuries are detected on a corpse?
25. What is the basis for judging at the scene of the incident about the lifetime of the injuries present on the corpse?
26. On the basis of what signs is it established whether the initial pose and position of the corpse at the place of its discovery has changed?

*Section 8: Forensic examination of physical evidence.*



1. Study of material evidence of biological origin (blood).
2. Preliminary tests, evidence-based methods.
3. Technique for removing traces of blood at the scene of an incident and during a forensic medical examination of a corpse.
4. Simple and complex traces of blood and their forensic significance.
5. Study of material evidence of biological origin (hair).
6. Study of material evidence of biological origin (examination of secretions).
7. Forensic medical examination in cases of disputed paternity, maternity and replacement of children (genetic basis, methodology).
8. Medical and forensic research of objects of forensic medical examination (methodology and methods of conducting examination).
9. Forensic significance of clothing research.
10. Personal identification (methods, features of examinations).
11. What requirements must be followed when removing traces of biological origin from the scene of an incident for their subsequent examination in special laboratories?

*Section 9: Forensic Examination of Extreme Temperatures and Electricity. Forensic medical examination of the study of newborn corpses.*

1. Forensic examination of damage caused by atmospheric electricity.
2. Forensic medical examination in case of electric shock.
3. Forensic medical examination of steam damage.
4. Forensic medical examination in cases of cold injury.
5. Is the baby a newborn?
6. What is the fetal age of the baby?
7. Is this baby full term?
8. Is this child mature?
9. Is this child viable?
10. Was the baby born alive?
11. If the child was born alive, how long did he live after birth?
12. Was the child provided with the necessary assistance and did he have care?
13. Are there any signs on the corpse that can be used to judge the nature of the external influence to which the baby was exposed?

**Test control**

**OPTION No. 1**

**TEST #1:** In forensic medicine, the following substances are considered poisons: A) potent

**B**) introduced into the body in small quantities through chemical and physicochemical action

**TEST #2:** Poison can be introduced into the body: A) through the mouth and other natural openings B) subcutaneously, intramuscularly C) through damaged skin D) intravenously  
D) through the lungs

**TEST #3:** The Vinogradov phenomenon corresponds to A) shot at point blank range B) shot at close range **IN)** shot from close range

**TEST #4:** Classification of poisons depending on their nature, effect on organs and tissues are divided into: **A)** caustic

**B)** poisons primarily acting on the central nervous system **IN)** destructive  
**G)** poisons that change blood hemoglobin **D)** causing functional disorders

**TEST #5:** To confirm the diagnosis of poisoning during forensic For medical examination of a corpse the following are used: **A)** histological B) histochemical **IN)** forensic chemical D) physical D) biological

**TEST #6:** Causes of death due to local action of caustic poison: **A)** shock **B)** asphyxia due to spasm of the glottis B) hepatic-renal failure **G)** complications after perforation of the walls of the gastrointestinal organs tract

**TEST No. 7:** Cause of death from carbon monoxide poisoning: **A)** acute blood hypoxia B) acute tissue hypoxia

**TEST No. 8:** If alcohol is detected in the urine, the following issues can be resolved: **A)** how long ago you took alcohol **B)** degree of alcohol intoxication

**TEST No. 9:** To determine the amount and duration of alcohol intake must be sent for forensic chemical research: A) blood and urine

B) cerebrospinal fluid and gastric contents

**TEST No. 10:** The main methods for determining the duration of the onset deaths at the scene are:

A) reaction of striated muscles to mechanical stress B) corpse body thermometry

IN) study of cadaveric spots and rigor mortis D) study of enzymes in internal organs

Response standards.

Test control grading scale:

| percentage of correct answers | Marks          |
|-------------------------------|----------------|
| 100-91                        | Great          |
| 90-81                         | Fine           |
| 80-71                         | Satisfactorily |
| Less than 71                  | Unsatisfactory |

## Situational tasks

### Task No. 1

The following questions were posed for the expert's permission:

1. "The nature and severity of the bodily harm caused damage?"

#### **Preliminary information.**

From the direction it follows that "I ask you to conduct a forensic medical examination of gr. Sh, born 1940 ... on the fact of injury received in an accident on November 22, 2003."

#### **Research part**

***From the medical record of an inpatient at the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. Sh, born 1940, it follows that he was admitted to a medical institution on November 23, 2003 at 12:18. "...Complaints for headache, nausea, dizziness. According to him, at about two o'clock in the morning the driver got into an accident and briefly lost consciousness. ...General state moderate severity. Position active. The skin is of normal color. Pulse 80 per minute, good filling. Blood pressure 130/80 mmHg. NPV 20 per minute. Breathing is normal. Auscultation of the lungs reveals harsh breathing. Heart sounds are rhythmic and muffled. The abdomen is soft and painless. Urination is normal. Pain in the spinous processes in the cervical and lumbar regions. Local status : bruise of soft tissues of the parietal region on the left. Neurological status : stun 1, oriented. Smell, field of vision, vision are normal. Pupils D=S, normal. Horizontal nystagmus. Full movement of the eyeballs. There is no strabismus. Sensitivity on the face is normal. Facial muscles***

symmetrical. Rumor D=S. Swallowing is normal, phonation is normal, pharyngeal reflex is normal. Tongue in the midline. Full voluntary movements. There are no pathological reflexes. Unsteadiness without sideliness. 24.11.2003 08:00. moderate condition. The complaints are the same. The neurological and somatic status is without dynamics. Therapy is planned. ... November 26, 2003. The patient's condition is satisfactory. Consciousness is clear, severe dizziness, moderate headaches. Notes the appearance of pain in the heart area... November 26, 2003. Ophthalmologist (on site). There are no visual complaints. Fundus: pale pink discs, clear boundaries, vessels 1:3, tortuous. Conclusion: angiopathy. 27.11.2003 13:00. consultation with a cardiologist: ... diagnosis: left intercostal neuralgia? ... On November 30, 2003, he was discharged from the department. Final clinical diagnosis : traumatic brain injury, concussion, contusion of soft tissues of the head and torso. Cervical osteochondrosis in the acute stage. Vertebral artery symptom. X-ray examination protocol. X-rays No. 67727 – 8.9 dated November 23, 2003 – of the skull, chest, lower thoracic and lumbar spine. No violation of the integrity of the bones is determined. Brain CT scan No. 421 dated November 23, 2003 did not reveal any pathological changes in the density of the brain substance. The midline structures are not displaced. The basal cisterns and ventricles are not changed. The subarachnoid fissures are moderately widened.”

**ANSWER:**Minor harm to health due to a short-term disorder up to three weeks (according to the problem, 8 days).

## **Task No. 2**

**The following questions were posed for the expert's permission:**

“What is the nature and location of the injuries received by P, what is the mechanism of their formation, duration and severity?”

### **Preliminary information.**

It follows from the direction. “In connection with the ongoing inspection... On May 18, 2005, while performing work on the motor ship “Lotos-1”, which resulted in harm to the health of P, born in 1982, I ask you to conduct a forensic medical examination using the provided medical documentation...”

### **Research part**

***From the medical record of an inpatient at the burn department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. P, born 1982.*** follows that he was admitted to the department on 05/18/2005 at 18:20. “... complaints of pain in the area of burn wounds, dry mouth, sore throat. I was injured on May 18, 2005. At about 5:20 p.m., while working with a blowtorch, gasoline ignited and clothes caught fire. ... consciousness is clear. Active. The skin and mucous membranes are pink. Subcutaneous fat tissue is moderately developed. There is no peripheral edema. The cardiovascular system. Heart sounds are loud. The boundaries of the heart are within the age norm. Pulse 90 per minute. Blood pressure 130/80 mmHg. Respiratory system. Breathing is rhythmic. NPV 18 per minute. Percussion pulmonary sound. Auscultation – vesicular breathing with

hard shade. Digestive system. The tongue is dry and coated at the root. The abdomen is soft, of normal shape, and participates in the act of breathing. The liver is not enlarged, the lower edge is palpable at the costal arch. The spleen is not palpable. Organs of the genitourinary system: Pasternatsky's symptom is negative. Local changes : on the face, neck with transition to the chest, abdomen (small area in the navel area) and forearm (except for the palmar surface), palmar and dorsal surfaces of the hands (unevenly) against the background of hyperemia and swelling of the skin, the epidermis is exfoliated and in places forms blisters filled with transparent content. On the upper extremities the epidermis is exfoliated, the wound is pink. Some areas are bright pink. Pain and tactile sensitivity are preserved. on wounds of the upper extremities it is reduced. The hair on my head is singed. The total area of the burned surface is 16%, 1-2 degrees 6%, 3a degrees - 10%. ... 05.20.05. the condition is relatively satisfactory. Complaints of swelling of the face, pain in wounds. In the lungs, breathing is vesicular. No wheezing. Heart sounds are rhythmic and muffled. Blood pressure 130/80 mmHg. The abdomen is soft and painless. Stool and urine output are normal. Local status: facial swelling is significant, exfoliated epidermis has been removed, the wounds are pale pink, the discharge is serous. Toilet wound. Bandage with levomekol. ... 05.21.05. ... a scab forms on the wounds in patches. ... 05.23.05. ... wounds with copious purulent discharge. In some places, focal scabs of wound tissue are formed... 05/21/05. examination by a therapist. ... there is no evidence of acute coronary pathology. ...06/01/05. .. wounds of the upper extremities are actively epithelialized... 06/10/05. ... the wounds decrease in size, the discharge is scanty and serous. ... 06/18/05. satisfactory condition. No complaints. The skin and function of the upper extremities have been restored. Discharged for outpatient treatment. Final clinical diagnosis : Flame burn I – III A degree of the face, neck, torso, upper extremities with a total area of 16%. Analysis of the chemical-toxicological laboratory No. 40/6159 05/18/2005 18:20 – 19:10 - no alcohol in the blood."

**ANSWER:** Average harm to health, based on significant permanent loss ability to work (from 10% to 33%).

### Task No. 3

The following questions were posed for the expert's permission:

1. "What is the severity of the injuries caused?

gr. TO?

2. Are the injuries consistent with the above?

deadline?

3. The mechanism of their formation and localization?"

**Circumstances of the case.**

From the resolution it follows that "06/21/2005 at approximately 04:30 gr. G... intentionally caused bodily harm to his sister K....".

## Research part

*From the medical record of an inpatient patient with a combined injuries of emergency hospital 2 in Rostov-on-Don addressed to gr. K, born 1966*, it follows that she was admitted to a medical institution on June 21, 2005 at 15:21. "... complaints of headache, pain in the right forearm, facial abrasions. ...delivered by the joint venture team again. ... moderate condition. Weight about 65 kg. Skin and mucous membranes are of normal color. Pulse 80 per minute, satisfactory filling. Blood pressure 120/80 mmHg. ...Surgeon's conclusion : There was no evidence of damage to the skeletal frame of the chest, internal organs of the chest and abdominal cavity. Examination by a traumatologist : upper limbs – in the area of the middle third of the right forearm, pathological mobility, crepitus of bone fragments, and sharp palpation pain are determined. No vascular neurological disorders were identified in the distal parts of the extremities. X-ray examination protocol. Radiographs No. 9109-0 dated 06/21/05. right forearm - oblique fracture of the diaphysis of the ulna in the middle third with displacement of fragments outward and palmar surface by 0.5 bone diameters with overlap along the length and separation of the styloid process of the ulna. Skull without pathology. Traumatologist's report : closed comminuted fracture of the middle third of the right ulna with displacement of the styloid process. Examination by a neurosurgeon : consciousness is clear. Retrograde amnesia. Smell of alcohol on the breath. Bruises of the soft tissues of the face. Horizontal nystagmus. ... Neurosurgeon's report : CCI, SHM, bruises of soft tissues of the face. ... operation protocol No. 1331 dated June 21, 2005 16:30 – 17:00 novocaine blockade of the fracture. ... operation protocol No. 305 06/24/05. 14:10 – 15:30 Open reduction, external metal osteosynthesis with a narrow titanium LC-DCP plate. ... with an 11 cm long incision along the ulna at the level of the middle third, the tissues were cut layer by layer. During revision of the fracture, there was a fracture of the middle third of the ulna with complete displacement of the fragments. Fragments of the ulna were mobilized, and their medullary canal was treated with a Foltmann spoon. The fragments were reduced, bone-wise, in compression, fixed with a narrow titanium plate LC-DCP and 8 cortical screws. Hemostasis. The wound is sutured tightly in layers. The fiber is drained by a glove graduate. ... X-ray examination protocol . Radiographs No. 4293-4 dated June 27, 2005. fragments of the right ulna are compared and fixed by the MOS, the alignment along the axis is correct. ... 07/01/05. with improvement in satisfactory condition, she was discharged for outpatient treatment under the supervision of a traumatologist. Final clinical diagnosis : combined trauma of the head, musculoskeletal system. CTBI, concussion. Bruises of the soft tissues of the face, closed fracture of the diaphysis of the right ulna in the middle third with displacement of fragments. Detachment of the styloid process of the right ulna. Analysis of the chemical-toxicological laboratory No. 7832/3 dated 06/21/2005 05:15 – 05:35 – alcohol in the blood 2.15% o Analysis of the chemical-toxicological laboratory No. 7843/14 04/21/2005 16:10 – 16:40 – alcohol not in the blood."

**ANSWER:** Average harm to health, based on significant permanent loss working capacity for more than three weeks.

### **Practical skills and abilities**

1. Description of bruises and abrasions.
2. Description of bruised wounds.
3. Description of stab wounds.
4. Description of chopped wounds.
5. Description of gunshot wounds
6. Obtain and summarize information about injury due to illness from official documents;
7. Identify and describe signs of damage and morphological changes in tissues and organs;

## **7. Interim certification**

### **Test control**

**TEST #1:** To confirm the diagnosis of poisoning during forensic medical examination of a corpse the following are

used: **A)** histological

**B)** histochemical

**IN)** forensic chemical

**D)** physical

**D)** biological

**TEST #2:** Causes of death due to local action of caustic poison: **A)** shock

**B)** asphyxia due to spasm of the glottis **B)** hepatic-renal failure

**G)** complications after perforation of the walls of the gastrointestinal organs tract

**TEST #3:** Cause of death from carbon monoxide poisoning: \_

**A)** acute blood hypoxia **B)** acute tissue hypoxia

**TEST #4:** If alcohol is detected in the urine, the following issues can be resolved: \_

**A)** how long ago you took alcohol **B)** degree of alcohol intoxication

**TEST #5:** To determine the amount and duration of alcohol intake must be sent for forensic chemical research: **A)** blood and urine

**B)** cerebrospinal fluid and gastric contents

**TEST #6:** The main methods for determining the duration of the onset deaths at the scene are:

**A)** reaction of striated muscles to mechanical stress **B)** corpse body thermometry  
**IN)** study of cadaveric spots and rigor mortis D)  
study of enzymes in internal organs

**TEST #7:** In forensic medicine, the following substances are considered poisons: A) potent  
**B)** introduced into the body in small quantities through chemical and physicochemical action

**TEST #8:** Poison can be introduced into the body: A)  
through the mouth and other natural openings B)  
subcutaneously, intramuscularly  
C) through damaged skin D)  
intravenously  
D) through the lungs

**TEST #9:** The Vinogradov phenomenon corresponds to A) shot at point blank range  
B) shot at close range **IN)** shot from close range

**TEST #10:** Classification of poisons depending on their nature, effect on organs and tissues are divided into: **A)** caustic

**B)** poisons primarily acting on the central nervous system **IN)** destructive  
**G)** poisons that change blood hemoglobin **D)** causing functional disorders

### **Practical skills and abilities**

1. Assessment of the results after conducting a forensic medical examination of the corpse;
2. Forensic medical examination of victims, accused, suspects and other persons to determine the severity of harm caused to human health;
3. Registration of the research part of the Expert's Conclusion (Forensic Medical Research Report);
4. Research methods used in forensic medical examination of a corpse, examination of living persons (victims, accused, suspects).
5. Description of special signs when examining the corpse of an unknown person.
6. Description of bruises and abrasions.
7. Description of bruised wounds.
8. Description of stab wounds.
9. Description of chopped wounds.



10. Description of gunshot wounds.
11. Obtain and summarize information about injury due to illness from official documents;
12. Identify and describe signs of damage and morphological changes in tissues and organs;
13. Establish the mechanism of damage and how long ago it occurred;
14. Describe injuries of mechanical origin in accordance with the scheme accepted in forensic medicine;
15. Participate in the examination of the corpse at the place of its discovery (establish the age and duration of death, assist the investigator in drawing up a protocol for examining the scene of the incident, describe cadaveric changes, injuries, assist in the detection, recording, removal and packaging of material evidence of biological origin, in formulating questions for forensic medical examination);
16. Diagnose and establish the cause of poisonings and diseases and determine the need for specific laboratory tests;
17. Fill out a medical death certificate.

## **Interview**

List of questions for intermediate certification

1. Subject and content of forensic medicine (definition of forensic medicine, system of the subject, content, objects of forensic medicine).
2. History of the development of forensic medicine. History of the Department of Forensic Medicine of Rostov State Medical University.
3. Procedural foundations of forensic medical examination (the concept of examination, the mandatory appointment of a forensic medical examination - Article 79 of the Code of Criminal Procedure of the Russian Federation).
4. Duties, rights and responsibilities of a forensic medical expert (Articles 307, 308, 310 of the Code of Criminal Procedure of the Russian Federation). Types of forensic medical examinations.
5. Types of forensic medical documentation (Acts and Conclusions). Regulation of the activities of a forensic medical expert. Organization of forensic medical examination in the Russian Federation (structure of the Bureau of Forensic Medical Examinations).
6. The concept of illegal actions (inaction) of medical workers (the concept of crime, misdemeanor, extreme necessity).
7. Legal liability of medical workers for official and professional offenses.
8. Forensic medical examination in cases of professional offenses of medical workers (accidents, medical errors, negligence).
9. Medical deontology, ethics, morality of the doctor.
10. Dying and death (terminal states, guiding and reliable signs of death, category, genus, type, death, causes of death).
11. Cadaveric changes (early and late).

12. Establishing the duration of death (methods and signs).
13. Procedure and methodology for conducting forensic medical examination of a corpse.
14. Technique for examining a corpse (methods of incision of the soft tissues of the body according to Shore, Abrikosov).
15. Methods of extracting internal organs from cavities (Virchow, Chiari-Mares, Lutel, Shor, Abrikosov, Popov method).
16. The main goals and significance of forensic medical research of persons who died suddenly
17. Exhumation and examination of an exhumed corpse (reasons for conducting and features of the examination of an exhumed corpse).
18. Study of the corpse of a newborn (the concepts of new-bornness, term, fetal maturity). Samples of Galen and Breslau.
19. The difference between a forensic medical examination and a corpse from pathological examination.
20. The concept of cause of death, direct cause of death, competition of causes and categories of death.
21. Damage (definition). Classification of external influence factors. The concept of injury (its types, causes).
22. Characteristics of the main types of mechanical damage (general concepts): abrasion, bruise, hemorrhage, wound, fracture, dislocation, sprain, rupture of an internal organ. Mechanisms of their formation.
23. Morphological signs and morphological features of injuries (abrasions, bruises) depending on the duration of the infliction.
24. The concept of a wound. Classification of wounds according to the nature of the damaging factor. Types of wounds inflicted by blunt objects (characteristics of bruised, lacerated, bruised-lacerated wounds).
25. The concept of a wound. Classification of wounds according to the nature of the damaging factor. Types of wounds inflicted by sharp objects (characteristics of stab, cut, stab wounds).
26. The concept of a wound. Classification of wounds according to the nature of the damaging factor. Types of wounds inflicted by sharp objects (characteristics of chopped, sawn wounds).
27. General characteristics of transport trauma (types of transport trauma, characteristic signs and morphological features of injuries).
28. Automobile injury (definition, classification of types of automobile injury).
29. Automotive injury (trauma from a collision of a moving car with a person: phases of injury, presence and mechanism of damage formation).
30. Automotive injury (trauma from running over a person's body with a car wheel: phases of injury, presence and mechanism of damage formation).
31. Automotive injury (injury from falling out of a moving car: phases of injury, presence and mechanism of injury formation).

32. Automotive injury (trauma inside the car: phases of injury, presence and mechanism of damage formation).
33. Automotive injury (trauma from compression of a person's body between a car and other objects or soil: phases of injury, presence and mechanism of damage formation).
34. Motorcycle injury (characteristic signs, morphological features of injuries and mechanism of injury formation).
35. Tractor injury (definition, types of tractor injury, characteristic signs and morphological features of injuries).
36. Rail injury (definition, types of rail injury, characteristic signs and morphological features of damage).
37. Types of falling from a height. Local and structural damage due to a fall from a height.
38. Firearms damage (definition, classification).  
Damaging factors of a shot. Methods by which you can identify and prove the presence of gunpowder in a wound.
39. Shot at point-blank range, at close range, within the influence of factors accompanying the shot, and beyond its limits. Flight of bullets and shot.
40. Entry gunshot wound, wound channel, exit gunshot wound (characteristic signs and morphological features of damage).
41. Features of the entrance gunshot wound when fired from a smooth-bore hunting rifle loaded with shot. Explain the principle of determining the distance of a shot when wounded by a shower of shot.
42. Blast injury. Damaging factors, characteristic signs and morphological features of damage.
43. The concept of hypoxia. Classification of mechanical asphyxia. Signs of asphyxia.
44. Characteristics of asphyxia from compression (types, characteristic signs and morphological features of injuries).
45. Classification of loops, features of the strangulation groove during hanging.
46. List the signs of a strangulation groove formed intravitaly
47. Characteristics of asphyxia from closure (types, characteristic signs and morphological features of damage).
48. Drowning (types of drowning, characteristic signs and morphological features). Drowning in fresh and sea water. The concept of osmotic resistance of red blood cells. Signs of a corpse being in the water.
49. Death in a confined space and positional mechanical asphyxia, give examples, tell us what the diagnosis of these types of mechanical asphyxia is based on.
50. Effect of high temperatures (general and local manifestations of exposure to high temperature, characteristic signs and morphological features of damage). The difference between burns and the effects of flame, hot liquid and steam.

51. Effect of low temperatures (general and local manifestations of the effects of low temperature, characteristic signs and morphological features of damage, specific signs).
52. Effect of electric current (damaging factors, general and local effect of current). Damage due to atmospheric electricity.
53. The effect of sudden changes in atmospheric pressure (types, characteristic signs and morphological features of damage).
54. Classification of poisons, conditions of action of poisons. Course of poisoning (acute, subacute, chronic). Poisoning with caustic poisons (types of poisons, mechanism of action on the body).
55. Classification of poisons, conditions of action of poisons. Origin of poisoning. Poisoning with destructive poisons (types of poisons, mechanism of action on the body).
56. Classification of poisons, conditions of action of poisons. Poisoning with hemotropic poisons (types of poisons, mechanism of action on the body using the example of carbon monoxide poisoning).
57. Classification of poisons. Poisons that cause functional disorders (types, mechanism of action on the body. For example, poisoning with narcotic substances).
58. Features of forensic medical examination of a corpse in cases of suspected poisoning.
59. Food poisoning (origin, effect on the body).
60. Poisoning with ethyl alcohol. Degree of alcohol intoxication.
61. Reasons for conducting a forensic medical examination. Methodology of examination. Classification of degrees of severity of harm to health.
62. Medical criteria for determining the severity of harm caused to human health (qualifying signs of serious harm to health).
63. Medical criteria for determining the severity of harm caused to human health (qualifying signs of moderate and mild harm to health).
64. Determination of the degree of permanent disability (the concepts of general, professional, special ability to work).
65. Examination of self-harm and artificially induced painful conditions (features of examinations, concepts of simulation, dissimulation, aggravation, disaggravation).
66. Forensic medical examination for sexual crimes (rape, indecent assault).
67. Forensic medical examination of infection with venereal disease, HIV.
68. Forensic determination of age (reasons for conducting examinations, features and methods of conducting).
69. Examination of physical evidence biological  
origin (blood). Preliminary tests, evidence-based methods.

Technique for removing traces of blood at the scene of an incident and during a forensic medical examination of a corpse.

70. Simple and complex traces of blood, their forensic significance.

71. Study of material evidence of biological origin (hair).

72. Research of material origin evidence biological (examination of secretions).

73. Forensic medical examination in cases of disputed paternity, maternity and replacement of children (genetic basis, methodology).

74. Medical and forensic research of objects of forensic medical examination (methodology and methods of conducting examination).

75. Forensic significance of clothing research.

76. Personal identification (methods, features of examinations).

### **Situational tasks:**

#### **Task No. 1**

The following questions were posed for the expert's permission:

1. "Does the victim have D, any physical damage?

2. If yes, then their number, location and severity harm caused to health?

#### **Preliminary information.**

From the direction it follows that "07/01/2005 D. inflicted bodily harm on Mr. D..." From the words of the evidence it follows, "07/01/2005 at 12:00 in the room the husband hit him on the head with a whole plate, which broke when hit on the head. An ambulance was called, and qualified medical care was provided at Emergency Hospital 2."

#### **Research part**

Complaints about damage. Objectively 13:26 07/06/2005 - in the circumference of the right eye there is a bluish-violet bruise in the center with a distinct yellowish tint along the periphery, measuring 5x4 cm. On the forehead, in the right superciliary region, there is a linear wound with uneven and bruised edges, indistinct ends 1x0.1 cm. Below it, 1 cm, directly below it, at the outer end of the right eyebrow with the transition to the upper eyelid of the right eye, a similar wound is 1.9x0.1 cm. The wounds are vertically oriented. There are no signs of inflammation in the wound area. The wounds are sutured with surgical sutures.

**ANSWER:** Minor harm to health due to a short-term disorder up to three weeks (according to the problem, 8 days).

#### **Task No. 2**

The following questions were posed for the expert's permission:

1. "The nature and severity of the bodily injuries caused?"

**Preliminary information.**

From the direction it follows that "I ask you to conduct a forensic medical examination of gr. Sh, born 1940 ... on the fact of injury received in an accident on November 22, 2003."

**Research part** *From medical cards stationary sick neurosurgical department of emergency hospital 2 in Rostov-on-Don in the name of gr. Sh, born 1940*, it follows that he was admitted to a medical institution on November 23, 2003 at 12:18. "...Complaints for headache, nausea, dizziness. According to him, at about two o'clock in the morning the driver got into an accident and briefly lost consciousness. ...General state moderate severity. Position active. The skin is of normal color. Pulse 80 per minute, good filling. Blood pressure 130/80 mmHg. NPV 20 per minute. Breathing is normal. Auscultation of the lungs reveals harsh breathing. Heart sounds are rhythmic and muffled. The abdomen is soft and painless. Urination is normal. Pain in the spinous processes in the cervical and lumbar regions. Local status : bruise of soft tissues of the parietal region on the left. Neurological status : stunned 1, oriented. Smell, field of vision, vision are normal. Pupils D=S, normal. Horizontal nystagmus. Full movement of the eyeballs. There is no strabismus. Sensitivity on the face is normal. Facial muscles are symmetrical. Rumor D=S. Swallowing is normal, phonation is normal, pharyngeal reflex is normal. Tongue in the midline. Full voluntary movements. There are no pathological reflexes. Unsteadiness without sideliness. 24.11.2003 08:00. moderate condition. The complaints are the same. The neurological and somatic status is without dynamics. Therapy is planned. ... November 26, 2003. The patient's condition is satisfactory. Consciousness is clear, severe dizziness, moderate headaches. Notes the appearance of pain in the heart area... November 26, 2003. Ophthalmologist (on site). There are no visual complaints. Fundus: pale pink discs, clear boundaries, vessels 1:3, tortuous. Conclusion: angiopathy. 27.11.2003 13:00. consultation with a cardiologist: ... diagnosis: left intercostal neuralgia? ... On November 30, 2003, he was discharged from the department. Final clinical diagnosis : traumatic brain injury, concussion, contusion of soft tissues of the head and torso. Cervical osteochondrosis in the acute stage. Vertebral artery symptom. X-ray examination protocol. X-rays No. 67727 – 8.9 dated November 23, 2003 – of the skull, chest, lower thoracic and lumbar spine. No violation of the integrity of the bones is determined. Brain CT scan No. 421 dated November 23, 2003 did not reveal any pathological changes in the density of the brain substance. The midline structures are not displaced. The basal cisterns and ventricles are not changed. The subarachnoid fissures are moderately widened."

**ANSWER:** Minor harm to health due to a short-term disorder up to three weeks (according to the problem, 8 days).

### Task No. 3

The following questions were posed for the expert's permission:

"What is the nature and location of the injuries received by P, what is the mechanism of their formation, duration and severity?"

#### **Preliminary information.**

It follows from the direction. "In connection with the ongoing inspection... On May 18, 2005, while performing work on the motor ship "Lotos-1", which resulted in harm to the health of P, born in 1982, I ask you to conduct a forensic medical examination using the provided medical documentation..."

#### **Research part**

***From the medical record of an inpatient at the burn department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. P, born 1982.***

follows that he was admitted to the department on 05/18/2005 at 18:20. "... complaints of pain in the area of burn wounds, dry mouth, sore throat. I was injured on May 18, 2005. At about 5:20 p.m., while working with a blowtorch, gasoline ignited and clothes caught fire. ... consciousness is clear. Active. The skin and mucous membranes are pink. Subcutaneous fat tissue is moderately developed. There is no peripheral edema. The cardiovascular system. Heart sounds are loud. The boundaries of the heart are within the age norm. Pulse 90 per minute. Blood pressure 130/80 mmHg. Respiratory system. Breathing is rhythmic. NPV 18 per minute. Percussion pulmonary sound. Auscultation - vesicular breathing with a hard tint. Digestive system. The tongue is dry and coated at the root. The abdomen is soft, of normal shape, and participates in the act of breathing. The liver is not enlarged, the lower edge is palpable at the costal arch. The spleen is not palpable. Organs of the genitourinary system: Pasternatsky's symptom is negative. Local changes : on the face, neck with transition to the chest, abdomen (small area in the navel area) and forearm (except for the palmar surface), palmar and dorsal surfaces of the hands (unevenly) against the background of hyperemia and swelling of the skin, the epidermis is exfoliated and in places forms blisters filled with transparent content. On the upper extremities the epidermis is exfoliated, the wound is pink. Some areas are bright pink. Pain and tactile sensitivity are preserved. on wounds of the upper extremities it is reduced. The hair on my head is singed. The total area of the burned surface is 16%, 1-2 degrees 6%, 3a degrees - 10%. ... 05.20.05. the condition is relatively satisfactory. Complaints of swelling of the face, pain in wounds. In the lungs, breathing is vesicular. No wheezing. Heart sounds are rhythmic and muffled. Blood pressure 130/80 mmHg. The abdomen is soft and painless. Stool and urine output are normal. Local status: facial swelling is significant, exfoliated epidermis has been removed, the wounds are pale pink, the discharge is serous. Toilet wound. Bandage with levomekol. ... 05/21/05. ... a scab forms on the wounds in patches. ... 05/23/05. ... wounds with copious purulent discharge. In some places, focal scabs of wound tissue are formed... 05.21.05. examination by a therapist. ... there is no evidence of acute coronary pathology. ... 06/01/05. .. wounds of the upper extremities are actively epithelializing... 06/10/05. ... the wounds decrease in size, the discharge is scanty and serous. ... 06/18/05. satisfactory condition. No complaints. Skin and

upper limb function restored. Discharged for outpatient treatment. Final clinical diagnosis : Flame burn I – III A degree of the face, neck, torso, upper extremities with a total area of 16%. Analysis of the chemical-toxicological laboratory No. 40/6159 05/18/2005 18:20 – 19:10 - no alcohol in the blood."

**ANSWER:** Average harm to health, based on significant permanent loss ability to work (from 10% to 33%).

#### **Task No. 4**

The following questions were posed for the expert's permission:

1. "What is the severity of the bodily injuries caused to Mr. TO?"
2. Do the injuries meet the above deadline?"
3. The mechanism of their formation and localization?"

#### **Circumstances of the case.**

From the resolution it follows that "06/21/2005 at approximately 04:30 gr. G... intentionally caused bodily harm to his sister K...".

#### **Research part**

***From the medical record of an inpatient patient with a ~~combined~~ injuries of emergency hospital 2 in Rostov-on-Don addressed to gr. K, born 1966,*** it follows that she was admitted to a medical institution on June 21, 2005 at 15:21. "... complaints of headache, pain in the right forearm, facial abrasions. ...delivered by the joint venture team again. ... moderate condition. Weight about 65 kg. Skin and mucous membranes are of normal color. Pulse 80 per minute, satisfactory filling. Blood pressure 120/80 mmHg. ...Surgeon's conclusion : There was no evidence of damage to the skeletal frame of the chest, internal organs of the chest and abdominal cavity. Examination by a traumatologist : upper limbs – in the area of the middle third of the right forearm, pathological mobility, crepitus of bone fragments, and sharp palpation pain are determined. No vascular neurological disorders were identified in the distal parts of the extremities. X-ray examination protocol. Radiographs No. 9109-0 dated 06/21/05. right forearm - oblique fracture of the diaphysis of the ulna in the middle third with displacement of fragments outward and palmar surface by 0.5 bone diameters with overlap along the length and separation of the styloid process of the ulna. Skull without pathology. Traumatologist's report : closed comminuted fracture of the middle third of the right ulna with displacement of the styloid process. Examination by a neurosurgeon : consciousness is clear. Retrograde amnesia. Smell of alcohol on the breath. Bruises of the soft tissues of the face. Horizontal nystagmus. ... W Neurosurgeon's report : CCI, SHM, bruises of soft tissues of the face. ... operation protocol No. 1331 dated June 21, 2005 16:30 – 17:00 novocaine blockade of the fracture. ... operation protocol No. 305 06/24/05. 14:10 – 15:30 Open reduction, external metal osteosynthesis with a narrow titanium LC-DCP plate. ... with an 11 cm long incision along the ulna at the level of the middle third, the tissues were cut layer by layer. During the audit



fracture - a fracture of the middle third of the ulna with complete displacement of the fragments. Fragments of the ulna were mobilized, and their medullary canal was treated with a Foltmann spoon. The fragments were reduced, bone-wise, in compression, fixed with a narrow titanium plate LC-DCP and 8 cortical screws. Hemostasis. The wound is sutured tightly in layers. The fiber is drained by a glove graduate. ...X-ray examination protocol . Radiographs No. 4293-4 dated June 27, 2005. fragments of the right ulna are compared and fixed by the MOS, the alignment along the axis is correct. ... 07/01/05. with improvement in satisfactory condition, she was discharged for outpatient treatment under the supervision of a traumatologist. Final clinical diagnosis : combined trauma of the head, musculoskeletal system. CTBI, concussion. Bruises of the soft tissues of the face, closed fracture of the diaphysis of the right ulna in the middle third with displacement of fragments. Detachment of the styloid process of the right ulna. Analysis of the chemical-toxicological laboratory No. 7832/3 dated 06/21/2005 05:15 – 05:35 – alcohol in the blood 2.15% o Analysis of the chemical-toxicological laboratory No. 7843/14 04/21/2005 1610 – 16:40 – alcohol not in the blood."

**ANSWER:** Average harm to health, based on significant permanent loss working capacity for more than three weeks.

#### **Problem #5**

The following questions were posed for the expert's permission:

1. "Does the victim D have any bodily injuries?"
2. If yes, then their number, location and severity harm caused to health?

#### **Preliminary information.**

From the direction it follows that "07/01/2005 D. inflicted bodily harm on Mr. D..."

From the words of the evidence it follows, "07/01/2005 at 12:00 in the room the husband hit him on the head with a whole plate, which broke when hit on the head. An ambulance was called, and qualified medical care was provided at Emergency Hospital 2."

#### **Research part** Complaints about damage.

Objectively 13:26 07/06/2005 - in the circumference of the right eye there is a bluish-violet bruise in the center with a distinct yellowish tint along the periphery, measuring 5x4 cm. On the forehead, in the right superciliary region, there is a linear wound with uneven and roughened edges, unclearly defined ends 1x0.1 cm. Below it, 1 cm, directly below it, at the outer end of the right eyebrow with the transition to the upper eyelid of the right eye, there is a similar wound 1.9x0.1 cm. The wounds are vertically oriented. There are no signs of inflammation in the wound area. The wounds are sutured with surgical sutures.

**ANSWER:**Minor harm to health due to a short-term disorder up to three weeks (according to the problem, 8 days).

**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.<br>Demonstrated threshold, satisfactory sustainable level practical skill | Competence formed.<br>Demonstrated enough level independence, sustainable practical skill | Competence formed.<br>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 | 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 | 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 |

|  |        |   |   |
|--|--------|---|---|
|  | level. | indicates sustainable fixed practical skill | disciplines should be considered competence formed at a high level. |
|--|--------|---|---|

**Criteria for evaluating forms of control: Interviews:**

| Mark           | Description   |
|----------------|---|
| Great          | The mark "EXCELLENT" is given to an answer that shows a solid knowledge of the basic processes of the subject area being studied and is distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response.   |
| Fine           | The mark "GOOD" evaluates an answer that reveals a solid knowledge of the basic processes of the subject area being studied, and is distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response. However, one or two inaccuracies in the answer are allowed.                 |
| Satisfactorily | The mark "SATISFACTORY" evaluates an answer that mainly indicates knowledge of the processes of the subject area being studied, characterized by insufficient depth and completeness of the topic; knowledge of the basic issues of theory; poorly developed skills in analyzing phenomena and processes, insufficient ability to give reasoned answers and give examples; insufficient fluency in monologue speech, logic and consistency of response. There may be several errors in the content of the answer. |
| unsatisfactory | The mark "UNSATISFACTORY" evaluates an answer that reveals ignorance of the processes of the subject area being studied, characterized by a shallow disclosure of the topic; ignorance of the basic issues of theory, unformed skills in analyzing phenomena and processes; inability to give reasoned answers, poor command of monologue speech, lack of logic and consistency. Serious errors in the content of the answer are allowed.   |

Test control grading scale:

|                               |       |
|-------------------------------|-------|
| percentage of correct answers | Marks |
| 91-100                        | Great |

|              |                |
|--------------|----------------|
| 81-90        | Fine           |
| 71-80        | Satisfactorily |
| Less than 71 | Unsatisfactory |

Situational tasks:

| Mark           | Description  |
|----------------|--|
| Great          | Demonstrate a thorough understanding of the problem.<br>Ability to analyze a situation and draw conclusions<br>Demonstration of confident situation-solving skills<br>Demonstration of professional thinking |
| Fine           | Demonstrate significant understanding of the problem. Ability to analyze a situation<br>Demonstration of situation-solving skills<br>Demonstration of professional thinking                                  |
| Satisfactorily | Demonstration of partial understanding of the problem.<br>Demonstration of insufficient ability to analyze a situation<br><br>Demonstrating poor problem solving skills                                      |
| Unsatisfactory | Demonstrating a lack of understanding of the problem.<br>There was no attempt to solve the problem.  |

Skills:

| Mark           | Description  |
|----------------|--|
| Great          | student has systemic theoretical knowledge (knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), independently demonstrates the implementation of practical skills without errors   |
| Fine           | the student has theoretical knowledge (knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), independently demonstrates the implementation of practical skills, allowing for some inaccuracies (minor errors), which he independently detects and quickly corrects |
| Satisfactorily | student has satisfactory theoretical knowledge (knows the basic principles of the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), demonstrates the implementation of practical skills, making some mistakes that can be corrected when corrected by the teacher        |
| Unsatisfactory | student Not has sufficient level theoretical knowledge (does not know how to perform practical skills, indications and contraindications, possible complications, standards, etc.) and/or cannot   |

|  |   |
|--|---|
|  | demonstrate practical skills independently or perform them, making gross mistakes |
|--|---|

### Evaluation criteria for the test

| Mark in the record book | Description  |
|-------------------------|--|
| Passed                  | Mark "PASSED" is assessed answer, revealing a strong knowledge of the basic processes of the subject area being studied, distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response. However, one or two inaccuracies in the answer are allowed. |
| not accepted            | Mark "NOT PASSED" is assessed answer, detecting ignorance processes of the studied subject area, characterized by shallow coverage of the topic; ignorance of the basic issues of theory, unformed skills in analyzing phenomena and processes; inability to give reasoned answers, poor command of monologue speech, lack of logic and consistency. Serious errors in the content of the answer are allowed.  |

### 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. | Examination event*  | Points |
|-----|---|--------|
| 1   | <b>Current control:</b>   |        |
|     | Performance in classes  | 45     |
|     | Attending lectures  | 12     |
|     | Other types of ongoing control work in a simulation training room, drawing up: forensic medical diagnosis, conclusions (conclusions) on the Acts (Expert Conclusions) of forensic medical examination of corpses in the relevant sections; Conclusions (conclusions) on examination reports, (Expert reports) of living persons (victims, accused, suspects). | 6      |
|     | <b>Frontier control:</b>  |        |
|     | Testing   | 9      |
|     | Colloquium  | -      |
|     | Oral interview  | 9      |
|     | Solving situational problems  | 7      |
|     | Laboratory work   | -      |

|   |   |     |
|---|---|-----|
|   | Other types of control. Acts (expert opinions) of forensic medical examination of corpses; Acts (conclusions) of examination of living persons (examined, accused, suspects). | 12  |
| Total maximum number of points for the examination procedure: |   | 100 |

\*Specific types, stages of the examination procedure, points for each stage are indicated, based on a maximum of 100 points in total for the examination procedure.