СИЛЛАБУС

Primary Medical Care Program

1.	**General information about the discipline**		
1.1	Faculty/School: Medicine and Healthcare	1.6	Credits (ECTS): 8 credits 240 hours 160 contact hours / ISW 40 hours / ISWP 40 hours
1.2	Educational Program (OP): 6B10109 GENERAL MEDICINE INTERNSHIP	1.7	**Prerequisites:** Bachelor's Degree in General Medicine **Post-requirements:** Residency
1.3	Agency and year of accreditation of the IAAR OP 2021 of the Eurasian Center for Accreditation and Quality Assurance in Education and Healthcare 2025 2025	1.88	ISW (qty): 40 hours
1.44	Name of the discipline: Pediatrics at the primary health care level	1.9	ISWP(qty): 40 hours

1.55	ID Discipline ID: 95920 Discipline code: PPMP6301	1.10.10	***Required*** -compulsoty core
2.	**Description of the discipline**		
	Effective work within the PHC system, focusing on the quality and safety of child health care. Training students to integrate previously acquired medical knowledge and skills based on evidence-based practice to address pediatric health problems, implement therapeutic, diagnostic, preventive, and rehabilitation measures. Particular emphasis is placed on the dynamic observation of children with the most common pediatric diseases, as well as on counseling and educating parents.		
3	**Aim of the discipline:**		
The goal – to develop the ability to work effectively within the primary health care system, ensuring quality and safety in providing care for children. To master the integration of previously acquired medical knowledge and skills based on evidence-based practice for solving pediatric health problems, implementing therapeutic, diagnostic, preventive, and rehabilitation measures, as well as counseling and educating parents.			
4.	**Results of training (RO) in the discipline (3-5)**		
	RO of the discipline		RO for the educational program, which is associated with the RO for the discipline (RO number from the OP passport)
1	Integrate and apply clinical knowledge and skills considering the child's age, family's social context and the healthcare system's resources to develop, implement, and evaluate an individualized management plan.	Level of proficiency- 4	Integrate clinical knowledge and skills to provide an individual approach to the treatment of a particular patient and the promotion of his health in accordance with his needs and the possibilities of the health care system;
2	Apply knowledge and clinical skills in diagnosing and managing childhood diseases in the PHC setting, using	Level of proficien	Make professional decisions based on the analysis of the rationality and effectiveness of diagnostics and treatment results, applying the principles

	evidence-based medicine to identify patient-specific problems, select optimal solutions, and implement them effectively.	cy - 4	of evidence-based and personalized medicine.
3	Establish trustful interaction with the child and parents, communicate medical information in an age-appropriate and understandable manner, actively involve the family in decision-making, and provide support during diagnostic and therapeutic procedures in compliance with ethical and deontological principles.	Level of proficiency - 5	Apply knowledge of the basic principles of human behavior to effectively build a dynamic relationship between a doctor and a patient in the implementation of the treatment and diagnostic process, support the patient and his family, in compliance with the principles of ethics and deontology.
4	Work effectively within a multidisciplinary team in providing pediatric care at the PHC level, coordinate interactions with nurses, psychologists, and other specialists, and integrate diagnostic and therapeutic interventions taking into account the child's developmental characteristics.	Level of proficiency	Effectively organize and manage the diagnostic and therapeutic process within an interprofessional/multidisciplinary team alongside other healthcare professionals.
5	Maintain pediatric medical records in the PHC setting using electronic health systems and modern digital technologies, ensuring accuracy and timeliness; analyze data and apply them for clinical decision-making and scientific research purposes.	Level of proficiency - 4	Analyze and maintain the necessary documentation in healthcare organizations using modern digital technologies and information resources to address professional tasks, including scientific research.
6	Assess health-related factors in children and their families in the PHC setting; organize and implement preventive measures including vaccination and screening programs aimed at disease prevention; promote healthy lifestyle behaviors and actively engage parents and children in preventive activities through counseling and education.	Level of proficiency 5	Organize and carry out activities to maintain individual and population health, to promote a healthy lifestyle for a person and family, based on the application of knowledge about the complex of factors and processes that determine health and disease in order to prevent them.
	In providing primary health care to children, demonstrate adherence to the highest standards of professional integrity and responsibility; apply ethical principles in interactions with the	Level of proficien	Follow the highest standards of professional responsibility and integrity; follow ethical principles in all professional interactions with patients, families, colleagues and society as a whole, regardless of ethnicity,

	patient, parents, and colleagues; ensure transparency and honesty in clinical decision-making, thereby reinforcing public trust.	cy - 5	culture, gender, economic status or sexual orientation
7	While providing primary health care to children, continuously assess and reflect on one's clinical knowledge and skills, identify learning gaps and plan strategies to address them; integrate new scientific evidence and clinical guidelines into practice, utilize supervisor feedback, and actively engage in lifelong learning and professional development.	Level of proficiency - 4	Assess, analyze, identify gaps in their own learning and apply knowledge and skills for professional development, focus on personal growth and lifelong learning.
5.	**Summative assessment methods** *(check* (yes-no) / *indicate your own)***:**		
5.1	MCQ testing for understanding and application	5.5	Portfolio of scientific papers
5.2	Passing practical skills-miniclinical exam (MiniCex) for interns	5.6	Shifts
5.3	ISW -implementation of the project "**Targeted examination of the quality of medical care**"	5.7	Border control: Stage 1-MCQ testing for understanding and application Stage 2-passing practical skills (miniclinical exam (MiniCex)
5.4	Maintaining medical records	5.8	Exam: Stage 1-MCQ testing for understanding and application Stage 2-OSCE with SP

6.	**Detailed information about the discipline**		
6.1.1	Academic year: 2025-2026	6.3	Schedule (class days, time): From 8.00 to 15.00
6.2.2	Semester: 11-12 semester	6.4.	Place City Polyclinic No. 26 Primary Health Care Center of the Medeu District

7.	**Discipline leader**			
Position	Full name	Department	Contact information (tel., e-mail)	Consultation before exams
lecturer	Oishinova N K	Obstetrics and Gynecology	87057649547 nazgul.kenesbaevnabk@mail.ru	

8.	**The contents of the discipline**		
	Topic Title	Number of hours	form of the learning
1	Postnatal home visits for newborns. Physiology 0–28 days, “red flags,” organization of postnatal care, initiation of breastfeeding, prevention of SIDS, primary health care screenings.	4	Work with the patient, with integrated information system
2	Neonatal jaundice, respiratory disorders, suspected neonatal sepsis. Examination algorithm, bilirubin/TcB, referral pathways.	4	Work with the patient, with integrated information system

3	Infant feeding, colic, regurgitation/GER, dehydration. Maternal counseling, rehydration, feeding mistakes.	4	Work with the patient, with integrated information system
4	Poisoning in children. First aid at the primary care level, indications for hospitalization, prevention of household poisoning.	4	Work with the patient, with integrated information system
5	Vaccination according to the National Immunization Schedule. Indications/contraindications, adverse events following immunization (AEFI), working with refusals, informed consent rules.	4	Work with the patient, with integrated information system
6	Vaccination for epidemic indications. Post-exposure prophylaxis, catch-up immunization.	4	Work with the patient, with integrated information system
	Fever in children (0–5 years). Risk stratification, primary care tactics, when to suspect UTI.	4	Work with the patient, with integrated information system
	ARVI, rhinosinusitis, acute otitis media. Symptom-oriented decisions at the primary care level, “wait-and-see” tactics.	4	Work with the patient, with integrated information system
7	Bronchiolitis and pneumonia in children. Diagnosis at the primary care level, criteria for hospitalization, home observation.	4	Work with the patient, with integrated information system
Midterm control 1	Summative assessment: 2 stages: Stage 1-testing по MCQ testing for understanding and Application - 50% Stage 2- Mini Clinical Exam (MiniCex) - 50%		
1	Monitoring of growth and development (0–5 years). Percentile charts, “failure to thrive,” short stature.	4	Work with the patient, with integrated information system
2	Early diagnosis of ASD and developmental delays. M-CHAT-R screening, referral to PMPC, early intervention.	4	Work with the patient, with integrated information system

3	Pediatric dermatoses. Diaper dermatitis, atopic dermatitis, pyodermas.	4	Work with the patient, with integrated information system
4	Iron deficiency anemia. Screening, approaches, iron preparations, prevention.	4	Work with the patient, with integrated information system
5	Allergic diseases. Bronchial asthma, allergic rhinitis, inhalation technique.	4	Work with the patient, with integrated information system
6	Chronic non-communicable diseases in children and adolescents. Obesity, prediabetes/DM, hypertension in adolescents.	4	Work with the patient, with integrated information system
7	Adolescent medicine. Mental health, suicide risk, psychoactive substances, sexual and reproductive health.	4	Work with the patient, with integrated information system
8	Dispensary follow-up and monitoring of chronic conditions. Individual plan, “safety-netting.”	4	Work with the patient, with integrated information system
9	MSEC and PMPC at the primary care level. Referral, documentation, support for children with disabilities.	4	Work with the patient, with integrated information system

Boundary control 2	Summative assessment: 2 stages: Stage 1-testing по MCQ teasing for understanding and application - 50% Stage 2-mini Clinical exam (MiniCex) - 50% Submission of portfolio: internship diaries, duty logs, prepared clinical reviews and medical simulation scenarios, scientific papers, health education work, participation in medical examinations
Final control (exam)	Summative evaluation: 2 stages:

	1st stage - testing по MCQ teasing for understanding and application - 50% 2nd stage - OCE with SP-50% Submission of portfolio: internship diaries, duty logs, prepared clinical reviews and medical simulation scenarios, scientific papers, health education work, participation in medical examinations	
Total		**100**
9.	**Teaching methods in the discipline** (briefly describe the teaching and learning approaches that will be used in teaching) Using active методов learning methods: CBL	
1	**Methods of formative assessment:** CBL-Case Based Learning	
2	**Methods Summativeof summative assessment (from point 5):** 1. MCQ testing for understanding and application 2. Passing practical skills-miniclinical exam (MiniCex) 3. SRS-Target examination of the quality of medical care (ECMP) 4. Maintaining medical records 5. Portfolio of scientific papers 6. Duties (4 per month)	
10.	**SummativeSummative**	
No	**Forms of the control**	**Weight in % of total %**

1	Clinical analysis	10% (estimated from the checklist)
2	Maintenance of medical records	10% (estimated from the checklist)
3	ISW – completion of the ECMP stage	10% (estimated by the checklist)
4	Shifts	10% (estimated from the checklist)
5	Milestone control	60% (Stage 1 - тестирование по MCQ teasing for understanding and application-40%; Stage 2 - mini clinical exam (MiniCex) - 60%)
Total RC1		10+10+10 + 10 + 60 = 100%
1	Clinical analysis	10% (estimated by checklist)
2	Maintaining medical records	10% (estimated by checklist)
3	ISW	10% (estimated from the checklist)
4	Shifts	10% (estimated from the checklist)
5	Milestone control	60% (Stage 1 - MCQ teasing for understanding and application-40%; Stage 2 - mini clinical exam (MiniCex) - 60%)
Total RC2		10+10+10 + 10 + 60 = 100%
9	The exam	**has 2 stages:** 1st stage - MCQ teasing for understanding and application - 50%

		2nd stage - OCE with SP - 50%
10	**Final grade:**	ORD 60% + Exam 40%
10.	**Evaluation**	

Score Letter system	**score Digital equivalent**	**Points (% content)**	**Description of the assessment** (changes can only be made at the level of the decision of the Academic Quality Committee of the Faculty)
A	4.0	95-100	**Great.** Exceeds the highest task standards.
A -	3.67	90-94	**Excellent.** Meets the highest standards of the task.
At+	3.33	85-89	**Is Good.** Very good. Meets the high standards of the assignment.
In	3.0	, 80-84	**Is Good.** Meets most job standards.
B-	2.67	75-79	**Good.** More than enough. Shows some reasonable knowledge of the material.
C+	2.33	70-74	**Is Good.** Acceptable. Meets the main task standards.
From	2.0	65-69	**Satisfactory.** Acceptable. Meets some of the main task standards.
C-	1.67	60-64	**Satisfactory.** Acceptable. Meets some of the main task standards.
D+	1,33	55-59	**Satisfactory.** Minimally acceptable.
D	1,0	50-54	**Satisfactory.** Minimally acceptable. The lowest level of knowledge and task completion.

FX	0,5	25-49	**Unsatisfactory.** Minimally acceptable.
F	0	0-24	**Unsatisfactory.** Very low productivity.

11.	**Training resources** *(use the full link and indicate where you can access the texts/materials)*

Literature	
	Available in the Department **(Classroom link)**
Electronic resources	**Online-resources:** Medscape.com - https://www.medscape.com/familymedicine Oxfordmedicine.com -https://oxfordmedicine.com/Uptodate.com Uptodate.com - **https://www.wolterskluwer.com/en/solutions/uptodate** **Osmosis - https://www.youtube.com/c/osmosis** **Ninja Nerd - https://www.youtube.com/c/NinjaNerdScience/videos** **CorMedicale - https://www.youtube.com/c/CorMedicale://www.youtube.com/c/CorMedicale -medical video animations in russian.** **Lecturio Medical - https://www.youtube.com/channel/UCbYmF43dpGHz8gi2ugiXr0Q** **SciDrugs - https://www.youtube.com/c/SciDrugs/videos://www.youtube.com/c/SciDrugs/videos -video lectures on pharmacology in russian.**

Simulators in the simulation center	
Special software	1. Google classroom – freely available. 2. Medical calculators: Medscape, Справочник Doctor's Handbook, MD+Calc - freely available. 3. Handbook of diagnostic and treatment protocols for medical workers from RCRS, Ministry of Health of the Republic of Kazakhstan: Dariger - available in free access.
12.	**Training requirements обучающемуand bonus system**

Student in accordance with the individual internship plan:

1) supervises patients in organizations that provide pre-medical care, emergency medical care, specialized medical care (including high-tech), primary health care, palliative care, and medical rehabilitation;

2) participates in the appointment and implementation of diagnostic, curative, and preventive measures;

3) maintains documentation and sanitary procedures for the treatment of patients.-educational work among the population;

4) participates in the preparation of reports on the activities of structural divisions;

5) participates in preventive examinations, medical examinations, is present at consultations;

6) participates in the work of professional medical societies;

7) participates in clinical rounds, clinical reviews;

8) participates in duty at least four times a month in medical organizations (duties are not taken into account when calculating the training load of a student during an internship);

9) participates in clinical and clinical-anatomical conferences;

10) attends pathoanatomical autopsies, participates in autopsy, and biopsy studies.

11) collect materials and analyze data for a research project under the supervision of a research supervisor.

Bonus system:

For extraordinary achievements in the field of future professional activity (clinical, scientific, organizational, etc.), students can receive additional points up to 10% of the final assessment (by the decision of the department).

13.	**Discipline Policy** *(please do not change the parts highlighted in green)*
	The policy of the discipline is determined by the Academic Policy of the University and the Academic Integrity Policy of the University. If the links do not open, then you can find up-to-date documents in the Univer IP. **Rules of professionalProfessional behavior rules:** **Appearance:** office style of clothing (shorts, short skirts, open T-shirts are not allowed to attend the university, jeans are not allowed in the clinic) clean ironed dressing gown medical mask medical cap (or a neat hijab without hanging ends) medical gloves change of shoes neat hairstyle, long hair should be gathered in a ponytail, or bun, both for girls and boys. Neatly cropped nails. Bright, dark manicure is prohibited. It is acceptable to cover your nails with clear varnish. badge with full name (in full) 2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)

	3) *Properly issued sanitary (medical) book (before the start of classes and must be updated in due time) **4) * Availability of a vaccination passport or other document on a fully completed course of vaccination against COVID-19 and influenza** **5) Mandatory compliance with personal hygiene and safety regulations** 6) Systematic preparation for the educational process. 7) Accurate and timely maintenance of accounting documentation. 8) Active participation in medical-diagnostic and social events of departments. **A student without a medical book and vaccination will not be allowed to see patients.** **Ca tudentthat does not meet the requirements of its appearance and/or that emits a strong/pungent smell, since such a smell can provoke an undesirable reaction in the patient (obstruction, etc.) – is not allowed to patients!** **The teacher has the right to make a decision on admission to classes for students who do not meet the requirements of professional behavior, including the requirements of the clinical base!** **Academic discipline:** You can't be late for classes or a morning conference. If you are late , the decision on admission to the lesson is made by the teacher leading the lesson. If there is a valid 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 to the head of the department, indicating the reasons for the delay, and is sent to the dean's office for admission to the class. If you are late without a valid reason, the teacher has the right to withdraw points from the current assessment (1 point for each minute of delay). Religious events, holidays, etc. are not a valid reason for skipping, being late, or distracting the teacher and group from work during

	classes. If you are late for a valid reason – do not distract the group and the teacher from the lesson and go quietly to your seat. Leaving a class earlier than the scheduled time, or being outside the workplace during school hours is considered a truancy. Additional work of students during school hours (during practical classes and duties) is not allowed. For students who have more than 3 passes without notifying the curator and a valid reason, a report is issued with a recommendation for expulsion. Missed classes are not processed. Students are fully subject to the Internal rules of the clinical bases of the department To greet the teacher and any older person by getting up (in class) Smoking (including the use of vapes, e-cigarettes) strictly prohibited on the territory of medical institutions (out-doors) and the university. Punishment-up to cancellation of border control, in case of repeated violation-the decision on admission to classes is made by the head of the department of Respect for colleagues, regardless of gender, age, nationality, religion, sexual orientation. Have a laptop / laptop / tab / tablet with you for training and passing MCQ tests on TBL, boundary and final controls. Сдача тестов Taking MCQ tests on телemobile phones and smartphones is strictly prohibited. The student's behavior during exams is regulated by the "Rules for conducting final control", "Instructions for conducting final control of the autumn / spring semester of the current academic year" (current documents are uploaded to theUniver ICand updated before the session starts); "Regulations on checking students ' text documents for borrowing".
14.	**360° assessment - assessment of professional behavior and attitudes (according to the checklist)** Assessment is conducted by a mentor, head of the department and/or deputy head physician for medical work, doctors, nurses, patients (see checklists) **At full completion-additional points are not added**

	If the score is lower than 80 - points are minus from the final score
	1. Constantly preparing for classes: For example, it supports statements with relevant links, makes brief summaries , demonstrates effective learning skills, and helps others **learn 2. Take responsibility for your training:** For example, it manages its own training plan, actively tries to improve itself, and critically evaluates information resources **3. Actively participate in the group's training:** For example, they actively participate in discussions and are willing to take tasks **4. Demonstrate effective group skills** For example, it takes the initiative, shows respect and correctness towards others, and helps resolve misunderstandings and conflicts. **5. Proficient communication skills with peers:** For example, actively listens, and is receptive to nonverbal and emotional cues Respectful attitude **6. Highly developed professional skills:** Committed to completing assignments, looking for opportunities for more training, confident and qualified Compliance with ethics and deontology in relation to patients and medical staff Compliance with subordination. **7. High introspection:** For example, it recognizes the limitations of its knowledge or abilities without taking the defensive or rebuking others **.8 Highly developed critical thinking:** For example, the student demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases

	from practice, critically evaluating information, making conclusions out loud, explaining the reflection process **9. Fully complies with the rules of academic behavior with understanding, suggests improvements to improve performance.** Adheres to the ethics of communication-both oral and written (in chats and messages) **10. Fully adheres to the rules with full understanding of them, encourages other group members to adhere to the rules** Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER
15.	**Distance/online learning is prohibited in the клиничclinical discipline дисциплине** *(please do not change the parts marked in green)*

1. According to the Order of the Ministry of Education and Science of the Republic of Kazakhstan No. 17513 dated October 9, 2018 "On approval of the List of areas of training of personnel with higher and postgraduate education, training in which in the form of external and online training is not allowed"

According to the above-mentioned regulatory document, specialties with the code **of health care disciplines**: bachelor's degree (6B101), master's degree (7M101), residency (7R101), doctoral studies, (8D101) - training in the form of external and online-training is **not allowed.**

Thus , students are prohibited from distance learning in any form. It is allowed only to work out a class in the discipline in connection with the absence of a student for a reason beyond his control and the availability of a timely confirmation document (for example: a health problem and the declaration of an approval document - a medical certificate, NSR signal sheet, an extract of a consultation appointment with a medical specialist - to the doctor)

16.	**Approval and review**	
Head of the Department		
Committee for the Quality of Teaching and Training of the Faculty		Approval date
Dean		Dean of the faculty

RUBRICATOR FOR EVALUATING LEARNING OUTCOMES

for summative evaluation

№	Control Form No	Weight in % of total %
1	Clinical analysis	10% (estimated by checklist)
2	Medical documentation management	10% (estimated by checklist)
3	ISW – completion of the ECMP stage	10% (estimated by the checklist)
4	Shifts	10% (estimated from the checklist)
5	Milestone control	60% (Stage 1 - MCQ teasing for understanding and application-40%; Stage 2 - mini clinical exam (MiniCex) - 60%)
Total RC1		10+10+10 + 10 + 60 = 100%
1	Clinical analysis	10% (estimated by checklist)
2	Maintaining medical records	10% (estimated by checklist)
3	ISW	10% (estimated from the checklist)
4	Shifts	10% (estimated from the checklist)
5	Milestone control	60% (Stage 1 - MCQ teasing for understanding and application-40%; Stage 2 - mini clinical exam (MiniCex) - 60%)
Total RC2		10+10+10 + 10 + 60 = 100%
9	The exam	**has 2 stages:** 1st stage - MCQ teasing for understanding and application - 50% 2nd stage - OCE with SP - 50%
10	**Final grade:**	ORD 60% + Exam 40%

Rating categories

Point-rating rating fromthe webinar for interns (maximum 100 points)

	№	Criteria (scored on a point system)	10 *excellent*	8 *above average*	6 *acceptal*
Oral survey, discussion	1	Basic theoretical knowledge	Full mastery of the curriculum. Demonstrated original thinking. Independently used additional literature	Demonstrated standard thinking with full mastery of the curriculum	Mastery o material non-criti inaccuraci respons
	2	Clinical thinking			
	3	Differential diagnosis, choice of examination tactics with an understanding of the information content and reliability of tests			
	4	Choice of treatment tactics with an understanding of the mechanism of drugs' action			
	5	Patient management tactics: complications, prognosis, outcomes			
	6	Group communication skills and professional attitude	Contact and productive team member		
Test	7	Work on current / final test tasks (maximum 20 points).			
Ad	8	Selection and analysis of additional material-articles / presentations	Valuable material		

ds it. material	9	Report articles/presentations. Consistency, consistency and quality of the report	Short, informative and logical		

Point-rating rating of thematic analysis for interns (maximum 100 points)

		PATIENT REPORT		
No.	**Evaluation criteria**	**10 points**	**8 points**	**6**
1.	Completeness and accuracy	Accurate, provides detailed description of the disease manifestations. Able to identify the most important problem.	Collects key information, attentive, identifies new problems.	Incomplete c
2.	Detail	Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a specific situation.	Identifies main symptoms	Incom
3.	Systematic	Able to establish priorities of clinical problems in a relatively short time	Fails to fully control the process of history taking, which prolongs the time required	Allows the p from the mair longer histo leading que guide the incorre
		PHYSICAL EXAMINATION		
4.	The sequence and correctness of the presentation of physical examination data	Performed correctly with consistency; confident, well-developed examination technique	Knows the correct sequence; demonstrates reasonable skill in preparation and performance of the examination	Inconsiste incomplete examination attempt ke exar
5.	Efficiency	Identifies all major physical signs as well as important details	Revealed the main symptoms	Incom
6.	The ability to analyze the identified data	Adjusts the sequence of examination based on symptoms; clarifies and elaborates on clinical manifestations	Assumes a broad range of potential diseases with similar findings, but does not specify or detail the manifestations	Unable to interview an data to the c
		JUSTIFICATION OF THE PRELIMINARY DIAGNOSIS		
7.	Justification of the Preliminary Diagnosis (including the most probable, differential, and	Clearly identifies and formulates the main syndromes and symptoms; provides diagnosis justification in accordance with approved	Identifies the main syndromes, justifies the diagnosis correctly, but does not identify all differential and comorbid conditions	Does not ide syndrom incomplete ju diagnosis; fa differential a

	comorbid conditions)	classifications		cor
EXAMINATION PLAN				
8.	Organization of the examination plan	selects the most informative and accessible investigations aimed at confirming or ruling out the most probable and/or alternative diagnoses.	Correctly composes a diagnostic plan related to the primary pathology	Includes low inaccessib methods
TREATMENT PLAN				
9.	The appointment of a treatment plan	Selects the most necessary drugs, taking into account the underlying disease, its complications, concomitant pathology, and individual characteristics of a particular patient.	Treatment is generally adequate for the main condition, but does not consider comorbidities or potential side effects of the medications	Polypharm includes oth not essential i this particul the choice complet OR the inco
10.	Understanding of the mechanisms of action of prescribed drugs	has a very good knowledge of information about each drug, knows pharmacodynamics, pharmacokinetics, complications, side effects.	Knows the main groups of drugs and mechanisms of action. Has complete information about prescribed medications, prescribes adequate treatment.	Has insuffici the pharmac pharmacokine drugs, demo knowled

Point-rating assessment of medical documentation management for interns (maximum 100 points)

No.	criteria (assessed according to the score system)	10 *Well*	8 *above average*	6 *acceptable*
1	Patient complaints: primary and secondary	complete and systematic understanding of important details	Accurately and completely	Basic informatio
2	Collection history of the disease			
3	Life history			
4	Reflection of the objective status at the time of examination	Effectively organized and focused	Consistently and correctly	Identify the mai data
5	Diagnosis formulation	the most complete formulation to Understand the problem in a complex that associates with the characteristics of the patient	Correct and justified from the point of view of the underlying pathology	the diagnosis of the Ordinary approach
6	Examination plan			
7	Treatment plan for a specific patient, taking into account the main and comorbid conditions			
8	Observation diary, interim and discharge summaries (epicrises)	is Analytic in the assessment and plan	Accurate, concise, organized and	Reflects the dynamics of the new data
9	Presentation of the case history	focus on the problems, the choice of key facts full ownership of the situation is	accurate, focused; the choice of the facts shows understanding	Report on form includes all the basic informatio
10	Theoretical knowledge with regard to the case	Full understanding of the problem excellent knowledge	Knows diff.diagnosis. Knows the basic, the features and options	Knows the basi

Checklist creating a medical simulation scenario (maximum of 100 points)

No.	criteria (assessed according to the score system)	10 *well*	8 *above average*	6 *acceptable*
1	Complaints of the patient: primary and secondary Collection of anamnesis of disease	complete and systematic understanding of important details	Accurately and completely	Basic informatio
2	the Reflection of objective status at the time of inspection	Effectively organized and sootvetsvenno complaints and anamnesis	Consistently and correctly	Identify the mai data
3	Justification of diagnosis	The most comprehensive justification and formulation. Understands the problem in its entirety, and relates it to the patient's specific needs	Correct and justified from the point of view of the main pathology	The main diagnosis Ordinary approach
4	survey plan			
5	Selection and interpretation of laboratory and instrumental examination			
6	Differential diagnosis	as fully reflect all of the ability to Understand the problem in a complex that associates with the characteristics of the patient	Correct and justified from the point of view of the underlying pathology	the diagnosis of the Ordinary approach
7	Justification of the final diagnosis,	the most complete formulation	Correct and justified from the point of view of the underlying pathology	Only the primar diagnosis withou considering the specific situatio
8	Plan of treatment for a particular patient based on the primary and concomitant illnesses	is Analytic in the assessment and plan	Accurate, concise, organized and	Reflects the dynamics, the new data is
9	an understanding of the mechanism of actions of the appointed means	complete	wrong in unimportant details	partial

10	Representation of history	focus on the problems, the choice of key facts full ownership of the situation is	accurate, focused; the choice of facts shows an understanding of	the script in form includes all the basic informatio but a lot of hitches

Duty-estimated by the number of patients admitted and examined (at least 6 patients - 10 points for each patient),

assessment of the doctor on duty (maximum 30 points)

assessment of the report on duty at the morning conference (maximum 10 points)

On-duty checklist

<table>
<tr><td>Filled in by an intern</td><td>Full name of the intern _____
Specialty_____
Group number_____ Duty date_____ 20____ city of</td></tr>
<tr><td>Filled in by the doctor on duty</td><td>Start time of duty_____
End of duty time_____
Last name, first name, patronymic of the doctor on duty (in full) _____
Number of patients admitted to the clinic while on duty_____
Number of self-admitted patients with I/O registration_____
Number of patients left under observation and examined _____
Registration of each I / O:
Competently and accurately, in a timely manner | 10 9 8 7 6 5 4 3 2 1 | Slo
Practical skills
Committed to fulfillment, looking for opportunities, confident and qualified | 10 9 8 7 6 5 4 3 2 1 | Clu rou
Help on duty
Responsible, committed to being useful | 10 9 8 7 6 5 4 3 2 1 | Un</td></tr>
<tr><td>Filled in by the teacher</td><td>Duty Report:
focus on the problem, select key facts and fully understand the situation | 10 9 8 7 6 5 4 3 2 1 | Lac om
Total points _ _ _ _ _ _ _ _ _
Note:: _____
Full name of the teacher who accepted the report _____ signature __</td></tr>
</table>

Checklist for evaluating health education work (Health advocate)

Evaluation criteria	***excellent***	***above average***	***acceptable***	***requires correction***	***un***
Matching the topic Reliability of information					
Whether the goal is achieved, fficiency					
Consistency, consistency, and tructure Visibility and clarity					
Creative approach					
Clear and accessible					
nteresting					
Convincing					
Applicable					
Creative and entertaining					
ecurity question					
max – 100 bps):					
ame and signature of the teacher					

360° assessment checklist for an intern

Full name of the intern _____ Group _____

Full name of the curator _____ Signature _____

	Full name	Evaluation	Signature
Mentor			
Head of the Department			
Resident Doctor			
Doctor on duty			
Doctor on duty			
Older sister			
Medical nurse			
Patient			
Patient			

mentor

Mentor's full name_____ Signature _____

	Very well	Criteria and points	Unsatisfactory
1	**Continuous self-education:** For example, it supports statements with appropriate links and makes brief summaries	**Preparation** **10 8 6 4 2**	**No desire for self-ed** For example, insuffic makes a minor contri summarize the materi
2	**Accepts responsibility for their training:** For example, it manages its own training plan, actively tries to improve itself, and critically evaluates information resources	**Responsibilit y** **10 8 6 4 2**	**Does not accept resp** For example, it deper errors, and rarely crit
3	**Actively participates in the training of the group:** For example, they actively participate in discussions and are willing to accept assignments	**Participatio n** **10 8 6 4 2**	**Not active during gr** For example, they do process or are reluct
4	**Demonstrates effective group skills** For example, it takes the initiative, shows respect and correctness towards others, and helps resolve misunderstandings and conflicts.	**Group skills** **10 8 6 4 2**	**Demonstrates ineffe** For example, it is ina skills, interrupts, eva shows impatience
5	**Adept at communicating with peers:** For example, actively listens, and is receptive to nonverbal and emotional cues	**Communicat ions** **10 8 6 4 2**	**Difficult to commun** For example, poor lis nonverbal or emotion
6	**Highly developed professional skills:** For example, excellent attendance, reliability, readily accepts feedback and learns from it	**Professionali sm** **10 8 6 4 2**	**Inferiority in profes** For example, omissio difficulties in receivi
7	**High introspection:** For example, it recognizes the limitations of its knowledge or abilities without becoming defensive or reproaching others.	**Reflection** **10 8 6 4 2**	**Low introspection:** For example, they ne understanding or abil them.

8	**Highly developed critical thinking:** For example, the teacher demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases from practice, critically evaluating information, making conclusions out loud, and explaining the process of reflection	**Criticalthinking мышление** **10 8 6 4 2**	**Lack of critical thin** For example, it has di does not generate hyp either because of thei not have the ability to
9	**Effective learning skills:** Demonstrates a report on problematic issues at the appropriate level, relative to the case under consideration, and in a structured manner. Uses notes or summarizes for better memorization of the material by others	**Training** **10 8 6 4 2**	**Ineffective learning** Low level of reportin under consideration a use of notes, does not summarize the materi to others
10	Committed to fulfillment, looking for opportunities, confident and qualified	**Practical skills-кие навыки** **10 8 6 4 2**	Clumsy, afraid, refus
	As much as possible	**100 points**	

HEAD OF THE DEPARTMENT

Full name of the Head. by department_____
Signature _____

	Very well	**Criteria and points**	**Unsatisfac**
1	Responsible, committed to being useful	**Reliability** **10 9 8 7 6 5 4 3 2 1**	Unexplaine
2	Responds appropriately, consistently commits, and learns from mistakes	**Response to the instruction** **10 9 8 7 6 5 4 3 2 1**	No reactio
3	Good knowledge and outlook, aspires to know more	**Training** **10 9 8 7 6 5 4 3 2 1**	No desire,
4	Gaining trust	**Attitude to the patient** **10 9 8 7 6 5 4 3 2 1**	Avoids per
5	Sets the tone for mutual respect and dignity	**Attitude to colleagues** **10 9 8 7 6 5 4 3 2 1**	Unreliable,
6	Sets the tone for mutual respect and dignity	**Attitude to medical staff** **10 9 8 7 6 5 4 3 2 1**	Unreliable,
7	Complete self-control, constructive solutions	**Actions under stress** **10 9 8 7 6 5 4 3 2 1**	Inadequate
8	Can organize your work or be an effective team member	**Group skills** **10 9 8 7 6 5 4 3 2 1**	Unreliable
9	Competently and accurately, in a timely manner	**Maintaining a medical history** **10 9 8 7 6 5 4 3 2 1**	Sloppy, ch
10	Committed to fulfillment, looking for opportunities, confident and qualified	**Practical skills** **10 9 8 7 6 5 4 3 2 1**	Clumsy, af
	As much as possible	**100 points**	

RESIDENT DOCTOR

Full name of Resident doctor_____ Signature _____

	Very well	**Criteria and points**	**Unsat**
1	Responsible, committed to being useful	**Reliability** **10 9 8 7 6 5 4 3 2 1**	Unexp
2	Responds appropriately, consistently commits, and learns from mistakes	**Response to the instruction** **10 9 8 7 6 5 4 3 2 1**	No rea
3	Good knowledge and outlook, aspires to know more	**Training** **10 9 8 7 6 5 4 3 2 1**	No des
4	Gaining trust	**Attitude to the patient** **10 9 8 7 6 5 4 3 2 1**	Avoid
5	Sets the tone for mutual respect and dignity	**Attitude to colleagues** **10 9 8 7 6 5 4 3 2 1**	Unreli
6	Sets the tone for mutual respect and dignity	**Attitude to medical staff** **10 9 8 7 6 5 4 3 2 1**	Unreli
7	Complete self-control, constructive solutions	**Actions under stress** **10 9 8 7 6 5 4 3 2 1**	Inadeq
8	Can organize your work or be an effective team member	**Group skills** **10 9 8 7 6 5 4 3 2 1**	Unreli
9	Competently and accurately, in a timely manner	**Maintaining a medical history** **10 9 8 7 6 5 4 3 2 1**	Sloppy
10	Committed to fulfillment, looking for opportunities, confident and qualified	**Practical skills** **10 9 8 7 6 5 4 3 2 1**	Clums
	As much as possible	**100 points**	

DOCTOR ON DUTY

Full name of the doctor on duty_____
Signature _____

	Very well	**Criteria and points**	**U**
1	Responsible, committed to being useful	**Reliability** **10 9 8 7 6 5 4 3 2 1**	U
2	Responds appropriately, consistently commits, and learns from mistakes	**Response to the instruction** **10 9 8 7 6 5 4 3 2 1**	N
3	Good knowledge and outlook, aspires to know more	**Training** **10 9 8 7 6 5 4 3 2 1**	N
4	Gaining trust	**Attitude to the patient** **10 9 8 7 6 5 4 3 2 1**	A
5	Sets the tone for mutual respect and dignity	**Attitude to colleagues** **10 9 8 7 6 5 4 3 2 1**	U
6	Sets the tone for mutual respect and dignity	**Attitude to medical staff** **10 9 8 7 6 5 4 3 2 1**	U
7	Complete self-control, constructive solutions	**Actions under stress** **10 9 8 7 6 5 4 3 2 1**	In
8	Can organize your work or be an effective team member	**Group skills** **10 9 8 7 6 5 4 3 2 1**	U
9	Competently and accurately, in a timely manner	**Maintaining a medical history** **10 9 8 7 6 5 4 3 2 1**	Sl
10	Committed to fulfillment, looking for opportunities, confident and qualified	**Practical skills** **10 9 8 7 6 5 4 3 2 1**	Cl ro
	As much as possible	**100 points**	

HONEY SISTER

Full name of the Doctor.my sister _____
Signature _____

	Very well	**Criteria and points**	**Unsat**
1	Responsible, committed to being useful	**Responsibility and reliability** **10 9 8 7 6 5 4 3 2 1**	Unexp
2	Sets the tone for mutual respect and dignity	**Attitude to medical staff** **10 9 8 7 6 5 4 3 2 1**	Unreli
3	Gaining trust	**Attitude to the patient** **10 9 8 7 6 5 4 3 2 1**	Avoid
4	Complete self-control, correct decisions	**Actions under stress, in a conflict situation** **10 9 8 7 6 5 4 3 2 1**	Shifts
5	Knows how to organize the work of medical staff	**Organizational skills** **10 9 8 7 6 5 4 3 2 1**	Unsur
	As much as possible	**50 points**	

a patient

Patient's full name _____ Signature _____

1	Is your doctor respectful and attentive to you?
2	Does the doctor answer your questions? Does it explain everything you want to know about your condition?
3	Do you feel satisfied after talking to your doctor? Does talking to your doctor calm you down
4	Whether it respects конфconfidentiality.. Does it maintain medical confidentiality
5	Do you trust him as a specialist
	As much as possible

IRI Assessment Sheet: TargetedAssessment of the Quality of Medical Care (ECMP) for one nosology

		20	15	
1	**Focus on the problem**	A clear understanding of the situation, a specific purpose of the study is formulated	There is an idea of the problem, but there are minor inaccuracies that do not affect the essence	Im un signifi
2	**Consistency and consistency**	All problems and questions related to understanding the course of the disease in a particular clinical situation are identified and consistently statedской ситуации	The main problems are identified, but they are not completely consistent	You mai analy enti
3	**Completeness and reliability of the primary analysis of the medical history**	The analysis was carried out fully, in-depth, with an understanding of the specific clinical situation and an understanding of their own knowledge gaps	The analysis is generally adequate, but there are omissions that reflect a lack of knowledge	Insuff of the exami no u prog
4	**Effectiveness of the analysis - identification of problems**	All major and minor problems were identified, the analysis was carried out with a full understanding of the diagnostic criteria, treatment effectiveness criteria and possible problems, predicts the outcome of the disease	An accurate problem sheet has been compiled, but not all problems that may affect the course and outcome are reflected.	A p seri comp that m and
5	**Identifying solutions**	Solutions to the identified problems are logical and rational, as well as achievable	There is an idea of ways to solve the problem, but there is no clarity in their specific expression	Solut are n only

Point-rating assessment of professional skills of interns at the mini-clinical exam

Professional services skills	2 points	4 points	6 points	
1. Collecting medical history	collected randomly with detailsof facts that are not relevant for diagnostics	collected unsystematically with significant omissions	collected with the recording of facts that do not give an idea of the essence of the disease and the sequence of development of symptoms	
2. Physical Condition exam	doesn't have any manual skills	conducted randomly, with omissions, without effect	it was not carried out fully enough with technical errors	
3. Preliminary diagnosis	delivered wrong	only the disease class is specified	the leading syndrome is identified, but there is no diagnostic conclusion	
4. Plan Assignment surveys	contraindicated studies are prescribed	inadequate	not fully adequate	
5. Interpretation of survey results	incorrect assessment that led to contraindicated actions	in many ways not correct	partially correct with significant omissions	
6. Differential diagnosis	inadequate	chaotic	incomplete	
7. Final diagnosis and its justification	lack of clinical thinking	the diagnosis is haphazard and unconvincing	the diagnosis is not sufficiently substantiated, complications and concomitant diseases are not recognized	
8. Choice of treatment	contraindicated medications are prescribed	insufficiently adequate in substance and dosage	treatment is not complete enough for both the main and concomitant diseases	
9. Understanding the	incorrect interpretation	largely erroneous	partial	

mechanism of action of the assigned funds				
10. Determination of prognosis and prevention	can't determine	inadequate definition	insufficiently adequate and incomplete	