SYLLABUS
Infancy, Childhood and Youth

1.	**General information about the discipline**		
1.1	Faculty/School: Higher School of Medicine	1.6	Credits (ECTS): a) 4 credits - 120 hours
1.2	Educational Program (EP): 6B10103 General medicine	1.7	Prerequisites: General pathology 2. Patient and doctor Post-requisites: Pediatrics and Profile disciplines
1.3	Agency and year of accreditation of the OP "Eurasian Center for Accreditation and Quality Assurance in Education and Health Care" (ECA) 2025	1.8	IWS/SRM/SRD (quantity): 40 hours
1.4	Name of the discipline: Infancy, Childhood and Youth	1.9	IWST/SRMP/SRDP (quantity): 20 hours
1.5	Discipline ID:90302 Discipline code:MDU3211	1.10	***Obligatory***- yes
2.	**Description of the discipline**		
	When studying the discipline, students will study the following aspects: -Apply knowledge of anatomical and physiological features to assess the condition and management of a healthy newborn and premature, an infant, a child and a teenager -Be able to conduct targeted questioning of parents (or legal representatives) and physical examination of the child to identify pathology, determine the necessary diagnostic interventions. -Interpret the basic data of laboratory and instrumental examination of a healthy newborn and premature, an infant, a child and a teenager -Describe the social, economic, ethnic and racial factors that play a role in the development of the child. -Apply knowledge on nutrition and child care, as well as a set of preventive measures (including immunoprophylaxis) to ensure proper physical and mental development of the child. -Demonstrate knowledge about the specifics of the use of medicines from the point of view of the safety of their use in a child. -Demonstrate the ability to conduct effective medical interviewing, taking into account the rules and norms of the doctor-patient relationship and knowledge of the basic principles of human behavior at different age periods, in normal and abnormal behavior, in different situations; -demonstrate commitment to the highest standards of professional responsibility and honesty; -observe ethical principles in all professional interactions; -demonstrate the need for continuous professional training and improvement of their knowledge and skills; -demonstrate the skills of conducting scientific research, the desire for new knowledge and the transfer of knowledge to others.		
3	**The purpose of the discipline**		
During the course to form students' abilities: The discipline includes the formation of skills of examination, assessment of the condition and management of a healthy newborn and premature, infant, child and adolescent on the basis of knowledge about their anatomical and physiological characteristics, the formation of skills of proper			

nutrition, child care, as well as a set of preventive measures (including immunoprophylaxis) to ensure proper physical and mental development of the child.			
4.	**Learning outcomes (LO) by discipline (3-5)**		
	LO disciplines		LO according to the educational program, which is associated with LO by discipline (№ LO from the passport EP)
	1. Apply knowledge of anatomical and physiological features to assess the condition and management of a healthy newborn and premature infant baby, child and adolescent	Proficiency level - 2	Apply knowledge of anatomical and physiological features to assess the condition and management of a healthy newborn and premature infant baby, child and adolescent
	2. To be able to conduct purposeful questioning of parents (or legal representatives) and physical examination of the child to identify pathology, determine the necessary diagnostic interventions.	Proficiency level - 3	To be able to conduct purposeful questioning of parents (or legal representatives) and physical examination of the child to identify pathology, determine the necessary diagnostic interventions.
	3. Interpret the basic data of laboratory and instrumental examination of a healthy newborn and premature infant, child, and adolescent	Proficiency level - 4	Interpret the basic data of laboratory and instrumental examination of a healthy newborn and premature infant, child, and adolescent
	4. Describe the social, economic, ethnic and racial factors that play a role in the development of a child.	Proficiency level - 4	Describe the social, economic, ethnic and racial factors that play a role in the development of a child.
	5. Apply knowledge of nutrition and child care, as well as a set of preventive measures (including immunization) to ensure proper physical and mental development of the child.	Proficiency level - 4	Apply knowledge of nutrition and child care, as well as a set of preventive measures (including immunization) to ensure proper physical and mental development of the child.
	6.Know the features of medicines from the point of view of the safety of their use in a child.	Proficiency level - 4	Know the features of medicines from the point of view of the safety of their use in a child.

	7.Demonstrate the ability of 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 conditions and with deviations in behavior, in different situations	Proficiency level - 4	Demonstrate the ability of 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 conditions and with deviations in behavior, in different situations
	8.Demonstrate communication skills in the process of learning and teamwork, skills in working with information resources.	Proficiency level - 4	Demonstrate communication skills in the process of learning and teamwork, skills in working with information resources.

5.	Summative assessment methods (mark (yes – no) / specify your own):		
5.1	MCQ testing for understanding and application	5.5	Portfolio of scientific papers
5.2	Delivery of practical skills – mini-clinical exam (MiniCex) of theOSCE for the 3rd year	5.6	Curation, clinical skills
5.3	3. IWS (case, video, simulation OR SRW– thesis, report, article) – evaluation of a creative task.	5.7	Border control: Stage 1 - MCQ testing for understanding and application Stage 2 – practical skills (mini-clinical exam (MiniCex) for the 3rd year)
5.4	Medical history	5.8	Exam: in the discipline of the entire PLC-1 module including "Languages in medicine" Stage 1 - MCQ testing for understanding and application Stage 2 –OSCE

6.	**Detailed information about the discipline**			
6.1	Academic year: 2025-2026	6.3	Schedule (days of classes, time): From 8.00 to 14.00	
6.2	Semester: 6th semester	6.4	Place (academic building, office, platform and link to the training meeting with the use of DOT): Children's City Clinical Hospital No. 2, City Polyclinic	
7.	**Discipline Leader**			
Post	Last name	Departmen	Contact	Consultations before exams

	First name Surname	t	information (mob., e-mail)	
Senior Lecturer	Mukatayeva D.A.	Obstetrics and gynecology	87019849703	Before the examination session within 60 minutes

8.	**Content of the discipline**		
	Topic name	Number of hours	Form of the event
1.	A healthy newborn. Anatomical and physiological features of newborns. Clinical examination	6	1. Use of active learning methods: TBL 2. Working with the patient – at least 50% of the time (working with the newborn and his parents, checking reflexes).
2.	Borderline states	6	1. Using active learning methods: TBL 2. Working with newborns and their parents
3.	Premature babies.	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
4.	Jaundice of newborns	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
5.	Breastfeeding support	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient 3. Role play
6.	Immunoprophylaxis	6	Formative assessment: 1. Using active learning methods: TBL 2. CDS task (students prepare vaccination calendars and the characteristics of each country in a comparative aspect)
7.	Infectious diseases with rash syndrome (vaccine-controlled) (measles, rubella, scarlet fever, chickenpox). Strategy Integrated management of childhood diseases	6	Formative assessment: 1. Mini-conference on the topic of CDS 2. Working with the patient
8.	Integrated management of childhood illnesses. Cough. Labored breathing.	6	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient
Boundary control 1	Summative assessment: 2 stages: 1st stage – MCQ testing for understanding and application - 40% Stage 2 – OSCE with standardized patient - 60%		
9.	The main stages of children's development. Assessment by areas of child development. Delayed development	6	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient
10.	Deficient conditions in children (rickets,	6	Formative

	spasmophilia, Iron deficiency anemia)		assessment: 1.Using active learning methods: TBL 2.Working with the patient
11.	Development during adolescence (growth, puberty). Assessment of health status and adolescent problems	6	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient
12.	Child abuse syndrome. Children's concussion syndrome	6	Formative assessment: 1. Using active learning methodsPBL: Discussion (in role-playing form)Relay 2.Group #1 The problem is that it already exists Group #2 We can and must prevent violence, protect children and positively influence a wide range of medical, social and economic problems
13.	Food and drug allergies	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
14.	Atopic dermatitis. (stages depending on age, severity and treatment)	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
15.	Emergency conditions in childhood. Edema of the larynx (true and false croup). Foreign body in the respiratory tract and digestive tract. Drug poisoning (aspirin, naphthyzine, non-steroidal anti-inflammatory drugs). Providing first emergency aid.	6	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient 3. Training in providing emergency care
Boundary control 2	Summative assessment: 2 stages: 1st stage – MCQ testing for understanding and application - 40% Stage 2 – OSCE with a standardized patient - 60%		
Final control (exam)	**Summative assessment:** **2 stages:** **1st stage – MCQ testing for understanding and application - 40%** **Stage 2 – OSCE with a standardized patient - 60%**		
Total			**100**
9.	Methods of teaching in the discipline (briefly describe the approaches to teaching and learning that will be used in teaching) Using active learning methods: TBL, CBL		
1	Methods of formative assessment: TBL – Team Based Learning (https://classroom.google.com/w/MzM5OTU5MjU0OTM0/t/all) CBL – Case Based Learning (https://www.queensu.ca/ctl/resources/instructional-strategies/case-based-learning#:~:text=What%20is%20Case%2DBased%20Learning,group%20to%20examine%20the%20case.)		
2	**Summative assessment methods (from point 5):**		

	1. MCQ testing for understanding and application 2. Delivery of practical skills – OSCE with a standardized patient or a mini-clinical exam (MiniCex) for the 3rd year 3. Independent work of the student (case, video, simulation OR Research work of the student – thesis, report, article) – evaluation of the creative task 4. Medical history 5. Portfolio of scientific papers 6. Curation, clinical skills

10.	**Summative assessment (specify the estimates)**	
№	**Forms of control**	**Weight in % of total %**
1	Protection of Medical history	30% (estimated by the checklist)
3	Border control	70% (1st stage – MCQ testing for understanding and application - 40%; Stage 2 – OSCE with a standardized patient - 60%)
Total BC 1		30 + 70 = 100%
5	360 rating – behavior and professionalism	20%
6	Scientific project	20%
7	Border control	60% (1st stage – MCQ testing for understanding and application - 40%; Stage 2 - OSCE with a standardized patient - 60%)
Total BC 2		20 + 20 + 60 = 100%
9	Exam	2 stages: 1st stage – MCQ testing for understanding and application - 40% 2nd stage – OSCE - 60%
10	Final assessment:	NP60% + Exam 40% (1st stage – MCQ testing for understanding and application - 40%; 2nd stage – OSCE - 60%)

10.	**Evaluation**		
Rating by letter system	**Digital equivalent**	**Scores (% content)**	**Description of the assessment (changes should be made only 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	**Great. Meets the highest standards of the assignment.**
B+	3,33	85-89	Good. Very good. Meets the high standards of the assignment.
B	3,0	80-84	**Good. Meets most of the job standards.**
B-	2,67	75-79	**Good. More than enough. Shows some reasonable ownership of the material.**
C+	2,33	70-74	**Good. Acceptable.** **Meets the basic standards of the task.**
C	2,0	65-69	**Satisfactory. Acceptable. Meets some basic job standards.**
C-	1,67	60-64	**Satisfactory. Acceptable. Meets some basic job standards.**
D+	1,33	55-59	**Satisfactory.** **Minimally acceptable.**

D	1,0	50-54	**Satisfactory.** **Minimally acceptable. The lowest level of knowledge and completion of the task.**
FX	0,5	25-49	**Unsatisfactory.** **Minimally acceptable.**
F	0	0-24	**Unsatisfactory.** **Very low productivity.**
11.	**Educational resources (use the full link and specify where you can access the texts/materials)**		

Literature	**Main** **Available in the library**		
	Author	**Name of the book, publisher**	**Year of publicatio**
	Дадамбаев Е. Т.	Амбулаторно-поликлиническая педиатрия : учебник / Е. Т. Дадамбаев, 2017. - 342 с. - Текст : непосредственный. Амбулаторно-поликлиническая педиатрия : учебник / Е. Т. Дадамбаев, 2017. - 342 с. - Текст : непосредственный.	2017
	К. Шилс, Б. Росса ; пер. с англ., под ред. Е. С. Самошкина, - 404, [2] с. - Текст : непосредственный.	Клиническое обследование в педиатрии пер. с англ., под ред. Е. С. Самошкина, - 404, [2] с. - Текст : непосредственный.	2021.
	М-во науки и высшего образования РФ.	Поликлиническая и неотложная педиатрия : учебник /- 859 с. - Текст : непосредственный.	2020
	Учебник / под ред.: Р. Р. Кильдиярова, В. И. Макарова,. -	Пропедевтика детских болезней 516, [2] с. - Текст : непосредственный.	2022
	Н. А. Геппе, Н. С. Подчерняева ; жауапты ред., қазақ тл. ауд. С. М. Қабиева ; қазақ тл. ауд. С. Ж. Нақыпова, 2021.	Балалар аурулары пропедевтикасы : оқулық / ред. басқ.: - 463, [1] б. - Текст : непосредственный.	2021
	Дадамбаев, Еділ Тайтөлеуұлы.	Амбулаторлық – емханалық педиатрия : оқулық / . - 304 б. - Текст : непосредственный.	2018
	ред. басқ. А. С. Калмыкова ; қазақ тіл. ауд. Т. С. Шонтасова ; жауапты ред. М. Ж. Еспенбетова.	Емханалық педиатрия : оқулық / . - 745, [2] б. - Текст : непосредственный.	2014
	Приз В. Н. / Талиева,.	Балалар мен жасөспірімдердің денсаулық жағдайын және сырқаттанушылығын бағалау :	2017

	[оқу құралы] 113 б. Текст : непосредственный.	

Application submitted

Author	Name of the book, publisher	Year of publicatio
Григорьев К.И.	Амбулаторная педиатрия. Руководство для врачей.	2019
Шабалов Н.П.	Детские болезни в 2-х томах.	2021
	Интегрированное ведение болезней детского возраста на казахском языке	2022
Лев Н.С.	Клинические варианты интерстициальных болезней легких в детском возрасте.	2021
Ф.Сахиб Эль-Радхи	Лихорадка у детей. Клиническое руководство.	2022
Калмыкова А.С.	Пропедевтика детских болезней. Учебник для ВУЗов.	2022

Additional
Available in the library

Author	Name of the book, publisher	Year of publication
Ахметова Н. Ш.	Психопатологические особенности детского, подросткового и юношеского возраста : учеб. пособие - 139, [1] с. - Текст : непосредственный.	2019
Лечебное питание в педиатрии [Текст] : учеб.-метод. пособие для студентов педиатр. фак. мед. вузов / Т. К. Бекбосынов, М. А. Ахметов, Г. К. Хасенова [и др.]. Т. 2,		2018

	2018. - 225 с. - Текст : непосредственный.			
	Лечебное питание в педиатрии [Текст] : учеб.-метод. пособие для студентов педиатр. фак. мед. вузов / Т. К. Бекбосынов, М. А. Ахметов, Г. К. Хасенова [и др.]. Т. 1, 2018. - 259 с. - Текст : непосредственный.	2018		
	Дробинская, Анна Олеговна. Анатомия и возрастная физиология : учебник для вузов / А. О. Дробинская, 2020. - 413, [1] с. - Текст : непосредственный.	2020		
	Кизатова, Сауле Танзилқызы. Жаңа туған нәрестелердің сарғаюы : оқу-әдістемелік құрал / С. Т. Кизатова, - 268, [3] б. - Текст : непосредственный.	2015		
	Electronic textbooks			

Author	Name of the book, publisher	Year of publication
Г. А. Самсыгина	Неонатальный сепсис : руководство /. - 2-е изд., перераб. и доп. - Москва : ГЭОТАР-Медиа, 2020. - 192 с.	2020
_Гомеллы_Т_Л_,_Каннингама_М_Д_,_Эяля_Ф.	Неонатология_Том_1	2020
_Гомеллы_Т_Л_,_Каннингама_М_Д_,_Эяля_Ф.	Неонатология_Том_2	2020
Rachel U Sidwell	Easy Paediatrics	2020
Russell W. Steele	Clinical_Handbook_of_Pediatric_Infectious_DiseasThird Edition	
World Health Organization	Integrated Management of Childhood Illness Chart Booklet	2014
А.А. Камалова	Обновленные европейские рекомендации по введению прикорма у детей – тема для размышлений	2017
	Bedside Clinical Guidelines Partnership in association with partnersinpaediatrics Paediatric Guidelines	2022
	Pediatric Gastroenterology Editor HARPREET PALL PEDIATRIC CLINICS OF NORTH AMERICA	2021
Karen j. Marcdante, md Robert m. Kliegman, Md Abigail m. Schuh, Md, MMHPE	Nelson Essentials of Pediatrics	2020
Mary Lou White	Neonatal Care A Compendium of AAP Clinical Practice Guidelines and Policies	2019
Anwar Qais Saadoon	Essential Clinical Skills in Pediatrics	2020

Electronic resources (including, but not limited to: electronic library catalog, databases of scientific literature, databases, animation, modeling, professional blogs, websites, other electronic reference materials (for example, video, audio, digests)	**Internet resources:** 1. Medscape.com - https://www.medscape.com/familymedicine 2. Oxfordmedicine.com -https://oxfordmedicine.com/ 3. Uptodate.com - **https://www.wolterskluwer.com/en/solutions/uptodate** 4. **Osmosis - https://www.youtube.com/c/osmosis** 5. **Ninja Nerd - https://www.youtube.com/c/NinjaNerdScience/videos** 6. **CorMedicale - https://www.youtube.com/c/CorMedicale - medical video animations in Russian.** 7. **Lecturio Medical - https://www.youtube.com/channel/UCbYmF43dpGHz8gi2ugiXr0Q** 8. **SciDrugs - https://www.youtube.com/c/SciDrugs/videos - video lectures on pharmacology in Russian**
Simulators in the simulation center	1. SAM (Student auscultation manikin) – student mannequin for auscultation of the pathology of organs and systems (including the digestive system) 2. Dummy simulator for teaching percussion skills, palpation of abdominal organs (liver, spleen)
Special software	1. Google classroom – freely available. 2. Medical calculators: Medscape, Doctor's Handbook, MD+Calc – freely available. 3. Handbook of diagnostic and treatment protocols for medical workers from the RCRP, the Ministry of Health of the Republic of Kazakhstan: Dariger – freely available.

12.	**Training requirements and bonus system**

Rules of academic conduct:

1)Appearance:
office style of clothing (shorts, short skirts, open T-shirts are not allowed to attend university, jeans are not allowed in the clinic)
- clean ironed bathrobe
- medical mask
- medical cap (or neat hijab without hanging ends)
- medical gloves
- replacement shoes
- neat hairstyle, long hair should be gathered in a ponytail, or a bun, both for girls and boys. Neatly trimmed short nails. Bright, dark manicure is prohibited. It is permissible to cover the nails with a transparent varnish.
- badge with full name (in full)

2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)

3) *A 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 the rules of personal hygiene and safety
6) Systematic preparation for the educational process.
7) Accurate and timely maintenance of accounting documentation.
8) Active participation in medical and diagnostic and social events of the department.
A student without a medical record and vaccination will not be admitted to patients.
A student who does not meet the requirements of appearance and / or from whom a strong / pungent smell emanates, 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 of students who do not meet 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 awarded by means of a bonus system in the form of encouragement - adding points to the student in one of the forms of summative assessment.

13.	Discipline policy
	Discipline policy is determined by the University's Academic Policy and the University's Academic Integrity Policy. If the links do not open, then you can find the relevant documents in IS Univer. **Study discipline:** 1. Being late for classes or the morning conference is not allowed. In case of being late, the decision on admission to the lesson is made by the teacher leading the lesson. If there is a good reason, inform the teacher about the delay and the reason by message or by phone. After the third delay, the student writes an explanatory note addressed to the head of the department indicating the reasons for being late and is sent to the dean's office to obtain admission to the lesson. If you are late without a valid reason, the teacher has the right to deduct points from the current grade (1 point for each minute of delay) 2. Religious events, holidays, etc. are not a valid reason for skipping, being late and distracting the teacher and the group from work during classes. 3. If you are late for a good reason - do not distract the group and the teacher from the lesson and quietly go to your place. 4. Leaving the class ahead of time, being outside the workplace during school hours is regarded as absenteeism. 5. Additional work of students during study hours (during practical classes and shifts) is not allowed. 6. For students who have more than 3 passes without notifying the curator and a good reason, a report is issued with a recommendation for expulsion. 7. Missed classes are not made up. 8. The internal regulations of the clinical bases of the department are fully applicable to students 9. Greet the teacher and any senior by standing up (in class) 10. Smoking (including the use of vapes, electronic cigarettes) is strictly prohibited on the territory of medical facilities (out-doors) and the university. Punishment - up to the annulment of boundary control, in case of repeated violation - the decision on admission to classes is made by the head of the department 11. Respectful attitude towards colleagues regardless of gender, age, nationality, religion, sexual orientation.

	12. Have a laptop / laptop / tab / tablet with you for studying and passing MCQ tests for TBL, boundary and final controls. 13. Taking MCQ tests on phones and smartphones is strictly prohibited.. **The behavior of the student at the exams is regulated by the "Rules for the final control", "Instructions for the final control of the autumn/spring semester of the current academic year" (the current documents are uploaded to the Univer IS and are updated before the start of the session); "Regulations on checking text documents of students for the presence of borrowings."**
14.	**Principles of inclusive learning (no more than 150 words).**
	1. Constantly preparing for classes: For example, supports statements with appropriate links, makes short summaries Demonstrates effective learning skills, helps in teaching others **2. Take responsibility for your training:** For example, manages your training plan, actively tries to improve, critically evaluates information resources **3. Actively participate in the group's training:** For example, actively participates in the discussion, willingly takes assignments **4. Demonstrate effective group skills** For example, he takes the initiative, shows respect and correctness towards others, helps to resolve misunderstandings and conflicts **5. Skillful communication skills with peers:** For example, he listens actively, is receptive to nonverbal and emotional signals Respectful attitude **6. Highly developed professional skills:** Strives to complete tasks, looking for opportunities for more training, confident and qualified Compliance with ethics and deontology in relation to patients and medical staff Insubordination. **7. High introspection:** For example, he recognizes the limitations of his knowledge or abilities, without becoming defensive or reproaching others **8. Highly developed critical thinking:**

	For example, accordingly demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases from practice, critically evaluating information, making conclusions aloud, explaining the process of reflection **9. Fully complies with the rules of academic behavior with understanding, offers improvements in order to increase efficiency.** Observes the ethics of communication – both oral and written (in chats and appeals) **10. Fully complies with 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
15.	**Distance/online learning – prohibited by clinical discipline (parts highlighted in green, please do not change)**

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 training areas with higher and postgraduate education, training in which in the form of external and online training is not allowed" According to the above regulatory document, specialties with the code of disciplines of healthcare: 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, distance learning in any form is prohibited for students. It is allowed only to practice a discipline class due to the absence of a student for a reason beyond his control and the availability of a timely confirmation document (example: a health problem and the announcement of a confirmation document - a medical certificate, a signal sheet of the SMP, an extract of an advisory appointment to a medical specialist - doctor)

16.	**Approval and review**	
Head of the Department		Kurmanova G.M.
Committee on the Quality of Teaching and Learning of the Faculty		Kurmanova G.M.

Thematic plan and content of classes

№	Topic	Content	Literature	Form of the event
	2	3	4	5
1	A healthy newborn. Anatomical and physiological features of newborns. Clinical examination.	1. Know the signs of a full-term newborn baby 2. Be able to assess the condition of a newborn using the Apgar scale 3. Identify groups of high-risk newborns 4. Know the principles of organizing clinical observation of healthy newborns 5. Identify and interpret clinical symptoms and syndromes, results of laboratory and instrumental examination methods in newborns 6. Introduction to IMCI. General danger signs. Assess, classify, treat.	Rachel W. Sidwell, Mike E. Thomson Chapter 1 2. Schwartz Chapter 1-3 3. Communication Skills – Chapter 1 https://geekymedics.com/history-taking-tips-establishing-rapport/	1. Use of active learning methods: TBL 2. Working with the patient – at least 50% of the time (working with the newborn and his parents, checking reflexes).
2.	Borderline states	1. Know the causes and pathogenesis of transient circulatory disorders, sexual crisis, transient hyperfunction of the endocrine glands, loss of initial body weight, heat exchange disorders, conditions associated with kidney function. 2. Identify and interpret clinical symptoms and syndromes of transient circulatory disorders, sexual crisis, transient hyperfunction of the endocrine glands, loss of initial body weight, heat exchange disorders, conditions associated with kidney function. 3. Demonstrate skills in integrating knowledge and skills to provide an individual approach in the treatment of children with transient circulatory disorders, sexual crisis, transient hyperfunction of the	1. Daniel Bernstein, Stephen Chapter 1 2. McLeod's Chapter 4 3. Clinical Training Elsevier Chapter – Pediatrics 4. Paediatric Neurological Examination – OSCE Guide | Geeky Medics	1. Using active learning methods: TBL 2. Working with newborns and their parents

		endocrine glands, loss of initial body weight, heat exchange disorders, conditions associated with renal function. Selection of drugs, indications and contraindications. 4. Make initial professional decisions based on an analysis of the rationality of diagnosis and the principles of evidence-based medicine. 5. Identify complications and determine the prognosis in transient circulatory disorders, sexual crisis, transient hyperfunction of the endocrine glands, loss of initial body weight, heat exchange disorders, conditions associated with kidney function.		
3	Premature babies.	1. Know the signs and be able to classify a premature newborn baby 2. Be able to identify contraindications to the kangaroo care ("skin to skin") procedure 3. Determine adaptation conditions for low birth weight preterm infants (maintaining thermal control, oxygenation, incubator humidity) 4. Apply the Swiss Neonatal Skin Score (SNSS). 5. Apply the principles of care for premature newborns weighing less than 1500 g. in the delivery room 6. Participate in nursing premature newborns weighing less than 1500 g. In the intensive care unit 7. Be able to create a protective regime (limiting light, sound, tactile, pain stimuli) for premature babies	1. Daniel Bernstein, Stephen Chapter 1 2. Communication Skills Chapter 3-4-5 3.. M. Adam, J. M. Foy Chapter 1-3 4.Paediatric Growth Chart Interpretation & Documentation – OSCE Guide | Geeky Medics	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
4	Jaundice of newborns	1. Know the etiology and pathogenesis of newborn jaundice.	1. McLeod's Chapter 4 2. Rachel W. Sidwell, Mike E. Thomson,	Formative assessment:

		2. Differentiates pathological and physiological jaundice. Determine the tactics for managing a newborn according to the types of jaundice. 3. Be able to diagnose according to the degree of severity according to the Cramer scale and laboratory and instrumental examination data. 4. IMCI. Determine further management tactics based on the criteria for hospitalization for IMCI.	Chapter 4 3. Clinical Training Elsevier Chapter – Pediatrics 4. M. Adam, J. M. Foy, Chapter 5	1. Using active learning methods: TBL 2. Working with the patient
5	Breastfeeding support	1. Know WHO programs to support breastfeeding 2. Know the benefits of breastfeeding 3. Identify signs and causes of hypogalactia and give recommendations to the mother. 4. Know the concepts - exclusive breastfeeding; predominantly breastfeeding; mixed feeding; artificial feeding. 5. Determine absolute contraindications to breastfeeding. 6. Know the types of infant formula and breeding rules 7. Know the characteristics of complementary feeding products 8. Determine the timing of introducing complementary foods 9. Assess nutritional status in children of the first year of life 10. IMCI. Breastfeeding support.	1. Rachel W. Sidwell, Mike E. Thomson Chapter 1 2. Daniel Bernstein, Stephen Chapter 4 3. Clinical Training Elsevier Chapter – Pediatrics	Formative assessment: 1. Using active learning methods: TBL 2. Role play
6	Immunoprophylaxis	1. Know the National calendar of preventive vaccinations of the Republic of Kazakhstan and the vaccination calendar of other countries. 2. Determine contraindications to vaccination. 3. Identify clinical symptoms of common, general and local reactions to vaccination. 4. Identify adverse events in the post-vaccination	1. Rachel W. Sidwell, Mike E. Thomson Chapter 5 2. Clinical Training Elsevier Chapter-Pediatrics 3. Fundamentals of Nelson Pediatrics	Formative assessment: 1. Use of active learning methods: TBL 2. Assignment of

		period. 5. Know the causes of adverse events in the post-vaccination period. 6. Identify clinical symptoms of post-vaccination complications (serious adverse reactions). 7. Be able to monitor post-vaccination complications (serious adverse reactions).		independent work (students prepare vaccination calendars and the features of each country in a comparative aspect)
7	Infectious diseases with rash syndrome (vaccine-controlled) (measles, rubella, scarlet fever, chickenpox). Integrated Management of Childhood Illness strategy.	1. Know the etiology and pathogenesis of diseases with rash syndrome (measles, rubella, scarlet fever, chicken pox). 2. Identify and interpret clinical symptoms and disease syndromes with rash syndrome (measles, rubella, scarlet fever, chicken pox). 3. Demonstrate skills in integrating knowledge and skills to provide an individual approach to the treatment of children with diseases with rash syndrome (measles, rubella, scarlet fever, chicken pox). 4. Know and be able to accept initial professional decisions based on rationality analysis diagnostics and principles of evidence-based medicine in accordance with the IMCI strategy. 5. Know about the features of therapy in children: selection of appropriate drugs, indications and contraindications. 6. Identify complications and determine the prognosis for diseases with rash syndrome (measles, rubella, scarlet fever, chicken pox).	Rachel W. Sidwell, Mike E. Thomson Chapter 5 2. Clinical Training Elsevier Chapter-Pediatrics 3. Fundamentals of Nelson Pediatrics 4. Integrated Management of Childhood Illness Booklet	Formative assessment: 1. Mini-conference on the topic of CDS 2. Working with the patient

8	Integrated management of childhood illnesses. Cough. Labored breathing.	1. Be able to diagnose Danger Signs in young children. 2. Be able to diagnose cough or difficulty breathing according to the IMCI strategy. 3. Know the basic criteria "Severe pneumonia or very severe illness" “Pneumonia”, “Cough or cold”. 4. Accept initial professional decisions based on analysis of the rationality of diagnosis and the principles of evidence-based medicine in accordance with the IMCI strategy 5. Know about the peculiarities of treatment in children: selection of appropriate drugs, indications and contraindications.	Rachel W. Sidwell, Mike E. Thomson Chapter 5 2. Clinical Training Elsevier Chapter-Pediatrics 3. Fundamentals of Nelson Pediatrics	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient
9	The main stages of children's development. Assessment by areas of child development. Delayed development	1. Understand the meaning and difference between the concepts of monitoring, monitoring tools, development milestones, periodic screening, full developmental assessment 2. Know the main stages of development of children in the first year of life and 1-5 years: age, fine and gross motor skills, expressive receptive speech, social, communicative, adaptive skills. 3. Be able to monitor the child’s assessment in areas of	1. Rachel W. Sidwell, Mike E. Thomson Chapter 2 2. Daniel Bernstein, Stephen Chapter 3 3.https://geekymedics.com/developmental-milestones/	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient

		development, screening. Child's assessment 10 steps of monitoring and development milestones. 4. “Windows of achievement” for six gross motor skills (WHO standards). Assessment of fine motor skills. 5. Know and be able to diagnose communication delays (speech, language and non-verbal communication) Learning disabilities, dyslexia, causes of developmental delays.		
10	Deficient conditions in children (rickets, spasmophilia, Iron deficiency anemia)	1. Know the causes of the development of iron deficiency anemia, rickets, vitamin D deficiency, and chronic nutritional disorders. 2. Identify and interpret clinical symptoms and syndromes of iron deficiency anemia, rickets, vitamin D deficiency, chronic nutritional disorders. 3. Demonstrate skills in integrating knowledge and skills to provide an individual approach to the treatment of iron deficiency anemia, rickets, vitamin D deficiency, and chronic nutritional disorders. 4. Make initial professional decisions based on an analysis of the rationality of diagnosis and the principles of evidence-based medicine 5. 5. Identify complications and determine the prognosis of iron deficiency anemia, rickets, vitamin D deficiency, chronic nutritional disorders. 6. Know about the peculiarities of treatment tactics in children: selection of appropriate drugs, indications and contraindications.	1. Rachel W. Sidwell, Mike E. Thomson Chapter 1 2. M. Adam, J. M. Foy, Chapters 5-6 3. Clinical Training Elsevier Chapter – Pediatrics	Formative assessment: 1.Using active learning methods: TBL 2.Working with the patient
11	Development during	1. Know growth monitoring, growth charts, predicted adult height, bone age (skeletal maturity), growth rate,	1. Rachel W. Sidwell, Mike E. Thomson	Formative

	adolescence (growth, puberty). Assessment of health status and adolescent problems	catch-up growth, short height, tall height. 2. 2. Identify the signs and stages of puberty, premature puberty, delayed puberty (causes, research, treatment) puberty.	Chapter 2 2.Daniel Bernstein, Chapter 3 3. Paediatric Growth Assessment - OSCE Guide | Geeky Medics	assessment: 1.Using active learning methods: TBL 2.Working with the patient
12	Child abuse. Shaken baby syndrome.	1. Know the risk factors and forms of child abuse and neglect 2. Assess the safety of the child's living environment 3. Assess and improve the quality of bonds and attachment between child and parent, reducing possible risks and cases of attachment disorders 4. 4. Promote positive parenting that is responsive to cues about the child's emotions and needs.	1. Rachel W. Sidwell, Mike E. Thomson Chapter 24 2. Part 3 of Schwartz 3. McLeod's Chapter 3 4. Methodological guide to the universal progressive model of patronage	Formative assessment: 1. Using active learning methodsPBL: Discussion (in role-playing form)Relay 2.Group #1 The problem is that it already exists Group #2 We can and must prevent violence, protect children and positively influence a wide range of medical, social and economic

				problems
13	Food and drug allergies	1. Know the causes and pathogenesis of food and drug allergies in children. 2. Identify and interpret clinical symptoms of food and drug allergies in children. 3. Demonstrate skills in integrating knowledge and skills to provide an individual approach in the treatment of children with food and drug allergies. 4. Make initial professional decisions based on an analysis of the rationality of diagnosing food and drug allergies in children and the principles of evidence-based medicine. 5. Know about the peculiarities of treatment in children: selection of appropriate drugs, indications and contraindications. 6. Identify complications of food and drug allergies in children. 7. Determine the prognosis for food and drug allergies in children.	1. Rachel W. Sidwell, Mike E. Thomson Chapter 1 2. Daniel Bernstein, Stephen Chapter 4 3. Clinical Training Elsevier Chapter – Pediatrics.	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient
14	Atopic dermatitis.	1. Apply knowledge on the pathogenesis of atopic dermatitis in children. 2. Identify and interpret clinical symptoms of atopic dermatitis in children. 3. Demonstrate skills in integrating knowledge and skills to provide an individualized approach to the treatment of children with pediatric atopic dermatitis. Selecting appropriate drugs: indications and contraindications. 4. Make initial professional decisions based on an	1. Рэйчел У Сидвелл, Майк Э. Томсон Глава 1 2. Дэниел Бернштейн, Стивен Глава 4 3. Клиническое обучение Elsevier Chapter – Педиатрия.	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient

		analysis of the rationality of diagnosing atopic dermatitis in children and the principles of evidence-based medicine. 5. Identify complications of atopic dermatitis in children. 6. Determine the prognosis for atopic dermatitis in children.		
15	Emergency conditions in childhood. Edema of the larynx (true and false croup). Foreign body in the respiratory tract and digestive tract. Drug poisoning (aspirin, naphthyzine, non-steroidal anti-inflammatory drugs). Providing first emergency aid.	1. Know the causes and pathogenesis of laryngeal edema, foreign bodies of the respiratory tract and digestive tract, drug poisoning (aspirin, naphthyzine, NSAIDs) 2. Identify and interpret clinical symptoms of laryngeal edema (true and false croup), foreign bodies of the respiratory tract and digestive tract, drug poisoning (aspirin, naphthyzine, NSAIDs) 3. Possess the skills of carrying out diagnostic and treatment measures to provide emergency medical care to patients with laryngeal edema (true and false croup), foreign body of the respiratory tract and digestive tract, drug poisoning (aspirin, naphthyzine, NSAIDs) 4. Know the principles of treatment of children with laryngeal edema (true and false croup), foreign body of the respiratory tract and digestive tract, drug poisoning (aspirin, naphthyzine, NSAIDs) 5. Make initial professional decisions based on an analysis of the rationality of diagnosis and the principles of evidence-based medicine.	1. Rachel W. Sidwell, Mike E. Thomson Chapter 1 2. Daniel Bernstein, Stephen Chapter 4 3. Clinical Training Elsevier Chapter – Pediatrics.	Formative assessment: 1. Using active learning methods: TBL 2. Working with the patient 3. Training in providing emergency care

RUBRICATOR OF EVALUATION OF LEARNING OUTCOMES

in summative evaluation

Rating calculation formula

FProtection of Medical historyor the 3rd course as a whole - NP

	30%
Border control	70%
Total BC -1	100%
360 rating – behavior and professionalism	20%
Scientific project	20%
Border control	60%
Total BC -2	100%

Final grade: ORD 60% + exam 40%

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

Team based learning – TBL

	%
Individual -- (IRAT)	**45**
Group -- (GRAT)	**20**
Appeal	**10**
Assessment for cases -	**20**
Evaluation of comrades (bonus)	**5**
	100%

Case-based learning CBL

		%
1	Interpretation of survey	10
2	Interpretation of physical examination	10
3	Preliminary diagnosis, examination plan	10
4	Interpretation of lab-instrumental examination	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	Effectiveness assessment, prognosis, prevention	10
9	Special problems and questions about the case	10
10	Evaluation of comrades (bonus)	
		100%

Point-rating assessment of practical skills at the patient's bedside (maximum 100 points)

№	**Criteria (evaluated according to the point system)**	**10**	**8**	**6**	**4**	**2**
		excellent	***above average***	***acceptable***	***requires correction***	***unacceptable***
	PATIENT SURVEY					

1	Communication skills when interviewing a patient	Introduced himself to the patient. He asked how to address 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 doctor's pose, approving of "ugukaniy". I asked open-ended questions.	Introduced himself to the patient. He asked how to address 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 doctor's pose, approving of "ugukaniy". I asked open-ended questions.	Introduced himself to the patient. He asked how to address the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Few open questions have been asked	He did not fully introduce himself to the patient, did not ask for the patient's name, the student's speech is slurred, the voice is not legible. Open-ended questions are not asked, 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 on. The basic requirements for communicating with the patient are not met, there is no manifestation of empathy for the patient.
	Collecting 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 of character?). He asked questions about the differential diagnosis.	Identified the main and secondary complaints of the patient. Have you identified important details of the disease (for example, nausea, vomiting, abdominal pain? What kind of character?).	Identified the main complaints of the patient. Revealed important details of the disease.	The student cannot distinguish the main complaints from the secondary ones. Did not reveal important details of the disease. Asks chaotic questions.	Did not reveal any details of the disease. The collection of complaints is limited only by the subjective words of the patient himself.

	Collecting anamnesis of the disease	Revealed the chronology of the development of the disease, important details of the disease (for example, when do abdominal pains appear?). I asked about the medications taken for this disease. He asked questions about the differential diagnosis.	Revealed the chronology of the development of the disease, important details of the disease (for example, when do abdominal pains appear?). I asked about the medications taken for this disease.	Revealed the chronology of the development of the disease. I asked about the medications taken for this disease.	The student cannot build a chronology of the development of the disease. Asks chaotic 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, taking medications taken on a regular basis, family history, social status of the patient, occupational hazards, epidemiological anamnesis.	Revealed allergic anamnesis, chronic diseases, operations, medications taken on a regular basis, family history, social status of the patient, occupational hazards, epidanamnesis	Revealed allergic anamnesis, chronic diseases, family history.	Revealed an allergoanamnesis, family history.	The stage was skipped by the student. There is only information said by the patient himself.
2	Quality of the patient survey	The patient's survey was conducted sequentially in order, but depending on the situation and the characteristics of the patient, the student changes the order of the survey. In the end, he sums up – summarizes all the questions and receives	The patient was interviewed sequentially in order. In the end, he sums up – summarizes all the questions and receives feedback from the patient (for example, let's summarize - you got sick	The sequence of the survey is broken, but the quality of the information collected suggests a probable diagnosis.	The polling sequence is broken. The student repeats the same questions. The information collected is not of high quality, does not allow us to assume a probable diagnosis.	The survey was conducted inconsistently, the student asks random questions that are not relevant to the patient's case or does not ask questions at

		feedback from the patient (for example, let's summarize - you got sick a week ago when nausea with repeated vomiting first appeared, then diarrhea appeared, is that right?). High-quality detailed information has been collected, leading to a probable diagnosis. Uses a problem sheet – is able to identify major and minor problems.	a week ago when nausea with repeated vomiting first appeared, then diarrhea appeared, is that right?). High-quality detailed information has been collected, leading to a probable diagnosis. Uses a problem sheet – is able to identify major and minor problems.	Does not use a problem sheet – does not know how to identify major and minor problems.	Does not use a problem sheet – does not know how to identify major and minor problems.	all. Does not use a problem sheet – does not know how to identify major and minor problems.
3	Time management of the patient survey. Control over the situation.	The minimum time in the group spent on interviewing the patient. The student is self-confident, fully in control of the situation and manages it. The patient is satisfied.	The survey was conducted fairly quickly. The student is confident, in control of the situation. The patient is satisfied.	The interview time of the patient is delayed, but does not cause discomfort to the patient. The student does not lose his composure. There is no negativity on the part of the patient.	. A long survey, the student is wasting his time. The patient expresses discomfort with a prolonged question. The student is not confident in himself and gets lost when communicating with the patient	The survey was completed without revealing important information. The survey drags on for too long, the atmosphere of communication is negative. There may be a conflict with the patient.
PHYSICAL EXAMINATION OF THE PATIENT						

		10	8	6	4	2
		excellent	above average	acceptable	requires correction	unacceptable
4	Communication skills during the physical examination of the patient	Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. He explained to the patient what and how he would check (for example, I will listen to your lungs with a stethoscope, check your stomach with my hand)	Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. He explained to the patient what and how he would check (for example, I will listen to your lungs with a stethoscope, check your stomach with my hand)	Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination. He explained to the patient what and how he would check (for example, I will listen to your lungs with a stethoscope, check your stomach with my hand)	Asked the patient (or relatives, parents, guardians) for consent to conduct a physical examination.	Contact with the patient's body without prior consent.
5	Assessment of the patient's level of consciousness on the Glasgow scale.	Correctly calculated the points on the scale. Correctly uses medical terminology to denote the level of consciousness.	Correctly calculated the points on the scale. Correctly uses medical terminology to denote the level of consciousness.	The error in the assessment on the scale is no more than 2 points. Knows the terminology to indicate the level of consciousness.	The error in the assessment on the scale is more than 3 points. Confused in medical terminology.	Does not know the criteria of the Glasgow scale. Can't use it. Does not know the differentiation of the level of consciousness.

	Assessment of the patient's vital signs - heart rate, BH, blood pressure, body temperature, body mass index	Technically correctly measured vital signs. Correctly uses medical terminology when assessing vital signs (for example, tachypnea, tachycardia, hypoxia, etc.)	Technically correctly measured vital signs. Correctly uses medical terminology when assessing vital signs (for example, 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 himself.	Gross errors in the technique of measuring vital signs, distortion of results. Cannot independently correct errors in medical terminology.	Does not know the technique of measuring vital signs. Does not know the normative data for assessing blood pressure, Pulse, BPD, saturation, body temperature.
6	Technique of 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 have been detected, and what the norm should be. All important physical data (both pathological and normal) have been identified for making a probable diagnosis.	The physical examination of the patient was carried out systematically in order, the technique of palpation, auscultation and percussion is correct. Explains to the patient what changes have been detected, and what the norm should be. All important physical data (both pathological and normal) have been identified for making a probable diagnosis. Details the identified symptoms (for example, have you noticed	The physical examination of the patient was carried out in violation of the system order, but without causing inconvenience to the patient. The technique of palpation, auscultation and percussion is satisfactory, requires little correction on the part of the	The physical examination was not carried out systematically, the patient got up several times, lay down, changed his position, felt uncomfortable. Only individual systems are covered, The technique of performing palpation, percussion, auscultation – required significant correction on the part of the teacher. Confused in the definition of normal and	During physical examination, gross violations - does not know the procedure and technique of conducting a physical examination of the patient. Does not know the norm and pathology of physical data. Can't detect any violations

		The student is able to change the order of examination depending on the identified symptoms. Details the identified symptoms (for example, have you noticed swelling on your legs? How long have you noticed this? Does the swelling get worse in the evening or in the morning?) In the end, it sums up – the compliance of the detected changes during physical examination with the patient's complaints and anamnesis.	swelling on your legs? How long have you noticed this? Does the swelling get worse in the evening or in the morning?)	teacher. The main violations sufficient for a probable diagnosis have been identified.	pathological changes. NO major violations have been identified. There is not enough data to make a probable diagnosis.	

7	Making a preliminary syndromic diagnosis Laboratory and visual examination plan (General blood analysis, Biochemical blood analysis, General blood analysis, pathological fluids, imaging methods)	The most complete justification and formulation of the preliminary diagnosis with the justification of these complaints and physical examination, conducted a differential diagnosis of the main syndromes based on these complaints, the development of the disease, detected physical abnormalities. Understands the problem in the complex, connects with the characteristics of the patient. He correctly appointed a laboratory and instrumental examination, taking into account the differential diagnosis (that is, he named what he was prescribing, for which he expected changes).	The most complete justification and formulation of the preliminary diagnosis with the justification of these complaints and physical examination Correct and justified from the point of view of the underlying pathology. Conducted differential diagnostics on the main syndromes. Correctly named the necessary laboratory and instrumental examination for diagnosis, named the expected changes. Explained to the patient the important points in preparation for the examination	Substantiation of the preliminary diagnosis based on complaints and physical examination from the point of view of the underlying pathology. I determined the main examination for the diagnosis.	A formulaic or intuitive formulation of a preliminary diagnosis cannot provide justification (that is, to link complaints, the chronology of the development of symptoms and physical data). The prescribed examination does not allow to confirm the diagnosis.	The formulation of the diagnosis at random, does not understand and does not see the connection between complaints and the patient's medical history. The prescribed examination does not allow to confirm the diagnosis. The prescribed examination may harm the patient's health

		Explained to the patient important points in preparation for the examination (for example, if the glucose test is on an empty stomach, then do not drink, do not eat, do not brush your teeth, etc.)				
8	Interpretation of the results of laboratory and instrumental research (General blood analysis, Biochemical blood analysis, General blood analysis , Biopsies, FGDS imaging methods, X-ray, CT, MRI, Elastometry, PET, ultrasound, etc.)	Accurate full interpretation using medical terminology, understands the connection/or discrepancy of the detected deviation with the preliminary diagnosis	Accurate full interpretation, using medical terminology	Identification of the main deviations in the analyses, the correct use of medical terminology	Incomplete or not quite correct interpretation, does not know the normative data, errors in the use of medical terminology	Does not use medical terminology, does not know regulatory data
9	Formulation of the final syndromic diagnosis, with justification based on the results of the examination	The student clearly articulates the underlying disease. In the formulation of the underlying disease, the clinical classification of this disease is used. Gives an assessment of the severity of the disease. Names complications of the underlying disease. The student clearly substantiates his opinion	The student clearly articulates the underlying disease. In the formulation of the underlying disease, the clinical classification of this disease is used. Gives an assessment of the severity of the disease.Names complications of the underlying disease.	The student formulates the underlying disease. The clinical classification is incomplete. The student clearly substantiates his opinion on objective data	The student can formulate only the underlying disease. Cannot fully explain the rationale for the diagnosis. For example: pneumonia (or equally perceived responses such as: pulmonary tissue compaction syndrome, obstructive	The student cannot formulate a diagnosis. Or can't explain the rationale for the diagnosis (calls the diagnosis at random according to the topic of the lesson)

		on objective data (anamnesis, examination results). For example: Community-acquired lobar pneumonia, typical. Moderate current. (or severe course, complication – pleural empyema)	The student clearly substantiates his opinion on objective data (anamnesis, examination results) For example: Community-acquired lobar pneumonia, typical. Moderate current. (or severe course, complication – pleural empyema)	(anamnesis, examination results) For example: Community-acquired pneumonia, typical.	syndrome, acute respiratory failure syndrome.	
10	Principles of treatment	He knows the groups of the main, i.e., the main drugs for the treatment of this disease, the mechanism of their action and the classification of these drugs. It is justified to choose drugs: taking into account the indications and contraindications of this patient. Informs the patient about the most important side effects of the prescribed drugs. Informs the patient about the specifics of taking the drug (for example, after eating, drinking plenty of	He knows the groups of the main, i.e., the main drugs for the treatment of this disease, the mechanism of their action and the classification of these drugs. Determines the indications and contraindications for this patient. Informs the patient about the most important side effects of the prescribed drugs. Informs the patient about the specifics of taking the drug (for example, after eating, drinking plenty of	Knows only the basic principles of treatment. Names only a group of basic drugs for the treatment of this disease (for example, broad-spectrum antibiotics). Knows the mechanism of action of the main drugs.	Knows only the basic principles of treatment. Can only name a class of drugs (for example, antibiotics, or bronchodilators). Does not know the classification of drugs. The mechanism of action is explained in general terms at the philistine level (for example, antibiotics kill bacteria.)	

		water, etc.) , Determined the criteria for the effectiveness of treatment, and the expected timing of improvement of the patient's condition. He named the terms and methods of treatment control, subjective and objective data, data of laboratory and visualized treatment control.	water, etc.) , determined the criteria for the effectiveness of treatment.			
	Total	100	80	60	40	20

Score-rating assessment of the medical history (maximum 100 points)

№	Criteria (evaluated according to the point system)	10	8	6	4	2
		excellent	***above average***	***acceptable***	***requires correction***	***unacceptable***
1	Patient's complaints: main and secondary	It is complete and systematic, with an understanding of important details	Accurate and complete	Basic information	Incomplete or inaccurate, missing some details	Misses the important
2	Collecting anamnesis of the disease					
3	Anamnesis of life					
4	Objective status – general inspection	Fully, efficiently, organized, with an understanding of important details	Consistently and correctly	Identification of basic data	Incomplete or not quite correct, not attentive to the convenience of the patient	Inappropriate data
5	Respiratory system	Full, effective, technically correct application of all the skills of examination, palpation, percussion and auscultation	Full, effective, technically correct application of all inspection skills, physical examination with minor errors, or corrected during execution	The main data are revealed Physical examination skills have been mastered	Incomplete or inaccurate Physical examination skills require improvement	Important data is missing Unacceptable physical examination skills
6	Cardiovascular system					
7	Digestive system					
8	Genitourinary system	Full, effective, technically correct application of all special examination skills				

9	**Musculoskeletal system**	Full, effective, technically correct application of all special examination skills				
10	**Presentation of the medical history**	The most complete description and presentation Understands the problem in the complex, connects with the characteristics of the patient	accurate, focused; the choice of facts shows understanding	Record by form, includes all the basic information;	Много важных упущений, часто включает недостоверные или неважные факты	Lack of control of the situation, many important omissions, many clarifying questions

Point-rating assessment of the IWS – creative task (maximum 90 points) + bonuses for English and time management

		20	15	10	5
1	**Focus on the problem**	Organized, focused, highlights all 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 unrelated to the main identified problem	Inaccurate, misses the point, inappropriate data.
2	**Informative, effective presentation**	All the necessary information on the topic has been fully conveyed in a free, consistent, logical manner The product form is adequately chosen	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 non-rough errors	Important information on the topic is not reflected, gross errors
3	**Reliability**	The material was selected on the basis of reliably established facts. The manifestation of understanding by the level or quality of evidence	Some conclusions and conclusions are formulated on the basis of assumptions or incorrect facts. There is no complete understanding of the level or quality of evidence	Insufficient understanding of the problem, some conclusions and conclusions are based on incomplete and unproven data – questionable resources have been used	Conclusions and conclusions are not justified or incorrect
4	**Consistency and consistency**	The presentation is logical and consistent, has an internal unity, the provisions in the product flow from one another and are logically	It has an internal unity, the provisions of the product flow from one another, 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, it is difficult to grasp the basic idea

		interconnected			
5	**Literature analysis**	The literature data are presented in a logical relationship, demonstrate a deep study of the main and additional information resources	The literature data demonstrate the study of the main literature	Literary data is not always appropriate, does not support the logic and evidence of the presentation	Inconsistency and chaotic presentation of data, inconsistency No knowledge of the main textbook
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	**Visibility of the presentation, quality of the report (speaker's assessment)**	Correctly, all the features of PowerPoint or other e-gadgets are used to the place, fluency in the material, confident manner of presentation	Visual materials are overloaded or insufficiently used, incomplete knowledge of the material	Visual materials are not informative reports uncertainly	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 (checked by the head of the department) + 10-20 points depending on	The product is prepared in English, submitted in Russian/kaz + 5-10 points depending on the quality (or vice versa)	When preparing the product, English-language sources were used + 2-5 points depending on the quality	

		the quality			
Bonus	**Time management****	The product is delivered ahead of time 10 points are scored	The product is delivered on time – no points are added	**Postponement of delivery, which does not affect the quality** **Minus 2 points**	**Delivered late** **Minus 10 points**
Bonus	**Rating*****	Additional points (up to 10 points)	Outstanding work, for example: Best work in a group Creative approach An innovative approach to the task At the suggestion of the group		
	* - for kaz/Rus groups – English; for groups studying in English – completing tasks in Russian or Kazakh *Term - is determined by the teacher, as a rule – the day of boundary control ** thus, you can get 90 points as much as possible, in order to get above 90 – you need to show a result higher than expected				

Point-rating assessment of practical skills at the patient's bedside – curation (maximum 100 points)

№	Evaluation criteria	10 points	8 points	6 points	4 points
ОПРОС БОЛЬНОГО					
1.	Completeness and accuracy	Accurate, details the manifestations of the disease. Knows how to highlight the most important problem. With attention to the convenience of the patient	Collects basic information, neat, identifies new problems.	Incomplete or not focused.	Inaccurate, misses the point, inappropriate data
2.	Granularity	Organized, focused, identifies all clinical manifestations with an understanding of the course of the disease in a specific situation.	Identifies the main symptoms	Incomplete data	Demonstrates data that does not correspond to reality, or their absence
3.	Consistency	Prioritization of clinical problems in a relatively short time	It is not possible to fully control the process of collecting anamnesis	Allows the patient to behave to the side, thereby lengthening the time. Uses leading questions (pushes the patient to an answer that may be incorrect).	Incorrectly asks questions or finishes collecting anamnesis earlier, without identifying important problems.
4	Time management	As efficiently as possible in the shortest possible time	the time of collecting anamnesis is delayed	Wasting time is inefficient	Does not own the situation as a whole.
PHYSICAL EXAMINATION					
5.	The sequence and correctness of the physical examination The skill of a special examination on the teacher's assignment*	erforms correctly in compliance with the sequence, confident, well-developed technique of execution.	Knows the sequence, shows reasonable skill in preparing and performing the examination	Inconsistent, insecure, has incomplete examination skills, refuses to try basic research	Does not know the order and sequence of physical examination, does not own his technique

6.	Навык специального обследования по заданию преподавателя*				
7.	Effectiveness	Revealed all the basic physical data, as well as details	Identified the main symptoms	Incomplete data	Revealed data that does not correspond to objective data
8	Ability to analyze identified data	Changes the order of examination depending on the identified symptoms, clarifies, details the manifestations.	Assumes a range of diseases with similar changes without specifying and detailing the manifestations.	Cannot apply the received survey and physical examination data to the patient.	Does not conduct an analysis.
		20 баллов	**16 баллов**	**12 баллов**	**8 баллов**
9-10	Communication skills	Won the patient's favor even in a situation with a communicative problem*	Communication is quite effective	Satisfactory	Could not find contact with the patient