**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 |

**Student’s independent work**

**15 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 big task individually

**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** | 15 |  |  |  |
|  | Harrison's Principles of Internal Medicine-19th Edition, 2015 |  |  |  |  |
|  | Macleods\_Clinical\_Examination\_13th\_ed |  |  |  |  |
|  | Bates\_Guide\_to\_Physical\_Exaxmination\_and\_History\_Taking\_12th\_Edition\_2016 |  |  |  |  |
|  | 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)  |  |  |  |  |
|  | Mechanisms\_of\_Clinical\_Signs\_Mark\_Dennis\_\_2ed 2016 |  |  |  |  |
|  | Pharmacology 5th ed. - M. Clark, et. al., (Lippincott, 2012, ) |  |  |  |  |
|  | 100 CASES in Clinical Medicine. Second edition. 2007 P John Rees, James M Pattison and Gwyn Williams. |  |  |  |  |
|  | I. Provenzale, James M. II. Nelson, Rendon C. III. Duke University. MedicalCenter. Dept. of Radiology. IV. Title: Radiology case review |  |  |  |  |
|  | **Internet resources** |  |  |  |  |
|  | Medscape.comOxfordmedicine.com[Uptodate.com](http://www.uptodate.com)ClinicalLearningbyELSEVIERhttps://geekymedics.com/category/osce/clinical-examination/ |  |  |  |  |
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