

**SYLLABUS**  
**КЕШЕНДІ КЛИНИКАЛЫҚ ДИАГНОСТИКА КУРСЫ**  
**ИНТЕГРИРОВАННЫЙ КУРС КЛИНИЧЕСКОЙ ДИАГНОСТИКИ**  
**INTEGRATED CLINICAL DIAGNOSIS COURSE**

|   |   |                       |   |
|---|---|-----------------------|---|
| <b>1. General information about the discipline</b>  |   |                       |   |
| 1.1   | Faculty/School:<br>Medicine and Healthcare<br>Department of Internal Medicine   | 1.6                   | Credits (ECTS):<br>a) 12 credits - 360 hours, of which 150 are contact hours (practical training)   |
| 1.2   | Educational program (EP):<br><br>6B10114 МЕДИЦИНА<br>6B10114 МЕДИЦИНА<br>6B10114 MEDICINE   | 1.7                   | <b>Prerequisites:</b><br>Жүйелердің патологиясы -2/Патология органов и систем-2/Pathology of organ's and systems-2<br><b>Postrequisites:</b><br>Инфектология модулі/Модуль<br>Инфектология/Infectology module<br>Фтизиатрия/Фтизиатрия/Phtisiatry<br>Дерматовенерология/Дерматовенерология/<br>Dermatovenerology<br>Тропикалық аурулар/ Тропические болезни/Tropical diseases |
| 1.3   | Agency and year of accreditation of the EP<br><br>НААР 2021   | 1.8                   | SIW/SPM/SRD (qty):<br>60 hours  |
| 1.4   | Name of discipline:<br>– <b>Кешенді клиникалық диагностика курсы/Интегрированный курс клинической диагностики/Integrated clinical diagnosis course</b>  | 1.9                   | SRSP/SRMP/SRDP (number):<br>60 hours  |
| 1.5   | ID: 90565<br>Discipline Code: <b>IKKD 4320</b>  | 1.1<br>0              | <b>Required</b> - yes   |
| <b>2. Description of the discipline</b>   |   |                       |   |
| During the study of the course with the formation of students' abilities:<br>– to develop the skills of identifying, interpreting and critically evaluating information obtained during the examination of a patient with key clinical syndromes, draw up a diagnosis and treatment plan, make professional decisions based on the analysis of the rationality of diagnosis and applying the principles of evidence-based and personalized medicine |   |                       |   |
| <b>3 Purpose of the discipline</b>  |   |                       |   |
| to develop the skills of identifying, interpreting and critically evaluating information obtained during the examination of a patient with key clinical syndromes to draw up a diagnosis and treatment plan, make professional decisions based on the analysis of the rationality of diagnosis and applying the principles of evidence-based and personalized medicine  |   |                       |   |
| <b>4. Learning outcomes (LO) by discipline (3-5)</b>  |   |                       |   |
|   | LO disciplines  |                       | LO on the educational program, with which the LO is associated in the discipline (No. LO from the EP passport)  |
|   | 1. apply knowledge of basic and clinical disciplines to identify, interpret and critically evaluate information obtained during the examination of a patient with key clinical syndromes (fever, chest pain, syncope, etc.) from the standpoint of an interdisciplinary approach; | Proficiency level - 3 | 1. apply knowledge of basic and clinical disciplines to identify, interpret and critically evaluate information obtained during the examination of a patient with key clinical syndromes (fever, chest pain, syncope, etc.) from the standpoint of an interdisciplinary approach;   |
|   | 2. interpret, analyse,  | Proficiency           | 2. interpret, analyze, evaluate and prioritize relevant   |

|           |  |                       |  |  |
|-----------|--|-----------------------|--|--|
|           | evaluate and prioritize relevant data to formulate a diagnostic and disease management plan, apply this knowledge to solve the problem of differential diagnosis;                | level - 3             |  | data to formulate a diagnosis and disease management plan, apply this knowledge to solve the problem of differential diagnosis;  |
|           | 3. make professional decisions based on the analysis of the rationality of diagnostics and applying the principles of evidence-based and personalized medicine;                  | Proficiency level - 2 |  | 3. make professional decisions based on the analysis of the rationality of diagnostics and applying the principles of evidence-based and personalized medicine;                  |
|           | 4. integrate clinical knowledge and skills to provide an individual approach in the treatment of a particular patient and strengthening his health in accordance with his needs; | Proficiency level - 3 |  | 4. integrate clinical knowledge and skills to provide an individual approach to the treatment of a particular patient and strengthening his health in accordance with his needs; |
|           | 5. effectively collect, communicate and maintain oral and written medical information to provide safe and effective patient care;  | Proficiency level - 3 |  | 5. effectively collect, communicate and store medical information in oral and written form to provide safe and effective care to patients;                                       |
|           | 6. demonstrate communication skills when working with patients and legal representatives; teamwork skills, organization and management of the diagnostic and treatment process;  | Proficiency level - 2 |  | 6. demonstrate communication skills when working with patients and legal representatives; teamwork skills, organization and management of the diagnostic and treatment process;  |
|           | 7. demonstrate commitment to professional values such as altruism, compassion, empathy, responsibility, honesty and confidentiality;   | Proficiency level - 3 |  | 7. demonstrate adherence to professional values such as altruism, compassion, empathy, responsibility, honesty and confidentiality;  |
|           | 8. demonstrate the ability and need for continuous professional training and improvement of their knowledge and professional skills.   | Proficiency level - 2 |  | 8. demonstrate the ability and need for continuous professional training and improvement of their knowledge and skills of professional activity.                                 |
| <b>5.</b> | <b>Summative assessment methods</b> ( <i>check (yes - no) / specify your own</i> ) :   |                       |  |  |
| 5.1       | Conducting PBL   |                       | 5.5  | Portfolio of scientific works  |
| 5.2       | Passing practical skills - miniclinical exam (MiniCex) for the 4th year  |                       | 5.6  | Curation, clinical skills  |
| 5.3       | 3. SIW (case, video, simulation or SRW - thesis, report, article) - assessment of the creative task.   |                       | 5.7  | Line control:<br>Stage 1 - Testing on MCQ for understanding and application<br>Stage 2 - passing practical skills (miniclinical exam (MiniCex) for the 4th year)                 |
| 5.4       | Medical history - for the 4th course   |                       | 5.8  | Exam:<br>Stage 1 - Testing on MCQ for understanding and application<br>Stage 2 - OSCE  |
| <b>6.</b> | <b>Detailed information about the discipline</b>   |                       |  |  |
| 6.1       | Academic year:   | 6.3                   | Schedule/ Timetable (days of classes, time): |  |

|                 |                                      |                      |   |
|-----------------|--------------------------------------|----------------------|---|
|                 | 2024-2025                            |                      | From 8.00 to 14.30  |
| 6.2<br>–        | Semester:<br>7-8 semester            | 6.4                  | Place (educational building, office, platform and link to the DOT learning meeting):<br>City Clinical Hospital No.1, City Clinical Hospital No.7                                    |
| <b>7.</b>       | <b>Discipline Leader</b>             |                      |   |
| Position        | Full name                            | Department           | Contact Information (tel., e - mail )<br>Advice before exams  |
| Senior Lecturer | Kuzenbayeva D                        | Clinical disciplines | +7019450088<br>dinara2022@g<br>mail.com   |
| <b>8 .</b>      | <b>The content of the discipline</b> |                      |   |
|                 | Topic name                           | Number of hours      | Conduct form  |
| 1.              | Catarrh                              | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 2.              | Stridor and obstruction              | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 3.              | Dyspnea                              | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 4.              | Fever                                | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 5.              | Syncope. Shock                       | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 6.              | Arterial hypertension                | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic      |
| 7.              | Chest pain                           | 6                    | Formative assessment:<br>1. Use of active learning methods : <b>PBL+ MCQ</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic |
| 8.              | Edema                                | 6                    | Formative assessment:   |

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|--------------------------|--|--|--|
|                          |  |  | <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL+ MCQ</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>                       |
| 9.                       | Abdominal pain. Diarrhea                                   | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL+ MCQ</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul> |
| 10.                      | Jaundice and hepatitis syndrome                            | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL+ MCQ</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul> |
| <b>Midterm control 1</b> |  | Summative assessment:<br>2 stages:<br>1-stage - MCQ testing for understanding and application - 40 %<br>2-stage - mini clinical exam (MiniCex) - 60% |  |
| 11.                      | Diabetes (hyperglycemia). Violation of the acid-base state | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 12.                      | Hypernatremia and hyponatremia. Hypercalcemia              | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 13.                      | Anemia   | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 14.                      | Joint syndrome. Backache                                   | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 15.                      | Sudden weight loss   | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 16.                      | Acute kidney injury  | 6  | Formative assessment: <ul style="list-style-type: none"> <li>1. Use of active learning methods : <b>PBL</b></li> <li>2. Working with a patient for at least 20% of the study time</li> <li>3. Mini-conference of the SIW topic</li> </ul>      |
| 17.                      | Headache   | 6  | Formative assessment:  |

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|                             |   |  | 1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic                          |
| 18.                         | Delirium  | 6  | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic |
| 19.                         | Immunodeficiency, weakness Screening  | 6  | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic |
| 20.                         | Rash  | 6  | Formative assessment:<br>1. Use of active learning methods : <b>PBL</b><br>2. Working with a patient for at least 20% of the study time<br>3. Mini-conference of the SIW topic |
| <b>Midterm control 2</b>    |   | Summative assessment:<br>2 stages:<br>1-stage - MCQ testing for understanding and application - 40 %<br>2-stage - mini clinical exam ( MiniCex ) - 60% |  |
| <b>Final control (exam)</b> |   | Summative assessment:<br>2 stages:<br>Stage 1 - MCQ testing for understanding and application - 40 %<br>2nd stage - OSCE - 60%                         |  |
| <b>Total</b>                |   |  | <b>100</b>   |
| <b>9.</b>                   | <b>Methods of teaching in the discipline</b><br>(briefly describe the teaching and learning approaches that will be used in teaching)<br>Using active learning methods: PBL   |  |  |
| 1                           | <b>Formative assessment methods:</b><br>PBL – Problem based Learning ( <a href="https://www.queensu.ca/ctl/resources/instructional-strategies/problem-based-learning">https://www.queensu.ca/ctl/resources/instructional-strategies/problem-based-learning</a> ) -----  |  |  |
| 2                           | <b>Summative assessment methods (from point 5):</b><br>1. MCQ testing for understanding and application<br>2. Passing practical skills - miniclinical exam (MiniCex)<br>3. SIW - <b>creative task</b><br>4. Medical history<br>5. Scientific project SSRW (student's scientific research work)<br>6. 360 score - behavior and professionalism |  |  |
| <b>10.</b>                  | <b>Summative assessment (specify grades)</b>  |  |  |
| <b>No.</b>                  | <b>Forms of control</b>   | <b>General % from total %</b>  |  |
| 1                           | Patient history defence   | 30% (estimated by the checklist)   |  |
| 2                           | Border control  | 70%<br>(1-stage – MCQ testing for understanding and application - 40%;<br>2- stage – mini clinical exam (MiniCex) - 60%)                               |  |
| <b>Border control 1</b>     |   | 30 + 70 = 100%   |  |
| 3                           | Patient history defence   | 20% (estimated by the checklist)   |  |
| 4                           | Scientific work SSRW (student's scientific research work) ( preparation of thematic   | 10% (estimated by the checklist)   |  |

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|                         | reports for conferences, participation in the SSS of the department, speeches at conferences, participation in work, scientific and practical conferences, symposiums, etc.) |  |
|                         | 360 score - behavior and professionalism   | 10% (estimated by the checklist)   |
| 5                       | Border control   | 60%<br>(1-stage – MCQ testing for understanding and application - 40%;<br>2- stage – mini clinical exam (MiniCex) - 60%) |
| <b>Border control 2</b> |  | 20 + 10 + 10 + 60 = 100%   |
| 9                       | Exam   | <b>2 stages:</b><br>1st stage - testing on MCQ for understanding and application - 40%<br>2nd stage - OSCE with NP - 60% |
| 10                      | <b>Final score:</b>  | OAR (overall admission rating) 60% + Exam 40%  |

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| <b>10.</b> | <b>Grade</b> |
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| <b>Rating by letter system</b> | <b>Digital equivalent</b> | <b>Points (% content)</b> | <b>Assessment Description</b><br>(changes should be made only at the level of the decision of the Academic Committee on the quality of the faculty) |
|--------------------------------|---------------------------|---------------------------|---|
| A                              | 4.0                       | 95-100                    | <b>Great.</b> Exceeds the highest job standards.  |
| A-                             | 3.67                      | 90-94                     | <b>Great.</b> Meets the highest job standards.  |
| B+                             | 3.33                      | 85-89                     | <b>Fine.</b> Very good. Meets high job standards.   |
| B                              | 3.0                       | 80-84                     | <b>Fine.</b> Meets most job standards.  |
| B-                             | 2.67                      | 75-79                     | <b>Fine.</b> More than enough. Shows some reasonable command of the material.   |
| C+                             | 2.33                      | 70-74                     | <b>Fine.</b> Acceptable. Meets key job standards.   |
| C                              | 2.0                       | 65-69                     | <b>Satisfactorily.</b> Acceptable. Meets some basic job standards.  |
| C-                             | 1.67                      | 60-64                     | <b>Satisfactorily.</b> Acceptable. Meets some basic job standards.  |
| D+                             | 1.33                      | 55-59                     | <b>Satisfactorily.</b> Minimum acceptable.  |
| D                              | 1.0                       | 50-54                     | <b>Satisfactorily.</b> Minimum acceptable. The lowest level of knowledge and task completion.   |
| FX                             | 0.5                       | 25-49                     | <b>Unsatisfactory.</b> Minimum acceptable.  |
| F                              | 0                         | 0-24                      | <b>Unsatisfactory.</b> Very low productivity.   |

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| <b>11.</b> | <b>Learning Resources</b> (use full link and indicate where texts/materials can be accessed) |
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|-------------------|--|--|-------------------------------|
| Literature        | <b>Main</b>  |  |                               |
|                   | <b>Author</b>  | <b>Name of the book, publisher</b>                                       | <b>The year of publishing</b> |
|                   | second edition. Scott DC Stern, Adam S. Cifu, Diane Altkorn  | SYMPTOM TO DIAGNOSIS. An Evidence Based Guide. 4th edition -             | 2014                          |
|                   | Joseph Loscalzo, Dennis L. Kasper, Dan L. Longo, Anthony S. Fauci, Stephen L. Hauser, J. Larry Jameson | Harrison's Principle's of internal medicine, 19th edition, 21st edition, | 2016, 2019, 2021              |
| <b>Additional</b> |  |  |                               |

| <b>Author</b>  | <b>Name of the book, publisher</b>   | <b>The year of publishing</b> |
|--|--|-------------------------------|
| Professor Parveen Kumar, Dr Michael Clark                                      | Clinical Medicine Eighth Edition   | 2012                          |
| Marc S. Sabatine   | Pocket MEDICINE Fourth Edition   | 2011                          |
| Brian R., Nicki R. Stuart H., Ian D.   | Davidson's principles and practice of Medicine 22 <sup>th</sup> Edition                                | 2014                          |
| Anthony S. Fauci , Eugene Braunwald , Dennis L. Kasper , Stephen L. Hauser     | HARRISON'S Infectious Diseases, Derived from Harrison's Principles of Internal Medicine, 17th Edition  | 2010                          |
| John E. Bennett MD , Raphael Dolin MD , Martin J. Blaser MD                    | Mandell, Douglas, and Bennett's Infectious Disease ESSENTIALS  | 2017                          |
| David Schlossberg, MD, FACP  | Clinical Infectious Disease SECOND EDITION   | 2015                          |
| Joseph J. Zorc , Elizabeth R. Alpern , Lawrence W. Brown , Kathleen M. Loomes  | Clinical Handbook of Pediatrics, Schwartz's, fifth edition   | 2013                          |
| Henry M. Adam, MD, FAAP Jane Meschan Foy, MD, FAAP                             | Signs & Symptoms IN PEDIATRICS   | 2015                          |
| Richard P. Usatine, Camille Sabella  | The color atlas of pediatrics  | 2015                          |
| <b>David E Golan</b>   | PRINCIPLES of PHARMACOLOGY, Fourth Edition   | 2017                          |
| Joseph Loscalzo, MD, PhD,  | HARRISON'S Pulmonary and Critical Care Medicine  | 2010                          |
| Steven E. Weinberger, MD, FACP, Barbara A. Cockrill, MD, Jess Mandel, MD, FACP | PRINCIPLES OF PULMONARY MEDICINE, sixth edition  | 2014                          |
| Stephen Chapman , Grace Robinson , John Stradling , Sophie West                | Oxford Handbook of Respiratory Medicine, Third Edition   | 2014                          |
| Joseph Loscalzo, MD, PhD of Harvard Medical School;Chairman                    | HARRISON'S Cardiovascular Medicine   | 2010                          |
| Pierre Theroux, MD Professor of Medicine of Canada                             | Acute Coronary Syndromes, second edition, A Companion to Braunwald's Heart Disease                     | 2011                          |
| George L. Bakris, Matthew Sorrentino   | Hypertension: A companion to Brounwald's heart disease, second edition                                 | 2013                          |
| John JV McMurray MD FRCP FESC FACC, Marc A Pfeffer MD PhD                      | Heart Failure Updates  | 2003                          |
| Punit Ramrakha (ed.) , Jonathan Hill (ed.)                                     | Oxford Handbook of Cardiology  | 2012                          |
| Ziad F. Issa, MD, John M. Miller, MD, Douglas P. Zipes, MD                     | Clinical Arrhythmology and Electrophysiology. A Companion to Braunwald's Heart Disease, second edition | 2012                          |
| Paul N Durrington BSc MD FRCP FRCPATH FMedSci                                  | Preventive Cardiology 2 <sup>nd</sup> edition  | 2001                          |
| Hugh D. Allen, Robert E. Shaddy,   | Moss and Adam's Heart disease in   | 2011                          |



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|--|--|---|------|
|  | Daniel J. Penny, Timothy F. Feltes, Frank Cetta  | infants, children and adolescents   |      |
|  | Graham Jackson   | CARDIOLOGY CURRENT PERSPECTIVES   | 2002 |
|  | Romeo Vecht FRCP, FACC, FESC   | ECG Diagnosis Made Easy   | 2011 |
|  | Dan L. Longo, MD, Anthony S. Fauci, MD, Carol A. Langford, MD, MHS   | HARRISON'S Gastroenterology and Hepatology                                    | 2010 |
|  | Mauss, Berg, Rockstroh, Sarrazin, Wedemeyer  | Hepatology- A clinical textbook   | 2016 |
|  | S.Dooley James, Anna SFLok, Andrew K.Burroughs, E.Jenny Heathcote  | Sherlock's diseases of the liver and biliary system, 12 <sup>th</sup> edition | 2002 |
|  | Dan L Longo  | Harrison's Hematology and Oncology, 17 <sup>th</sup> edition, edited          | 2011 |
|  | A. Victor Hoffbrand, Paul AH Moss  | Hoffbrand's Essential Haematology, 7 <sup>th</sup> edition                    | 2016 |
|  | Drew Provan  | Oxford Handbook of Clinical Haematology, 4 <sup>th</sup> edition              | 2015 |
|  | J. Larry Jameson, MD, PhD  | HARRISON'S Endocrinology, 2 <sup>nd</sup> edi                                 | 2010 |
|  | John Wass , Wiebke Arlt , Robert Semple  | Oxford Handbook of Endocrinology and Diabetes, Third edition                  | 2014 |
|  | J. Larry Jameson   | Harrison's nephrology and acid-base disorders                                 | 2010 |
|  | Edgar V. Lerma, Allen R. Nissenson   | Nephrology secrets.—3rd ed  | 2012 |
|  | Anthony Fauci , Carol Langford   | HARRISON'S Rheumatology, second edition                                       | 2010 |
|  | Gavin Clunie (ed.) , Nick Wilkinson (ed.) , Elena Nikiphorou (ed.) , Deepak Jadon (ed.)  | Oxford Handbook of Rheumatology, forth edition                                | 2018 |
|  | <b>Internet resources:</b>   |   |      |
|  | <ol style="list-style-type: none"> <li>1. Medscape.com</li> <li>2. <a href="http://Uptodate.com">Uptodate.com</a></li> <li>3. Oxfordmedicine.com</li> <li>4. Geekymedics.com</li> <li>5. <a href="http://ncbi.nlm.nih.gov/PubMed/">ncbi.nlm.nih.gov/PubMed/</a></li> <li>6. <a href="http://medline.com">medline.com</a></li> <li>7. <a href="https://medelement.com/">https://medelement.com/</a><br/><a href="https://www.cochranelibrary.com">https://www.cochranelibrary.com</a></li> </ol>  |   |      |
| Electronic resources (including but not limited to: library electronic catalogue, scientific | <b>Internet resources : _</b> <ol style="list-style-type: none"> <li>1. Medscape.com - <a href="https://www.medscape.com/familymedicine">https://www.medscape.com/familymedicine</a></li> <li>2. Oxfordmedicine.com - <a href="https://oxfordmedicine.com/">https://oxfordmedicine.com/</a></li> <li>3. Uptodate.com - <a href="https://www.wolterskluwer.com/en/solutions/uptodate">https://www.wolterskluwer.com/en/solutions/uptodate</a></li> <li>4. Osmosis - <a href="https://www.youtube.com/c/osmosis">https://www.youtube.com/c/osmosis</a></li> <li>5. Ninja Nerd - <a href="https://www.youtube.com/c/NinjaNerdScience/videos">https://www.youtube.com/c/NinjaNerdScience/videos</a></li> <li>6. CorMedicale - <a href="https://www.youtube.com/c/cormedicale">https://www.youtube.com/c/cormedicale</a> - medical video animations in Russian.</li> <li>7. Lecturio Medical - <a href="https://www.youtube.com/channel/UCbYmF43dpGHZ8gi2ugiXr0Q">https://www.youtube.com/channel/UCbYmF43dpGHZ8gi2ugiXr0Q</a></li> </ol> |   |      |



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| literature databases, databases, animation, modeling, professional blogs, websites, other electronic reference materials (e.g. video, audio, digests) | <b>8. SciDrugs - <a href="https://www.youtube.com/c/SciDrugs/videos">https://www.youtube.com/c/SciDrugs/videos</a> - pharmacology video lectures in Russian.</b>  |
| Simulators in the simulation center   | 1. SAM ( Student auscultation manikin ) - a student mannequin for auscultation of the pathology of Orange and systems<br>2. Mannequin-simulator for teaching percussion skills, palpation of the abdominal organs, cardiovascular system, respiratory system  |
| Special software  | 1. Google classroom - available in the public domain.<br>2. Medical calculators: Medscape , Physician's Handbook , MD + Calc - available in the public domain.<br>3. Directory of diagnostic and treatment protocols for medical workers from the RCHD, the Ministry of Health of the Republic of Kazakhstan: Dariger - available in the public domain. |

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|--|--------------------------------------|
| <b>12.</b>   | <b>Requirements and Bonus System</b> |
| <p><b>Rules of academic conduct:</b></p> <p><b>1) Appearance:</b></p> <ul style="list-style-type: none"> <li>✓ office attire (shorts, short skirts, open T-shirts are not allowed to visit the university, jeans are not allowed in the clinic)</li> <li>✓ clean ironed white robe</li> <li>✓ medical mask</li> <li>✓ a medical cap (or a neat hijab without hanging ends)</li> <li>✓ medical gloves</li> <li>✓ change of clean shoes (without heels)</li> <li>✓ neat hairstyle, long hair should be gathered in a ponytail, or a bun, for both girls and guys. Neatly short cut nails. Bright, dark manicure is prohibited. It is permissible to cover the nails with transparent varnish.</li> <li>✓ name badge (in full)</li> <li>✓ lack of a pronounced perfume (patients may have allergic reactions)</li> </ul> <p>2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)</p> <p><b>3) * Properly executed sanitary (medical) book (before the start of classes and must be updated on time)</b></p> <p><b>4) * Availability of a vaccination passport or other document about the complete completed course of vaccination against COVID-19 and influenza</b></p> <p><b>5) Mandatory observance of the rules of personal hygiene and safety</b></p> <p>6) Systematic preparation for the educational process.</p> <p>7) Accurate and timely maintenance of reporting documentation.</p> <p>8) Active participation in medical diagnostic and public events of the departments.</p> <p><b>A student without a medical book and vaccination will not be allowed to see patients.</b></p> <p><b>A student who does not meet the requirements for appearance and / or who emits a strong / pungent odor, since such a smell can provoke an undesirable reaction in the patient (obstruction, etc.) - is not allowed to patients and classes!</b></p> <p><b>The teacher has the right to decide on the admission to classes of students who do not comply with the requirements of professional behavior, including the requirements of the clinical base!</b></p> |                                      |

**Bonus system:**

1. Participation in research work, conferences, olympiads, presentations, the student is rewarded by means of a bonus system in the form of encouragement - adding points to the student in one of the forms of summative assessment.

**13. Discipline policy (parts in green, please do not change)**

Discipline policy is determined by the University's Academic Policy and the University's Academic Integrity Policy . If the links do not open, then you can find the relevant documents in the IS Univer .

**Discipline:**

1. It is not allowed to be late for classes or the morning conference. In case of being late, the decision on admission to the lesson is made by the teacher leading the lesson. If there is a good reason, inform the teacher about the delay and the reason by message or by phone. After the third delay, the student writes an explanatory note addressed to the head of the department indicating the reasons for being late and is sent to the dean's office to obtain admission to the lesson. If you are late without a valid reason, the teacher has the right to deduct points from the current grade (1 point for each minute of delay)
2. Religious events, holidays, etc. are not a valid reason for skipping, being late and distracting the teacher and the group from work during classes.
3. If you are late for a good reason - do not distract the group and the teacher from the lesson and quietly go to your place.
4. Leaving the class before the scheduled time, being outside the workplace during school hours is regarded as absenteeism.
5. Additional work of students during study hours (during practical classes and shifts) is not allowed.
6. For students who have more than 3 passes without notifying the curator and a good reason, a report is issued with a recommendation for expulsion.
7. Missed classes are not made up.

Decision of the Department of Clinical Disciplines (protocol No. 2 of September 5, 2023):

**In addition to the requirements for the academic discipline:**



If you miss a class without a good reason, the teacher has the right to deduct points from the current control -

5 points for each missed lesson for 3rd year disciplines

10 points for each missed lesson for 4-5 year disciplines

8. Students are fully subject to the internal regulations of the clinical bases of the department
9. Greet the teacher and any older person by standing up (in class)
10. Smoking (including the use of vapes, electronic cigarettes) is strictly prohibited on the territory of medical facilities (out-doors) and the university. Punishment - up to the annulment of boundary control, in case of repeated violation - the decision on admission to classes is made by the head of the department
11. Respectful attitude towards colleagues regardless of gender, age, nationality, religion, sexual orientation.
12. Have a laptop with you / laptop / tab / tablet for learning and passing MCQ tests , boundary and final controls .
13. Taking MCQ tests on phones and smartphones is strictly prohibited .

The behavior of the student at the exams is regulated by the "Rules for the final control" , "Instructions for the final control of the autumn/spring semester of the current academic year" (up-to-date documents are uploaded to the Univer IS and are updated before the start of the session); "Regulations on checking students' text documents for borrowings" .

|  |   |                |
|--|---|----------------|
| 14.  | <b>Principles of inclusive education (no more than 150 words).</b>  |                |
|  | <p><b>1. Constantly prepare for classes:</b><br/>For example, backs up statements with relevant references, makes brief summaries<br/>Demonstrates effective teaching skills, assists in teaching others</p> <p><b>2. Take responsibility for your learning:</b><br/>For example, manages their learning plan, actively tries to improve, critically evaluates information resources</p> <p><b>3. Actively participate in group learning:</b><br/>For example, actively participates in discussions, willingly takes tasks</p> <p><b>4. Demonstrate effective group skills</b><br/>For example, takes the initiative, shows respect and correctness towards others, helps to resolve misunderstandings and conflicts.</p> <p><b>5. Skillful communication with peers:</b><br/>For example, actively listening, receptive to non-verbal and emotional cues<br/>Respectful attitude</p> <p><b>6. Highly developed professional skills:</b><br/>Eager to complete tasks, seek opportunities for more learning, confident and skilled<br/>Compliance with ethics and deontology in relation to patients and medical staff<br/>Observance of subordination.</p> <p><b>7. High Introspection:</b><br/>For example, recognizes the limitations of their knowledge or abilities without becoming defensive or rebuking others.</p> <p><b>8. Highly developed critical thinking:</b><br/>For example, appropriately demonstrates skill in performing key tasks such as generating hypotheses, applying knowledge to case studies, critically evaluating information, drawing conclusions aloud, explaining the process of thinking</p> <p><b>9. Fully adheres to the rules of academic conduct with understanding, proposes improvements in order to increase efficiency.</b><br/>Complies with the ethics of communication - both oral and written (in chats and appeals)</p> <p><b>10. Fully follows the rules with full understanding of them, encourages other members of the group to adhere to the rules</b><br/>Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER</p> |                |
| 15.  | <b>Distance/Online Learning - Prohibited by Clinical Discipline</b><br><i>(parts highlighted in green please do not modify)</i>   |                |
|  | <p>1. According to the order of the Ministry of Education and Science of the Republic of Kazakhstan No. 17513 dated October 9, 2018 " On approval of the List of areas of training of personnel with higher and postgraduate education, training in which in the form of external study and online education is not allowed" According to the above regulatory document, specialties with the code of disciplines <b>health care : bachelor's degree (6B101), master's degree (7M 101), residency (7R 101), doctoral studies, (8D 101 ) - training in the form of external study and online education - is not allowed.</b></p> <p>Thus, students are prohibited from distance learning in any form. It is only allowed to work out a lesson in a discipline due to the absence of a student for reasons beyond his control and the presence of a timely confirming document (example: a health problem and presenting a confirming document - a medical certificate, an SMP signal sheet, an extract from a consultative appointment with a medical specialist - doctor )</p>  |                |
| 16.  | <b>Approval and review</b>  |                |
| Department head  |    | Sadykova Sh.S. |
| Committee on the Quality of Teaching and Learning of the Faculty |    | Kurmanova G.M. |

**RUBRICATOR FOR ASSESSING LEARNING OUTCOMES  
with summative assessment**

**Rating calculation formula**

**For the 4th course as a whole- overall admission rating (OAR)**

|                       |         |
|-----------------------|---------|
| Medical history       | thirty% |
| Border control 1      | 70%     |
| <b>Total for BC-1</b> | 100%    |
| Medical history       | 20%     |
| Science project       | 10%     |
| 360 rating            | 10%     |
| Border control 2      | 60%     |
| <b>Total for BC-2</b> | 100%    |

**Final score:** OAR 60% + exam 40%

**Exam (2 stages)** – MCQ testing (40%) + OSCE (60%)

**Problem based learning - TBL**

|                  |             |
|------------------|-------------|
|                  | %           |
| Peer evaluation  | 30          |
| Tutor evaluation | 50          |
| Self-esteem      | 20          |
|                  | <b>100%</b> |

**Estimated headings  
360° assessment checklist for student**

**CURATOR and Lecturer**

FULL NAME. Curator \_\_\_\_\_ Signature \_\_\_\_\_

|          | <b>Very well</b>   | <b>Criteria and points</b>                          | <b>Unsatisfactory</b>  |
|----------|--|---|--|
| <b>1</b> | <b>Constantly preparing for classes:</b><br>For example, backs up statements with relevant references, makes short summaries<br>Demonstrates effective teaching skills, assists in teaching others   | <b>Preparation</b><br><br><b>10 8 6 4 2 0</b>       | <b>Constantly not preparing for class</b><br>For example, insufficient reading and study of problematic issues, makes little contribution to the knowledge of the group, does not analyze, does not summarize the material.                            |
| <b>2</b> | <b>Takes responsibility for their own learning:</b><br>For example, manages their learning plan, actively tries to improve, critically evaluates information resources   | <b>Responsibility</b><br><br><b>10 8 6 4 2 0</b>    | <b>Takes no responsibility for their own learning:</b><br>For example, depends on others to complete the learning plan, hides mistakes, rarely critically analyzes resources.  |
| <b>3</b> | <b>Actively participates in the training of the group:</b><br>For example, actively participates in discussions, willingly takes tasks   | <b>Participation</b><br><br><b>10 8 6 4 2 0</b>     | <b>Not active in the group training process:</b><br>For example, does not participate in the discussion process, is reluctant to accept assignments  |
| <b>4</b> | <b>Demonstrates effective group skills</b><br>For example, takes the initiative, shows respect and correctness towards others, helps to resolve misunderstandings and conflicts.   | <b>Group Skills</b><br><br><b>10 8 6 4 2 0</b>      | <b>Demonstrates ineffective group skills</b><br>For example, inappropriately intervening, showing poor discussion skills by interrupting, avoiding or ignoring others, dominating or being impatient   |
| <b>5</b> | <b>Skilled in communicating with peers:</b><br>For example, actively listening, receptive to non-verbal and emotional cues<br>Respectful attitude  | <b>Communications</b><br><br><b>10 8 6 4 2 0</b>    | <b>Difficulty communicating with peers</b><br>For example, poor listening skills, unable or disinclined to listen to non-verbal or emotional cues<br>Use of obscene language   |
| <b>6</b> | <b>Highly developed professional skills:</b><br>Eager to complete tasks, seek opportunities for more learning, confident and skilled<br>Compliance with ethics and deontology in relation to patients and medical staff<br>Compliance with subordination | <b>Professionalism</b><br><br><b>10 8 6 4 2 0</b>   | <b>Clumsy, fearful, refusing to try even basic procedures</b><br><br>Inferiority in professional behavior - causing harm to the patient, rude disrespectful attitude towards medical staff, colleagues   |
| <b>7</b> | <b>High Introspection:</b><br>For example, recognizes the limitations of their knowledge or abilities without becoming defensive or rebuking others.   | <b>Reflection</b><br><br><b>10 8 6 4 2 0</b>        | <b>Low introspection:</b><br>For example, needs more awareness of the limits of understanding or ability and does not take positive steps to correct   |
| <b>8</b> | <b>Highly developed critical thinking:</b><br>For example, appropriately demonstrates skill in performing key tasks such as generating hypotheses, applying knowledge to case studies, critically evaluating information, drawing conclusions            | <b>Critical thinking</b><br><br><b>10 8 6 4 2 0</b> | <b>Critical Thinking Deficiency:</b><br>For example, has difficulty completing key tasks. As a rule, does not generate hypotheses, does not apply knowledge in practice either because of their lack or because of inability (lack of induction), does |

|           |   |  |   |
|-----------|---|--|---|
|           | aloud, explaining the process of thinking   |  | not know how to critically evaluate information   |
| <b>9</b>  | Fully adheres to the rules of academic conduct with understanding, suggests improvements in order to increase efficiency.<br>Complies with the ethics of communication - both oral and written (in chats and appeals) | <b>Compliance with the rules of academic conduct</b><br><b>10 8 6 4 2 0</b>      | Neglects the rules, interferes with other members of the team   |
| <b>10</b> | Fully follows the rules with full understanding of them, encourages other members of the group to adhere to the rules<br>Strictly adheres to the principles of medical ethics and PRIMUM NON NOCERE                   | <b>Compliance with the rules of conduct in the clinic</b><br><b>10 8 6 4 2 0</b> | Breaks the rules.<br>Encourages and provokes other members of the group to break the rules<br>Creates a threat to the patient |
|           | Maximum   | <b>100 points</b>  |   |

\* gross violation of professional conduct, rules of conduct in the clinic - or a decrease in the score for the Republic of Kazakhstan or cancellation; ethical committee

Such violations are a threat to the health of patients due to action (for example, smoking on the territory of the clinic) or inaction; rudeness and rudeness towards any person (patient, classmate, colleague, teacher, doctor, medical staff)

| <b>Score-rating assessment of students' professional skills - at the mini-clinical exam</b> |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>Professional skills</b>  | <b>2 points</b>   | <b>4 points</b>                                       | <b>6 points</b>  | <b>8 points</b>  | <b>10 points</b>  |
| <b>1. History taking</b>  | collected randomly with details of facts that are not important for the diagnosis | collected unsystematically with significant omissions | collected with the fixation of facts that do not give an idea of the essence of the disease and the sequence of development of | collected systematically, but without sufficient clarification of the nature of the main symptoms and the possible causes of their | collected systematically, the anamnesis fully reflects the dynamics of the development of the disease |

|   |  |   |   |   |   |
|---|--|---|---|---|---|
|   |  |   | symptoms  | occurrence  |   |
| <b>2. Physical examination</b>  | no manual skills                               | carried out chaotically, with omissions, without effect | carried out insufficiently with technical errors  | carried out systematically, but with minor technical inaccuracies                               | carried out systematically, technically correctly and efficiently |
| <b>3. Preliminary diagnosis</b>   | staged wrong                                   | only the class of the disease is indicated              | the leading syndrome is identified, but there is no diagnostic conclusion                             | established correctly, without justification  | established correctly, justified                                  |
| <b>4. Purpose of the plan surveys</b>                                       | contraindicated studies are prescribed         | inadequate  | not fully adequate  | adequate, but with minor omissions  | complete and adequate   |
| <b>5. Interpretation of survey results</b>                                  | misjudgment leading to contraindicated actions | largely wrong   | partially correct with significant omissions  | correct with minor inaccuracies   | complete and correct  |
| <b>6. Differential - diagnosis</b>  | inadequate                                     | chaotic   | Incomplete  | carried out reasonably, but not with all similar diseases                                       | full  |
| <b>Professional Skills</b>  | <b>2 points</b>                                | <b>4 points</b>   | <b>6 points</b>   | <b>8 points</b>   | <b>10 points</b>  |
| <b>7. Final diagnosis and justification</b>                                 | lack of clinical thinking                      | the diagnosis is justified chaotically, unconvincingly  | the diagnosis is insufficiently substantiated, complications, concomitant diseases are not recognized | the diagnosis of the underlying disease is complete, but concomitant diseases are not indicated | exhaustively complete, substantiated                              |
| <b>8. Choice of treatment</b>   | prescribed contraindicated drugs               | insufficiently adequate in substance and dosage         | treatment is not complete enough for both the underlying and concomitant disease                      | correct but insufficiently exhaustive or polypharmacy   | treatment is adequate   |
| <b>9. Representation of the mechanism of action of the prescribed funds</b> | misinterpretation                              | largely wrong   | partial   | wrong about irrelevant details  | complete  |
| <b>10. Definition of prognosis and prevention</b>                           | can't determine                                | inadequate definition                                   | insufficiently adequate and incomplete  | adequate but incomplete   | adequate, complete  |



**Point-rating assessment (check-list) of medical history management (maximum 100 points)**

| No. | Criteria<br>(assessed by a point system)  | 10  | 8  | 6                                       | 4  | 2  |
|-----|---|---|--|---|--|--|
|     |   | <i>Excellent</i>  | <i>Good</i>  | <i>Satisfactory</i>                     | <i>Need correction</i>   | <i>Bad</i>   |
| 1   | Patient complaints: major and minor   | Complete and systematized, with an understanding of important details   | Accurate and Complete  | basic information                       | Incomplete or inaccurate, missed some other details                              | Misses important                                       |
| 2   | Collecting anamnesis of the disease   |   |  |   |  |  |
| 3   | Anamnesis of life   |   |  |   |  |  |
| 4   | Objective status - general examination  | Efficient, organized and focused  | Consistently and correctly   | Revealing underlying data               | Incomplete or not quite correct, not attentive to the convenience of the patient | Inappropriate data                                     |
| 5   | Establishing diagnosis  | The most complete justification and formulation<br>Understands the problem in a complex, connects with the characteristics of the patient | Correct and justified from the point of view of the underlying pathology | Main Diagnosis<br><br>Ordinary approach | Often incorrect prioritization of clinical problems                              | Bad judgment, actions can be dangerous for the patient |
| 6   | Survey plan   |   |  |   |  |  |
| 7   | Plan for a specific patient, taking into account the underlying and concomitant pathology |   |  |   |  |  |
| 8   | Observation diary, epicrises  | Analytical in assessment and plan   | Accurate, concise, organized   | Reflects dynamics, new data             | Disorganized, important data missing   | No basic data or inaccurate data                       |

|    |  |   |  |   |   |   |
|----|--|---|--|---|---|---|
| 9  | Presentation of the medical history            | focus on problems, selection of key facts full control of the situation | precise, focused; choice of facts shows understanding of the problem | Report on the form, includes all the basic information; | Many important omissions, often including unreliable or unimportant facts | Lack of control over the situation, many important omissions, many clarifying questions |
| 10 | Theoretical knowledge in relation to this case | Full understanding of the problem excellent knowledge                   | Knows differential. Knows the basics and features, options           | Knows the basics  | Not always fully understanding the problem                                | Large gaps in knowledge   |

**Score-rating evaluation of the seminar (maximum 100 points)**

|                               | No. | Criteria<br>(assessed by a point system)  | 10   | 8   | 6   | 4   | 2  |
|-------------------------------|-----|---|--|---|---|---|--|
|                               |     |   | <i>Excellent</i>   | <i>Good</i>   | <i>Satisfactory</i>   | <i>Need correction</i>  | <i>Bad</i>   |
| Oral questioning, discussion. | 1   | Basic theoretical knowledge of fundamental disciplines  | Full assimilation of the program material. Showed original thinking. Independently used additional literature. | He showed standard thinking with full assimilation of the program material. | Assimilation of material with unprincipled inaccuracies in the answers. | Assimilation of the basic provisions<br>Understanding your mistakes and willingness to correct them | Fundamental mistakes<br>Constantly confused in the answers, did not work through the main literature |
|                               | 2   | Knowledge of etiology, pathogenesis   |  |   |   |   |  |
|                               | 3   | Knowledge of clinical manifestations  |  |   |   |   |  |
|                               | 4   | Interpretation of survey data   |  |   |   |   |  |
|                               | 5   | Differential diagnosis, choice of examination tactics with an understanding of the information content and reliability of tests |  |   |   |   |  |
|                               | 6   | The choice of treatment tactics with an understanding of the mechanism of action of drugs                                       |  |   |   |   |  |
|                               | 7   | Patient management: complications, prognosis, outcomes  |  |   |   |   |  |
|                               | 8   | Solution of Test tasks - 20 tests<br>1 test - 1 point   |  |   |   |   |  |
|                               | 9   | Group communication skills and professional attitude (especially when using IMO)  | Contact and productive team member   |   |   |   |  |

**Score -rating assessment of practical skills of the patient curation (maximum 100 points)**

| No.                             | Criteria for evaluation                                       | 10 points  | 8 points  | 6 points   | 4 points   |
|---------------------------------|---|--|---|--|--|
| <b>INTERVIEW OF THE PATIENT</b> |   |  |   |  |  |
| 1.                              | Completeness and accuracy                                     | Accurate, details the manifestations of the disease. Can identify the most important issue.<br>Focused on patient comfort                | Gathers basic information, neat, identifies new problems.   | Incomplete or unfocused.   | Inaccurate, misses the point, irrelevant data.   |
| 2.                              | Detail  | Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a particular situation. | Reveals the main symptoms   | incomplete data  | Demonstrates incorrect data, or their absence  |
| 3.                              | Consistency   | Establishing priorities of clinical problems in a relatively short time.   | Unable to fully control the history taking process  | Allows the patient to pull himself aside, thereby lengthening the time. Uses leading questions (leads the patient to an answer that may be wrong). | Asks questions incorrectly or finishes history taking early without identifying important issues.      |
| 4                               | Time management   | Maximum efficiency in the shortest time  | the time for collecting anamnesis is delayed  | Wasting time inefficiently   | Not in control of the whole situation.   |
| <b>PHYSICAL EXAMINATION</b>     |   |  |   |  |  |
| 5.                              | The sequence and correctness of the physical examination      | Performs correctly in sequence, confident, well-developed technique.   | Knows the sequence, shows reasonable skill in preparing and performing the examination                      | Inconsistent, unsure, not fully proficient in examination skills, refuses to try basic examinations  | Does not know the order and sequence of performing a physical examination, does not know its technique |
| 6.                              | Skill of a special survey on the instructions of the teacher* |  |   |  |  |
| 7.                              | Efficiency  | Revealed all the basic physical data, as well as details   | Identified the main symptoms  | incomplete data  | Identified data that does not correspond to objective data   |
| 8                               | Ability to analyze revealed data                              | Changes the order of the examination depending on the identified symptoms, clarifies, details the manifestations.                        | Assumes a range of diseases with similar changes without clarification and specification of manifestations. | Cannot apply received interview and physical examination data to the patient.  | Doesn't do analysis.   |
|                                 |   | <b>20 points</b>   | <b>16 points</b>  | <b>12 points</b>   | <b>8 points</b>  |
| 9-                              | Communication   | Won the favor of the patient even in   | Communication is quite effective  | Satisfactorily   | Failed to find patient   |

|    |        |   |  |  |         |
|----|--------|---|--|--|---------|
| 10 | skills | a situation with a communication problem* |  |  | contact |
|----|--------|---|--|--|---------|

**Score-rating assessment of the ISW (independent student's work) - creative task (maximum 90 points) + bonuses for language and time management**

|           |  | <b>20</b>   | <b>15</b>   | <b>10</b>  | <b>5</b>  |
|-----------|--|---|---|--|---|
| <b>1</b>  | <b>Focus on the problem</b>  | Organized focused, highlights all relevant issues related to the main identified problem with an understanding of the specific clinical situation         | Organized, focused, highlights all issues related to the main identified problem, but there is no understanding of the specific clinical situation        | unfocused, Distraction to questions not related to the main problem identified   | Inaccurate, misses the point, irrelevant data.  |
| <b>2</b>  | <b>Informative, effective presentation</b>                                       | Fully conveyed all the necessary information on the topic in a free, consistent, logical manner<br>Adequately selected product form                       | All the necessary information was conveyed in a logical manner, but with minor inaccuracies   | All the necessary information on the topic is presented chaotically, with minor errors.  | Important information on the topic is not reflected, blunders                                 |
| <b>3</b>  | <b>Reliability</b>   | The material was selected on the basis of reliably established facts. Demonstrating understanding of the level or quality of evidence                     | Some conclusions and conclusions are formulated on the basis of assumptions or incorrect facts. No full understanding of the level or quality of evidence | Insufficient understanding of the problem, some conclusions and conclusions are based on incomplete and unproven data - dubious resources are used | Conclusions and conclusions are not justified or incorrect                                    |
| <b>4</b>  | <b>Logic and consistency</b>   | The presentation is logical and consistent , has internal unity, the provisions in the product follow one from the other and are logically interconnected | It has internal unity, the provisions of the product follow one from the other, but there are inaccuracies  | There is no consistency and logic in the presentation, but it is possible to trace the main idea   | Jumps from one to another, hard to catch the main idea  |
| <b>5</b>  | <b>Literature analysis</b>   | Literary data are presented in a logical relationship, demonstrate a deep study of the main and additional information resources                          | Literature data demonstrates the development of the main literature   | Literary data is not always out of place, do not support the logic and evidence of presentations.  | Inconsistency and randomness in the presentation of data, inconsistency<br>No basic knowledge |
| <b>6</b>  | <b>Practical significance</b>  | High  | significant   | Not enough   | Unacceptable  |
| <b>7</b>  | <b>Focus on the interests of the patient</b>                                     | High  | Oriented  | Not enough   | Unacceptable  |
| <b>8</b>  | <b>Applicability in future practice</b>  | High  | Applicable  | Not enough   | Unacceptable  |
| <b>9</b>  | <b>Clarity of the presentation, quality of the report (speaker's assessment)</b> | Correctly, all the possibilities of Power Point or other e-gadgets are used to the point, fluency in the material, confident manner of presentation       | Overloaded or insufficiently used visual materials, incomplete knowledge of the material  | Visual materials are not informative Does not confidently report   | Does not own the material, does not know how to present it                                    |
| <b>bo</b> | <b>Language</b>  | The product is completely passed in   | The product is prepared in  | When preparing the product,  |   |

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| <b>nus</b>   |   | English (checks the head of the department)<br>+ <b>10-20 points</b> depending on quality | English, delivered in Russian/Kaz<br>+ <b>5-10 points</b> depending on the quality  | English-language sources were used<br>+ <b>2-5 points depending on quality</b> |   |
| <b>bo nus</b>  | <b>Time management*</b>   | Product delivered ahead of schedule<br><b>10 points are added</b>                         | Product delivered on time - <b>no points awarded</b>  | Delayed delivery without affecting quality<br><b>Minus 2 points</b>            | Released late<br><b>Minus 10 points</b> |
| <b>Bo nus</b>  | <b>Rating**</b><br><b>Be sure to explain why this bonus is awarded.</b> | Additional points (up to 10 points)   | Outstanding work such as:<br>Best Group Performance<br>Creativity<br>Innovative approach to task completion<br>At the suggestion of the group |  |   |
| <p>*Term - determined by the teacher, as a rule - the day of boundary control<br/> ** thus, you can get a maximum of 90 points, in order to get above 90 - you need to show a result <b>higher than expected</b></p> |   |   |   |  |   |