EXAM PROGRAM

FOR THE DISCIPLINE

PATIENT AND DOCTOR

2- COURSE

GENERAL MEDICINE

2022-2023 years

**The purpose of the program** is to evaluate the complex of knowledge, skills and abilities acquired by 1st year student in the process of learning the discipline.

The exam is comprehensive one and consists of 2 stages.

**Stage 1** is comprehensive testing. Purpose is to check the students’ level of theoretical training, learning the skills, readiness to professional activity, the development of professional thinking.

**Stage 2** is assessment of practical skills using the OSCE method with a standardized patient. Its purpose is to demonstrate practical and communication skills in accordance with the qualification requirements of the specialty.

1.CPR

2. Examination of the respiratory or cardiovascular or endocrine system

3. Examination of the digestive or musculoskeletal or nervous system

**Final mark includes:**

Tests – 25%

Skills: 1 station– 25%, total - 75%

**Matrix of exam test items in the discipline**

 «PATIENT AND DOCTOR»

|  |  |  |  |
| --- | --- | --- | --- |
| № | Topic | For memorization | Understanding |
|  |  |  |  |
|  | Approach to the patient. History taking | 1 | 1 |
|  | Communication process | 1 | 1 |
|  | General physical examination | 1 | 1 |
|  | Calgary-Cambridge guide for communication process skills | 1 | 1 |
|  | The skin, hair and nails | 1 | 1 |
|  | Endocrine system - history | 1 | 1 |
|  | Endocrine system - physical exam | 1 | 1 |
|  | The respiratory system – history | 1 | 1 |
|  | The respiratory system – physical exam | 1 | 1 |
|  | Cardiovascular system - history | 1 | 1 |
|  | Cardiovascular system - physical exam | 1 | 1 |
|  | The gastrointestinal system - history | 1 | 1 |
|  | The gastrointestinal system - physical exam | 1 | 1 |
|  |  |  |  |
|  | The renal system - history | 1 | 1 |
|  | The renal system - physical exam | 1 | 1 |
|  | The musculoskeletal system - history | 1 | 1 |
|  | The musculoskeletal system - physical exam | 1 | 1 |
|  | Babies and children | 1 | 1 |
|  | Teenagers and adults  | 1 | 1 |
|  | The nervous system | 1 | 1 |
|  | Sense | 1 | 1 |
|  | Elder adult. Assessment of patients with behavioral symptoms | 1 | 1 |
|  | The critically ill. Confirming of death | 1 | 1 |
|  | Physician –Patient relations. Legal and ethical issues  | 1 | 1 |
|  | CPR | 1 | 1 |
|  |  | ***25*** | **25** |

**Stage 2**

1. **CPR -one of the possible cases: a patient aged 75 years**

|  |  |  |
| --- | --- | --- |
| № | Step evaluation criteria | Score |
| Perfuming is full | Performing is not full | Fail |
| 1 | The examinee assessed the safety of the environment. | 1,0 | 0,5 | 0 |
| 2 | Conducted a diagnosis of clinical death: assessment of consciousness (shake the shoulders slightly, reaction to pain and speech stimulus - hail, put pressure on the nail phalanx). | 1,0 | 0,5 | 0 |
| 3 | Carried out the diagnosis of clinical death: breathing (breathing or not breathing) and blood circulation (pulsation in the carotid arteries). | 1,0 | 0,5 | 0 |
| 4 | Organize an ambulance call. Addressing a specific person, he instructed to call an ambulance. | 1,0 | 0,5 | 0 |
| 5 | He gave the patient a horizontal position on a hard surface. | 1,0 | 0,5 | 0 |
| 6 | Released the chest from clothing and unfastened the waist belt. | 1,0 | 0,5 | 0 |
| 7 | Started performing chest compressions. The thenar and hypothenar area of ​​the supporting arm was set 2 fingers above the base of the xiphoid process, the second arm is placed on top crosswise or in the form of a lock, the arms are straightened at the elbows, the pressure is strictly perpendicular to the spine. | 2,0 | 1,0 | 0 |
| 8 | The depth of compression is at least 5 cm, the push is sharp. | 2,0 | 1,0 | 0 |
| 9 | Waited for full chest expansion after each compression, did not lean on the chest between compressions. | 1,0 | 0,5 | 0 |
| 10 | The intervals between compressions should not exceed 10 seconds. | 1,0 | 0,5 | 0 |
| 11 | The frequency of compressions is 100-120 in 1 minute. Compression-to-inspiration ratio 30/2. | 2,0 | 1,0 | 0 |
| 12 | Examined the oral cavity, if necessary - clean with a napkin. | 1,0 | 0,5 | 0 |
| 13 | Provided patency and straightening of the upper respiratory tract using Safar's triple intake:A) stand at the head of the patient, straighten the head in the cervical region - one hand under the neck of the patient, the other on the forehead;B) pushed the lower jaw forward and upward, placing the little fingers in the corners of the lower jaw, keeping the hands on the patient's head to avoid bending;C) open the patient's mouth with the thumbs of both hands. | 2,0 | 1,0 | 0 |
| 14 | Covered the patient's mouth/nose with a napkin and took 2 breaths of sufficient depth, controlled the excursion of the chest. | 2,0 | 1,0 | 0 |
| 15 | General assessment of CPR: following the sequence: checking the heart rate → compression and inspiration 30:2. No breaks in CPR are allowed. | 1,0 | 0,5 | 0 |
| 16 | Named the criteria for the correct implementation of successful CPR - the appearance of a pulse on the periphery or a rhythm on the monitor and spontaneous breathing, a change in the color of the skin. | 1,0 | 0,5 | 0 |
| 17 | Resuscitation continues until there are obvious signs of life in the victim or until the arrival of an ambulance or other special services. | 1,0 | 0,5 | 0 |
| 18 | When obvious signs of life appeared, he gave the patient a lateral position (Recovery position) | 1,0 | 0,5 | 0 |
| 19 | A further tactic is to hand over to the ambulance doctors and deliver to the intensive care unit | 1,0 | 0,5 | 0 |
| 20 | Behavior in the provision of assistance - complete self-control, confident execution. | 1,0 | 0,5 | 0 |
|  | Score | 25 |

**CPR of pegnant woman 20 weeks. After evaluating the signs, the difference between more than 20 weeks is noted.**

|  |  |  |
| --- | --- | --- |
| № | Steps evaluation criteria | SCORE |
| Completed fully | Not fully completed | Not completed |
| 1. | The examinee assessed the safety of the environment. | 1,0 | 0,5 | 0 |
| 2. | Conducted a diagnosis of clinical death: assessment of consciousness (shake the shoulders slightly, reaction to pain and speech stimulus - hail, put pressure on the nail phalanx). | 1,0 | 0,5 | 0 |
| 3. | Carried out the diagnosis of clinical death: breathing (breathing or not breathing) and blood circulation (pulsation in the carotid arteries). | 1,0 | 0,5 | 0 |
| 4. | Organize an ambulance call. Addressing a specific person, he instructed to call an ambulance. | 1,0 | 0,5 | 0 |
| 5. | If the pregnancy is more than 20 weeks - put the woman on her back on a hard surface, shift the pregnant uterus to the left or turn the pregnant woman to the left by 30 degrees, placing emphasis under the right half of the sacrum.If resuscitation is performed by two people, the second person pushes the woman's uterus to the left, while the surface on which the patient is located must remain firm, and rotation of the body must not reduce the effectiveness of chest compression. | 1,0 | 0,5 | 0 |
| 6. | Released the chest from clothe. | 1,0 | 0,5 | 0 |
| 7. | The examinee began a closed massage of the heart of the chest. During pregnancy for more than 20 weeks, the hands are located on the middle third of the sternum (5-6 cm higher than usual). | 2,0 | 1,0 | 0 |
| 8. | The depth of compression is at least 5 cm, the push is sharp. | 2,0 | 1,0 | 0 |
| 9. | Waited for full chest expansion after each compression, did not lean on the chest between compressions. | 1,0 | 0,5 | 0 |
| 10. | The intervals between compressions should not exceed 10 seconds. | 1,0 | 0,5 | 0 |
| 11. | The frequency of compressions is 100-120 in 1 minute. Compression-to-inspiration ratio 30/2. | 2,0 | 1,0 | 0 |
| 12. | Examined the oral cavity, if necessary - clean with a napkin. | 1,0 | 0,5 | 0 |
| 13. | Provided patency and straightening of the upper respiratory tract using Safar's triple intake:A) stand at the head of the patient, straighten the head in the cervical region - one hand under the neck of the patient, the other on the forehead;B) pushed the lower jaw forward and upward, placing the little fingers in the corners of the lower jaw, keeping the hands on the patient's head to avoid bending;C) open the patient's mouth with the thumbs of both hands. | 2,0 | 1,0 | 0 |
| 14. | Covered the patient's mouth/nose with a napkin and took 2 breaths of sufficient depth, controlled the excursion of the chest. | 2,0 | 1,0 | 0 |
| 15. | General assessment of CPR: following the sequence: checking the heart rate → compression and inspiration 30:2. No breaks in CPR are allowed. | 1,0 | 0,5 | 0 |
| 16. | Named the criteria for the correct implementation of successful CPR - the appearance of a pulse on the periphery or a rhythm on the monitor and spontaneous breathing, a change in the color of the skin. | 1,0 | 0,5 | 0 |
| 17. | Resuscitation continues until there are obvious signs of life in the victim or until the arrival of an ambulance or other special services. | 1,0 | 0,5 | 0 |
| 18. | When obvious signs of life appeared, he gave the patient a lateral position (Recovery position) | 1,0 | 0,5 | 0 |
| 19. | A further tactic is to hand over to the ambulance doctors and deliver to the intensive care unit | 1,0 | 0,5 | 0 |
| 20. | Behavior in the provision of assistance - complete self-control, confident execution. | 1,0 | 0,5 | 0 |
|  | TOTAL SCORE | 25 |

**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 | 1,0 | 0,5 | 0 |
| 2. | The subject assessed consciousness (lightly shake his shoulders, checked the reaction to pain and speech stimulus - called out, pressed on the nail phalanx), breathing and pulse. | 1,0 | 0,5 | 0 |
| 3. | Organize an ambulance call. Addressing a specific person, he instructed to call an ambulance. | 1,0 | 0,5 | 0 |
| 4. | Put a rolled up towel/blanket under your upper body. | 1,0 | 0,5 | 0 |
| 5. | Provided airway patency. Put your hand on his forehead and gently straighten his head back. | 1,0 | 0,5 | 0 |
| 6. | At the same time, a finger placed under his lower jaw lifted his chin. | 1,0 | 0,5 | 0 |
| 7. | Do not press on the soft tissues in this area - this can cause airway obstruction | 2,0 | 1,0 | 0 |
| 8. | Keeping the airways open, I looked, listened and felt whether the breathing was normal, bringing my face closer to the child's face, while observing his chest for no more than 10 seconds. | 2,0 | 1,0 | 0 |
| 9. | Put a tissue on the victim's face. The child's nose and mouth are tightly and hermetically sealed by the student's mouth. Takes a breath evenly, observing the movement of the chest, spending about 1-1.5 seconds on it. | 1,0 | 0,5 | 0 |
| 10. | Made 5 artificial breaths. | 1,0 | 0,5 | 0 |
| 11. | He checked for signs of life (cough, spontaneous breathing) and determined the pulse (on the brachial artery) of the victim (no more than 10 seconds). | 2,0 | 1,0 | 0 |
| 12. | Indication for indirect heart massage in children under one year old: heart rate less than 60 per minute. | 1,0 | 0,5 | 0 |
| 13. | Correct chest compressions. The zone of chest compression in newborns and infants is a finger's width below the point of intersection of the line of the nipple and sternum. In children under the age of one year, two methods of performing a closed heart massage are used: - put two or three fingers on the sternum or with both hands grab the child's chest with the formation of a hard surface of four fingers on the back and perform compressions with the thumbs. | 2,0 | 1,0 | 0 |
| 14. | The compression amplitude is approximately 1/3-1/2 of the anteroposterior size of the child's chest (2-3 cm). | 2,0 | 1,0 | 0 |
| 15. | Compression frequency 100-120 min. | 1,0 | 0,5 | 0 |
| 16. | After 15 he straightened his head, raised his chin and took two artificial breaths. Continued chest compressions and breaths at a ratio of 15:2. | 1,0 | 0,5 | 0 |
| 17. | Determine the presence of signs of life and palpation of the pulse (no more than 10 seconds). | 1,0 | 0,5 | 0 |
| 18. | The criteria for the correctness of successful CPR were called the appearance of a pulse in the periphery and spontaneous breathing, discoloration of the skin, and cough. | 1,0 | 0,5 | 0 |
| 19. | A further tactic is to hand over to the ambulance doctors or resuscitator and deliver to the intensive care unit. | 1,0 | 0,5 | 0 |
| 20. | He showed complete self-control, confident performance. | 1,0 | 0,5 | 0 |
|  | TOTAL SCORE | 25 |

**Checklist "Physical examination of the thyroid gland"**

|  |  |  |
| --- | --- | --- |
| № | Criteria for evaluating steps | Score in points |
| Fulfilled | Not done |
| 1. | Washed hands | 1,0 | 0 |
| 2. | Introduced himself and clarified the patient's details | 1,0 | 0 |
| 3. | He briefly explained what the examination would include, using a language understandable to the patient, and received consent | 1,0 | 0 |
| 4. | Asked the patient to sit on a chair.  | 1,0 | 0 |
| 5. | I asked the patient to expose the neck and upper part of the sternum | 1,0 | 0 |
| 6. | Asked the patient if he had pain in the neck area before starting a clinical examination. | 1,0 | 0 |
| 7. | Prepared a stethoscope, a glass of water, and paper.Performed a general examination (body type, assessment of consciousness, body position, skin and visible mucous membranes).During the examination / manipulations, he explained to the patient what, how and why he would do, commented on his actions and warned about possible unpleasant sensations, possible pains, etc., and also appropriately used distracting questions to "defuse" the situation | 1,0 | 0 |
| 8. | Examined and evaluated the patient's hands - tremor, temperature, humidity | 1,0 | 0 |
| 9. | Palpated the pulse on the radial artery | 1,0 | 0 |
| 10. | Examined the patient's face for the presence of clinical signs indicating thyroid pathology (dry skin, excessive sweating, eyebrow loss). | 1,0 | 0 |
| 11. | Examined the patient's eyes for the presence of eyelid retraction, inflammation and exophthalmos. | 1,0 | 0 |
| 12. | Estimated the displacement of the eyeball forward and eye movements (sideways, up, down). Checked for the lag of the eyelids.  | 1,0 | 0 |
| 13. | Examined the neck, assessed the movement of cartilage. Watched the thyroid gland when the patient swallowed water. | 1,0 | 0 |
| 14. | Watched the thyroid gland when the patient stuck out his tongue | 1,0 | 0 |
| 15. | Palpated the thyroid gland  | 1,0 | 0 |
| 16 | Palpated the thyroid gland when the patient swallowed water | 1,0 | 0 |
| 17. | Palpated the thyroid gland when the patient stuck out his tongue | 1,0 | 0 |
| 18. | Palpated local lymph nodes  | 1,0 | 0 |
| 19 | Percutated down from the sternum tenderloin to reveal chest dullness. | 1,0 | 0 |
| 20 | Auscultated the thyroid gland | 1,0 | 0 |
| 21 | Evaluated the reflex of the biceps muscle of the shoulder | 1,0 | 0 |
| 22 | Examined for a pretibial myxedema | 1,0 | 0 |
| 23 | Checked for proximal myopathy.  | 1,0 | 0 |
| 24 | He announced the results of the examination in a language understandable to the patient. Thanked the patient. Washed the hands | 1,0 | 0 |
| 25 | Accurately summarized the results | 1,0 | 0 |
|  | GENERAL SCORE | 25 |

**Checklist "Cardiovascular system - physical examination"**

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| № | Criteria for evaluating steps | Score in points |
| Fulfilled | Not done |
| 1. | Washed the hands | 1,0 | 0 |
| 2. | Established contact with the patient (greeted, introduced himself). Verified the correctness of the patient's full name.  | 1,0 | 0 |
| 3. | Briefly explained what the examination would include, using a language understandable to the patient, and received consent | 1,0 | 0 |
| 4. | Asked the patient to sit on a chair. Before clinical examination starting, asked the patient if he had any pain. | 1,0 | 0 |
| 5. | Asked the patient to expose his neck and chest for examination.  | 1,0 | 0 |
| 6. | Performed a general inspection | 1,0 | 0 |
| 7. | Examined the hands and assessed the temperature | 1,0 | 0 |
| 8. | Estimated radial pulse - frequency/rhythm/radial-radial delay/pulse attenuation | 1,0 | 0 |
| 9. | Correctly examined the pulse of the carotid artery | 1,0 | 0 |
| 10. | Examined for the jugular vein and checked for hepato-jugular reflux | 1,0 | 0 |
| 11. | Examined the eyes - xanthelasma/corneal arch/pale conjunctiva | 1,0 | 0 |
| 12. | Examined the mucous membranes of the mouth and lips for central cyanosis | 1,0 | 0 |
| 13. | Measured blood pressure | 1,0 | 0 |
| 14. | Examined the chest in the heart area | 1,0 | 0 |
| 15. | Performed palpation of the apical beat, cardiac beat, the base of the heart | 1,0 | 0 |
| 16 | Conducted a percussion of the relative dullness of the heart | 1,0 | 0 |
| 17. | Conducted a percussion of absolute stupidity of the heart | 1,0 | 0 |
| 18. | Listened to all the heart valves properly, palpating the pulse on the carotid artery | 1,0 | 0 |
| 19. | Listened to the carotid arteries, the left edge of the sternum and the armpit for the propagation of murmurs | 1,0 | 0 |
| 20. | Auscultated the bases of the lungs | 1,0 | 0 |
| 21 | Checked for swelling in the sacrum area  | 1,0 | 0 |
| 22 | Checked for the presence of peripheral edema on the extremities | 1,0 | 0 |
| 23 | Thanked the patient | 1,0 | 0 |
| 24 | Summarized his conclusions | 1,0 | 0 |
| 25 | Washed the hands | 1,0 | 0 |
|  | GENERAL SCORE | 25 |

**Checklist "Respiratory system - physical examination"**

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| --- | --- | --- |
| **№** | **Criteria for evaluating steps** | **Score in points** |
| **Fulfilled** | **Not done** |
| 1. | Washed the hands | 1,0 | 0 |
| 2. | Greeted and introduced himself to the patient, including his name and role.Clarified the name and date of birth of the patient | 1,0 | 0 |
| 3. | Explained the purpose of the survey and obtained consent | 1,0 | 0 |
| 4. | Correctly positioned the patient. Asked the patient if he was in pain before proceeding with the clinical examination. | 1,0 | 0 |
| 5. | He drew attention to the presence of nebulizers or inhalers (indicating obstructive pulmonary disease), oxygen therapy; checked the sputum collection vessels.  | 1,0 | 0 |
| 6. | He asked the patient to expose his neck and chest for the procedure. Performed a general examination drew attention to habitus (appearance, position, body constitution, possible presence of cachexia), skin and visible mucous membranes. He checked the conjunctiva of the eye for anemia and the color of the tongue for the presence of central cyanosis. | 1,0 | 0 |
| 7. | Measured jugular venous pressure (JVP) | 1,0 | 0 |
| 8. | He checked the test for hepatogular reflux | 1,0 | 0 |
| 9. | Checked the shape of the chest. Checked for chest asymmetry, deformities, surgical scars and drainage of the chest from the side and back. | 1,0 | 0 |
| 10. | Examined and evaluated the hands and palms. Evaluated for a clapping tremor - asterixis. Examined the hands for the presence of thickening of the terminal phalanges of the fingers, discoloration of the nails and cyanosis. Checked the presence of tarry spots on my fingers as a result of tobacco use. Checked the atrophy of small muscles, which may indicate damage to the root by an apical lung tumor.  | 1,0 | 0 |
| 11. | Measured the body temperature | 1,0 | 0 |
| 12. | Palpated the pulse on the radial artery | 1,0 | 0 |
| 13. | Counted the number of breathing movements (NBM) | 1,0 | 0 |
| 14. | Palpated the patient's lymph nodes | 1,0 | 0 |
| 15. | Assessed tactile vocal tremor (or palpatory vocal resonance). | 1,0 | 0 |
| 16 | Checked the resistance of the chest | 1,0 | 0 |
| 17. | Conducted comparative chest percussion | 1,0 | 0 |
| 18. | Conducted topographic percussion of the chest - Krenig field | 1,0 | 0 |
| 19 | Conducted a topographic percussion of the chest - determining the height of the apex of the lung | 1,0 | 0 |
| 20 | Performed topographic percussion of the chest - determination of the lower edge of the lung | 1,0 | 0 |
| 21 | Performed topographic percussion of the chest - active mobility of the lower edge of the lungs  | 1,0 | 0 |
| 22 | Performed auscultation of the lungs | 1,0 | 0 |
| 23 | Conducted the definition of bronchophonia (“auscultative” vocal resonance) | 1,0 | 0 |
| 24 | Checked for the presence of swelling of the sacrum, foot and ankle | 1,0 | 0 |
| 25 | Thanked the patient and washed the hands | 1,0 | 0 |
|  | GENERAL SCORE | 25 |

**Abdominal examination algorithm**

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| № | Criteria for evaluating steps | Score in points |
| Fulfilled | **Not done** |
| 1. | Washed the hands. Introduced himself and clarified the patient's data | 1,0 | 0 |
| 2. | Explained the purpose of the e[amination and obtained consent | 1,0 | 0 |
| 3. | Asked the patient if he/she had pain before proceeding with the clinical examination. | 1,0 | 0 |
| 4. | Unclothed the patient's abdomen above the waist for examination (offered a blanket to allow exposure only when needed). Released from clothing the patient's shins to assess peripheral edema.Performed a general inspection.He drew attention to habitus, body constitution, body position, consciousness, the presence of scars and bloating, skin and visible mucous membranes (color, turgor, hypo or hyperpigmentation), swelling of the limbs (for example, swelling of the foot) or abdomen.Assessed possible cachexia, hernia (umbilical / postoperative). | 1,0 | 0 |
| 5. | Examined the hands - assessed the temperature and the presence of the symptom "drumsticks" / tremor / palmar erythema / Dupuytren's contracture / pallor;Examined the nails for:- koilonychia: spoon-shaped nails, which is associated with iron deficiency anemia (for example, malabsorption in Crohn's disease).- leukonychia: whitening of the nail bed associated with hypoalbuminemia (e.g., end-stage liver disease, protein-losing enteropathy). | 1,0 | 0 |
| 6. | Examined the patient's hands for bruises, irritation, injection marks.While supporting the patient's arm, examined each armpit for the presence of Acanthosis nigricans: darkening (hyperpigmentation) and thickening (hyperkeratosis) of the axillary skin and hair loss. | 1,0 | 0 |
| 7. | Checked the pulse on the radial artery | 1,0 | 0 |
| 8. | Examined the sclera and conjunctiva of the eyes for the presence of pallor, jaundice. Examined the arch of the cornea and checked for xanthelasma (hypercholesterolemia). Checked for Kaiser-Fleischer rings: dark rings surrounding the iris associated with Wilson's disease. Perilimbal injection: inflammation of the area of ​​the conjunctiva adjacent to the iris, which may be associated with inflammatory bowel disease. | 1,0 | 0 |
| 9. | Examined the mouth and tongue (angular stomatitis, glossitis, oral candidiasis, aphthous ulcerations, hyperpigmented spots). Examined the mouth and tongue (angular stomatitis, glossitis, oral candidiasis, aphthous ulceration, hyperpigmented spots). | 1,0 | 0 |
| 10. | Examined the patient's chest for signs indicating gastrointestinal pathology: spider nevus, gynecomastia, hair loss. | 1,0 | 0 |
| 11. | Examined the abdomen for the presence of scars, bloating, symptom "head of Medusa", striae, hernia, stoma.Checked for Cullen's symptom: bruising around the navel associated with hemorrhagic pancreatitis (late sign).Checked for the Grey-Turner sign: bruising on the sides associated with hemorrhagic pancreatitis (late sign). | 1,0 | 0 |
| 12. | Asked the patient to lie down on the bed, with arms at the sides along the body and legs uncrossed for examination of the abdominal cavity and subsequent palpation. Before beginning palpation of the abdomen, asked the patient if there was pain in the abdomen.Conducted superficial palpation of the abdomen: palpated each of the nine areas of the abdominal cavity. Observed the patient's face throughout the examination for signs of discomfort.  | 1,0 | 0 |
| 13. | Performed deep palpation of the abdomen (transverse, ascending and descending colon, sigma). Warned the patient that this might cause discomfort and asked him to inform him of this. He also monitored the patient's facial expression for signs of discomfort. Gave the following characteristics: localization, size and shape, consistency, mobility, peristalsis.  | 1,0 | 0 |
| 14. | He performed percussion of the borders of the liver and named the size of the liver according to Kurlov.  | 1,0 | 0 |
| 15. | Conducted palpation of the edge of the liver. | 1,0 | 0 |
| 16 | Conducted percussion of the borders of the spleen. | 1,0 | 0 |
| 17. | Palpated the spleen (a normal spleen should not be palpated). | 1,0 | 0 |
| 18. | Checked Murphy's sign | 1,0 | 0 |
| 19. | Listened to bowel sounds | 1,0 | 0 |
| 20. | Carried out palpation of the kidney | 1,0 | 0 |
| 21 | Conducted percussion of the kidneys - a symptom of "tapping" | 1,0 | 0 |
| 22 | Examined the area of ​​the sacrum for the presence of edema | 1,0 | 0 |
| 23 | He thanked the patient and washed his hands. | 1,0 | 0 |
| 24 | He explained the results of the examination in terms that the patient could understand. At the end of the interview, he asked if the patient had any questions. | 1,0 | 0 |
| 25 | Say goodbye to the patient in a polite manner. Thanked the patient. | 1,0 | 0 |
|  | SCORE | 25 |

**Algorithm for examination of the locomotor system**

|  |  |
| --- | --- |
| № | Steps evaluation criteria  |
| Completed fully | Not done |
| 1. | Washing hands | 1,0 | 0 |
| 2. | Represents the purpose of the survey and explains | 1,0 | 0 |
| 3. | Receives consent | 1,0 | 0 |
| 4. | Examination of the hands and elbows | 1,0 | 0 |
| 5. | Detects and compares hand joint temperature | 1,0 | 0 |
| 6. | Palpation of the pulse on the radial artery | 1,0 | 0 |
| 7. | Palpation of the carpal joint | 1,0 | 0 |
| 8. | Palpation of the metacarpophalangeal joints, proximal-interphalangeal joints, distal-interphalangeal joints | 1,0 | 0 |
| 9. | Definitions of the symptom of compression of the maculophalangeal joint | 1,0 | 0 |
| 10. | Assessment of active and passive movement in the joints | 1,0 | 0 |
| 11. | Extension of the wrist with resistance | 1,0 | 0 |
| 12. | Ask to squeeze and stretch the brushes | 1,0 | 0 |
| 13. | Ask the patient to pick up a small object | 1,0 | 0 |
| 14. | Back examination (front / side / back) | 1,0 | 0 |
| 15. | Palpation of the processes of the spine | 1,0 | 0 |
| 16. | Palpation of the joints of the sacrum | 1,0 | 0 |
| 17. | Palpation of paroxysmal muscles | 1,0 | 0 |
| 18. | Cervical flexion, extension and rotation (active) | 1,0 | 0 |
| 19. | Lumbar flexion, extension (active) and Lumbar lateral flexion (active) | 1,0 | 0 |
| 20. | Determines the mobility of the hip joint | 1,0 | 0 |
| 21. | Performs the Schober test | 1,0 | 0 |
| 22. | Conducts the Thomayer test | 1,0 | 0 |
| 23. | Conducts the Forestier test | 1,0 | 0 |
| 24. | Conducts the Kushelevsky test | 1,0 | 0 |
| 25. | Thanks patient | 0,5 | 0 |
| 26. | Washing hands | 0,5 | 0 |
|  | TOTAL SCORE | 25 |  |

**Algorithm for examination of the nervous system**

|  |  |  |
| --- | --- | --- |
| № | Criteria for evaluating steps | Score in points |
| Fulfilled | Not done |
| 1 | Washed my hands and dried | 1,0 | 0 |
| 2 | Introduced himself to the patient, indicating his name and role. | 1,0 | 0 |
| 3 | Clarified the name and date of birth of the patient. | 1,0 | 0 |
| 4 | Briefly explained what the study would include using language the patient could understand. | 1,0 | 0 |
| 5 | Gave consent to continue the study. Asked if the patient was in pain before proceeding | 1,0 | 0 |
| 6 | Position the patient on their back without a pillow. He bared and asked to straighten both legs. | 1,0 | 0 |
| 7 | Conducted a Babinsky test | 1,0 | 0 |
| 8 | Checked for neck stiffness | 1,0 | 0 |
| 9 | Checked the diadochokinesis test | 1,0 | 0 |
| 10 | Checked Brudzinski's symptom | 1,0 | 0 |
| 11 | Checked Kernig's sign | 1,0 | 0 |
| 12 | Checked mental status. Orientation in time and space. Level of consciousness (clear, stupor, stupor, coma). | 1,0 | 0 |
| 13 | Evaluated the patient's gait | 1,0 | 0 |
| 14 | Performed the Romberg test while standing next to the patient | 1,0 | 0 |
| 15 | Evaluated the patient's speech | 1,0 | 0 |
| 16 | Assessed for signs of nystagmus and impaired smooth tracking | 1,0 | 0 |
| 17 | Assess coordination with the finger-to-nose test | 1,0 | 0 |
| 18 | Assessed the tone of the upper limbs | 1,0 | 0 |
| 19 | Assessed the tone of the lower extremities | 1,0 | 0 |
| 20 | Assessed knee and plantar reflex | 1,0 | 0 |
| 21 | Assessed coordination with the heel-to-calf test | 1,0 | 0 |
| 22 | Assessed coordination with the heel-to-calf test | 1,0 | 0 |
| 23 | Thanked the patient. Washed my hands. | 1,0 | 0 |
| 24 | Summarized the results of the patient's admission. He presented the results of the examination in a language understandable to the patient. | 1,0 | 0 |
| 25 | At the end of the conversation, he asked if he/she had any questions. Agreed with the patient about the next joint steps. Saying goodbye to the patient in a polite manner | 1,0 | 0 |
|  | SCORE | 25 |