

**Evaluation tools for certification in the discipline  
«Psychiatry, medical psychology» for the students in the  
educational program of a specialist in the specialty  
31.05.01 «General Medicine» full-time form of education  
2023-2024 academic year**

**1. Evaluation tools for the ongoing progress monitoring.**

Assessment of the level of competency formation is carried out at clinical practical classes (based on the results of interviews on control questions, solving situational cases, testing), and by the results of independent work of student. The assessment of the student's independent work is carried out according to the results of testing performed at the electronic information and educational portal (elearning.volgmed.ru) and report. The results of the above-mentioned forms of current progress control are reflected in the journal of the academic progress of the groups.

**1.1. Examples of control questions for seminars:**

**Verifiable indicators of achievement of competence::** GC-1, GPC-4, GPC-5, GPC-6, GPC-8, PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16.

1. The subject and tasks of psychiatry.
2. The main stages in the development of psychiatry as a branch of clinical medicine.
3. The main provisions of the Law of the Russian Federation "On psychiatric care and guarantees of the rights of citizens in its provision."
4. Types and procedure for providing psychiatric care.
5. Structure, tasks, organization of work of a psychiatric hospital and dispensary.
6. Diagnostic methods in psychiatry: clinical method, additional methods.
7. Expertise in psychiatry (labor, military, forensic psychiatry).
8. Principles of modern classification of mental disorders.

**1.2. Examples of clinical cases:**

**Verifiable indicators of achievement of competence::** GC-1, GPC-4, GPC-5, GPC-6, GPC-8, PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16.

1. A 40-year-old patient, a cleaner. She graduated from 7 classes, studied poorly, had a bad memory. She worked as a cleaner in a factory. Never married, lives alone all the time, has no friends. By nature, she is touchy, quick-tempered, quarrelsome, loves to tell the truth in the eye, teach others how to behave. From the age of 10-12, she had an inexplicable desire to run away from home, ran through the streets, through gardens, many times she was found sleeping on the ground. When she woke up, she did not remember what happened to her. Over the years, these conditions began to appear less frequently in her, but her memory gradually decreased even more and she became malicious. During the days, her mood was so bad that people were afraid of her, she did not allow her to come up to her, shouted at the employees, or did not talk at all, only looked at everyone angrily. A few years ago she was on an inpatient examination in the psychiatric hospital, was transferred to the disability (group II), lived with a distant relative, with whom she does not get along. The relative refuses to live with her. She entered the psychiatric hospital in a state of confusion, did not know where she was, silently looked around, did not eat. The next day she woke up in a good mood, correctly called the month, year, approximately the day and date, but couldn't say how she ended up in the hospital. The patient has a bad memory: she does not remember when her

parents died, when there was World War II; also didn't remember the doctor's name. Doesn't understand jokes. The difference between a river and a lake is determined by: "The lake is round, but the river is long." The proverb "you cannot hide a cat in a bag" she interprets: "cats don't like to be covered, so if you put it in a bag, it will break out". An example of a patient's speech: "I have a bright room, clean all around, little white pillows, all clean, bright. At the door there is a chest right here, to the right the chair is old, old, still grandmother's, she died a long time ago, I was still quite small, I wash the floor with soap every day, all mine and mine, there is not a speck of dust anywhere. You ask what is my disease? Do you think the disease is some kind of thing in which it lies in a glass or in an inkwell? My disease is not in anything, it is in me, but I am a human, not a thing!". In the neurological state, there is an unsharp smoothness of the left nasolabial fold, slowness in movements.

Task: name symptoms the patient has, name the observed syndrome, assume a diagnosis and disorders with which it should be differentiated, set the treatment plan for the patient.

2. The patient is 37 years old. Graduated from the 4th grade, studied well. Early began to work on the collective farm. In recent years he worked as a carpenter. Married, has one child. He has been drinking since the age of 16, since 19 years old he has hangover and drinks to stop it. In intoxication, he is rude, cynical, picky, often the next day he does not remember that he was doing when was drunk. There are frequent scandals in the family because of his drunkenness. For the last five years he has been drinking for several days in a row, he did not stay at one job for a long time, he is usually fired for absenteeism. A year ago, after one of the drinking bouts, at night he heard the "voice" of a neighbor coming from above, who threatened him with murder, scolded him for drunkenness, for the harm that he caused to the family. In the morning the "voice" disappeared. A year later, while on a business trip, he drank every day for two weeks. Returning, at the station he heard the "voice" of his wife. She called out to him, then began to call for help: crying, she said that she had been hit by a train and was left without a leg. The patient ran to the medical center of the station, began to ask to save his wife. From there he was taken to a psychiatric hospital. He was afraid, he said "they will deal with me here." At the same time, he understood that he was in a psychiatric hospital, correctly named the dates, assured that he was healthy, that his wife really cried and asked for help. He said that from all sides he hears male and female "voices", they threaten him with the death penalty, call him a drunkard, a debauchee, discuss his actions. Other "voices" invite him to drink, defend him, object to those who condemn him. The patient's condition improved on the 10th day: fear, hallucinations disappeared, he began to take part in games, watch television programs. He believes that he is able to overcome the craving for alcohol, which he could do before, downplays the severity of drunkenness, claims that he drinks because his wife does not understand him. He proves that his absenteeism was random, not related to drunkenness, that he was not fired from work, but he left on his own. In the somatic state: heartbeat, pulse 90-95 beats per 1 minute. Deafness of heart sounds. Pain in the epigastric region after eating, heartburn, constipation. In the neurological condition: tremor of the fingers, eyelids, pronounced persistent red dermographism.

Task: name symptoms the patient has, name the observed syndrome, assume a diagnosis and disorders with which it should be differentiated, set the treatment plan for the patient.

### 1.3. Examples of tests.

**Verifiable indicators of achievement of competence::** GC-1, GPC-4, GPC -5, GPC -6, GPC-8, PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16.

1. The criteria for obsessions is:

- a) alienation for the personality of the patient
- b) lack of critical attitude towards them
- c) progredient
- d) inability to convince the patient

2. Prolonged mental trauma causes:

- a) schizophrenia
- b) personality disorder
- c) neurosis
- d) Pick's disease

3. Mark the reactive psychosis:

- a) reactive stupor
- b) involution melancholy
- c) progressive paralysis
- d) catatonic stupor

4. The concept of "psychopathy" corresponds to:

- a) accentuated personality
- b) character pathology
- c) pathopsychological disorders
- d) emotional deficiency

5. Schizoid personality disorder is characterized by:

- a) theatricality
- b) autism
- c) lack of criticism
- d) syntony

6. The cardinal features of epilepsy are:

- a) disorders of consciousness in the form of delirium
- b) disturbances of consciousness in the form of paroxysms
- c) personality defect
- d) the appearance of delusional ideas

7. For the acute period of traumatic brain injury, the most characteristic syndrome is:

- a) astheno-neurotic
- b) hallucinatory-delusional
- c) manic
- d) amnestic

8. Pick's disease is characterized by:

- a) stupor
- b) somnolence

- c) apathy
- d) depression

9. The classification of schizophrenia is determined by:

- a) type of course of the disease
- b) the age period of the onset of the disease
- c) the effect of the therapy
- d) the duration of the flow

10. In schizophrenia, there is:

- a) Korsakov's syndrome
- b) apato-abulic syndrome
- c) psychopathic syndrome
- d) dysmnesic syndrome

#### 1.4. Examples of a student's independent work task.

**Verifiable indicators of achievement of competence:** GC-1, GPC-4, GPC-5, GPC-6, GPC-8, PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16.

- 1) Study the law governing mental health care in your home country. Write a report on the main provisions of this law - how psychiatric care is organized, the procedures for its provision.
- 2) Study the document "Recommendations for the supervision of psychiatric patients" and write an academic medical history of the patient curated in the class.
- 3) Study the document "Fundamentals of Suicidology" and solve tests on this topic.

#### 2. Evaluation tools for intermediate certification based on the results of mastering the discipline (exam).

Intermediate certification in the discipline "Psychiatry, Medical Psychology" is held in the form of examination and includes an assessment of theoretical knowledge during an interview on exam tickets with three theoretical questions and one clinical case.

##### 2.1. Interview questions.

№	Questions for intermediate certification	Assessed competencies
1.	The subject and tasks of psychiatry, its relation to other sections of medical science and psychology.	GC-1, GPC-5, PC-16
2.	The main provisions of the Law on Psychiatric Care and Guarantees of the Rights of Citizens in its Provision. Conditions and procedure for involuntary hospitalization and examination of patients.	GPC-4, GPC-5, GPC-6, PC-2, PC-9, PC-10, PC-11,
3.	Organization of inpatient psychiatric care, principles of arrangement, organization of supervision and care. Indications for hospitalization of patients.	GPC-4, GPC-5, GPC-6, PC-2, PC-10, PC-11
4.	Organization of outpatient psychiatric care. Place in the structure of	GPC-4, GPC-5,

	medical rehabilitation measures. Continuity of inpatient and outpatient care.	<b>GPC-6, PC-2, PC-9, PC-10, PC-11</b>
5.	Questions of labor expertise. Temporary and permanent disability in mental illness. Clinical criteria for determining the degree of disability.	<b>GPC-5, GPC-6, PC-2, PC-10, PC-11</b>
6.	Issues of forensic examination. Criteria of sanity and insanity, legal capacity and incapacity. The concept of military medical (psychiatric) expertise.	<b>GPC-5, GPC-6, PC-2, PC-10, PC-11</b>
7.	The concept of symptom and syndrome in psychiatry, their significance for the diagnosis of mental illness. The concept of "big" and "small" syndromes. The concept of productive and negative symptoms, their diagnostic value.	<b>GPC-5, PC-5, PC-6, PC-9, PC-11, PC-16</b>
8.	Research methods used in psychiatry. Clinical method. Paraclinical methods in psychiatry. Diagnostic capabilities of each method. Epidemiological research in psychiatry.	<b>PC-2, PC-5, PC-6, PC-16</b>
9.	Sensory disorders: hyperesthesia, hypesthesia, anesthesia, paresthesia, senestopathies. Diagnostic value, features in various diseases.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
10.	Disorders of perception: illusions, their classification. Diagnostic value, features in various diseases.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
11.	Perceptual disorders: hallucinations, their classification, objective signs of hallucinations. Diagnostic value, features in various diseases.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
12.	Psychosensory disorders. The concepts of derealization and depersonalization, the phenomena of deja vu and jamais vu. Diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
13.	Disorders of thinking: according to the pace, order, purposefulness. Diagnostic value of symptoms.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
14.	Comparative clinical characteristics of delusional, obsessive and overvalued ideas. Comparative clinical characteristics of dysmorphomania and dysmorphophobia.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
15.	Delusional ideas. Definition, criteria and main variants of delusions. Symptoms indicating the severity and duration of the existence of delusion.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
16.	Delusional syndromes: paranoid, paranoid, paraphrenic. Comparative clinical characteristics and dynamics of delusional syndromes.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
17.	Syndrome of mental automatism of Kandinsky-Clerambault. Diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
18.	Obsessive states: obsessive-phobic, compulsive disorders. Diseases in which obsessive-compulsive states occur.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
19.	Hypochondriacal syndrome. Differential diagnosis with somatic diseases.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
20.	Neurotic and neurosis-like syndromes, clinical characteristics.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
21.	Attention disorders, clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10,</b>

		<b>PC-11, PC-16</b>
22.	Memory disorders. Violation of memorization, storage and reproduction of information. Diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
23.	Paramnesia, classification. Korsakovsky syndrome. Diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
24.	Mental retardation (mild, moderate, severe, profound), diagnostic criteria.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
25.	Dementia. Comparative clinical characteristics of organic, epileptic and schizophrenic dementia.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
26.	Emotional reactions. Physiological and pathological affect, comparative clinical characteristics. Significance for forensic psychiatric examination.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
27.	Depressive and manic syndromes. Clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
28.	Psychoorganic Syndrome. Clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
29.	Disorders of the will and inclinations. Clinical characteristics of the main symptoms and syndromes, their diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
30.	Movement disorders. Catatonic syndrome, clinical variants of its manifestation: stupor, agitation.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
31.	Syndromes of turned off consciousness (stunning, stupor, coma). Comparative clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
32.	Syndromes of obscured consciousness: delirium, oneiroid. Comparative clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
33.	Syndromes of obscured consciousness: amnesia, twilight clouding of consciousness. Comparative clinical characteristics, diagnostic value.	<b>PC-2, PC-5, PC-6, PC-9, PC-10, PC-11, PC-16</b>
34.	Paroxysmal phenomena: seizures (grand mal, petit mal). The difference between hysterical paroxysms and epileptic ones.	<b>PC-2, PC-5, PC-6, PC-9, PC-16</b>
35.	Psychopharmacotherapy. Principles, methods, types. Classification of psychotropic drugs.	<b>GPC-8, PC-9, PC-10, PC-11</b>
36.	Antipsychotics, groups of drugs by predominant effects. Indications for use, side effects and complications. Neuroleptic syndrome and means of its cupping.	<b>GPC-8, PC-9, PC-10, PC-11</b>
37.	Antidepressants, main groups of drugs by predominant effects. Indications for use, side effects and complications.	<b>GPC-8, PC-9, PC-10, PC-11</b>
38.	Tranquilizers, the main groups of drugs according to the prevailing effects. Indications for use, side effects and complications.	<b>GPC-8, PC-9, PC-10, PC-11</b>
39.	Psychostimulants and normothymic agents. Spectrum of pharmacological activity. Indications for use, side effects and complications.	<b>GPC-8, PC-9, PC-10, PC-11</b>
40.	Nootropic drugs. Spectrum of pharmacological activity. Indications for use, side effects and complications.	<b>GPC-8, PC-9</b>
41.	Psychotherapy. Principles of choice of technique, limits of therapeutic	<b>GC-1, PC-5, PC-</b>

	efficacy.	<b>16</b>
42.	Principles for the classification of mental disorders in accordance with the International Classification of Diseases (ICD-10, ICD-11, DSM-V). Nosological and syndromal principles in the classification. Risk factors for mental illness.	<b>GPC-5, GPC-6, PC-6, PC-9</b>
43.	Degenerative diseases of the brain: Alzheimer's disease, Pick's disease, senile dementia. Comparative clinical characteristics, course, prognosis. Principles of treatment.	<b>GPC-5, GPC-8, PC-2, PC-5, PC-9, PC-10</b>
44.	Mental disorders in traumatic brain injury. Classification, clinical manifestations in different periods of the disease process. Treatment, rehabilitation.	<b>GPC-8, PC-2, PC-5, PC-9</b>
45.	Mental disorders of infectious origin (syphilis, encephalitis, AIDS, Covid-19). clinical features. Diagnostic value of special research methods. Treatment, rehabilitation.	<b>GPC-8, PC-5, PC-6, PC-9, PC-10, PC-16</b>
46.	Mental disorders of vascular etiology. General characteristics. Clinic. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9, PC-16</b>
47.	Mental disorders in intracranial tumors. Clinical features of cerebral and local (focal) symptoms. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9</b>
48.	Epilepsy. Etiology, pathogenesis of the disease. Classification. Clinical manifestations of paroxysmal conditions.	<b>GPC-8, PC-2, PC-5, PC-9, PC-11, PC-16</b>
49.	Diagnostic value of special research methods in epilepsy. Principles of treatment of epilepsy.	<b>GC-1, GPC-5, GPC-8, PC-5</b>
50.	epileptic psychoses. Personality change in epilepsy. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9, PC-11</b>
51.	Serial, abortive seizures. Epileptic status, clinical manifestations. Cupping methods.	<b>GPC-8, PC-2, PC-5, PC-9, PC-11</b>
52.	Acute alcohol intoxication. Simple (typical) and atypical alcohol intoxication. Diagnosis of the degree of alcohol intoxication. Pathological alcohol intoxication, diagnosis and forensic psychiatric evaluation.	<b>GPC-8, PC-2, PC-5, PC-9, PC-11</b>
53.	Alcoholism. Clinical manifestations of the 1st stage. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9, PC-10</b>
54.	Alcoholism. Clinical manifestations of the 2nd and 3rd stages. Features of alcohol withdrawal syndrome and personality changes in alcoholism. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9, PC-10</b>
55.	Features of alcoholism in women and adolescents.	<b>GC-1, PC-5, PC-16</b>
56.	Alcoholic delirium: conditions of occurrence, varieties of alcoholic delirium. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-9, PC-11</b>
57.	Acute and chronic alcoholic hallucinosis. Clinical characteristic. Principles of treatment. Alcoholic paranoid (delusions of persecution and jealousy).	<b>GPC-8, PC-2, PC-5, PC-11</b>
58.	Korsakov psychosis. Acute Gaye-Wernicke alcoholic encephalopathy. Principles of treatment.	<b>GPC-8, PC-2, PC-5, PC-11</b>
59.	Treatment and prevention of alcoholic psychoses, tactics in the case of socially dangerous behavior, methods of arresting arousal.	<b>GC-1, GPC-4, GPC-8, PC-11</b>

60.	Drug addiction and substance abuse. Definition of concepts. Major Addiction Syndrome.	<b>GPC-8, PC-2, PC-5, PC-10</b>
61.	Drug addiction and substance abuse. Features of the use of psychoactive substances by children and adolescents.	<b>GC-1, GPC-4, PC-5, PC-9</b>
62.	The use of drugs of the opium group: signs of acute and chronic intoxication with opiates, the clinic of withdrawal syndrome. Treatment and prevention.	<b>GPC-8, PC-5, PC-9, PC-11, PC-16</b>
63.	The use of cannabis preparations, the clinic of acute and chronic hashish intoxication, the clinic of withdrawal syndrome. Treatment and prevention.	<b>GPC-8, PC-5, PC-9, PC-11, PC-16</b>
64.	Barbiturates classified as drugs, mental disorders in acute and chronic intoxication, withdrawal symptoms. Treatment and prevention. LSD and hallucinogens, clinical picture of acute and chronic intoxication.	<b>GPC-8, PC-5, PC-9, PC-11, PC-16</b>
65.	Substance abuse. The main groups of substances and drugs that cause addiction. General characteristics and clinical manifestations. Treatment.	<b>GPC-8, PC-5, PC-9, PC-11, PC-16</b>
66.	Schizophrenia. Definition. Types of flow, clinical forms. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
67.	Malignant schizophrenia. Main clinical forms. Features of the flow. Treatment.	<b>GPC-8, PC-5, PC-11</b>
68.	The main clinical forms of schizophrenia are: paranoid, simple, catatonic, hebephrenic. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
69.	Schizoaffective disorders. Clinic. Features of the course. Differential diagnosis with bipolar affective disorder. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
70.	Schizotypal disorders. Clinic. Features of the course. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
71.	Affective disorders. Clinical manifestations, types of course. Bipolar affective disorder. Cyclothymia. Treatment and prevention.	<b>GPC-8, PC-5, PC-6, PC-11</b>
72.	The concept of masked (somatized) depression. Clinical characteristics, principles of differential diagnosis with somatic diseases. Treatment.	<b>GC-1, GPC-8, PC-5, PC-6, PC-11</b>
73.	Reactive psychoses. Acute reactions: affective-shock and hysterical psychoses. Clinical manifestations. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
74.	Protracted reactive psychoses: reactive depression, reactive paranoids. Clinical manifestations. Treatment.	<b>GPC-8, PC-5, PC-6, PC-11</b>
75.	Neuroses. Clinical manifestations. Diagnostic criteria. Etiology, the role of personality and environment in the occurrence of neuroses.	<b>GPC-8, PC-5, PC-6, PC-10</b>
76.	Neurasthenia. Clinical manifestations. Treatment.	<b>GC-1, GPC-8, PC-5, PC-10</b>
77.	Obsessive-phobic neurosis. Clinical manifestations. Treatment.	<b>GC-1, GPC-8, PC-5, PC-10</b>
78.	Hysterical neurosis. Clinical manifestations. Treatment.	<b>GC-1, GPC-8, PC-5, PC-10</b>
79.	Personality disorders (psychopathy). Definition (criteria of P. B. Gannushkin). Systematics of psychopathy. Dynamics of psychopathy. Difference from character accentuation.	<b>GC-1, PC-2, PC-6</b>
80.	Psychopathies (personality disorders) of the excitable circle. Clinical manifestations. Treatment.	<b>GPC-8, PC-9</b>
81.	Psychopathies (personality disorders) of the inhibited circle. Clinical manifestations. Treatment.	<b>GPC-8, PC-9</b>
82.	Psychopathies (personality disorders): hysterical, cyclothymic,	<b>GPC-8, PC-9</b>




	unstable. Clinical manifestations. Treatment.	
83.	Emergency conditions in narcology: alcoholic delirium, withdrawal syndrome. Clinical manifestations, methods of cupping.	<b>GPC-8, PC-6, PC-9</b>
84.	Emergency conditions in narcology: heroin withdrawal syndrome, opiate overdose. Clinical manifestations, methods of cupping.	<b>GPC-8, PC-6, PC-9</b>
85.	Mental disorders in somatic pathology (with endocrine pathology, pathology of the kidneys, heart).	<b>PC-6, PC-10</b>
86.	Malignant neuroleptic syndrome. Clinical manifestations. Cupping methods.	<b>GPC-5, GPC-8</b>
87.	Emergency therapy in psychiatry: cupping of epileptic status, various types of arousal (manic, catatonic, hebephrenic).	<b>GPC-6, PC-5, PC-6</b>
88.	Types of expertise in psychiatry.	<b>GPC-8, PC-11</b>

## 2.2. Questions for clinical cases.

<b>№</b>	<b>Control questions of the clinical situational task</b>	<b>Assessed competencies</b>
1.	Name the symptoms observed.	GC-1, GPC-1, GPC-6, GPC-9, PC-1, PC-5, PC-6, PC-9, PC-10, PC-11
2.	Name the leading psychopathological syndrome. Suggest a diagnosis.	GC-1, GPC-1, GPC-6, GPC-9, PC-1, PC-5, PC-6, PC-9, PC-10, PC-11
3.	What additional examination methods are needed to make a final diagnosis?	GC-1, GPC-1, GPC-6, GPC-9, PC-1, PC-5, PC-6, PC-9, PC-10, PC-11
4.	With which disorders should a differential diagnosis be made?	GC-1, GPC-1, GPC-6, GPC-9, PC-1, PC-5, PC-6, PC-9, PC-10, PC-11
5.	What is your next step in patient management?	GPC-1, GPC-3, GPC-4, GPC-8, GPC-9, GPC-10, PC-1, PC-7, PC-8, PC-9, PC-10, PC-11, PC-17

## 2.3. Example of a question card for intermediate certification (exam).

	<p>Federal State Budgetary Educational Institution of higher education "Volgograd State Medical University" of the Ministry of Health of Russian Federation</p> <p>DEPARTMENT OF PSYCHIATRY, NARCOLOGY AND PSYCHOTHERAPY</p>	<p>VALUATION FUND BY SPECIALTY 31.05.01 General Medicine</p>
---	--	--

**Academic discipline:** "Psychiatry, medical psychology"

**Specialty:** 31.05.01 General Medicine

**Faculty:** Medical

**Course:** V

**Academic year:** 2023-2024

**EXAMINATION TICKET No. 1**

1. The concept of symptom and syndrome in psychiatry, their significance for the diagnosis of mental illness. The concept of productive and negative symptoms, their diagnostic value.
2. Mental disorders in traumatic brain injury. Etiopathogenesis and epidemiology. Classification.
3. Emergency therapy in psychiatry: relief of epistatus, various types of arousal (manic, catatonic, hebephrenic).
4. Clinical case.

### **Clinical case 1.**

A 40-year-old man living in favorable non-conflict conditions, for the second time he enters the therapeutic department due to protracted bouts of pain resembling renal colic. Drawing pain in the area the loins were preserved for 4 weeks. On examination, including ultrasound and radiography, no pathology from the kidneys was revealed. Appointment of antispasmodics had no effect. The patient worries about his future, sleeps badly, feels worse in the morning, in the evening the pain bothers few.

Task:

1. Name the symptoms observed.
2. Name the leading psychopathological syndrome. Suggest a diagnosis.
3. What additional examination methods are needed to make a final diagnosis?
4. With which disorders should a differential diagnosis be made?
5. What is your next step in patient management?

In full, the fund of evaluation tools for the discipline is available in the EIEP at the link:  
<https://elearning.volgmed.ru/course/view.php?id=8015>

Considered at a meeting of the Department of Psychiatry, Narcology and Psychotherapy Protocol No. 9 dated May 30, 2023

Department head



I.I. Zamyatina

30.05.2023