

**Assessment tools for conducting attestation
in discipline «Psychiatry and narcology»
for students of 2023 year of admission
under the educational programme
31.05.03 Dentistry
specialisation (profile) Dentistry
(Specialist's degree),
form of study full-time
for the 2026-2027 academic year**

1. Assessment tools for conducting the current certification in the discipline.

The current certification includes the following types of tasks: interviewing for control questions, testing, solving situational problems, and performing independent work of the student. The results of the above-mentioned forms of current performance monitoring are reflected in the journal of academic performance of groups.

1.1.Examples of test tasks.

Verifiable indicators of competence achievement: GPC-3.2.1, GPC-5.1.1, PC-7.1.1

1. Hallucinations that occur before falling asleep, with your eyes closed, are called...
 - a) functional;
 - b) inspired;
 - c) hypnagogic;
 - d) hypnapompic;
 - e) reflex actions.

2. Pathology of perception, in which, instead of neutral speech, the patient hears speech of a different content, usually addressed to him (abuse, threats), are called...
 - a) verbal illusions;
 - b) true hallucinations;
 - c) metamorphopsies;
 - d) dysmegalopsies;
 - e) hallucinations of Charles Bonnet.

3. Pareidolic illusions are characteristic of...
 - a) alcoholic delirium;
 - b) epilepsy;
 - c) hysteria;
 - d) neurasthenia;
 - e) schizophrenia.

4. Body schema disorder is...
 - a) psychosensory disorder;
 - b) memory impairment;
 - c) impaired consciousness;
 - d) intellectual disability;
 - e) impaired thinking.

5. Ideatory psychic automatisms include...
 - a) patients' belief that their actions are controlled by someone;

- b) senestopathies and tactile pseudohallucinations;
- c) mentalism, sperrung, patients' belief that their thoughts are controlled by someone;
- d) pareidolic illusions and olfactory pseudo-hallucinations;
- e) patients' belief that someone is controlling their emotions.

6. Motor mental automatisms include...

- a) patients' belief that someone is controlling their emotions;
- b) patients' belief that their actions are controlled by someone;
- c) menthism, sperrung, visual and auditory pseudo-hallucinations;
- d) senestopathies and tactile pseudohallucinations;
- e) pareidolic illusions and olfactory pseudo-hallucinations.

7. Kandinsky-Clerambault syndrome includes...

- a) delusions of influence, pseudo-hallucinations, mental automatism;
- b) true hallucinations and delusions of grandeur;
- c) psychic automatisms and illusions;
- d) affective disorders and pseudo-hallucinations;
- e) memory and intelligence disorders.

8. True Hallucinations...

- a) have an intra-projection;
- b) are related to the actual, specifically existing situation;
- c) have a sense of accomplishment;
- d) are part of the Kandinsky-Clerambault syndrome;
- e) do not depend on the time of day.

9. Pseudo-hallucinations in schizophrenia...

- a) are perceived vividly and distinctly;
- b) related to the actual situation;
- c) have a sense of accomplishment;
- d) have extra projection;
- e) increase in intensity in the evening.

10. The simplest process of reflecting the properties of objects, when they affect the senses, is called...

- a) perception;
- b) submission;
- c) paresthesia;
- d) sensation;
- e) senestopathy.

1.2.Examples of control questions for the interview:

Verifiable indicators of competence achievement: GPC-3.2.1, GPC-5.1.1, PC-7.1.1

1. Main provisions of the Law of the Russian Federation "On psychiatric care and guarantees of citizens' rights in its provision".
2. Types and procedures of psychiatric care.
3. Structure, tasks, organization of work of psychiatric hospitals and dispensaries.
4. Diagnostic methods in psychiatry: clinical method (conversation, observation of patient behavior), additional methods.
5. Principles of modern classification of mental disorders.

1.3.Examples of situational tasks.

Verifiable indicators of competence achievement: GPC-3.2.1, GPC-5.1.1, PC-7.1.1

Task №1

Patient, 18 years old. According to the medical history: the patient's father suffered from alcoholism. According to his mother, from early childhood he lagged behind in psychomotor development - only by the age of 3.5 he began to walk and talk. Suffered: measles, scarlet fever, suffered from nocturnal enuresis until the age of 17. I went to school from the age of 8, studied in the 1st grade for two years, but could not master the program. He was transferred to a correctional school, barely finished the 6th grade. I couldn't get a profession. He worked on a construction site as a handyman, sometimes helping in the household.

The patient's mother complains about her son's poor intelligence and inertia. During the examination: the patient cannot name the current year, confuses the months, does not know how many months there are in the year, confuses their names. The oral account is made on the fingers, with errors. Reads syllables slowly, pronounces polysyllabic words incorrectly. Writes only simple words and only in block letters. After the doctor read him the fable "The Fox and the Crane" twice, he could not convey its content, did not understand the meaning. He can't list the cardinal directions, and the only city he knows is Moscow. The vocabulary is small. He shows no interest in anything, wanders around the department idly, laughs a lot, sometimes flips through a magazine and looks at pictures. No abnormalities were detected in the somatic state. In an experimental psychological study: IQ = 52.

Questions about the issue:

1. List the symptoms described in the task.
2. Specify the leading psychopathological syndrome.
3. Establish and justify the diagnosis.

Task №2.

Patient, 23 years old, student of the Pedagogical Institute. By nature shy, touchy, loves privacy. He studies well; does a lot of work. Lives in a private apartment with the owner. During the last 2 months, the girl has a conflict with the owner: she accused her of stealing money. The patient felt insulted, wanted to go to another apartment, but was afraid that leaving would be regarded as a flight and a confession of theft; the relationship became more complicated, did not talk to the hostess. At the same time, I studied a lot in connection with exams, did not get enough sleep, did not eat well. On the eve of the last exam, I didn't sleep at all, I went to take the exam with a severe headache. After taking the ticket, she decided that she didn't know anything, and refused to answer. At home, I experienced general malaise and fatigue. I was haunted by thoughts of a serious heart disease, often felt my pulse: it seemed that my heart was stopping. I lay in bed for several days, thinking about my illness, and had insomnia. The therapist was sent to a neuropsychiatric dispensary. At an appointment with a psychiatrist: correctly oriented, talks in detail about her illness. She worries that she didn't pass the exam; she is afraid that she won't be able to study any more. Complains that when reading books, he can't concentrate, can't stand the bright light in the room, the sound of TV, and gets tired quickly during classes. He talks about heart disease all the time, feels his pulse. Complains of sleep disorders, decreased appetite, tearfulness and irritability. No abnormalities were detected in the somatic state.

Questions about the issue:

1. List the symptoms described in the task.

2. Specify the leading psychopathological syndrome and the patient's personality traits.
3. Assume a diagnosis.
4. Features of interaction with the patient.
5. Your recommendations.

2.Evaluation tools for conducting an intermediate certification in the discipline (credit).

Intermediate certification is carried out in the form of a credit.

The assessment of knowledge is based on the results of the student's answer to the questions of the ticket for intermediate certification (it includes the following types of tasks: interview for control questions, solving a situational problem).

2.1. Questions for the interim assessment:

№	Questions for the interim assessment (interview)	Assessed competencies
1.	The subject and tasks of psychiatry, its relation to other sections medical science and psychology.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
2.	The main provisions of the Law of the Russian Federation "On psychiatric care and guarantees of citizens 'rights in its provision".	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
3.	Organization of inpatient psychiatric care. Indications for hospitalization of mentally ill patients.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
4.	Organization of outpatient psychiatric care.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
5.	The concept of a symptom and syndrome in psychiatry, their significance for the diagnosis of mental illnesses. The concept of productive and negative symptoms, their diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
6.	Research methods used in psychiatry. Clinical method. Paraclinical methods in psychiatry. Diagnostic capabilities of each method.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
7.	Sensory disorders. Diagnostic value, features in various diseases.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
8.	Psychosensory disorders (metamorphosis phenomena, derealization and depersonalization, deja vu and jamais vu).	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
9.	Perception disorders: illusions, their classification. Diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
10.	Perception disorders: hallucinations their classification, objective signs of hallucinations. Diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
11.	Symptoms of a thinking disorder, their diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
12.	Comparative clinical characteristics of delusional, obsessive and super-valuable ideas.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
13.	Crazy ideas. Definition, criteria, and main variants of delirium.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
14.	Kandinsky-Clerambault syndrome of mental	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

	automatism. Diagnostic value.	
15.	Delusional syndromes: paranoid, paranoid, paraphrenic. Comparative clinical characteristics of delusional syndromes.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
16.	Neurotic and neurosis-like syndromes, clinical characteristics.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
17.	Attention disorders, clinical characteristics, diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
18.	Memory disorders. Violation of storing, saving, and reproducing information. Diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
19.	Paramnesia, classification. Korsakov syndrome. Diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
20.	Mental retardation (mild, moderate, severe, profound), diagnostic criteria, clinical manifestations.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
21.	Acquired dementia. Comparative clinical characteristics of organic, epileptic and schizophrenic dementia.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
22.	Disorders of emotional states, their diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
23.	Depressive and manic syndromes. Clinical characteristics and diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
24.	Psychoorganic syndrome. Clinical characteristics and diagnostic significance. Age-specific features.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
25.	Disorders of the will and drives. Clinical characteristics of the main symptoms and syndromes, their diagnostic significance.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
26.	Movement disorders. Catatonic syndrome, clinical variants of its manifestation: stupor, agitation.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
27.	Syndromes of turning off consciousness (stunning, sopor, coma). Comparative clinical characteristics, diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
28.	Syndromes of confusion: delirium, oneiroid. Comparative clinical characteristics, diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
29.	Syndromes of confusion: amentia, twilight confusion. Comparative clinical characteristics, diagnostic value.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
30.	Psychopharmacotherapy. Principles, methods, and types. Classification of psychotropic drugs.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
31.	Psychotherapy. Principles of method selection, limits of therapeutic effectiveness.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
32.	Principles of classification of mental disorders in accordance with the International Classification of Diseases (ICDX).	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
33.	Mental disorders in traumatic brain injuries. Etiopathogenesis and epidemiology. Classification, clinical	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

	manifestations in different periods of the disease process. Treatment and rehabilitation.	
34.	Mental disorders of infectious origin (syphilis, encephalitis, AIDS, Covid-19). Clinical features. Diagnostic value of special research methods. Treatment and rehabilitation.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
35.	Mental disorders of vascular origin (cerebral atherosclerosis, hypertension). General characteristics. Clinic. Diagnostics. Principles of treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
36.	Mental disorders in intracranial tumors. Clinical features, diagnosis and treatment principles.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
37.	Mental disorders in epilepsy. Classification.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
38.	Clinical manifestations of paroxysmal states (characteristics of a large convulsive seizure), differences between epileptic and hysterical seizures. Concepts of abortive seizures, serial seizures, and epileptic status. Principles of treatment of epilepsy. Rehabilitation and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
39.	Epileptic psychoses. Clinical characteristics. Personality changes in epilepsy. Characteristics of epileptic dementia. Principles of treatment of epilepsy. Rehabilitation and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
40.	Epileptic status, clinical manifestations. Methods of cupping.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
41.	Narcology (definition, basic concepts). The principle of collecting complaints and anamnesis of an addiction patient.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
42.	Acute alcohol intoxication. Simple: typical and atypical alcohol intoxication. Diagnosis of the degree of alcohol intoxication. Pathological alcohol intoxication, diagnosis.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
43.	Alcoholism. Clinical manifestations of stage 1. Principles of treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
44.	Alcoholism. Clinical manifestations of the 2nd and 3rd stages. Features of alcohol withdrawal syndrome and personality changes in alcoholism. Principles of treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
45.	Features of alcoholism in women and adolescents.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
46.	Alcoholic delirium: clinic of psychosis. Principles of treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
47.	Alcoholic hallucinosis. Alcoholic paranoid. Clinical characteristics. Principles of treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
48.	Korsakov's psychosis. Gaier-Wernicke acute alcoholic	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

	encephalopathy. Clinic. Course. Principles of treatment.	
49.	Treatment and prevention of alcoholic psychoses, tactics in case of socially dangerous behavior, methods of arousal relief.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
50.	Drug and substance abuse problems. Definition of concepts. Classification. Factors contributing to the formation of drug addiction and substance abuse.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
51.	Use of opiate drugs: signs of acute and chronic opiate intoxication, clinic of withdrawal syndrome. Treatment and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
52.	Cannabis drug use, acute and chronic hashish intoxication clinic, withdrawal syndrome clinic. Treatment and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
53.	Barbiturates classified as drugs, mental disorders in acute and chronic intoxication, withdrawal syndrome clinic. Treatment and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
54.	LSD and hallucinogens, acute and chronic intoxication clinic. Treatment and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
55.	Substance abuse. The main groups of substances and drugs that cause addiction. Treatment and prevention.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
56.	Schizophrenia. Definition. Classification. Productive and negative psychopathological syndromes in schizophrenia.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
57.	Clinical characteristics of the main forms of schizophrenia: paranoid, simple, catatonic, hebephrenic.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
58.	Schizotypal disorder. Variants of the course with obsessions, depersonalization, hypochondria, hysterical manifestations. Treatment. Features in childhood and adolescence	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
59.	Schizoaffective disorder. Characteristics of seizures. Features of the current. General features and differences of schizoaffective and bipolar affective disorder. Treatment. Age-specific features.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
60.	The outcome of schizophrenia. The concept of schizophrenic defect. Remission in schizophrenia.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
61.	Affective psychosis (bipolar affective disorder). Etiopathogenesis. Classification. Age-specific features.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
62.	Forms of the course of affective psychoses depending on their severity: dysthymia, cyclothymia. Diagnosis and treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
63.	Psychogenic diseases (general diagnostic	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

	criteria, taxonomy, course, prognosis).	
64.	Reactive psychoses. Acute reactions: affective-shock and hysterical psychoses. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
65.	Prolonged reactive psychoses: reactive depression, reactive paranoids. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
66.	Post-traumatic stress disorder. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
67.	Neuroses. Clinical manifestations. Diagnostic criteria. Etiology, role of personality and environment in the development of neuroses.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
68.	Neurasthenia. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
69.	Obsessive-phobic neurosis. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
70.	Hysterical neurosis. Clinical manifestations. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
71.	Personality and behavior disorders in adults. Definition (criteria of P. B. Gannushkin). Difference from character accentuation.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
72.	Paranoid personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
73.	Schizoid personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
74.	Dissocial personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
75.	Impulsive type of emotionally unstable personality disorder (epileptoid personality disorder). Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
76.	Hysterical personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
77.	Psychasthenic personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
78.	Asthenic personality disorder. Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
79.	Affective personality disorders (hypothymic, hyperthymic, cyclothymic). Clinical manifestations. Diagnostics. Treatment.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
80.	Urgent conditions in narcology: alcohol delirium, withdrawal syndrome. Clinical manifestations, methods of cupping.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
81.	Urgent conditions in narcology: heroin withdrawal syndrome, opiate overdose. Clinical manifestations, methods of cupping.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
82.	Emergency treatment of various types of arousal (manic, catatonic, hebephrenic) and aggressive behavior.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

83.	Emergency treatment of suicidal and autoaggressive behavior.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1
84.	Emergency treatment for food refusal.	GPC-3.2.1, GPC-5.1.1, PC-7.1.1

2.2.1 Examples of tasks for the interim assessment.

Verifiable indicators of competence achievement: GPC-1.2.1, GPC-1.2.2, GPC-1.2.3, GPC-8.3.1, GPC-9.2.1.

Task №1.

An employee of the enterprise, who works as a crane operator for a high-rise crane, had convulsive seizures after a domestic craniocerebral injury, in connection with which he was treated in a neuropsychiatric dispensary. After his discharge, the medical commission of the medical institution concluded that he could not work at altitude for health reasons. The head of the enterprise, dismissing the worker, informed him that he would never be able to perform high-rise work again. *Is the manager's statement justified?*

Task №2.

A patient with an abscess of the oral cavity, while in the department of maxillofacial surgery, became restless in the evening against the background of fever, looks for something under the bed, in the corner of the ward, claims that rats are running on the floor, waves away something, says that it is spiders coming down from the ceiling, tries to crush them on the floor. paul, sees "some dwarf " on the next empty bed, turns to him, asks him to help catch rats. *Name the symptom.*

2.2.Sample card for the intermediate certification.

	Federal State Budgetary Educational Institution of Higher Education "Volgograd State Medical University" of the Ministry of Health of the Russian Federation DEPARTMENT OF PSYCHIATRY, NARCOLOGY AND PSYCHOTHERAPY	FUND OF EVALUATION TOOLS BY SPECIALTY 31.05.03 Dentistry
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Academic discipline: "Psychiatry and narcology"

Specialty of training: 31.05.03 Dentistry

Faculty: Dental

Course: IV

Academic year: 2026-2027

Question card №1

1. Perception disorders: illusions, their classification. Diagnostic value.
2. Mental disorders of vascular origin (cerebral atherosclerosis, hypertension). General characteristics. Clinic. Diagnostics. Principles of treatment.
3. Emergency treatment of various types of arousal (manic, catatonic, hebephrenic) and aggressive behavior.

Clinical task 1.

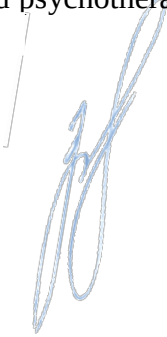
A patient with a diagnosis of Alzheimer's disease at a dentist's appointment, when asked what medications she took to relieve toothache, after thinking about it, answers: "Analgin, ketorol." To a follow-up question about when she first felt pain in her tooth, she replies, "Analgin, ketorol." *Name the symptom.*

Head of the Department of psychiatry,
narcology and psychotherapy

I. I. Zamyatina

Considered at the psychiatry, narcology and psychotherapy department meeting, protocol of
«28» August 2026, No. 1.

Head of the Department

A handwritten signature in blue ink, consisting of stylized, overlapping loops and strokes, positioned between the text 'Head of the Department' and 'Inna Igorevna Zamyatina'.

Inna Igorevna Zamyatina