**Federal State Budgetary Educational Institution
higher education
Ural State Medical University
Ministry of Health of the Russian Federation**

**Department of Childhood Diseases**

APPROVE
Vice-Rector for Academic Affairs
Candidate of Medical Sciences, Associate Professor A.A. Ushakov
_____ 2025
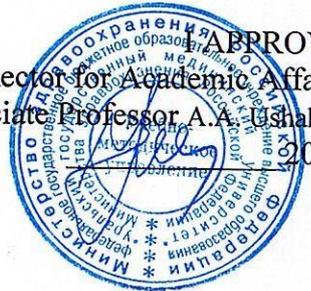
**Assessment tools fund for conducting intermediate assessment in the discipline
PEDIATRICS**

Specialty 31.05.01 General Medicine
Higher education level: SPECIALIST
Qualification: General Practitioner

Yekaterinburg
2025

Fund evaluation funds By discipline PEDIATRICS compiled by:

Plotnikova I.A., Doctor of Medical Sciences, Head of the Department of Childhood Diseases, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation
Zelentsova V.L., prof., MD, professor of the Department of Pediatric Diseases, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation
Myshinskaya O.I., PhD, Associate Professor of the Department of Pediatric Diseases, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation
Nikolina E.V., PhD, Associate Professor of the Department of Pediatric Diseases, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation
Safina E.V., PhD, Associate Professor of the Department of Pediatric Diseases, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation
Chernova E.M., Assistant Professor, Department of Pediatric Diseases, Federal State Budgetary Educational Institution of Higher Education, Ural State Medical University, Ministry of Health of the Russian Federation

Fund evaluation funds reviewed by: I.V. Vakhlova, Doctor of Medical Sciences, Professor, Head of the Department of Hospital Pediatrics, Federal State Budgetary Educational Institution of Higher Education "Ural State Medical University" of the Ministry of Health of the Russian Federation

# Table of contents

**Codifier results training By discipline**

Codifier of learning outcomes

| Category (group) of competencies | Code And name of competence | Code and name of the competency achievement indicator | Index of labor function and its content (from PS) | Dida kti -chesk a I am one (DE) | Controlled educational elements, being formed as a result of mastering the discipline | | | Assess-ment meth-ods I am the result of ov mastering the disci-pline we |
|---|---|---|---|---|---|---|---|---|
| | | | | | Knowledge | Skills | Skills | |
| Ethical and legal basis for profes-sional activity | OPK- 1. Able to imple-ment moral and legal norms, ethi-cal and deonto-logical principles in professional activities | ID-1 opk-1 Knows: Fun-damentals of medical ethics and deontol-ogy; Funda-mentals legislation in the field of healthcare ; le-gal aspects of medical prac-tice. ID-2 opk-1 Able to: defend civil rights doctors and patients of different ages ID-3 opk-1 Able to work with personal | | DE 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20,21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45. | moral and legal norms, ethical and deontologi-cal principles of conduct in the implementation of professional Noah activities; ethical issues of digital technolo-gies | observe moral And legal standards (including for col-lection, storage and processing of personal data) in profes-sional activities; present profes-sional infor-mation in the process of inter-cultural interac-tion, observing the principles ethics and deon-tology | skill behavior in the implementation of professional activities , behav-ior in compli-ance with moral and legal norms, ethical and deon-tological their principles of anonymization or pseudony-mization skill and personal data | BRS; creditable classes By cycle; test con-trols fron-tier, final; Testing the acqui-sition of practical skills; simulation technolo-gies; med-ical his-tory, exam. |

| | | data of patients and information constituting a medical secret, prevents them disclosure<br><br>ID-4 $_{opk-1}$ Possesses information skills patients and theirs relatives in accordance with requirements of the rules « informed nnogo consent" | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Diagnostic medical instrumental examination methods | OPK- 4. Able to use medical products provided for by the procedure for providing medical care help, and also | ID-1 $_{opk-4}$ Able to collect complaints, life history and illness history of the patient and analyze the information received ID-2 $_{OPC-4}$ Able to conduct a complete physical examination of a patient | Conducting examinations patient with goal establishments diagnosis (Code: A/02.7 ) | DE 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, | the main sections of preantenatal prevention of major diseases and conditions in children; etiology, pathogenesis, classification, diagnosis, treatment, prevention of | collect complaints, anamnesis life and diseases of a pediatric patient, select and prescribe drug therapy, use non-drug treatment methods, and carry out rehabilitation measures; | skill behavior in the implementation of professional activities , behavior in compliance with moral and legal norms, ethical and deontological principles with the skill of anonymization or pseu- | BRS; creditable classes By cycle; test controls frontier, final; Testing the acquisition of |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | (inspection, palpation, percussion, auscultation) and interpret its results<br>ID-3opk-4 Able to justify the need and scope of laboratory examination of a patient<br>ID-4opk-4 Able to justify the need and scope of instrumental examination of a patient<br>ID-5opk-4 Able to justify the need to refer a patient for consultations | | | the most common diseases of the child population; clinical symptoms of the main childhood diseases, principles and features of collecting complaints, anamnesis life and diseases in pediatrics | | donymization personal data | practical skills; simulation technologies; medical history, exam. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| conduct examinations of the patient in order to establish a diagnosis | to medical specialists ID-6opk-4 Able to analyze the results of a patient examination, and, if necessary, justify and plan the scope of additional research ID-7opk-4 Can interpret the results of collecting information about a patient's illness ID-8opk-4 Can interpret data obtained during laboratory examination of a patient ID-9opk-4 Can interpret data obtained during instrumental examination of a patient ID-10opk-4 Can interpret data obtained during patient consultations with specialist doctors ID-11OPK-4 is | | 17, 18, 19, 20,21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45. | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | capable of performing early diagnostics of internal organ diseases. ID-12opk-4 Can perform differential diagnostics of internal organ diseases from other diseases ID-13opk-4 Can determine the order of volume, content and sequence of diagnostic measures ID-14opk-4 Can determine medical indications for providing emergency, including specialized emergency medical care | | | | | |

1) Certification materials, control and measuring materials, i.e. questions, tickets, tests, tasks by which the department evaluates the level of preparation of the student, while standard control tasks or other materials, should be aimed not only at assessing knowledge, but also at assessing skills, abilities and (or) work experience;

- materials establishing the content and procedure for conducting interim assessments (tests, examinations);

- Sample topics of tests (if available in the curriculum) and requirements for their completion and design;

- Sample topics of coursework (if included in the curriculum) and requirements for their completion and design;

- Possible (approximate) topics of UIRS, research and development work in the discipline profile and requirements for their implementation and design.

– Examples of tests in the discipline

INTRODUCTION TO PEDIATRICS. GENERAL ISSUES OF PEDIATRICS. CHILDHOOD PERIODS (CH1).

1. Duration early neonatal period is:

a. 24 hours

b. 3 days

c. 5 days

d. 7 days

e. 28 days

2. Please specify characteristics pubertal period:

a. acceleration set weights

b. slowdown weight gain

c. decrease masses thymus And lymphatic nodes

d. maximum synthesis immunoglobulins

e. increase sensitivity fabrics To hormones

INSPECTION HEALTHY AND SICK CHILD. PECULIARITIES History Taking in Pediatrics. Assessing Life History and Identifying Risk Factors for Health Problems. Ethics and Deontology in Pediatric Practice (DE 2)

1. Aspects medical ethics includes V myself relationships next species (OPK -1):

a. doctor - patient

b. doctor - doctors

c. doctor - patient's relatives

d. doctor - representatives pharmacological companies

2. It is being carried out inspection child 12 years. Temperature 36.8°C, frequency breaths V minute – 18, pulse 80 bpm, blood pressure 120/70 mmHg . Answers questions correctly. The child's condition is assessed as:

a. satisfactory

b. average gravity

c. heavy

d. extremely difficult

e. agonal

PATTERNS OF GROWTH AND PHYSICAL DEVELOPMENT CHILD. METHOD AND WAYS ASSESSMENTS PHYSICAL DEVELOPMENT CHILDREN AND TEENAGERS. ANTHROPOMETRY TECHNIQUE. SEMIOTICS OF PHYSICAL DEVELOPMENT DISORDERS. METHODOLOGY FOR ASSESSING BIOLOGICAL MATURITY (DE 3)

1. Which from listed signs relate To somatometric indicators of physical development:

a. weight bodies

b. length bodies

c. circle chest cells

d. YELLOW

2. Most informative V preschool age (4-6 years) next indicators biological development:

a. change proportions physique
b. weather increase lengths bodies
c. degree development secondary genital signs
d. length bodies
e. number permanent teeth

– Examples of situational problems in the discipline

A situational task on the topic "NEUROPIAN AND MOTOR DEVELOPMENT OF CHILDREN. ANATOMICAL AND FUNCTIONAL FEATURES OF THE NERVOUS SYSTEM AT DIFFERENT AGE PERIODS. CRITERIA FOR ASSESSING THE NERVOUS AND MOTOR DEVELOPMENT OF CHILDREN AND ADOLESCENTS. STAGES OF FORMATION OF STATICS AND MOTOR SKILLS. DEVELOPMENT OF SPEECH, EMOTIONS AND FORMS OF COMMUNICATION. FACTORS INFLUENCING NERVOUS AND MOTOR DEVELOPMENT. SEMIOTICS OF DAMAGE TO THE NERVOUS SYSTEM" (DE4).

On reception at district police officer doctor boy 3.5 months. Complaints the mother does not present any claims.

History: from the 3rd pregnancy (the 1st and 2nd pregnancies ended in medical abortions), 1st birth. The pregnancy was associated with hypertension, feto -placental. Childbirth urgent, swift. Weight bodies at birth 3030 G, length - 51 cm. Apgar score 6/7 points. Breastfed in the delivery room. Discharged from the hospital on the 4th day. The baby has been bottle-fed since 2 months (NAN-1 formula, 130 ml 6 times a day).

Objectively: body weight 5500 g, length 55.5 cm. When unswaddled , he is active, smiling, cooing , and trying to turn onto his side. He holds his head steadily when lying on his stomach and in an upright position. His gaze is fixed on a bright toy, and he demonstrates no tracking ability. constantly, gets tired quickly. Turns his head in side vote adult. Skin covers pale pink, clean. Subcutaneous fat is 1.5 cm on the abdomen and chest, and 2 cm on the extremities. The pharynx is normal. Vesicular breathing, respiratory rate is 34 bpm. Heart rate is 136 bpm. The abdomen is soft and painless, the liver protrudes 1.5 cm from under the costal margin. The spleen is not palpable. Stool is mushy three times a day.

Questions:
1) Rate it neuropsychiatric development child (NPR)
2) Determine group NPR
3) Determine factors risk defeats CNS at this child.

– Examples design recipes on medicinal drugs:
1. Alice N., 12 years
   Rp .: Sol . Chloropyramids 2% - 1.0 ml
   Dtd . No. 10 in amp .
   S. By 1 ml 2 once V day intramuscularly 3 days.
2. Nikita L., 3 years, weight 17.8 kg
   Rp .: Susp . Amoxiclavi 125/31.25 mg - 5 ml
   DS Inside By 5 ml 3 times V day 7 days.
3. Artem K., 1 year 2 months
   Rp : Supp . Paracetamol 0.1 g
   Dtd . No. 10
   S. By 1 candle rectally, at temperature higher 38.5°C With interval Not less 4 h, lasting no more than 3 days.

– List of research results for interpretation during the exam in the discipline (ID-8 OPK-4) taking into account age standards for a number of laboratory indicators:
1. Complete blood count (erythrocytes, leukocytes with formula, platelets, hemoglobin level, hematocrit value, ESR, erythrocyte indices (mean corpuscular volume (MCV), erythrocyte distribution width (RDW), mean corpuscular hemoglobin content (MCH), mean corpuscular hemoglobin concentration (MCHC).

2. General urine analysis (pH, relative density, protein, glucose, ketone bodies, sediment microscopy)
3. Coprogram (pH, blood, mucus, muscle fibers, cellulose, neutral fat, fatty acids, soaps, starch, leukocytes, erythrocytes, epithelium)
4. Proteinogram (total protein, albumin, globulin)
5. Liver function tests (alanine aminotransferase (ALT), aspartate aminotransferase (AST), gamma- glutamyl transpeptidase (GGT), total, conjugated and unconjugated bilirubin)
6. Total cholesterol and its fractions: high-density lipoproteins (HDL), low-density lipoproteins (LDL).
7. Alkaline phosphatase
8. Blood amylase
9. Blood glucose
10. Serum iron
11. Total iron-binding capacity of serum (TIBC)
12. Transferrin level
13. Blood urea
14. Blood creatinine, calculation of glomerular filtration rate (GFR)
15. Rheumatoid tests (C-reactive protein, antistreptolysin O, rheumatoid factor).

– An example of research results proposed for interpretation in an examination task.

Nikita L., 10 years old.

*UAC* : Er. - $4.2 \times 10^{12}$/l; Hb - 124 g/l; L - $8.5 \times 10^{9}$/l, (E - 0%, P - 3%, S - 64%, Lymph. - 26%, Mon. - 7%), ESR - 18 mm/hour.

*Urine analysis:* acidic reaction, relative density - 1019, protein not detected, sediment microscopy: erythrocytes 1-2 in the field of view , leukocytes 2-3 in the field of view , squamous epithelium - 1-2 in the field of view .

*Blood biochemistry* : amylase - 8.9 mg/s-l, glucose - 4.2 mmol/l, total bilirubin - 18.0 μmol /l, ALT/AST - 0.4/0.2 mmol/h-l, cholesterol - 5.6 mmol/l, potassium - 4.0 mmol/l, creatinine - 65 μmol /l, total protein - 72 g/l, albumins - 43.9%, globulins - 56.1%: a1- 3.9%, a2- 14.4%, b - 12.3%, g - 25.5%. ASLO - 250 units , CRP - 7 mg/l.

Interpretation: UAC – accelerated ESR, OAM without features; Biochemical blood test - dysproteinemia , increased ASLO and CRP.

– Example of questions for midterm assessment in a discipline.

TOPIC CLASSES: Intestinal infections at children.
1. Clinical and epidemiological features, etiological structure and classification of acute intestinal infections in children.
2. Etiology, pathogenesis, clinical picture, diagnosis, and treatment of Escherichia coli . Quarantine duration, anti-epidemic measures at the site of infection. Non-specific prevention.
3. Etiology, pathogenesis, clinical features, diagnosis, and treatment of shigellosis . Duration of quarantine, anti-epidemic measures at the site of infection. Nonspecific and non-specific prevention of shigellosis .
4. Characteristics of acute intestinal infections in children: etiology, pathogenesis, clinical presentation, diagnosis, and treatment of salmonellosis. Quarantine duration, anti-epidemic measures at the site of infection. Non-specific prevention.
5. Characteristics of acute intestinal infections in children: etiology, pathogenesis, clinical presentation, diagnosis, and treatment of enterocolitis caused by opportunistic flora. Risk groups. Quarantine duration, anti-epidemic measures at the site of infection. Non-specific prevention.
6. Characteristics of acute viral diarrhea in children. Etiology, pathogenesis, clinical features, diagnosis, and treatment of rotavirus infection. Duration of quarantine, anti-epidemic measures Job V hearth infections. Non-specific And specific prevention of rotavirus gastroenteritis.

7. Complications intestinal infections at children: neurotoxicosis , exsicosis , degrees gravity, additional diagnostics algorithms treatment. Calculation volume And compound solutions for oral and parenteral rehydration .
8. Groups of etiotropic drugs for the treatment of intestinal infections, dosage calculation, routes of administration, course duration, indications for antibacterial therapy.
9. Correction microbiota at intestinal infections at children: groups drugs.
10. Diet for intestinal infections in young and older children. Specialized therapeutic nutrition products. Single and daily feeding schedules and amounts. Water and tea breaks, duration, and age restrictions. Principles for expanding the diet for intestinal infections.

– Examples of examination tickets for the discipline.

Ticket No. 1

1. Determining a health group. Algorithm for determining a child's health group. Procedure for conducting preventive medical examinations of minors.
2. Bronchial asthma: definition, prevalence, etiology, predisposing factors factors development And main links pathogenesis And Diagnosis of bronchial asthma in children of different ages.
3. Situational task

Patient N., 12 years old, was admitted to the emergency room of the children's hospital with complaints of a fever of up to 38.5 $^0$ C, a change in the color of urine, and a headache.

She fell ill about a month ago with a fever and a sore throat. On the second day of illness, a small, punctate rash appeared on her face, chest, abdomen, and inner extremities. The rash faded the following day. The parents did not seek medical attention, and the child received symptomatic treatment, including antipyretics and herbal remedies. A week later, her temperature returned to normal, and she returned to school. Two weeks later, her condition worsened, with a recurring fever, headache, brown urine, and decreased urination.

From anamnesis: girl from first pregnancy, flowing without pathologies. Born full term. Experienced acute respiratory viral infections (ARVI) 2-3 times a year, chickenpox, measles, and chronic tonsillitis since age 7. Her parents and immediate family are healthy.

Objectively: temperature 37.5 $^°$C. Skin is very pale, no visible edema. Pharynx - tonsils are loosened, enlarged. Breathing is vesicular. Respiratory rate is 20 beats per minute. The left border of the heart is displaced. outward on 1 cm. Tones hearts weakened, on top And V V point - Systolic murmur. Heart rate 116 beats per minute. Blood pressure 140/80 mmHg . The abdomen is soft and painless. The liver is +3 cm. The spleen is not palpable. Percussion over the kidneys is painless. The stool is formed.

Results examinations:

Peripheral blood test: erythrocytes 3.9x10 $^{12}$ /l; hemoglobin 108 g/l; leukocytes 15.0x10 $^9$ /l; leukocyte formula eosinophils - 6%; band neutrophils - 1%; segmented leukocytes- 54%; lymphocytes - 33%; monocytes -6%; ESR 50 mm/ hour .

Urinalysis: acidic reaction, relative density 1026, protein 0.92 g/l, sediment microscopy: altered erythrocytes - throughout the field of view.

ECG: rhythm sinus, 120 V a minute, moderate hypertrophy left departments.

Blood biochemistry: amylase 4.2 mg/s-l, glucose 5.1 mmol/l, total bilirubin 8.2 μmol /l, creatinine 90 μmol /l.

1. Formulate diagnosis, having substantiated his existing V task information.
2. What treatment measures are necessary based on the conditions of the problem and diagnosis?
3. Which additional laboratory and/or instrumental What studies should be carried out to clarify the diagnosis and conduct differential diagnostics? Give it to me convincing argumentation necessity And expected the results of each study.
4. Wanted whether additional consultations adjacent specialists?

5.        Determine tactics V relation patient after stage treatment V in hospital.

– Topics of research papers in the discipline.

- Diagnostics, methods And efficiency correction of violations neuropsychic development of children of various origins.
- Implementation and evaluation of elements of the Early Intervention Concept in a comprehensive program of rehabilitation and habilitation of children, including children with disabilities.
- Assessment of physical development and actual diets in children of different ages and pathology profiles.
- Influence factors ecological troubles on health And formation of pathology in children.
- Study rows pathogenetic mechanisms formations nephropathy in young children.
- Pathogenetic mechanisms formations diseases lungs at children.
- Specialized diets V treatment heavy pathologies at children.
- Analysis factors risk V development pathologies perinatal period at children.
- Analysis of regional characteristics of the prevalence of congenital, oncological pathology and diseases of the respiratory system, urinary system in the child population.

2) Description of the assessment technology. Rules for forming the rating assessment of students in the discipline "PEDIATRIC "

Rules for forming an assessment for a discipline (practice) within the framework of ongoing monitoring of academic performance. Rating for semester is determined next way:

As part of ongoing monitoring of academic performance in a discipline or practical training, the teacher organizes and carries out summative assessment during the midterm assessment process by assessing the knowledge, skills, abilities, and elements of competencies acquired by students.

Grading of midterm assessment results is based on a five-point scale. Positive grades are: "excellent" (5 points); "good" (4 points); and "satisfactory" (3 points).

The result of the current monitoring of academic performance in a discipline (practice) is the grades received by the student for all midterm assessments in the semester, stipulated by the working program of the discipline (practice).

The final result of the current monitoring of academic performance in the semester is expressed in rating points as a percentage of the sum of positive grades for the midterm assessments received by the student in the semester, to the maximum possible number of points based on the results of all midterm assessments in the semester.

$R_{current\ control} = \sum (a1+a2+\ldots ai) / \sum (m1+m2+\ldots+ mi) \times 100\%$, where

$R_{current\ control}$ – the total number of rating points based on the results of current control in the semester;

a1, a2, ai – positive grades (3, 4, 5) received by a student based on the results of midterm assessments provided for by the work program of the discipline (practice) in the semester;

m1, m2, mi – maximum grades (5) for the same final assessments that are provided for in the course (practice) work program in the semester.

The result of current academic performance monitoring is the number of rating points received by a student during the semester, in the range of 40 – 100.

This discipline is studied over two semesters, and its study is completed by submitting a single form of reporting (exam), therefore the results of current monitoring of academic performance in the discipline are calculated as the average value of rating points for the discipline in semesters.

The average value of a student's rating points in a discipline in semesters = rating points of semester 1 + rating points of semester 2, divided by the number of semesters.

The maximum number of rating points that a student can earn in a discipline (practice) in a

semester based on the results of the current academic performance monitoring is 100 rating points.

The minimum number of rating points that a student must score in a discipline (practice) in a semester based on the results of the current academic performance monitoring is 40 rating points.

Students who have earned 40 rating points but have failed all the final assessments for the semester are allowed to take the exam. In this case, during the exam, the student will be asked additional questions on the topics covered in the failed final assessments.

The procedure and terms for collecting points.

The procedure for obtaining additional rating points is established in the event that a student has not received the established minimum rating points (40 points) required for admission to a test, a test with a grade, or an exam.

The department develops and organizes the procedure for increasing the rating points to the established minimum, including setting dates, determining the format of its implementation, and appointing responsible teachers.

The assessment criteria for interim assessments, their number, assessment form, content, and examples of assessment tools for conducting interim assessments are determined and approved at a department meeting. This information is presented in the course syllabus.

To beginning examination sessions And to dates submitting a journal to the institute Based on attendance and current academic performance, students whose course rating for the semester does not exceed the established minimum have the right to undergo the procedure for obtaining additional rating points, but they lose the right to take the exam or test in the "automatic" format.

Making up for missed classes.

Students are required to conscientiously master the educational program, including attending classes stipulated by the curriculum or individual curriculum, and independently prepare for classes.

Students who miss practical classes during the semester are required to make up for them before the start of the examination session.

The department is obligated to provide students with the opportunity to make up missed classes before the start of the examination period. A schedule of missed classes must be drawn up within the first two weeks of each semester for the current semester, communicated to students, and posted on the University's online information and educational platform.

Missed lectures will not be made up.

The head of the department informs the director of the institute about the attendance of practical classes and the current academic performance of students at least once a month.

If a student fails to achieve the established minimum during the procedure for collecting rating points for a discipline, he/she does not receive credit and is not allowed to take the exam.

To reward students, the rating system for assessing student knowledge includes incentive points (bonuses). These are awarded to students who are active in their student research clubs and demonstrate specific scientific achievements. Incentive points and their number for research work are approved at a departmental meeting (Table 3).

Table 3. Rating of the research work completed by the student within the framework of the department's SSS

| No. p. p | Type of work | Quantity rating points |
|---|---|---|
| 1. | Participation V work of the department's Student Scientific Society | |
| 1.1 | Active participation in everyone meetings | 3 |
| 1.2 | Participation V most meetings (more 2/3) | 2 |
| 1.3 | Episodic participation (less 1/3) | 1 |
| 2 | Completed student Job | |

| | | |
|---|---|---|
| 2.1 | A multimedia presentation was prepared and presented at the department's Student Scientific Society meeting. | 2 |
| 2.2 | The research work was completed and the data was presented at the SNO meeting in the form of a multimedia presentation . | 6 |
| 2.3 | Research work has been completed and the results have been published as abstracts or articles. | 10 |
| | Total | 1 – 20 |

3)Evaluation criteria.

– Test assessment methodology: After completing each module, students take a final test. At the end of the cycle, students take a final test on the Pediatrics course. The grade is assigned in points (from 3 to 5) based on the number of correct answers. Less than 70% correct answers are considered unsatisfactory, 70% to 79% - 3 points, 80% to 89% - 4 points, and 90% to 100% - 5 points.

– An assessment methodology based on situational problems used for ongoing assessment of student knowledge. The grade for problem solving is assigned in points (from 3 to 5) according to the following criteria:

5 points - answer on questions tasks Dan Right. Explanation move her solutions Detailed, consistent, competent, with theoretical justifications (including from the lecture course); answers to additional questions are correct and clear.

4 points - answer on questions The tasks are given correctly. Explanation move her decisions detailed, but not enough logical, With isolated mistakes V details, some difficulties in theoretical justification (including from lecture material); answers to additional questions are correct, but not clear enough.

3 points – the answers to the problem questions are correct. The explanation of the solution process is incomplete, inconsistent, contains errors, and lacks theoretical justification (including lecture material); the answers to additional questions are not clear enough, and contain errors in detail.

Grade "unsatisfactory": answers on questions tasks given wrong. The explanation of the solution process is incomplete, inconsistent, contains gross errors, and lacks theoretical justification; the answers to additional questions are incorrect (absent).

– Methodology for assessing students' answers to examination questions:

Ticket consists of from two theoretical questions And one clinical tasks. When answering the exam, you can score a maximum of 40 points:

1 question ticket – 10 points

2 question ticket – 10 points

3 question ticket (clinical task) - 20 points

A student's examination rating for a subject at the exam of less than 16 rating points is considered unsatisfactory (regardless of the student's rating for the subject in the semester).

Minimum checkpoint sum points For receipt marks for exam 16 points – the answer is "satisfactory".

For translation rating student for answer on exam V certification The following scale is introduced for assessment:

| Certification grade student on exam | Rating points |
|---|---|
| unsatisfactory | 0 – 15 |
| "satisfactorily" | 16 – 23 |
| "Fine" | 24 – 31 |
| "Great" | 32 – 40 |

Criteria assessments 1 And 2 theoretical question:

| "Great" - 10 points | The student demonstrates a thorough knowledge of the fundamental processes in the subject area being studied; the answer is characterized by a complete coverage of the topic; has a command of the terminology; the answer is logical and consistent; is able to explain the essence of phenomena, processes, and events in a reasoned manner, analyze, draw conclusions and generalizations, and provide examples; can justify choice method solutions problems, demonstrates skills her solutions |
|---|---|
| "Fine" - 7 points | The student demonstrates knowledge at a basic level the main processes of the subject area being studied, the answer is characterized by the completeness of the topic; has a command of the terminology; is fluent in monologue speech, but allows for inaccuracies in the answer; can explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, cite examples; however allows inaccuracies V answer; arise difficulties in the answers on questions |
| "Satisfacto-rily" - 4 points | The student demonstrates insufficient knowledge to explain the observed processes in the subject area being studied, the answer is characterized by insufficient completeness of the topic on the main issues of theory and practice, errors are made in the content of the answer; the student demonstrates skill give reasoned answers And drive examples on threshold level |
| "Unsatisfac-tory" - 1 points | The student demonstrates a weak knowledge of the subject area being studied and lacks the ability to analyze and explain observed phenomena and processes. The student makes serious errors in the content of the answer. demonstrates a lack of understanding of the problem. Many of the requirements of the task are not met. The student lacks skill argue answers And drive examples. |

Criteria assessments clinical tasks:

| "Great" - 20 points | The student demonstrates a thorough knowledge of the fundamental processes in the subject area being studied; the answer is characterized by a complete coverage of the topic; has a command of the terminology; the answer is logical and consistent; is able to explain the essence of phenomena, processes, and events in a reasoned manner, analyze, draw conclusions and generalizations, and provide examples; can justify choice method solutions problems, demonstrates skills her solutions |
|---|---|

| | |
|---|---|
| "Fine" – 14 points | The student demonstrates knowledge at a basic level the main processes of the subject area being studied, the answer is characterized by the completeness of the topic; has a command of the terminology; is fluent in monologue speech, but allows for inaccuracies in the answer; can explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, cite examples; however allows inaccuracies V answer;<br><br>arise difficulties in the answers on questions |
| "Satisfactorily" - 8 points | The student demonstrates insufficient knowledge to explain the observed processes in the subject area being studied, the answer is characterized by insufficient completeness of the topic on the main issues of theory and practice, errors are made in the content of the answer; the student demonstrates skill give reasoned answers And<br><br>drive examples on threshold level |
| "Unsatisfactory" - 2 points | The student demonstrates a weak knowledge of the subject area being studied and lacks the ability to analyze and explain observed phenomena and processes. The student makes serious errors in the content of the answer. demonstrates a lack of understanding of the problem. Many of the requirements of the task are not met. The student lacks skill argue answers And drive<br><br>examples. |

– Automatically assigning an "excellent" grade and incentives points.

By decision of the department, a student who demonstrated advanced proficiency in the course of mastering the discipline A student's level of knowledge can receive an "excellent" grade automatically without taking an exam, a graded test, or a credit test. Reasons for assigning an "excellent"/"pass" grade automatically include:

- high level of academic achievement demonstrated at international controls By discipline (ratings "Great" or "Great" and "good");
- demonstration of an advanced level of academic achievement (research work, olympiads, competitions, etc.) in academic group, University, region or the Russian Federation.
- A rating lower than "excellent" is not possible in the automatic format.

– Algorithm for determining the final student rating in the academic discipline "Pediatrics". Final rating student 4 course (7 semester) By educational discipline is determined as a result summation average from rating points, recruited student V over the course of 2 semesters based on the results of final examinations in the discipline and the rating points received by the student based on the exam results.

The final rating for the discipline Pediatrics: Ritog = R year + R exam on a 100-point system is entered into the grade book along with a 5-point grade.