**SYLLABUS**

**Neonatology**

| **1.**  | **General information about the discipline** |
| --- | --- |
| 1.1 | Faculty/School: Medicine and Healthcare | 1.6 | Credits (ECTS): 6 credits 180 hours 120 contact hours / ISW 30 hours / ISWP 30 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 accreditationof the IAAR OP 2021of the Eurasian Center for Accreditation and Quality Assurance in Education and Healthcare 2025 | 1.88 | ISW (qty):30 hours |
| 1.44 | Name of the discipline:**Neonatology** | 1.9 | ISWP(qty):30 hours |
| 1.55 | ID Discipline ID: 94641Discipline code: Neo7408 | 1.10.10 | ***Required*** -compulsoty core  |
| **2.**  | **Description of the discipline** |
|  | When studying a discipline, students will study the following aspects: - own the principles of organizing obstetrics, regionalization of the provision of neonatal care;- to possess and apply in practice the knowledge on antenatal diagnosis of fetal and newborn pathology, criteria for live birth and stillbirth recommended by WHO;- put into practice the knowledge of the anatomical and physiological features of a full-term newborn baby and the characteristics of their adaptation to extrauterine living conditions and borderline states;- to determine the indications and contraindications of immunoprophylaxis in the maternity hospital: BCG and HBV;- to evaluate a full-term and premature infant at birth, identify risk factors for failure to adapt, detect borderline conditions, carry out differentiated appointments in a healthy infant within the framework of professional competence;- to identify the pathology of newborns that require emergency care at birth and carry out primary resuscitation care for the newborn in the labor room;- to carry out sanitary and educational work and provide psychological support to parents of sick children |
| **3** | **Aim of the discipline:** |
| mastering the diagnosis and treatment of neonatal pathology, in their typical manifestation and course, based on the principles of evidence-based medicine, using the skills of effective professional communication, interpretation of clinical symptoms and syndromes, data from laboratory and instrumental methods of research and application of basic medical, diagnostic and preventive measures. |
| **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 | To interpret, analyze, evaluate, and prioritize relevant data to develop a diagnostic and disease management plan, including initiating appropriate interventions | Level of proficiency- 4 | To integrate clinical knowledge and skills to ensure an individualized approach to the management of a specific patient and the promotion of their health, in accordance with their needs and the capabilities of the healthcare system |
| 2 | To apply skills and knowledge in medical practice to address patient problems in primary health care based on evidence-based medicine | Level of proficiency - 4 | To make professional decisions based on the analysis of the rationality and effectiveness of diagnostics and treatment outcomes, applying the principles of evidence-based and personalized medicine. |
| 3 | To carry out dynamic monitoring of patients of all ages, taking into account their individual characteristics and the most common diseases in the context of primary health care; to educate and counsel patients and their family members. | Level of proficiency - 5 | To apply knowledge of the basic principles of human behavior to effectively build dynamic relationships between doctor and patient during the diagnostic and therapeutic process, providing support to the patient and their family, while adhering to principles of ethics and deontology. |
| 4 | To work effectively as a member of a multidisciplinary team in university and accredited university outpatient clinics under the supervision of a mentor. | Level of proficiency | Effectively organize and manage the diagnostic and therapeutic process within an interprofessional/multidisciplinary team alongside other healthcare professionals. |
| 5 | Demonstrate the ability to work effectively within the primary healthcare system (PHC), with a focus on quality and patient safety; effectively apply knowledge to manage medical records and reporting documentation, including electronic health records, in PHC settings. | 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 | Carry out effective prevention in primary health care; vaccine prevention, screening for chronic noncommunicable diseases (regulatory framework, organization, implementation and monitoring of screening programs) | Level of proficiency 5 | Organize and implement activities aimed at maintaining individual and population health, as well as promoting a healthy lifestyle for individuals and families, based on the application of knowledge about the complex of factors and processes that determine health and disease, with the goal of prevention. |
|  | 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, culture, gender, economic status or sexual orientation | Level of proficiency - 5 | 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, culture, gender, economic status or sexual orientation |
| 7 | Develop and participate in scientific projects using forecasting, designing, and modeling methods for processes and phenomena in the field of healthcare. | Level of proficiency - 4 | Evaluate, analyze, identify gaps in one's own learning, and apply knowledge and skills for professional development, focusing 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 applicationStage 2-passing practical skills (miniclinical exam (MiniCex)  |
| 5.4  | Maintaining medical records |  | 5.8  | Exam: Stage 1-MCQ testing for understanding and applicationStage 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:13-14 semester | 6.4. | Place Center for Perinatology and Pediatric Cardiac SurgeryBasenov street 2a |
| **7.** | **Discipline leader** |
| Position | Full name | Department | Contact information(tel., e-mail) | Consultation before exams |
| Senior lecturer | Shaimerdinova Gulzhan Bauyrzhanovna | Obstretics and gynecology | +77072227102 |  |
| **8.** | **The contents of the discipline** |
|  | Topic Title | Number of hours | form of the learning  |
|  | Organisation of neonatal care | 9 | case study |
|  | Antenatal diagnosis of fetal and newborn pathology, criteria for live birth and stillbirth, recommended by the WHO | 9 | Clinical analysis |
|  | Practical application of knowledge of the anatomical and physiological characteristics of full-term newborns and their adaptation to extrauterine life and borderline conditions. | 9 | Testing |
|  | Antenatal screening | 9 | Clinical analysis |
|  | Newborn Assessment: Apgar Score. Basic Resuscitation Algorithm | 9 | Analysis of medical records  |
|  | Transient conditions of newborns | 9 | Testing |
|  | Neonatal Jaundice: Pathological, Breast Milk-Associated, Hemolytic. Phototherapy and Exchange Transfusion | 9 | Clinical analysis |
| **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%Submission of portfolio: internship diaries, duty logs, prepared clinical reviews and medical simulation scenarios, scientific papers, health education work, participation in medical examinations |
|  | Respiratory Distress Syndrome: RDS, TTN, Meconium Aspiration Syndrome | 9 | Testing |
|  | Care and Management of Premature Infants: Classification, Specific Aspects of Nursing, Vital Organ Support | 9 | Clinical analysis |
|  | Neonatal Infections: Congenital Infections, Sepsis, infectious jaundice. Approaches to Antibiotic Therapy. Immune System Features of Newborns | 9 |  Analysis of medical records  |
|  | Hypoxic-Ischemic Encephalopathy: Stages, Management Strategies, Therapeutic Hypothermia | 9 | Clinical Analysis |
|  | Neonatal Resuscitation. Simulation-Based Training with Mannequins | 9 | Clinical Analysis |
|  | Anemia and Polycythemia in Newborns: Causes, Diagnostic Approaches, Indications for Transfusion | 9 | Testing  |
|  | Metabolic Disorders in Newborns: Diagnosis, Treatment, and Differential Diagnosis | 9 | Clinical Analysis |
| 15. | Neonatal Screening and Immunization | 9 | Analysis of medical records |
| **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 application2. Passing practical skills-miniclinical exam (MiniCex) 3. SRS-Target examination of the quality of medical care (ECMP)4. Maintaining medical records5. Portfolio of scientific papers6. 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:** 1. Medscape.com - <https://www.medscape.com/familymedicine>
2. Oxfordmedicine.com -[https://oxfordmedicine.com/Uptodate.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://www.youtube.com/c/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://www.youtube.com/c/SciDrugs/videos](https://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 обучаещемуand 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](https://univer.kaznu.kz/Content/instructions/%D0%90%D0%BA%D0%B0%D0%B4%D0%B5%D0%BC%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%B0%D1%8F%20%D0%BF%D0%BE%D0%BB%D0%B8%D1%82%D0%B8%D0%BA%D0%B0.pdf) and [the Academic Integrity Policy of the University](https://univer.kaznu.kz/Content/instructions/%D0%9F%D0%BE%D0%BB%D0%B8%D1%82%D0%B8%D0%BA%D0%B0%20%D0%B0%D0%BA%D0%B0%D0%B4%D0%B5%D0%BC%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%BE%D0%B9%20%D1%87%D0%B5%D1%81%D1%82%D0%BD%D0%BE%D1%81%D1%82%D0%B8.pdf). If the links do not open, then you can find up-to-date documents in the Univer IP.**Rules of professionalProfessional behavior rules:** 1. **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:**1. 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).
2. Religious events, holidays, etc. are not a valid reason for skipping, being late, or distracting the teacher and group from work during classes.
3. 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.
4. Leaving a class earlier than the scheduled time, or being outside the workplace during school hours is considered a truancy.
5. Additional work of students during school hours (during practical classes and duties) is not allowed.
6. 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.
7. Missed classes are not processed.
8. Students are fully subject to the Internal rules of the clinical bases of the department
9. To greet the teacher and any older person by getting up (in class)
10. 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
11. of Respect for colleagues, regardless of gender, age, nationality, religion, sexual orientation.
12. Have a laptop / laptop / tab / tablet with you for training and passing MCQ tests on TBL, boundary and final controls.
13. Сдача тестов Taking MCQ tests on телеmobile phones and smartphones is strictly prohibited.

The student's behavior during exams is regulated [by the "Rules for conducting final control"](https://univer.kaznu.kz/Content/instructions/%D0%9F%D1%80%D0%B0%D0%B2%D0%B8%D0%BB%D0%B0%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D0%B4%D0%B5%D0%BD%D0%B8%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%9B%D0%AD%D0%A1%202022-2023%20%D1%83%D1%87%D0%B3%D0%BE%D0%B4%20%D1%80%D1%83%D1%81%D1%8F%D0%B7%D1%8B%D0%BA%D0%B5.pdf), ["Instructions for conducting final control of the autumn / spring semester of the current academic year"](https://univer.kaznu.kz/Content/instructions/%D0%98%D0%BD%D1%81%D1%82%D1%80%D1%83%D0%BA%D1%86%D0%B8%D1%8F%20%D0%B4%D0%BB%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%B2%D0%B5%D1%81%D0%B5%D0%BD%D0%BD%D0%B5%D0%B3%D0%BE%20%D1%81%D0%B5%D0%BC%D0%B5%D1%81%D1%82%D1%80%D0%B0%202022-2023.pdf) (current documents are uploaded to theUniver ICand updated before the session starts); ["Regulations on checking students ' text documents for borrowing"](https://univer.kaznu.kz/Content/instructions/%D0%9F%D0%BE%D0%BB%D0%BE%D0%B6%D0%B5%D0%BD%D0%B8%D0%B5%20%D0%BE%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D1%80%D0%BA%D0%B5%20%D0%BD%D0%B0%20%D0%BD%D0%B0%D0%BB%D0%B8%D1%87%D0%B8%D0%B5%20%D0%B7%D0%B0%D0%B8%D0%BC%D1%81%D1%82%D0%B2%D0%BE%D0%B2%D0%B0%D0%BD%D0%B8%D0%B9%20ru.pdf). |
| **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 cuesRespectful attitude**6. Highly developed professional skills:**Committed to completing assignments, looking for opportunities for more training, confident and qualifiedCompliance with ethics and deontology in relation to patients and medicalstaff 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 | Protocol # | Approval date |
| Dean  | Sign  | 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** | **8** | **6** | **4** | **2** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***excellent*** | ***above average*** | ***acceptable*** | ***requires correction*** | ***unacceptable*** |
| 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 of the material with non-critical inaccuracies in responses | Understanding of the main concepts. Understands own mistakes and shows willingness to correct them. | Critical errors.Frequently confused in responses, has not studied the main literature |
| 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). |  |  |  |  |  |
| Adds it. material | 8 | Selection and analysis of additional material-articles / presentations  | Valuable material |  |  |  |  |
| 9 | Report articles/presentations.Consistency, consistencyand 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 points** | **4 points** |
| 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 or unfocused.  | Inaccurate, misses the main point, includes irrelevant data |
| 2. | Detail | Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a specific situation. | Identifies main symptoms | Incomplete data | Demonstrates data that is inconsistent with reality or absent |
| 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 patient to deviate from the main issue, leading to longer history taking; uses leading questions that may guide the patient toward incorrect answers | Does not grasp the overall situation. Asks incorrect questions or ends history taking prematurely without identifying key problems |
| 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 | Inconsistent and unsure; incomplete knowledge of examination skills; refuses to attempt key parts of the examination | Does not know the order or sequence of physical examination; does not know the technique |
| 5. | Efficiency | Identifies all major physical signs as well as important details | Revealed the main symptoms | Incomplete data | Provides findings that do not correspond with objective data |
| 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 apply obtained interview and physical exam data to the clinical situation | Does not perform analysis. |
| JUSTIFICATION OF THE PRELIMINARY DIAGNOSIS |
| 7. | Justification of the Preliminary Diagnosis (including the most probable, differential, and comorbid conditions) | Clearly identifies and formulates the main syndromes and symptoms; provides diagnosis justification in accordance with approved classifications | Identifies the main syndromes, justifies the diagnosis correctly, but does not identify all differential and comorbid conditions | Does not identify all disease syndromes; provides incomplete justification of the diagnosis; fails to recognize differential and/or comorbid conditions | Fails to identify the leading syndromes of the disease; diagnosis is unjustified or incorrect |
| 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-informative and inaccessible diagnostic methods in the plan | The plan does not confirm or rule out the likely diagnosis; assigns investigations in a templated and non-informative manner |
| 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 | Polypharmacy, treatment includes other drugs that are not essential in the treatment of this particular pathology, or the choice of drug is not completely adequate OR the treatment is incomplete.  | The treatment plan prescribes incorrectly, without taking into account the characteristics of the underlying disease, orprescribes contraindicated drugs. |
| 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 insufficient knowledge of the pharmacodynamics and pharmacokinetics of prescribed drugs, demonstrates partial knowledge of drugs. | Has no idea about the mechanism of action of the prescribed drugs, misinterprets them. |

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

| **No.** | **criteria****(assessed according to the score system)** | **10** | **8** | **6** | **4** | **2** |
| --- | --- | --- | --- | --- | --- | --- |
| ***Well*** | ***above average*** | ***acceptable*** | ***requires correction of*** | ***unacceptable*** |
| 1 | Patient complaints: primary and secondary | complete and systematic understanding of important details | Accurately and completely | Basic information | is Incomplete or inaccurate, lost some details | Miss important |
| 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 main data | is Incomplete or not quite right, not attentive to the patient's comfort | insufficient data |
| 5 | Diagnosis formulation | the most complete formulationto 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 diagnosisof the Ordinary approach | is Often incorrect prioritization of clinical problems, | Wrong judgment, actions can be dangerous for the patient |
| 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  | disordered, missing important data | basic data or inaccurate 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 information; | Many important omissions, often involves false or unimportant | non-possession of the situation, many important omissions lot of clarifying questions |
| 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 basic | Not always complete understanding of the problem | Has major gaps in knowledge |

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

| **No.** | **criteria****(assessed according to the score system)** | **10** | **8** | **6** | **4** | **2** |
| --- | --- | --- | --- | --- | --- | --- |
| ***well*** | ***above average*** | ***acceptable*** | ***requires correction of*** | ***unacceptable*** |
| 1 | Complaints of the patient: primary and secondary Collection of anamnesis of disease | complete and systematic understanding of important details | Accurately and completely | Basic information | is Incomplete or inaccurate, lost some details | Miss important |
| 2 | the Reflection of objective status at the time of inspection  | Effectively organized and sootvetsvenno complaints and anamnesis | Consistently and correctly | Identify the main data | is Incomplete or not quite right, does not correspond to the history of | Mismatched 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 diagnosisOrdinary approach | Often incorrectly sets priorities for clinical problems | Wrong judgment, not match the data |
| 4 | survey plan |
| 5 | Selection and interpretation of laboratory and instrumental examination |
| 6 | Differential diagnosis | as fully reflect all of the abilityto 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 diagnosisof the Ordinary approach | is Often incorrect prioritization of clinical problems, | Wrong judgment, not match the data |
| 7 | Justification of the final diagnosis, | the most complete formulation | Correct and justified from the point of view of the underlying pathology | Only the primary diagnosis without considering the specific situation | is Often incorrect prioritization of clinical problems | Mismatched data |
| 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  | unordered missing important data | basic data or inaccurate data |
| 9 | an understanding of the mechanism of actions of the appointed means | complete  | wrong in unimportant details  | partial | largely incorrect | incorrect interpretation |
| 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 information but a lot of hitches | Lot of important omissions, often involves false or unimportant | non-possession of the situation many important omissions lot of clarifying questions |

**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**

| Filled in by an intern | Full name of the intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group number\_\_\_\_\_\_\_\_\_\_ Duty date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ city of |
| --- | --- |
| Filled in by the doctor on duty | Start time of duty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End of duty time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name, first name, patronymic of the doctor on duty (in full) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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** | Sloppy, chaotic, and not on time |
| --- | --- | --- |

**Practical skills**

| Committed to fulfillment, looking for opportunities, confident and qualified | **10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic routines |
| --- | --- | --- |

**Help on duty**

| Responsible, committed to being useful | **10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| --- | --- | --- |

 |
| Filled in by the teacher | **Duty Report:**

| focus on the problem, select key facts and fully understand the situation | **10 9 8 7 6 5 4 3 2 1** | Lack of control of the situation, many important omissions, many clarifying questions |
| --- | --- | --- |

Total points \_ \_ \_ \_ \_ \_ \_ \_ \_ Note:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full name of the teacher who accepted the report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Checklist for evaluating health education work (Health advocate)**

|  | **No. /p** | **Evaluation criteria** | ***excellent*** | ***above average*** | ***acceptable*** | ***requires correction*** | ***unacceptable*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| teacher's assessment | 1 | Matching the topicReliability of information |  |  |  |  |  |
| 2 | Whether the goal is achieved, efficiency |  |  |  |  |  |
| 3 | Consistency, consistency, and structureVisibility and clarity |  |  |  |  |  |
| 4 | Creative approach |  |  |  |  |  |
| Feedback | 5 | Clear and accessible |  |  |  |  |  |
| 6 | Interesting |  |  |  |  |  |
| 7 | Convincing |  |  |  |  |  |
| 8 | Applicable |  |  |  |  |  |
| 9 | Creative and entertaining |  |  |  |  |  |
| 10 | Security question |  |  |  |  |  |
|  | Total (max – 100 bps): |  |  |  |  |  |
|  | **Full name 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-education**For example, insufficient reading and study of problematic issues, makes a minor contribution to the group's knowledge, or does not summarize the material |
| **2** | **Accepts responsibility for their training:**For example, it manages its own training plan, actively tries to improve itself, and critically evaluates information resources | **Responsibility****10 8 6 4 2** | **Does not accept responsibility for its training:**For example, it depends on others to complete a training plan, hides errors, and rarely critically analyzes resources. |
| **3** | **Actively participates in the training of the group:**For example, they actively participate in discussions and are willing to accept assignments | **Participation****10 8 6 4 2** | **Not active during group training:**For example, they don't actively participate in the discussion process or are reluctant to accept tasks |
| **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 ineffective group skills**For example, it is inappropriate to interfere, shows poor discussion skills, interrupts, evades the answer, or ignores others, dominates or shows impatience |
| **5** | **Adept at communicating with peers:**For example, actively listens, and is receptive to nonverbal and emotional cues | **Communications****10 8 6 4 2** | **Difficult to communicate with peers:**For example, poor listening skills, unable or disinclined to listen to nonverbal or emotional cues |
| **6** | **Highly developed professional skills:**For example, excellent attendance, reliability, readily accepts feedback and learns from it | **Professionalism****10 8 6 4 2** | **Inferiority in professional behavior:**For example, omissions without a specific reason, unreliability, or difficulties in receiving feedback |
| **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 need to be more aware of the limits of their understanding or abilities and do not take positive steps to correct 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 thinking:**For example, it has difficulty completing key tasks. As a rule, it does not generate hypotheses, does not apply knowledge in practice, either because of their lack or inability (lack of induction), and does not have the ability to critically evaluate information |
| **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 skills:**Low level of reporting on problematic issues, regardless of the case under consideration and in a poorly structured manner. Inefficient use of notes, does not prepare notes, does not know how to summarize the material, does not know how to explain the material to others |
| **10** | Committed to fulfillment, looking for opportunities, confident and qualified | **Practical skills-кие навыки****10 8 6 4 2** | Clumsy, afraid, refusing to try even basic routines |
|  | As much as possible | **100 points** |  |

**HEAD OF THE DEPARTMENT**

Full name of the Head. by department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Very well** | **Criteria and points** | **Unsatisfactory** |
| --- | --- | --- | --- |
| **1** | Responsible, committed to being useful | **Reliability****10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, and learns from mistakes | **Response to the instruction****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aspires to know more | **Training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Gaining trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets the tone for mutual respect and dignity | **Attitude to colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute |
| **6** | Sets the tone for mutual respect and dignity | **Attitude to medical staff****10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive solutions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Can organize your work or be an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive |
| **9** | Competently and accurately, in a timely manner | **Maintaining a medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, and not on time |
| **10** | Committed to fulfillment, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic routines |
|  | **As much as possible** | **100 points** |  |

**RESIDENT DOCTOR**

Full name of Resident doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Very well** | **Criteria and points** | **Unsatisfactory** |
| --- | --- | --- | --- |
| **1** | Responsible, committed to being useful | **Reliability****10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, and learns from mistakes | **Response to the instruction****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aspires to know more | **Training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Gaining trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets the tone for mutual respect and dignity | **Attitude to colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute |
| **6** | Sets the tone for mutual respect and dignity | **Attitude to medical staff****10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive solutions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Can organize your work or be an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive |
| **9** | Competently and accurately, in a timely manner | **Maintaining a medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, and not on time |
| **10** | Committed to fulfillment, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic routines |
|  | **As much as possible** | **100 points** |  |

**DOCTOR ON DUTY**

Full name of the doctor on duty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Very well** | **Criteria and points** | **Unsatisfactory** |
| --- | --- | --- | --- |
| **1** | Responsible, committed to being useful | **Reliability****10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, and learns from mistakes | **Response to the instruction****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aspires to know more | **Training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Gaining trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets the tone for mutual respect and dignity | **Attitude to colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute |
| **6** | Sets the tone for mutual respect and dignity | **Attitude to medical staff****10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive solutions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Can organize your work or be an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive |
| **9** | Competently and accurately, in a timely manner | **Maintaining a medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, and not on time |
| **10** | Committed to fulfillment, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic routines |
|  | **As much as possible** | **100 points** |  |

**HONEY SISTER**

Full name of the Doctor.my sister \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Very well** | **Criteria and points** | **Unsatisfactory** |
| --- | --- | --- | --- |
| **1** | Responsible, committed to being useful | **Responsibility and reliability****10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Sets the tone for mutual respect and dignity | **Attitude to medical staff****10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **3** | Gaining trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **4** | Complete self-control, correct decisions | **Actions under stress, in a conflict situation****10 9 8 7 6 5 4 3 2 1** | Shifts responsibility to others or goes into a stupor |
| **5** | Knows how to organize the work of medical staff | **Organizational skills****10 9 8 7 6 5 4 3 2 1** | Unsure, clumsy |
|  | **As much as possible** | **50 points** |  |

**a patient**

Patient's full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  | **Circle what you need** |
| --- | --- | --- |
| **1** | Is your doctor respectful and attentive to you? | **10 9 8 7 6 5 4 3 2 1** |
| **2** | Does the doctor answer your questions?Does it explain everything you want to know about your condition? | **10 9 8 7 6 5 4 3 2 1** |
| **3** |  Do you feel satisfied after talking to your doctor? Does talking to your doctor calm you down | **10 9 8 7 6 5 4 3 2 1** |
| **4** | Whether it respects конфconfidentiality..Does it maintain medical confidentiality | **10 9 8 7 6 5 4 3 2 1** |
| **5** | Do you trust him as a specialist | **10 9 8 7 6 5 4 3 2 1** |
|  | **As much as possible** | **50 points** |

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

|  |  | **20** | **15** | **10** | **5** |
| --- | --- | --- | --- | --- | --- |
| **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 | Important points are missed without understanding their significance in a particular situation. | They didn't understand the goal set for them |
| **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 statedcкой ситуации | The main problems are identified, but they are not completely consistent | You can understand the main problem, but the analysis as a whole is not entirely consistent and logical | inconsistent and illogical presentation |
| **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 | Insufficient understanding of the problem, incomplete analysis of the examination and treatment, no understanding of the prognosis of the disease | Surface analysis |
| **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 problem sheet with serious gaps has been compiled, and problems that may affect the course and outcome are not reflected | We could not identify the main and secondary problems, there is no clear plan of action, and there is no understanding of the process |
| **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 | Solutions to the problem are not defined, there are only general suggestions. | The purpose and ways to solve the main problem are not understood |

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

| **Professional services****skills** | **2 points** | **4 points** | **6 points** | **8 points** | **10 pointsов** |
| --- | --- | --- | --- | --- | --- |
| **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 | collected systematically, but without sufficient clarification of the nature of the main symptoms and possible causes of their occurrence | collected systematically, the medical history fully reflects the dynamics of the development of the disease |
| **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 | conducted systematically, but with minor technical inaccuracies | conducted systematically, technically correctly and efficiently |
| **3. Preliminary****diagnosis** | deliveredwrong | only the disease class is specified | the leading syndrome is identified, but there is no diagnostic conclusion | installed correctly, without justification | installed correctly, given a justification |
| **4. Plan Assignment** **surveys** | contraindicated studies are prescribed | inadequate | not fully adequate | adequate, but with minor omissions | complete and adequate |
| **5. Interpretation of survey results** | incorrect assessment that led to contraindicated actions | in many ways not correct | partially correct with significant omissions | correct version with minor inaccuracies | complete and correct version |
| **6. Differential diagnosis** | inadequate | chaotic | incomplete | it is carried out reasonably, but not with all similar diseases | full |
| **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 | the diagnosis of the underlying disease is complete, but concomitant diseases are not indicated | exhaustively complete, well-founded |
| **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 | correct, but not exhaustive enough, or polypragmasy | the treatment is quite adequate |
| **9. Understanding the mechanism of action of the assigned funds** | incorrect interpretation | largely erroneous | partial | makes mistakes in minor details | full name |
| **10. Determination of prognosis and prevention** | can't determine | inadequate definition | insufficiently adequate and incomplete | adequate, but incomplete | adequate, complete |