Assessment tools for conducting attestation
in discipline «Pediatric surgery»
for students of 2020 year of admission
under the educational programme
31.05.01 General Medicine,
profile General Medicine
(Specialist's degree),
form of study full-time
for the 2025-2026 academic year

1. Assessment tools for conducting current attestation in discipline.

The current attestation includes the following types of tasks: testing, solving situational problems, control tests, interviews based on key questions, evaluation of practical skills acquisition (abilities).

1.1.1 Sample Test Questions

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

1. What is the main feature that distinguishes gastroschisis from omphalocele?
a Organs are covered with membrane
b Protrusion near umbilical ring
c Capacity for spontaneous healing
d Chromosomal abnormalities associated
e Absence of covering membrane
2. Characteristic symptom of prune-belly syndrome is:
a Rectal prolapse
b Splenomegaly
c Jaundice
d Hydro-nephrosis of both kidneys
e Esophageal fistula
3. The cause of omphalocele formation is:
a Genetic mutations
b Infections during pregnancy
c Insufficient migration of mesenchymal cells
d Malposition of fetus
e Hereditary predisposition
4. Indication of large defect presence at omphalocele is:
a Blue skin coloration
b Unilateral hydro-nephrosis
c Ascites

d Associated chromosomal anomalies
e Abdominal wall rupture
5. Typical characteristic of newborn girl with prune-belly syndrome:
a Macroglossia
b Skin pigmentation
c Eclampsia
d Cardiovascular insufficiency
e Uterine agenesis and vaginal absence

1.1.2 Example of Situation-Based Problems

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

Case Study: An infant aged 12 days is hospitalized in neonatal intensive care unit. History reveals toxicosis in first trimester, threatened abortion in second trimester, fetal-placental insufficiency in third trimester. Birth was premature at 30 weeks, double tight cord entanglement. Weight 1450 g, height 38 cm. APGAR score 4/5 points. Mother had drug use history during pregnancy. Current condition: severe, episodes of apnea, connected to ventilator support. Abdomen distended, intestinal loops outlined through abdominal wall, peristalsis reduced, stool contains dark bile. Urinary output decreased significantly. X-ray shows gas-filled intestines with fluid levels, thickened bowel walls. Ultrasound confirms sluggish peristalsis, significant meteorism, no free fluid in abdomen.

Questions:

1. Formulate your diagnosis hypothesis.
2. Is there evidence of bowel perforation? Which diagnostic method can confirm it?
3. Explain etiology and pathogenesis of this disease.
4. Identify factors leading to this pathology in given case.
5. Can tube feeding be continued? Why or why not?
6. Prescribe additional treatment measures.
7. Are there indications for surgical intervention now? If yes, what would they be?

1.1.3 Sample Control Work Assignments

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

Option #1Student’s Full Name: _____

Appendicular abscess (infiltrate) is defined as _____.
Characteristics of acute appendicitis symptoms in young children include __.
Clinical signs suggesting appendix perforation are _____.
Key features of clinical presentation in congenital pyloric hypertrophy are __.
Criteria determining timing of surgery for incarcerated inguinal hernia in children are __.
Option #2Student's Full Name: _____

Cervical birth trauma is characterized by _____.
Distinguishing features between cephalhematoma and subdural hemorrhage are ___.
Complications resulting from intracranial hemorrhages in newborns include .
Symptoms of brain compression caused by craniostenosis are _____.
Stages of contracture development according to Dupuytren classification are

Option #3Student's Full Name: _____

Omphalitis refers to _____.
Threatening conditions in neonates with omphalitis include ___.
Features of congenital gastrointestinal obstruction in infants are _____.
Indications for emergency surgery in pediatric peritonitis cases are _____.
Forms of ileus in children and their corresponding clinical manifestations are ____.

1.1.4 Practical Skills Evaluation Samples
Competencies assessed: OPC-7.2.1, OPC-7.2.2, OPC-8.2.1, OPC-8.2.2, OPC-8.2.3, PC-1.2.1, PC-1.2.2, PC-1.2.3, PC-1.2.4, PC-2.2.1, PC-2.2.2, PC-2.2.3, PC-3.2.1, PC-4.2.1, PC-4.2.4, PC-5.2.1

Examples:

1. Describe clinical picture of duodenal atresia in newborns. How do you differentiate it from other causes of vomiting?
2. Patient is a boy who presents with repeated attacks of sharp pain in right lower quadrant of abdomen, nausea, fever, tenderness upon palpation. Provide your initial differential diagnosis.
3. Examine child with suspected urinary tract infection. Outline your steps for examination, laboratory diagnostics, and possible management strategies.
4. Demonstrate correct technique for taking blood sample from an infant using capillary puncture.
5. Assess and interpret ultrasound findings showing hydronephrosis in left kidney of a three-month-old baby.

1.2 Self-Study Assessment Tools
Self-study assessment includes testing.

1.2.1 Single Answer Testing Examples

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

Choose one answer out of five options.

1. The most typical change in blood count in patients with appendicitis is:
a Moderate leukocytosis and neutrophilia shift to the left
b Hyperleukocytosis
c Leucopenia
d No changes observed
e Accelerated sedimentation rate (ESR)

2. Optimal age for planned operation to repair inguinal hernia in children is considered to be:
1. a Immediately after detection
b After six months old
c At the end of first year of life
d After reaching three years old
e Any time is equally acceptable

3.Main difference between mechanical and functional intestinal obstruction lies in:
a Severe abdominal pain
b Complete blockade preventing food passage through intestine
c Multiple vomits and bloated stomach
d Persistent fever
e Rapid dehydration onset

4.Commonest reason behind umbilical hernias in children is:
a High intra-abdominal pressure
b Intense physical activity
c Weak connective tissue structure
d Poor nutrition habits
e Improper breastfeeding techniques

5.Cardinal symptom of intestinal invagination in children is:
a Pale skin tone
b Persistent uncontrollable vomiting
c Sudden intense colicky abdominal pain
d Blood in feces
e Fever above 38 degrees Celsius

1.2.2 Multi-Choice and Sequence-Matching Tests

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

Select all applicable answers:

1. Signs indicating strangulated inguinal-scrotal herniation in boys include:

A Acute scrotal pain

B Local temperature rise

C Swelling and redness of affected area

D Nausea and vomiting

E Ability to manually reduce hernia back into place

2. Possible causes of congenital pyloric stenosis may involve:

A Hereditary disposition

B Maternal malnutrition during pregnancy

C Pregnancy infections suffered by mother

D Smoking and alcohol consumption by pregnant woman

E Mutations in specific genes

3. Potential complications of long-term untreated cryptorchidism (undescended testicle) might lead to:

A Testicular necrosis

B Traumatic injury to testicle

C Development of testicular tumor

D Stricture of urethra

E Varicocele

4. Match each condition with its primary surgical procedure: Condition Method of Operation

Hydro-nephrosis Nephrostomy

Malpositioned Kidney Orthotopy

Cryptorchidism Orchiopexy

Pyloric Stenosis Pyloromyotomy

Intestine Volvulus Laparoscopic Detorsion

5. Arrange sequence of steps before and during groin hernia surgery:

1 Preoperative preparation & anaesthesia

2 Incision & isolation of hernia sac

3 Opening hernia sac layers & releasing contents

4 Closure of hernia gate via suturing5 Final stage—layer-by-layer wound closure

1.2.3 Open-Ended Question Examples

Competencies assessed: OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-

5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

1. Describe clinical presentation of acute intestinal obstruction in newborns. List major causative factors.

2. Specify potential complications of patent ductus arteriosus in infancy. Justify necessity of early surgical closure.

3. Enumerate stages of operative correction of hydrocephalus in children and explain importance of each step.

4. Detail principles of conservative therapy for congenital clubfoot in babies under six months old. Explain why this approach is preferred.

5. Highlight key differences in clinical presentation of diaphragmatic hernia in newborns compared to adults.

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2. Assessment tools for conducting intermediate attestation in a discipline/practice

Intermediate attestation is carried out in the form of an credit.

Evaluation Methods for Intermediate Assessment of Discipline Competency

Intermediate assessment takes the form of credit examinations.

Intermediate assessment consists of two types of tasks:

- Evaluation of practical skill mastery (competences)
- Interview regarding subject-related topics.

2.1 Evaluation of Practical Skill Mastery

Types of assignments included in intermediate assessment:

- Solving situational tasks
- Providing urgent medical assistance
- Interpreting lab results and additional diagnostic methods
- Performing medical procedures

2.1.1 Examples of Situational Tasks

Competencies being evaluated: OPC-2.3.1, OPC-4.2.1, OPC-4.3.1, OPC-5.2.1, OPC-5.3.1, OPC-6.2.1, OPC-7.2.1, OPC-7.2.2, OPC-7.3.1, OPC-8.2.1

Task №1 The boy was born 18 hours ago full term with weight 3100 grams, scored 8 on the Apgar scale. Soon after birth, noted cyanosis and respiratory distress when disturbed, especially while lying on his right side. Condition critical. Skin and mucosa have a cyanotic tinge. Child lethargic, weak cry. Chest asymmetry: left half larger in volume, less active in breathing. Breathing shallow, difficult, up to 56 breaths/min. On auscultation and percussion, mediastinum shifted to the right, heart rate 180 beats/min. Abdomen smaller than usual, soft. Diagnosis? Differential diagnosis? Additional investigations needed? Possible immediate complications? Emergency aid plan? Treatment strategy in-hospital setting? Outcome prediction?

Task №3 The mother brought her 2-year-old son complaining about recurrent bloody vomitings, black-colored stools, general malaise. According to her account, these complaints started 2 days earlier. Past history: Second child, full-term delivery. For seven days postpartum, bleeding occurred from the umbilicus. From 2 months of age, pediatrics noted increased size of the abdomen, enlarged spleen, suffering from flatulence. Under observation by paediatrician throughout childhood. Family history: parents healthy. Upon examination: marked pallor of skin, pulse weak, rapid heartbeat (120 beats/min), BP 80/50 mmHg, dull cardiac tones. Soft, non-tender abdomen, liver normal, spleen extended 5 cm below costal margin. Hemoglobin level 75 g/L, erythrocytes 2.0 x 10^{12}/L, hematocrit 0.9, leukocytes 4.5 x 10^{9}/L, segmented neutrophils 60%. Diagnosis? Differential diagnosis? Further necessary investigation? Expected immediate complications? Emergency help? Management plan in hospital setting? Long-term prognosis?

2.1.2 Examples of Assignments Related to Urgent Medical Assistance, Lab Results Interpretation, and Diagnostic Techniques

Task №1 Newborn transferred from regional maternity ward.History: immediately after birth developed total cyanosis, dyspnoea up to 60 breaths/min, deceleration of heart rhythm. Supplemental oxygen did not improve the situation. Examined by surgeon from disaster medicine center and then transferred to children's surgery clinic.Past history: Third pregnancy, third labor, delivered at 36 weeks gestation. Throughout pregnancy, patient repeatedly hospitalized due to miscarriage threat. Birthweight 1890 g, length 48 cm, Apgar score 5.Current condition: serious state, responsive to external stimuli, loud crying, active movements. Chin tremors present. Oral reflexes elicited but quickly exhausted. Reflexes symmetrically equal. Clean, cyanotic skin and visible mucosae. White spot sign negative. Temperature 36.8°C. Shallow respiration bilaterally. Heart sounds heard only on the right, rhythmic, muted. Pulse 180 beats/min. Sunken abdomen, tender, soft everywhere. Liver extends 2 cm beyond rib edge. Spleen not palpable. Bowels empty. Clear urine obtained through catheterization. CBC: Hb 214 g/l, Hct 61.6%, WBC 6.0 × 10^{9}/L, neutrophils 9%, eosinophils 0%, lymphocytes 19%, platelets 150 × 10^{9}/L. Biochemistry: Bilirubin 149.9 μmol/L, AST 0.37 units, ALT 0.09 units, electrolyte balance: sodium 124.1 mmol/L, potassium 4.9 mmol/L. Thorax and abdomen radiography performed (attached). Hypothetical diagnosis?

Therapeutic approach? Timelines and indications for surgical intervention? Appropriate surgical methods?

2.1.3 Examples of Doctor's Manipulations

Competencies being evaluated: OPC-2.3.1, OPC-4.2.1, OPC-4.3.1, OPC-5.2.1, OPC-5.3.1, OPC-6.2.1, OPC-7.2.1, OPC-7.2.2, OPC-7.3.1, OPC-8.2.1

1. Manage patient care.
2. Interpret lab and instrumental test results, provide urgent medical aid.
3. Take a complete medical history of a surgical patient.
4. Conduct thorough physical examination of a child, identify key symptoms of surgical illness.
5. Develop an appropriate diagnostic plan for a patient with surgical disease.
6. Establish diagnosis, fill out medical records for inpatients with surgical diseases.
7. Create a therapeutic plan considering child's age, background health, severity, and diagnosis.
8. Order relevant lab tests and interpret their outcomes correctly.
9. Perform following diagnostic interventions (gastric probing, insertion of urethral catheter, determine blood type, prepare equipment for IV infusions, perform venipuncture).
10. Examine newborn suspecting surgical pathologies (diaphragmatic hernia, bowel obstruction, anorectal defects, congenital issues causing respiratory failure).
11. Render urgent medical assistance outside hospital settings (hyperthermia syndromes, seizures, infectious-toxic shock, dehydration, hypovolemic shock, respiratory disorders).
12. Respond to emergencies in hospital environment (acute respiratory failure, acute cardiovascular collapse, airway obstructions, apply splints for fractured limbs).

List of questions to prepare for the intermediate attestation:

No	Questions to prepare for the midterm assessment	Verifiable indicators of competency achievement
1.	Developmental anomalies of upper extremities. Classification. Conservative and surgical treatment methods and timelines. Monitoring program.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
2.	Developmental anomalies of kidneys (aplasia, hypoplasia, ectopia, cystic lesions). Renal ptosis. Clinical presentation, diagnostics, treatment approaches.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
3.	Inguinal hernia. Classification. Clinical characteristics, diagnostics. Indications, timelines, and methods of surgical treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
4.	Strangulating intestinal obstruction. Role of congenital anomalies in the development of obstruction (Meckel diverticulum, mesenteric defects, fixation anomalies). Clinical presentation, diagnostics. Indications and timelines for surgical intervention.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
5.	Gastro-esophageal reflux. Classification. Clinical presentation, diagnostics. Conservative and surgical treatments.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
6.	Developmental anomalies of ureters in children (renal duplication, ureterocele, ectopic/dystopically positioned ureteral orifice). Clinical presentation, diagnostics. Indications and types of surgical interventions.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
7.	Thoracic cavity tumors. Embryonic origin of developmental defects. Clinical presentation, diagnostics, treatment strategy.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
8.	Head injuries. Classification. Specifics of clinical presentation and diagnostics in young children. Basic treatment principles. Follow-up monitoring program.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
9.	Breast diseases in newborns. Developmental anomalies, gynecomastia, inflammatory processes, neoplasms. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
10.	Developmental anomalies of head and neck region (Pierre Robin syndrome, ranula, choanal atresia, short lingual frenulum, macroglossia). Clinical presentation, diagnostics, treatment tactics.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
11.	Congenital muscular torticollis. Clinical presentation, differential diagnostics. Timeframes and methods of treatment (conservative vs. surgical).	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
12.	Rectal diseases (hemorrhoids, anal fissures, polyps, paraproctitis). Clinical presentation, diagnostics, treatment protocols.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
13.	Acute appendicitis in newborns. Classification, peculiarities of clinical presentation in young children. Major symptoms and syndromes. Diagnostics. Treatment methods.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
14.	Non-specific ulcerative colitis and Crohn's disease. Clinical presentation, diagnostics. Treatment strategies.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
15.	Acute metaepiphysial osteomyelitis.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
16.	Malrotation syndrome. Embryological origins, clinical presentation, diagnostics. Indications for surgical treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
17.	Developmental anomalies of esophagus (esophageal atresia, achalasia, congenital esophageal stenosis, isolated tracheoesophageal fistula). Clinical presentation, diagnostics, treatment approaches.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
18.	Terminal states. Resuscitation measures.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
19.	Developmental lung anomalies (aplasia, hypoplasia, sequestration, congenital lobar emphysema). Clinical presentation, diagnostics, treatment strategies.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
20.	Scoliosis in children. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
21.	Pathology of vaginal process of peritoneum. Classification. Diagnostics and differential diagnostics. Timeframes and treatment methods.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
22.	Poisonings. Core symptoms, diagnostics, and management strategy.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
23.	Cryptorchidism and ectopic testicles. Clinical presentation, diagnostics. Timeline for surgical intervention.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
24.	Developmental anomalies of biliary system. Biliary atresia. Classification. Clinical presentation, diagnostics, treatment protocol.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
25.	Developmental anomalies of biliary system. Choledochal cysts. Classification. Clinical presentation, diagnostics, treatment approach.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
26.	Congenital bone fractures. Clinical presentation, diagnostics, treatment methods.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
27.	Embryonal umbilical cord hernia. Gastroschisis. Classification, clinical presentation, diagnostics, conservative and surgical treatment methods.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
28.	Lung cysts. Classification. Clinical presentation. Differential diagnostics. Treatment methods.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
29.	Developmental anomalies of yolk sac and urachus. Clinical presentation. Diagnostic methods, treatment strategy.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
30.	Anorectal developmental anomalies. Embryogenesis. Classification. Diagnostics. Treatment approaches.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
31.	Haematocolpos, haemometra, adhesion of labia minora, phimosis, paraphimosis, balanoposthitis. Clinical presentation, diagnostics, and treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
32.	Peritonitis. Classification. Primary pathologic syndromes. Pre-surgical preparation. Operative interventions. Postoperative care.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
33.	High-grade congenital intestinal obstruction. Antenatal diagnostics. Classification. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
34.	Low-grade congenital intestinal obstruction. Antenatal diagnostics. Classification. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
35.	Embryonal umbilical cord hernia. Gastroschisis. Classification, clinical presentation, diagnostics, conservative and surgical treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
36.	Soft tissue tumors. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
37.	Bladder pathology in children. Bladder extrophy. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
38.	Intrapulmonary, pleuro-pulmonary, and intrathoracic hemorrhages in children. Etiology, pathogenesis. Clinical presentation. Diagnostics. Treatment. Prevention.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
39.	Developmental gallbladder anomalies. Acute cholecystitis. Clinical presentation, diagnostics, treatment.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
40.	Diaphragmatic hernias. Classification. Clinical presentation, diagnostics, treatment approach for false diaphragmatic hernias.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2
41.	Hirschsprung Disease in Newborns. Classification. Clinical Presentation, Diagnostics, Treatment Strategy.	OPC-1.1.1, OPC-2.1.1, OPC-2.1.2, OPC-4.1.1, OPC-5.1.2, OPC-6.1.1, OPC-7.1.1, OPC-

		7.1.2, OPC-7.1.3, OPC-8.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-3.1.1, PC-3.1.2, PC-4.1.1, PC-4.1.4, PC-5.1.2

The intermediate attestation includes the following types of tasks

Task №1 The boy was born 18 hours ago full term with weight 3100 grams, scored 8 on the Apgar scale. Soon after birth, noted cyanosis and respiratory distress when disturbed, especially while lying on his right side. Condition critical. Skin and mucosa have a cyanotic tinge. Child lethargic, weak cry. Chest asymmetry: left half larger in volume, less active in breathing. Breathing shallow, difficult, up to 56 breaths/min. On auscultation and percussion, mediastinum shifted to the right, heart rate 180 beats/min. Abdomen smaller than usual, soft. Diagnosis? Differential diagnosis? Additional investigations needed? Possible immediate complications? Emergency aid plan? Treatment strategy in-hospital setting? Outcome prediction?

Task №3 The mother brought her 2-year-old son complaining about recurrent bloody vomitings, black-colored stools, general malaise. According to her account, these complaints started 2 days earlier. Past history: Second child, full-term delivery. For seven days postpartum, bleeding occurred from the umbilicus. From 2 months of age, pediatrics noted increased size of the abdomen, enlarged spleen, suffering from flatulence. Under observation by paediatrician throughout childhood. Family history: parents healthy. Upon examination: marked pallor of skin, pulse weak, rapid heartbeat (120 beats/min), BP 80/50 mmHg, dull cardiac tones. Soft, non-tender abdomen, liver normal, spleen extended 5 cm below costal margin. Hemoglobin level 75 g/L, erythrocytes 2.0 x 10^{12}/L, hematocrit 0.9, leukocytes 4.5 x 10^{9}/L, segmented neutrophils 60%. Diagnosis? Differential diagnosis? Further necessary investigation? Expected immediate complications? Emergency help? Management plan in hospital setting? Long-term prognosis?

The full fund of assessment tools for the discipline is available in the VolgSMU Electronic Information and Educational System at the link(s): https://elearning.volgmed.ru/course/view.php?id=6698#section-10

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