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ASSESSMENT TOOLS

Supplement to the work program for the discipline

INFECTIOUS DISEASES

Code, direction of preparation	31.05.01 Medical practice
Directionality (profile)	Medical practice
Form of study	full-time
Department of Development	Multidisciplinary clinical training
Graduating department	internal diseases

TYPICAL TASKS FOR CREDIT WITH ASSESSMENT

TEST - WRITING A MEDICAL HISTORY

Final test

The test is conducted to monitor students' acquisition of the lecture course knowledge, to assess knowledge and skills acquired during practical classes, and to check the ability to solve various types of problems that develop professional abilities in accordance with the requirements of the specialist's qualification characteristics. The test is conducted according to the schedule during class hours in the volume stipulated by the work program for the discipline and the teacher's academic workload. The time for preparing for the test is included in the number of hours of independent work of students and should not exceed 4 hours. The test is assessed by a differentiated assessment. In the event of an unsatisfactory grade received by the student, a new deadline for writing the test outside of class time is set.

(Surgut State University Quality Management System QMS Surgut State University STO-2.12.5-15 Organization of current monitoring of academic performance and midterm assessment of students Edition No. 2 p. 7 of 21)

Writing a clinical case history

The student independently selects a nosological form, develops and defends a medical history according to the proposed scheme (Appendix No. 2 Medical History Scheme)

The main stages of writing a clinical history:

Title page (separate page)

1. Passport section.
2. Complaints: main and those found during the survey by organ systems.
3. History of the main and concomitant diseases.
4. Life history. Epidemiological history.
5. Data from an objective examination of the patient.
6. Justification of the preliminary diagnosis and its formulation.
7. Survey plan.
8. Laboratory and instrumental research data, consultants' opinions.

9. Final clinical diagnosis (rationale and formulation).
10. Differential diagnosis.
11. Treatment of the patient and its rationale.
12. Forecast.
13. Prevention (primary and secondary).
14. Epicrisis.
15. Curation diary.
16. List of references.

TYPICAL QUESTIONS FOR THE CREDIT WITH ASSESSMENT (9th semester)

The test contains three theoretical questions and a situational task.

1. The concept of "infection", "infectious process", "infectious disease". Periods of infectious disease and their importance for diagnostics.
2. The concept of infectious disease and its symptoms.
3. General patterns of development of the infectious process, its forms.
4. Contents and tasks of the science of infectious diseases. Its connection with other medical disciplines.
5. Classification of infectious diseases. Principles of classification individual nosological forms.
6. General principles of early detection of infectious patients in practice local doctor.
7. Principles of early diagnosis of infectious diseases.
8. Basic principles and methods of treatment of infectious patients.
9. Principles of antibiotic therapy for infectious patients.
10. Natural focal diseases of Western Siberia and their prevention.
- Intestinal infections.
11. Typhoid fever: etiology, epidemiology, pathogenesis, clinical features.
12. Treatment of patients with typhoid fever. Detection and diagnosis of bacterial carriage during the convalescence period.
13. Typhoid fever. Pathogenesis, pathomorphological changes in the intestine. Diagnosis of the disease.
14. Dysentery: colitis form. Clinic, diagnosis and treatment.
15. Dysentery. Clinical classification of dysentery. Gastroenterocolitic form of dysentery. Diagnostics and treatment.
16. Differential diagnostics of bacterial dysentery, salmonellosis, food poisoning.
17. Salmonellosis. Pathogenesis, clinical features, diagnostics, treatment.
18. Salmonellosis. Gastrointestinal form. Clinical picture and treatment.
19. Characteristics of generalized forms of salmonellosis. Treatment of patients.
20. Salmonellosis. Etiology, epidemiology, pathogenesis. Clinical classification. Diagnostics and prevention of salmonellosis.
21. Pseudotuberculosis. Etiology, epidemiology, clinic, diagnosis, and treatment.
22. Yersiniosis. Etiology, epidemiology, clinical features, diagnostics and treatment.
23. Cholera. Peculiarities of the epidemiology and course of cholera EL - TOR.
24. Clinical forms of cholera, their characteristics. Organization of reception and treatment of patients with cholera.
25. Food toxic infections, etiology, clinical features, diagnostics and treatment.
26. Emergency conditions in food toxic infections. Clinical manifestations, treatment. Hypovolemic shock.
27. Food toxicoinfections, etiology, clinical features, diagnostics and treatment. Epidemiology and

prevention of food toxicoinfections.

28. Food toxicoinfections. Etiology. Epidemiology. Pathogenesis and Clinic. Diagnosis and differential diagnosis. Treatment. Prevention.

29. Rotavirus gastroenteritis. Pathogenesis. Clinic. Diagnosis. Treatment. Prevention.

30. Escherichiosis. Etiology. Clinic. Diagnosis. Treatment. Prevention.

31. Botulism. Etiology. Pathogenesis. Clinical picture, diagnostics, treatment, prevention.

32. Clinic, diagnostics and treatment of patients with botulism.

Helminthiasis.

33. Nematodosis (ascariasis, enterobiasis). Epidemiology, pathogenesis, treatment, prevention.

34. Etiopathogenesis, clinical features, diagnostics and treatment of tapeworm infestations (taeniasis, taeniarhynchosis, diphyllbothriasis).

35. Opisthorchiasis. Clinical picture, diagnostics and treatment of patients in the early phase (acute stage) and late phase (chronic stage) of parasitic invasion.

36. Opisthorchiasis. Pathogenesis and clinical picture. Diagnosis and differential diagnosis. Treatment. Prevention.

Protozoal infections

37. Toxoplasmosis. Etiology, epidemiology, clinical features, diagnostics and treatment.

38. Amebiasis. Etiology, epidemiology, pathogenesis, clinical features, diagnostics, treatment.

39. Etiology, epidemiology, clinical features, diagnostics, treatment, prevention of malaria.

Skin infections.

40. Erysipelas, etiology, pathogenesis, clinical features, diagnostics, treatment.

41. Recurrent form of erysipelas. Pathogenesis, clinical features, treatment.

42. Differential diagnostics of erysipelas and abscess, phlegmon, eczema, erysipeloid.

Viral hepatitis and HIV infection.

43. Viral hepatitis "A". Pathogenesis, clinical classification, diagnostics and treatment of patients. Clinical picture and diagnostics of viral hepatitis "A", "E".

44. Viral hepatitis "E". Epidemiology, pathogenesis, clinical features, diagnostics, treatment.

45. Pre-icteric period in viral hepatitis A and B, their differential diagnosis.

46. Viral hepatitis B, cholestatic form. Clinic, diagnostics, treatment.

47. HBV, fulminant form, early clinical signs, predisposing factors. Hepatic coma. Causes. Treatment. Prognosis.

48. Laboratory diagnostics of viral hepatitis A, B, C, D, G.

49. Epidemiology and prevention of viral hepatitis A, B and C.

50. Viral hepatitis C, pathogenesis, clinical features, principles of treatment of the chronic form.

51. Diagnosis and treatment of patients with viral hepatitis B and C.

52. Rehabilitation of convalescents with viral hepatitis "A", "B", "C", "D", "E"

53. HIV infection: etiology, epidemiology, risk groups, clinical classification, clinical presentation (stage of primary manifestations).

54. HIV infection. Pathogenesis and clinical features. Clinical classification. Diagnostics. Treatment.

55. HIV infection. Epidemiology, risk groups, clinical classification. Algorithm of actions of a doctor in case of an emergency.

Respiratory tract infections.

56. Etiology, epidemiology, clinical features, diagnostics and prevention of influenza.

57. Influenza: etiology, epidemiology, clinical picture, diagnosis and treatment.

58. Adenovirus infection. Pathogenesis, clinical features, treatment.

59. Parainfluenza – etiology, clinical features, diagnostics, treatment.

60. Influenza, emergency conditions in severe forms of influenza and their treatment.

61. Clinic, laboratory diagnostics, treatment of ornithosis.

62. Angina. Etiology. Clinic. Diagnosis. Treatment. Prevention.

63. Diphtheria. Etiology. Etiology, epidemiology, diagnostics and treatment. Clinical picture of toxic form of diphtheria.

64. Diphtheria of the oropharynx. Etiology. Epidemiology. Pathogenesis and clinical features. Diagnosis and differential diagnosis. Treatment. Prevention.

65. Legionellosis. Etiology. Epidemiology. Pathogenesis. Clinic. Diagnosis. Treatment.
- Neuroinfections
66. Meningococcal infection. Etiology, epidemiology, pathogenesis, classification. Tactics of management of patients with meningococcal meningitis.
67. Localized and generalized forms of meningococcal infection: clinical presentation, diagnosis and treatment.
68. Meningococemia. Clinical presentation, diagnostics and treatment.
69. Complications of meningococcal infection: infectious-toxic shock, cerebral hypertension syndrome. Clinical manifestations and treatment.
70. Emergencies in meningococcal infection: acute edema and swelling of the brain substance: clinical features, diagnosis and treatment.
71. Diagnosis and treatment of infectious toxic shock in patients meningococcal infection.
72. Treatment of patients with localized and generalized forms of meningococcal infection.
73. Enterovirus infection, clinical picture of the main forms. Diagnostics, therapy.
74. Tick-borne encephalitis: etiology, epidemiology, clinical features, diagnostics and Treatment. Doctor's tactics in case of tick attack on the patient.
75. Tick-borne encephalitis. Clinical classification. Characteristics of the meningoencephalitic form. Diagnostics. Treatment. Emergency prevention in case of a tick bite.
76. Lyme disease. Etiology, epidemiology, risk groups. Pathogenesis of the disease.
77. Lyme disease. Clinical picture, diagnostics, treatment. Emergency prevention in case of tick bite.
78. Epidemic typhus and Brill's disease. Etiology, epidemiology, pathogenesis, clinical features, diagnostics, treatment.
- Herpes infections.
79. Herpes infection: herpes simplex (etiology, epidemiology, pathogenesis, clinical features, diagnostics, differential diagnostics).
80. Herpes infection: herpes zoster (etiology, epidemiology, pathogenesis, clinical features, diagnostics, differential diagnostics).
81. Infectious mononucleosis Epstein-Barr viral etiology: etiology, epidemiology, pathogenesis, clinical presentation, diagnosis, treatment, outcomes, prevention of the disease.
- Hemorrhagic fevers.
82. Ebola fever. Etiology. Epidemiology. Clinic. Treatment.
83. Ebola fever. Epidemiology, clinical picture. Algorithm of actions of a physician upon detection of a particularly dangerous infection.
84. Hemorrhagic fever with renal syndrome. Etiology, epidemiology, pathogenesis. Characteristics of the main periods of the disease.
85. Hemorrhagic fever with renal syndrome. Clinical picture. Diagnosis, treatment, prevention of the disease.
- Zoonoses.
86. Tularemia: etiology, epidemiology, clinical picture, diagnosis and treatment.
87. Tularemia (classification, clinical picture, differential diagnosis, laboratory diagnostics, treatment, prevention).
88. Plague: etiology, epidemiology, pathogenesis, clinical classification, characteristics of individual forms, diagnosis, treatment.
89. Anthrax etiology, epidemiology, clinical features, diagnostics, treatment, prevention.
90. Clinical forms of anthrax, their characteristics, treatment.
91. Leptospirosis etiology, epidemiology, clinical picture, diagnosis, treatment, prevention.
92. Brucellosis: etiology, epidemiology, clinical picture, diagnosis, treatment.
93. Principles of treatment of patients with acute and chronic brucellosis

Patient S., 38 years old. Visited an emergency doctor on September 4 complaining of persistent moderate abdominal pain, single episode of vomiting, and fever up to 38.6°C. His medical history shows that he returned from a cruise on the Volga 2 weeks before the illness. He first felt unwell on

August 17: he was shivering and had a headache. Temperature 37.4°C. He did not see a doctor and took ampicillin on his own, 1 tablet 3 times a day. He continued working, although his subfebrile temperature persisted, he was shivering and had a poor appetite. On August 22-23, the symptoms of the disease disappeared and he stopped taking ampicillin. On the night of September 3-4, his temperature rose again, he experienced abdominal pain (mainly on the right), nausea, and single episode of vomiting. Objectively: the condition is moderate, the skin is pale, dry, there are several pink "spots" on the abdomen. The tongue is coated with a thick gray coating, dryish. The abdomen is bloated, moderately painful in the ileocecal region. There is also slight muscle tension, a mild Shchetkin symptom. With a diagnosis of "acute appendicitis", the patient was taken to hospital and operated on. The vermiform appendix is moderately hyperemic and edematous. During revision of the abdominal cavity, a significant increase in mesenteric nodes was noted, one of them was removed for histological examination. In the distal ileum, ulcers were found translucent through the intestinal wall. Blood analysis: Hb-126 g / l, leukocytes- $6.1 \times 10^9 / l$, p / y-8%, s / y-51%, lym.-38%, mon.-3%, ESR-12 mm / h. The diagnosis was acute appendicitis, ulcerative ileitis.

EXERCISE.

1. Do you agree with this diagnosis?
2. Establish a diagnosis.
3. Examination and treatment plan.

Patient O., 35, kindergarten teacher. She consulted her local doctor on September 11, on the 3rd day of illness, complaining of headache, sleep disturbance, and weakness. She became acutely ill, within 3 days her temperature reached 39°C, she was bothered by headache, decreased appetite, began to wake up frequently at night, and weakness increased. She told the doctor that over the past month there had been 2 cases of children contracting the "flu" in the group. Some of them had loose stools. The temperature had been rising for 5-8 days. Upon examination on the 3rd day of illness, the temperature was 39.1°C. Her condition is moderate. The skin is pale. The mucous membrane of the oropharynx is clean. The tongue is dryish, coated with a white coating. There are no wheezing in the lungs. Pulse 84 beats/min, BP 100/60 mmHg. The abdomen is slightly painful in the navel area, soft. The stool was two days ago, normal, formed without pathological impurities. No dysuria. No meningeal signs. The doctor diagnosed "flu", prescribed biseptol, aspirin, analgin. During therapy, the temperature remained for a week, then dropped to normal, but weakness continued to bother her for about 7 days. On the 17th day from the onset of the disease, she was discharged to work. 12 days later, headache, cough, temperature of 38.4 ° C reappeared. The local doctor noted pale skin, dry scattered wheezing in the lungs. Poor appetite, coated and swollen tongue. Pulse 72 beats / min. Bloating, enlarged liver and spleen attracted attention. Hospitalized with a diagnosis of "flu, pneumonia".

EXERCISE.

1. Do you agree with the referring diagnosis?
2. Make a diagnosis, justify it. Conduct a differential diagnosis.
3. Make a plan for examination and treatment.

Patient N., 36, businessman. He consulted a therapist complaining of high temperature, weakness, headache, loss of appetite, nausea, and loose stools. He became acutely ill 5 days ago: he began to feel unwell, his temperature rose to 38.6°C at night, he was shivering, and he had a headache. He vomited twice, and had loose stools. He took flu pills, but it didn't get any better. His headache and weakness increased, and the next day his temperature rose to 39°C. He had returned from a tourist trip to India 10 days before the illness began.

On examination, the patient's condition is moderate, with a slight runny nose and hyperemia of the oropharyngeal mucosa. There is a profuse maculopapular rash on the skin of the trunk and extremities, which the patient did not see yesterday. The lymph nodes are not enlarged, there are no wheezing in the lungs. Pulse is 88 beats per minute, blood pressure is 120/60 mm Hg. The tongue is coated with a white coating and is thickened. The abdomen is soft, slightly painful in the right iliac region. There are no symptoms of peritoneal irritation. The stool is loose, twice a day. The liver and spleen are palpable. There are no meningeal symptoms.

EXERCISE.

1. Make and justify the diagnosis.
2. What diseases require differential diagnosis?

3. Make a plan for examination and patient management tactics.

Patient K., 61 years old, was hospitalized with a diagnosis of acute dysentery. Upon admission, he complained of pain in the lower abdomen radiating to the sacrum, stool up to 5 times a day with mucus and blood, and an increase in temperature to 38.2°C. He has been ill for 4 days. The disease began with an increase in temperature, abdominal pain, malaise, and diarrhea (the frequency of stool during the days of illness increased to 2-5 times a day). From the first day, he noticed an admixture of blood in the feces. Temperature ranged from 37.1 to 37.6°C. Life history is unremarkable, but over the course of 3-4 months he noted stool retention for 2-3 days, streaks of blood in formed feces, general weakness, and fatigue.

Examination data: the patient is pale. The lymph nodes are not enlarged. There are no pathologies in the cardiovascular system and respiratory organs. The tongue is coated with a white coating. The abdomen is soft, the sigmoid colon is infiltrated, dense, sensitive to palpation, and slightly mobile. The liver is enlarged by 3 cm, dense. The stool (examined) is fecal, mushy with an admixture of mucus, blood, and pus.

EXERCISE.

1. Do you agree with the diagnosis?
2. If not, why not?
3. Between what diseases is it necessary to conduct a differential diagnosis?
4. Survey plan.

Patient A., 32 years old, was admitted on June 7 with a diagnosis of dysentery, complaining of severe weakness, headache, abdominal pain, and frequent loose stools with mucus and blood. She fell ill on June 4, when chills and fever appeared, the temperature rose to 37.8°C, and she had loose stools once. On June 5, her condition worsened - the temperature rose to 38.3°C, she had loose, profuse stools 3 times, and abdominal pain without clear localization appeared. On June 6, the frequency of stools increased to 8 times, mucus and blood appeared, and the abdominal pain became more intense.

The patient's condition upon admission is moderate, temperature is 38.8°C, the paleness of the skin is noticeable. The heart sounds are muffled. Pulse is 108 beats/min, blood pressure is 100/50 mmHg. The tongue is moist, thickly coated with a white coating. The abdomen is soft, painful along the large intestine. The liver is enlarged by 2 cm, the spleen is clearly palpable. The stool is liquid, fecal with a large amount of mucus and blood. Blood test: Hb-98 g/l, leukocyte- $12.4 \cdot 10^9/l$, ESR-24 mm/h.

Rectomanoscopy: The tube is freely inserted by 22 cm, further examination is difficult due to the large amount of bloody-mucous contents. In the examined section, the mucous membrane is sharply edematous, hyperemic, protrudes into the lumen of the intestine, contact bleeding is pronounced, in places there are fibrin deposits, erosions. Biopsy samples of the mucous membrane were taken.

EXERCISE.

1. Establish and justify a preliminary diagnosis.
2. Conduct a differential diagnosis with dysentery.
3. Make a plan for patient care.

Patient D., 65, pensioner, was admitted to the emergency department of the city hospital on 29.10. on the second day of illness with a diagnosis of "acute gastroenteritis". Complaints of sharp abdominal pain without clear localization, increasing with movement, dry mouth, loose stools with mucus and blood. Became acutely ill on 28.10. in the evening, a few hours after dinner. Sharp, constant pain in the lower abdomen appeared. Several times there was loose stool with blood, severe weakness. Took papaverine. On 29.10. the same complaints during the day. Due to continuing abdominal pain, he called an ambulance and was hospitalized. Epidemiological history: lives alone in a separate apartment, eats at home. Denies contact with patients who have had gastrointestinal disorders. Associates his illness with the use of stale sour cream for something else. An objective examination revealed: general condition is severe. Conscious but restless. Pale earthy skin. Acrocyanosis and cold extremities are pronounced. Malnutrition. The lymph nodes are not enlarged. Percussion of the lungs reveals a box-like sound. Auscultation reveals harsh breathing, scattered dry rales. RR is 24 per minute. The borders of the heart are widened to the left. Heart sounds are muffled, there are isolated extrasystoles. Pulse is 86 beats per minute, blood pressure is 160/100 mm Hg. The tongue is dry,

coated with a brown coating. The abdomen is soft, painful on palpation in the middle and lower sections, participates in the act of respiration. The sigmoid and cecum are soft, elastic. The liver and spleen are not palpable. Peristalsis is not auscultated. The stool in the emergency room is fecal with a small amount of blood with clots.

EXERCISE.

1. Indicate the most likely diagnosis.
2. What additional anamnestic data would you like to receive?
3. Conduct a differential diagnosis with dysentery.
4. What is the patient introduction tactic?

Patient U., 21, a kindergarten teacher, consulted an outpatient doctor on May 24 complaining of severe weakness, chills, cramping pain in the lower abdomen, more on the left, and loose stools. She considers herself ill since 4 p.m. on May 23, when she suddenly developed severe cramping pain in the lower abdomen, weakness, and chills. An hour later, she passed mushy stools (6 times in the evening). She fainted briefly at about 8 p.m. In the following hours, she noted dizziness and a feeling of nausea with each attempt to get out of bed. In the kindergarten where the patient works, several children were hospitalized on May 20 and 21 with suspected acute dysentery. Upon examination, the doctor revealed: body temperature of 36.0°C. Correct build, satisfactory nutrition. The skin and visible mucous membranes are pale. Vesicular breathing in the lungs, no wheezing. The sigmoid colon is soft, painless, not spasmodic. The liver and spleen are not enlarged. There are no dysuric phenomena. Percussion in the kidney area is painless. There are no meningeal phenomena. Married. Notes a delay in menstruation for 7 weeks.

EXERCISE.

1. Do you agree with the referring diagnosis?
2. Justify the most likely diagnosis.
3. Specify the tactics for managing the patient.