**SYLLABUS**

**NARCOLOGY**

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| **1.** | **General information about the discipline** | | | | |
| 1.1 | Faculty/school:  Graduate School of Medicine | | | 1.6 | Credits (ECTS):  2 credits - 60 hours |
| 1.2 | Educational program (EP):  6B10103 General medicine | | | 1.7 | Prerequisites:   1. Medical psychology 2. Neurology 3. Psychiatry   4. Naukas zhane dariger/Patient and doctor/Patient and doctor  Post-requisites: |
| 1.3 | Agency and year of EP accreditation  IAAR 2021 | | | 1.8 | SRS/SRM/SRD (quantity):  60 |
| 1.4 | Name of discipline:  **Narcology** | | | 1.9 | SRSP/SRMP/SRDP (quantity):  60 |
| 1.5 | Discipline ID: 90296  Discipline code: Nark5317 | | | 1.10 | ***Required***- Yes |
| **2.** | **Description of the discipline** | | | | |
|  | While studying the course, develop in students the ability to:  - Toapplication of basic skills of special inspection and examination;Toclinical argumentation, analytical and problem-oriented thinking, deep understanding of the problem in the clinical context; formation and development of skills in clinical diagnosis, differential diagnosis and reasonable formation of syndromic diagnosis, identifying the main clinical symptom complexes and giving a clinical assessment depending on the type of surfactant used;  - to organize a route for consumers of psychoactive substances (including those with HIV) for their treatment and further rehabilitation and adaptation; medical, social and preventive care. | | | | |
| **3** | **Purpose of the discipline** | | | | |
| - mastering the diagnosis and principles of treatment of patients with the most common mental disorders and behavioral disorders caused by the use of psychoactive substances (PAS) in their typical manifestation and course in the age aspect;  - formation of skills of effective professional communication, interpretation of clinical symptoms and syndromes, data from special research and application of basic therapeutic, rehabilitation and preventive measures from the position of analytical and problem-oriented thinking, deep understanding of the problem in the clinical context with the reasonable formation of a syndromic diagnosis focused on nosological affiliation . | | | | | |
| **4.** | **Learning outcomes (LO) for the discipline (3-5)** | | | | |
| I live | RO disciplines | | | RO according to the educational program,  with whom the RO is associated in discipline  (No. RO from OP’s passport) | |
| 1.Apply knowledge about the structure of drug treatment services to provide assistance with mental disorders and behavioral disorders associated with the use of RIGHTS.  2.Apply basic skills of special inspection and examination; possess the skills of basic medical treatment, diagnostic and preventive measures | Proficiency level - 3 | 1. Analyze and maintain the necessary documentation and organization of document flow in healthcare organizations; use modern information and digital technologies and health information systems to solve professional problems.  2.Know modern ideas about the etiopathogenesis, classification, diagnosis, clinical picture, course and prognosis of mental disorders with the use of psychoactive substances (PAS) with the formation of effective professional communication skills, interpretation of clinical symptoms and syndromes, special research data and the use of basic treatment, rehabilitation and preventive measures events.  3.Identify and interpret clinical symptoms and syndromes (general psychopathology, pathopsychology) obtained during a psychiatric conversation, subjective and objective anamnesis, data from laboratory and instrumental methods of studying patients with the most common mental disorders and behavioral disorders associated with the use of psychoactive substances in their typical manifestations and course in the age aspect; Andinterpret, analyze, evaluate and prioritize relevant data to develop a diagnosis and management plan for the disease, including initiation of appropriate interventions (detoxification, treatment, rehabilitation, medical and social care, etc.) | | |
| 2. Be able to conduct targeted questioning (psychiatric conversation) and physical examination of a patient, taking into account age-related characteristics with mental disorders and behavioral disorders associated with the use of psychoactive substances. | Proficiency level - 3 | 2.Collect information from patients, legal representatives and other sources related to diagnosis, differential diagnosis, treatment and prevention, rehabilitation and correction of mental disorders, emergency conditions, including the implementation of diagnostic procedures. | | |
| 3. Identify diagnostic, treatment, and rehabilitation interventions related to common mental and behavioral disorders associated with substance use. | Proficiency level - 2 | 3. Integrate clinical knowledge and skills to provide a personalized approach to the treatment of an individual patientand strengthening his healthin accordance with hisneeds (type of surfactant used, dynamics of the disease, age, etc.); Pmake professional decisions based on an analysis of the rationality of diagnosis and applying the principles of evidence-based and personalized medicine. Provide counseling to patients and their families; be able to effectively interact with a “difficult” patient, overcome the phenomenon of “codependency” in families of psychoactive substance users. | | |
| 4. Interpret the basic data of laboratory and instrumental examination, pathopsychological diagnostics for mental disorders and behavioral disorders associated with the use of psychoactive substances. | Proficiency level - 3 | 4. Apply knowledge in the field of general psychopathology, private psychiatry (narcology) and clinical pathopsychology in narcology to effectively carry out the treatment and diagnostic process in compliance with the principles of ethics and deontology; apply knowledge of the patient's psychology, taking into account cultural characteristics and race;demonstrate skills in teamwork, organization and management of the diagnostic and treatment process; effectively build dynamic relationships between doctor and patient that occur before, during and after a medical encounter;Effectively communicate medical information orally and in writing to provide safe and effective patient care; work effectively in an interprofessional/multidisciplinary team with other healthcare professionals. | | |
| 5. Integrate knowledge to identify the main clinical and psychopathological symptoms and syndromes of mental disorders and behavioral disorders associated with the use of psychoactive substances (alcohol, drug addiction, sedatives and hypnotics, stimulants, hallucinogens, volatile solvents, tobacco, cocaine, etc.). | Proficiency level - 3 | 5. Provide medical care for the most common mental disorders and behavioral disorders associated with the use of psychoactive substances in patients of all age groups, taking into account knowledge of clinical psychopathology in narcology, including emergency and life-threatening conditions. | | |
| 6. Describe the social, economic, ethnic, and racial factors that play a role in the development, diagnosis, and treatment of mental and behavioral disorders associated with substance use in age. | Proficiency level - 2 | 6. Use communication skills when working with patients, organize activities to overcome the language barrier (including in emergency situations), teamwork skills, organization and management of the diagnostic and treatment process, taking into account knowledge about the prevalence of mental behavioral disorders associated with the use of psychoactive substances, including in certain ethnic, destructive groups, races, etc. | | |
| 7. Apply the current classification of mental disorders and behavioral disorders associated with the use of psychoactive substances, understand etiopathogenesis, developmental dynamics (premorbid, follow-up), principles of psychopharmacotherapy, therapeutic resistance, analyze side effects, indications and contraindications for the use of psychopharmacotherapy. | Proficiency level - 3 | 7.Know the principles of diagnosing mental disorders and behavioral disorders associated with the use of psychoactive substances in application to the current classification (ICD). | | |
| 8. Demonstrate the ability for effective medical interviewing, taking into account the rules and norms of the “doctor-patient” relationship and knowledge of the basic principles of norms and deviations from the norm of behavior depending on age-related ontogenesis and crisis periods of development in patients and users of surfactants. | Proficiency level - 2 | 8. Demonstrate a commitment to the highest standards of professional responsibility and integrity; comply with ethical principlesin all professional interactions with patients, families, colleagues and society at large,regardless of ethnicity, culture, gender, economic status or sexual orientation.  Prevent the development of conflicts (interpersonal, intergroup, deontological, etc.), follow the rules for the prevention of psycho-emotional burnout when performing professional duties. | | |
| 9 Demonstrate the need for continuous professional training and improvement of professional knowledge and skills | Proficiency level - 2 | 9. Demonstrate skills in conducting scientific research, the desire for new knowledge and the transfer of knowledge to others (mentoring). Demonstrate a commitment to professional values ​​such as altruism, compassion, empathy, responsibility, integrity and respect for confidentiality | | |
| **5.** | **Summative assessment methods** | | | | |
| 5.1 | Testing MCQs for understanding and application | | | 5.5 | Portfolio of scientific works - Yes |
| 5.2 | Passing practical skills - miniclinical exam (MiniCex) for 5th year | | | 5.6 | Supervision (supervisory sheet), clinical skills -Yes |
| 5.3 | 3. SRS(case, video, simulation OR research work – thesis, report, article)– evaluation of the creative task. | | | 5.7 | Frontier control:  Stage 1 - Testing on MCQs for understanding and application  Stage 2 – passing practical skills (miniclinical exam (MiniCex) for 5th year  **Yes** |
| 5.4 | Curatorial list | | | 5.8 | Exam: comprehensive  Stage 1 - Testing on MCQs for understanding and application  Stage 2 - cases |

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| **6.** | | **Detailed information about the discipline** | | | | | | | | | | | | | | | | | |
| 6.1 | | Academic year:  2023–2024 | | | | | | | | | | | 6.3 | | Schedule (class days, times):  From 8.00 to 14.00 | | | | |
| 6.2 | | Semester:  10th semester | | | | | | | | | | | 6.4 | | Place  (educational building, office, platform and link to the meeting on training using DOT):  TsPZ st. Abisha Kekilbayeva 117; RNPTsPP st. Massanchi 92; GNTsMSK Makataeva 10. | | | | |
| **7.** | | **Leader of the discipline** | | | | | | | | | | | | | | | | | |
| Job title | | | | | | Full name | | | | | | |  | | Contact Information | | Pre-exam consultations | | |
| Developer of the syllabus, Doctor of Medical Sciences psychiatrist, child psychiatrist | | | | | | Saduakasova K.Z. | | | | | | | Department  clinical disciplines | | (tel., e-mail)  kasy-haus@mail.ru | |  | | |
|  | | | | | |  | | | | | | | Clinical disciplines | |  | | Before examination sessions within 60 minutes | | |
| **8.** | | **Contents of the discipline** | | | | | | | | | | | | | | | | | |
|  | | Topic name | | | | | | | | | | | | Number of hours | | Form of conduct | | | |
|  | | Introduction to the specialty “Narcology”, the object of research and tasks. | | | | | | | | | | | | 12 | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient  3. Mini-conference on CPC theme | | | |
|  | | Alcoholism. | | | | | | | | | | | | 6 | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient.  3. Mini-conference on CPC theme | | | |
|  | | Mental and behavioral disorders associated with cannabinoid use. | | | | | | | | | | | | 6 | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient  3. Mini-conference on CPC theme | | | |
|  | | Mental and behavioral disorders associated with opioid use. | | | | | | | | | | | | 6 | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient  3. Mini-conference on CPC theme | | | |
|  | | Mental and behavioral disorders due to the use of sedatives and hypnotics, psychostimulants, hallucinogens, volatile solvents, dissociatives. | | | | | | | | | | | |  | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient  3. Mini-conference on CPC theme | | | |
|  | | Organization of psychotherapeutic and psychosocial assistance to persons with mental and behavioral disorders (diseases) due to the use of psychoactive substances. | | | | | | | | | | | |  | | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient  3. Mini-conference on CPC theme | | | |
| **Frontier control 1** | | | | | | | Summative assessment:  2 stages:  Stage 1 – testing on MCQs for understanding and application - 50%  Stage 2 – mini clinical exam (MiniCex) - 50% | | | | | | | | | | | | |
| **Final control (exam)** | | | | | | | | Summative assessment:  2 stages:  Stage 1 – testing on MCQs for understanding and application - 40%  Stage 2 – OSCE - 60% | | | | | | | | | |
| **Total** | | | | | | | | | | | | | | | | | **100** | | |
| **9.** | | **Methods of teaching by discipline**  (briefly describe the teaching and learning approaches that will be used in teaching)  Using active learning methods: TBL, CBL | | | | | | | | | | | | | | | | | |
| 1 | | **Formative assessment methods:**  TBL – Team Based Learning (<https://classroom.google.com/w/MzM5OTU5MjU0OTM0/t/all>)  CBL – Case Based Learning (<https://www.queensu.ca/ctl/resources/instructional-strategies/case-based-learning#:~:text=What%20is%20Case%2DBased%20Learning,group%20to%20examine%20the%20case>.) | | | | | | | | | | | | | | | | | |
| 2 | | **Summative assessment methods (from point 5):**  1. Testing MCQs for understanding and application  2. SRS(case, video, simulation OR research work – thesis, report, article)– assessment of the creative task  3. Curator sheet  4. Portfolio of scientific works  5.Supervision, clinical skills | | | | | | | | | | | | | | | | | |
| **10.** | **Summative assessment***(indicate ratings)* | | | | | | | | | | | | | | | | | |
| **No.** | **Forms of control** | | | | | | | | | **Weight in % of total %** | | | | | | | | |
| 1 | Curation,  clinical skills | | | | | | | | | 20% (estimated by checklist) | | | | | | | | |
| 2 | SRW (case, video, simulation OR NIRS – thesis, report, article) | | | | | | | | | 10% (estimated by checklist) | | | | | | | | |
| 3 | Frontier control | | | | | | | | | 70%  (Stage 1 – testing on MCQs for understanding and application - 40%;  Stage 2 - mini clinical exam (MiniCex) - 60%) | | | | | | | | |
| **Total MC1** | | | | | | | | | | | 20 + 10 + 70 = 100% | | | | | | | | |
| 5 | Curatorial list | | | | | | | | | 20% | | | | | | | | |
| 6 | SRS | | | | | | | | | 10% | | | | | | | | |
| 7 | Frontier control | | | | | | | | | 70%  (Stage 1 – testing on MCQs for understanding and application - 50%;  Stage 2 - mini clinical exam (MiniCex) - 50%) | | | | | | | | |
| **Total MC2** | | | | | | | | | | | 20 + 10 + 70 = 100% | | | | | | | | |
| 9 | Exam | | | | | | | | | **2 stages:**  Stage 1 – testing on MCQs for understanding and application - 50%  Stage 2 – mini wedge (cases) - 50% | | | | | | | | |
| 10 | **Final score:** | | | | | | | | | ORD 60% + Exam 40%  (Stage 1 – testing on MCQs for understanding and application - 40%;  Stage 2 – mini wedge (cases) | | | | | | | | |
| **10.** | **Grade** | | | | | | | | | | | | | | | | | |
| **Letter grade** | | | | **Digital**  **equivalent** | | | | | **Points**  **(% content)** | | | | | | **Description of the assessment**  (changes can only be made at the level of the decision of the Academic Committee on Faculty Quality) | | | | |
| A | | | | 4.0 | | | | | 95–100 | | | | | | **Great.**Exceeds the highest task standards. | | | | |
| A- | | | | 3.67 | | | | | 90–94 | | | | | | **Great.**Meets the highest standards of the assignment. | | | | |
| B+ | | | | 3.33 | | | | | 85–89 | | | | | | **Fine.**Very good. Meets high task standards. | | | | |
| B | | | | 3.0 | | | | | 80–84 | | | | | | **Fine.**Meets most assignment standards. | | | | |
| B- | | | | 2.67 | | | | | 75–79 | | | | | | **Fine.**More than enough. Shows some reasonable command of the material. | | | | |
| C+ | | | | 2.33 | | | | | 70–74 | | | | | | **Fine.**Acceptable.  Meets basic assignment standards. | | | | |
| C | | | | 2.0 | | | | | 65–69 | | | | | | **Satisfactorily.**Acceptable. Meets some basic assignment standards. | | | | |
| C- | | | | 1.67 | | | | | 60–64 | | | | | | **Satisfactorily.**Acceptable. Meets some basic assignment standards. | | | | |
| D+ | | | | 1.33 | | | | | 55–59 | | | | | | **Satisfactorily.**  Minimum acceptable. | | | | |
| D | | | | 1.0 | | | | | 50–54 | | | | | | **Satisfactorily.**  Minimum acceptable. Lowest level of knowledge and task completion. | | | | |
| FX | | | | 0.5 | | | | | 25–49 | | | | | | **Unsatisfactory.**  Minimum acceptable. | | | | |
| F | | | | 0 | | | | | 0–24 | | | | | | **Unsatisfactory.**  Very low productivity. | | | | |
| **11.** | | **Learning Resources** | | | | | | | | | | | | | | | | | |
| Literature | | | | | Basic (fundamental works published earlier than the required period of relevance)   1. Snezhnevsky A.V. Guide to Psychiatry.-1983, vol. 2.<https://www.psychiatry.ru/siteconst/userfiles/file/PDF/snej1.pdf> 2. Zharikov N.M., Tyulpin Yu.G. Psychiatry. Textbook for universities. 2002 3. Storozhakov G.I., Shamrey V.K. Psychosomatic spectrum disorders. Pathogenesis, diagnosis, treatment. 2014. 4. Avrutsky G.Ya., Neduva A.A. Treatment of mentally ill patients. M.-Medicine, 1981 | | | | | | | | | | | | |
| Electronic resources (including, but not limited to: electronic library catalogue, scientific literature databases, databases, animations, simulations, professional blogs, websites, other electronic reference materials (e.g. video, audio, digests) | | | | | **Internet resources:**   1. Medscape.com -<https://www.medscape.com/familymedicine> 2. Oxfordmedicine.com -<https://oxfordmedicine.com/> 3. [Uptodate.com](about:blank)**-**[**https://www.wolterskluwer.com/en/solutions/uptodate**](https://www.wolterskluwer.com/en/solutions/uptodate) 4. **Osmosis-**[**https://www.youtube.com/c/osmosis**](https://www.youtube.com/c/osmosis) 5. **Ninja Nerd -**[**https://www.youtube.com/c/NinjaNerdScience/videos**](https://www.youtube.com/c/NinjaNerdScience/videos) 6. **CorMedical -**[**https://www.youtube.com/c/CorMedicale**](https://www.youtube.com/c/CorMedicale) **- medical video animations in Russian.** 7. **Lecturio Medical -**[**https://www.youtube.com/channel/UCbYmF43dpGHz8gi2ugiXr0Q**](https://www.youtube.com/channel/UCbYmF43dpGHz8gi2ugiXr0Q) 8. **SciDrugs -**[**https://www.youtube.com/c/SciDrugs/videos**](https://www.youtube.com/c/SciDrugs/videos)**- video lectures on pharmacology in Russian.** | | | | | | | | | | | | |
| Special software | | | | | 1. Google classroom – freely available. link  2. Medical calculators: Medscape, Doctor's Directory, MD+Calc - available in the public domain.  3. Directory of diagnostic and treatment protocols for medical workers from the RCHR, Ministry of Health of the Republic of Kazakhstan: Dariger - freely available. IPS - Adilet - freely available (for searching legal acts, orders, instructions). | | | | | | | | | | | | |
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| **12.** | | | **Requirements for a teacher and bonus system** | | | | | | | | | | | | | | | | |
| **Rules of Academic Conduct:**  **1) Appearance:**   * office attire (shorts, short skirts, open T-shirts are not allowed when visiting the university, jeans are not allowed in the clinic) * clean, ironed robe * medical mask * medical cap (or neat hijab without dangling ends) * medical gloves * indoor shoes * neat hairstyle, long hair should be gathered in a ponytail or bun, for both girls and guys. Neat, short-cut nails. Bright, dark manicure is prohibited. It is acceptable to cover your nails with clear varnish. * badge indicating full name   2) Mandatory presence of a phonendoscope, tonometer, centimeter tape (you can also have a pulse oximeter)  3) Sanitary record issued in accordance with the requirements. Presented on the first day of the start of the cycle.  4) At the request of the clinical site - presentation of a vaccination passport or other document confirming the complete course of vaccination against COVID-19 and influenza. A student without a medical record and vaccination will not be allowed to see patients.  5) Mandatory compliance with personal hygiene and safety rules.  6) Systematic preparation for the educational process.  7) Accurate and timely maintenance of reporting documentation.  8) Active participation in diagnostic, treatment and social events of the departments.  Decision of the Department of Clinical Disciplines (protocol No. 2 of September 5, 2023):  **In addition to the requirements for the academic discipline:**  If you miss a class without a good reason, the teacher has the right to deduct points from the current control -  5 points for each missed lesson for 3rd year disciplines  10 points for each missed lesson for 4-5 year disciplines  A student who does not meet the appearance requirements and/or who emits a strong/pungent odor (perfume, lack of personal hygiene) is not allowed to visit patients or practice, as this is a sign of disrespect for others and such a smell may provoke an undesirable reaction in the patient (obstruction and so on.)  The teacher has the right to decide on the admission to classes of students who do not comply with the requirements of professional conduct, including the requirements of the clinical base!  **Bonus system:**  1. Participation in research work, conferences, competitions, presentations, the student is rewarded through a bonus system in the form of incentives - adding points to the student in one of the forms of summative assessment. | | | | | | | | | | | | | | | | | | | |
| **13.** | | | **Discipline policy** | | | | | | | | | | | | | | | | |
|  | | | Discipline policy is determined[Academic policy of the University](https://univer.kaznu.kz/Content/instructions/%D0%90%D0%BA%D0%B0%D0%B4%D0%B5%D0%BC%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%B0%D1%8F%20%D0%BF%D0%BE%D0%BB%D0%B8%D1%82%D0%B8%D0%BA%D0%B0.pdf)And[University Academic Integrity Policy](https://univer.kaznu.kz/Content/instructions/%D0%9F%D0%BE%D0%BB%D0%B8%D1%82%D0%B8%D0%BA%D0%B0%20%D0%B0%D0%BA%D0%B0%D0%B4%D0%B5%D0%BC%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%BE%D0%B9%20%D1%87%D0%B5%D1%81%D1%82%D0%BD%D0%BE%D1%81%D1%82%D0%B8.pdf). If the links do not open, then you can find current documents in the Univer IS.  **Discipline:**   1. Late arrivals to class or morning conference are not permitted. If you are late, the decision on admission to class is made by the teacher leading the class. If there is a good reason, inform the teacher about the delay and the reason by message or by phone. After the third delay, the student writes an explanatory note addressed to the head of the department indicating the reasons for the delay and is sent to the dean’s office to obtain access to the lesson. If you are late without a good reason, the teacher has the right to deduct points from the current grade (1 point for each minute of late) 2. Religious events, holidays, etc. are not a valid reason for absences, tardiness, or distraction of the teacher and group from work during classes. 3. If you are late for a good reason, do not distract the group and teacher from the lesson and quietly go to your place. 4. Leaving class early or being away from the workplace during class time is regarded as absenteeism. 5. Additional work by students during school hours (during practical classes and duty) is not allowed. 6. For students who have more than 3 absences without notifying the curator and a valid reason, a report is issued with a recommendation for expulsion. 7. Missed classes are not made up. 8. Students are fully subject to the “Internal Regulations” of the clinical bases of the department 9. Greet the teacher and anyone older by standing up (in class). 10. Smoking (including the use of vapes and electronic cigarettes) is strictly prohibited on the territory of clinical sites (out-doors) and the university. Punishment - up to the cancellation of midterm control; in case of repeated violation - the decision on inadmissibility to classes is made by the head of the department 11. Respectful attitude towards colleagues regardless of gender, age, nationality, religion, sexual orientation. 12. Have a laptop/laptop/tab/tablet with you for studying and passing MCQ tests for TBL, midterm and final tests. 13. Taking MCQ tests on phones and smartphones is strictly prohibited.   Student behavior during exams is regulated[“Rules for final control”](https://univer.kaznu.kz/Content/instructions/%D0%9F%D1%80%D0%B0%D0%B2%D0%B8%D0%BB%D0%B0%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D0%B4%D0%B5%D0%BD%D0%B8%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%9B%D0%AD%D0%A1%202022-2023%20%D1%83%D1%87%D0%B3%D0%BE%D0%B4%20%D1%80%D1%83%D1%81%D1%8F%D0%B7%D1%8B%D0%BA%D0%B5.pdf),[“Instructions for conducting final control of the autumn/spring semester of the current academic year”](https://univer.kaznu.kz/Content/instructions/%D0%98%D0%BD%D1%81%D1%82%D1%80%D1%83%D0%BA%D1%86%D0%B8%D1%8F%20%D0%B4%D0%BB%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%B2%D0%B5%D1%81%D0%B5%D0%BD%D0%BD%D0%B5%D0%B3%D0%BE%20%D1%81%D0%B5%D0%BC%D0%B5%D1%81%D1%82%D1%80%D0%B0%202022-2023.pdf)(current documents are uploaded to the Univer IS and are updated before the start of the session);[“Regulations on checking students’ text documents for the presence of borrowings”](https://univer.kaznu.kz/Content/instructions/%D0%9F%D0%BE%D0%BB%D0%BE%D0%B6%D0%B5%D0%BD%D0%B8%D0%B5%20%D0%BE%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D1%80%D0%BA%D0%B5%20%D0%BD%D0%B0%20%D0%BD%D0%B0%D0%BB%D0%B8%D1%87%D0%B8%D0%B5%20%D0%B7%D0%B0%D0%B8%D0%BC%D1%81%D1%82%D0%B2%D0%BE%D0%B2%D0%B0%D0%BD%D0%B8%D0%B9%20ru.pdf). | | | | | | | | | | | | | | | | |
| **14.** | | | **Principles of inclusive learning** | | | | | | | | | | | | | | | | |
|  | | | **1. Constantly prepares for classes:**  For example, supports statements with relevant references, provides short summaries  Demonstrates effective teaching skills and assists in teaching others.  **2. Take responsibility for your learning:**  For example, manages their learning plan, actively tries to improve, critically evaluates information resources  **3. Actively participate in group training:**  For example, actively participates in discussions, willingly takes on assignments  **4. Demonstrate effective group skills**  For example, takes initiative, shows respect and civility towards others, helps resolve misunderstandings and conflicts  **5. Skillful communication with peers:**  For example, actively listens, is receptive to nonverbal and emotional cues  Respectful attitude  **6. Highly developed professional skills:**  Drives to complete tasks, seeks opportunities for more learning, confident and skilled  Compliance with ethics and deontology in relation to patients and medical staff  Respect for subordination.  **7. High self-awareness:**  For example, recognizes the limitations of one's knowledge or abilities without becoming defensive or blaming others  **8. Highly developed critical thinking:**  For example, adequately demonstrates skills in key tasks such as generating hypotheses, applying knowledge to case studies, critically evaluating information, drawing conclusions out loud, explaining the thinking process  **9. Fully adheres to the rules of academic conduct with understanding and suggests improvements to improve performance.**  Maintains communication ethics – both oral and written (in chats and requests)  **10. Fully follows the rules with full understanding of them, encourages other group members to adhere to the rules**  Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER | | | | | | | | | | | | | | | | |
| **15.** | | | **Distance/online learning – prohibited in clinical disciplines** | | | | | | | | | | | | | | | | |
| 1. According to the order of the Ministry of Education and Science of the Republic of Kazakhstan No. 17513 dated October 9, 2018 “On approval of the List of areas of training for personnel with higher and postgraduate education, training in which in the form of external studies and online training is not allowed”  According to the above regulatory document, specialties with the health discipline code: bachelor's degree (6B101), master's degree (7M101), residency (7R101), doctoral degree, (8D101) - study in the form of external studies and online learning - are not allowed.  Thus, students are prohibited from distance learning in any form. It is only allowed to work out a lesson in the discipline due to the absence of a student for a reason beyond his control and the presence of a timely supporting document (example: a health problem and presentation of a supporting document - a medical certificate, an emergency medical service notification sheet, an extract from a consultative appointment with a medical specialist - a doctor) | | | | | | | | | | | | | | | | | | | |
| **16.** | | | **Approval and review** | | | | | | | | | | | | | | | | |
| Head of the department | | | | | | | | | | | | Signature | | | prof. Kurmanova G.M. | | | | |
| Academic Committee of FMIZ | | | | | | | | | | | | Protocol No. | | | Approval date | | | | |
| Chairman of the Academic Committee of FMIZ | | | | | | | | | | | | Signature | | | prof. Kurmanova G.M. | | | | |
| Dean | | | | | | | | | | | | Signature | | | Dean of the Faculty | | | | |

**Thematic plan and content of classes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| №. | Subject | Content | Literature | Form of conduct |
|  | 2 | 3 | 4 | 5 |
| 1 | Introduction to the specialty “Narcology”, the object of research and tasks. | **Learning outcomes:**  - knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  -complies with the principles of professional secrecy when performing the functional duties of a psychiatrist (narcologist);  - knows how to adhere to ethical principles in all professional interactions with patients, their families, and colleagues;  **-**knows the regulatory framework for providing psychiatric (narcological) care to the population;  - knows the current international classification of mental disorders and behavioral disorders associated with the use of psychoactive substances;  - knows the basic principles of conducting a psychiatric conversation; collecting subjective and objective anamnesis;  - knows how to identify clinical symptom complexes, conduct differential diagnostics and substantiate syndromic diagnosis for mental disorders and behavioral disorders associated with the use of psychoactive substances;  - knows and carries out differential diagnosis of specific symptom complexes of major drug addiction syndrome depending on the type of substance consumed and in the age aspect, general provisions of the semiotics of mental disorders in addiction medicine;  - knows the symptoms of pathology of sensory cognition, thinking, emotions, memory, attention, intelligence, motor-volitional sphere, consciousness when using various types of surfactants;  - knows additional examination methods, justifies the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, NMRI, R-graphy, etc.);  - knows the methods of pathopsychological diagnostics, justifies the referral for psychological-experimental research (PEI), analyzes the conclusion and compares it with the data of clinical-psychopathological analysis;  - is able to develop a route for a patient who is a consumer of psychoactive substances, taking into account the current Clinical Protocols for diagnosis and treatment and the Standard for the provision of psychiatric care;  - knows the indications for compulsory treatment, the principles of the drug prevention strategy (interdisciplinary science about the formation of a healthy lifestyle and the prevention of self-destructive behavior).  SRS: Acute intoxication with opium preparations. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova.  <http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii>.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode:<http://www.studmedlib.ru/book/ISBN9785970411674.html>  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  6.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  7. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  8. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  10. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX  2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD  Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. About personal data and its protection  Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan  Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | 1. Using active learning methods: TBL, CBL  2. Working with the patient – ​​at least 50%  4. Mini-conference on CPC theme |
| 2 | Alcoholism | **Learning outcomes:**  - has basic skills in maintaining current medical records and reports, including in information systems, when entering data about patients of this group;  - integrates knowledge and skills to provide an individual approach for the patient;  -knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  - knows how to observe ethical principles in professional interaction with patients and their legal representatives;  - knows the regulatory framework for providing drug treatment to patients with alcoholism in the age aspect;  - knows the current international classification (ICD) regarding mental disorders and alcohol use disorder;  - knows additional examination methods, justifies the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, NMRI, R-graphy, etc.);  -knows additional laboratory research methods - OAC, OAM, biochemical spectrum;  -knows the basic principles of therapy for alcoholism, providing emergency care for acute alcohol intoxication, pathological intoxication;  - knows the methodology for conducting a medical examination for alcohol consumption (breathalyzer, alcoscreen);  - knows how to identify clinical symptom complexes, carry out differential diagnosis and substantiate syndromic diagnosis for mental disorders and behavioral disorders associated with alcohol consumption: the main clinical and psychopathological symptoms and syndromes for alcoholic illness; disorders of sensations, perception, memory, emotions, attention, thinking, intelligence, motor-volitional sphere, desire, consciousness; acute intoxication clinic; degree of alcohol intoxication; specific symptom complexes when drinking alcohol in the age aspect (in childhood and in old age), symptomatic forms of alcoholism. Simple and pathological alcohol intoxication; alcoholic psychoses (acute and chronic); alcohol withdrawal syndrome, dementia due to alcoholism; alcoholic epilepsy,  - identifies and interprets clinical symptoms and syndromes (general psychopathology), data from laboratory and visual examination methods in patients with alcoholism in the age aspect in order to verify the diagnosis;  - knows methods of therapeutic and diagnostic measures, rehabilitation, adaptation, medical and social assistance, involvement in psychotherapeutic communities, overcoming the mechanism of “codependency” in families of patients with alcoholism.  FDS – Fetal alcohol syndrome.  SRS - Depressive disorders in adolescents and adults, users of psychoactive substances. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode: http://www.studmedlib.ru/book/ISBN9785970411674.html  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  5. Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michael B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  6. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  7. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  8. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX . 2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. On personal data and their protection Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  15. On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan. Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | 1. TBL  2. Working with the patient.  3. Creating a scenario – Alcoholism of the second stage. Withdrawal syndrome. |
| 3 | Organization of psychotherapeutic and psychosocial assistance to persons with mental and behavioral disorders (diseases) due to the use of psychoactive substances | **Learning outcomes:**  - has basic skills in maintaining current medical records and reports, including in information systems, when entering data about patients of this group;  - integrates knowledge and skills to provide an individual approach for the patient;  -knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  - knows how to observe ethical principles in professional interaction with patients and their legal representatives; maintains professional confidentiality;  - knows the clinical and psychopathological complexes and dynamics of the development of dependence on cannabinoids - the stages of the disease, acute and chronic intoxication, the clinic of withdrawal syndrome and overdose, the consequences of chronic anesthesia, etc.;  - knows the current international classification of mental disorders and behavioral disorders associated with the use of cannabinoid drugs;  - knows the methodology for identifying traces of cannabinoids in biological fluids (testers);  - knows additional examination methods, justifies the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, NMRI, R-graphy, etc.);  - knows and is able to identify the main clinical symptom complexes, carry out differential diagnostics and substantiate the nosological affiliation of the identified clinical and psychopathological phenomena in the age aspect;  - knows basic treatment methods for acute cannabinoid poisoning (intoxication psychosis), severe course with convulsive syndrome, concomitant somatic or neurological pathology, etc., personality changes in street chronically consuming hashish;  -knows the regulatory framework for providing all types of drug treatment to cannabinoid users;  SRS – Synthetic cannabinoids – clinical picture, dynamics, outcomes. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova.http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode: http://www.studmedlib.ru/book/ISBN9785970411674.html  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  5. Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michael B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  6. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  7. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  8. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX.  2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. About personal data and their protection. Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  15. On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan. Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | 1. SBL.  2. Working with the patient.  3. Creating a scenario – Withdrawal syndrome. |
| 4 | Mental and behavioral disorders associated with the use of opium drugs. Cocaine addiction. | **Learning outcomes:**  - has basic skills in maintaining current medical records and reports, including in information systems, when entering data about patients of this group;  - integrates knowledge and skills to provide an individual approach for the patient;  -knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  - knows how to observe ethical principles in professional interaction with patients and their legal representatives; maintains professional confidentiality;  - knows the clinical and psychopathological complexes and dynamics of the development of opium addiction - the stages of the disease, acute and chronic intoxication, the clinic of withdrawal syndrome and overdose, the consequences of chronic anesthesia, etc.;  - knows the current international classification of mental disorders and behavioral disorders associated with the use of drugs of the opium group;  - knows the methodology for identifying traces of opium drugs in biological fluids (testers);  - knows additional examination methods, justifies the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, NMRI, R-graphy, etc.);  - knows and is able to identify the main clinical symptom complexes, carry out differential diagnostics and substantiate the nosological affiliation of the identified clinical and psychopathological phenomena in the age aspect;  - knows basic treatment methods for acute opiate poisoning (overdose, intoxication psychosis), severe course with convulsive syndrome, concomitant somatic or neurological pathology (encephalopathy, cardiovascular failure), as a result of resistance or int in case of acute opiate poisoning (overdose, intoxication psychosis), severe course with convulsive syndrome, concomitant somatic or neurological pathology (encephalopathy, cardiovascular failure), as a result of resistance or intolerance to the therapy; pharmacokinetics of opiate receptor blockers;  -knows the regulatory framework for providing all types of drug treatment to users of opium drugs.  CPC – Dynamics of the formation of cocaineism. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova.  http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode: http://www.studmedlib.ru/book/ISBN9785970411674.html  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  6.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  7. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  8. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  10. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX  2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD  Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. About personal data and its protection  Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan  Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | Formative assessment:  1. Using active learning methods: TBL, CBL  2. Working with the patient – ​​substantiation of the leading clinical-psychopathological syndrome.  3. SRS |
| 5 | Mental disorders and behavioral disorders associated with the use of sedatives and hypnotics, psychostimulants, hallucinogens, volatile solvents, dissociatives | **Learning outcomes:**  - has basic skills in maintaining current medical records and reports, including in information systems, when entering data about patients of this group;  - integrates knowledge and skills to provide an individual approach for the patient;  - knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  - knows how to observe ethical principles in professional interaction with patients and their legal representatives; maintains professional confidentiality;  - knows the regulatory framework for providing assistance to patients - consumers of sedatives and hypnotics, psychostimulants, hallucinogens, volatile solvents, dissociatives;  - knows the current international classification of mental disorders and behavioral disorders associated with the use of this group of psychoactive substances;  - knows and is able to identify the main clinical symptom complexes, carry out differential diagnostics and substantiate the preliminary syndromic diagnosis and then its nosological affiliation in the age aspect - substance abuse (inhalation); risk groups for developing addictive behavior; groups of drugs (tranquilizers-benzodiazepines and barbiturates) with sedative and hypnotic effects; psychostimulants amphetamines (synthetic) of the central nervous system (CNS) cocaine, amphetamines - phenamine, pervitin, meridil (rigalin), caffeine, etc., causing addiction, increased tolerance, pathological attraction, withdrawal states, mental and physical dependence; ephedrone addiction; new types of surfactants;  - knows additional examination methods, justifies the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, NMRI, R-graphy, etc.);  ADS – Amphetamine addiction. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova.  http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode: http://www.studmedlib.ru/book/ISBN9785970411674.html  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  6.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  7. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  8. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  10. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX  2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD  Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. About personal data and its protection  Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan  Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | Formative assessment:  1.Use of active learning methods: TBL, CBL  2. Working with the patient - Beck Depression Inventory (DBI); The Zung self-rating depression scale. Hamilton Depression Rating Scale (HDRS); Positive and Negative Syndrome Scale (PANSS). |
| 6 | Organization of psychotherapeutic and psychosocial assistance to persons with mental and behavioral disorders (diseases) due to the use of psychoactive substances | **Learning outcomes:**  - has basic skills in maintaining current medical records and reports, including in information systems, when entering data about patients of this group;  - integrates knowledge and skills to provide an individual approach for the patient;  - knows the basics of conflict management and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the extent of responsibility when performing the professional duties of a psychiatrist;  - knows how to observe ethical principles in professional interaction with patients and their legal representatives; maintains professional confidentiality;  - knows the regulatory framework for providing specialized psychiatric care to patients who use psychoactive substances;  - knows the Clinical protocols for diagnosis and treatment of mental disorders and behavioral disorders associated with the use of psychoactive substances;  - knows the regulatory framework, instructions and orders to provide assistance to persons, incl. for those in remission for more than a year - employment therapy, recreational and sports activities, volunteer practice, legal advice, anti-relapse training; communities of people who use/have used psychoactive substances; formation and overcoming mechanisms of codependency in families of substance abusers – psychotherapy;  -knows the basic principles of rehabilitation, psychological, medical, social, supportive therapy, compliance therapy for surfactant users; about working with patients' families - overcoming the mechanism of codependency;  - knows about risk factors for suicidal behavior and the methodology for preventing suicide among users of psychoactive substances.  SRS – Overcoming codependency in families of substance abusers. | 1.Electronic textbook. Psychiatry and Narcology. First St. Petersburg State Medical University named after. Academician I.P. Pavlova.  http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2. Electronic resource. Ivanets N.N., Tyulpin Yu.G., Chirko V.V., Kinkulkina M.A. Psychiatry and Narcology [: Textbook / . - M.: GEOTAR-Media, 2012. - 832 p. - ISBN 978-5-9704-1167-4-Access mode: http://www.studmedlib.ru/book/ISBN9785970411674.html  3. Saduakasova K.Z, Ensebaeva L.Z.. Zhalpy psychopathology.- Oku kuralyk Almaty.“Kazakh universities” 2022.-78b.  4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed. Arlington: American Psychiatric Association, 2013.  6.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba Psychiatry. Fourth Edition. Volume 1.2015.  7. Professor and Chair, Robert J. Ursano Professor and Chair. "The Psychiatric Interview." Evaluation and Diagnosis".2017  8. David Brizer, Ricardo Castaneda. Clinical Addiction Psychiatry. 2010.  10. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43.2005.  9. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior https://users.drew.edu/ctimmons/drugs/INDEX  2001.  10.National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  11.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  12. David L. Clark, Nash N. Boutros, Mario F. Mendez. . The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. HTML 2010.  13.Henry R. Kranzler, MD Domenic A. Ciraulo, MD Clinical Manual of Addiction Psychopharmacology 2005.  14. About personal data and their protection. Law of the Republic of Kazakhstan dated May 21, 2013 N 94-V.  15. On approval of the standard for organizing the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan. Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. KR DSM-224/2020. | Formative assessment:  1.Use of active learning methods: TBL, CBL  2. Working with the patient  4. Mini-conference on the topic of CPC. |

**RUBRICTOR FOR ASSESSING LEARNING RESULTS**

**during summative assessment**

**Rating calculation formula**

**For 5th year in general - ORD**

|  |  |
| --- | --- |
| Disease history | 20% |
| SRS (case, video, simulation OR NIRS – thesis, report, article) | 10% |
| Frontier control | 70% |
| **Total RK1** | 100% |

**Final score:**ORD 60% + exam 40%

**Exam (2 stages)**– testing (40%) + OSCE (60%)

**Team based learning – TBL**

|  |  |
| --- | --- |
|  | % |
| **Individual**--(IRAT) | **thirty** |
| **Group**-- (GRAT) | **10** |
| **Appeal** | **10** |
| **Score for cases -** | **20** |
| **Companion rating (bonus)** | **10** |
|  | **100%** |

**Case-based learning CBL**

|  |  |  |
| --- | --- | --- |
|  |  | % |
| 1 | Interpreting Survey Data | 10 |
| 2 | Interpretation of physical examination findings | 10 |
| 3 | Preliminary diagnosis, rationale, examination plan | 10 |
| 4 | Interpretation of laboratory data. and instrumental examination | 10 |
| 5 | Clinical diagnosis, problem sheet | 10 |
| 6 | Management and treatment plan | 10 |
| 7 | Validity of the choice of drugs and treatment regimen | 10 |
| 8 | Efficiency assessment, prognosis, prevention | 10 |
| 9 | Special problems and questions about the case | 10 |
| 10 | Companion rating (bonus) |  |
|  |  | **100%** |

**Point-rating assessment of practical skills at the patient’s bedside (maximum 100 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria**  **(assessed using a point system)** | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs correction*** | ***unacceptable*** |
|  | ***PATIENT SURVEY*** | | | | | |
| 1 | Communication skills when interviewing a patient | Introduced himself to the patient. He asked how to address the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Showed empathy for the patient. Demonstrated professional training. | Introduced himself to the patient. He asked how to address the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Showed empathy for the patient. Demonstrated professional training. | Introduced himself to the patient. He asked how to address the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Few open questions asked | Did not fully introduce himself to the patient, did not ask the patient’s name, the student’s speech was not intelligible, and his voice was not intelligible. There are no open-ended questions asked; the patient answers in monosyllables. The student did not show attention to the patient’s comfort and did not show empathy. | Communication with the patient is negative. The basic requirements when communicating with the patient are not met, there is no manifestation of empathy towards the patient. |
| Collection of complaints | Identified the patient's main and minor complaints. Revealed important details of a mental disorder or disease - identified the leading clinical-psychopathological syndrome. Asked the right questions to make a differential diagnosis. | Identified the patient's main and minor complaints.**Revealed important details of a mental disorder or illness.** | Identified the patient's main complaints.**Revealed important details of the disease**. | The student cannot distinguish between major and minor complaints.**Did not reveal important details of the disease**. Asks random questions. | Did not reveal any details of the disease. The collection of complaints is limited only to the subjective words of the patient himself. |
| Taking a medical history | Revealed**chronology of the disease**, important details of the disease (for example, how long has he been using surfactants? which ones?). He asked if you tried to stop consuming psychoactive substances on your own or were treated before?  Correctly constructed the sequence of questions,**concerning differential diagnosis.** | Revealed**chronology of the disease**, important details of the disease (for example, how long has he been using surfactants? which ones?). He asked if you tried to stop consuming psychoactive substances on your own or were treated before?  Correctly constructed the sequence of questions regarding the differential diagnosis. | Revealed**chronology of the disease**. I asked about**treatment**about this disease. | The student cannot construct a chronology of the development of the disease. Asks random questions. | The student skipped the step. There is only information provided by the patient himself. |
| Anamnesis of life | Found out the time and age of onset of mental disorder/illness. He clarified what surfactants he consumes. Is he registered with a drug dispensary? Is he registered with other diseases? Family history (hereditary burden of mental illness), social status of the patient (does he have a disability), occupational hazards, epidemiological history. | Found out the time and age of onset of mental disorder/illness.He clarified what surfactants he consumes. Is he registered with a drug dispensary? Is he registered with other diseases? family history (hereditary burden of mental illness), social status of the patient (does he have a disability), occupational hazards, epidemiological history | Identified the reason and age at which surfactant consumption began. | The student does not know how to conduct a survey, as he does not have knowledge in the field of drug addiction. | The student skipped the step. There is only information provided by the patient himself. |
| 2 | Patient interview quality | The patient's survey was carried out sequentially in order, but depending on the situation and characteristics of the patient, the student changes the order of the survey. At the end, he sums up - summarizes all the questions and receives feedback from the patient (for example, let's summarize - do you not deny dependence on psychoactive substances? Do you agree to be treated?).  High-quality, detailed information was collected to suggest a probable diagnosis.  **Uses a problem sheet**– knows how to identify main and secondary problems. | The patient was interviewed sequentially in order.  At the end, he sums up - summarizes all the questions and receives feedback from the patient (for example,Let's sum it up - do you consider yourself addicted to psychoactive substances? Do you understand that you need to be treated?  High-quality, detailed information was collected to suggest a probable diagnosis.  **Uses a problem sheet**– knows how to identify main and secondary problems. | The sequence of the interview is broken, but the quality of the information collected suggests a probable diagnosis.  **Doesn't use problem sheet**– does not know how to identify main and secondary problems. | The polling sequence is broken. The student repeats the same questions. The information collected is not of high quality and does not suggest a probable diagnosis.  **Doesn't use problem sheet**– does not know how to identify main and secondary problems. | The survey was not conducted consistently; the student asks random questions that are not relevant to the patient’s case or does not ask questions at all.  **Doesn't use problem sheet**– does not know how to identify main and secondary problems. |
| 3 | Time management of patient interviews. Control over the situation. | Minimum group time spent interviewing the patient. The student is confident in himself, fully controls the situation and manages it. The patient is satisfied. | The survey was completed fairly quickly. The student is confident and in control of the situation. The patient is satisfied. | The patient interview time is delayed, but does not cause discomfort to the patient. The student does not lose his composure. There is no negativity from the patient. | Long survey, student is wasting time. The patient expresses discomfort by protracted questioning. The student is not confident in himself and is lost when communicating with the patient. | The survey ended without identifying important information. The survey takes too long and the communication atmosphere is negative. Possible conflict with the patient. |
| **PHYSICAL EXAMINATION OF THE PATIENT** | | | | | | |
|  |  | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs correction*** | ***unacceptable*** |
| 4 | Communication skills when performing a physical examination of a patient | I asked the patient (legal representatives) for consent to perform a physical examination. I explained to the patient what and how I would check (for example, I will listen to your lungs, heart, measure your blood pressure, examine your skin to see if you have any injuries, etc.), warned that there would be a conversation about the patient’s problem. Able to localize the patient's increasing irritation. | I asked the patient (legal representatives) for consent to conduct a physical examination. Explained to the patient what and how he would check (for example, I will listen to your lungs, measure your blood pressure, examine your skin, whether you have any injuries, etc.),warned, warned that there would be a conversation about the patient’s problem. | I asked the patient (legal representatives) for consent to perform a physical examination. I explained to the patient what and how I would check (for example, I will listen to your lungs, measure your blood pressure, examine your skin, whether you have any injuries, etc.). | I asked the patient (legal representatives) for consent to perform a physical examination. | Contact with the patient without prior consent and explanation of the purpose of the examination and conversation. |
|  | Assessment of the patient's vital signs - heart rate, respiratory rate, blood pressure, body temperature, body mass index. | Measured vital signs technically correctly. Correctly uses medical terminology when assessing vital signs (e.g., tachypnea, tachycardia, hypoxia, dermographism, hyperhidrosis, etc.). He examined the patient carefully. Correctly described possible damage to the skin - injection marks, self-harm) Encourages the patient to be examined. Correctly comments on the primary data of a physical examination (knows the normative data). Knows the symptoms of withdrawal symptoms. | Measured vital signs technically correctly. Correctly uses medical terminology when assessing vital signs (e.g., tachypnea, tachycardia, hypoxia, dermographism, hyperhidrosis, etc.). Examined the patient. Correctly described possible damage to the skin. Encourages the patient to be examined. Correctly comments on physical examination data (knows standard indicators). Knows the symptoms of withdrawal symptoms. | Minor errors in the technique of measuring vital signs. The measurement results are not distorted. The student can correct mistakes made in the use of medical terminology. | Gross errors in the technique of measuring vital signs, distortion of results. Cannot independently correct errors in medical terminology. | Does not know the technique of measuring vital signs. Does not know the standard data for assessing blood pressure, pulse, respiratory rate, saturation, body temperature. |
| 6 | Technique for conducting a psychiatric interview | Introduced himself to the patient, asked the reason for hospitalization, showed tolerance for the irritated patient, was able to set up a conversation, consistently identified the possible cause of the mental disorder, and asked questions based on the differential diagnostic criteria for his suspected mental disorder. If necessary, contact legal representatives.  A basic clinical-psychopathological complex has been identified that is sufficient to justify hospitalization/treatment in a psychiatric hospital.  He explained the need for hospitalization/treatment and tried to overcome the stigma of going to a drug treatment center. service. | Introduced himself to the patient, asked the reason for hospitalization, showed tolerance for the irritated patient, was able to set up a conversation, consistently identified the possible cause of the mental disorder, and asked questions based on the differential diagnostic criteria for his suspected mental disorder. If necessary, contact legal representatives. A basic clinical and psychopathological complex has been identified that is sufficient to justify hospitalization/treatment in a drug treatment hospital. | Introduced himself to the patient, asked the reason for hospitalization, showed tolerance for the irritated patient, was able to set up a conversation, consistently identified the possible cause of the mental disorder, and asked questions based on the differential diagnostic criteria for his suspected mental disorder.  Identified symptoms of a mental disorder - signs and type of pathological craving for psychoactive substances, type of surfactant used. Justified the need for treatment. | The psychiatric conversation was not carried out systematically; the questions were chaotic and did not show the correct direction of the doctor’s clinical thinking. Confused in understanding the patient's mental status, did not ask questions for differential diagnosis, determining the type of pathological dependence. Insufficient data to make a probable diagnosis. | During a psychiatric conversation - gross violations - does not know the order and technique of conducting a psychiatric conversation, does not have knowledge of clinical psychopathology.  Cannot identify disorders in the patient’s mental sphere |
| 7 | Making a preliminary syndromic diagnosis | The most complete substantiation and formulation of a preliminary clinical-psychopathological syndrome/diagnosis with justification of the data obtained during a psychiatric interview and identified skin lesions - self-cuts, traces of strangulation grooves, injection marks, hypertrophy of the mucous membrane of the external nasal passages, etc.) and physical examination. Used knowledge of the differential diagnostic criteria for the suspected psychoactive substance used, determined the clinical degree and type of drug addiction, and prescribed appropriate diagnostic measures - neuroimaging and laboratory tests. Used express diagnostic techniques for dementia, depression, suicidal behavior, etc. | Full justification and formulation of the preliminary clinical-psychopathological syndrome/diagnosis with justification of the data obtained during a psychiatric interview and identified skin lesions (self-harm, a mark from a strangulation furrow, etc.) and physical examination. Used knowledge of differential diagnostic criteria for the supposedly used surfactant, determined the dynamics of the disease (degree, pathological dependence). Prescribed appropriate diagnostic measures - neuroimaging and laboratory tests. | Rationale for a preliminary diagnosis based on complaints, without taking into account data from a psychiatric interview and physical examination  Incorrectly defined differential diagnostic criteria for diagnosis. | A template or intuitive formulation of a preliminary diagnosis cannot provide substantiation (that is, connect complaints, the dynamics of the development of a mental disorder, subjective history data and physical data). | The formulation of the preliminary clinical-psychopathological syndrome is random, does not understand and does not see the connection between the patient’s mental status and objective data.  Did not make a decision on further accompaniment of the patient, did not justify the need for hospitalization. |
| Laboratory and visual examination plan (CBC, LBC, OAM, pathological fluids, imaging methods) |
| 8 | Formulation of the final syndromic diagnosis, with justification based on the examination results | The student clearly formulates the leading clinical-psychopathological syndrome and determines its nosological specificity. When formulating the underlying disease, the current ICD is used. Gives an assessment of the severity of the disease. According to indications, justifies the need for emergency or planned hospitalization. Names possible negative consequences of refusing treatment.  The student clearly substantiates his opinion on the data of a psychiatric conversation, subjective and objective history, follow-up, results of a physical examination and the conclusion of neuroimaging methods and laboratory tests. Uses the results of express tests.  For example: Mental disorder associated with opioid use. Withdrawal state. | The student formulates the leading clinical-psychopathological syndrome. When formulating the underlying disease, the current ICD is used. Gives an assessment of the severity of the disease. According to indications, justifies the need for emergency or planned hospitalization. Names possible negative consequences of refusing treatment.  The student clearly substantiates his opinion on the data (psychiatric conversation, subjective and objective anamnesis, anamnesis, results of a physical examination and the conclusion of neuroimaging methods and laboratory tests. examinations).  For example: Mental disorder associated with opioid use. Withdrawal state | The student formulates the main clinical-psychopathological syndrome.  It cannot accurately classify which group of mental and behavioral disorders this syndrome belongs to.  The student substantiates his opinion on the basis of data from a psychiatric conversation, subjective history, objective history (if available), data from a physical examination and paraclinical studies. For example: Mental disorder associated with opioid use. Withdrawal state | The student can only formulate the underlying disease. Cannot fully explain the rationale for the diagnosis.  For example: pneumonia (or the same answers are perceived as equivalent: pulmonary tissue compaction syndrome, obstructive syndrome, acute respiratory failure syndrome, etc. | The student cannot formulate a diagnosis. Or cannot explain the rationale for the diagnosis (names the diagnosis at random according to the topic of the lesson) |
| 9 | Principles of treatment | Knows the classification of basic drugs for psychopharmacotherapy.  Reasonably selects medications: taking into account indications and contraindications for a given patient. Informs the patient about the most important side effects of prescribed medications.  Informs the patient about the peculiarities of taking the drug (for example, after meals, drinking plenty of water, etc.)  Determined the criteria for the effectiveness of treatment and the expected time frame for improvement of the patient’s condition.  He named the timing and methods of monitoring treatment, subjective and objective data, data from laboratory and visual control of treatment. | Knows the classification of basic drugs for psychopharmacotherapy. Determines indications and contraindications for a given patient.  Informs the patient about the most common side effects of prescribed medications.  Informs the patient about the peculiarities of taking the drug (for example, after meals, drinking plenty of water, etc.)  Defined criteria for the effectiveness of treatment. | Knows only the basic principles of treatment. Names only the group of main drugs for the treatment of a given mental disorder (for example, antidepressants).  Knows the mechanism of action of basic drugs. | Knows only the basic principles of treatment. Can only name the class of drugs (for example, antipsychotics or antidepressants), does not know the classification of drugs for psychopharmacotherapy. The mechanism of action is explained in general terms at a layman level (for example, “an antidepressant to lift your mood”). |  |
|  | TOTAL | 100 | 80 | 60 | 40 | 20 |

**Point-rating assessment of maintaining a medical history (maximum 100 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria**  **(assessed using a point system)** | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs correction*** | ***unacceptable*** |
| 1 | Patient complaints: main and secondary | Complete and systematized, with an understanding of important details | Accurate and complete | basic information | Incomplete or inaccurate, some details are missing | Misses something important |
| 2 | Taking a medical history |
| 3 | Anamnesis of life |
| 4 | Objective status – general examination | Complete, efficient, organized, with an understanding of important details | Consistently and correctly | Identifying master data | Incomplete or not entirely correct, not attentive to patient comfort | Inappropriate data |
| 5 | Respiratory system | Complete, effective, technically correct application of all skills of inspection, palpation, percussion and auscultation | Complete, effective, technically correct application of all examination skills, physical examination with minor errors, or corrected during performance | Key data identified  Physical examination skills mastered | Incomplete or inaccurate  Physical examination skills require improvement | Important data missing  Unacceptable physical examination skills |
| 6 | **Cardiovascular system** |
| 7 | **Digestive system** |
| 8 | **Genitourinary system** | Complete, effective, technically correct application of all special examination skills |
| 9 | **Musculoskeletal system** | Complete, effective, technically correct application of all special examination skills |
| 10 | **Presentation of medical history (curator sheet)** | The most complete description and presentation  Understands the problem in its entirety and relates it to the patient’s characteristics | precise, focused; choosing facts shows understanding | The entry is in the form and includes all the basic information; | Many important omissions, often includes unreliable or unimportant facts | Lack of control of the situation, many important omissionsmany clarifying questions |

**Point-rating assessment of CPC – creative task (maximum 90 points) + bonuses for English language and time management**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **20** | **15** | **10** | **5** |
| **1** | **Focus on the problem** | Organized, focused, identifies all issues related to the main identified problem with an understanding of the specific clinical situation | Organized, focused, identifies all issues related to the main identified problem, but does not understand the specific clinical situation | Unfocused  Distraction by issues not related to the main identified problem | Inaccurate, misses the point, irrelevant data. |
| **2** | **Informativeness, effectiveness of presentation** | All necessary information on the topic is fully conveyed in a free, consistent, logical manner  The product form is adequately chosen | All necessary information is conveyed in a logical manner, but with minor inaccuracies | All the necessary information on the topic is presented chaotically, with minor errors | Important information on the topic is not reflected, gross errors |
| **3** | **Credibility** | The material was selected on the basis of reliably established facts.  Demonstrating understanding of the level or quality of evidence | Some findings and conclusions are formulated based on assumptions or incorrect facts. There is no full understanding of the level or quality of evidence | Insufficient understanding of the problem, some conclusions and conclusions are based on incomplete and unproven data - dubious resources were used | Findings and conclusions are not justified or incorrect |
| **4** | **Logic and consistency** | The presentation is logical and consistent, has internal unity, the provisions in the product follow from one another and are logically interconnected | It has internal unity, the provisions of the product follow from one another, but there are inaccuracies | There is no consistency and logic in the presentation, but it is possible to track the main idea | Jumps from one thing to another, difficult to grasp the main idea |
| **5** | **Literature analysis** | Literary data is presented in a logical relationship and demonstrates a deep study of basic and additional information resources | Literature data demonstrates the study of the main literature | Literary data is not always appropriate and does not support the logic and evidence of presentation | Inconsistency and chaos in the presentation of data, inconsistency  No knowledge of the main textbook |
| **6** | **Practical significance** | High | Significantly | Not enough | Unacceptable |
| **7** | **Patient Focus** | High | Oriented | Not enough | Unacceptable |
| **8** | **Applicability to future practice** | High | Applicable | Not enough | Unacceptable |
| **9** | **Presentation clarity, report quality (speaker assessment)** | Correctly, all the capabilities of Power Point or other e-gadgets are used to the point, fluency in the material, confident manner of presentation | Overloaded or insufficiently used visual materials, incomplete mastery of the material | Visual materials are not informative; reports are not confident | Doesn't know the material, doesn't know how to present it |
| **bonus** | **English/Russian/Kazakh\*** | The product is fully submitted in English/Russian/Kazakh (checked by the head of the department)  **+ 10-20 points**depending on quality | The product is prepared in English, submitted to Russian/Kazakh  **+ 5-10 points**depending on quality (or vice versa) | English-language sources were used in preparing the product  **+ 2-5 points depending on quality** |  |
| **bonus** | **Time management\*\*** | Product delivered ahead of schedule  **10 points are added** | Product delivered on time - no points awarded | Delayed delivery without affecting quality  **Minus 2 points** | Submitted late  **Minus 10 points** |
| **Bonus** | **Rating\*\*\*** | Extra points (up to 10 points) | Outstanding work such as:  Best Group Work  Creativity  Innovative approach to completing the task  At the group's suggestion | | |
|  | \* - for Kazakh/Russian groups – English; for groups studying in English - completing the assignment in Russian or Kazakh  \*Date - determined by the teacher, usually the day of the midterm control  \*\* thus, you can get a maximum of 90 points, to get above 90 you need to show a result higher than expected | | | | |

**Point-rating assessment of practical skills at the patient’s bedside - supervision (maximum 100 points)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria for evaluation** | **10 points** | **8 points** | **6 points** | **4 points** |
| **INTERVIEWING THE PATIENT** | | | | | |
| 1. | Completeness and accuracy | Accurate, details the manifestations of the disease. Able to identify the most important problem.  With attention to patient comfort | Gathers basic information, is neat, identifies new problems. | Incomplete or unfocused. | Inaccurate, misses the point, irrelevant data. |
| 2. | Detail | Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a specific situation. | Identifies the main symptoms | Incomplete data | Demonstrates data that does not correspond to reality, or its absence |
| 3. | Systematicity | Prioritize clinical problems in a relatively short time. | Unable to fully control the history taking process | Allows the patient to pull himself aside, thereby lengthening the time. Uses leading questions (pushes the patient to an answer that may be incorrect). | Asks questions incorrectly or ends the history taking without identifying important issues. |
| 4 | Time management | Maximum efficiency in the shortest possible time | time to collect anamnesis is delayed | Spends time ineffectively | Doesn't have a handle on the situation as a whole. |
| **PHYSICAL EXAMINATION** | | | | | |
| 5. | Sequence and correctness of physical examination | Performs correctly with consistency, confident, well-developed execution technique. | Knows the sequence, shows reasonable skill in preparing and performing the examination | Inconsistent, unsure, limited examination skills, refuses to attempt basic examinations | Does not know the order and sequence of performing a physical examination, does not master its technique |
| 6. | Special examination skills as instructed by the teacher\* |
| 7. | Efficiency | Revealed all the basic physical data, as well as details | Identified the main symptoms | Incomplete data | Identified data that does not correspond to objective data |
| 8 | Ability to analyze identified data | Changes the order of examination depending on the identified symptoms, clarifies, details the manifestations. | It assumes a range of diseases with similar changes without specifying or detailing the manifestations. | Fails to apply interview and physical examination findings to the patient. | Does not conduct analysis. |
|  |  | **20 points** | **16 points** | **12 points** | **8 points** |
| 9-10 | Communication skills | Won the patient's favor even in a situation with a communication problem\* | Communication is quite effective | Satisfactorily | Could not find contact with patient |