

Документ подписан простой электронной подписью
 Информация о владельце:
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 Должность: ректор
 Дата подписания: 10.06.2024 11:46:50
 Уникальный идентификатор документа:
 e3a68f3eaa1e62674b54f4998099d3d6bfdcf886

Diagnostic test

Faculty therapy, Term 7, 8

Curriculum	Specialty 31.05.01 General Medicine
Qualification	General Medicine
Form of education	Full-time
Department	Internal diseases

Term 7

COMPETENCES	Task	Answer options	Type of question complexity
PC-1.1 PC-3.1 PC-3.4	Indicate one correct and most complete answer 1. The most characteristic changes in left-sided pneumonia (inflammatory thickening of the lung lobe) are	1. fever, respiratory lag in left of the thorax 2. fever, respiratory lag in left half of the chest, dulling of the percussion sound 3. fever, respiratory lag in left half of the chest, strengthening of the percussion sound	low
PC-1.1 PC-3.1 PC-3.4	Indicate one correct answer 2. Typical clinical sign in small bronchial spasm?	1. expiratory dyspnoea 2. inspiratory dyspnoea 3. Cheyne-Stokes respiration 4. nocturnal apnoea	low
PC-1.1 PC-3.1 PC-3.4	State one correct answer 3. The main type of breathing in the initial stage of lung inflammation is as follows	1. weakened or decreased vesicular respiration 2. amphoric breathing 3. bronchial breathing 4. mixed bronchovesicular respiration.	low
PC-1.1 PC-3.1 PC-3.4	Specify one correct answer 4. The main type of breathing in acute bronchitis is	1. weakened vesicular respiration 2. amphoric breathing 3. bronchial breathing 4. stiff breathing 5. mixed bronchovesicular breathing	low
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Specify one correct answer 5. The diagnosis of nosocomial (hospitalised) pneumonia is made if it has developed:	1. 6-12 hours after hospitalisation 2. 48 hours or more after hospitalisation 3. immediately after discharge from hospital 4. regardless of the time of hospitalisation	low
PC-1.1 PC-3.1 PC-3.4	Indicate all correct answers 6. Patients with bronchial obstruction syndrome are characterised by	1. inspiration disturbance 2. disturbance of breathing out 3. apnoea 4. acrocyanosis 5. diffuse cyanosis	middle
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Indicate all correct answers 7. Bronchodilators that act predominantly on lung β_2 -adrenoreceptors	1. adrenaline 2. ephedrine 3. isadrine 4. salbutamol 5. berotec	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3	Indicate all the correct answers 8. The atopic form of bronchial asthma is characterised by:	1. begins in childhood 2. begins in old age 3. increased IgE level in the blood 4. low blood IgE level 5. normal level of blood eosinophiles	middle

PC-3.4		6. increased level of blood eosinophiles	
PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 9. The main anti-inflammatory agents for the treatment of patients with bronchial asthma are	1. antibiotics 2. glucocorticosteroids 3. cromones 4. β 2-agonists 5. methylxanthines	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 10. Treatment of patients with moderate-to-severe bronchial asthma involves	1. daily use of glucocorticosteroids 2. inhalation of short-acting β 2-agonists on demand 3. daily use of prolonged-acting bronchodilators 4. daily use of antihistamines	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers (SELECT 3 of the given answers) 11 Treatment for asthmatic status asthmaticus in the mute lung stage includes	1. lavage of the bronchial tree during bronchoscopy 2. therapy with calcium antagonists and respiratory analeptics 3. inhalation of glucocorticosteroids and phenoterol 4. intravenous administration of glucocorticosteroids and euphylline 5. intravenous administration of soda and saline	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 12. Diseases in which haemoptysis is common	1. bronchitis 2. pneumonia 3. lung cancer 4. pulmonary emphysema 5. pleurisy 6. tuberculosis	middle
PC-5.2	Indicate all correct answers 13. What signs give reason to suspect myocardial infarction?	1. duration of pain more than 15 min 2. tremor of extremities 3. labile BP 4. pain more intense than in previous attacks 5. fever 6. no effect from nitroglycerin	middle
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Select 1 combination 14. In moderate COPD during exacerbation with signs of bacterial infection it is rational to use: 1) oxygen therapy 2) salbutamol 3) berodual 4) euphyllin 5) penicillin 6) cephalosporin	1. 1 и 4 2. 2 and 3 3. 1 и 5 4. 3 и 6 5. no combination	high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all the correct answers 15. Purulent sputum "full mouth" is characteristic of:	1. opening of an abscess into a bronchus 2. peripheral lung cancer 3. bronchial asthma 4. COPD 5. bronchiectatic disease	high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	Indicate all correct answers 16. Mandatory diagnostic methods in bronchial asthma	1. general blood test 2. detailed immunogram 3. review chest X-ray 4. spirogram 5. sputum cytology 6. ultrasound of pleural cavities 7. bronchoscopy	high

PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate 3 correct answers 17. The cause of exudate in the pleural cavity may be	1.pneumonia 2.lung cancer 3.pulmonary hypertension 4.tuberculosis 5.arterial hypertension 6.asbestosis	high
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Indicate all correct answers 18. The most characteristic and alarming symptoms suggestive of central lung cancer are	1. pleurisy 2.haemoptysis 3.hoarseness of voice 4.subfebrileitis 5. cough with dyspnoea 6. decreased appetite	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Finish the sentence: 19. A disease characterised by damage to the heart valves in the form of post-inflammatory marginal fibrosis of the valve leaflets or heart defects formed after an ARF event is ...		middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	Distribute all the features between the nosologies 20. <u>Nosologies:</u> 1. atopic bronchial asthma 2. COPD <u>Signs:</u> A. previous pollinosis B. increase in PEF1 after inhalation of salbutamol C. progressive irreversible bronchoobstruction D. history of smoking > 10 packs/year E. «glass» sputum F. emphysema or bronchitic type	1. →, →, – 2. →, →, –	high

Faculty therapy, Term 8

COMPETENCES	Task	Answer options	Type of question complexity
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Indicate one correct and most complete answer 1.In the treatment of chronic pancreatitis in the stage of exacerbation prescribe:	1. diet, enzyme preparations 2. diet, enzyme preparations, antispasmodics, analgesics 3. diet, enzyme preparations, antispasmodics, analgesics, glucocorticosteroids 4. diet, enzyme preparations,	low

		antispasmodics, analgesics, immunosuppressants 5. diet, enzyme preparations, antispasmodics, analgesics, tranquilisers	
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 2. Which of the following classes of lipoproteins are atherogenic?	1. chylomicrons 2. LDL - low-density lipoproteins 3. LDPP - intermediate density lipoproteins 3. HDL - high density lipoproteins	low
PC-1.1 PC-1.2	Specify one correct answer 3 The most common cause of chronic pancreatitis is the following	1.excessive body weight 2.chronic viral infections 3.alcohol abuse 4.cholelithiasis 5.dyslipidaemia	low
PC-3.1 PC-3.2 PC-3.3 PC-3.4	Specify one correct answer 4. Which of the following ECG changes is typical for angina pectoris?	1) abnormal Q spike; 2) ST segment depression; 3) the appearance of biphasic T-wave; 4) His bundle branch block.	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	Specify one correct answer 5. A 62-year-old patient with a short ulcerous history and a long non-healing gastric ulcer presented with complaints of weakness, nausea, aversion to meat, constant pain in the pancreatic region, weight loss. Typical picture of a complication:	1.penetration of the ulcer 2.stenosis of the outlet of the stomach 3.primary ulcerative form of cancer 4.ulcer perforation 5.microbleeding from the ulcer	low
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 6. Liver cirrhosis is distinguished from chronic hepatitis:	1.presence of parenchymatous jaundice 2.presence of portocaval and cavo-caval anastomoses 3.presence of cholestatic syndrome 4.presence of ascites 5.presence of cytolytic syndrome	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Specify one correct answer 7. What is typical of atrial fibrillation?	1) frequency of ventricular complexes more than 120 per min; 2) absence of P waves; 3) presence of premature QRS complexes; 4) shortening of PQ intervals; 5) presence of delta waves.	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all the correct answers 8. The risk factors for Ischaemic heart disease are:	1.smoking 2.pregnancy 3.intense sport 4.hypodynamia 5.obesity 6.inflammatory processes in the kidneys 7.arterial hypertension 8.diabetes mellitus	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3	Indicate all correct answers 9. Side effects of ACE inhibitors when it	1.decreased taste sensation 2.angioedema, skin reactions in the form of erythema 3.excessive decrease in BP after the first	middle

PC-3.4	is necessary to stop of their use	administration 4.severe dry cough 5.headache after the first dose	
PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 10. Complications of atrial fibrillation	hypertensive crisis 2.thromboembolic syndrome 3.haemorrhages 4.acute heart failure 5.Dressler's syndrome	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	State all the correct answers (SELECT 3 of the given answers). 11. What treatment is necessary in the first 2 hours of a typical course of myocardial infarction with BP 125/82 mmHg, sinus rhythm and O2 saturation - 95	1.oxygen therapy 2.anticoagulant 3.antiarrhythmic drug 4.disaggregant 5.vasopressor 6.narcotic analgesic 7.calcium antagonist therapy 8.cardiac glycoside	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all correct answers 12. The clinical picture of duodenal ulcer is characterised by:	1. 'Night' and 'hunger' pains. 2.Tendency to constipation 3.Reduction of pain after meals 4.Periodic character of pain 5.Increase of pain after eating 6.Permanent character of pain 7.Significant decrease in BMI	middle
PC-3.1 PC-3.2 PC-3.3 PC-3.4	Specify one correct answer Which statement is true for a patient with chronic heart failure classified as functional class II ?	1) cardiac symptoms are detected only by instrumental methods under conditions of maximal physical activity; 2) normal physical activity does not cause fatigue, palpitations, dyspnoea, anginal pain; 3) normal physical activity causes fatigue, palpitations, dyspnoea, anginal pain; 4) fatigue, palpitations, dyspnoea, anginal pain occur with minimal physical activity; 5) the patient is unable to perform any physical activity without discomfort.	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4 PC-5.1 PC-5.2 PC-5.4 PC-8.2	Choose 1 rational combination (Indicate 1 the correct answer for every question) 14.In reflux oesophagitis with hyperacidity, the rational -for acidity reduction -to improve motor skills use of: 1) nitroglycerin 2) domperidone 3) spasmalgon 4) de nol 5) cimetidine 6) famotidine	1. 2 and 4 2. 3 and 5 3. 1 and 2 4. 2 and 6	middle
PC-1.1 PC-1.2 PC-3.1 PC-3.2	Indicate all the correct answers 15. Chronic glomerulonephritis is	1.high leucocyturia, bacteriuria 2.fever with chills 3.daily proteinuria more than 3 grams 4. one-sided of kidney damage	middle

PC-3.3 PC-3.4	characterised by:	5.increase in BP 6.proteinuria combined with haematuria and cylindruria	
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Indicate all correct answers 16. Obligatory methods of diagnostics of chronic gastritis in the stage of pronounced exacerbation	1.duodenal probing 2.detailed immunogram 3.gastric X-ray (if FGDS is not possible) 4.FGDS 5.test for Helicobacter pylori 6.bacterial culture of gastric juice 7.bacterial stool culture for dysbacteriosis 8.morphological examination of the gastric mucosa	high
PC-3.2 PC-3.3 PC-3.4	Indicate 2 correct answers 17.The most characteristic and alarming symptoms indicating oesophageal cancer on the background of chronic oesophagitis are as follows	1. dysphagia 2.heartburn 3.salivation 4.weight loss 5. acid belching	high
PC-1.1 PC-1.2	Indicate all the correct answers 18. Chronic atrophic gastritis is characterised by	1.anaemia 2.acid belching 3.diarrhoea 4.weight loss 5.leucocytosis and elevation of erythrocyte sedimentation rate 6. pain syndrome 7.subfebrile temperature 8.heartburn	high
PC-5.1 PC-5.2 PC-5.4 PC-8.2	Specify one correct answer 19. Peculiarities of antibiotic treatment in the detection of Helicobacter pylori in the stomach according to the current standard	1. 1 antibiotic for 7 days 2. 1-2 antibiotics 7 days 3. 2-3 antibiotics 10 days 4. 2-3 antibiotics 14 days 5. 3 antibiotics 21 days	high
PC-1.1 PC-1.2 PC-3.1 PC-3.2 PC-3.3 PC-3.4	Indicate all the correct answers 20. Chronic hepatitis of alcoholic aetiology is characterised by	1.pronounced splenomegaly 2.hepatomegaly 3.increase in blood bilirubin, liver-specific enzymes 4.varicose and dilated oesophageal veins 5.preservation of liver architectonics	high