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Test task for diagnostic testing in the discipline:

OBSTETRICS AND GYNECOLOGY, SEMESTER 8

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 1. LARGE OBLIQUE SIZE OF THE FETAL HEAD IS EQUAL TO....	1. 13 cm 2. 10.5 cm 3. 9.5 cm 4. 11 cm	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 2. THE DISTANCE BETWEEN THE ANTERIOR CORNER OF THE MAJOR FONTANLINE OF THE FETAL HEAD AND THE SUBOCCIPITAL FOSSA IS...OBLIQUE SIZE	1. small 2. middle 3. big 4. vertical	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 3. THE PERINATAL PERIOD CONTINUES WITH	1. from 28 weeks of pregnancy to the 56th day after birth inclusive; 2. from 28 weeks of pregnancy to 7 days after birth inclusive; 3. from 20 weeks of pregnancy to 7 days after birth inclusive; 4. from 22 weeks of pregnancy to 7 days after birth inclusive; 5. from 12 weeks of pregnancy until the birth of the fetus	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 4. DIAGNONAL CONJUGATE IS:	1. the distance between the jugular notch and the spinous process of the 7th cervical vertebra; 2. distance from the lower edge of the symphysis to the sacral promontory; 3. 1/10 of the circumference of the wrist joint, measured with a measuring tape; 4. distance from the middle of the upper edge of the	low

		symphysis to the sacral promontory	
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 5. THE CONCEPT OF THE BIRTH CAN INCLUDES:	1. uterus, vagina, pelvic floor muscles; 2. small pelvis; 3. bone pelvis, uterus, vagina, pelvic floor muscles; 4. body of the uterus, lower segment of the uterus, vagina; 5. uterus, pelvic floor muscles, parietal muscles of the pelvis	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 6. OCCIPITAL PRESENTATION, 2ND POSITION, POSTERIOR VIEW: THIS IS A SAGITAL SUME IN OBLIQUE SIZE, SMALL FONTANLINE ON THE RIGHT POSTERIOR	1. right 2. lateral 3. left 4. direct	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 7. IN OCCIPITAL PRESENTATION, POSTERIOR VIEW, THE SAGITTAL SUME B IS LOCATED AT ... SIZE, THE SMALL FENTANEL IS ON THE RIGHT	1. right oblique 2. direct 3. transverse 4. left oblique	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 8. IN CAPITAL PRESENTATION IN THE POSTERIOR VIEW, THE SAGITAL SUTURE IS LOCATED IN A STRAIGHT DIMENSION, THE DORUM OF THE FETAL IS FACED...	1. left 2. anterior 3. right 4. posteriorly	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 9. PERINATAL MORTALITY INCLUDES INDICATORS:	1. intrapartum mortality; 2. antenatal mortality; 3. infant mortality; 4. early neonatal mortality; 5. maternal mortality	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 10. FORMULA FOR CALCULATING THE ESTIMATED FETAL WEIGHT ACCORDING TO ZHORDANIA	1. Circumference of the pregnant woman's abdomen (cm) x Height of the uterine fundus (cm); 2. Circumference of the pregnant woman's abdomen (cm) + Height of the uterine fundus (cm)/4 (if the fetus is premature 6) x 100; 3. (VDM - 11)x155; 4. (Pregnant woman's height (cm)+ Body weight (kg)+ Abdominal circumference (cm)+ Height of the uterine fundus (cm)) x 10	medium

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 11. IN PELVIC PRESENTATION, 1ST POSITION, IN ANTERIOR VIEW, THE INTERTROCTRONICAL LINE IS LOCATED IN.... OBLIQUE SIZE, SACRUM LEFT ANTERIOR	1. left 2. right 3. direct 4. transverse	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 12. DURING OBSERVATION IN A WOMEN'S CONSULTATIONAL CENTER, A GENERAL URINE ANALYSIS STUDY FOR PREGNANT WOMEN IS CARRIED OUT:	1. 2 times a month; 2. 2 times a week; 3. 1 time per week; 4. for each outpatient appointment; 5. Once a month	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 13. THE FIRST TECHNIQUE OF LEOPOLD-LEVITSKY DETERMINES:	1. fetal presentation; 2. height of the uterine fundus; 3. view of the fetal position 4. fetal position; 5. fetal position	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 14. DUBIOUS SIGNS OF PREGNANCY INCLUDE:	1. palpation of parts of the fetus in the uterus, 2. auscultation of the fetal heartbeat; 3. change in appetite, nausea, 4. mood lability, 5. Pimentation of the white line of the abdomen; 6. enlarged uterus, increased hCG.	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 15. NORMAL SIZES OF THE PELVIS ARE:	1. 26-29-32-21 cm; 2. 24-27-29-20 cm; 3. 26-28-32-19 cm; 4. 25-28-31-20 cm; 5. 26-29-32-18 cm	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 16. SECONDARY WEAKNESS OF LABOR:	1. may be a manifestation of a clinically narrow pelvis; 2. diagnosed at the end of the first stage of labor; 3. manifested by the absence of an increase in the dynamics of opening of the uterine pharynx; 4. require the use of tocolytics; 5. occurs predominantly in primiparous women	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 17. PRIMARY WEAKNESS OF LABOR:	1. accompanied by delayed rupture of amniotic fluid; 2. often combined with premature rupture of amniotic fluid; 3. can be diagnosed already in the first two hours from the onset of labor; 4. occurs mainly in primiparous women; 5. diagnosed in the first stage of labor	high

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 18. HELLP SYNDROME IS CHARACTERISTIC:	1. hyperlipidemia; 2. hemolysis; 3. thrombocytopenia; 4. hypoglycemia; 5. increased transaminases	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Write down the correct answer</i> 19. PERMEABILITY OF THE VASCULAR WALL IN PRE-ECLAMPSIA:		high
OC-1 OPC- 6 PC-6 PC- 8	<i>Write down the correct answer</i> 20. AVERAGE DAILY DOSE OF METHYLDOPA FOR MODERATE PRE-ECLAMPSIA IS:		high

OBSTETRICS AND GYNECOLOGY, SEMESTER 10

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 1. A POSSIBLE SIGN OF DOWN SYNDROME IS THICKENING OF THE NECK FOLD AT 13 WEEKS MORE THAN:	1. 3 mm; 2.4 mm; 3. 1 mm; 4.5 mm; 5.2mm	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 2. LACTOSTASIS IS CHARACTERISTIC:	1. significant uniform engorgement of the mammary glands; 2. increased body temperature with chills; 3. moderate engorgement of the mammary glands; 4. free milk separation	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 3. CLINICAL SIGNS OF MASTITIS:	1. violation of milk outflow; 2. local hyperemia and infiltration; 3. chopping both mammary glands; 4. hyperemia of both mammary glands	low

OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 4. WHICH TECHNIQUE OF CESAREAN SECTION IS THE MOST COMMON:	1. caesarean section in the lower uterine segment; 2. corporal caesarean section; 3. Caesarean section according to Stark; 4. extraperitoneal cesarean section; 5. vaginal cesarean section	low
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate all correct answers</i> 5. THE MOST COMMON CAUSES OF BLEEDING IN THE FIRST TRIMESTER OF PREGNANCY INCLUDE:	1. uterine rupture; 2. interrupted ectopic pregnancy; 3. threatening and incipient miscarriage; 4. placenta previa; 5. Vaginal varicose veins	low
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 6. OPTIMAL TACTICS OF A DOCTOR IN THE CONDITIONS OF WOMEN'S CONSULTATION IN PROGRESSIVE TUBAL PREGNANCY:	1. emergency hospitalization in the civil defense; 2. issue a sick leave certificate and schedule an appearance in 2 days; 3. puncture of the abdominal cavity through the posterior vaginal fornix under the control of an ultrasound probe; 4. emergency hospitalization in the maternity ward; 5. examination using functional diagnostic tests	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 7. BASIC DIAGNOSTIC METHOD FOR EVALUATING THE EFFECTIVENESS OF TREATMENT OF TROPHOBLASTIC DISEASE:	1. computed tomography; 2. hysteroscopy with separate diagnostic curettage; 3. laparoscopy; 4. dynamic transvaginal echography; 5. determination of the titer of human chorionic gonadotropin in blood serum and urine over time	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 8. THE TERM "ISOIMMUNIZATION" MEANS:	1. suppression of immunity; 2. decreased reactivity of the body; 3. constant state of immunity; 4. formation of antibodies; 5. stimulation of immunity	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate all correct answers</i> 9. THE MOST COMMON CAUSES OF BLEEDING AT THE END OF PREGNANCY INCLUDE:	1. uterine rupture; 2. hydatidiform mole; 3. placenta previa; 4. beginning miscarriage; 5. premature detachment of a normally located placenta	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 10. PROLONGED UTERINE HYPERTONUS IS MOST CHARACTERISTIC FOR:	1. premature detachment of a normally located placenta; 2. placenta previa;	medium

		3. threatening spontaneous miscarriage; 4. hydatidiform mole; 5. cervical pregnancy	
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate all correct answers</i> 11. THE RISK GROUP FOR DEVELOPMENT OF PYELONEPHRITIS IN PREGNANT INCLUDES:	1. with asymptomatic bacteriuria more than 10 thousand/ml; 2. with urolithiasis; 3. with a history of pyelonephritis; 4. with early preeclampsia; 5. with arterial hypertension.	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 12. NORMALLY THE SHOCK INDEX IS EQUAL	1. 1.3; 2. 1.8; 3. 0.8; 4. 0.3	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 13. SHOCK INDEX IS AN RATIO:	1. DBP/PS; 2. SBP/PS; 3. PS/DBP; 4. PS/SBP	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 14. REGULAR MASSAGE OF THE UTERUS AFTER CHILDREN REDUCES THE CHANCE OF HYPOTONIC BLEEDING	1. True 2. False	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 15. THE FIRST LINE DRUG OF HYPOTENSIVE THERAPY IN PREGNANCY IS:	1. Methyldopa; 2. Verapamil; 3. Metoprolol; 4. Enalapril; 5. Nifedipine	medium
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 16. DETERMINE NORMAL GLYCEMIA VALUES IN PREGNANT WOMEN:	1. glucose <6.1 mmol/l; 2. glucose <5.5 mmol/l; 3. glucose < 5.1 mmol/l; 4. glucose <7.0 mmol/l	high
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 17. ACCORDING TO CLASSIFICATION, VERY EARLY PREMATURE BIRTH IS	1. childbirth from 22 to 28 weeks (27 weeks 6 days inclusive); 2. childbirth from 34 to 36 weeks and 6 days; 3. childbirth from 28 to 30 weeks and 6 days; 4. childbirth from 31 to 33 weeks and 6 days; 5. childbirth from 12 to 28 weeks (27 weeks 6 days inclusive)}	high
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 18. WHAT SHOULD BE THE DOSAGE AND FREQUENCY OF TAKEN IRON PREPARATIONS IN PREGNANT WOMEN WITH ANEMIA?	1. prescribe 100 mg/day (in terms of elemental iron) 2 times a day; 2. prescribe 100 mg/day (in terms of elemental iron) 3 times a day; 3. Prescribe 60 mg/day (in terms of elemental iron) 3 times a day.	high

OC-1 OPC-6 PC-6 PC-8	<i>Write down the correct answer</i> 19. CALCULATE THE TRUE CONJUGATE IF THE DIAGONAL CONJUGATE IS 11.5 CM, SOLOVIEV'S INDEX IS 15 CM, THE OUTER CONJUGATE IS 18 CM, IN CM		high
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate all correct answers</i> 20. THE SECOND STAGE OF THE POSTPARTUM SEPTIC PROCESS INCLUDES EVERYTHING EXCEPT	1. pelvioperitonitis; 2. adnexitis; 3. pelvic thrombophlebitis; 4. puerperal ulcer; 5. parametritis	high

OBSTETRICS AND GYNECOLOGY, SEMESTER 11

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 1. IN GYNECOLOGICAL PRACTICE THE ULTRASONIC DIAGNOSIS METHOD IS MORE INFORMATIVE:	1. transvaginal 2. transabdominal 3. transrectal	low
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 2. IN WHICH DEPARTMENT DOES THE VAGINAL WALL BORDER THE URETHRAL CHANNEL?	1. rear 2. front 3. left side 4. right side	low
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate one correct answer</i> 3. AFTER OVULATION, THE EGG RETAINS THE ABILITY TO FERTILIZE DURING:	1. 3 - 5 days; 2. 24 hours; 3. 6 hours; 4. 10 days	low
OC-1 OPC-6 PC-6 PC-8	<i>Please indicate all correct answers</i> 4. WHEN EXAMINING A PATIENT WITH PCOS YOU CAN FIND:	1. low growth; myopia; 2. increase in the volume of the ovaries; 3. underweight, lack of sexual hair growth; 4. hirsutism; 5. abdominal type of obesity, chronic anovulation	low

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 5. FACTORS CAUSING TUBAL INFERTILITY IN CHRONIC SALPINGOPHORITIS ARE ALL EXCEPT:	<ol style="list-style-type: none"> 1. narrowing or complete obliteration of the lumen of the fallopian tubes; 2. damage to the ciliated epithelium of the fallopian tube mucosa; 3. chronic anovulation; luteal phase deficiency; 4. development of peritubar adhesions 	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 6. DESCRIBE THE FEATURES OF COLPOSCOPIC PICTURE OF CERVICAL DYSPLASIA:	<ol style="list-style-type: none"> 1. whitish, clearly demarcated iodine-negative areas of the cervix; 2. acetowhite epithelium, iodine-negative zone, mosaic; 3. iodine-negative epithelial defect, underlying stroma; 4. rough acetowhite epithelium, rough mosaic, atypical vessels 	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 7. TO TREAT Climacteric SYNDROME THE following are used:	<ol style="list-style-type: none"> 1. phytoestrogens; 2. estrogen-gestagen drugs; 3. inhibitors of prolactin secretion; 4. GnRH agonists 	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 8. STEROID-PRODUCING OVARIAN TISSUES ARE NOT:	<ol style="list-style-type: none"> 1. tunica albuginea; 2. granulosis; 3. theca-fabric; 4. surface epithelium 	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 9. RESISTANT OVARIAN SYNDROME IS NOT CHARACTERISTIC:	<ol style="list-style-type: none"> 1. normal estradiol level; 2. absence of menstruation and pregnancy; 3. high level of gonadotropins; 4. positive estrogen-progesterone test; 5. karyotype 45 XO; 6. presence of a corpus luteum in the ovary 	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 10. COMBINED SCREENING FOR DETECTING CERVICAL CANCER INCLUDES:	<ol style="list-style-type: none"> 1. determination of the tumor marker CA-125; 2. histological examination of cervical biopsy; 3. conchotomous biopsy of the cervix; 4. cytological smear from the exocervix and endocervix; 5. extended colposcopy; 6. HPV testing 	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 11. IN PATIENTS WITH CERVICAL DYSPLASIA IT IS MOST OFTEN DETECTED	<ol style="list-style-type: none"> 1. cytomegaly virus; ureaplasma; 2. human papillomavirus; 3. mycoplasma; 4. herpes simplex viruses 	medium

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 12. CAUSES OF HYPERANDROGENIA IN WOMEN:	1. deficiency of the enzyme 21-hydroxylase; 2. polycystic ovary syndrome; 3. Itsenko-Cushing syndrome; 4. dysfunction of the hypothalamus; 5. thyrotoxicosis; 6. obesity	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 13. BLOOD SUPPLY TO THE OVARIES IS CARRIED OUT BY THE INTERNAL GENITAL AND OVARIAN ARTERIES	1. True 2. False	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 14. OLIGOMENORRHOEA IS	1. absence of menstruation for more than 6 months; 2. short menstruation; 3. shortening of the menstrual cycle to 21 days;	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 15. HYPOTHALAMUS PRODUCES	1. gonadotropins; 2. gonadoliberins; 3. androgens; 4. gestagens; 5. estrogens.	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 16. In patient N., 25 years old, during a medical examination at the antenatal clinic, a pathological condition of the cervix was revealed. Colposcopic picture: the vaginal part of the cervix is covered with stratified squamous epithelium, around the external pharynx there is a whitish, irregularly shaped, iodine- negative area. Histology – hyperkeratosis without atypia. In order to treat this patient, one should take....	1. amputation of the cervix; 2. treatment of the cervix with vagotil; 3. electroconization of the cervix; 4. laser vaporization of the cervix; 5. cervical extirpation	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 17. PRESCRIPTION OF COMBINED ORAL CONTRACEPTIVES IS CONTRACEPTIVE WHEN:	1. combined mitral heart disease; 2. chronic active hepatitis; 3. diffuse form of mastopathy; 4. uterine fibroids, the size of which does not exceed 10 weeks of pregnancy; 5. History of pulmonary embolism	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 18. A 15-YEAR-OLD GIRL SEEKED A DOCTOR DUE TO ABSENCE OF MENSTRUATION FOR 6 MONTHS. DURING GENERAL EXAMINATION, ACNE VULGARIS WAS NOTED ON THE FACE, CHEST AND UPPER BACK, AND MILD MANIFESTATIONS OF HIRSUTISM.	1. determination of the level of testosterone, estradiol, progesterone, DHEAS, 17- OH; 2. determination of the level of transferrin, ferritin, TBSS, LVSS, serum iron; 3. Ultrasound of the pelvic organs;	high

	HEIGHT AND WEIGHT CORRESPOND TO AGE NORMAL. LIST EXAMINATION METHODS TO ESTABLISH THE DIAGNOSIS:	4. determination of the level of FSH, LH, Prolactin; 5. CT scan of the brain; 6. Ultrasound of the adrenal glands	
OC-1 OPC- 6 PC-6 PC- 8	<i>Впишите правильный ответ</i> 19. A MARRIAGE IS CONSIDERED INFERTIL IF, DURING SEXUAL LIFE WITHOUT THE USE OF CONTRACEPTIVES, PREGNANCY DOES NOT OCCUR WITHIN _____ MONTH		high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 20. THE COMPLETENESS OF THE LUTEAL PHASE OF THE MENSTRUAL CYCLE IS INDICATED	1. increase in basal temperature in the second phase of the cycle; 2. fern symptom +++; 3. KPI 20-40%; 4. "Pupil" symptom ++	high