

**Assessment tools for conducting certification  
in the discipline "Medical Psychology"  
for students in the educational program  
specialist in the specialty 31.05.01 General Medicine,  
focus (profile) General Medicine, full-time form of study  
for the 2025-2026 academic year**

1.1. Assessment tools for conducting current certification in the discipline

Current certification includes the following types of tasks: testing, solving situational problems, writing and defending an abstract, interview on control questions, preparing a report

1.1.1. Examples of test tasks

Checked indicators of achievement of competence: YK-3.1.1., YK-3.1.2., YK-3.1.5., YK- 4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.

1. Patternism is:

- a. a way of interaction between a doctor and a patient with a directive role of a doctor [+]
- b. a way of interaction between a doctor and a patient with a non-directive role of a doctor
- c. a way of interaction between a doctor and a nurse
- d. a way of interaction between patients
- e. a way of providing psychological assistance

2. The patient evaluates the "ideal doctor" as:

- a. the same age and gender
- b. younger and the same gender
- c. older and the same gender [+]
- d. younger and of the opposite sex
- e. older and of the opposite sex

3. Voluntary painless deprivation of life of a patient who suffers from an incurable disease is called:

- a. eugenics
- b. euthanasia [+]
- c. empathy
- d. eidetism
- e. exhumation

4. The combination of such qualities as the doctor's emotional distance from the patient's deep problems, orientation towards symptoms, orientation towards a technocratic approach to treatment is part of the structure of one of the following psychological types of doctor:

- a. sympathetic
- b. emotionally neutral
- c. apathetic
- d. directive
- e. non-directive [+]

5. Behavior during aggravation is characterized by:

- a. conscious depiction of symptoms of an absent disease
- b. reduction of disease symptoms
- c. exaggeration of disease symptoms [+]
- d. unawareness of disease symptoms

6. What is the name of the interview during which the therapist's questions are determined by the patient's condition and his previous answers:

- a. unstructured interview [+]
- b. clinical test
- c. associative interview

- d. formal survey
  - e. structured interview
7. Subjective attitude to the disease is called:
- a. anosognosia
  - b. internal picture of the disease [+]
  - c. hypochondria
  - d. reflection
  - e. egocentrism
8. During the argumentation phase, the doctor has grounds for:
- a. making a diagnosis
  - b. making a previous diagnosis
  - c. determining the prognosis
  - d. communicating the diagnosis and prognosis to the patient [+]
9. Communication in which another person is assessed as an object is called:
- a. spiritual communication
  - b. intellectual communication
  - c. "contact of masks"
  - d. manipulative communication [+]
  - e. formal-role communication
10. What type of mental reaction, as a rule, occurs in a patient in response to the diagnosis of a malignant neoplasm:
- a. neurasthenic
  - b. hypochondriacal
  - c. apathetic
  - d. anosognostic [+]
  - e. obsessive-phobic

#### 1.1.2. Examples of situational tasks

Checked indicators of achievement of competence: VK-3.2.3., VK-3.3.3., VK-5.2.1., OIK- 1.2.3., OIK-1.3.1., IIK-2.2.5.

Task 1. The teacher did not count the student's attendance at a class in which he was present for 30 minutes (a third of the class time) and demanded that he work on the missed topic in additional time. The student did not agree with the teacher's decision, explaining his lateness by a valid reason (he was taking a test at another department) and claiming that he participated in the main part of the class - he was doing a test. The teacher did not consider these arguments sufficient and noted the student's missed topic.

1. What type of conflict?
2. Name the object and subjects of this conflict?
3. What strategy of behavior in a conflict situation did the teacher choose? What are the possible causes and consequences of this strategy?
4. What strategy of behavior in a conflict situation did the student choose? What are the possible causes and consequences of this strategy?
5. What other strategies of behavior in a conflict situation are possible? Which one would you choose if you were the teacher and the student?

Answers:

1. Interpersonal conflict. Conflict of rules of interaction.
2. Subjects: teacher and student.
3. Strategy: rivalry (competition). Possible causes: authoritarian position of the teacher, importance of the missed material, prevention of discipline violations, frequent lateness of this student. Consequences: the student will learn this topic or pass it in another way, students will not be late, will come on time or not come at all. Relationships between the student and the teacher may worsen.
4. Strategy: rivalry (competition). Possible reasons: inflated self-esteem of the student, problems in studies (a large number of "tails"), inability to adequately assess the situation. Consequences: the student will have to work on the topic, the relationship with the teacher will deteriorate.

Task 2. The attending physician at the hospital finds out that patient K. does not take the prescribed medications and throws them away.

1. What are the two possible strategies for the doctor to find a way out of this conflict situation: confrontation and cooperation?

2. Estimate their possible consequences?

Answers:

1. Confrontation:

Insist on your own.

Force taking medications (monitor intake).

Discharge for violating hospital rules.

Positive consequences: treatment proceeds according to plan, and other patients do not follow the bad example; negative: conflicts, complaints, mistrust of the doctor, conspiracy among patients.

2. Cooperation:

Discuss the prescribed medications with the patient.

Listen to his opinion.

Together develop the most acceptable treatment tactics.

Consequences: contact with the patient is established, trust in the doctor arises, conscious acceptance of the treatment plan increases the patient's responsibility and initiative.

1.1.3. Examples of abstract topics

Verified indicators of achieving competence: YK-3.2.3., YK-3.3.3., YK-5.2.1., OPIK- 1.2.3., OPIK-1.3.1., PIK-2.2.5.

1. Factors determining the nature of the relationship between the doctor and the patient. Models of doctor-patient relationships.

2. Stages of the initial conversation (interview) between the doctor and the patient.

3. Factors hindering the formation of the therapeutic alliance "doctor - patient".

4. Features of communication between the doctor and the patient in pediatric practice.

5. Conflicts in the practical activities of a medical doctor.

1.1.4. Examples of interview control questions

Checked indicators of achievement of competence: YK-3.1.1., YK-3.1.2., YK-3.1.5., YK- 4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., PIK-2.1.5.

1. Empathy and its importance in the professional activity of a doctor.

2. Emotions and their role in the treatment and diagnostic process.

3. The nature and social role of conflicts.

4. Psychological defenses, their functions and mechanisms.

5. The concept of the unconscious in the works of Z. Freud.

1.1.5. Examples of report topics

Checked indicators of achievement of competence: YK-3.1.1., YK-3.1.2., YK-3.1.5., YK- 4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., PIK-2.1.5.

1. Content, goals and means of communication at a doctor's appointment.

2. The importance of different types of communication for personal development of a person.

3. Conflicts in a medical hospital and their impact on the effectiveness of treatment activities.

4. Conflicts in a medical team: relationships between doctors, doctor and nurse, doctor and dental technician.

5. Character and behavioral characteristics that provoke conflicts, ways to correct them.

1.2. Assessment tools for conducting midterm certification in the discipline

Midterm certification is conducted in the form of a test.

Midterm certification includes the following types of tasks: testing, solving a situational problem, interview.

1.2.1. Examples of test tasks

Checked indicators of achieving competence: YK-3.1.1., YK-3.1.2., YK-3.1.5., YK- 4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., PIK-2.1.5.

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  - c. a way of interaction between a doctor and a nurse
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  - e. a way of providing psychological assistance
2. A patient evaluates the "ideal doctor" as:
- a. the same age and gender
  - b. younger and the same gender
  - c. older and the same gender [+]
  - d. younger and the opposite gender
  - e. older and the opposite gender
3. Voluntary painless deprivation of life of a patient who suffers from an incurable disease is called: a. eugenics b. euthanasia [+]
- c. empathy
  - d. eidetism
  - e. exhumation
4. A combination of such qualities as the doctor's emotional distance from the patient's deep problems, focus on symptoms, focus on a technocratic approach to treatment is part of the structure of one of the following psychological types of doctor:
- a. sympathetic
  - b. emotionally neutral
  - c. apathetic
  - d. directive
  - e. not directive [+]
5. Behavior during aggravation is characterized by:
- a. conscious depiction of symptoms of an absent disease
  - b. reduction of disease symptoms
  - c. exaggeration of disease symptoms [+]
  - d. unawareness of disease symptoms
6. What is the name of the interview during which the therapist's questions are determined by the patient's condition and his previous answers:
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- a. anosognosia
  - b. internal picture of the disease [+]
  - c. hypochondria
  - d. reflection
  - e. egocentrism
8. During the argumentation phase, the doctor has grounds for:
- a. making a diagnosis
  - b. making a previous diagnosis
  - c. determining the prognosis
  - d. communicating the diagnosis and prognosis to the patient [+]
9. Communication in which another person is assessed as an object is called:
- a. spiritual communication
  - b. intellectual communication
  - c. "mask contact"
  - d. manipulative communication [+]

e. formal-role communication

10. What type of mental reaction usually occurs in a patient in response to the diagnosis of a malignant neoplasm:

- a. neurasthenic
- b. hypochondriacal c. apathetic
- d. anosognostic [+]
- e. obsessive-phobic

1.2.2. Example of a situational task

Checked indicators of achieving competence: УК-3.2.3., УК-3.3.3., УК-5.2.1., ОПК- 1.2.3., ОПК-1.3.1., ПК-2.2.5.

Task 1. A mother with her 5-year-old son is visiting a pediatrician. The mother is holding the boy's hand, he is trying to stand closer to his mother, looks tense, and looks attentively at the doctor. Both try to smile pleasantly. The mother says, "We are so worried, doctor."

1. With whom of them should the doctor establish contact first?
2. What are the age-related characteristics of the patient at this age?
3. Should the mother be in the office during the examination and treatment of the child?
4. What is the doctor's tactic when treatment is necessary and why do you make such a choice?

1.2.3. Перечень вопросов для собеседования

№	Questions for midterm assessment	Проверяемые индикаторы достижения компетенций
1.	Development of psychology, emergence of clinical psychology. Subject and tasks of clinical psychology.	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.
2.	Sections of clinical psychology (general and specific clinical psychology, pathopsychology, neuropsychology, psychological examination, mental hygiene, psychoprophylaxis and health education, psychological correction, psychological counseling and psychotherapy).	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.
3.	Main methods of clinical psychology (clinical-psychological method, interview with the patient, observation, study of products of mental activity, psychological experiment).	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.
4.	The concept of health. Main criteria of health. Health-related quality of life (SF-39).	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.
5.	Main directions of modern psychology.	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.
6.	The concept of psychosomatic medicine. The concept of psychosomatic and somatopsychic relationships. Biopsychosocial concept of psychosomatic disorders.	УК-3.1.1., УК-3.1.2., УК-3.1.5., УК-4.1.1., УК-4.1.2., УК-4.1.3., УК-4.1.4., УК-5.1.1., УК-9.1.1., УК-9.1.2., ПК-2.1.5.

7.	History of psychosomatic teaching: psychoanalytic theory, psychophysiological theory of I.P. Pavlov, general adaptation syndrome. The concept of personality profile, the concept of alexithymia. Type A and type B behavior.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
8.	Types of psychosomatic disorders: conversion symptoms, functional syndromes, psychosomatic diseases, psychosomatic disorders associated with the peculiarities of emotional and personal response and behavior.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
9.	Personality as the basis of psychosomatic pathology. Psychology of a somatic patient. The concept of the internal picture of the disease (according to A.R. Luria), synonyms. Factors influencing the internal picture of the disease.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
10.	The influence of the patient's social environment, diagnostic and treatment conditions on the internal picture of the disease. Stages of formation of the internal picture of the disease (according to A.V. Kvasenko and Yu.G. Zubarev). Levels of the internal picture of the disease (according to	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
11.	Types of attitude to the disease (according to A.E. Lichko).	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
12.	Psychological (behavioral) reactions of patients to the disease: aggravation, simulation, dissimulation, anosognosia.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
13.	Neurology. The concept of mental trauma. Types of mental trauma.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
14.	Clinical manifestations of neurotic disorders. The main neurotic syndromes. Treatment and prevention of neuroses.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
15.	The concept of frustration and conflict. Factors that are stressful for a person. Stress and adaptation (types of stress, stages of stress).	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
16.	Types of reaction to frustration (S. Rosenzweig).	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.

17.	Mechanisms for coping with stress - coping mechanisms (R. Lazarus).	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
18.	The main mechanisms of psychological defense (according to A. Freud), their adaptive and maladaptive significance, role in the formation of mental and somatic pathology.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
19.	Psychological characteristics of patients with incurable diseases. Dying and death (stages of patient reaction). Rules of behavior with a dying patient.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
20.	Ethical problems of euthanasia. Organization of hospice work.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
21.	The patient and drugs: psychological foundations of pharmacotherapy. The problem of compliance in modern medicine.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
22.	Formation of psychological dependence on drugs. Placebo effect. "Toxic" placebo. Placebo control in testing new drugs.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
23.	The problem of professional deformation of personality (using a medical worker as an example). Emotional burnout syndrome (according to H.J. Freudenberg). Social, environmental and personal predisposing factors, symptoms, preventive measures.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
24.	Iatrogeny, sorrogey, egrotogeny, hospitalism and their prevention. Medical confidentiality: the content of the concept, ethical and legal aspects. Ethical problems of informing the patient about the diagnosis. The doctrine of informed consent.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
25.	The concept of communication. Types of communication. Factors influencing human behavior in the process of communication. The main components of communication. Mechanisms of social perception. The concept of socialization. Functions of communication. Effects of interpersonal perception. Communicative barriers.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
26.	Verbal communication. Means of verbal influence. Stages of conversation.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.

27.	Non-verbal means of communication. Distance between interlocutors, mutual arrangement, postures and gestures. Their role in forming the patient's trust in the doctor.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
28.	Nonverbal means of communication. Visual contact, facial expressions, paralinguistic components of communication, kinesics. Their importance in communication.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
29.	Doctor-patient relationships. Main phases of communication between doctor and patient. Tasks corresponding to each stage. Models of doctor-patient relationships. Doctor acting as a patient. Difficult patients.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.
30.	Conflict. Definition of the concept. Types of conflicts. Functions. Stages of conflict development. Strategies of behavior in conflict. Ways to resolve conflict situations.	YK-3.1.1., YK-3.1.2., YK-3.1.5., YK-4.1.1., YK-4.1.2., YK-4.1.3., YK-4.1.4., YK-5.1.1., YK-9.1.1., YK-9.1.2., ПК-2.1.5.

Reviewed at a meeting of the Department of General and Clinical Psychology on May 31, 2024, protocol No. 9

Head of Department



M.E. Volchansky