

SYLLABUS
OTORHINOLARYNGOLOGY
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| 1. General information about the discipline | | | |
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| 1.1 | Faculty/School: Medicine and Healthcare | 1.6 | Credits (ECTS): a) 4 credits - 120 hours of which 60 are contact (practical lesson) |
| 1.2 | Educational program (EP): 6B10114 Медицина 6B10114 Медицина 6B10114 Medicine | 1.7 | <u>Prerequisites:</u> Fundamentals of Surgery <u>Postrequisites:</u> Internship |
| 1.3 | Agency and year of accreditation of the EP IAAR 2021 | 1.8 | SIW/SPM/SRD (number): 20 hours |
| 1.4 | Name of discipline: OTORHINOLARYNGOLOGY OTORHINOLARYNGOLOGY | 1.9 | SIWT/SRMP/SRDP (number): 20 hours |
| 1.5 | Discipline ID: 90573 Discipline code: ORL5334 | 1.10 | Required- Yes |
| 2. Description of the discipline | | | |
| <p>In the course of studying the discipline, to form the students' abilities: The discipline includes the study of pathogenesis, pathomorphology, clinical presentation of problems (clinical syndromes) and clinically oriented pharmacology of ENT pathology. Training involves the development of clinical reasoning, analytical and problem-oriented thinking, a deep understanding of the problem in a clinical context; formation and development of skills of clinical diagnostics of pathology and substantiated formation of the diagnosis.</p> | | | |
| 3 Purpose of the discipline | | | |
| <p>– mastering the diagnosis and treatment of patients with the most common diseases of ENT organs, maxillofacial pathology, in their typical manifestation and course and in the age aspect, based on the principles of evidence-based medicine, using the skills of effective professional communication, interpretation of clinical symptoms and</p> | | | |

syndromes, data from laboratory and instrumental research methods and the use of basic medical diagnostic and treatment, special methods of examination and preventive measures

4. Learning outcomes (LO) by discipline (3-5)

| | RO disciplines | RO on the educational program, with which the RO is associated in the discipline (No. RO from the OP passport) |
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| | 1. Apply knowledge on pathogenesis and pathologies of ENT organs in the process of diagnosis and treatment | 1. to identify and interpret clinical symptoms and syndromes, data from laboratory and instrumental methods of studying patients with the most common diseases of the ENT organs, maxillofacial pathology, in their typical manifestation and course, and in the age aspect |
| | 2. Be able to conduct targeted questioning and physical examination of the patient, taking into account age characteristics with pathology of ENT organs | 2. Collect information from patients and other sources relevant to the diagnosis, treatment and prevention of common and emergency ENT conditions, including the performance of diagnostic procedures. |
| | 3. Determine diagnostic and therapeutic (conservative/operative) intervention related to common diseases affecting the ENT organs | 3. Integrate clinical knowledge and skills to provide an individual approach to the treatment of a particular patient and improve his health in line with his needs; make professional decisions based on the analysis of the rationality of diagnostics and applying the principles of evidence-based and personalized medicine. |
| | 4. Interpret the basic data of laboratory and instrumental surveys with pathology of ENT organs | 4. Apply knowledge of the basic principles of human behavior for effective communication and the treatment and diagnostic process in compliance with the principles of ethics and deontology; apply knowledge of the patient's psychology, taking into account cultural characteristics and racial affiliation; demonstrate the skills of working in a team, organizing and managing the diagnostic and treatment process; effectively build dynamic relationships between doctor and patient that occur before, during and after medical treatment; effectively communicate medical information orally and |

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| | | in writing to provide safe and effective care to patients; work effectively in an interprofessional/multidisciplinary team with other healthcare professionals; |
| 5. Integrate knowledge to identify key syndromes lesions of ENT organs (tonsillocardial, tympanal, tonsillopharyngeal, etc.) | Proficiency level - 3 | 5. Provide medical care for the most common ENT diseases and be able to apply basic skills of special examination and examination in patients of all age groups, with urgent and life-threatening otorhinolaryngological conditions; |
| 6. Describe social, economic, ethnic and racial factors, which play a role in the development, diagnosis and treatment of otorhinolaryngological diseases; | Proficiency level - 2 | 6. Analyze and maintain the necessary documentation and organization of workflow in healthcare organizations; use modern information and digital technologies and healthcare information systems to solve professional problems. |
| 7. Apply classification otorhinolaryngological diseases, understand the mechanism of action, pharmacokinetics, analyze side effects, indications and contraindications for use funds that affect the ENT organs (decongestants, anti-inflammatory, antimicrobial, antihistamines, topical agents, etc.); | Proficiency level - 3 | 7. Analyze and maintain the necessary documentation and organization of workflow in healthcare organizations; use modern information and digital technologies and healthcare information systems to solve professional problems. |
| 8. Demonstrate the ability to provide effective medical interviewing taking into account the rules and norms of the doctor-patient relationship and knowledge of the basic principles of human behavior in different age periods, in normal and with deviations in behavior, in different situations; | Proficiency level - 2 | 8. Demonstrate commitment to the highest standards of professional responsibility and integrity; comply with ethical principles in all professional interactions with patients, families, colleagues and society in general, regardless of ethnicity, culture, gender, economic status or sexual orientation; |

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| | 9. Demonstrate commitment to the highest standards of professional responsibility and integrity; - observe ethical principles in all professional interactions; | Proficiency level - 2 | 9. Demonstrate the need for continuous professional training and improvement of their knowledge and skills throughout their professional activities; |
| | 10. Demonstrate the need for continuous professional training and improvement of their knowledge and skills; | Proficiency level - 3 | 10. Demonstrate the skills of conducting scientific research, the desire for new knowledge and the transfer of knowledge to others. |
| 5. | Summative assessment methods (<i>check</i> (yes - no) / specify yours): | | |
| 5.1 | MCQ testing for understanding and application | 5.5 | Portfolio of scientific works |
| 5.2 | Passing practical skills – mini clinical exam (MiniCex) for the 5th year | 5.6 | Curation, clinical skills |
| 5.3 | 3. SIW (case, video, simulation OR SIWT - thesis, report, article)- Evaluation of the creative task. | 5.7 | Line control: Stage 1 - Testing on MCQ for understanding and application Stage 2 - passing practical skills (miniclinical exam (MiniCex) for the 5th year) |
| 5.4 | Medical history - for the 5th course | 5.8 | Exam: comprehensive in specialized subjects Stage 1 - Testing on MCQ for understanding and application Stage 2 - OSCE |

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| 6. | Detailed information about the discipline | | |
| 6.1 | Academic year: 2024-2025 | 6.3 | Schedule (days of classes, time): From 8.00 to 14.30, Monday - Friday |

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| 6.2 | Semester: 5 semester | 6.4 | Place (educational building, office, platform and link to the DOT learning meeting): City Clinical Hospital No. 5, City Clinical Hospital No. 7 | |
| 7. | Discipline Leader | | | |
| Job title, Responsible | Full name | Department | Contact Information (tel., e-mail) | Advice before exams |
| Senior Lecturer | Mastetbaeva A.M. | Surgery | 8 (705) 446 23 75 | Before exam sessions within 60 minutes |
| 8. | The content of the discipline | | | |
| | Topic name | Num ber of hours | Conduct form | |
| 1. | Anatomical - physiological features of ENT organs (adults, children, the elderly, pregnant women). Injuries and foreign bodies of ENT organs. | 6 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Training in the simulation center 3. Mini-conference of the SIW topic | |
| 2. | Inflammatory diseases of the organ of hearing and their complications | 6 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic | |
| 3. | Hearing loss | 6 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center | |
| 4. | Pathologies of the vestibular apparatus | 6 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Mini-conference of the SIW topic | |

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| 5. | Rhinology - pathologies of the nasal cavity | 12 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic |
| 6. | Pathologies of the pharynx and oral cavity | 12 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic |
| 7. | Laryngology: pathologies of the larynx | 12 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center |
| 8. | Emergency conditions in case of damage to the ENT organs | 12 | Formative assessment: 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic |
| Border control 1 | | Summative assessment: 2 stages: 1st stage - testing on MCQ for understanding and application - 50% 2nd stage - mini clinical exam (MiniCex) - 50% | |
| Final control (exam) | | Summative assessment: 2 stages: 1st stage - testing on MCQ for understanding and application - 50% 2nd stage - OSCE - 50% | |
| Total | | 100 | |
| 9. | Methods of teaching by discipline (briefly describe the teaching and learning approaches that will be used in teaching) Use of active learning methods: TBL, CBL | | |
| 1 | Formative assessment methods: TBL – Team Based Learning CBL – Case Based Learning | | |
| 2 | Summative assessment methods (from point 5): 1. MCQ testing for understanding and application | | |

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| | 2. Passing practical skills - miniclinal exam (MiniCex) for the 5th year 3. SIW (case, video, simulation OR SIWT - thesis, report, article)– assessment of the creative task 4. Medical history 5. Portfolio of scientific works 6. Curation, clinical skills | | |
| 10. | Summative assessment (<i>indicate grades</i>) | | |
| No. | Forms of control | Weight in % of total % | |
| 1 | Curation, clinical skills, disease history taking | 20% (estimated according to the checklist) | |
| 2 | SIW (case, video, simulation OR SIWT - thesis, report, article) | 10% (estimated according to the checklist) | |
| 3 | Border control | 70% (1st stage - testing on MCQ for understanding and application - 50%; 2nd stage - mini clinical exam (MiniCex) - 50%) | |
| Total CC | | 20 + 10 + 70 = 100% | |
| 9 | Exam | 2 stages: 1st stage - testing on MCQ for understanding and application - 50% 2nd stage - OSCE - 50% | |
| 10 | Final score: | ORD 50% + Exam 50% (1st stage - testing on MCQ for understanding and application - 50%; 2nd stage - OSCE - 50%) | |
| 10. | Grade | | |
| Grading by letter system | Digital equivalent | Points (% content) | Assessment Description (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 | Great. Exceeds the highest job standards. |
| A- | 3.67 | 90-94 | Great. Meets the highest job standards. |
| B+ | 3.33 | 85-89 | Fine. Very good. Meets high job standards. |
| B | 3.0 | 80-84 | Fine. Meets most job standards. |

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| B- | 2.67 | 75-79 | Fine. More than enough. Shows some reasonable command of the material. |
| C+ | 2.33 | 70-74 | Fine. Acceptable. Meets key job standards. |
| C | 2.0 | 65-69 | Satisfactorily. Acceptable. Meets some basic job standards. |
| C- | 1.67 | 60-64 | Satisfactorily. Acceptable. Meets some basic job standards. |
| D+ | 1.33 | 55-59 | Satisfactorily. Minimum acceptable. |
| D | 1.0 | 50-54 | Satisfactorily. Minimum acceptable. The lowest level of knowledge and task completion. |
| FX | 0.5 | 25-49 | Unsatisfactory. Minimum acceptable. |
| F | 0 | 0-24 | Unsatisfactory. Very low productivity. |

11. Learning Resources*(use full link and indicate where texts/materials can be accessed)*

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| Literature | Main Available in the library | | |
| | Author | Name of the book, publisher | The year of publishing |
| | KJLee's Essential Otorhinolaryngology, head and neck surgery | Essential Otorhinolaryngology, head and neck surgery - 1 copy | 2019 |
| | V. T. Palchun, A. I. Kryukov, M. M. Magomedov | Otorhinolaryngology: textbook - 8 copies | 2020 |
| Palchun, Vladimir Timofeevich | Otorhinolaryngology: okulyk, kazak til. aud - 8 copies | 2015 | |

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| | R. K. Tolebaev, E. K. Ismagulova, B. Z. Zhusupov, E. Zh. Yakhin | Otorhinolaryngology daristeri: oқи қыралы - 20 copies | 2021 |
| | R. Қ. Төлебаев, Z. Sh. Shaiykov, N. S. Asylbekov | Қылақ, мурын, тамақ аурулары: оқи қыралы - 20 copies | 2021 |
| Available at the department | | | |
| | Author | Name of the book, publisher | The year of publishing |
| | Palchun V.T. | Otorhinolaryngology - M.: Medicine | 2019 |
| | Karpishchenko S.A., Blotsky A.A. | Emergency conditions in otorhinolaryngology. St. Petersburg - "Esculapius" | 2009 |
| | G.A.Tavartkiladze, T.G.Gvelesiani | Clinical Audiology, Moscow | 2003 |
| | Ostroverkhov G.E., Bomash Yu.M., Lubotsky D.N. | Operative surgery and topographic anatomy: textbook | 2020 |
| | Bogomilsky M.R., Chistyakova V.R. | Pediatric otorhinolaryngology | 2006 |
| | Palchun V.T., Luchikhin L.A. | Practical otorhinolaryngology | 2006 |
| | Ahmed El-Guindy, MD | ENT Perspectives, A patient-centered approach to modern Otolaryngology - Head and Neck Surgery | 2019 |

**Additional
Available in the library**

| Author | Name of the book, publisher | The year of publishing |
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| R. Қ. Төлебаев, E. Zh. Yakhin, T. M. Azhenov | Otorhinolaryngology terminderinin tysindirme sozdigi - 10 copies | 2021 |
| A. Қ. Kainazarov, A. A. Idrisov, Y. A. Almabaev, A. Y. Almabaeva | Bass zhane moyynnyn klinikalyk anatomyasy: okulyk-atlas - 65 copies | 2014 |
| Pechkareva, Anna Vladimirovna | All about ENT diseases: To help a specialist: a reference book - 1 copy | 2013 |

Available at the department

<https://classroom.google.com/c/NjIyMzY0NDI1MDA4?cjc=vjfw3qv>

| Author | Name of the book, publisher | The year of publishing |
|----------------------------------|---|-------------------------------|
| Zhaysakova D.E., Kulimbetov A.S. | Zhytkynshak aurulary, oқи қуралы. Almaty | 2009 |
| Kulimbetov A.S. | Balalardagy kulak aurulary, Almaty, Alash | 2007 |

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| | Cemal Cingi | Pediatric ENT infections, Springer | 2022 |
| | Rahul K Shah | Otorhinolaryngology for pediatrician | 2020 |
| | Myles L.Pensak | Otorhinolaryngology cases, Thieme | 2018 |
| | JP Purohit | Exam preparation in ENT, head and neck surgery | 2019 |

Link to literature

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Electronic resources (including but not limited to: library electronic catalogue, scientific literature databases, databases, animation, modeling,

Internet resources:

1. <https://geekymedics.com/oral-cavity-examination-osce-guide/>
2. <https://geekymedics.com/neck-lump-examination-osce-guide/>
3. <https://geekymedics.com/anatomy-of-the-ear/>
4. <https://geekymedics.com/bones-of-the-skull/>
5. <https://geekymedics.com/hand-washing-osce-guide/>
6. <https://geekymedics.com/earing-ear-examination-osce-guide/>
7. <https://geekymedics.com/how-to-interpret-rinnes-and-webers-tests/>
8. <https://geekymedics.com/the-vestibulocochlear-nerve-cn-viii/>
9. <https://geekymedics.com/sudden-sensorineural-hearing-loss-ssnhl/>
10. <https://geekymedics.com/benign-paroxysmal-positional-vertigo-bppv/>
11. <https://geekymedics.com/dix-hallpike-and-epley-manoevres-osce-guide/>

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| professional blogs, websites, other electronic reference materials (e.g. video, audio, digests) | 12. https://geekymedics.com/menieres-disease/ 13. https://geekymedics.com/acoustic-neuroma-vestibular-schwannoma/ 14. https://geekymedics.com/the-head-impulse-nystagmus-test-of-skew-hints-examination/ 15. https://geekymedics.com/nasal-examination-osce-guide/ 17. https://geekymedics.com/nasopharyngeal-swab-osce-guide/ 18. https://geekymedics.com/nasopharyngeal-airway-insertion-osce-guide/ 19. https://geekymedics.com/allergic-rhinitis/ 20. https://geekymedics.com/epistaxis/ 21. https://geekymedics.com/acute-sinusitis/ 22. https://geekymedics.com/the-pharynx/ 23. https://geekymedics.com/tongue/ 24. https://geekymedics.com/oropharyngeal-swab-osce-guide/ 25. https://geekymedics.com/oropharyngeal-airway-guedel-airway-insertion-osce-guide/ 26. https://geekymedics.com/peritonsillar-abscess-quinsy/ 27. https://geekymedics.com/tonsillitis/ 28. https://geekymedics.com/tracheostomy-overview/ 29. https://geekymedics.com/temporomandibular-dysfunction-tmd/ thirty. https://geekymedics.com/laryngeal-cancer/ |
| Simulators in the simulation center | 1. Otoscopy simulator (otitis media) 2. Tracheostomy simulator (conicotomy) |
| Special software | 1. Google classroom - available in the public domain. https://classroom.google.com/c/NjIyMzY0NDI1MDA4?cjc=vjfw3qv 2. Medical calculators: Medscape, Physician's Handbook, MD+Calc - freely available. 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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| 12. | Tutor Requirements and Bonus System |
| <p>Rules of academic conduct:</p> <p>1) Appearance:</p> <ul style="list-style-type: none"> ✓ office attire (shorts, short skirts, open T-shirts are not allowed to visit the university, jeans are not allowed in the clinic) ✓ clean ironed robe ✓ surgical suit | |

- ✓ medical mask
- ✓ a medical cap (or a neat hijab without hanging ends)
- ✓ medical gloves
- ✓ indoor shoes
- ✓ 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.
- ✓ name badge (in full)

2) * Properly executed sanitary (medical) book (before the start of classes and must be updated on time)

3) * Availability of a vaccination passport or other document about the complete completed course of vaccination against COVID-19 and influenza

4) Mandatory observance of the rules of personal hygiene and safety

5) Systematic preparation for the educational process.

6) Accurate and timely maintenance of reporting documentation.

7) Active participation in medical-diagnostic and public events of the departments.

A student without a medical book and vaccination will not be allowed to see patients.

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.)– not allowed to patients!

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!

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.

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| 13. | Politics of discipline <i>(parts highlighted in green please do not modify)</i> |
| | The policy of discipline is determined by Academic Policy of the University And University's Academic Integrity Policy . If the links do not open, then you can find the relevant documents in 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**) delay for 15 min and more –the teacher has the right not to let into the classroom and put 0
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 3 and more misses without notifying the curator and a good reason (no official document), a report is issued with a recommendation for expulsion.
7. Missed classes are not made up.
8. 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

9. Students are fully subject to the internal regulations of the clinical bases of the department
10. Greet the teacher and any older person by standing up (in class)
11. 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

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| | <p>12. Respectful attitude towards colleagues regardless of gender, age, nationality, religion, sexual orientation.</p> <p>13. Have a laptop / tab / tablet with you for training and passing MCQ tests for TBL, boundary and final controls.</p> <p>14. Taking MCQ tests on phones and smartphones is strictly prohibited.</p> <p>The behavior of the student in the exams is regulated "Rules for the final control", "Instructions for the final control of the autumn / spring semester of the current academic year" (relevant documents are uploaded to the IS "Univer" and are updated before the start of the session); "Regulations on checking text documents of students for the presence of borrowings".</p> |
| 14. | Principles of inclusive education (no more than 150 words). |
| | <p>1. Constantly preparing for classes: For example, backs up statements with relevant references, makes brief summaries Demonstrates effective teaching skills, assists in teaching others</p> <p>2. Take responsibility for your learning: For example, manages their learning plan, actively tries to improve, critically evaluates information resources</p> <p>3. Actively participate in group learning: For example, actively participates in discussions, willingly takes tasks</p> <p>4. Demonstrate effective group skills For example, takes the initiative, shows respect and correctness towards others, helps to resolve misunderstandings and conflicts.</p> <p>5. Skillful communication with peers: For example, actively listening, receptive to non-verbal and emotional cues Respectful attitude</p> <p>6. Highly developed professional skills: Eager to complete tasks, seek opportunities for more learning, confident and skilled Compliance with ethics and deontology in relation to patients and medical staff Observance of subordination.</p> <p>7. High Introspection: For example, recognizes the limitations of their knowledge or abilities without becoming defensive or rebuking others.</p> <p>8. Highly developed critical thinking: 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> |

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| | <p>9. Fully adheres to the rules of academic conduct with understanding, proposes improvements in order to increase efficiency. Complies with the ethics of communication - both oral and written (in chats and appeals)</p> <p>10. Fully follows the rules with full understanding of them, encourages other members of the group to adhere to the rules Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER</p> | |
| 15. | <p>Distance/Online Learning – Prohibited in Clinical Discipline <i>(parts highlighted in green please do not modify)</i></p> | |
| | <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 for personnel with higher and postgraduate education, training in which in the form of external studies and online education is not allowed” According to the above regulatory document, specialties with the discipline code of health care: bachelor's degree (6B101), master's degree (7M101), residency (7R101), doctoral studies, (8D101) - training in the form of external study and online training - is not allowed.</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 the presentation of a confirming document - a medical certificate, an SMP signal sheet, an extract from a consultative appointment with a medical specialist - a doctor)</p> | |
| 16. | Approval and review | |
| Chairman of the Academic Committee of the FM&Z |  | Prof. Kurmanova G.M. |
| Head of Faculty |  | Acc. Tazhibayeva K.N. |

Thematic plan and content of classes

| No. | Subject | Content | Literature | Conduct form |
|-----|--|---|--|--|
| | 2 | 3 | 4 | 5 |
| 1 | Anatomical and physiological features of ENT organs (adults, children, elderly, pregnant women). Injuries and foreign bodies of ENT organs. | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Able to apply knowledge on the pathogenesis of traumatic diseases of the ENT organs, according to the APF. 2. Able to identify and interpret clinical symptoms in traumatic diseases and congenital anomalies of the ENT organs, data from laboratory and visual examination methods in patients with diseases of the ENT organs (X-ray, CT, endoscopy), taking into account age-related aspects. 3. He mastered the skills of the main medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, CT, endoscopy, manual examination, PST of the wound of the ENT organs. 4. He knows how to integrate knowledge and provides an individual approach in the treatment of a particular patient: he builds treatment tactics (conservative therapy, surgical, combined, emergency care). 5. Makes professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine, especially in emergency situations - removal of a fish bone, PST of a nose and ear wound. 6. Mastered the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (medical history incl.) 7. Improves interpersonal communication and patient counseling skills. Owns medical deontology. | <ol style="list-style-type: none"> 1. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570. 2. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3. 3. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p. 4. Operative surgery and topographic anatomy: textbook / Ostroverkhova G.E., Bomash Yu.M., Lubotsky D.N. 5. Bogomilsky M.R., Chistyakova V.R., Children's otorhinolaryngology, 2006 6. Palchun V.T., Luchikhin L.A. Practical ototrinaryngology, 2006 7. Likhachev A.G. Handbook of Otorhinolaryngology 8. Pediatric ENT infections, Cemal Cingi, Springer, 2022 9. Otorhinolaryngology for pediatrician, Rahul K.Shah | <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Training in the simulation center - define days or have a schedule 3. Mini-conference of the SIW topic |

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| | | <p>Anatomical and physiological features (APF) of ENT organs (adults, children, the elderly, pregnant women). Methods of examination of ENT organs (endoscopy, CT, X-ray, manual methods). Anomalies of development - hypergenesis, dysgenesis, agenesis of ENT organs. Trauma and foreign bodies of the external auditory canal. Barotrauma. Acutrauma. Burns. Trauma, wounds and foreign bodies of the nasal cavity. Trauma and foreign bodies of the oral cavity, pharynx - removal of the fish bone. Assistance with injuries and foreign bodies. Hematomas and abscesses in trauma.</p> | <p>10. Otorhinolaryngology cases, Myles L. Pensak, Thieme, 2018</p> <p>11. KJLee's Essential Otorhinolaryngology, head and neck surgery, 2019</p> <p>12. ENT perspectives, Ahmed El-Guindy, 2019</p> <p>13. Exam preparation in ENT, head and neck surgery, JP Purohit, 2019</p> <p>14. https://geekymedics.com/oral-cavity-examination-osce-guide/</p> <p>15. https://geekymedics.com/neck-lump-examination-osce-guide/</p> <p>16. https://geekymedics.com/anatomy-of-the-ear/</p> <p>17. https://geekymedics.com/bones-of-the-skull/</p> <p>18. https://geekymedics.com/hand-washing-osce-guide/</p> | |
| 2 | <p>Inflammatory diseases of the organ of hearing and their complications</p> | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Applies knowledge on the pathogenesis of ear diseases, according to the microbiological determination of the pathogen according to the results of a swab from the ear for the purpose of treatment. 2. Identifies and interprets clinical symptoms in ear diseases, data from laboratory and visual examination methods (X-ray, CT, endoscopy), taking into account age-related aspects. 3. Mastered the skills of basic medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, ear swab, X-ray, CT, endoscopy, otoscopy) 4. Integrated knowledge and skills to ensure an individual approach in the treatment of a particular patient: builds treatment tactics (conservative therapy, surgical, combined, emergency care). | <ol style="list-style-type: none"> 1. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogosova, 1983 2. VF Undrits Diseases of the ear, nose and throat, 2002-2003 2. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570. 3. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3. | <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient - <p>For 4-5 courses - at least 50%</p> <ol style="list-style-type: none"> 3. Training in the simulation center - define days or have a schedule |

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| | <ol style="list-style-type: none"> 5. He learned to make professional decisions based on the analysis of the rationality of diagnosis and the principles of evidence-based medicine, especially in emergency situations - the prevention of intracranial otogenic complications, taking into account the age characteristics of the patient. 6. Mastered the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (medical history incl.) 7. Improved interpersonal communication and patient counseling skills. <p>External, middle and internal otitis media of various origins. Taking a swab from the ear. Otomycosis. Furuncles. Ear tuberculosis. Syphilis ear. Tumors of the ear.</p> <p>Otogenic intracranial complications - abscesses, otogenic meningitis, sinus thrombosis, sepsis. Treatment of otitis - conservative, surgical, combined.</p> | <ol style="list-style-type: none"> 4. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p. 5. Operative surgery and topographic anatomy: textbook / Ostroverkhov G.E., Bomash Yu.M., Lubotsky D.N. 6. Bogomilsky M.R., Chistyakova V.R., Children's otorhinolaryngology, 2006 7. Palchun V.T., Luchikhin L.A. Practical otorhinolaryngology, 2006 8. Likhachev A.G. Handbook of Otorhinolaryngology 9. Pediatric ENT infections, Cemal Cingi, Springer, 2022 10. Otorhinolaryngology for pediatrician, Rahul K. Shah 12. Otorhinolaryngology cases, Myles L. Pensak, Thieme, 2018 13.KJLee's Essential Otorhinolaryngology, head and neck surgery, 2019 14. ENT perspectives, Ahmed El-Guindy, 2019 15.Exam preparation in ENT, head and neck surgery, JP Purohit, 2019 16.https://geekymedics.com/earing-ear-examination-osce-guide/ 17.https://geekymedics.com/anatomy-of-the-ear/ | <ol style="list-style-type: none"> 4. Mini-conference of the SIW topic |
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| | | | <p>18.https://geekymedics.com/the-pharynx/</p> <p>19.https://geekymedics.com/mastoiditis/</p> <p>20.https://geekymedics.com/otitis-externa/</p> <p>21.https://geekymedics.com/paediatric-otitis-media/</p> <p>22.https://geekymedics.com/earring-ear-examination-osce-guide/</p> | |
| 3 | Hearing loss | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Applies knowledge on the pathogenesis of diseases according to the physiology of the auditory analyzer of the ear 2. Identifies and interprets clinical symptoms in hearing impairment, data from laboratory and visual examination methods (tuning fork, X-ray, CT, endoscopy), taking into account age-related aspects. 3. Mastered the skills of basic medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, tuning fork tests, X-ray, CT, endoscopy, otoscopy) 4. Integrated knowledge and skills to ensure an individual approach in the treatment of a particular patient: builds treatment tactics 5. Learned to make professional decisions based on the analysis of the rationality of diagnosis and the principles of evidence-based medicine, especially in emergency situations - acute neuritis 6. Mastered the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (auditory passport, medical history, incl.) | <p>1.G.A.Tavartkiladze, T.G.Gvelesiani Clinical Audiology, 2003 Moscow</p> <p>2. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogosova, 1983</p> <p>3. V.F. Undrits Diseases of the ear, throat and nose, 2002-2003</p> <p>4. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570.</p> <p>5. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3.</p> <p>6. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p.</p> <p>7.https://geekymedics.com/how-to-interpret-rinnes-and-webers-tests/</p> <p>8.https://geekymedics.com/the-vestibulocochlear-nerve-cn-viii/</p> | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center |

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| | | <p>7. Improved interpersonal communication and patient counseling skills.</p> <p>Physiology of the auditory analyzer. The study of hearing in whispered and colloquial speech, tuning forks - Schwabach, Rinne, Weber, Federici, Jelle, audiometry, tympanometry, X-ray (according to Schüller, Mayer, Stevenson) and CT of the temporal bone. Acute and chronic cochleoneuritis. Otoacoustic emission and short-latency auditory evoked potentials (SAEPs)</p> | <p>9.https://geekymedics.com/sudden-sensorineural-hearing-loss-ssnhl/</p> <p>10.https://geekymedics.com/benign-paroxysmal-positional-vertigo-bppv/</p> <p>eleven.https://geekymedics.com/earring-ear-examination-osce-guide/</p> | |
| 4 | Pathologies of the vestibular apparatus | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Apply knowledge on the pathogenesis of vestibular ear diseases. 2. Identify and interpret clinical symptoms in diseases of the vestibular apparatus according to examination data (tests, audiograms), taking into account age-related aspects. 3. To master the skills of basic medical treatment, diagnostic and preventive measures for the provision of medical care: the Eple maneuver. 4. Integrate knowledge and skills to ensure an individual approach in the treatment of a particular patient: build treatment tactics 5. To teach how to make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine 6. Master the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (vestibular passport). | <ol style="list-style-type: none"> 1.G.A.Tavartkiladze, T.G.Gvelesiani Clinical Audiology, 2003 Moscow 2. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogosova, 1983 3. V.F. Undrits Diseases of the ear, throat and nose, 2002-2003 4. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570. 5. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3. | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center |

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| | | <p>7. Improve interpersonal communication and patient counseling skills.</p> <p>Vertigo and Dizziness. Labyrinthitis. Meniere's disease. BPPG. Vestibular neuronitis. Vestibular Passport. Analysis of audiograms and tympanograms. Epley maneuver, Dix-Holpike. Halmagi's tests, vestibular-neurological tests.</p> | <p>6. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p.</p> <p>7. https://geekymedics.com/the-head-impulse-nystagmus-test-of-skew-hints-examination/</p> <p>8. https://geekymedics.com/dix-hallpike-and-epley-manoeuvres-osce-guide/</p> <p>9. https://geekymedics.com/the-vestibulocochlear-nerve-cn-viii/</p> <p>10. https://geekymedics.com/menieres-disease/</p> <p>eleven. https://geekymedics.com/acoustic-neuroma-vestibular-schwannoma/</p> <p>12. https://geekymedics.com/the-head-impulse-nystagmus-test-of-skew-hints-examination/</p> | |
| 5 | Rhinology - pathologies of the nasal cavity | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Applies knowledge on the pathogenesis of nasal diseases, according to the microbiological definition of the pathogen based on the results of a smear from the nasopharynx for the purpose of treatment. 2. Identifies and interprets clinical symptoms in diseases of the nose, data from laboratory and visual examination methods (X-ray, CT, endoscopy, rhinoscopy), taking into account age-related aspects. 3. Mastered the skills of the main medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, a swab from the nasal cavity, rhinocytogram, X-ray, CT, endoscopy, rhinoscopy) 4. He integrated knowledge and skills to ensure an individual approach in the treatment of a particular patient: to build | <ol style="list-style-type: none"> 1. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogsova, 1983 2. VF Undrits Diseases of the ear, nose and throat, 2002-2003 2. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570. 3. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3. 4. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p. | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic |

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| | <p>treatment tactics. Features of topical and systemic treatment in allergic genesis of the disease.</p> <ol style="list-style-type: none"> 5. I learned how to make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine, especially in emergency situations - with nosebleeds. 6. Mastered the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (medical history incl.) 7. Improves interpersonal communication and patient counseling skills. <p>Acute and chronic rhinitis, rhinosinusitis – maxillary sinusitis, ethmoiditis, sphenoiditis, frontal sinusitis. Ozena. Atrophic rhinitis. Curvature/deviation of septum, nasal synechia, atresia of the nasal cavity. Nose bleed/epistaxis. Furuncle on the vestibule of the nose.</p> <p>Polyposis of the nasal cavity. Allergic rhinitis in the aspirin triad. Adenoid vegetations. Juvenile angiofibroma of the nasopharynx. Rhinogenic orbital and intracranial complications - abscesses, meningitis, sinus thrombosis, sepsis. Syphilis and tuberculosis of the nose. Tumors of the nose.</p> <p>Stopping of nosebleeds (anterior and posterior nasal tamponade/packing).</p> <p>Taking a smear from the nasopharynx.</p> | <ol style="list-style-type: none"> 5. Operative surgery and topographic anatomy: textbook / Ostroverkhova G.E., Bomash Yu.M., Lubotsky D.N. 6. Bogomilsky M.R., Chistyakova V.R., Children's otorhinolaryngology, 2006 7. Palchun V.T., Luchikhin L.A. Practical ototrinalaryngology, 2006 8. Likhachev A.G. Handbook of Otorhinolaryngology 9. Pediatric ENT infections, Cemal Cingi, Springer, 2022 10. Otorhinolaryngology for pediatrician, Rahul K. Shah 12. Otorhinolaryngology cases, Myles L. Pensak, Thieme, 2018 13. KJLee's Essential Otorhinolaryngology, head and neck surgery, 2019 14. ENT perspectives, Ahmed El-Guindy, 2019 15. Exam preparation in ENT, head and neck surgery, JP Purohit, 2019 16. https://geekymedics.com/nasal-examination-osce-guide/ 17. https://geekymedics.com/nasopharyngeal-swab-osce-guide/ 18. https://geekymedics.com/nasopharyngeal-airway-insertion-osce-guide/ | |
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| | | | <p>19. https://geekymedics.com/allergic-rhinitis/</p> <p>20. https://geekymedics.com/epistaxis/</p> <p>21. https://geekymedics.com/acute-sinusitis/</p> | |
| 6 | Pathology of the pharynx and oral cavity. | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Applies knowledge on the pathogenesis of diseases of the oral cavity and pharynx - tonsillitis and pharyngitis. 2. Identifies and interprets clinical symptoms in diseases of the oral cavity and pharynx, data from laboratory and visual examination methods (X-ray, CT, oropharyngoscopy, endoscopy), taking into account age-related aspects. 3. Mastered the skills of basic medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, endoscopy, oropharyngoscopy) 4. Integrated knowledge and skills to ensure an individual approach in the treatment of a particular patient: to build treatment tactics 5. He learned to make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine, especially in emergency situations - with retropharyngeal and paratonsillar abscesses, epiglottitis. 6. Mastered the skills of maintaining current accounting and reporting medical documentation, including in information systems: justification and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (medical history incl.) 7. Improves interpersonal communication and patient counseling skills. <p>Acute and chronic pharyngitis. Acute and chronic tonsillitis.</p> <p>Peritonsillar abscess. Hypertrophy of the lingual tonsil. Peritonsillar abscess. Features of examination in children. Special forms of tonsillitis</p> | <p>1. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogossova, 1983</p> <p>2. VF Undrits Diseases of the ear, nose and throat, 2002-2003</p> <p>2. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570.</p> <p>3. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3.</p> <p>4. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p.</p> <p>5. Operative surgery and topographic anatomy: textbook / Ostroverkhova G.E., Bomash Yu.M., Lubotsky D.N.</p> <p>6. Bogomilsky M.R., Chistyakova V.R., Children's otorhinolaryngology, 2006</p> <p>7. Palchun V.T., Luchikhin L.A. Practical ototrinalaryngology, 2006</p> <p>8. Likhachev A.G. Handbook of Otorhinolaryngology</p> <p>9. Pediatric ENT infections, Cemal Cingi, Springer, 2022</p> | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center 4. Mini-conference of the SIW topic |

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| | <p>and pharyngitis - candidomycosis, tonsillitis in blood disorders, diphtheria, scarlet fever, measles. Epiglottitis. Tumors. Leukoplakia.</p> <p>Lubrication of the throat with drugs. Methods of diagnosis and treatment.</p> | <p>10. Otorhinolaryngology for pediatrician, Rahul K. Shah</p> <p>12. Otorhinolaryngology cases, Myles L. Pensak, Thieme, 2018</p> <p>13. KJLee's Essential Otorhinolaryngology, head and neck surgery, 2019</p> <p>14. ENT perspectives, Ahmed El-Guindy, 2019</p> <p>15. Exam preparation in ENT, head and neck surgery, JP Purohit, 2019</p> <p>16. https://geekymedics.com/the-pharynx/</p> <p>17. https://geekymedics.com/tongue/</p> <p>18. https://geekymedics.com/oropharyngeal-swab-osce-guide/</p> <p>19. https://geekymedics.com/oropharyngeal-airway-guedel-airway-insertion-osce-guide/</p> <p>20. https://geekymedics.com/peritonsillar-abscess-quinsy/</p> <p>21. https://geekymedics.com/tonsillitis/</p> <p>22. https://geekymedics.com/tracheostomy-overview/</p> <p>23. https://geekymedics.com/temporomandibular-dysfunction-tmd/</p> | |
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| 7 | Laryngology: pathologies of the larynx | <p>Learning outcomes:</p> <ol style="list-style-type: none"> 1. Applies knowledge on the pathogenesis of diseases of the larynx. 2. Identifies and interprets clinical symptoms in diseases of the larynx, data from laboratory and visual examination methods (X-ray, CT with and without contrast, endoscopy), taking into account age-related aspects and underlying diseases. 3. Mastered the skills of basic medical treatment, diagnostic and preventive measures for the provision of medical care: CBC, GUA, Biochem, X-ray, CT, endoscopy, indirect laryngoscopy) 4. Integrated knowledge and skills to ensure an individual approach in the treatment of a particular patient: to build treatment tactics 5. Learned to make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine, especially in emergency situations - stenosis of the larynx. 6. Mastered the skills of maintaining current accounting and reporting medical records, including in information systems: substantiation and formulation of the diagnosis and justification for the choice of treatment method, reflecting the dynamics of the development of the clinical situation, achieving the desired clinical effect according to the criteria (medical history incl.) 7. Improves interpersonal communication and patient counseling skills. <p>Laryngitis. Abscess of the epiglottis and larynx. Stenosis (atresia) of the larynx. Tuberculosis, syphilis, scleroma of the larynx. Paresis and paralysis of the larynx. Neoplasms of the larynx - cysts, papillomas, fibromas, hemangiomas, laryngocele, singing nodules. Cancer of the larynx. Precancerous conditions of the larynx. Laryngoscopy - direct, indirect, X-ray, CT (with contrast). Tactics of examination and treatment. Complications.</p> | <ol style="list-style-type: none"> 1. Atlas of operative otorhinolaryngology, ed. prof. V.S.Pogosova, 1983 2. VF Undrits Diseases of the ear, nose and throat, 2002-2003 2. Palchun V.T. Otorhinolaryngology. M.: Medicine, 2002 - p.570. 3. Karpishchenko S.A., Blotsky A.A. Emergency conditions in otorhinolaryngology. - St. Petersburg. - "Esculapius", 2009.-175p. 3. 4. Handbook of otorhinolaryngology. Ed. prof. S.A. Karpishchenko. - St. Petersburg. - "Dialogue", 2009.-p. 5. Operative surgery and topographic anatomy: textbook / Ostroverkhova G.E., Bomash Yu.M., Lubotsky D.N. 6. Bogomilsky M.R., Chistyakova V.R., Children's otorhinolaryngology, 2006 7. Palchun V.T., Luchikhin L.A. Practical ototrinalaryngology, 2006 8. Likhachev A.G. Handbook of Otorhinolaryngology 9. Pediatric ENT infections, Cemal Cingi, Springer, 2022 10. Otorhinolaryngology for pediatrician, Rahul K. Shah 12. Otorhinolaryngology cases, Myles L. Pensak, Thieme, 2018 | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Work with the patient 3. Training in the simulation center |
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| | | | <p>13.KJLee's Essential Otorhinolaryngology, head and neck surgery, 2019</p> <p>14. ENT perspectives, Ahmed El-Guindy, 2019</p> <p>15.Exam preparation in ENT, head and neck surgery, JP Purohit, 2019</p> <p>16.https://geekymedics.com/laryngeal-cancer/</p> | |
| 8 | Emergency conditions in case of damage to the ENT organs | <p>Learning outcome:</p> <ol style="list-style-type: none"> 1. Able to provide emergency care for laryngeal edema, epiglottitis, paratonsillar abscess, epistaxis, furuncle of the vestibule of the nose and external auditory canal, foreign bodies of the ENT organs according to steps. | <ol style="list-style-type: none"> 1.https://geekymedics.com/surgical-scrubbing-gowning-gloving-guide/ 2.https://geekymedics.com/peritonsillar-abscess-quinsy/ 3.https://geekymedics.com/epistaxis/ 4.https://geekymedics.com/tracheostomy-overview/ | <p>Formative assessment:</p> <ol style="list-style-type: none"> 1. Use of active learning methods: TBL, CBL 2. Training in the simulation center |
| 9 | CC | <i>Midterm</i> | <i>MCQ tests, OSCE</i> | <i>Simulation Center</i> |

RUBRICATOR FOR ASSESSING LEARNING OUTCOMES
with summative assessment

Rating formula

For the 5th course in general - ORD

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| Curation, clinical skills, medical history | 20% |
| SIW (case, video, simulation or SIWT - thesis, report, article) | 10% |
| Midterm | 70% |
| Total ORD | 100% |

Final score: ORD 50% + exam 50%

Exam (2 stages)– MCQ test (50%) + OSCE (50%)

Team based learning – TBL

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|---------------------------------|-------------|
| | % |
| Individual (IRAT) | 30 |
| Group (GRAT) | 20 |
| Appeal | 10 |
| Case rating | 30 |
| Companion rating (bonus) | 10 |
| | 100% |

Case-based learning CBL

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| | | % |
| 1 | Interpreting survey data | 10 |
| 2 | Interpretation of physical examination data | 10 |
| 3 | Preliminary diagnosis, justification, DD, examination plan | 10 |
| 4 | Interpretation of lab-instrumental examination data | 10 |
| 5 | Clinical diagnosis, problem sheet | 10 |
| 6 | Management and treatment plan | 10 |
| 7 | The validity of the choice of drugs and treatment regimens | 10 |
| 8 | Evaluation of effectiveness, prognosis, prevention | 10 |
| 9 | Special problems and questions on the case | 10 |
| 10 | Companion rating (bonus) | |
| | | 100% |

Assessment of practical skills at the bedside (maximum 100 points)

| No. | Criteria (assessed by a point system) | 10 | 8 | 6 | 4 | 2 |
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| | | <i>Great</i> | <i>above average</i> | <i>acceptable</i> | <i>needs fixing</i> | <i>unacceptable</i> |
| <i>INTERVIEWING THE PATIENT</i> | | | | | | |
| 1 | Communication skills when interviewing a patient | Introduced to the patient. He asked how to contact the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. He showed empathy for the patient - the posture of a doctor, approving "hoots". Asked open-ended questions. | Introduced to the patient. He asked how to contact the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. He showed empathy for the patient - the posture of a doctor, approving "hoots". Asked open-ended questions. | Introduced to the patient. He asked how to contact the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Few open questions asked | He did not fully introduce himself to the patient, did not ask the patient's name, the student's speech was not intelligible, his voice was not intelligible. There are no open-ended questions, the patient answers in monosyllables. The student did not pay attention to the convenience of the patient, did not show empathy. | Communication with the patient is negative. The basic requirements for communicating with the patient are not met, there is no manifestation of empathy for the patient. |
| | Collection of complaints | Identified the main and secondary complaints of the patient. Revealed important details of the disease (for example, is there nausea, vomiting, abdominal pain? What kind?). asked questions, concerning the differential diagnosis. | Identified the main and secondary complaints of the patient. Revealed important details of the disease (eg, nausea, vomiting, abdominal pain? What kind?). | Identified the main complaints of the patient. Revealed important details of the disease. | The student cannot distinguish major complaints from minor ones. Did not reveal important details of the disease. Asks random questions. | Didn't reveal any details of the disease. The collection of complaints is limited only by the subjective words of the patient himself. |

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| | Collecting anamnesis of the disease | Revealed chronology of the development of the disease , important details of the disease (for example, when do abdominal pains appear?). asked about medications taken about this disease. asked questions, concerning the differential diagnosis . | Revealed chronology of the development of the disease , important details of the disease (for example, when do abdominal pains appear?). asked about medications taken about this disease. | Revealed chronology of the development of the disease . asked about medications taken about this disease. | The student cannot build a chronology of the development of the disease. Asks random questions. | The stage was skipped by the student. There is only information said by the patient himself. |
| | Anamnesis of life | Revealed allergic anamnesis, chronic diseases, operations, blood transfusions, medications taken on an ongoing basis, family history, social status of the patient, occupational hazards, epidemiological history. | Revealed allergic anamnesis, chronic diseases, operations, medicines taken on an ongoing basis, family history, social status of the patient, occupational hazards, epidemiological anamnesis | Revealed allergic anamnesis, chronic diseases, family anamnesis. | Revealed allergic anamnesis, family anamnesis. | The stage was skipped by the student. There is only information said by the patient himself. |
| 2 | Quality of Patient Interview | The patient was interviewed sequentially in order, but depending on the situation and characteristics of the patient, the student changes the order of the survey. At the end sums up - summarizes all questions and receives feedback from the patient (for example, let's summarize - you got sick a week ago when nausea first appeared with repeated vomiting, then diarrhea appeared, right?). Qualitatively detailed | The patient was interviewed sequentially in order. At the end sums up - sums up all the questions and receives feedback from the patient (for example, let's summarize - you got sick a week ago, when nausea first appeared with repeated vomiting, then diarrhea appeared, right?). Qualitatively detailed information was collected, suggesting a probable diagnosis. | The sequence of the survey is broken, but the quality of the information collected suggests a probable diagnosis. Doesn't use problem sheet- fails to distinguish between major and minor issues. | Poll sequence is broken. The student repeats the same questions. The collected information is not of high quality, does not allow us to suggest a probable diagnosis. Doesn't use problem sheet- fails to distinguish between major and minor issues. | The survey was conducted inconsistently, the student asks random questions that are not related to this patient's case or does not ask questions at all. Doesn't use problem sheet- fails to distinguish |

| | | | | | | |
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| | | information was collected, suggesting a probable diagnosis. Uses problem sheet- able to identify major and minor issues. | Uses problem sheet- able to identify major and minor issues. | | | between major and minor issues. |
| 3 | Time - management of patient interviews. Control over the situation. | The minimum time in a group spent interviewing a patient. The student is self-confident, fully in control of the situation and manages it. The patient is satisfied. | The survey was completed fairly quickly. The student is self-confident and in control of the situation. The patient is satisfied. | The time of questioning the patient is delayed, but does not cause discomfort to the patient. The student does not lose his temper. There is no negativity on the part of the patient. | Long survey, the student is wasting his time. The patient expresses discomfort with the protracted questioning. The student is not self-confident and is lost when communicating with the patient. | The survey ended without revealing important information. The survey drags on too long, the atmosphere of communication is negative. Possible conflict with the patient. |
| PHYSICAL EXAMINATION OF THE PATIENT | | | | | | |
| | | 10 | 8 | 6 | 4 | 2 |
| | | <i>Great</i> | <i>above average</i> | <i>acceptable</i> | <i>needs fixing</i> | <i>unacceptable</i> |
| 4 | Communication skills during the physical examination of the patient | Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. Explained to the patient what and how to check (for example, I will listen to your lungs with a stethoscope, I will check the stomach with my hand) | Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. Explained to the patient what and how to check (for example, I will listen to your lungs with a stethoscope, I will check the stomach with my hand) | Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. Explained to the patient what and how to check (for example, I will listen to your lungs | Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. | Contact with the patient's body without prior consent. |

| | | | | | | |
|---|--|--|---|---|---|---|
| | | | | with a stethoscope, I will check the stomach with my hand) | | |
| 5 | Assessment of the patient's level of consciousness on the Glasgow scale. | Accurately calculated scores on the scale. Correctly uses medical terminology to indicate the level of consciousness. | Accurately calculated scores on the scale. Correctly uses medical terminology to indicate the level of consciousness. | The error in the assessment on a scale of not more than 2 points. Knows the terminology to indicate the level of consciousness. | The error in the assessment on a scale of more than 3 points. Confused in medical terminology. | Does not know Glasgow scale criteria. Can't use. He does not know the differentiation of the level of consciousness. |
| | Assessment of the patient's vital signs - heart rate, respiratory rate, blood pressure, body temperature, body mass index. | Technically correctly measured vital signs. Uses medical terminology correctly when evaluating vital signs (e.g. tachypnea, tachycardia, hypoxia, etc.) | Technically correctly measured vital signs. Uses medical terminology correctly when evaluating vital signs (e.g. tachypnea, tachycardia, hypoxia, etc.) | Small errors in the technique of measuring vital signs. The measurement results are not distorted. The student can correct the mistakes made in the use of medical terminology. | Gross errors in the technique of measuring vital signs, distortion of the results. Cannot correct errors in medical terminology on his own. | Does not own the technique of measuring vital signs. He does not know the normative data for assessing blood pressure, pulse, respiratory rate, saturation, body temperature. |
| 6 | Technique for the physical examination of the patient. | The physical examination of the patient was carried out according to the systems, according to the established procedure, the technique of palpation, auscultation and percussion is correct. Explains to the patient what changes are | The physical examination of the patient was carried out systemically in order, the technique of palpation, auscultation and percussion was correct. Explains to the patient what changes are found, and what should be the norm. | The physical examination of the patient was carried out in violation of the systemic order, but without causing inconvenience to the patient. The technique of palpation, | Physical examination was not carried out systematically, the patient got up several times, lay down, changed his position, and experienced inconvenience. Only selected systems are covered, | During physical examination, gross violations - does not know the procedure and technique for conducting a physical examination of the patient. |

| | | | | | | |
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| | | <p>found, and what should be the norm.</p> <p>All important physical data (both pathological and normal) for a probable diagnosis were identified.</p> <p>The student is able to change the order of examination depending on the identified symptoms.</p> <p>Details the identified symptoms (for example, did you notice swelling in your legs? How long ago did you notice it? Does the swelling get worse in the evening or in the morning?)</p> <p>At the end, he sums up the correspondence of the changes identified during the physical examination to the complaints and the patient's history.</p> | <p>All important physical data (both pathological and normal) for a probable diagnosis were identified.</p> <p>Details the identified symptoms (for example, did you notice swelling in your legs? How long ago did you notice it? Does the swelling get worse in the evening or in the morning?)</p> | <p>auscultation and percussion is satisfactory, it requires minor correction by the teacher.</p> <p>The main violations sufficient for a probable diagnosis were identified.</p> | <p>The technique of performing palpation, percussion, auscultation required significant correction by the teacher.</p> <p>Confused in the definition of normal and pathological changes. No major violations were identified. Not enough data to make a probable diagnosis.</p> | <p>Does not know the norm and pathology of physical data.</p> <p>Cannot detect any violation.</p> |
| 7 | <p>Making a preliminary syndromic diagnosis</p> <p>Laboratory and visual examination plan (CBC, Biochem.analysis, GUA,</p> | <p>The most complete justification and formulation of a preliminary diagnosis with the justification of these complaints and physical</p> | <p>The most complete justification and formulation of a preliminary diagnosis with the justification of these</p> | <p>Substantiation of the preliminary diagnosis based on complaints and</p> | <p>A template or intuitive formulation of a provisional diagnosis cannot provide justification (i.e., link complaints, the</p> | <p>Formulation of the diagnosis at random, does not understand and does not see the</p> |

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| | pathological fluids, imaging methods) | <p>examination, conducted a differential diagnosis for the main syndromes based on these complaints, the development of the disease, and the detected physical abnormalities. Understands the problem in a complex, connects with the characteristics of the patient.</p> <p>Correctly appointed laboratory and instrumental examination, taking into account the differential diagnosis (that is, he named what he prescribed, for which the expected changes).</p> <p>Explained to the patient important points in preparation for the examination (for example, if the test for glucose on an empty stomach, then do not drink, do not eat, do not brush your teeth, etc.)</p> | <p>complaints and physical examination</p> <p>Correct and justified from the point of view of the underlying pathology.</p> <p>Conducted differential diagnosis of the main syndromes.</p> <p>Correctly called the necessary laboratory and instrumental examination for diagnosis, called the expected changes. Explained to the patient important points in preparation for the examination.</p> | <p>physical examination</p> <p>in terms of underlying pathology.</p> <p>Determined the main examination for diagnosis.</p> | <p>chronology of symptom development, and physical data).</p> <p>The prescribed examination does not allow to confirm the diagnosis.</p> | <p>connection between complaints and the patient's history.</p> <p>The prescribed examination does not allow to confirm the diagnosis.</p> <p>The scheduled examination can harm the health of the patient.</p> |
| 8 | <p>Interpretation of the results of laboratory and instrumental research</p> <p>(CBC, Biochem.analysis, GUA, biopsies, endoscopy imaging methods, X-ray, CT, MRI)</p> | <p>Accurate full interpretation using medical terminology, understands the relationship / or discrepancy between the detected abnormalities and the preliminary diagnosis</p> | <p>Accurate full interpretation, using medical terminology</p> | <p>Identification of the main deviations in the analyzes, the correct use of medical terminology</p> | <p>Incomplete or not entirely correct interpretation, does not know normative data, errors in the use of medical terminology</p> | <p>Does not use medical terminology, does not know regulatory data</p> |

| | | | | | | |
|----|---|--|---|--|--|--|
| 9 | Formulation of the final syndromic diagnosis, with substantiation based on the results of the examination | <p>The student clearly formulates the underlying disease. When formulating the underlying disease, the clinical classification of the disease is used. Gives an assessment of the severity of the disease. Names the complications of the underlying disease.</p> <p>The student clearly substantiates his opinion on objective data (anamnesis, examination results).</p> | <p>The student clearly formulates the underlying disease. When formulating the underlying disease, the clinical classification of the disease is used. Gives an assessment of the severity of the disease. Names the complications of the underlying disease.</p> <p>The student clearly substantiates his opinion on objective data (anamnesis, examination results)</p> | <p>The student formulates the underlying disease. Clinical classification is not complete.</p> <p>The student clearly substantiates his opinion on objective data (anamnesis, examination results)</p> | The student can only formulate the underlying disease. Cannot fully explain the rationale for the diagnosis. | The student cannot formulate a diagnosis. Or fails to explain the rationale for the diagnosis (names the diagnosis at random according to the topic of the lesson) |
| 10 | Principles of treatment | <p>Knows the basic groups i.e. the main drugs for the treatment of this disease, the mechanism of their action and the classification of these drugs.</p> <p>Reasonably chooses drugs: taking into account the indications and contraindications in this patient. Informs the patient about the most important side effects of prescribed medications.</p> <p>Informs the patient about the peculiarities of taking the drug (for example, after</p> | <p>Knows the basic groups i.e. the main drugs for the treatment of this disease, the mechanism of their action and the classification of these drugs.</p> <p>Determines the indications and contraindications for this patient.</p> <p>Informs the patient about the most important side effects of prescribed medications.</p> <p>Informs the patient about the peculiarities of taking the drug (for example, after</p> | <p>Knows only the basic principles of treatment. Names only the group of main drugs for the treatment of this disease (for example, broad-spectrum antibiotics).</p> <p>Knows the mechanism of action of the main drugs.</p> | Knows only the basic principles of treatment. Can only name a class of drugs (eg. antibiotics, or antimycotics). Does not know the classification of drugs. Explains the mechanism of action in general terms at the layman level (for example, antibiotics kill bacteria, etc.) | |

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|--|-------|---|--|----|----|----|
| | | eating, drinking plenty of water, etc.) I determined the criteria for the effectiveness of treatment, and the estimated time frame for improving the patient's condition. He named the terms and methods of treatment control, subjective and objective data, data of laboratory and visualized control of treatment. | eating, drinking plenty of water, etc.) Determined the criteria for the effectiveness of treatment. | | | |
| | TOTAL | 100 | 80 | 60 | 40 | 20 |

Assessment of medical history (maximum 100 points)

| No. | Criteria (assessed by a point system) | 10 | 8 | 6 | 4 | 2 |
|-----|--|---|--------------------------|-------------------|--|---------------------|
| | | <i>Great</i> | <i>above average</i> | <i>acceptable</i> | <i>needs fixing</i> | <i>unacceptable</i> |
| 1 | Complaints of the patient: main and secondary | Complete and systematized, with an understanding of important details | Accurate and Complete | basic information | Incomplete or inaccurate, missing some details | Misses important |
| 2 | Collecting anamnesis of the disease | | | | | |
| 3 | Anamnesis of life | | | | | |

| | | | | | | |
|----|--|--|---|--|--|---|
| 4 | Objective status - general examination, otorhinolaryngological examination | Complete, efficient, organized, with an understanding of important details | Consistently and correctly | Master data discovery | Incomplete or not quite correct, not attentive to the convenience of the patient | Inappropriate data |
| 5 | ENT status | Full, efficient, technically correct application of all skills of inspection, palpation, percussion and auscultation | Complete, efficient, technically correct application of all examination skills, physical examination with minor errors, or corrected during performance | Basic data revealed Physical examination skills learned | Incomplete or inaccurate Physical examination skills need improvement | Missing important data Inappropriate physical examination skills |
| 6 | Laboratory data | | | | | |
| 7 | instrumental data | | | | | |
| 8 | Differential Diagnosis | | | | | |
| 9 | Treatment, prevention, recommendations | Full, efficient, technically correct application of all special examination skills | | | | |
| 10 | Presentation of the medical history | The most complete description and presentation Understands the problem in a complex, connects with the characteristics of the patient | precise, focused; choice of facts shows understanding | Form entry, includes all basic information; | Many important omissions, often including unreliable or unimportant facts | Lack of control of the situation, many important omissions, many clarifying questions |

Score-rating assessment of the SIW - creative task (maximum 90 points) + bonuses for English and time management

| | | 20 | 15 | 10 | 5 |
|----------|--|--|---|--|---|
| 1 | Focus on the problem | 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. |
| 2 | Informative, effective presentation | Fully conveyed all the necessary information on the topic in a free, consistent, logical manner 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 |
| 3 | Reliability | 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 |
| 4 | Logic and consistency | 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 |

| | | | | | |
|--------------|--|--|---|--|---|
| 5 | Literature analysis | 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 No basic knowledge |
| 6 | Practical significance | High | significant | Not enough | Unacceptable |
| 7 | Focus on the interests of the patient | High | Oriented | Not enough | Unacceptable |
| 8 | Applicability in future practice | High | Applicable | Not enough | Unacceptable |
| 9 | Clarity of the presentation, quality of the report (speaker's assessment) | 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 |
| bonus | English/Russian/Kazakh* | The product is fully delivered in English/Russian/Kazakh language (checks by the head of the department) + 10-20 points depending on the quality | The product is prepared in English, delivered in Russian/Kaz + 5-10 points depending on quality (or vice versa) | English-language sources were used in the preparation of the product + 2-5 points depending on quality | |
| bonus | Time management** | Product delivered ahead of schedule 10 points are added | Product delivered on time - no points awarded | Delayed delivery without affecting quality Minus 2 points | Released late Minus 10 points |

| | | | |
|---|------------------|-------------------------------------|--|
| Bonus | Rating*** | Additional points (up to 10 points) | Outstanding work such as: Best Group Work Creativity Innovative approach to task completion At the suggestion of the group |
| <p>* - for Kazakh / Russian groups - English; for groups studying in English - completing the task in Russian or Kazakh</p> <p>*Term - determined by the teacher, as a rule - the day of boundary control</p> <p>** thus, you can get a maximum of 90 points, in order to get above 90 - you need to show a result higher than expected</p> | | | |

Schedule for the implementation of the SIW

| No. | Tasks for SIW | Form of implementation of the SIW | Deadlines for the delivery of the SIW (academic week) |
|-----|---|---|---|
| 1 | Precancerous diseases of the oral cavity and pharynx | Clinical analysis, report in the form of a presentation | 6 |
| 2 | Pediatric cochlear implantation | Clinical analysis, report in the form of a presentation | 2 |
| 3 | Providing emergency care for false croup | Clinical analysis, report in the form of a presentation | 8 |
| 4 | Empty nose syndrome in Wegener's granulomatosis | Clinical analysis, report in the form of a presentation | 5 |
| 5 | Acoustic neuroma 8 (XIII) | Clinical analysis, report in the form of a presentation | 4 |
| 6 | Algorithm for the rehabilitation of patients with laryngeal cancer | Clinical analysis, report in the form of a presentation | 7 |
| 7 | Intracranial complication - rhinogenic purulent meningitis | Clinical analysis, report in the form of a presentation | 5 |
| 8 | Intracranial complications - otogenic abscesses of the brain and cerebellum | Clinical analysis, report in the form of a presentation | 2 |
| 9 | Algorithm for deciphering CT images of the nose and PNS, temporal bone | Clinical analysis, report in the form of a presentation | 1 |
| 10 | Damage to the tonsils in blood diseases | Clinical analysis, report in the form of a presentation | 6 |
| 11 | Benign paroxysmal positional vertigo | Clinical analysis, report in the form of a presentation | 4 |
| 12 | Meniere's disease | Clinical analysis, report in the form of a presentation | 4 |
| 13 | Vestibular neuronitis. Differential diagnosis of peripheral and central dizziness | Clinical analysis, report in the form of a presentation | 4 |
| 14 | Recurrent papillomatosis of the larynx in children | Clinical analysis, report in the form of a presentation | 6 |
| 15 | Recurrent nasal polyposis, complications, treatment | Clinical analysis, report in the form of a presentation | 3 |

1) Medical Simulation Scenario

Clinical case: "Left-sided paratonsillar abscess"

Situational task: You are an admission doctor. A 30-year-old woman came to you with complaints of difficulty swallowing and opening her mouth, sore throat radiating to the left ear, fever up to 38.2 C, general malaise for 5 days, headaches.

- ✓ Take a history and examine the patient
- ✓ Determine the survey tactics
- ✓ Interpret laboratory data
- ✓ Make a diagnosis, make a differential diagnosis
- ✓ Determine the principles of patient care

End result (outcomes):

- ✓ A full examination was carried out (full details of complaints, anamnesis of the disease and life).
- ✓ Complete otorhinolaryngological examination of the patient
- ✓ Interpreted laboratory data
- ✓ The abscess was drained and further recommendations were given

Evaluation sheet (check-list)
 on the clinical case "Left-sided paratonsillar abscess"
 Discipline - Otorhinolaryngology for General Medicine

Examinee code _____

Exam date _____

Examiner _____

| No. | Criteria for evaluating steps | Score in points | | | | |
|-----|---|-----------------|---|---|---|---|
| | | 5 | 4 | 3 | 2 | 1 |
| 1 | Greeting, establishing contact with the patient | 5 | 4 | 3 | 2 | 1 |
| 2 | Collection of complaints | 5 | 4 | 3 | 2 | 1 |
| 3 | Collection of anamnesis | 5 | 4 | 3 | 2 | 1 |

| | | | | | | |
|----|--|---|---|---|---|---|
| 4 | Wash hands, put on gloves | 5 | 4 | 3 | 2 | 1 |
| 5 | General ENT examination, palpation of lymph nodes, PNS paranasal sinuses | 5 | 4 | 3 | 2 | 1 |
| 6 | Justification of the preliminary diagnosis | 5 | 4 | 3 | 2 | 1 |
| 7 | Choice of ENT instrumentation | 5 | 4 | 3 | 2 | 1 |
| 8 | Position of the patient | 5 | 4 | 3 | 2 | 1 |
| 9 | Appointment of laboratory tests | 5 | 4 | 3 | 2 | 1 |
| 10 | Administration of local anesthesia | 5 | 4 | 3 | 2 | 1 |
| 11 | Carrying out a differential diagnostic puncture | 5 | 4 | 3 | 2 | 1 |
| 12 | Results of tests | 5 | 4 | 3 | 2 | 1 |
| 13 | Clinical diagnosis | 5 | 4 | 3 | 2 | 1 |
| 14 | Making an incision | 5 | 4 | 3 | 2 | 1 |
| 15 | Opening an abscess | 5 | 4 | 3 | 2 | 1 |
| 16 | Purpose of treatment | 5 | 4 | 3 | 2 | 1 |
| 17 | Further management tactics | 5 | 4 | 3 | 2 | 1 |
| 18 | Prevention | 5 | 4 | 3 | 2 | 1 |
| 19 | Establishing optimal contact with the patient and relieving anxiety | 5 | 4 | 3 | 2 | 1 |
| 20 | Doctor behavior during emergency care | 5 | 4 | 3 | 2 | 1 |
| | Total:100 | | | | | |

2) Medical Simulation Scenario

Clinical case: "Acute maxillary sinusitis, ethmoiditis"

Situational task: You are an admission doctor. A 27-year-old man came to you with complaints of headache, nasal congestion for a week

- ✓ Take a history and examine the patient
- ✓ Determine the survey tactics
- ✓ Interpret laboratory and radiological data
- ✓ Make a diagnosis, make a differential diagnosis
- ✓ Determine the principles of patient care

End result (outcomes):

- ✓ A full examination was carried out (full details of complaints, anamnesis of the disease and life).
- ✓ Otorhinolaryngological examination of the patient
- ✓ Interpretation of laboratory and instrumental data
- ✓ Purpose of treatment

Evaluation sheet (check-list)
on the clinical case "Acute maxillary sinusitis, ethmoiditis"
Discipline - Otorhinolaryngology for students of general medicine

Examinee code _____

Exam date _____

Examiner _____

| No. | Criteria for evaluating steps | Score in points | | | | |
|-----|-------------------------------|-----------------|---|---|---|---|
| | | | | | | |
| 1 | Greetings, introduction | 5 | 4 | 3 | 2 | 1 |
| 2 | Collection of complaints | 5 | 4 | 3 | 2 | 1 |
| 3 | Collection of anamnesis | 5 | 4 | 3 | 2 | 1 |
| 4 | Wash hands, put on gloves | 5 | 4 | 3 | 2 | 1 |

| | | | | | | |
|----|---|---|---|---|---|---|
| 5 | General examination, palpation of the lymph nodes | 5 | 4 | 3 | 2 | 1 |
| 6 | Setting the light source for ENT examination | 5 | 4 | 3 | 2 | 1 |
| 7 | Choice of ENT instrumentation | 5 | 4 | 3 | 2 | 1 |
| 8 | ENT examination | 5 | 4 | 3 | 2 | 1 |
| 9 | (PNS) paranasal sinuses palpation | 5 | 4 | 3 | 2 | 1 |
| 10 | Interpretation of preliminary results | 5 | 4 | 3 | 2 | 1 |
| 11 | Justification of the preliminary diagnosis | 5 | 4 | 3 | 2 | 1 |
| 12 | Appointment of laboratory methods of examination | 5 | 4 | 3 | 2 | 1 |
| 13 | Appointment of instrumental methods of examination | 5 | 4 | 3 | 2 | 1 |
| 14 | Interpretation of results | 5 | 4 | 3 | 2 | 1 |
| 15 | Differential diagnosis | 5 | 4 | 3 | 2 | 1 |
| 16 | Justification of the clinical diagnosis | 5 | 4 | 3 | 2 | 1 |
| 17 | Purpose of treatment tactics | 5 | 4 | 3 | 2 | 1 |
| 18 | Further management tactics | 5 | 4 | 3 | 2 | 1 |
| 19 | Establishing optimal contact with the patient and relieving anxiety | 5 | 4 | 3 | 2 | 1 |
| 20 | Doctor behavior during emergency care | 5 | 4 | 3 | 2 | 1 |
| | Total:100 | | | | | |

3) Medical Simulation Scenario

Clinical case: "Right-sided otitis media caused by a foreign body in the external auditory canal"

Situational task: You are an admission doctor. A 5-year-old boy with his mother turned to you with complaints of discomfort in the right ear, periodic pain and hearing loss on the right. From the anamnesis - the patient 2 days ago had to spend the night on the floor in unhygienic conditions.

- ✓ Take a history and examine the patient
- ✓ Determine the survey tactics
- ✓ Interpret laboratory and radiological data
- ✓ Make a diagnosis, make a differential diagnosis
- ✓ Determine the principles of patient care

End result (outcomes):

- ✓ A full examination was carried out (full details of complaints, anamnesis of the disease and life).
- ✓ Performed a complete otorhinolaryngological examination of the patient
- ✓ Interpreted laboratory and instrumental data
- ✓ Performed the removal of a foreign body of the external auditory tract
- ✓ Prescribed treatment for otitis media

Evaluation sheet (check-list)

on the clinical case "External right-sided otitis caused by a foreign body of the external auditory canal"
 Discipline - Otorhinolaryngology for students of general medicine

Examiner's code _____
 Exam date _____
 Examiner _____

| No. | Criteria for evaluating steps | Score in points | | | | |
|-----|--|-----------------|---|---|---|---|
| | | 5 | 4 | 3 | 2 | 1 |
| 1 | Greeting, establishing contact with the patient | 5 | 4 | 3 | 2 | 1 |
| 2 | Collection of complaints and anamnesis | 5 | 4 | 3 | 2 | 1 |
| 3 | Wash hands, put on gloves | 5 | 4 | 3 | 2 | 1 |
| 4 | General examination, palpation of lymph nodes and surrounding tissue | 5 | 4 | 3 | 2 | 1 |

| | | | | | | |
|----|---|---|---|---|---|---|
| 5 | Setting the Light Source for Inspection | 5 | 4 | 3 | 2 | 1 |
| 6 | The choice of ENT instruments for examination | 5 | 4 | 3 | 2 | 1 |
| 7 | Providing ENT examination | 5 | 4 | 3 | 2 | 1 |
| 8 | Preliminary diagnosis | 5 | 4 | 3 | 2 | 1 |
| 9 | Differential diagnosis | 5 | 4 | 3 | 2 | 1 |
| 10 | Justification of the clinical diagnosis | 5 | 4 | 3 | 2 | 1 |
| 11 | Explanation of treatment tactics | 5 | 4 | 3 | 2 | 1 |
| 12 | Anesthesia of ear canal | 5 | 4 | 3 | 2 | 1 |
| 13 | Foreign body removal | 5 | 4 | 3 | 2 | 1 |
| 14 | Cleaning of the external auditory canal | 5 | 4 | 3 | 2 | 1 |
| 15 | Control inspection | 5 | 4 | 3 | 2 | 1 |
| 16 | Necessary additional methods of investigation if needed | 5 | 4 | 3 | 2 | 1 |
| 17 | Further management tactics | 5 | 4 | 3 | 2 | 1 |
| 18 | Explaining to the patient | 5 | 4 | 3 | 2 | 1 |
| 19 | Establishing optimal contact with the patient and relieving anxiety | 5 | 4 | 3 | 2 | 1 |
| 20 | Doctor behavior during emergency care | 5 | 4 | 3 | 2 | 1 |
| | Total:100 | | | | | |

4) Medical simulation scenario for the examiner.

Clinical case: "Allergic edema of the larynx"

Situational task: You are an admission doctor. A 30-year-old woman came to you with complaints of shortness of breath, barking cough, hoarseness of voice, increased feeling of suffocation, sore throat, general malaise, associated with taking an unknown cough pill 3 hours ago, in the morning.

- ✓ Take a history and examine the patient
- ✓ Determine the survey tactics
- ✓ Interpret laboratory data
- ✓ Make a diagnosis
- ✓ Determine the principles of patient care

End result (outcomes):

- ✓ A full examination was carried out (full details of complaints, anamnesis of the disease and life).
- ✓ Otorhinolaryngological examination of the patient
- ✓ Interpretation of laboratory studies
- ✓ The acute process was stopped and further recommendations were given

Evaluation sheet (check-list)
on the clinical case "Allergic edema of the larynx"
Discipline - Otorhinolaryngology for General Medicine

Examinee code _____

Exam date _____

Examiner _____

| No. | Criteria for evaluating steps | Score in points | | | | |
|-----|--|-----------------|---|---|---|---|
| | | 5 | 4 | 3 | 2 | 1 |
| 1 | Carry out actions that clear the airways | 5 | 4 | 3 | 2 | 1 |
| 2 | Determined that the patient has allergic laryngeal edema - called the criteria | 5 | 4 | 3 | 2 | 1 |
| 3 | Putting the patient in the correct position | 5 | 4 | 3 | 2 | 1 |
| 4 | Assessment of the severity of the patient's condition and its preparation | 5 | 4 | 3 | 2 | 1 |

| | | | | | | |
|----|--|---|---|---|---|---|
| 5 | Prevention of retraction of the tongue and asphyxia, prevention of aspiration of vomit | 5 | 4 | 3 | 2 | 1 |
| 6 | Introduction of adrenaline | 5 | 4 | 3 | 2 | 1 |
| 7 | Infusion therapy | 5 | 4 | 3 | 2 | 1 |
| 8 | ENT examination: indirect laryngoscopy | 5 | 4 | 3 | 2 | 1 |
| 9 | Intralaryngeal infusions | 5 | 4 | 3 | 2 | 1 |
| 10 | Monitoring of vital functions | 5 | 4 | 3 | 2 | 1 |
| 11 | Hormone therapy | 5 | 4 | 3 | 2 | 1 |
| 12 | Repeated monitoring of vital functions | 5 | 4 | 3 | 2 | 1 |
| 13 | Administer an antihistamine | 5 | 4 | 3 | 2 | 1 |
| 14 | Bronchodilator therapy | 5 | 4 | 3 | 2 | 1 |
| 15 | Evaluation of improvement in condition - named criteria | 5 | 4 | 3 | 2 | 1 |
| 16 | Justification of the preliminary diagnosis | 5 | 4 | 3 | 2 | 1 |
| 17 | Hospitalization | 5 | 4 | 3 | 2 | 1 |
| 18 | Further management tactics | 5 | 4 | 3 | 2 | 1 |
| 19 | Establishing optimal contact with the patient and relieving anxiety | 5 | 4 | 3 | 2 | 1 |
| 20 | Doctor behavior during emergency care | 5 | 4 | 3 | 2 | 1 |
| | Total:100 | | | | | |

5) Medical Simulation Scenario

Clinical case: "Allergic rhinoconjunctivitis"

Situational task: You are an admission doctor. You were approached by a young man, 25 years old

- ✓ Take a history and examine the patient
- ✓ Determine the survey tactics
- ✓ Interpret laboratory data
- ✓ Make a diagnosis
- ✓ Determine the principles of patient care

End result (outcomes):

- ✓ A full examination was carried out (full details of complaints, anamnesis of the disease and life).
- ✓ Otorhinolaryngological and ophthalmological examination of the patient
- ✓ Interpretation of laboratory studies
- ✓ Purpose of treatment

Evaluation sheet (check-list)
on the clinical case "Allergic rhinoconjunctivitis"
Discipline - Otorhinolaryngology for General Medicine

Examinee code _____

Exam date _____

Examiner _____

| No. | Criteria for evaluating steps | Score in points | | | | |
|-----|---|-----------------|---|---|---|---|
| | | | | | | |
| 1 | Greeting, establishing contact with the patient | 5 | 4 | 3 | 2 | 1 |
| 2 | Collection of complaints and allergic anamnesis | 5 | 4 | 3 | 2 | 1 |

| | | | | | | |
|----|---|---|---|---|---|---|
| 3 | Wash hands, put on gloves | 5 | 4 | 3 | 2 | 1 |
| 4 | General inspection | 5 | 4 | 3 | 2 | 1 |
| 5 | Setting the Light Source for Inspection | 5 | 4 | 3 | 2 | 1 |
| 6 | The choice of ENT instruments for examination | 5 | 4 | 3 | 2 | 1 |
| 7 | ENT examination | 5 | 4 | 3 | 2 | 1 |
| 8 | Rhinoscopic picture | 5 | 4 | 3 | 2 | 1 |
| 9 | Eye examination | 5 | 4 | 3 | 2 | 1 |
| 10 | Purpose of laboratory research | 5 | 4 | 3 | 2 | 1 |
| 11 | Explanation of treatment tactics | 5 | 4 | 3 | 2 | 1 |
| 12 | Choice of ENT instrumentation and anemization | 5 | 4 | 3 | 2 | 1 |
| 13 | Interpretation of results | 5 | 4 | 3 | 2 | 1 |
| 14 | Justification of the preliminary diagnosis | 5 | 4 | 3 | 2 | 1 |
| 15 | Appointment of ENT treatment | 5 | 4 | 3 | 2 | 1 |
| 16 | Appointment of treatment by an ophthalmologist | 5 | 4 | 3 | 2 | 1 |
| 17 | Systemic treatment | 5 | 4 | 3 | 2 | 1 |
| 18 | Further management tactics | 5 | 4 | 3 | 2 | 1 |
| 19 | Establishing optimal contact with the patient and relieving anxiety | 5 | 4 | 3 | 2 | 1 |
| 20 | Behavior when providing help | 5 | 4 | 3 | 2 | 1 |
| | Total:100 | | | | | |