

**Assessment tools for certification in the discipline
“Psychiatry and Narcology” for students in the educational program of the training direction
05.31.03 Dentistry (specialty level) full-time form of study
for the 2023-2024 academic year**

Student competencies formed as a result of mastering the discipline (module):

General cultural competencies:

- readiness to use first aid techniques, methods of protection in emergency situations (GC-7);

General professional competencies:

- ability and willingness to implement ethical and deontological principles in professional activities (GPC-4);
- readiness to maintain medical records (GPC-6);
- readiness to use basic physical, chemical, mathematical and other natural science concepts and methods in solving professional problems (GPC-7);
- readiness for medical use of drugs and other substances and their combinations in solving professional problems (GPC-8);
- the ability to assess morphofunctional, physiological states and pathological processes in the human body to solve professional problems (GPC-9);

Professional competencies:

- ability and readiness to carry out anti-epidemic measures, organize the protection of the population in areas of particularly dangerous infection, in the event of deterioration of the radiation situation, natural disasters and other emergency situations (PC-3);
- ability and readiness to use social and hygienic methods for collecting and medical-statistical analysis of information on dental morbidity (PC-4);
- readiness to collect and analyze the patient’s complaints, his medical history, examination results, laboratory, instrumental, pathological-anatomical and other studies in order to recognize the condition or establish the presence or absence of dental disease (PC-5);
- the ability to determine in patients the main pathological conditions, symptoms, syndromes of dental diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X view (PC-6);
- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-7);
- the ability to apply the basic principles of organization and management in the field of protecting the health of citizens, in medical organizations and their structural divisions (PC-14);
- readiness to analyze and publicly present medical information based on evidence-based medicine (PC-17);
- ability to participate in scientific research (PC-18);
- readiness to participate in the implementation of new methods and techniques aimed at protecting public health (PC-19).

Interim certification in the discipline is carried out at the end of the VIII semester in the form of a test. Interim certification includes the following types of tasks: test task, interview, solution of situational problems.

Examples of test tasks:

Tested competencies: GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19.

1. The Law of the Russian Federation “On psychiatric care and guarantees of the rights of citizens during its provision” applies to...

- a) state institutions of the healthcare system at the federal level;
- b) medical institutions, regardless of their departmental affiliation;

- c) all institutions and persons providing psychiatric care on the territory of the Russian Federation;
- d) municipal medical institutions

2. Psychiatric care is voluntary if it is provided...

- a) at the request of the patient's close relatives;
- b) when a competent patient independently applies to a psychiatric institution;
- c) by referral from a local doctor at a territorial clinic;
- d) at the request or with the consent of the person, regardless of his age.

3. The right to receive information about their rights, as well as about the nature of existing mental disorders and the methods of treatment used in an accessible form and taking into account their mental state...

- a) only persons who are not under medical supervision;
- b) only persons hospitalized in a psychiatric hospital;
- c) only persons receiving treatment with psychotropic drugs;
- d) only persons to whom compulsory medical measures are applied;
- e) all persons suffering from a mental disorder when receiving psychiatric care.

4. Clinical manifestations of asthenic syndrome include...

- a) fatigue, hyperesthesia, sleep disturbances;
- b) true hallucinations, hyperesthesia, vegetative manifestations;
- c) pseudohallucinations, sleep disturbances, delusions;
- d) hyperesthesia, pseudohallucinations, irritability;
- e) hyperesthesia, irritability, pareidolic illusions.

5. Phobias and compulsions are part of the structure...

- a) catatonic syndrome;
- b) Korsakoff syndrome;
- c) obsessive syndrome;
- d) asthenic syndrome;
- e) oneiric syndrome.

6. Psychogenies are mental disorders that developed as a result of...

- a) a psychotraumatic situation;
- b) traumatic brain injury;
- c) infectious process;
- d) drug abuse.

7. Neuroses include mental illnesses such as...

- a) hysterical neurosis;
- b) schizophrenia;
- c) alcoholism;
- d) epilepsy.

8. Mental disorders can occur with the following infectious diseases...

- a) syphilis;
- b) flu;
- c) AIDS
- d) meningitis;

- d) all of the above are true.

9. What thinking disorder is characteristic of organic mental disorders...

- a) reasoning;
- b) symbolic;
- c) detailed;
- d) autistic;
- d) paralogical.

10. Specify the emotional disturbance characteristic of organic disorders...

- a) apathy;
- b) explosiveness;
- c) ambivalence;
- d) emotional inadequacy;
- d) emotional coldness.

Checklist of interview questions:

	Questions for intermediate student assessment	Competencies tested
1.	The subject and tasks of psychiatry, its relationship to other sections medical science and psychology.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
2.	Main provisions of the Law on Psychiatric Care and Guarantees of Rights when it is provided.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
3.	Organization of inpatient psychiatric care. Indications for hospitalization of patients with mental disorders.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
4.	Organization of outpatient psychiatric care.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
5.	The concept of symptom and syndrome in psychiatry, their significance for diagnosis mental disorders. The concept of productive and negative symptoms, their diagnostic value.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
6.	Research methods used in psychiatry. Clinical method. Paraclinical methods in psychiatry. Diagnostic capabilities each method.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
7.	Disorders of sensations. Diagnostic value, features in various diseases.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
8.	Perception disorders: illusions, their classification. Diagnostic significance, features in various diseases.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
9.	Perception disorders: hallucinations, their classification, objective signs of hallucinations. Diagnostic value, features in various diseases.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4;

		PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
10.	Psychosensory disorders. The concepts of derealization and depersonalization, the phenomena of deja vu and jamais vu. Diagnostic value.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
11.	Thinking disorders. Diagnostic value of symptoms.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
12.	Comparative clinical characteristics of delusional, obsessive and overvalued ideas. Comparative clinical characteristics of dysmorphomania and dysmorphophobia.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
13.	Delusional ideas. Definition, criteria and main variants of delusion.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
14.	Delusional syndromes: paranoid, paranoid, paraphrenic. Clinical characteristics of delusional syndromes.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
15.	Kandinsky-Clerambault syndrome of mental automatisms. Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
16.	Obsessive states: obsessive, phobic, compulsive disorders. Diseases in which obsessive states occur.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
17.	Hypochondriacal syndrome. Differential diagnosis with somatic diseases.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
18.	Neurotic and neurosis-like syndromes, clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
19.	Attention disorders, clinical characteristics, diagnostic value.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
20.	Memory disorders. Impaired memorization, retention and reproduction of information.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
21.	Paramnesia, classification. Korsakov's syndrome. Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
22.	Mental retardation (mild, moderate, severe, profound), diagnostic criteria.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
23.	Dementia. Clinical characteristics of organic, epileptic and schizophrenic dementia.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
24.	Emotional reactions. Physiological and pathological affect, comparative clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19

25.	Emotional disorders. Clinical characteristics of productive and negative symptoms, their diagnostic significance.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4;
26.	Depressive and manic syndromes. Clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
27.	Psychoorganic syndrome. Clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
28.	Disorders of will and desires. Clinical characteristics of the main symptoms and syndromes.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
29.	Movement disorders. Catatonic syndrome, clinical variants of its manifestation: stupor, excitement.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
30.	Syndromes of switching off consciousness (stunning, stupor, coma). Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
31.	Syndromes of confusion: delirium, oneiroid. Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
32.	Syndromes of confusion: amentia, twilight state of consciousness. Clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
33.	Paroxysmal phenomena: seizures (grand mal, petit mal). Difference between hysterical and epileptic paroxysms.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
34.	Principles for the classification of mental disorders according to International Classification of Diseases (ICD X). Risk factors for mental illness.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
35.	Degenerative brain diseases: mental disorders in Alzheimer's disease, Pick's disease. Clinical characteristics, course, prognosis.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
36.	Mental disorders in traumatic brain injuries. Classification, clinical manifestations at different periods of the disease process.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
37.	Mental disorders of infectious origin (syphilis, encephalitis, AIDS, Covid-19). Clinical features.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
38.	Mental disorders of vascular origin. General characteristics. Clinical picture.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
39.	Mental disorders in intracranial tumors, clinical features.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
40.	Epilepsy. Etiology, pathogenesis of the disease. Classification. Clinical manifestations of paroxysmal conditions. Personality changes in epilepsy.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19

41.	Schizophrenia. Definition. Classification. Etiology and pathogenesis.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
42.	Schizotypal disorder. Clinical picture. Features of the course.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
43.	The main clinical forms of schizophrenia: paranoid, simple, catatonic, hebephrenic. Clinical picture.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
44.	Schizoaffective disorders. Clinical picture. Common features and differences from bipolar affective disorder.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
45.	Bipolar affective disorder. Clinical manifestations. Course types.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
46.	The concept of masked (somatized) depression. Clinical characteristics, principles of differential diagnosis with somatic diseases. Cyclothymia.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
47.	Reactive psychoses. Acute reactions: affective-shock and hysterical reactive psychoses. Clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
48.	Protracted reactive psychoses: reactive depression, reactive paranoid Clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
49.	Neuroses. Clinical manifestations. Diagnostic criteria. Etiology, role of the personality and environment in the occurrence of neuroses.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
50.	Neurasthenia. Clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
51.	Obsessive-phobic neurosis. Clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
52.	Hysteria. Clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
53.	Disorders of mature personality and behavior. Definition. Taxonomy. Difference from character accentuation.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
54.	Clinical manifestations of paranoid, schizoid, sensitive personality disorders.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
55.	Clinical manifestations of emotionally labile, dissocial, epileptoid personality disorder.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
56.	Clinical manifestations of hysterical, cyclothymic, unstable, anancastic personality disorder.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4;

		PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
57.	Acute alcohol intoxication. Simple (typical) and atypical alcohol intoxication. Diagnosis of the degree of alcohol intoxication. Pathological alcohol intoxication, diagnosis.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
58.	Alcohol addiction. Clinical manifestations of stage I.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
59.	Alcohol addiction. Clinical manifestations of stage II. Peculiarities of alcohol withdrawal syndrome.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
60.	Alcohol addiction. Clinical manifestations of stage III.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
61.	Alcoholic delirium: conditions of occurrence, varieties of alcoholic delirium. Clinical features.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
62.	Acute and chronic alcoholic hallucinosis. Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
63.	Alcoholic paranoid (delusions of persecution and jealousy). Clinical characteristic.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
64.	Korsakov psychosis. Acute alcoholic encephalopathy Gaye-Wernicke. Clinical characteristics.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
65.	Drug addiction and substance abuse. Definition of concepts. Drug addict syndrome, clinical features.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
66.	Use of opium drugs: signs of acute and chronic opiate intoxication, withdrawal syndrome clinic. Prevention of drug addiction.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
67.	Use of cannabis, manifestations of acute and chronic hashish intoxication, withdrawal syndrome clinic. Prevention of drug addiction.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
68.	Barbiturates, mental disorders in acute and chronic intoxication, withdrawal syndrome clinical picture. Prevention.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
69.	LSD and other hallucinogens, clinical picture of acute and chronic intoxication. Prevention.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19
70.	Toxic substances abuse. Main groups of substances and drugs that cause addiction. General characteristics and clinical manifestations.	GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19

An example of a situational task.

Tested competencies: GC-7; GPC-4; GPC-6; GPC-7; GPC-8; GPC-9; PC-3; PC-4; PC-5; PC-6; PC-7; PC-14; PC-17; PC-18; PC-19.

Case 1. A 40-year-old patient, a cleaning lady. I graduated from 7th grade, studied poorly, had a bad memory. She worked as a cleaner at a factory. She was not married, lives alone all the time, has no friends. By nature she is touchy, quick-tempered, quarrelsome, loves to speak the truth face-to-face and teach others. From the age of 10-12 she had an inexplicable desire to run away from home, she ran through the streets, through gardens, and 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 gradually her memory decreased even more and became very angry. For days the mood was such that people were afraid of her, she did not allow anyone to approach her, she shouted at the employees, or did not speak at all, only looking at everyone angrier. Several years ago, she was undergoing an inpatient examination at the psychiatric hospital, was transferred to group II disability, and lived with a distant relative with whom she did not get along. A relative refuses to live with her. She was admitted to a psychiatric hospital in a state of confusion, did not know where she was, silently looked around, and did not eat. The next day she woke up in a good mood, correctly named the month, year, approximately the day and date. Couldn't say how she got to the hospital. The patient has a poor memory: she does not remember when her parents died, when the World War II took place; didn't remember the name of the attending physician. 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 can't hide an awl in a bag" is interpreted: "a sharp awl will rip through the bag, and the bag will be ruined, the bag is needed for flour, but you can't pour it into a holey bag, there will be a hole and everything will spill out little by little and there will be little flour, there will be a hole, and flour is needed for bread." An example of a patient's speech: "I have a bright room, clean all around, little white pillows, everything is clean, bright. There's a chest here by the door, there's an old chair to the right, old, still my grandmother's, she died a long time ago, I was still very little, 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 illness? Do you think illness is some kind of thing, in which it lies in a glass or in an inkwell? My illness is not in anything, it is in me, but I'm a person, and not a thing at all, that's it!" In the neurological condition, there is unsharp smoothness of the left nasolabial fold, slowness in movements.

Answer to the case:

Symptoms: memory impairment, concretization of thinking, attacks of melancholy and angry mood (dysphoria), an inexplicable desire to run away from home with subsequent amnesia, resentment, short temper.

Syndrome: twilight disorder of consciousness.

Diagnosis: Organic disorder of personality and behavior due to epilepsy, non-convulsive form, epi-type personality disorders.

Differential diagnosis: with vascular dementia.

Principles of treatment: selection of antiepileptic drugs, course treatment with nootropics, vitamins, dehydration therapy.

Case 2. The patient is 37 years old. I graduated from 4th grade and studied well. He started working on the collective farm early. In recent years he worked as a carpenter. Married, has one child. He has been drinking since he was 16 years old. From 19 he gets hungover. When drunk, he is rude, cynical, picky, and often the next day does not remember what he did while drunk. There are frequent scandals in the family due to his drunkenness. For the last five years he has been drinking for several days in a row, he has not stayed at one job for a long time, he

is usually fired for absenteeism. A year ago, after one of his drinking bouts, he heard at night the “voice” of the neighbor, coming from above, who threatened to kill him, scolded him for drunkenness, for the harm 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. Having returned, he heard his wife’s “voice” at the station. 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 station's medical center and began to ask that his wife be saved. From there he was taken to a psychiatric hospital. He felt fear and said, “They’ll deal with me here.” At the same time, he understood that he was in a psychiatric hospital, he gave the dates correctly, assured that he was healthy, that his wife was really crying and asking for help. He said that he hears male and female “voices” from all sides; they threaten him with the death penalty, call him a drunkard, a libertine, and discuss his actions. Other “voices” invite him to drink, defend him, and object to those who judge him. The patient's condition improved on the 10th day: fear and hallucinations disappeared, he began to take part in games and watch television programs. He believes that he is able to overcome the attraction to alcohol, that he could have done this before, downplays the severity of drunkenness, and claims that he drinks because his wife does not understand him. He proves that his absenteeism was accidental, not related to drunkenness, that he was not fired from work, but that he left on his own. In a somatic state: heartbeat, pulse 90-95 beats per minute. Deafness of heart sounds. Pain in the epigastric region after eating, heartburn, constipation. In a neurological condition: tremor of the fingers, eyelids, pronounced persistent red dermographism.

Answer to the case:

Symptoms: alcohol abuse, binges, auditory hallucinations, fear, lack of criticism of one’s condition, social maladjustment.

Syndrome: alcohol dependence, hallucinatory. Diagnosis: Alcoholism 2-3 degrees, alcoholic hallucinosis. Differential diagnosis: with schizophrenia.

Principles of therapy: detoxification, relief of psychosis (neuroleptics).

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