**AL-FARABI KAZAKH NATIONAL UNIVERSITY**

**Faculty of Medicine and Health Care**

**Higher School of Medicine**

**Department of Clinical Disciplines**

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|  | Approved **Head of department**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Kalmatayeva Zh.А.**  **"\_\_\_\_\_\_"\_\_\_\_\_\_\_\_ 2021** |

**EDUCATIONAL-METHODICAL COMPLEX OF THE DISCIPLINE**

**PiV2217**

**PATIENT AND DOCTOR**

**Training direction**

**6B101 Health Care**

**Curriculum**

**6B10103 General Medicine**

Year – 2

Semestre – 4

Credits 6=4+2

**Almaty 2021**

Educational-Methodical Complex of the discipline was compiled by Professor Kurmanova G.M.

Based on the educational program **6B10103 - General medicine**

Considered and recommended at a meeting of the Department of Clinical Disciplines

"\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021, protocol No. ...

Head of Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prof. Kurmanova G.M.

                                     (signature)

### Recommended by Methodical committee of HSM

### «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_ 2021, protocol №

### Head of Methodical committee of HSM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dzhumasheva R.T (signature)

**Al Farabi Kazakh National University**

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|  | Approved **Dean of Faculty**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Kalmatayeva Zh.А.**  **"\_\_\_\_\_\_"\_\_\_\_\_\_\_\_ 2021 г.** |

**SYLLABUS**

**4 semesters 2020-2021 academic year**

**Academic information about course**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VVP1110** |  |  | Hours per week | | | | | Number of credits |
| Code of discipline | Name of discipline | Type | ECTS |
|  | Practice | SIWT | SIW | |
| PiV2217 | Patient and doctor | BD | - | 60 | 20 | 40 | | 4 |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| Course leader | Lecturer Bossatbekov Yerkebulan Nyrlanuly | | 9.00- 12.00 | | | | According sсhedule | |
| e-mail | Bossatbekov@gmail.com | |
| Phone | +77052740575 | |  | | | |  | |
| Doctor Candidate | Turbekova Mira Nikolaevna | |  | | | |  | |
| Phone | +77071917583 | |
| Medicine master | Bugibaeva Akbota Berdalievna | |  | | | |  | |
| Phone | +77024474631 | |  | | | |  | |
| Medicine master | Mergenbaev Zhasulan Erkegalievich | |  | | | |  | |
| Phone | +77078125058 | |  | | | |  | |
| Senior lecturer | Muratbekova Raikhan Abdurazakovna | |  | | | |  | |
| Phone | +77751442938 | |  | | | |  | |
| Lecturer | Bitemirova Raushan Kosmuratkyzy | |  | | | |  | |
| Phone | +77076406652 | |  | | | |  | |

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| --- | --- |
| Academic presentation of course | The goal is to form effective communication skills on the basis of an understanding of a person’s neuropsychological development, as well as skills of questioning, physical examination of a patient in health and pathology, and clinical argumentation when analyzing the information received. This discipline is the basis necessary for the further development of clinical thinking skills.  During the study of the discipline students will learn following aspects:  -Understanding mechanisms of formation behavior, features the psychological development of a person, features behavior in the age aspect, the norm and deviations;  -Understand the genetic, anatomical and biological, socio-psychological background of behavioral disorders;  -Understand the theory of learning and behavioral modeling, the concept of psychosomatic medicine - a comprehensive approach to assessing the patient  -To be able to apply the techniques of medical interview, the rules of effective doctor-patient relationships  -Conduct a study of a patient with somatic diseases in the age aspect in a strictly defined sequence: - questioning of the patient or his relatives - medical interview and examination using physical examination methods (palpation, percussion and auscultation)  -To analyze the information received with the definition of the formation mechanisms of the identified subjective and objective symptoms in the main somatic diseases and conditions in the age aspect.  -To carry out the synthesis of the information obtained by combining the symptoms into logically related groups, that is, into clinical and pathogenetic syndromes in the age aspect.  -Demonstrate the ability to effectively conduct 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;  -demonstrate commitment to the highest standards of professional responsibility and honesty; observe ethical principles in all professional interactions;  -demonstrate the need for continuing professional education and improvement their knowledge and skills |
| Prerequisite | 1. Morphology and physiology of human 2. Mechanisms of Defense and Health |
| Postrequisite | Патология органов и систем |
| Informational resources | **Textbooks:**   1. Macleods\_Clinical\_Examination\_13th\_ed 2. Bates\_Guide\_to\_Physical\_Exaxmination\_and\_History\_Taking\_12th\_Edition\_2016   **Internet resources:**   1. Medscape.com 2. Oxfordmedicine.com 3. [Uptodate.com](http://www.uptodate.com) 4. **Geekymedics.com** |
| Academic policy of the course in the context of university values | **The rules of academic conduct:**  **1) Appearance:**   * office dress code * clean ironed white coat * medical mask * medical cap * medical gloves * second pair of shoes * spotless hair, neat nails * name badge   **2) necessary to have a phonendoscope, blood pressure monitor, measuring tape**  **3) Properly executed sanitary (medical) book.**  2) Mandatory presence of a phonendoscope, tonometer, tape measure and sanitary book.  3) Mandatory compliance with the rules of personal hygiene and safety  4) Systematic preparation for the educational process.  5) Accurate and timely record keeping.  6) Active participation in the medical-diagnostic and social activities of the departments.  Discipline:   * No late arrivals or morning conference. If late - the decision on admission to class is made by the teacher who leads the class. After the third delay, he writes an explanatory letter to the head of the department indicating the reasons for the delay and goes to the dean's office to obtain admission to the lesson. * Departure from class before the scheduled time, being outside the workplace during training time is regarded as absenteeism. * No additional work is allowed for students during school hours (during practical exercises and on duty). * For students with more than 3 passes without notifying the curator and a good reason, a report is issued with a recommendation for expulsion. * Missing classes are not practiced. * The rules for internal placement of KazNU and clinical bases fully apply to students.   **Academic values:**  Academic honesty and integrity: independence in the performance of all tasks; inadmissibility of plagiarism, forgery, use of cheat sheets, cheating at all stages of knowledge control, teacher deception and disrespect for him. |
| Evaluation and Assessment Policy | **Criteria evaluation:**  assessment of work on the activities of the check-list of the department  **Summative assessment: final control on the discipline of 2 stages:**  1. MCQ testing  2. OSCE |

**Calendar of the implementation of the course content:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| № | Topic title | | | | Number of hours | Maximum score |
|  | **25.01-08.05.2021** | | | |  |  |
|  | Approach to the patient. History taking | | | | 3 | 2 |
|  | Communication process | | | | 3 | 2 |
|  | General physical examination | | | | 3 | 2 |
|  | Calgary-Cambridge guide for communication process skills | | | | 3 | 2 |
|  | The skin, hair and nails | | | | 3 | 2 |
|  | Endocrine system - 1 | | | | 3 | 2 |
|  | Endocrine system - 2 | | | | 3 | 2 |
|  | The respiratory system - history | | | | 3 | 2 |
|  | The respiratory system – physical exam | | | | 6 | 2 |
| **22.02-27.02.2020** | | ***Border control -1*** | | |  | **80** |
|  | Cardiovascular system - history | | | | 3 | 2 |
|  | Cardiovascular system - physical exam | | | | 3 | 2 |
|  | Cardiovascular system - physical exam | | | | 3 | 2 |
|  | The gastrointestinal system - history | | | | 3 | 2 |
|  | The gastrointestinal system - physical exam | | | | 6 | 4 |
|  | The renal system - history | | | | 3 | 2 |
|  | The renal system - physical exam | | | | 3 | 2 |
|  | The musculoskeletal system - history | | | | 3 | 2 |
|  | The musculoskeletal system - physical exam | | | | 3 | 2 |
| **16.03-20.03.2021** | | | | ***Midterm*** |  | **80** |
|  | Babies and children | | | | 3 | 2 |
|  | Teenagers and adults | | | | 3 | 2 |
|  | Elder adult. Assessment of patients with behavioral symptoms | | | | 3 | 2 |
|  | The critically ill. Confirming of death | | | | 3 | 2 |
|  | The nervous system | | | | 3 | 2 |
|  | Sense | | | | 3 | 2 |
|  | Physician –Patient relations. Legal and ethical issues | | | | 3 | 2 |
|  | Special CRP skills | | | | 6 | 4 |
|  | Training of CRP in special situation | | | | 3 | 2 |
| **03.05-08.05.2021** | | | ***Border control -2*** | |  | **80** |
|  | ***Final control*** | | | |  |  |
|  | 1. Stage - Testing | | | |  |  |
|  | 1. Stage –OSCE (objective structured clinical examination) | | | |  |  |

**Topic plan and content**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Topic name** | **Content** | **What to read** |
|  | 2 | 3 | 4 |
|  | **Part 1** |  |  |
| 1 | Approach to the patient. History taking | Medical interview. Preparing. Rules of conduct, environment, appearance. Plan. Introduction. Complaints, their detail. Identification of the leading symptom. How to collect symptoms into syndromes. Anamnesis morbi. Anamnesis vitae. Putting all together  Recording of medical history | 1.Macleod’s Chapter 1-2  2.Bate’s Chapter 1-3  Skills for Communicating – Chapter 1  3.<https://geekymedics.com/history-taking-tips-establishing-rapport/>  4.[https://geekymedics.com/systemic-enquiry-osce-guide](https://geekymedics.com/systemic-enquiry-osce-guide/)/ |
| 2 | Communication process | Steps of the communication process. Beginning of communication, establishing initial contact – rapport. Providing of patient compliance. The correct wording of the questions. Open questions. Closed questions. Guiding questions. Clarifying questions. Nonverbal signs. The disease from the point of view of the patient. | 1.Skills for Communicating – Chapter 1-2.  2.<https://geekymedics.com/history-taking-tips-establishing-rapport/>  3.[https://geekymedics.com/systemic-enquiry-osce-guide](https://geekymedics.com/systemic-enquiry-osce-guide/)/ |
| 3 | General physical examination | Physical examination plan: Inspection, palpation, percussion, auscultation. The situation, the necessary equipment, the position of the patient, the position of the doctor. First impression. Appearance. Constitution. Nutrition. Patient's position, gait. Level of consciousness. Body proportions. Explicit deviations. Forced position. Face, skin color, humidity, turgor, swelling. Smell. Weight. Hands. Tongue. Body temperature. Lymph nodes. Their examination and palpation. Pulse, blood pressure, breath rate, heart rate. | 1.Macleod’s Chapter 3  2.Bate’s Chapter 4  3.<https://geekymedics.com/blood-pressure-measurement/> |
| 4 | Calgary-Cambridge guide for communication process skills | Steps of the communication process: gathering information. Organization and structuring of a medical interview. Involvement of the patient in the diagnostic process and treatment. Maintaining patient compliance. How to explain to the patient his problem, plan of examination and diagnosis. Should I explain everything to the patient? Building trust | 1.Skills for Communicating – Chapter 3-4-5 |
| 5 | The skin, hair and nails | Skin examination: face, head, neck, arms, torso, legs. Features in different age periods. Color, pigmentation, humidity, turgor, swelling. Rashes, types of rash elements, hepatic signs. Nails. Mucous. Enanthemes. | 1.Macleod’s Chapter 4  2.Bate’s Chapter 6, 10  3.<https://geekymedics.com/dermatology-history-taking-osce-guide/> |
| 6 | Endocrine system 1 | Weight gain, Weight loss, Short stature, Delayed puberty, Menstrual disturbance, Diffuse neck swelling, Excessive thirst, Hirsutism, ‘Funny turns’, Sweating, Flushing, Resistant hypertension, Erectile dysfunction, Muscle weakness, Bone fragility and Fractures, Altered facial appearance. Hyperglycemia, hypoglycemia, hyperthyroidism, hypothyroidism. Palpation of the thyroid gland | 1.Macleod’s Chapter 5  2.Bate’s Chapter 7  3.<https://geekymedics.com/thyroid-status-examination/> |
| 7 | Endocrine system - 2 | Hypercorticism, hypocorticism, pituitary syndromes, hypogonadism, dwarfism  Case-study | 1.Macleod’s Chapter 5  2.Bate’s Chapter 7  3.<https://geekymedics.com/thyroid-status-examination/> |
| 8 | The respiratory system - history | Cough, Sputum, Dysphonia (hoarseness), Wheeze, Stridor, Stertor, Sputum, Haemoptysis, Dyspnoea, Chest pain. Forced position of the patient. Type of breathing.  Inspection: chest shape, participation in the act of breathing, symmetry, depth, rhythm. Pathological breathing.  Palpation: soreness, elasticity. Voice trembling.  Percussion: comparative, topographic (**Kronig fields**, mobility of the lower edge of the lungs). | 1.Macleod’s Chapter 7  2.Bate’s Chapter 8  3.<https://geekymedics.com/respiratory-history-taking/>  4.<https://geekymedics.com/inhaler-technique-osce-guide/> |
| 9 | The respiratory system – physical exam | Auscultation: vesicular respiration, bronchial respiration, puerile respiration. Weakened, reinforced, hard, saccade. Bronchophony.  Wheezing: dry, wheezing, wet crackles, crepitus, pleural friction noise.  Syndromes: compaction of lung tissue (infiltrate), presence of a cavity in the lung, bronchial obstruction, increased airiness of the lungs (emphysema), accumulation of fluid and air in the pleural cavity, respiratory failure (acute and chronic). X-ray diagnostic  Case - study | 1.Macleod’s Chapter 7  2.Bate’s Chapter 8  3.<https://geekymedics.com/respiratory-history-taking/>  4.<https://geekymedics.com/inhaler-technique-osce-guide/> |
|  | **Part 2** |  |  |
| 10 | Cardiovascular system - history | Targeted history taking: chest pain, chest discomfort, shortness of breath, palpitations, feeling of interruptions in the heart, swelling. Survey on risk factors for cardiovascular disease. Features of the anamnesis.  Inspection: face, hands, blood vessels, edema. BP measurement. Pulse, Heart rate, heart rate characteristics, measurement rules.  Palpation: apical impulse, cardiac impulse | 1.Macleod’s Chapter 6  2.Bate’s Chapter 9  3.<https://geekymedics.com/cardiovascular-examination-2/> |
| 11 | Cardiovascular system - physical exam | Percussion: topographic - the boundaries of the absolute and relative dullness of the heart  Auscultation of the heart: auscultation points, normal heart sounds are normal, How heart sounds forms, the ratio with heart rate. Change in heart sounds is normal at different ages. Syndromes - heart failure, arterial hypertension, chest pain. | 1.Macleod’s Chapter 6  2.Bate’s Chapter 9  3.<https://geekymedics.com/cardiovascular-examination-2/> |
| 12 | Cardiovascular system - physical exam | Inspection, palpation, auscultation - the norm and pathology of peripheral vessels.  The ECG is normal - the ratio of teeth and intervals on the ECG with the heart cycle. The concept of leads (standard, reinforced and pectoral). ECG removal rule | 1.Macleod’s Chapter 6  2.Bate’s Chapter 12  3.<https://geekymedics.com/cardiovascular-examination-2/> |
| 13 | The gastrointestinal system - history | Targeted history taking: pain, dysphagia, anorexia, weight loss, flatulence, diarrhea, constipation, discomfort and bursting, increased abdomen, bleeding, jaundice. The nature of nutrition and habits.  Inspection: assessment of nutrition, abdomen, liver signs and other changes in the skin, nails. | 1.Macleod’s Chapter 8  2.Bate’s Chapter 11  3.[https://geekymedics.com/abdominal-examination](https://geekymedics.com/abdominal-examination/)/ |
| 14 | The gastrointestinal system - physical exam | Percussion and palpation: superficial palpation, determination of the boundaries and sizes of the stomach, large intestine, the size of the liver according to Kurlov. Palpation in special situations: upon detection of bulk mass, patient with hepatosplenomegaly, ascites.  Syndromes: dysphagia, abdominal pain, gastric dyspepsia, intestinal dyspepsia, jaundice (cholestasis), gastrointestinal bleeding, hepatosplenomegaly, hepatitis (cytolytic), hepatic cell failure, portal hypertension, diffuse change, volumetric formation in the liver. Acute abdomen syndrome | 1.Macleod’s Chapter 8  2.Bate’s Chapter 11  3.<https://geekymedics.com/cardiovascular-examination-2/> |
| 15 | The renal system - history | Targeted history taking: pain, change in urination - dysuria, change in urine (color, volume, time, inclusion).  Inspection: skin, abdomen, swelling, blood pressure. Palpation and percussion, special examination of kydney | 1.Macleod’s Chapter 9  2.Bate’s Chapter 11  3.<https://geekymedics.com/renal-system-examination-osce-guide/> |
| 16 | The renal system - physical exam | Analysis of urine. Blood analysis. Biochemical analysis.  Syndromes: urinary, nephritic, nephrotic, acute renal failure, chronic renal failure, pain. | 1.Macleod’s Chapter 9  2.<https://geekymedics.com/renal-system-examination-osce-guide/> |
| 17 | The musculoskeletal system - history | Targeted history taking: pain in the joints, muscles, back, swelling, soreness, discoloration of the skin, weakness, muscle weakness, limitation of mobility. Passive and active movements.  Syndrome of arthralgia, arthritis, arthrosis, spondylitis and spondylosis. Features of the anamnesis. Nutrition, infections. | 1.Macleod’s Chapter 14  2.Bate’s Chapter 16  3.<https://geekymedics.com/rheumatological-history-taking-osce-guide/> |
| 18 | The musculoskeletal system - physical exam | Physical examination: examination, palpation, joint mobility. Gait. Special examination: test of Trodlenenburg, Kushilevsky, Schober, Forestier, Thomson  Signs of Osteoporosis | 1.Macleod’s Chapter 14  2.Bate’s Chapter 16  3.<https://geekymedics.com/rheumatological-history-taking-osce-guide/> |
|  | **Part 3** |  |  |
| 19 | Babies and children | Apgar scale. Child development. Features of physical development. Age periodization of development according to E. Erickson (infancy, early childhood, preschool and school age). Other age classifications - WHO (2014). Stages and phases of ontogenesis.  Objective history (according to the mother). Antenatal history, perinatal period (obstetric history, pregnancy, factors complicating pregnancy and fetal development), hereditary history, aggravating genetic factors, family tree - as prerequisites for the child’s mental development.  Mental ontogenesis according to Ushakov. Mental development of the child in infancy (up to 15 months); in early infancy (15 months-2.5 years); preschool age (3-6 years). Questionnaire M-CHAT-R. The influence of social processes and social structure, socio-economic and ethnic characteristics in society on the development of the individual. Identification of risk factors for the development of mental disorders. Emotional deprivation reactions. Dysontogenesis of mental functions in infants and children (affective disorders, eating disorders, attachment disorders, etc.). | 1.Macleod’s Chapter 15  2.Bate’s Chapter 18  3.Behavioral Science Chapter 1  4.<https://geekymedics.com/category/osce/clinical-examination/paediatrics/> |
| 20 | Teenagers and adults | Features of development at school age (7–11 years); - (11-20 years); young age (20–40 years); middle age (40–65 years). Crisis periods of development. Age-specific "specific symptoms and syndromes." Stages of psychosexual personality development according to Z. Freud. Sexual ontogenesis and dysontogenesis. The fifth stage in the scheme of the life cycle of Erickson (from 12 to 20 years). "Age-specific" characterological and pathological reactions and development. Abnormal behavior.  Revaluation period of personality. The sixth psychosocial stage according to Erickson (from 20 to 25 years) is the formal beginning of adulthood. Generative activity (productivity) and stagnation (inertia) - average years of life from 26 to 64 years (seventh stage according to E. Erickson). The ability of the individual to creative self-realization. Middle age crisis. | 1.Macleod’s Chapter 15  2.Bate’s Chapter 18  3.Behavioral Science Chapter 2  4.<https://geekymedics.com/category/osce/clinical-examination/paediatrics/> |
| 21 | Elder adult. Assessment of patients with behavioral symptoms | Aging. Physiological involutional changes. Impaired vision, hearing and immune responses; decrease in muscle mass and strength; increase in fat deposits; decreased renal, pulmonary, and gastrointestinal function; decreased bladder control; decreased sensitivity to changes in ambient temperature.  Improving the quality of life. Factors associated with longevity. Old age (after 60-65 years) as a psychological conflict of integrity and hopelessness. Psychiatric problems of aging - early detection of signs of dementia, depression, suicidal risk, deviating from normal behavior.  Beck - scales of depression (Beck Depression Inventory, BDI), anxiety, hopelessness (Beck Hopelessness Scale), suicidal risk. Determining the degree of memory impairment in dementia - test "Clock Drawing". Hospital Anxiety and Depression Scale (HADS).  Patient Indications for Mental Health Screening  High-Yield Screening Questions for Office Practice | 1.Macleod’s Chapter 16  2.Bate’s Chapter 20  Behavioral Science Chapter 3 |
| 22 | The critically ill. Confirming of death | Dying and death as a pathophysiological process. Statement of death. Procedure for stating death.  Death and loss as a psychic phenomenon. Stages of experiencing loss according to the classification of Elizabeth Kübler-Ross. Severe loss (normal sorrow, sadness) and complex loss (depression). Reactions to childhood loss and grief. The behavior of the child in the emergency zone and when experiencing a difficult life situation. Drug therapy for depression. | 1.Macleod’s Chapter 19, 20  2.<https://geekymedics.com/?s=death> |
| 23 | The nervous system | Targeted questioning: headache, dizziness, tremor, hyperkinesis, back pain, memory impairment, the presence of cerebral, meningeal symptoms, pathological reflexes, symptoms of tension, cramp, migraine attack. Physical examination: impaired sensitivity, impaired motor skills, manifestations of impaired autonomic function.  Ontogenesis of consciousness. Levels of consciousness. Quantitative and qualitative disturbances of consciousness (stunning, stupor, coma; delirium, twilight dizziness, onyroid, amentia). Glasgow Coma Scale. | 1. Macleod’s Chapter 11  2. Bate’s Chapter 17  3.<https://geekymedics.com/category/osce/clinical-examination/neuroosce/> |
| 24 | Sense | Symptoms of damage to the cranial nerves. Special physical examination of the organ of vision, organ of hearing, organ of hearing, bulbar symptoms | 1.Macleod’s Chapter 12, 13  2.Bate’s Chapter 17  3.[https://geekymedics.com/category/osce/clinical-examination/neuroosce](https://geekymedics.com/category/osce/clinical-examination/neuroosce/)/ |
| 25 | Physician –Patient relations. Legal and ethical issues | The doctor’s behavior when dealing with a dying patient and his relatives. Reporting a terminal illness and patient death to relatives. Overcoming a psychological problem by a doctor when dealing with a dying patient (helplessness, guilt, etc.). Legal and ethical aspects of euthanasia. | 1.Skills for Communicating – Chapter 8  2.Behavioral Science Chapter 21 |
|  |  |  | 1.ABC Resuscitation  Chapter 4  2.<https://geekymedics.com/abcde-approach/>  3.<https://geekymedics.com/dnacpr-discussions-and-documentation/> |
| 26 | Special CRP skills | Rules for cardiopulmonary resuscitation in special situations: infant, child, pregnant woman, elderly patient, drowning | 1.Macleod’s Chapter 15  2.Bate’s Chapter 18  3.Behavioral Science Chapter 2  4.<https://geekymedics.com/category/osce/clinical-examination/paediatrics/> |
| 27 | Training of CRP in special situation | CPR skills training |  |

Assessment of Medical History recording (maximum 100 balls**)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **№** | **Criteria** | **10** | **8** | **6** | **4** | **2** |
| ***Excellent*** | ***Good*** | ***Satisfactory*** | ***Need correction*** | ***bad*** |
| 1 | Patient’ complaints: main and secondary | Complete and systematized, with an understanding of important details | Accurate and complete | Main information | Incomplete or unaccurate, some details are missing | Missing of important |
| 2 | Anamnesis morbi заболевания |
| 3 | Anamnesis vitea |
| 4 | Physical examination | Complete, efficiently, organized, with an understanding of the important details. | Consistent and correct | Main Data Identification | Incomplete or not quite right, not attentive to the comfort of the patient | Inconsistent 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 skills of examination, palpation, percussion and auscultation, physical examination with minor errors, or corrected during evaluation | Main Data Revealed  Physical examination skills learned | Incomplete or inaccurate  Physical examination skills need improvement | Important data missing  Inappropriate physical examination skills |
| 6 | Cardiovascular system |
| 7 | The gastrointestinal system |
| 8 | The renal system | Full, effective, technically correct application of all the skills of special examination |
| 9 | The musculoskeletal system | Full, effective, technically correct application of all the skills of special examination |
| 10 | Presentation of Medical history | The most complete description and presentation  Understanding the problem in a complex, connects with the characteristics of the patient | accurate, focused; choice of facts shows understanding | Record in form, includes all basic information | Many important omissions, often include false or unimportant facts. | Not possession of a situation, is a lot of important omissions a lot of the specifying questions |
|  |  |  |  |  |  |  |

**Assessment of Practical skills at bedside – curation** (maximum 100 balls**)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Criteria** | **10** | **8** | **6** | **4** |
|  |  | ***Excellent*** | ***Good*** | ***Satisfactory*** | ***Need correction*** |
| **History taking** | | | | | | |
| 1. | Completeness and accuracy | Accurate, details the manifestations of the disease. Able to highlight the most important problem.  With attention to patient comfort | Gathers basic information, accurate, identifies new problems. | Incomplete or not focused. | Inaccurate,  Important data missing  inappropriate data. |
| 2. | Detail | Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a particular situation. | Identifies the main symptoms | Incomplete data | Demonstrates false or absence |
| 3. | Systematic | Exact observance of the interrogation order, changes the order depending on the main problem and taking into account the characteristics of the patient | Unable to fully control history gathering process | Allows the patient to take himself aside, due to which time is lengthened. Uses leading questions (prompts the patient to answer, which may be incorrect) | Incorrectly asks questions or finishes gathering of anamnesis earlier, without revealing important problems. |
| 4 | Time management | As effective as possible in the shortest possible time | History taking time is delayed | Spends time inefficiently | Does not own the situation as a whole. |
| **Physical examination** | | | | | | |
| 5. | Consistency and correctness of the physical examination | Performs correctly in compliance with the sequence, confident, well-established execution technique | He knows the sequence, shows a reasonable skill in preparing and performing the examination | Inconsistent, uncertain, incomplete examination skills, refuses to try basic research | Does not know the order and sequence of the physical examination, does not know his technique  Incorrect  Dangerous for patient |
| 6. | The skill of special examination |
| 7. | Efficiency | Revealed all the basic physical data, as well as details | Identified the main symptoms | Incomplete data | Revealed data that does not match objective data |
| 8 | Ability to analyze identified data | Changes the order of examination depending on the identified symptoms, clarifies, details the manifestations. | It suggests a circle of diseases with similar changes without specifying and detailing the manifestations. | Cannot apply the obtained survey data and physical examination to the patient. | Not possession of a situation, is a lot of important omissions a lot of the specifying questions |
|  |  | **10** | **8** | **6** | **4** |
| 9-10 | Communication skills | He won the patient’s trust even in a situation with a communicative problem \* | Communication is quite effective. | difficulties in contact with the patient | Could not find contact with patient |

**Student’s independent work 40 hours**

**1. Writing a medical history - 1 history**

**2. Practical skills training on your own (on volunteers)**

**3. Performing a creative assignment - 3 assignments or a large assignment to a group**

Check list Student independing work (100 units)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **10** | **8** | **6** | **4** |
|  |  | ***Excellent*** | ***Good*** | ***Satisfactory*** | ***need correction*** |
| **1** | **Problem solving** | The organized concentrated, allocates all questions which are falling into to the main revealed problem with a comprehension of a concrete clinical situation | Organized, the concentrated, allocates all questions which are falling into to the main revealed problem, but there is no comprehension of a concrete clinical situation | Not the concentrated,  Derivation on the questions which are not falling into to the main revealed problem | Inaccurate, misses the main thing, disharmonious data. |
| **2** | **Information** | All necessary information on a subject in the free, serial, logical manner is completely conveyed  The product form is adequately chosen | All necessary information in a logical manner, but with shallow inaccuracies is conveyed | All necessary information on a subject is explained chaotically, with not gross errors | Important information on a subject, gross errors is not reflected |
| **3** | **Significance** | Material is chosen on the basis of authentically established facts.  Manifestation of a comprehension on the level or quality of proofs | Some conclusions and the conclusions are formulated on the basis of assumptions or the incorrect facts. There is no complete comprehension of level or quality of proofs | Not the sufficient comprehension of a problem, some conclusions and the conclusions are based on the inexact and not proved data – doubtful resources are used | Conclusions and the conclusions are not proved or irregular |
| **4** | **Logic** | logical and well reasoning, has internal unity, provisions in a product follow one of another and are logically interdependent between themselves | Has internal unity, provisions of a product one of another follows, but there are inaccuracies | There is no sequence and logicality in statement, but it is possible to keep track of the main idea | Jumps from one on another, it is difficult to catch the main idea |
| **5** | **Recourses** | Literary data are submitted in logical interrelation, show deep study of the main and padding informational resources | Literary data show study of the main literature | Only ordinary recourses | Inconsistency and randomness in statement of data, an inconsistency  There is no knowledge of the main textbook  Using of Google |
| **6** | **Practical application** | High | good | moderate | no |
| **7** | **Patient focusing** | High | good | moderate | no |
| **8** | **Applicability in future practice** | High | good | moderate | no |
| **9** | **Presenation** | Correctly, to the place all opportunities of Power Point or other e-softs, the free possession of material, a sure manner of statement are used | It is overloaded or are insufficiently used visual materials, inexact possession of material | Visual materials are not informative | Does not own material, is not able to explain it |
| **bonus** | **Time management** | 10  For before deadline | In time | Good quality but a little late  Minus 2-4 | After deadline more than 24 hours  Minus 10 |
| **bonus** | **Rating** | 10 | Outstanding work, for example:  The best work in group  Creative approach  Innovative approach to realization of a task  According to the proposal of group | | |

**Map of educational and methodological security discipline**

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| **№** | | **Informational resources** | **Number of students studying the discipline (estimated enrollment)** | **Number in the library KazNU** | | |
| **kaz** | **rus** | **eng** |
|  | | **Textbooks (title, year of publication, authors) in electronic version** | 250 |  |  | 1 e |
|  | Macleods\_Clinical\_Examination\_13th\_ed | | 250 |  |  | 1 e |
|  | Bates\_Guide\_to\_Physical\_Exaxmination\_and\_History\_Taking\_12th\_Edition\_2016 | | 250 |  |  | 1 e |
|  | Skills for Communicating with Patients, Second Edition by [Jonathan Silverman](https://www.amazon.co.uk/Jonathan-Silverman/e/B004MK1KD0/ref=dp_byline_cont_book_1), [Suzanne Kurtz](https://www.amazon.co.uk/s/ref=dp_byline_sr_book_2?ie=UTF8&field-author=Suzanne+Kurtz&text=Suzanne+Kurtz&sort=relevancerank&search-alias=books-uk), [Juliet Draper](https://www.amazon.co.uk/s/ref=dp_byline_sr_book_3?ie=UTF8&field-author=Juliet+Draper&text=Juliet+Draper&sort=relevancerank&search-alias=books-uk) | | 250 |  |  | 1 e |
|  | Mechanisms\_of\_Clinical\_Signs\_Mark\_Dennis\_\_2ed 2016 | | 250 |  |  | 1 e |
|  | **Internet resources** | |  |  |  |  |
|  | Medscape.com  Oxfordmedicine.com  [Uptodate.com](http://www.uptodate.com)  Geekymedics.com  Clinical Learning by ELSEVIER | |  |  |  |  |
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