**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**

**PP1218**

**Professional (educational) Practice**

**PATIENT AND DOCTOR**

**Training direction**

**6B101 Health Care**

**Curriculum**

 **6B10103 General Medicine**

Year – 2

Semestre – 4

Credits 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Hours per week | Number of credits  |
| Code of discipline | Name of discipline  | Type | ECTS |
|  | Practice | SIWT | SIW |
| PP1218 | Professional educational) Practice Patient and doctor  | BD | - | 30 | 10 | 20 | 2 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Course leader | Lecturer Bossatbekov Yerkebulan Nyrlanuly | 13.00- 14.00 | According sсhedule |
| e-mail | Bossatbekov@gmail.com |
| Phone | +77052740575 |  |  |
| Doctor Candidate | Turbekova Mira Nikolaevna |  |  |
| Phone | +77071917583 |
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| Phone | +77078125058 |  |  |
| Senior lecturer | Muratbekova Raikhan Abdurazakovna |  |  |
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| Lecturer | Bitemirova Raushan Kosmuratkyzy |  |  |
| Phone  | +77076406652 |  |  |

|  |  |
| --- | --- |
| Academic presentation of course | During the study of course, students should be competent in: - 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 training 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 | Introduction to speciality |
| Postrequisite | Pathology of organs and systems |
| 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 safety4) 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 togetherRecording of medical history | 1.Macleod’s Chapter 1-22.Bate’s Chapter 1-3Skills for Communicating – Chapter 13.<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 32.Bate’s Chapter 43.<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 42.Bate’s Chapter 6, 103.<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 52.Bate’s Chapter 73.<https://geekymedics.com/thyroid-status-examination/> |
| 7 | Endocrine system - 2 | Hypercorticism, hypocorticism, pituitary syndromes, hypogonadism, dwarfismCase-study | 1.Macleod’s Chapter 52.Bate’s Chapter 73.<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 72.Bate’s Chapter 83.<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 diagnosticCase - study | 1.Macleod’s Chapter 72.Bate’s Chapter 83.<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 62.Bate’s Chapter 93.<https://geekymedics.com/cardiovascular-examination-2/> |
| 11 | Cardiovascular system - physical exam | Percussion: topographic - the boundaries of the absolute and relative dullness of the heartAuscultation 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 62.Bate’s Chapter 93.<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 62.Bate’s Chapter 123.<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 82.Bate’s Chapter 113.[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 82.Bate’s Chapter 113.<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 92.Bate’s Chapter 113.<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 92.<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 142.Bate’s Chapter 163.<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, ThomsonSigns of Osteoporosis | 1.Macleod’s Chapter 142.Bate’s Chapter 163.<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 152.Bate’s Chapter 183.Behavioral Science Chapter 14.<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 152.Bate’s Chapter 183.Behavioral Science Chapter 24.<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 ScreeningHigh-Yield Screening Questions for Office Practice | 1.Macleod’s Chapter 162.Bate’s Chapter 20Behavioral 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, 202.<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 112. Bate’s Chapter 173.<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, 132.Bate’s Chapter 173.[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 82.Behavioral Science Chapter 21 |
|  |  |  | 1.ABC ResuscitationChapter 42.<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 152.Bate’s Chapter 183.Behavioral Science Chapter 24.<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 RevealedPhysical examination skills learned | Incomplete or inaccuratePhysical examination skills need improvement | Important data missingInappropriate 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 presentationUnderstanding 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 missinginappropriate 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 techniqueIncorrectDangerous 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 inconsistencyThere is no knowledge of the main textbookUsing 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** | 10For 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 groupCreative approachInnovative approach to realization of a taskAccording to the proposal of group |

**Map of educational and methodological security discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **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%3Ddp_byline_cont_book_1), [Suzanne Kurtz](https://www.amazon.co.uk/s/ref%3Ddp_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%3Ddp_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.comOxfordmedicine.com[Uptodate.com](http://www.uptodate.com)Geekymedics.comClinical Learning by ELSEVIER |  |  |  |  |
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**Thyroid status examination algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Washes hands |  |  |  |
| **2.** | Introduces themselves & confirms patient details |  |  |  |
| **3.** | Explains examination & gains consent |  |  |  |
| **4.** | Positions & exposes patient appropriately |  |  |  |
| **5.** | Performs general inspection |  |  |  |
| **6.** | Inspects hands - tremor |  |  |  |
| **7.** | Palpates radial pulse |  |  |  |
| **8.** | Inspects face |  |  |  |
| **9.** | Inspects eyes Assesses eye movements (anteriorly, laterally and from above) |  |  |  |
| **10.** | Inspects the neck, Assesses for lid lag |  |  |  |
| **11.** | Observes thyroid whilst patient swallows water |  |  |  |
| **12.** | Observes thyroid whilst patient protrudes tongue |  |  |  |
| **13.** | Palpates the thyroid gland |  |  |  |
| **14.** | Palpates local lymph nodes |  |  |  |
| **15.** | Auscultates the thyroid gland |  |  |  |
| **16.** | Thanks patient |  |  |  |
| **17.** | Washes hands |  |  |  |
| **18.** | Accurately summarises findings |  |  |  |
|  | **TOTAL SCORE** |  |

**Respiratory examination algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Washes hands |  |  |  |
| **2.** | Introduces themselves |  |  |  |
| **3.** | Explains examination & gains consent |  |  |  |
| **4.** | Positions and exposes patient appropriately |  |  |  |
| **5.** | Performs general inspection |  |  |  |
| **6.** | Inspects thorax shape  |  |  |  |
| **7.** | Records respiratory rate |  |  |  |
| **8.** | Chest movements - mobility |  |  |  |
| **9.** | Chest resistance |  |  |  |
| **10.** | Vocal resonance/Tactile vocal fremitus |  |  |  |
| **11.** | Chest percussion – comparative  |  |  |  |
| **12.** | Chest percussion – topographic – Kronig fields |  |  |  |
| **13.** | Chest percussion – topographic – lower edge movements |  |  |  |
| **14.** | Chest auscultation |  |  |  |
| **15.** | Checks for sacral/pedal oedema & assesses calves for DVT |  |  |  |
| **16.** | Thanks patient |  |  |  |
| **17.** | Summarize findings |  |  |  |
| **18.** | Washes hands |  |  |  |
|  | **TOTAL SCORE** |  |

**Cardiovascular system examination algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Washes hands |  |  |  |
| **2.** | Introduces self & explains examination |  |  |  |
| **3.** | Gains consent |  |  |  |
| **4.** | Positions and exposes patient appropriately |  |  |  |
| **5.** | Performs general inspection |  |  |  |
| **6.** | Inspects & assesses hands - clubbing / temperature / CRT |  |  |  |
| **7.** | Assesses radial pulse - rate / rhythm / radial-radial delay / collapsing pulse |  |  |  |
| **8.** | Assesses carotid pulse appropriately |  |  |  |
| **9.** | Observes JVP & checks for hepatojugular reflux |  |  |  |
| **10.** | Inspects eyes - Xanthelasma / Corneal arcus / Conjunctival pallor |  |  |  |
| **11.** | Inspects mouth for central cyanosis |  |  |  |
| **12.** | Assesses blood pressure |  |  |  |
| **13.** | Inspects precordium |  |  |  |
| **14.** | Palpates apex beat, thrills  |  |  |  |
| **15.** | Percussion – relative heart dullness |  |  |  |
| **16.** | Percussion – absolute heart dullness |  |  |  |
| **17.** | Auscultates all heart valves appropriately whilst feeling carotid pulse |  |  |  |
| **18.** | Auscultates carotids, left sternal edge & axilla for radiation of murmurs |  |  |  |
| **19.** | Performs accentuation manoeuvres |  |  |  |
| **20.** | Auscultates lung bases, inspects for sacral oedema & assess peripheral oedema |  |  |  |
| **21.** | Thanks patient |  |  |  |
| **22.** | Washes hands |  |  |  |
| **23.** | Summarise your findings |  |  |  |
|  | **TOTAL SCORE** |  |

**Abdominal examination algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Washes hands |  |  |  |
| **2.** | Introduces themselves & confirms patient details |  |  |  |
| **3.** | Explains examination & gains consent |  |  |  |
| **4.** | Positions and exposes patient appropriately |  |  |  |
| **5.** | Performs general inspection |  |  |  |
| **6.** | Inspects hands – e.g. clubbing/flapping tremor/palmar erythema; Inspects sclera & conjunctiva; Inspects mouth & tongue |  |  |  |
| **7.** | Inspects abdomen closely |  |  |  |
| **8.** | Performs abdominal palpation (light surface) |  |  |  |
| **9.** | Percusses for borders of liver by Kurlov |  |  |  |
| **10.** | Name the liver size by Kurlov |  |  |  |
| **11.** | Palpates liver edge |  |  |  |
| **12.** | Percusses for borders of spleen |  |  |  |
| **13.** | Palpates spleen |  |  |  |
| **14.** | Performs deep bdominal palpation (colon ascendence, transverse and descenedence, sigma) |  |  |  |
| **15.** | Auscultates bowel sounds |  |  |  |
| **16.** | Percussion of kidney |  |  |  |
| **17.** | Inspects for sacral oedema & assess peripheral oedema |  |  |  |
| **18.** | Thanks patient & washes hands |  |  |  |
| **19.** | Summarise your findings |  |  |  |
|  | **TOTAL SCORE** |  |

**Joints and spine examination algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Washes hands |  |  |  |
| **2.** | Introduces themselves & confirms patient details |  |  |  |
| **3.** | Explains examination & gains consent |  |  |  |
| **4.** | Inspects hands and elbows |  |  |  |
| **5.** | Assesses & compares temperature of the joints of the hand |  |  |  |
| **6.** | Palpates radial pulse |  |  |  |
| **7.** | Palpates wrist joint  |  |  |  |
| **8.** | Palpates MCP joints, PIP joints, DIP joints |  |  |  |
| **9.** | Performs MCP squeeze |  |  |  |
| **10.** | Assesses active and passive movements  |  |  |  |
| **11.** | Wrist extension against resistance |  |  |  |
| **12.** | Power grip & Pincer grip |  |  |  |
| **13.** | Observes patient picking up a small object |  |  |  |
| **14.** | Inspects patient's spine (anterior / lateral / posterior) |  |  |  |
| **15.** | Palpates spinal processes |  |  |  |
| **16.** | Palpates sacroiliac joints |  |  |  |
| **17.** | Palpates paraspinal muscles |  |  |  |
| **18.** | Cervical flexion, extension and rotation (active) |  |  |  |
| **19.** | Lumbar flexion, extension (active) and Lumbar lateral flexion (active) |  |  |  |
| **20.** | Thoracic moblity |  |  |  |
| **21.** | Schober’s testation |  |  |  |
| **22.** | Thomayer’ test |  |  |  |
| **23.** | Forestier test |  |  |  |
| **24.** | Kushilevsky tests |  |  |  |
| **25.** | Thanks patient  |  |  |  |
| **26.** | Washes hands |  |  |  |
|  | **TOTAL SCORE** |  |

**CRP algorithm**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Examinee has done the diagnostics of clinical death: assessing consciousness (slightly shake the shoulders, reaction to pain and speech stimulus - hail, to pressure on the nail phalanx), respiration (breathing or not breathing) and blood circulation (pulsation of the carotid arteries). |  |  |  |
| **2.** | Called for help, which he ordered to call an ambulance. |  |  |  |
| **3.** | At the same time put the person on his or her back on a firm surfaceNext, make 4 cycles - compression and breath (30: 2) |  |  |  |
| **4.** | Examinee has commenced closed-chest cardiac massage. He exposed the surface of the sternum, the area of the tenor and the hypotenar of the supporting arm set 2 fingers above the base of the xiphoid process, the second hand is laid on top of the cross-shaped or lock form, the arms are extended in the elbows, the pressure is strictly perpendicular to the spine |  |  |  |
| **5.** | Press straight down on approximately 5 centimeters, sharp push. |  |  |  |
| **6.** | Press hard at a rate of 100 to 120 compressions a minute. If CPR is performed by one person, the ratio of compression and inspiration is 30/2. |  |  |  |
| **7.** | Examined the oral cavity, if necessary - release (clean with a napkin)Do Safar’s triple reception, (airway reception).I covered the patient's mouth / nose with a tissue and took 2 breaths of sufficient depth, controlled the chest excursion. |  |  |  |
| **8.** | **Overall assessment of CPR: following the sequence: checking the heart rate → compression and inspiration 30: 2****No interruptions in the performance of CPR** |  |  |  |
| **9.** | The criteria for the correct execution of successful CPR was called - the appearance of a pulse at the periphery or rhythm on the monitor and spontaneous breathing, a change in the color of the skin.Further tactics - to transfer to ambulance doctors and deliver to the intensive care unit |  |  |  |
| **10.** | Behavior in the provision of assistance - complete composure, confident implementation. |  |  |  |
|  | **TOTAL SCORE** |  |

**CPR algorithm for children under one year old**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria** | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Convinced of the safety of the environment and the victim | **4,0** | **2,0** | **0** |
| **2.** | Stimulate and test feedback (shaking gently and speaking loudly). | **4,0** | **2,0** | **0** |
| **3.** | The airway patency was provided. The head was thrown back, lower jaw was thrusted out. Carried out manipulations in accordance with the age of the victim; avoiding excessive throwing back of the child's head. The soft tissues of the chin wasn`t squeezed, as this could cause airway obstruction. | **4,0** | **2,0** | **0** |
| **4.** | Checked for breathing (observed, listened, felt) | **4,0** | **2,0** | **0** |
| **5.** | A napkin was put on the victim's face. The nose and mouth of the child were tightly and hermetically captured by mouth of student. Breathed evenly, while observing the excursion of the chest, spending about 1-1.5 seconds on it. Then he took his mouth away from the victim and made sure that the chest was completely lowered. Performed 5 initial mechanical ventilation. | **4,0** | **2,0** | **0** |
| **6.** | Checked for signs of life (cough, spontaneous breathing) and palpated the pulse (on the brachial artery) of the victim (at least 10 seconds) | **4,0** | **2,0** | **0** |
| **7.** | Correctly performed the chest compression. The area of chest compression in newborns and infants is a finger width below the intersection of the nipple line and the sternum. In children under one ear old, two methods of performing a closed heart massage are used: - placing two or three fingers on the chest - covering the child's chest with the formation of a rigid surface of four fingers on the back and using the thumbs to perform compressions. The amplitude of the compressions is approximately 1/3-1/2 of the anteroposterior chest size of the child (2-3 cm.) | **4,0** | **2,0** | **0** |
| **8.** | Detect the presence of signs of life and palpation of the pulse (at least 10 seconds) | **4,0** | **2,0** | **0** |
| **9.** | The criteria for the correctness of successful CPR was called - the appearance of a pulse on the periphery and spontaneous breathing, a change in the color of the skin. Further tactics are to transfer to ambulance doctors and deliver to the intensive care unit | **4,0** | **2,0** | **0** |
| **10.** | Helping behavior - complete self-control, confident execution. | **4,0** | **2,0** | **0** |
|  | **TOTAL SCORE** | **40** |

**Algorithm of actions during the primary care of a newborn child**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria**  | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1.** | Take the anamnesis (how the mother's pregnancy proceeded, how the childbirth went, whether there were complications during childbirth, whether the child received resuscitation measures, whether the child had convulsions, and an epidemiological anamnesis for infectious diseases). Read the certificate for the child from the hospital |  |  |  |
| **2.** | Immediately before examining the child, wash your hands according to the hand washing technique, wear a mask if it is necessary |  |  |  |
| **3.** | Conduct an objective examination of the child: assess the condition and well-being of the child, measure the body temperature of the child, Examine for the presence of visible congenital malformations in the child.  |  |  |  |
| **4.** | Examine the skin and visible mucous membranes - to assess the turgor of the skin, the reaction of the skin fold (are there any signs of dehydration) - assess the color of the skin (yellowness, pallor, cyanosis) - determine the presence of edema - palpate peripheral lymph nodes, mammary glands- inspect for purulent discharge from the ear - examine the conjunctiva of the eyes, whether there are discharge from the eyes, lacrimation - examine the umbilical wound (the umbilical cord in the clamp) |  |  |  |
| **5.** | Examine the musculoskeletal system - to evaluate the shape of the head, the seams of the skull, the bones of the skull, the size of the large and small fontanelles - visually examine the joints, assess the range of motion, size, symmetry - inspect for damage to the brachial plexus - examine the integrity of the clavicle for a fracture - to assess the muscle tone of the limbs, trunk, symmetry of muscle tone - to assess the motor activity of the child's movements, the resistance of the flexor and extensor muscles of the limbs - assess the condition of the muscles of the anterior abdominal wall, the presence of hernias |  |  |  |
| **6.** | Assess the function of the cranial nerves: - symmetry, activity of facial muscles, signs of deformism - eye movement, pupil response to light, pupil shape, corneal condition - the tightness of the coverage of the nipple with the baby's lips (does milk flow out during feeding) - tongue movement, presence of a pharyngeal reflex |  |  |  |
| **7.** | Check the reflexes of the innate automatism of a newborn child, their symmetry: searching, sucking, grasping, Moro, protective, crawling, support, automatic gait. Conduct a screening examination to identify hearing impairments and psychophysical development. |  |  |  |
| **8.** | Objectively examine the respiratory system - determine the respiratory rate (normally 30-60 per minute) - to determine the shape of the chest, the participation of auxiliary muscles in the act of breathing, the presence of retraction of the chest, the nature of breathing - assess nasal breathing, examine the pharynx and oral cavity - to carry out palpation, percussion, auscultation of the lungs |  |  |  |
| **9.** | 9. Objectively examine the circulatory organs - determine heart rate (normally more than 100 per minute)- conduct a visual examination of the heart area - to carry out palpation, percussion, auscultation of the heart - to palpate the femoral pulse (normally symmetrically on both sides) |  |  |  |
| **10.** | 10. Objectively examine the digestive organs - examine the oral cavity (tongue, oral mucosa) - examine the abdomen, palpate- find out the nature of the stool, the frequency, color, the presence of impurities |  |  |  |
| **11.** | 11. Objectively examine the organs of the genitourinary system - visual examination for the presence of hernias, signs of sexual duality - find out the frequency of urination in a child (normally at least 10 times a day.) |  |  |  |
|  | **TOTAL SCORE** |  |

**Algorithm for the examination of a urological patient**

|  |  |  |
| --- | --- | --- |
| **№** | **Steps evaluation criteria**  | **SCORE** |
| **Completed fully** | **Not fully completed** | **Not completed** |
| **1** | Washes hands |  |  |  |
| **2** | Introduces themselves & confirms patient details |  |  |  |
| **3** | Explains examination & gains consent |  |  |  |
| **4** | Begins by asking complaints, medical history and life. |  |  |  |
| **5** | Determines the general condition of the patient |  |  |  |
| **6** | At first the lumbar region, the abdomen is examined when is being examined the genitourinary system. |  |  |  |
| **7** | When is palpated the kidneys, the method of deep bimanual palpation is being used. At first, the right kidney has to be felt, then the left kidney. Penetrating palpation of renal and ureteral pain points is being used. |  |  |  |
| **8** | Reveal a symptom of tapping in the area of the kidneys. |  |  |  |
| **9** | Examine the bladder. |  |  |  |
| **10** | **Murphy's punch sign** is given alternately on both sides in the kidney area. It`s being done also in order to detect pain. |  |  |  |
| **11** | Examination and palpation of male (female) external genitalia |  |  |  |
|  | **TOTAL SCORE** |  |