

**Academic programme
component**

**31.05.01 General Medicine
programme**

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ASSESSMENT MATERIALS

Discipline

Bioethics

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1. Criteria and assessment of competencies and their mastery indicators, formed by the discipline (module)

Code and competence name	Code and indicator of competence mastery	Results of training in the discipline (module)			Formative assessment	Interim assessment
		<i>To know</i>	<i>To be able to</i>	<i>To have</i>		
УК-1: Can design action plans and apply systematic approach to critical analysis of problem situations	ИД-1ук-1 Applies systematic approach in research and analytical activities to solve assigned tasks	<ul style="list-style-type: none"> - the importance of bioethics in the practice of a modern doctor; - differences in religious and mental approaches to evaluating various aspects of medical practice; 	<ul style="list-style-type: none"> - analyse professional situations with regard to the norms of bioethics; - characterize various professional situations with regard to different religions and cultures; 	<ul style="list-style-type: none"> - skills in recognizing bioethical problems and finding solutions; - skills to find solutions to ethical issues that comply with legal and ethical standards adopted in the Russian Federation; 	<ul style="list-style-type: none"> - a set of tasks for practical work; - test tasks; - presentation topics; 	<p>Examination cards</p> <p>Formative assessment results</p>
УК -5: Can analyse and consider cultural diversity in the process of intercultural cooperation	ИД-1ук-5 Understands, analyses and respects the cultural diversity in the society ИД-2ук-5 Constructively interacts with people taking into account their culture, ethnicity, and religion to successfully complete public and professional tasks ИД-3ук-5 Navigates intercultural interaction	<ul style="list-style-type: none"> - the approaches adopted in the Russian Federation to resolve ethical conflicts arising from pressure from religious, national, and other causes. 	<ul style="list-style-type: none"> - identify elements of intercultural conflict in various situations of medical practice. 	<ul style="list-style-type: none"> - skills in solving problems in the field of bioethics. 		

2. Competencies mastery (indicators of their mastery) level assessment

Competencies mastery (their indicators) indices	Criteria and grading system of competencies mastery (indicators of their mastery) assessment			
	Insufficient («unsatisfactory»)	Sufficient («satisfactory»)	Above average («good»)	Advance («excellent»)
Extent of knowledge	Knowledge level is below the required. Major mistakes occurred.	Minimally allowed knowledge level. Minor mistakes occurred.	Knowledge level corresponds well to the educational programme. Minor errors occurred.	Knowledge level corresponds well to the educational programme.
Ability mastery	Basic abilities were not demonstrated during standard tasks completion. Major mistakes occurred.	Basic abilities were demonstrated. All tasks were completed in full, yet with few errors. All tasks were completed, yet not in full (clarifications are absent, conclusions are incomplete).	Basic abilities were demonstrated. All tasks were completed in full, yet with few errors. All tasks were completed in full, yet with few errors.	Basic abilities were demonstrated. All main and additional tasks were completed without mistakes or errors. All tasks were completed in full without errors.
Ability mastery (having experience)	Basic abilities were not demonstrated during standard tasks completion. Major mistakes occurred.	Minimum set of skills for standard tasks completion, with minor error, is acquired.	Basic skills were demonstrated in completing standard tasks, yet with few errors.	Basic abilities were demonstrated. All main and additional tasks were completed without mistakes or errors. A creative approach to solving non-standard tasks is demonstrated.
Competence mastery characteristics	Competencies have not been acquired. The acquired knowledge, skills, and abilities are not enough to solve practical (professional) tasks. OR Insufficient number of credit points as per the established range.	Competencies mastery is adequate. The acquired knowledge, skills, and abilities are mostly sufficient to solve practical (professional) tasks. OR Sufficient number of credit points is earned as per the established range	Competencies mastery mainly satisfies the requirements. The acquired knowledge, skills, and abilities are mainly sufficient to solve practical (professional) tasks. OR Sufficient number of credit points is earned as per the established range	Competencies mastery satisfies the requirements to the full extent. The acquired knowledge, abilities, and skills are fully sufficient to complete difficult professional tasks, including non-standard. OR Sufficient number of credit points is earned as per the established range

3. Criteria and grading system of the formative assessment tasks

3.1 Criteria and grading system of practical tasks

Practical work is included into the discipline to develop skills and abilities within it, allowing students to boost the process of cognition, reveal an understanding of the applied significance of the discipline.

The list of practical tasks, task completion and presentation recommendations, requirements for results, structure, and contents of practical task report, etc., are presented in MAU LMS Moodle.

Grade/points	Assessment criteria
<i>Excellent</i>	The task is completed correctly and in full. The report on practical work has been prepared in accordance with the requirements. Answers to the teacher's questions (during the presentation) are full.
<i>Good</i>	The task is completed in full, yet without sufficient justification or a minor error, which does not impact the argumentation sequence, occurred. All task completion requirements are satisfied.
<i>Satisfactory</i>	The task is completed partially, with mistakes. The task within laboratory/practical work has been completed at the average level. Most of the requirements have been fulfilled.
<i>Unsatisfactory</i>	The task has not been completed

4. Criteria and grading system of the discipline (module) results during the interim assessment

4.1. Criteria and grading system of tests

The list of test questions and tasks, as well as test procedure description are presented in methodological guidelines on mastering the discipline (module), as well as in MAU LMS Moodle.

Assessment materials include a typical test variant:

1. The moral regulation of medical activity differs from the legal one in:

- 1) Freedom of choice of action
- 2) The arbitrariness of the motive of activity
- 3) Criminal impunity
- 4) Social approval
- 5) Availability of monetary interest

2. What is the ideal correlation of biomedical ethics and medical law?

- 1) They are independent
- 2) Medical law is a priority
- 3) Biomedical ethics is a priority
- 4) Biomedical ethics determines the correctness of medical law
- 5) Medical law determines the correctness of biomedical ethics

3. What is the basic principle of the modern bioethics?

- 1) Compliance with duty
- 2) Do no harm

- 3) Priority of science
- 4) Priority of rights and respect for the patient's dignity
- 5) Principle of non-interference

4. The decision to allow passive euthanasia or to start intensive therapy depends on:

- 1) determining the motives of the doctor's action
- 2) the nature of the explanation of the doctor's decision
- 3) an objective picture of the disease
- 4) the universal human right to life
- 5) technical medical tools and situational resources

5. In Russia, transplantation can be performed without the consent of the donor, if the donor:

- 1) a particularly dangerous criminal sentenced to life imprisonment
- 2) a foreign citizen
- 3) a citizen of a country at war with Russia
- 4) mentally disabled
- 5) deceased person, and neither the donor nor the relatives protested against the procedure

6. The provision of medical care is a form of:

- 1) privilege for certain parts of society
- 2) mercy and social justice
- 3) the economic interest of professionals
- 4) a market-oriented division of labour and a source of profits
- 5) none of the above

7. Duty is something that is performed in medicine by virtue of:

- 1) professional responsibilities
- 2) requirements of patient's relatives
- 3) the demands of conscience and the consequences of the moral ideal
- 4) the ideological justification of social progress
- 5) orders of the chief, the law, the constitution

8. The doctor should inform the patient about the form of medical intervention in all cases, except when:

- 1) the patient is either a minor, or mentally disabled, or unconscious
- 2) the decision is determined by financial benefit
- 3) the patient does not have a medical education that allows to understand the complexity of the disease
- 4) the disagreement of the patient may lead to deterioration of his health
- 5) all of the above

9. What should a doctor do when they learn that a patient has HIV?

- 1) Inform relatives
- 2) Inform the employer
- 3) Inform the higher authorities
- 4) Hand the case to law enforcement
- 5) None of the above

10. **The death of the patient occurred as a result of taking an excessive dose of an anaesthetic prescribed by the doctor at the request of the patient. This situation is qualified as:**

- 1) active voluntary direct euthanasia;
- 2) active voluntary indirect euthanasia;
- 3) passive voluntary direct euthanasia;
- 4) passive voluntary indirect euthanasia;
- 5) none of the above.

Grade/points	Assessment criteria
<i>Excellent</i>	90-100% of correct answers
<i>Good</i>	70-89% of correct answers
<i>Satisfactory</i>	50-69% correct answers
<i>Unsatisfactory</i>	49% or less correct answers

4.2. Criteria and grading system of multimedia presentation

The structure, content, and design requirements are presented in the methodological guidelines on mastering the discipline, as well as in MAU LMS Moodle.

Grade/points	Assessment criteria
<i>Excellent</i>	The presentation corresponds to the topic. The title slide has the title. The topic is clear and structured, graphic images (photographs, pictures, etc.) correspond to the topic, style, colour scheme are maintained, animation and sound are used. Student's opinion is logically stated, conclusions are formulated, the topic is fully disclosed, the volume is maintained, the requirements for external design are met. The work has been completed and submitted on time.
<i>Good</i>	The presentation corresponds to the topic. There are inaccuracies in the presentation of the material. There is no logical consistency in judgments. The volume of the presentation is not sustained, there are omissions in the design. Incomplete answers are given to additional questions during the presentation. The work has been completed and submitted on time.
<i>Satisfactory</i>	The presentation corresponds to the topic. The topic is not fully outlined and structured. Graphic images (photos, pictures, etc.) correspond to the topic. There are significant deviations from the requirements for making a presentation. There were factual errors in the content or in answering additional questions.
<i>Unsatisfactory</i>	The work has not been completed or does not correspond to the topic.

4.3. Criteria and grading system of class attendance

Student attendance is determined in percentage correlation

Points	Assessment criteria
10	attendance 75-100%
5	attendance 50-74%
0	attendance is less than 50%

5. Diagnostic tasks for the assessment of the educational results in the discipline (module) within the framework of internal and external independent assessment of the quality of education

Assessment materials contain tasks for assessing knowledge, skills, and abilities that demonstrate the level of competence mastery and indicators of their mastery.

The set of tasks is designed to assess each competence in written form.

The set of tasks includes: tests, mini-case tasks, situational tasks, practice-oriented tasks

Set of diagnostic tasks

YK-1: Can design action plans and apply systematic approach to critical analysis of problem situations	
1	<ol style="list-style-type: none">1. Causes of Bioethics:<ol style="list-style-type: none">1)The development of medicine in the East and the publication of the “Canon of Medicine” by Ibn Sina (Avicenna)2) Bourgeois revolutions in Europe and changes in public consciousness3)Scientific and technological progress and the movement for democratic rights4) Development of the Theory of evolution Ch. Darwin and the Cellular theory of the structure of the organism2. Can a medical professional disclose medical secrets?<ol style="list-style-type: none">1) Under no circumstances2) Only after the death of the patient3) Only in special cases stipulated by law5) Only in the interests of the patient3. According to the “Fundamentals of the Legislation of the Russian Federation on the Protection of Citizens' Health” (1993) Medical secrecy is:<ol style="list-style-type: none">1) Information about the patient's diagnosis and previous illnesses, his passport data, information about his place of work, marital status.2) Information about the patient's diagnosis and all information received from the patient himself.3) Information obtained during the examination and treatment of the patient.4) Information about the fact of seeking medical help, the diagnosis of the disease and other information obtained during the examination and treatment of the patient.4. Up to what age is it possible to communicate information about a child that constitutes a medical secret to his parents or legal representative (without the consent of the patient)?<ol style="list-style-type: none">1) Up to 14 years old2) Up to 15 years3) Up to 16 years old4) Depends on the level of development of the child5. What document of the World Medical Association describes the duties of a doctor?<ol style="list-style-type: none">1) The Lisbon Declaration on the Rights of the Patient2) Helsinki Declaration3) The Hippocratic Oath4) International Code of Medical Ethics6. Does the patient have the right to get acquainted directly with medical documentation reflecting the state of his health, according to the “Fundamentals of the Legislation of the Russian Federation on the Protection of Citizens' Health”?<ol style="list-style-type: none">1) No, it doesn't2) Has in any case3) Has a favourable course of the disease4) Has with the permission of the chief physician7. In what case, according to the “Fundamentals of the Legislation of the Russian

	<p>Federation on the Protection of the Health of Citizens”, the patient may not be provided with the truth about their state of health?</p> <p>1) If this information can cause significant harm to this patient</p> <p>2) If the patient himself refuses this information</p> <p>3) In case of severe incurable disease</p> <p>4) In case of unbalanced character of the patient</p> <p>8. In which of these cases can a doctor refuse to work with a patient if it does not threaten the life of the latter, according to the “Ethical Code of the Russian doctor?”</p> <p>1) In case of alcoholic intoxication of the patient 2) If he believes that nothing can be done to help this patient</p> <p>2) If a doctor cannot establish therapeutic cooperation</p> <p>3) If a doctor is afraid of getting infected from a patient</p> <p>4) If it threatens the health of a doctor</p> <p>9. A medical error is:</p> <p>1) Any action or omission of a doctor that has caused damage to the patient's health.</p> <p>2) Improper action or inaction of the doctor, which caused damage to the patient's health, with the doctor's conscientious attitude to his professional duties.</p> <p>3) Improper action or inaction of the doctor, which caused damage to the patient's health, with the doctor's unfair attitude to his professional duties.</p> <p>4) Negligent actions of the doctor that caused damage to the patient's health.</p> <p>10. The most ancient, traditional model of the relationship between a doctor and a patient:</p> <p>1) Advisory</p> <p>2) Paternalistic</p> <p>3) Information</p> <p>4) Expert</p>
<p>YK-5: Can analyse and consider cultural diversity in the process of intercultural cooperation</p>	
<p>1</p>	<p>Case tasks</p> <p>1. A woman, 40 years old. She died as a result of an accident. In your opinion, should the family's be asked a permission to immediately take the cornea for transplantation?</p> <p>2. Heterozygous female twins, 3 years old. One of the twins has polycystic kidney disease, hepatomegaly and splenomegaly. There is family consent to transplant one of the paired organs from a healthy sister due to the absence of a donor kidney and the need for urgent surgery. In this case, how is the conflict between the right to life of one sister and the right to physical integrity and health in the future of another (healthy) sister resolved?</p> <p>3. A man, 20 years old, severe traumatic brain injury; life is maintained artificially in order to take organs for transplantation. The death was pronounced by a team of doctors independent of transplantologists; there is the consent of some family members and the objection of others to organ retrieval. What line of conduct is recommended to doctors from the side of morality and law?</p> <p>4. A man, 40 years old, is in a post-comatose state; life is maintained artificially in order to take organs for transplantation. There is family consent, but there is a religious factor (Muslim faith). Can an organ be retrieved? What is your attitude as a doctor to such a procedure?</p> <p>5. Doctor S. gets very upset when patients consult another doctor about the same problem before or after a visit to her. She considers this a waste of time and harmful to the health of patients, and therefore decides to put patients before a choice: either they stop visiting other doctors for the same problem, or she stops taking them, in addition, she intends to contact her medical association so that it lobbies the government to ban such behaviour of patients.</p> <p>6. The railway engineer turned to a private eye doctor; the doctor along the way discovered colour blindness, that is, he does not distinguish some colours, more often green and red; the doctor informed the driver about this and advised him to give up his job. The patient said that he did not know any other job and would not leave it.</p>

	<p>7. Person M. was taken to the hospital due to a non-penetrating stab wound received in a fight with his wife. The patient asked the doctor not to notify the law enforcement about this case. However, the doctor, on his own initiative, informed the police about the injury and the circumstances.</p> <p>8. A private practitioner in a friendly environment, recognizing his patient, told a friend that she had serious kidney disease, which became known to her fiancé. Due to the fact that their marriage was upset, the girl's parents filed a lawsuit against the doctor who violated the provision on medical secrecy for moral harm caused to their daughter.</p> <p>9. The girl was undergoing a routine check-up at the clinic. Soon she received a call at home, but since the girl was not at home at that moment, further conversation took place with her mother. When asked who was calling and what her daughter was needed for, she was told that it was a call from the medical centre, and they only wanted to inform her that the girl had a malignant tumour. It is not difficult to imagine what the mother and her daughter went through after that.</p> <p>10. Person S. hit person P. on the head, then took him to the hospital, telling the doctor that he had picked up a drunk on the road. The doctor did not help P., referring to the fact that people in a state of intoxication are sent to a medical facility for alcoholics. On the same day, person P. was again taken to the emergency room and died during surgery due to brain injury. The test showed that there were no signs of alcohol in the body of the deceased. The conclusion of the forensic medical examination stated that “the clinical manifestations of brain injury and deep alcohol intoxication are similar” and that “this error is typical, often observed.”</p>
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5.1. Criteria and grading system for the discipline results (examination)

For the disciplines (modules) that are graded upon examination, the interim assessment result is comprised of points gained during the formative assessment and after the examination.

Assessment materials include the list of questions and tasks for the examination:

Questions for examination

1. The importance of bioethics in the practice of a modern doctor.
2. The history of medical ethics development
3. The correlation of legal norms, traditional morality, religious principles and modern bioethics in the Russian Federation
4. Bioethics of Death and Dying.
5. Bioethical aspects of determining the beginning of human life
6. Bioethics of Transplantation
7. Cell and tissue culture as an alternative to transplantation and some stages of clinical research: ethical aspects
8. International Standards and Legislation in the Field of Transplantation.
9. Ethical aspects of children organ transplantation
10. Assisted reproductive technologies: bioethical problems of their methods development
11. Bioethical problems of the assisted reproductive technologies use
12. Bioethical aspects of palliative medicine
13. Bioethical problems of psychiatry and medical care for patients with alcohol, nicotine and drug addiction.
14. Bioethics of Medical Research
15. Bioethical aspects of conducting research in the field of pharmacology, physiology, and toxicology with laboratory animals

Typical examination card variant

<p>MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION</p> <p>FEDERAL STATE AUTONOMOUS EDUCATIONAL INSTITUTION OF HIGHER EDUCATION</p> <p>“MURMANSK ARCTIC UNIVERSITY”</p> <p>EXAMINATION CARD no. 1</p> <p>“Bioethics”</p> <p><i>Theoretical question no. 1.</i> The role of bioethics in the practice of a modern doctor. <i>Theoretical question no. 2.</i> Bioethics of Palliative Care</p> <p>Head of the Department _____ Kravets P.P.</p> <p>« ___ » _____ 202</p>

Grade	Answer assessment criteria
<i>Excellent</i>	Student understands the material thoroughly; reproduces it fully, clearly and logically; applies theory to practice; has no inhibitions in answering an altered question. Uses specific terminology; demonstrates extensive knowledge in the subject; provides references to specialized resources, including online-resources, while answering the questions.
<i>Good</i>	Student understands the material thoroughly; reproduces it logically and to the point, without major errors in answering the question; uses specific terminology well; may experience some difficulties in answering clarifying questions on the subject; generally demonstrates extensive knowledge in the subject.
<i>Satisfactory</i>	Student understands only basic material without details; makes mistakes and not fully correct wording; is poorly familiar with specific terminology; makes significant mistakes in answering; poorly uses special information resources.
<i>Unsatisfactory</i>	Student does not understand a major part of the material, makes significant mistakes, violations of the logical sequence in presenting the material, does not know special terminology, does not use special information resources. No answer to the posed question was given.

The grade, earned at the examination, is then converted into points (“5/excellent” – 20 points; “4/good” – 15 points; “3/satisfactory” – 10 points) and is added to the points, earned during the formative assessment.

Final grade	Total sum of points	Assessment criteria
<i>Excellent</i>	91-100	All milestones of the formative assessment have been completed at a high level. The exam is passed.
<i>Good</i>	81-90	All milestones of the formative assessment have been completed. The exam is passed.
<i>Satisfactory</i>	70-80	The milestones have been completed partially. The exam is passed.
<i>Unsatisfactory</i>	69 or less	The milestones have not been completed, or the exam is not passed.