ASSESSMENT TOOLS

PRACTICAL OBSTETRICS AND GYNECOLOGY

Qualification	31.05.01 General Medicine
Specialty	General Medicine
Form of education	Full-time
Designer Department	Obstetrics, Gynecology and Perinatology
Graduate Department	Internal Diseases

Sample tasks and tests

1. Report assessment (12th Term)

Writing a report requires a thorough exploration of a specific topic.

A **report** is a structured document where the objectives, tasks, and conclusions are clearly outlined, presenting the main points of the subject or issue.

The topics for reports are provided in the assessment tools and in educational and methodological manuals for independent student work, aligned with the relevant curriculum.

Reports are presented during classes on the chosen topic and according to the thematic plan, and must be submitted to the instructor by the specified deadline.

Information should be organized logically and integrated into the report.

A typical report consists of three parts: introduction, main body, and conclusion:

a) Introduction:

Here, you should justify the relevance of the topic (explaining why you chose it, how it relates to current issues or science); state the purpose of the report (which should match the topic); and outline the tasks or methods for achieving the goal, often reflected in the section headings.

b) Main Body:

This section provides an overview and analysis of the topic, presenting the key information in a clear and logical order based on the tasks. At the end of this section, include a brief conclusion or summary, using phrases like: “Thus…,” “Therefore…,” “In summary…,” or “From the above, we can conclude…”.

c) Conclusion:

The conclusion summarizes the main findings (about 1-1.5 pages). It's also appropriate to include your own opinion on the issue.

A report can sometimes be presented as a presentation, but it must still meet the essential requirements, including proper formatting of the bibliography.

When preparing a report, it’s important to use multiple specialized sources (at least 8-10 publications, including monographs, reference books, and academic manuals). Priority is given to articles in reputable journals and works by recognized experts in the field. The use of foreign literature is mandatory.

List of report topics:

1. Clinical methods of examination in obstetrics
2. Laboratory methods of examination in obstetrics
3. Instrumental methods of examination in obstetrics
4. Clinical methods of examination in gynecology
5. Laboratory methods of examination in gynecology
6. Instrumental methods of examination in gynecology
7. Terminology and ICD-10 codes for spontaneous labor in occipito-posterior presentation

8. Preparation for childbirth
9. Monitoring labor progress (partogram)
10. The first stage of labor: course and management
11. Fetal heart rate monitoring
12. Epidemiology and classification of hypertensive disorders during pregnancy
13. Predictors of preeclampsia in early pregnancy
14. Diagnostic criteria for preeclampsia
15. Clinical manifestations of preeclampsia
16. HELLP syndrome
17. Classification, risk factors, and principles of diagnosing placental abruption (abruptio placentae)
18. Bleeding with placenta previa
19. Bleeding with premature detachment of normally located placenta
20. Algorithm for managing postpartum bleeding
21. Endocrine pathology and pregnancy
22. Blood diseases and pregnancy
23. Appendicitis and pregnancy
24. Kidney diseases and pregnancy
25. Differential diagnosis of urgent conditions in gynecology
26. Rehabilitative methods for gynecological patients in outpatient settings

Midterm assessment (credit) (12th term)

Methodological guidelines for midterm assessment (credit)

The summative assessment is carried out in the form of a credit. The credit assignments contain: 1 theoretical question and 1 practical skill question.

Tasks for competence assessment «Knowledge»	*Task type*
1. Epidemiology and structure of gynecological diseases. 2. Risk groups for the development of female reproductive system diseases. 3. Risk groups for the occurrence of complications during pregnancy. 4. Methods of examination in obstetrics. 5. Methods of examination in gynecology. 6. Signs of labor onset. 7. Management of the first stage of labor. 8. Management of the second stage of labor. 9. Management of the third stage of labor. 10. Practical examination and management of the first stage of labor. 11. Practical examination and management of the second stage of labor. 12. Practical examination and management of the third stage of labor. 13. Practical examination and management in the early postpartum period. 14. Determination and classification of hypertensive disorders during pregnancy. 15. Risk factors for hypertensive disorders during pregnancy. 16. Delivery method in hypertensive disorders during pregnancy. 17. Antihypertensive therapy. 18. Magnesium therapy. 19. Actions in moderate preeclampsia at gestational age <34 weeks. 20. Practical actions in severe preeclampsia at gestational age <34 weeks.	- theoretical

Tasks for competence assessment «Skills»	*Task type*
Task No. 1 A 56-year-old patient visited a women's health clinic with complaints of appearing streaky bloody discharges from the genital tract. Menopause occurred 4 years ago. During vaginal examination, the cervix is eroded and bleeds upon touch. Colposcopy with subsequent biopsy of the cervix was performed. Histological examination of the biopsy shows squamous cell non-keratinizing carcinoma. The depth of invasion is 5 mm. **I.** Indicate the stage of the disease. A. Stage 0 B. Stage Ia C. Stage Ib D. Stage II E. Stage III **II.** Which screening test is the most informative in diagnosing cervical cancer? A. Bimanual recto-vaginal examination B. Cytological examination of smears from the surface of the cervix and cervical canal C. Vacuum curettage of the cervical canal D. Cytological examination of endometrial aspirate E. Simple colposcopy **III.** Indicate the leading clinical symptom of cervical cancer. A. Mucopurulent leucorrhea B. Dyspareunia C. Acyclic uterine bleeding D. Pelvic pain E. Contact bleeding **IV.** Indicate the pathways of the first stage of lymphogenous metastasis in cervical cancer: A. Common iliac lymph nodes B. External and internal iliac, as well as obturator lymph nodes C. Paraaortic lymph nodes D. Superior and inferior gluteal, as well as lateral sacral lymph nodes E. Lumbar lymph nodes **V.** Indicate the presumed volume of emergency medical care in case of bleeding in a patient with infiltrative cervical cancer: A. Firm vaginal tamponade B. Laparotomy, hysterectomy C. Separate therapeutic and diagnostic curettage of the uterine mucosa and cervical canal D. Laparotomy, ligation of internal iliac arteries **VI.** Your treatment tactics for this patient and the scope of surgical treatment: A. Wertheim operation with subsequent hormonal therapy B. Hysterectomy without appendages with subsequent polychemotherapy C. Electrocauterization of the cervix with subsequent radiation therapy D. Symptomatic treatment E. Wertheim operation with subsequent radiation therapy **VII.** During extended hysterectomy, damage to: A. Rectum B. Ureters C. Bladder D. Iliac vessels **VIII.** Indicate the form of intraepithelial carcinoma with the absence of stroma and preserved basement membrane: A. Poorly differentiated adenocarcinoma B. Mucinous carcinoma C. Carcinoma in situ (Cr in citu) D. Squamous non-keratinizing carcinoma **IX.** Features indicative of tissue atypism include: A. Disruption of the ratio between parenchyma and stroma	*- practical*

B. Disruption of the shape and size of epithelial structures
C. Absence of the basement membrane in epithelial complexes
D. All of the above
E. None of the above

Answers to Task No. 1

I - B, II - B, III - D, IV- B, V - A, VI - D, VII - B, VIII - C, IX- G.

Task No. 2

A 50-year-old patient was admitted to the gynecological department with complaints of vaginal bleeding. The last normal menstrual period was 2 years ago. Over the past two years, she has experienced bleeding after delays in menstruation of 2-3 months. Conservative treatment was not conducted due to intolerance to hormonal drugs. During gynecological examination, a firm, nodular uterus corresponding to 9 weeks of pregnancy was found; the adnexa on both sides could not be palpated. Moderate bloody discharge was observed from the cervical canal. Separate diagnostic curettage was performed. Histological examination revealed glandular-cystic hyperplasia of the endometrium with areas of cellular atypia.

What is the diagnosis? What treatment would you suggest?

Answer to Task No. 2

Diagnosis:

Abnormal uterine bleeding of the perimenopausal period

Atypical adenomatous hyperplasia of the endometrium

Uterine fibroid (myoma)

Tactics:

Hysterectomy with appendages removal, as there is cellular atypia, large fibroid, and the patient cannot tolerate hormone therapy.

Task No. 3

A 60-year-old patient was admitted with complaints of bloody vaginal discharge. The discharge is irregular and has been bothering her for the past three months. She has not sought medical help or undergone any treatment. Menopause occurred 10 years ago.

She has had two pregnancies, both delivered by uncomplicated cesarean sections. At age 30, she received treatment for adnexitis. On examination, notable findings include overweight (100 kg with a height of 160 cm), elevated blood glucose levels up to 8 mmol/L, and arterial hypertension (150/70 mm Hg). Gynecological examination did not reveal any pathology.

What can be the probable diagnosis? Which diagnostic methods will help in establishing the correct diagnosis?

Answer to Task No. 3

- Postmenopausal abnormal uterine bleeding.
- Endometrial hyperplasia?
- Obesity grade 3.
- Type 2 diabetes mellitus.
- Hypertension.

The patient has a characteristic background for the development of endometrial precancer and cancer – often called the "triad": hypertension, obesity, and diabetes mellitus, which suggest a disrupted hypothalamic-pituitary-endometrial regulation.

Recommended tests:

- Complete blood tests
- CA-125 tumor marker
- Pelvic and abdominal ultrasound
- Chest X-ray
- Hysteroscopy
- Dilatation and curettage (D&C) with histological examination
- Endometrial biopsy

Task No. 4

Patient B., 34 years old, visited the gynecology clinic on 18.03.21 with complaints of bleeding spotting from the genital tract lasting for two days.

History:

Menstruation since age 13, lasting 4-5 days, moderate, painless.
Residing in the north for the past 6 months, arrived from Semipalatinsk region.
Last menstrual period was on 18.01.21.

Pregnancies – 2, abortions – 4, miscarriages – 0.

Gynecological history: post-abortion endometritis in 2001, treated with antibacterial therapy at a healthcare facility.

Objective data:

General condition: satisfactory.
Skin and visible mucous membranes are of normal coloration.
Tongue moist and clean.
Lungs: vesicular respiration, no rales.
Heart tones: muffled, rhythmic.
Blood pressure: 110/60 mm Hg.
Pulse: 78 beats per minute.
Temperature: 36.6°C.
Abdomen: soft, painless.
Peristalsis active.
Signs of peritoneal irritation: negative.
Physiological functions: normal.

Gynecological examination:

External genitalia: properly developed.
Pubic hair distribution: typical female pattern.

Speculum examination:

Vaginal and cervical mucous membranes: cyanotic, not eroded.
Discharges: bloody, scanty.

Pelvic examination:

Vagina: post-childbirth.
Cervix: cylindrical shape, external os closed.
Cervical canal: bloody discharge.
Uterus: of firm consistency, with a clear smooth contour, mobile, tender on palpation, enlarged to the size of 14-15 weeks gestation.
Adnexa on both sides: not enlarged, elastic, painless on palpation.
Cul-de-sacs: free, painless.

Ultrasound:

Uterus: clear, smooth contours.
Size: 16.3 × 16.8 × 16 cm.
Myometrial structure: homogeneous, wall thickness uniform throughout, thinned to 0.8 cm.
Endometrial cavity: enlarged to 10 cm, with rounded anechoic formations up to 0.8 cm in diameter; resembling a “snowstorm” pattern.
Ovaries:

- Right: 30 × 28 × 24 mm, follicles on periphery ranging from 5.0 to 8.0 mm.
- Left: 32 × 30 × 28 mm, follicles on periphery from 7.0 to 15 mm.

Corpus luteum: present, 20 mm in diameter.
No free fluid in the pelvis.

Laboratory tests:

- CBC: Hb 120 g/L, erythrocytes 4.6×10^{12}/L, hematocrit 32%, leukocytes 9.7×10^{9}/L, ESR 20 mm/hr, platelets 105×10^{9}/L.
- Urinalysis: acidic pH, specific gravity 1020, no protein, no glucose, leukocytes 2 in the sediment, epithelial cells 1 in the sediment.
- Coagulogram: PT 120%, fibrinogen 6.8 g/L, fibrin monomers: ++, ethanol test: ++.
- hCG: 15,360 IU/L.

Questions:

1. Formulate a preliminary diagnosis.
2. Additional diagnostic methods.

3. Treatment approach. 4. Rehabilitation. **Answer to Task No. 4:** 1. Trophoblastic disease. Hydatidiform mole (molar pregnancy). 2. Chest X-ray, endometrial biopsy. 3. Uterine vacuum aspiration, curettage, histological examination. 4. For proliferative molar pregnancy: ongoing supervision by an oncogynecologist, prophylactic chemotherapy course. Contraception with hormonal agents.	