


ОҢТҮСТІК-ҚАЗАҚСТАН <b>MEDISINA</b> <b>АКАДЕМИАСЫ</b> «Оңтүстік Қазақстан медицина академиясы» АҚ	 <b>SKMA</b> -1979-	SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
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### **Control and measuring tools for the final assessment of learning outcomes on the discipline propedeutics of childhood diseases**

**Name of discipline:** «Propaedeutics of childhood diseases-1»


**Code of discipline:** PChD 3205-1

**Name of EP:** 6B10101 «General Medicine»

**Amount of training hours /credits:** 120h. (4 credits)

**Course and semester of study:** 3 course, V semester

**Control and measuring tools:** midterm control 1


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**Questions of the program for midterm control 1**  
(presented as a separate list)

Compiler:

1. Head of the Department PhD Anuarbek T.
2. Associate Professor Mustafina K.A
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4. Assistant Baltabaeva B.S
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**Protokol № 11 of 23.06.2023y.**

Head of the Department, PhD  **K.S. Kemelbekov**


**Test tasks (questions of tickets for midterm control or others)**  
**for midterm control 1**

Compiler:

6. Head of the Department PhD Anuarbek T.
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## **Control and measuring means**

### **1. Questions of the program for midterm control 1**

#### **Anamnesis**

1. Features of the technique of anamnesis collection in pediatric practice. Features questioning parents and children. The value of anamnesis for the diagnosis of diseases. Sections of anamnesis.
2. The sequence of questioning in the collection of history in pediatric practice. Anamnesis of the disease, the main sections and conclusions. Anamnesis of life, the main sections and conclusions.

#### **General inspection**


1. Indicators determined by the General examination of the child, their diagnostic significance. Assessment of the state of consciousness, indicators - of behavior and mood of the child. The concept of dysmorphic stigma.
2. General criteria for assessing the severity of diseases in pediatric practice.

#### **Physical development**

1. Semiotics of deviations in physical development of children and their most frequent causes.
2. Clinical signs of malnutrition and excess child, ways to assess the degree of deviations.

#### **Respiratory system**

1. Methods of objective examination of the respiratory system in children: the data revealed during the examination.
2. Methods of objective examination of respiratory organs in children: data revealed by palpation and percussion.
3. Methods of objective examination of the respiratory system: data detected during auscultation. The main respiratory noises, their changes in the process of growth and development of the child.
4. Methods of objective examination of the respiratory system: data detected during auscultation.
5. Diagnostic capabilities of instrumental and functional methods of research of respiratory organs in children.
6. Chest examination. What are the signs necessary to establish the shape of the chest. Forms of the chest are normal and in various diseases. Determination of chest symmetry.
7. Method of counting the frequency of respiratory movements. The frequency of respiratory movements is normal in children of different ages.
8. The method of determining the soreness of the chest. Causes of chest soreness. Methods for determining the elasticity of the chest. Changes in the elasticity of the chest in various diseases.
9. Methodology of the study of voice tremor. Voice tremor is normal and its change in various diseases of the lungs.
10. Bronchial respiration in pathological cases, amphoric respiration, the mechanism of its occurrence.
11. Dry rales and moist rales, their types and the mechanism of occurrence.
12. Crepitation and noise of pleural friction mechanism of its occurrence and difference.
13. Research methodology bronchophony. What are the adverse respiratory noises? The mechanism of their formation. What are the methods used to differentiate side noises from each other.

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## Cardiovascular system


- 1.Methods of objective study of the cardiovascular system: indicators determined during the examination.
- 2.Methods of objective study of the cardiovascular system in children: palpation data.
- 3.Methods of objective study of the cardiovascular system in children: palpatory parameters determined in the study. Characteristics of pulse in children, normative indicators and age-related changes. Changes in blood pressure as children grow, ways to assess the value of blood pressure, normative indicators.
4. Methods of objective study of the cardiovascular system in children: percussion data.
5. Technique for determining the width of the vascular bundle. What is included in the vascular bundle? Vascular bundle width is normal.
6. Methods for determining the configuration of the heart. Causes of mitral and aortic configuration of the heart.
- 7.Methods of objective study of the cardiovascular system in children: data revealed by auscultation.
- 8.Methods of objective study of the cardiovascular system in children: data revealed by auscultation. Auscultative characteristics of heart murmurs in children, the causes of their appearance. Differences between functional and organic noises.
9. In what period of the cardiac cycle there are the first and second heart tones? The differences of the first tone from the second tone of the heart. Causes of changes in the volume of heart tones.
- 11.What is the mechanism of occurrence, splitting and bifurcation of the I and II tones of the heart, in which places it is heard?
12. Classification of heart murmurs. What is the characteristic and in what position the patient is better listened to systolic and diastolic murmurs?
- 13.What is the difference between functional and organic noises? What noise occurs with incomplete closure (insufficiency) of the mitral valve, in which places it is better listened to, how it is carried out, in which phase of breathing increases?
- 14.What noise occurs when incomplete closure (insufficiency) of the aortic valve, in which places it is heard, how is it carried out? What noise occurs when narrowing the mouth of the pulmonary artery, in which place it is heard?
15. What is the mechanism of occurrence and characteristics of pericardial friction noise and pleuropericardial noise, in which places it is heard?
16. Diagnostic capabilities of instrumental and functional methods of investigation of the cardiovascular system in children.
- 17.Functional tests of the cardiovascular system in children, their assessment, normative characteristics of indicators. Age-related features of functional indicators of the cardiovascular system in children and adolescents: heart rate, pulse rate, blood pressure, shock and minute volumes, blood flow rate, circulating blood volume, etc., normative indicators.

## 2.Tasks of midterm control 1 (test tasks, tickets etc. of the form specified in the syllabus in thematic plans and the forms of conducting midterm control)

### V-semester. Midterm control 1

#### I variant

1. The normal duration of the prenatal stage of the child's development is:
  - A.240-250 days from fertilization
  - B.250-260 days from fertilization

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C.260-270 days from fertilization

D.270-280 days from fertilization

E.280-290 days from fertilization

2. The normal duration of the child's embryonic development phase is:

A. up to 2 weeks from fertilization

B. up to 1 month from fertilization

C. up to 1.5 months from fertilization

D.2-3 months from fertilization

E.to 3-4 months from fertilization

3 The right limit of relative cardiac dullness in a 13-year-old child is determined by:

A. 2 cm outwards from the right sternal line.

B. 1 cm outwards from the right sternal line.

C. 1.5 cm outwards from the right sternal line.

D. 0.5 cm outwards from the left midclavicular line.

E. On the right sternal line.

4. The normal duration of the placental development phase:

A.10-40 weeks

B.8-38 weeks

C.12-42 weeks

D.13-40 weeks

E.15-35 weeks

5. ... pathologies are characterized by embryopathies.

A.dysplasias

B. hypoplasias

C. disadvantages

D. sclerotherapy

E. inflammation

6. The respiratory rate of a child aged 1 year is:

A.50-60 per min

B.40-50 per min

C.30-35 per min

D.20-25 per min

E.18-20 per min.

7. Respiration rate in children aged 5 years is:

A.16-20

B.20-25

C.30-35

D.40-50

E.60-80

8. ... the percussion method is recommended for young children.

A. Direct Percussion

B. Means Yanovskogo


C. Tool Obraztsova

D.Ebstein's tool

E. All of the above

9. The purpose of comparative percussion:


A. Defining the boundary of internal organs

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- B. determination of the size of the internal organs  
 C. Determination of the form of internal organs  
 D. Definition of pathological changes in organs  
 E. Definition of pain in internal organs
10. ... the line that runs along the edge of the sternum.  
 A. Lin. mediana anterior  
 B. Lin. Sternales  
 C. Lin. Parasternales  
 D. Lin. Medioclaviculares  
 E. Lin. axillares anterior.
11. At which age there is an intense increase and differentiation of the myocardium?  
 A. up to 1 year  
 B. in the first 2 years of life  
 C. at 5 years old  
 D. 6-10 years  
 E. in the first 6 months
12. In children of the second year of life, heart sounds:  
 A. Louder than adults.  
 B. weakened.  
 C. Same volume on the basis of the heart.  
 D. Accent of the second tone over the pulmonary artery.  
 E. II tone prevails over I tone at the apex of the heart.
13. The upper limit of relative cardiac dullness in a 3-year-old child is:  
 A. 1 intercostal space.  
 B. II intercostal space.  
 S. II edge.  
 D. Upper edge of the third rib.  
 E. Lower edge of the third rib
14. Mitral valve of the heart is heard:  
 A.in the lower edge of the sternum  
 B. In 2 intercostal space on the left  
 C.in 2 intercostal space on the right  
 D. in the apex of the heart  
 E. in between paddle space
15. The reasons for the displacement of the apical impulse to the left are:  
 a) aortic malformations  
 b) mitral stenosis  
 c) mitral insufficiency  
 d) left obstructive atelectasis  
 e) right-sided pleurisy or pneumothorax

## II variant

1. The pulse rate in children aged 5 years is:  
 A. 120 beats / min  
 B. 80 beats / min  
 C.100 beats / min

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- D. 140 beats / min  
 E. 60 beats / min
2. The shift of the border of the relative dullness of the heart up can be associated with:
- A. Left-sided pneumothorax.  
 B. Hypertrophy of the left atrium.  
 C. Hypertrophy of the right atrium.  
 D. Dilatation of the right atrium.  
 E. Left ventricular hypertrophy
3. Which auscultatory changes are characterized by VSD (ventricular septal defect)?
- A. with soft systolic murmur in 3-4 intercostal spaces on the left  
 V. systolic murmur in 2 intercostal space on the right  
 C. Coarse systolic murmur in 2 intercostal space on the left  
 D. diastolic noise in the left 3-4 intercostal spaces  
 E. Coarse systolic murmur in the left 3-4 intercostal spaces
4. What are the auscultatory changes in the open arterial duct?
- A. Coarse systolic murmur in the 3-4 intercostal space on the left  
 B. systolic-diastolic car noise in 2 intercostal space on the left  
 C. rough diastolic murmur in 2 intercostal space on the left  
 D. systolic murmur in 2 intercostal space on the right  
 E. systolic murmur in 2 intercostal space on the left
5. What caused the instability rhythm in the fetus and newborn?
- A. High sensitivity to acetylcholine  
 B. High sensitivity to noradrenaline  
 C. imbalance of the autonomic nervous system  
 D. small contents of mitochondria in the sinus node  
 E. activity of ectopic cores
6. Sick newborn baby discharged from the hospital 3 days ago. ... collect a history of life and illness of the child.
- A.y parents  
 B. in relatives or persons who look after a child  
 C.The medical staff of the children's clinic  
 D. Study documents of the newborn  
 E. All of the above
7. In children of the second year of life, heart sounds:
- A. Louder than adults.  
 B. weakened.  
 C. Same volume on the basis of the heart.  
 D. Accent of the second tone over the pulmonary artery.  
 E. II tone prevails over 1 tone at the apex of the heart
8. The police brought a child without parents and documents to the admission department of the children's hospital. ... the featured doctor must accurately assess the age of the child.
- A. body weight  
 B. height  
 C. by number of teeth  
 D. by the number of words in the vocabulary  
 E. motor skills

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9. A pediatrician for the first time collects a history of a healthy newborn baby. ... of the types of history should not be collected.

- A. family history of life
- B. history of the disease
- C. food history
- D. genetic history
- E. Epidemiological history

10. Sequence of collecting the anamnesis:

- A. Complaints, history of life, history of the disease
- B. Anamnesis of life, anamnesis of disease, complaints
- C. complaints, history of the disease, history of life
- D. history of disease, complaints, history of life
- E. Anamnesis of life, complaints, anamnesis of the disease

11. ... there is a near-sodal line.

- A. Vertically through the middle of the sternum
- B. Along both edges of the sternum
- C. Vertically through the middle of both clavicles
- D. Midway between the sternal and mid-clavicular lines
- E. Through the front edges of both axillary fossa

12. Properties must be characterized to determine the type of percussion sound:

- A.intensity
- B. Duration
- C.height
- D. timbre
- E. all listed

13. Percussion sound is heard above the lungs in the norm:

- A. hip
- B. short, stupid
- C. lung pulmonary
- D. empire
- E. box


14. The lower edge of the lungs on the right side of the mid-clavicular line in young children is located at the level of:

- A.III rib
- B.IV ribs
- C.V edges
- D.VI ribs
- E.VII ribs

15. What communication connection performs the automatism function of the 1st order?

- A. atomic ventral connection
- B. sinus node
- C. bundle of Giissa
- D. Purkinje fibers
- E. Guiss beam



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### **Tickets: Midterm control 1**

#### **Ticket №1**

1. Features of the technique of anamnesis collection in pediatric practice. Features questioning parents and children. The value of anamnesis for the diagnosis of diseases. Sections of anamnesis.
2. Chest examination. What are the signs necessary to establish the shape of the chest. Forms of the chest are normal and in various diseases. Determination of chest symmetry.
3. Classification of heart murmurs. What is the characteristic and in what position the patient is better listened to systolic and diastolic murmurs? What is the difference between functional and organic noises? What noise occurs with incomplete closure (insufficiency) of the mitral valve, in which places it is better listened to, how it is carried out, in which phase of breathing increases?

#### **Ticket №2**

1. The sequence of questioning in the collection of history in pediatric practice. Anamnesis of the disease, the main sections and conclusions. Anamnesis of life, the main sections and conclusions.
2. Method of counting the frequency of respiratory movements. The frequency of respiratory movements is normal in children of different ages.
3. What noise occurs when incomplete closure (insufficiency) of the aortic valve, in which places it is heard, how is it carried out? What noise occurs when narrowing the mouth of the pulmonary artery, in which place it is heard?

#### **Ticket №3**


1. Indicators determined by the general examination of the child, their diagnostic significance. Assessment of the state of consciousness, indicators of behavior and mood of the child.
2. The method of determining the soreness of the chest. Causes of chest soreness. Methods for determining the elasticity of the chest. Changes in the elasticity of the chest in various diseases.
3. The mechanism of weakening and strengthening of I and II heart tones. In what place is better heard accent II heart tone with increased pressure in the large and small circle of circulation? What is the mechanism of occurrence, splitting and bifurcation of I and II heart tones, in which places it is heard?

#### **Ticket №4**

1. Semiotics of deviations in physical development of children and their most frequent causes.
2. Methodology of the study of voice tremor. Voice tremor is normal and its change in various diseases of the lungs. Bronchial respiration in pathological cases, amphoric respiration, the mechanism of its occurrence.
3. What are the mechanism of occurrence and characteristics of pericardial friction noise and pleuropericardial noise, in which places it is heard?

#### **Ticket №5**

1. Methods of objective examination of the respiratory system in children: the data revealed during the examination.
2. Methods for determining the configuration of the heart. Causes of mitral and aortic configuration of the heart.

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3. Methods of objective study of the cardiovascular system in children: data revealed by auscultation.

#### **Ticket №6**

1. Methods of objective examination of respiratory organs in children: data revealed by palpation and percussion.

2. Methods of objective study of the cardiovascular system in children: data revealed by auscultation. Auscultative characteristics of heart murmurs in children, the causes of their appearance. Differences between functional and organic noises.

3. In what period of the cardiac cycle there are the first and second heart tones? The differences of the first tone from the second tone of the heart. Causes of changes in the sound of heart tones.

#### **Ticket №7**

1. Methods of objective examination of the respiratory system: data detected during auscultation. The main respiratory noises, their changes in the process of growth and development of the child.

2. Methods of objective study of the cardiovascular system in children: percussion data.

3. Technique for determining the width of the vascular bundle. What is included in the vascular bundle? Width of the vascular bundle in norm.

#### **Ticket №8**

1. Methods of objective examination of the respiratory system: data detected during auscultation.

2. Methods of objective study of the cardiovascular system in children: palpatory parameters determined in the study. Characteristics of pulse in children, normative indicators and age-related changes. Changes in blood pressure as children grow, ways to assess the value of blood pressure, normative indicators.

3. Diagnostic capabilities of instrumental and functional methods of investigation of the cardiovascular system in children.

#### **Ticket №9**

1. Diagnostic capabilities of instrumental and functional methods of research of respiratory organs in children.

2. Methods of objective study of the cardiovascular system: indicators determined during the examination.

3. Methods of objective study of the cardiovascular system in children: palpation data.

#### **Ticket №10**

1. Dry rales and moist rales, their types and the mechanism of occurrence.

2. Crepitation and noise of pleural friction mechanism of its occurrence and difference.

Research methodology bronchophony. What are the adverse respiratory noises? The mechanism of their formation. What are the methods used to differentiate side noises from each other.

3. Functional tests of the cardiovascular system in children, their assessment, normative characteristics of indicators. Age-related features of functional indicators of the cardiovascular system in children and adolescents: heart rate, pulse rate, blood pressure, shock and minute volumes, blood flow rate, circulating blood volume, etc., normative indicators.