**SYLLABUS**

**PSYCHIATRY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **General information about the discipline** | | | | |
| 1.1 | Faculty/School:  Graduate School of Medicine | | | 1.6 | Credits (ECTS):  5 credits - 150 hours |
| 1.2 | Educational program (EP):  6B10103 General medicine | | | 1.7 | **Prerequisites**:  Жүйке жүйесі және неврология негіздері/ Нервная система и основы неврологии/ Nervous system and basics of neurology  **Postrequisites**:  Internship |
| 1.3 | Agency and year of accreditation of the EP  IAAR 2021 | | | 1.8 | SRS/SPM/SRD (qty):  25 hours |
| 1.4 | Name of discipline:  **Psychiatry** | | | 1.9 | SRSP/SRMP/SRDP (number):  25 hours |
| 1.5 | Discipline ID:**90296**  Discipline Code: Psi5316 | | | 1.10 | ***Required***- Yes |
| **2.** | **Description of the discipline** | | | | |
|  | To ensure the training of competitive specialists with a high level of professional and human competence, with sufficient knowledge, capable of assimilating new objects of knowledge, as well as generating new knowledge in the healthcare system, formulating production tasks in a professional language and solving them using modern technologies; competitive in the domestic and international labor market in accordance with their needs and prospects for the development of the country and the region with an active citizenship based on the ideas of peace, goodness and justice. Training involves the development of clinical reasoning, analytical and problem-oriented thinking, a deep understanding of the problem in a clinical context; formation and development of clinical diagnostic skills, | | | | |
| **3** | **The purpose of the discipline is**ensure the training of highly qualified and competitive healthcare professionals with sufficient knowledge and skills, able to assimilate new objects of knowledge, as well as generate new knowledge in the field of healthcare, capable of providing individual primary and continuous medical care to individuals, families and the population as a whole. | | | | |
|  | | | | | |
| **4.** | **Learning outcomes (LО) by discipline (3-5)** | | | | | |
|  | RO disciplines | Proficiency level | | RO on the educational program,  with which the RO is associated in the discipline  (No. RO from the OP passport) | |
| 1. Apply knowledge about the structure of the psychiatric service and the role of the general practitioner in the provision of psychiatric and drug treatment | 3 | 1. Apply detailed knowledge of the typical structure and functions of the human body at the level from molecules to cells of organs and the whole organism; apply knowledge of the underlying pathological processes and the biological damage they cause. | | |
| 2.To be able to conduct a targeted questioning (psychiatric conversation) of a patient, taking into account age characteristics with mental and behavioral disorders. | 3 | 2. Collect information from patients and other sources relevant to the diagnosis, treatment, and prevention of common and emergency conditions, including the performance of diagnostic procedures. | | |
| 3. Identify the main clinical and psychopathological complexes of mental disorders, interpret, determine the nosological specificity and use the established algorithm for further support. | 3 | 3. To identify and interpret clinical symptoms and syndromes, data from laboratory and instrumental methods of studying patients with the most common diseases in their typical manifestation and course in the age aspect; Andinterpret, analyse, evaluate and prioritize relevant data to formulate a plan for diagnosing and managing the disease, including initiating appropriate interventions. | | |
| 4.Integrate knowledge and skills to ensure an individual approach in the treatment of a particular patient; make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine; | 3 | 4.Integrate clinical knowledge and skills to provide an individual approach to the treatment of a particular patientand improve his healthin line with hisneeds; Pmake professional decisions based on the analysis of the rationality of diagnostics and applying the principles of evidence-based and personalized medicine | | |
| 5.Use communication skills when working with patients (including with a "difficult patient"), in emergency situations, teamwork skills, organization and management of the diagnostic and treatment process. | 3 | 5. Apply knowledge of the basic principles of human behavior for effective communication and 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 racial affiliation; demonstrate the skills of working in a team, organizing and managing the diagnostic and treatment process; effectively build a dynamic relationship between the doctor and the patient that occurs before, during and after the medical treatment; effectively communicate medical information orally and in writing to provide safe and effective care to patients; work effectively in an interprofessional/multidisciplinary team with other healthcare professionals. | | |
| 6. Apply the current classification of mental disorders and behavioral disorders, understand the etiopathogenesis, the dynamics of development, the principles of psychopharmacotherapy (including drug pathomorphosis, malignant neurolepsy), emergency conditions in all age groups. | 3 | 6. Provide medical care for the most common diseases in patients of all age groups, in urgent and life-threatening conditions. | | |
| 7. Apply knowledge about the rights, obligations and ways to protect the rights of a doctor and a patient, including a child as a patient, in professional activities; apply medical knowledge, clinical skills and professional attitude to the patient, regardless of his age, culture, faith, traditions, nationality, lifestyle. | 3 | 7. Apply knowledge about the rights, obligations and ways to protect the rights of a doctor and a patient, including a child as a patient, in professional activities; apply medical knowledge, clinical skills and professional attitude to the patient, regardless of his age, culture, faith, traditions, nationality, lifestyle. | | |
| 8. Use the skills of maintaining current accounting and reporting medical records, including in information systems. | 3 | 8. Analyze and maintain the necessary documentation and organization of workflow in healthcare organizations; use modern information and digital technologies and healthcare information systems to solve professional problems. | | |
|  | 3 | 6. | | |
| 9. Conduct psychoprophylaxis; provide counseling to patients and their families; be able to effectively interact with a "difficult" patient. Organize social rehabilitation of patients with mental and behavioral disorders; | 3 | 9. Apply knowledge of the principles and methods of forming a healthy lifestyle for a person and family, population health; apply knowledge of a complex of factors that determine health and disease for the purpose of prevention. | | |
| 10. Demonstrate commitment to professional values ​​such as altruism, compassion, empathy, responsibility, honesty and confidentiality. | 4 | 10. Demonstrate commitment to the highest standards of professional responsibility and integrity; comply with ethical principlesin all professional interactions with patients, families, colleagues and society in general,regardless of ethnicity, culture, gender, economic status or sexual orientation. | | |
| 11. Demonstrate the ability and need for continuous professional training and improvement of their knowledge and professional skills. | 4 | 11. Demonstrate the need for continuous professional training and improvement of their knowledge and skills throughout their professional activities; | | |
|  | 12. Demonstrate the skills of conducting scientific research, the desire for new knowledge and the transfer of knowledge to others. | 4 | 12. Demonstrate the skills of conducting scientific research, the desire for new knowledge and the transfer of knowledge to others. | | |
| **5.** | **Summative assessment methods** | | | | |
| 5.1 | MCQ testing for understanding and application | | | 5.5 | Portfolio of scientific works |
| 5.2 | Passing practical skills - CBL (during class) psychiatric conversation skills. | | | 5.6 | 360 score - behavior and professionalism |
| 5.3 | SRW(case, video, simulation OR SRW - thesis, report, article)- Evaluation of the creative task. | | | 5.7 | Line control:  Stage 1 - Testing on MCQ for understanding and application  Stage 2 - CBL |
| 5.4 | curatorial sheet- curation, clinical skills | | | 5.8 | Exam: comprehensive  Stage 1 - Testing on MCQ for understanding and application  Stage 2 - OSKE Medical Simulation Scenario with a Standardized Patient |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.** | | **Detailed information about the discipline** | | | | | | | | | | | | | | | |
| 6.1 | | Academic year:  2023–2024 | | | | | | | | | | | 6.3 | | Timetable (days of classes, time):  From 8.00 to 14.00 | | |
| 6.2 | | Semester:  10-11 semester | | | | | | | | | | | 6.4 | | Place:  ЦПЗ ул. Абиша Кекильбаева 117; РНПЦПП ул. Массанчи 92; ГНЦМСК Макатаева 10. | | |
| **7.** | | **Discipline leader** | | | | | | | | | | | | | | | |
| Position | | | | | | Full name | | | | | | |  | | Contact Information  (tel., e-mail) | | Consultations before exams |
| Syllabus developer, MD psychiatrist, child psychiatrist | | | | | | Saduakasova K. Z. | | | | | | | department  clinical disciplines | | kasy-haus@mail.ru | |  |
|  | | | | | |  | | | | | | | Clinical disciplines | |  | | Before the examination session within 60 minutes |
| **8.** | | **The content of the discipline** | | | | | | | | | | | | | | | |
|  | | Name of the discipline | | | | | | | | | | | | Quantity of hours | | Conducting form | |
| 1–2 | | Psychiatric service. The role of the general practitioner.  General psychopathology. The main clinical symptoms and syndromes, nosological affiliation of mental disorders. | | | | | | | | | | | | 12 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 3 | | Introduction to Geriatric Psychiatry | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 4 | | Schizophrenia. Schizotypal and delusional disorders. Children's type of schizophrenia | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 5 | | Mood disorders (affective disorders). | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 6 | | Mental retardation. Dementia. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| **Midterm control 1** | | | | | | | Summative assessment:  2 stages:  Stage 1 - MCQ testing for understanding and application - 50%  2nd stage - CBL - 50% | | | | | | | | | | |
| 7. | | Behavioral syndromes associated with physiological disorders and physical factors. | | | | | | | | | | | | 6 | | Formative assessment  1.Using active learning methods: TBL  2. Work with the patient | |
| 8. | | Disorders of mature personality and behavior in adults. Neurotic stress-related and somatoform disorders. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 9. | | Neurotic stress-related and somatoform disorders. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 10. | | Emotional and behavioral disorders that usually begin in childhood and adolescence. Disorders of psychological (mental) development. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| eleven. | | Narcological semiotics and phenomenology of addictive (narcological) disorders. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| 12. | | Psychopharmacotherapy. Emergency care for mental disorders. | | | | | | | | | | | | 6 | | Formative assessment:  1. Use of active learning methods: TBL  2. Work with the patient | |
| **Midterm control 2** | | | | | | | | Summative assessment:  2 stages:  Stage 1 - MCQ testing for understanding and application - 50%  2nd stage - CBL - 50% | | | | | | | | | |
| **Final control (exam)** | | | | | | | | Summative assessment:  2 stages:  1st stage - testing on MCQ for understanding and application - 50%  2nd stage - OSKE with JV - 50% | | | | | | | | | |
| **Total** | | | | | | | | | | | | | | | | | **100** |
| **9.** | | **Methods of teaching by discipline**  (briefly describe the teaching and learning approaches that will be used in teaching)  Use of 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. MCQ testing for understanding and application  2. SIW(case, video, simulation OR SRW - thesis, report, article)– assessment of the creative task  3. Supervisory sheet (curation, clinical skills)  4. Portfolio of scientific works | | | | | | | | | | | | | | | |
| **10.** | **Summative assessment***(indicate grades)* | | | | | | | | | | | | | | | | |
| **№** | **Forms of control** | | | | | | | | | **General % from total %** | | | | | | | |
| 1 | curation,  clinical skills | | | | | | | | | 20% (estimated according to the checklist) | | | | | | | |
| 2 | SRW (case, video, simulation OR SRWS - thesis, report, article) | | | | | | | | | 10% (estimated according to the checklist) | | | | | | | |
| 3 | Midterm control | | | | | | | | | 70%  (1st stage - testing on MCQ for understanding and application - 50%;  2nd stage - CBL - 50%) | | | | | | | |
| **Total MC1** | | | | | | | | | | | 20 + 10 + 70 = 100% | | | | | | |
| 5 | curatorial sheet | | | | | | | | | 20% | | | | | | | |
| 6 | SRS | | | | | | | | | 10% | | | | | | | |
| 7 | Frontier control | | | | | | | | | 70%  (1st stage - testing on MCQ for understanding and application - 60%;  2nd stage - CBL - 40%) | | | | | | | |
| **Total MC2** | | | | | | | | | | | 20 + 10 + 70 = 100% | | | | | | |
| 9 | Exam | | | | | | | | | **2 stages:**  1st stage - testing on MCQ for understanding and application - 50%  2nd stage - OSKE with JV - 50% | | | | | | | |
| 10 | **Final score:** | | | | | | | | | ORD 60% + Exam 40% | | | | | | | |
| **10.** | **Score** | | | | | | | | | | | | | | | | |
| **Grading by letter system** | | | | **Digital**  **equivalent** | | | | | **Points**  **(% content)** | | | | | | **Assessment description**  (changes should be made only at the level of the decision of the Academic Committee on the quality of the faculty) | | |
| A | | | | 4.0 | | | | | 95–100 | | | | | | **Great.**Exceeds the highest job standards. | | |
| A- | | | | 3.67 | | | | | 90–94 | | | | | | **Great.**Meets the highest job standards. | | |
| B+ | | | | 3.33 | | | | | 85–89 | | | | | | **Fine.**Very good. Meets high job standards. | | |
| B | | | | 3.0 | | | | | 80–84 | | | | | | **Fine.**Meets most job 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 key job standards. | | |
| C | | | | 2.0 | | | | | 65–69 | | | | | | **Satisfactorily.**Acceptable. Meets some basic job standards. | | |
| C- | | | | 1.67 | | | | | 60–64 | | | | | | **Satisfactorily.**Acceptable. Meets some basic job standards. | | |
| D+ | | | | 1.33 | | | | | 55–59 | | | | | | **Satisfactorily.**  Minimum acceptable. | | |
| D | | | | 1.0 | | | | | 50–54 | | | | | | **Satisfactorily.**  Minimum acceptable. The 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 | | | | | **Main**  **Available in the library**   |  |  |  | | --- | --- | --- | | **Author** | **Name of the book, publisher** | **The year of publishing** | | Садуакасова К.З. | Детская психиатрия. Учебник. Алматы. 2019-346с.  1 экз. | 2019 | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | Н. М. Жариков, Л. Г. Урсова, Д. Ф. Хритинин, К. Т. Сарсембаев | Психиатрия Оқулық / | 2016 | |  |  |  | | Н. Г. Незнанов, М. Я. Киссин, В. И. Крылов и др. | Психиатрия : учебник | 2020 | | Ахметова Н. Ш. | Психопатологические особенности детского, подросткового и юношеского возраста : учеб. пособие | 2019 | | Кудеринов Т.Қ. | Шекаралық психиатрия : оқу құралы / Т. Қ. Күдерінов, М. К. Күдерінова, | 2019 |   **Available at the department**   |  |  |  | | --- | --- | --- | | **Author** | **Name of the book, publisher** | **The year of publishing** | | Femi Oyebode, MD, PhD | Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology. Seventh edition  [Sims' Symptoms in the Mind- Textbook of Descriptive Psychopathology (Oyebode) 7 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_663671722?hash=i4WGHlW7KsFCNCZrzVm5ZrlDU9ikOBC5xcXbVqXqwyH&dl=hMvuseQa6nWNKdmrb2nCdO3AGNzmcpgEegLrzcCHqn4) | 2023 | | Jerrold S., Dominik Biezonski Prevail Therapeutics, Andrew M. Farrar, Jennifer R. Yates | Psychopharmacology Drugs, the Brain, and Behavior. Fourth Edition.  [Psychopharmacology Drugs, the Brain, and Behavior (Meyer) 1 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_657142365?hash=M7I2CxxUfk0NZCK6lld8igNhzPQ1zFvpB5REyHb8YBz&dl=SOAlNYrv94HzionFl7YTomvllsa68yagpbL0enHjrFL) | 2023 | | Higgins Robert Boland, MD, Marcia L. Verduin, MD, Pedro Ruiz, MD. | Kaplan & Sadock's Concise Textbook of Clinical Psychiatry. Fifth Edition  [Kaplan & Sadock’s Concise Textbook of Clinical Psychiatry (Boland) 5 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_629135134?hash=01P80DQzsNMqvSZviwLYisVbYyKFuoFBombXsqzoVa0&dl=JrfBi1nZu8NzxNW0cnOkzZB40AzLhF1Uojxv4S1iw9k) | 2023 | | Cornelius Katona, Claudia Cooper, Mary Robertson P | Psychiatry at a Glance. Sixth Edition  <https://cloud.mail.ru/public/Rcf1/ZR8i5qU7N> | 2016 | | Harpreet Kaur, Dr. Faris Hussain | Depression  [Depression | Clinical Features | Diagnosis | Geeky Medics](https://geekymedics.com/depression/) | 2023 | | Megan Show | Autism Spectru, Disorder  [Autism Spectrum Disorder (ASD) | Geeky Medics](https://geekymedics.com/autism-spectrum-disorder-asd/) | 2023 | | Heather Boagey | Mental capacity Assessment – OSCE Guide  [Mental Capacity Assessment - OSCE Guide | Geeky Medics](https://geekymedics.com/mental-capacity-assessment-osce-guide/) | 2023 | | Femi Oyebode, MD, PhD | Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology. Seventh edition  [Sims' Symptoms in the Mind- Textbook of Descriptive Psychopathology (Oyebode) 7 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_663671722?hash=i4WGHlW7KsFCNCZrzVm5ZrlDU9ikOBC5xcXbVqXqwyH&dl=hMvuseQa6nWNKdmrb2nCdO3AGNzmcpgEegLrzcCHqn4) | 2023 | | Jerrold S., Dominik Biezonski Prevail Therapeutics, Andrew M. Farrar, Jennifer R. Yates | Psychopharmacology Drugs, the Brain, and Behavior. Fourth Edition.  [Psychopharmacology Drugs, the Brain, and Behavior (Meyer) 1 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_657142365?hash=M7I2CxxUfk0NZCK6lld8igNhzPQ1zFvpB5REyHb8YBz&dl=SOAlNYrv94HzionFl7YTomvllsa68yagpbL0enHjrFL) | 2023 | | | | | | | | | | | | | |
|
|
| **Available at the department (link to Classroom)**   |  |  |  | | --- | --- | --- | | **Author** | **Name of the book, publisher** | **The year of publishing** | | Электронный учебник | Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. <http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii>. |  | | Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. | Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html> |  | | Садуакасова К.З, Енсебаева Л.З.. | Жалпы психопатология.- Оқу құралық Алматы. «Казақ университеті» | 2022.-78b. | | Садуакасова К. З. | Учебник Детская психиатрия. | 2019 | | Под.ред Хорошининой Л.П. | Гериатрия. Рук. Для врачей. 2018 |  | | Андрей Ильницкий | Серия лекции. Что такое современная гериатрия. https://www.youtube.com/watch?v=Pr6KhUOEHZs |  | | Цыганков Б. Д., Овсянников С.А. Психиатрия. | Основы клинической психопатологии. Учебник. Изд.во: ГЭОТАР-Медиа. | 2021. | | Kaplan and Sadok. | "Clinical Psychiatry. A guide for doctors and students. Publishing group "GEOTAR-Media" | 2022 | | Waguih William IsHak  Editor | Atlas of Psychiatry. Springer | 2023 | | Edmund S. Higgins, Mark S. George. | Illustrations by Edmund S. Higgins.  The Neuroscience of Clinical Psychiatry. The Pathophysiology of Behavior  and Mental Illness". |  | | Fadem Barbara. | BRS. behavioral science. Seventh Edition. | 2017 | | Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba | Psychiatry. Fourth Edition. volume 1. | 2015 | | Waguih William IsHak  Editor | Atlas of Psychiatry. Springer, | 2023 | | Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba | Psychiatry. Fourth Edition. volume 1. | 2015 | | Cornelius Katona, Claudia Cooper, Mary Robertson | Psychiatry at a Glance Sixth Edition.2912  14. David Semple, Roger Smyth. Oxford Handbook of Psychology. 4Fourth edition. | 2017 | | National Institute on Drug Abuse. Drugs, Brains, and Behavior. | The Science of Addiction. | 2014. |   Link to literature | | | | | | | | | | | | |
| Basic (fundamental works published earlier than the required terms of relevance)   1. Снежневский А.В. Руководство по психиатрии.-1983, 2 том. <https://www.psychiatry.ru/siteconst/userfiles/file/PDF/snej1.pdf> 2. Жариков Н.М., Тюльпин Ю.Г. Психиатрия. Учебник для ВУЗов. 2002 3. Сторожаков Г.И., Шамрей В.К. Расстройства психосоматического спектра. Патогенез, диагностика, лечение.2014. 4. Авруцкий Г.Я., Недува А.А. Лечение психически больных. М.-Медицина, 1981 5. Henry R. Kranzler, M.D. Domenic A. Ciraulo, M.D Clinical Manual of Addiction Psychopharmacology. 2005   **Available in the library** | | | | | | | | | | | | |
| Electronic resources (including but not limited to: library electronic catalogue, scientific literature databases, databases, animation, modeling, 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.** 9. **Geeky Medics** | | | | | | | | | | | | |
| Special software | | | | | 1. Google classroom - available in the public domain.  2. Medical calculators: Medscape, Physician's Handbook, MD+Calc - freely available.  3. Directory of diagnostic and treatment protocols for medical workers from the RCHD, the Ministry of Health of the Republic of Kazakhstan: Dariger - available in the public domain. IPS "Adilet" - freely available (to search for legal acts, orders, instructions). | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **12.** | | | **Tutor Requirements and Bonus System** | | | | | | | | | | | | | | |
| **Rules of academic conduct:**  **1) Appearance:**   * office attire (shorts, short skirts, open T-shirts are not allowed to visit the university, jeans are not allowed in the clinic) * clean ironed robe * medical mask * a medical cap (or a neat hijab without hanging ends) * medical gloves * indoor shoes * neat hairstyle, long hair should be gathered in a ponytail, or a bun, for both girls and guys. Neatly short cut nails. Bright, dark manicure is prohibited. It is permissible to cover the nails with transparent varnish. * badge with full name (full name))   2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)  3) Sanitary book issued in accordance with the requirements. Presented on the first day of the cycle.  4) At the request of the clinical base - presentation of a vaccination passport or other document confirming a fully completed course of vaccination against COVID-19 and influenza. A student without a medical book and vaccination will not be allowed to see patients.  5) Mandatory observance of the rules of personal hygiene and safety.  6) Systematic preparation for the educational process.  7) Accurate and timely maintenance of reporting documentation.  8) Active participation in medical-diagnostic and public 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 requirements of appearance and / or from which a strong / pungent odor emanates (perfume, personal hygiene) is not allowed to patients and classes, since this is a manifestation of disrespect for others and such a smell can 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 behavior, including the requirements of the clinical base!  **Bonus system:**  1. Participation in research work, conferences, olympiads, presentations, the student is rewarded through a bonus system in the form of an incentive - adding points to the student in one of the forms of summative assessment. | | | | | | | | | | | | | | | | | |
| **13.** | | | **Discipline policy** | | | | | | | | | | | | | | |
|  | | | The policy of discipline 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's 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 the relevant documents in IS Univer.  **Discipline:**   1. Being late for classes or the morning conference is not allowed. In case of being late, the decision on admission to the lesson is made by the teacher leading the lesson. 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 being late and is sent to the dean's office to obtain admission to the lesson. If you are late without a valid reason, the teacher has the right to deduct points from the current grade (1 point for each minute of delay) 2. Religious events, holidays, etc. are not a valid reason for skipping, being late and distracting the teacher and the group from work during classes. 3. If you are late for a good reason - do not distract the group and the teacher from the lesson and quietly go to your place. 4. Leaving the class ahead of time, being outside the workplace during school hours is regarded as absenteeism. 5. Additional work of students during study hours (during practical classes and shifts) is not allowed. 6. For students who have more than 3 passes without notifying the curator and a good reason, a report is issued with a recommendation for expulsion. 7. Missed classes are not made up. 8. The internal regulations of the clinical bases of the department are fully applicable to students 9. Greet the teacher and any senior by standing up (in class) 10. Smoking (including the use of vapes, electronic cigarettes) is strictly prohibited on the territory of medical facilities (out-doors) and the university. Punishment - up to the annulment of boundary control, in case of repeated violation - the decision on admission 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, boundary and final controls. 13. Taking MCQ tests on phones and smartphones is strictly prohibited..   The behavior of the student in the exams is regulated["Rules for the 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 the 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)(relevant documents are uploaded to the IS "Univer" and are updated before the start of the session);["Regulations on checking text documents of students 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 preparing for classes:**  For example, backs up statements with relevant references, makes brief summaries  Demonstrates effective teaching skills, 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 learning:**  For example, actively participates in discussions, willingly takes tasks  **4. Demonstrate effective group skills**  For example, takes the initiative, shows respect and correctness towards others, helps to resolve misunderstandings and conflicts.  **5. Skillful communication with peers:**  For example, actively listening, receptive to non-verbal and emotional cues  Respectful attitude  **6. Highly developed professional skills:**  Eager to complete tasks, seek opportunities for more learning, confident and skilled  Compliance with ethics and deontology in relation to patients and medical staff  Observance of subordination.  **7. High Introspection:**  For example, recognizes the limitations of their knowledge or abilities without becoming defensive or rebuking others.  **8. Highly developed critical thinking:**  For example, appropriately demonstrates skill in performing key tasks such as generating hypotheses, applying knowledge to case studies, critically evaluating information, drawing conclusions aloud, explaining the process of thinking  **9. Fully adheres to the rules of academic conduct with understanding, proposes improvements in order to increase efficiency.**  Complies with the ethics of communication - both oral and written (in chats and appeals)  **10. Fully follows the rules with full understanding of them, encourages other members of the group 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 education is not allowed”  According to the above regulatory document, specialties with the code of health disciplines: bachelor's degree (6B101), master's (7M101), residency (7R101), doctoral studies, (8D101) - training in the form of external study and online education - **is not allowed.**  Thus, students are prohibited from distance learning in any form. It is only allowed to work out a lesson in a discipline due to the absence of a student for reasons beyond his control and the presence of a timely confirming document (example: a health problem and presenting a confirming document - a medical certificate, a signal sheet of the SMP, an extract from a consultative appointment with a medical specialist - a doctor) | | | | | | | | | | | | | | | | | |
| **16.** | | | **Approval and review** | | | | | | | | | | | | | | |
| Department head | | | | | | | | | | | | Signature | | | prof. Kurmanova G.M. | | |
| Academic committee of FM&Z | | | | | | | | | | | | Protocol No. | | | Approval date | | |
| Chairman of the Academic Committee of the FM&Z | | | | | | | | | | | | Signature | | | prof. Kurmanova G.M. | | |
| Dean | | | | | | | | | | | | Signature | | | Dean of the Faculty | | |

**Thematic plan and content of classes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | | | Topic | Content | Literature | Conduct form | | |
|  | | | 2 | 3 | 4 | 5 | | |
| 1-2 | | | General characteristics of the specialty "Psychiatry", "Child psychiatry". General psychopathology. The main clinical symptoms and syndromes, nosological affiliation of mental disorders. | **Learning outcomes:**  - knows the basics of conflictology and measures to prevent conflicts in the implementation of professional activities;  - knows the types of professional medical errors and understands the measure of responsibility in the performance of professional duties of a psychiatrist;  - observes the principles of professional secrecy in the performance of functional duties of a psychiatrist;  **-**knows the regulatory framework for the provision of specialized psychiatric care to the population;  - knows the current international classification of mental and behavioral disorders;  - knows the main provisions of the psychiatric conversation; collection of subjective and objective anamnesis;  - is able to identify clinical symptom complexes, conduct differential diagnostics and substantiate syndromic diagnosis in mental and behavioral disorders and their nosological affiliation;  - knows the symptoms of the pathology of sensory cognition, thinking, emotions, memory, attention, intellect, motor-volitional sphere, consciousness;  - uses specifiers, subtypes, scales of severity and cross-cutting symptom assessment - to determine the severity of the disease;  - knows additional examination methods, substantiates the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, MRI, R-graphy, etc.);  - knows the main clinical and differential criteria for genetically determined pathology accompanied by mental disorders;  - knows the methods of pathopsychological diagnostics, substantiates the referral to a psychological and experimental study (PEI), analyzes the conclusion and compares it with the data of clinical and psychopathological analysis;  - is able to develop a patient route taking into account the current Clinical protocols for diagnosis and treatment and the Standard for the provision of psychiatric care.  CPC: Creation of a medical simulation scenario on the topic:  "Differential diagnosis of true and pseudo hallucinations" | 1.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова.  <http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii>.  2. Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html>  3. Садуакасова К.З, Енсебаева Л.З.. Жалпы психопатология.- Оқу құралық Алматы. «Казақ университеті» 2022.-78б.  4. Н. М. Жариков, Л. Г. Урсова, Д. Ф. Хритинин, К. Т. Сарсембаев. Психиатрия Оқулық / 2016.  5. Кудеринов Т.Қ. Шекаралық психиатрия : оқу құралы / Т. Қ. Күдерінов, М. К. Күдерінова, 2019.  6.Цыганков Б.Д., Овсянников С.А. Психиатрия. Основы клинической психопатологии. Учебник. Изд.во: ГЭОТАР-Медиа.2021.  7. Femi Oyebode, MD, PhD. Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology. Seventh edition  [Sims' Symptoms in the Mind- Textbook of Descriptive Psychopathology (Oyebode) 7 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_663671722?hash=i4WGHlW7KsFCNCZrzVm5ZrlDU9ikOBC5xcXbVqXqwyH&dl=hMvuseQa6nWNKdmrb2nCdO3AGNzmcpgEegLrzcCHqn4) | 1. Use of active learning methods: TBL, CBL  2. Work with the patient - at least 50%  4. Mini-conference of the SRS topic | | |
| 3 | | | Introduction to geriatric psychiatry - mental disorders in the period of regression of the body and the influence of the aging process on mental illness that began earlier. | **Learning outcomes:**  **-**knows the current international classification of mental and behavioral disorders in terms of mental disorders and behavioral disorders of the elderly and senile age;  - uses specifiers, subtypes, severity scales to assess symptoms - to determine the severity of a mental disorder (in particular, dementia) in the elderly and senile age;  SAGE-test for dementia, the test "Clock", Scale MMSE: a short scale for assessing the rankin of cognitive state;  - knows additional examination methods, substantiates the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, MRI, R-graphy, etc.);  -knows additional laboratory research methods - KLA, OAM, biochemical spectrum, lipid profile, etc.;  - is able to identify clinical symptom complexes, conduct differential diagnostics and substantiate the syndromic diagnosis in mental and behavioral disorders and their nosological affiliation in the elderly and senile age - organic, including symptomatic disorders (dementia in Alzheimer's disease, dementia in Pick's disease, caused by HIV, Huntington's disease, vascular dementia, intellectual impairment as a result of brain damage, etc.; schizophrenia with a stable defect and mood disorders in the elderly and senile age; late schizophrenia, other delusional disorders - involutional paranoid);  **-**owns the skills of treatment and diagnostic measures and medical rehabilitation, development of a route for an elderly and senile patient within the framework of continuity with the social service.  SRS - Alzheimer's disease. | 1.Под.ред Хорошининой Л.П. Гериатрия. Рук. Для врачей. 2018.  2. Андрей Ильницкий. Серия лекции. Что такое современная гериатрия. <https://www.youtube.com/watch?v=Pr6KhUOEHZs>  3. Болезнь Альгеймера. Первые проявлениря и симптомы болезни Альцгеймера. <https://www.youtube.com/watch?v=7pkFrULwwTw>  4. Edmund S. Higgins, Mark S. George. Illustrations by Edmund S. Higgins. The Neuroscience of Clinical Psychiatry. The Pathophysiology of Behavior and Mental Illness.  5. 7. Psychiatry Lecture Notes Gautam Gulati Mary-Ellen Lynall Kate Saunders. [Psychiatry. Lecture Notes (Gulati) 11 ed (2014).Pdf](file:///C:\Users\araio\Downloads\Telegram%20Desktop\Psychiatry.%20Lecture%20Notes%20(Gulati)%2011%20ed%20(2014).Pdf)  6. Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  7. Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html>  8. Цыганков Б.Д., Овсянников С. А. "Психиатрия. Основы клинической психопатологии. Учебник. Изд.во: ГЭОТАР-Медиа. 2021  9. Cornelius Katona, Claudia Cooper, Mary Robertson P  Psychiatry at a Glance. Sixth Edition  <https://cloud.mail.ru/public/Rcf1/ZR8i5qU7N> 2016 | 1. TBL  2. Work with the patient. Clock Test  3. Department of geriatric psychiatry - curatorial sheet. | | |
| 4 | | | Schizophrenia. Schizotypal and delusional disorders. Children's type of schizophrenia. | **Learning outcomes:**  - knows the regulatory framework for the provision of specialized psychiatric care to patients with schizophrenia and schizophrenia spectrum disorders;  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders in schizophrenia, schizotypal and delusional disorders; mood disorders / affective disorders (manic episode, bipolar disorder, depressive episode, etc.);  - knows and is able to identify the main clinical symptom complexes, conduct differential diagnostics and substantiate the syndromic diagnosis in the age aspect, depending on the type of course, the presence of positive and negative symptoms, the severity of the defect, the type of remission in schizophrenia (paranoid, catatonic, hebephrenic, pseudoneurotic, pseudopsychopathic, delusional disorders);  - is able to identify and conduct differential diagnosis with other types of schizophrenia - hypochondriacal, senestopathic, induced delusional disorder; schizoaffective and schizotypal disorder;  - knows the main clinical symptom complexes in childhood schizophrenia.  CRS - Childhood schizophrenia. | 1.Снежневский А.В. Руководство по психиатрии. 1983. 2 том. <https://www.psychiatry.ru/siteconst/userfiles/file/PDF/snej1.pdf>  2. Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical Specialties. Psychiatry 312S. 2013  3.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  4.Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: http://www.studmedlib.ru/book/ISBN9785970497859.html  5. Waguih William IsHak Editor. Atlas of Psychiatry. Springer, 2023  6. David Semple, Roger Smyth. Oxford Handbook of Psychology. 4Fourth edition. 2017  7. ЦыганковБ.Д., Овсянников С. А. "Психиатрия. Основы клинической психопатологии. Учебник. Изд.во: ГЭОТАР-Медиа. 2021 | Formative assessment:  1. Use of active learning methods: TBL, CBL  2. Work with the patient - substantiation of the leading clinical and psychopathological syndrome.  3. CPC | | |
| 5 | | | Mood disorders (affective disorders). | **Learning outcomes:**  - knows how to build tactics for notifying bad news - in case of a serious illness;  - knows the regulatory framework for the provision of specialized psychiatric care to patients with mood disorders (affective disorders);  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders in affective disorders (manic and depressive episode, bipolar disorder, recurrent affective disorder, cyclothymia, dysthymia);  - knows the specifiers, subtypes, scales of severity and cross-cutting (“cross-cutting”) assessment of symptoms - to determine the severity of an affective disorder: Young's Mania Scale (YMRS); Beck depression inventory (DBI) scale; The Zung self-rating depression scale. Hamilton Depression Rating Scale (HDRS); Positive and Negative Syndrome Scale (PANSS).  - knows and is able to identify the main clinical symptom complexes, conduct differential diagnostics and substantiate the syndromic diagnosis in the age aspect, depending on the type of course, the presence of positive and negative symptoms in mood disorders (affective disorders);  - knows the clinical signs of suicidal behavior, determines the route of the patient with the risk of suicide in accordance with the current Standard for the provision of psychiatric care;  CRS - Differential diagnosis of endogenous and exogenous depression. | 1.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  2.Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html34>.  3. Higgins Robert Boland, MD, Marcia L. Verduin, MD, Pedro Ruiz, MD. Kaplan & Sadock's Concise Textbook of Clinical Psychiatry. Fifth Edition  [Kaplan & Sadock’s Concise Textbook of Clinical Psychiatry (Boland) 5 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_629135134?hash=01P80DQzsNMqvSZviwLYisVbYyKFuoFBombXsqzoVa0&dl=JrfBi1nZu8NzxNW0cnOkzZB40AzLhF1Uojxv4S1iw9k)  4. Аllan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Ribа Psychiatry. Fourth Edition. Volume 1. 201547.  5. David Semple, Roger Smyth. Oxford Handboock of Psychianry. 4Fourth Edition. 2017 | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient - Beck depression scale (beck depression inventory (DBI)); The Zung self-rating depression scale. Hamilton Depression Rating Scale (HDRS); Positive and Negative Syndrome Scale (PANSS). | | |
| 6 | | | Mental retardation. Dementia. | **Learning outcomes:**  - knows the regulatory framework for the provision of specialized psychiatric care to patients with mental retardation and dementia;  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders in mental retardation and dementia;  - knows and is able to identify the main clinical symptom complexes, conduct differential diagnosis and substantiate the syndromic diagnosis in the age aspect in mental retardation and dementia;  -knows and is able to isolate the clinical signs of psychosis in mental retardation and convulsive conditions; dementia in alcoholism, epilepsy, schizophrenia, psychoorganic syndrome;  -knows the clinical signs of genetically determined and other etiologies of mental retardation and knows how to organize the patient's route to medical genetic counseling;  -knows and is able to identify the etiological factors of mental retardation (chromosomal pathology, hereditary metabolic diseases (NBO), genetically determined diseases) with the organization of referral to a medical genetic consultation (MGC);  - knows and is able to identify signs of disability in a patient and organize a route for patients with special educational needs to the psychological-medical-pedagogical commission (PMPC), medical and social expertise (ITU); health care facilities, correction and rehabilitation centers;  - knows the methods of pathopsychological diagnostics to determine the severity of mental retardation and dementia - Test "Drawing of a man", test "4th extra", Wexler's test, J. Raven's test;  - knows additional examination methods, substantiates the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, MRI, R-graphy, etc.);  -knows additional laboratory methods of examination - TMS for NBO, karyotyping, chromosomal microarray analysis (CMA);  CRS - Psychosis with mental retardation. Differential diagnostic criteria. | 1.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013  2.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  3. Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html>  4. Каплан и Сэдок. "Клиническая психиатрия. Руководство для врачей и студентов. Издательская группа ""ГЭОТАР-Медиа" 2022  5.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Ribа Psychiatry. Fourth Edition. Volume 1. 2015  6.Allan Tasman, Jerald Kay, Jeffrey A. Lieberman, Michael B. First and Mario Maj. The Psychiatric Interview Evaluation and Diagnosis. Expanded from Psychiatry. 2013. | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient  4. Mini-conference on the topic of the SRS. | | |
| 7 | | | Behavioral syndromes associated with physiological disorders and physical factors. | **Learning outcomes:**  - knows the regulatory framework and clinical signs of psychological and behavioral factors associated with physiological disorders and physical factors (sleep disorders of inorganic nature, sexual disorders, gender dysphoria, gender identity disorders, disorders of sexual preference by object of attraction and method of implementation; eating disorders) ;  - knows the legal framework and clinical syndrome complexes of psychological and behavioral factors that play an important role in the etiology of physical disorders (asthma, dermatitis and eczema, gastric ulcer, mucosal colitis, ulcerative colitis, urticaria); premenstrual behavioral disorders; mental and behavioral disorders associated with the postpartum period; abuse of non-addictive substances;  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders for this group of mental disorders;  - knows and develops the patient's route for consultation with a psychiatrist, psychotherapist at the primary psychiatric office (PTsPZ) at PHC;  - knows the methods of pathopsychological diagnostics for this group of disorders: MMPI, Hospital Anxiety and Depression Scale (HADS); A. Beck depression scales, a study of thought disorders.  CRS - Psychosis with mental retardation. Differential diagnostic criteria.  SOS - postpartum psychosis. | 1.<https://mozok.ua/ru/depressiya/testy/item/2711-gospitalnaya-shkala-trevogi-i-depressii-HADS>  2.Classroom – ссылка на тест А.Бэка.  3. Л.Н. Собчик. СМИЛ (MMPI). Стандартизированный многофакторный метод исследования личности. СПб.: Речь, 2003.  4.Ф. Б. Березин, М. П. Мирошников, Е. Д. Соколова. Методика многостороннего исследования личности. М.: Ф. Б. Березин, 2011.  5.Жариков Н.М., Тюльпин Ю.Г. Психиатрия. Учебник для ВУЗов2002  6.Тиганов А.С. Психиатрия. Научно-практический справочник. 2016  7.Каплан и Сэдок. "Клиническая психиатрия. Руководство для врачей и студентов. Издательская группа ""ГЭОТАР-Медиа" 2022  8.Фесенко Ю.А. Пограничные нервно-психические расстройства у детей.2010  9.Сторожаков Г.И., Шамрей В.К. Расстройства психосоматического спектра. Патогенез, диагностика, лечение.2014  10.Кулганов В.А. Суицидология. Учебник. Изд.во "Кнорус". 2022  11.Кулганов В.А., И.М.Пономарева., О.О.Бандура. Психологическое консультирование в кризисных ситуациях. Учебник. 2022.  12. Кулганов В.А. Основы клинической психологии. Для бакалавров и специалистов. Изд.во ЛИТЕР 2022.  13.Cornelius Katona,Claudia Cooper,Mary Robertson Psychiatry at a Glance Sixth Edition.2912  14. David Semple, Roger Smyth. Oxford Handboock of Psychianry. 4Fourth Edition. 2017 | Formative assessment:  1. Use of active learning methods: TBL, CBL  2. Work with the patient  4. Mini-conference of the SRS topic | | |
| 8 | | | Disorders of mature personality and behavior in adults. | **Learning outcomes:**  - knows the legal framework as applied to clinical signs of adult personality disorder and behavior in adults, the development of a route for the military medical commission (VVK) and the medical control commission (VKK);  - knows the clinical syndrome complexes of mature personality and behavior disorders in adults: specific personality disorders (paranoid, schizoid, dissocial, emotionally unstable, hysterical, anancaste, anxious, avoidant, avoidant, etc.); persistent personality changes not associated with damage or disease of the brain - after experiencing a catastrophe, after a mental illness; pathological attraction to gambling, to arson, to theft; aggressive states, impulsive and behavioral disorders (disruptive, impulse-control, and conduct disorders); disorders associated with the use of psychoactive substances (PAS);  - knows and is able to identify the main clinical symptom complexes, conduct differential diagnostics and substantiate the syndromic diagnosis in the age aspect;  - knows the methods of pathopsychological diagnostics for this group of disorders: the Minnesota Multidisciplinary Personality Questionnaire MMPI, the Hospital Anxiety and Depression Scale (HADS); A. Beck depression scales, a study of thought disorders; Pathological diagnostic questionnaire (PDO) by A.E. Lichko, self-assessment study according to the method of T. Dembo, S. Rubinshtein; G. Eysenck's personal questionnaire; questionnaire for the study of accentuated personality traits (G. Shmishek, K. Leonhard);  CDS - Differential diagnosis of accentuation and personality disorders. | 1.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  2.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  3. Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html>  4. Каплан и Сэдок. "Клиническая психиатрия. Руководство для врачей и студентов. Издательская группа ""ГЭОТАР-Медиа" 2022.  5.Fadem Barbara. BRS. Behavioral Science. Seventh Edition. 2017.  6.Allan Tasman, Jerald Kay, Jeffrey A. Liberman, Michaell B. First, Michelle B. Riba Рsychiatry. Fourth Edition. Volume 1.2015.  7. Cornelius Katona,Claudia Cooper,Mary Robertson Psychiatry at a Glance Sixth Edition.2012  8. David Semple, Roger Smyth. Oxford Handboock of Psychianry. 4Fourth Edition. 2017  9. Тест «Дом, дерево, человек https://testometrika.com/personality-and-temper/house-tree-person/  10. Шкала тревожности Тейлора <https://psytests.org/anxiety/tmasB.html>  11.Тест СМИЛ https://psytests.org/mmpi/minismil.html | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient.  3. Work in pairs (studying tests for diagnosing personality traits).  4. SRS | | |
| 9 | | | Neurotic stress-related and somatoform disorders. | **Learning outcomes:**  - knows the clinical syndrome complexes of phobic and anxiety disorders, panic disorder, obsessive-compulsive disorder; reaction to severe stress and adjustment disorders, acute stress reaction, post-traumatic stress disorder, adjustment disorder, dissociative (conversion) disorder;  -knows the clinical symptom complexes of somatoform disorders (somatization disorder, hypochondriacal disorder, somatoform dysfunction of the autonomic nervous system, persistent somatoform pain disorder);  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders for this group of mental disorders;  - knows and develops the patient's route for consultation with a psychiatrist, psychotherapist at the primary psychiatric office (PKPZ) at PHC;  - knows the methods of pathopsychological diagnostics for this group of disorders: MMPI, Hospital Anxiety and Depression Scale (HADS); A. Beck depression scales, a study of thought disorders.  - knows additional examination methods, substantiates the direction and analyzes the results obtained (EEG, Echo EEG, EEG monitoring, MRI, MRI, R-graphy, etc.);  SRS - Grief Reaction - questions of differential diagnosis with symptoms characteristic of a "normal" reaction and those that indicate the presence of a mental disorder. | 1.Эйдемиллер Э.Г., Тарабанов А.Э., Городнова М.Ю. Детская психиатрия, психотерапия и медицинская психология. Учебник для ВУЗов.2022.  2. Садуакасова К. З. Учебник. Детская психиатрия. 2019г.  3. Фесенко Ю. А. Пограничные нервно-психические расстройства у детей. 2010. <https://jasulib.org.kg/wp-content/uploads/2022/10/10>  4. Ковалев В. https://www.studmed.ru/kovalev-vv-psihiatriya-detskogo-vozrasta-rukovodstvo-dlya-vrachey\_83604fe73de.html В. Психиатрия детского возраста. Основы клинической психопатологии. 2022. <https://www.studmed.ru/kovalev-vv-psihiatriya-detskogo-vozrasta-rukovodstvo-dlya-vrachey_83604fe73de.html>  5. Ковалев В.В. Психиатрия детского возраста. Издательство: RUGRAM.2022. | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient  3.CPC | | |
| 10 | | | Emotional and behavioral disorders that usually begin in childhood and adolescence. Disorders of psychological (mental) development. | **Learning outcomes:**  - knows the current international classification of mental and behavioral disorders in terms of mental and behavioral disorders for this group;  - knows the patterns of mental illness in childhood and adolescence, due to the influence of evolutionary-age, ontogenetic factors; types of parent-child relationships, attachment disorders, pathological types of upbringing;  - knows the ontogenetic levels of damage to the c.n.s. prenatal and postnatal (mental) ontogeny; negative dysontogenetic and productive dysontogenetic syndromes; crisis periods of child development and their influence on the occurrence of signs of mental dysontogenesis;  - knows and is able to identify the main clinical symptom complexes, carry out differential diagnostics and substantiate a syndromic diagnosis for "age-specific" symptoms and syndromes, emotional and behavioral disorders, usually beginning in childhood and adolescence, emotional disorders, the onset of which is specific to childhood, disorders of social functioning, the onset of which is typical for childhood and adolescence;  - knows and is able to identify the main clinical symptom complexes in hyperkinetic disorders, autism, autistic-like disorders, tic disorders;  - knows and develops the patient's route for consultation with a child psychiatrist, child neurologist, defectologist, speech therapist, child medical psychologist in order to verify the diagnosis;  - knows the methods of pathopsychological diagnostics for this group of disorders: ADOS, MPAT, ABA therapy, PDO A.E.Lichko;  - knows the main criteria for a differentiated approach to verifying the diagnosis and developing a patient route for the purpose of interdepartmental interaction - PMPC, CCH, correction centers, rehabilitation centers; ITU, LPU, VVK.  CDS - Oppositional Defiant Disorder. | 1.Эйдемиллер Э.Г., Тарабанов А.Э., Городнова М.Ю. Детская психиатрия, психотерапия и медицинская психология. Учебник для ВУЗов.2022.  2. Садуакасова К. З. Учебник. Детская психиатрия. 2019г.  3. Фесенко Ю. А. Пограничные нервно-психические расстройства у детей. 2010. <https://jasulib.org.kg/wp-content/uploads/2022/10/10>  4. Ковалев В. https://www.studmed.ru/kovalev-vv-psihiatriya-detskogo-vozrasta-rukovodstvo-dlya-vrachey\_83604fe73de.html В. Психиатрия детского возраста. Основы клинической психопатологии. 2022. <https://www.studmed.ru/kovalev-vv-psihiatriya-detskogo-vozrasta-rukovodstvo-dlya-vrachey_83604fe73de.html>  5. Ковалев В.В. Психиатрия детского возраста. Издательство: RUGRAM.2022. | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient  3.CPC | | |
|  | | | | | | |
|  | | | | | |
|  | | | | | | | | |
| eleven | | | Narcological semiotics and phenomenology of addictive (narcological) disorders. | **Learning outcomes:**  - knows the current international classification of mental and behavioral disorders in terms of mental disorders and behavioral disorders associated with the use of psychoactive substances (PSA) as a result of the use of various narcotic substances, the classification of PAS;  - knows and is able to identify the main patterns of behavior dependent on PAS (insufficient control over use, social disorders, risky use, "big" drug addiction syndrome, disorders of motor and volitional processes, memory and attention, emotions, consciousness, personality, taking into account the type of PAS used and age;  - knows and develops the patient's route for referral to a narcological hospital in accordance with the current Standards for the provision of care to this category of patients, indications for emergency hospitalization;  - knows and is able to identify the main clinical symptom complexes when using alcohol, cannabinoids, opiates, cocaine, sedatives and hypnotics, stimulants, hallucinogens, volatile solvents and tobacco; "synthetics";  - knows the tactics of communication with an aggressive patient;  SRS - Specificity of addictive behavior in childhood, adolescence, youth and adulthood.  CRS - Psychosocial prerequisites for addictions in young people. Youth drug addict subculture as a social phenomenon. | 1. Rules for conducting a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication (as amended on January 26, 2022). Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No. ҚР ДСМ-224/2020.  2.David Brizer, Ricardo Castaneda. Clinical Addiction Psychianry. 2010.  3. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP/ 43. 2005  4. C. Robin Timmons, Leonard W. Hamilton. Drugs, Brains and Behavior. 2001/.<https://users.drew.edu/ctimmons/drugs/INDEX.HTML>.  5. David L. Clark, Nash N. Boutros, Mario F. Mendez. The Brain and Behavior. An Introduction to Behavioral Neuroanatomy. 2010  6. National Institute on Drug Abuse. Drugs, Brains, and Behavior. The Science of Addiction. 2014.  7. Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical Specialties. Psychiatry 312S. 2013 | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient  3.CPC | | |
| 12 | | | Psychopharmacotherapy. Personalized therapy for mental disorders. | **Learning outcomes:**  -knows the groups of drugs for psychopharmacotherapy (psycholeptics, neuroleptics (antipsychotics), tranquilizers (anxiolytics), psychoanaleptics, antidepressants (thymoanaleptics), psychostimulants, neurometabolic stimulants (nootropics), mood stabilizers, hypnotics (hypnotics);  - knows the pharmacokinetics of psychotropic drugs, the classification of psychotropic drugs, prolonged forms of antipsychotics, the rules for prescribing psychotropic drugs, complications from ongoing therapy with neuroleptic drugs, achieving a reduction in rehospitalization;  - knows the basic principles of drug pathomorphosis, methods of overcoming therapeutic resistance, personalized selection of neuroleptics; overcoming resistance to ongoing therapy with neuroleptics, principles of maintenance therapy, compliance in psychopharmacotherapy of patients, incl. -consumers of surfactants;  - knows shock methods of therapy in clinical psychiatry: indications for ECT, insulin shock therapy, etc.;  - knows and develops the route of the patient, the user of PAS, depending on the dynamics of the underlying disease.  CRS - Malignant neuroleptic syndrome. | 1.Авруцкий Г.Я., Недува А.А. Лечение психически больных. М.-Медицина, 1981  2.Henry R. Kranzler, M.D. Domenic A. Ciraulo, M.D. Clinical Manual of Addiction Psychopharmacology. 2005.  3. Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013  4.Электронный учебник. Психиатрия и Наркология. Первый Санкт-Петербургский государственный медицинский университет им. Акад. И.П.Павлова. http://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii.  5. Электронный ресурс. Иванец Н. Н., Тюльпин Ю.Г, Чирко В.В., Кинкулькина М.А. Психиатрия и наркология [: Учебник / . - М. : ГЭОТАР-Медиа, 2012. - 832 с. - ISBN 978-5-9704-1167-4-Режим доступа: <http://www.studmedlib.ru/book/ISBN9785970411674.html>  6. Jerrold S., Dominik Biezonski Prevail Therapeutics, Andrew M. Farrar, Jennifer R. Yates  Psychopharmacology Drugs, the Brain, and Behavior. Fourth Edition.  [Psychopharmacology Drugs, the Brain, and Behavior (Meyer) 1 ed (2023).pdf (vk.com)](https://vk.com/doc270219984_657142365?hash=M7I2CxxUfk0NZCK6lld8igNhzPQ1zFvpB5REyHb8YBz&dl=SOAlNYrv94HzionFl7YTomvllsa68yagpbL0enHjrFL)  7. PSYCHIATRY Lecture NotesGautam Gulati Mary-Ellen Lynall Kate Saunders. [Psychiatry. Lecture Notes (Gulati) 11 ed (2014).Pdf](file:///C:\Users\araio\Downloads\Telegram%20Desktop\Psychiatry.%20Lecture%20Notes%20(Gulati)%2011%20ed%20(2014).Pdf) | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the medical history - analysis of the quality of the ongoing psychopharmacotherapy  3.CPC | | |
| 13 | | | Emergency care for mental disorders and diseases. | **Learning outcomes:**  - knows the current international classification of mental and behavioral disorders in terms of possible mental disorders requiring urgent hospitalization: aggression, auto-aggression (destructive behavior), psychomotor agitation, psychomotor agitation without psychotic symptoms (psychopathic agitation), stupor, delirium, not caused by alcohol and other psychoactive substances, state after interrupted suicide, non-psychotic reactions without violations of vital functions; epileptic status;  - knows the current international classification of mental and behavioral disorders in terms of possible mental disorders requiring urgent hospitalization: acute reaction to stress, groups of reactive psychoses - shock psychogenic reactions (psychomotor retardation with mutism; psychogenic motor agitation), subacute reactive psychoses (reactive depression), panic disorders (episodic paroxysmal anxiety), withdrawal syndrome (withdrawal syndrome), acute alcoholic psychoses; neuroleptic malignant syndrome, serotonin syndrome, anorexic variant of anorexia (critical underweight);  - knows modern ideas about the development of sudden (acute) and urgent conditions in mental disorders and behavioral disorders that pose a threat to the life of patients or others;  - knows and develops the route of the patient, whose mental state requires urgent hospitalization.  CRS - Pathological intoxication.  CPC - Determination of the degree of coma according to Glasgow in case of an overdose of drugs of the opium group. | 1.Judith Collier, Murray Longmore, Keith Amarakone. Oxford Handbook of Clinical specialties. Psychiatry 312S. 2013.  2. Асеев В. А., Киссин М.Я. Неотложная помощь – методическое пособие. Электронный ресурс - <https://www.s-psy.ru/obucenie/kurs-psihiatrii/5-kurs-lecebnyj-fakultet/elektronnyj-ucebnik-po-psihiatrii/neotloznaa-pomos---metodiceskoj-posobie>  3. Медицинский научно-практический портал. МосквичевВ.Г. Неотложная медицинская помощь при острых расстройствах психики с психомоторным возбуждением. https://www.lvrach.ru/2007/05/4535249 | Formative assessment:  1.Using active learning methods: TBL, CBL  2. Work with the patient  3.CPC | | |

**RUBRICATOR FOR ASSESSING LEARNING OUTCOMES**

**with summative assessment**

**Rating calculation formula**

**For the 5th course in general - ORD**

|  |  |
| --- | --- |
| Medical history | 20% |
| SRS (case, video, simulation OR SRWS - thesis, report, article) | 10% |
| Midterm control | 70% |
| **Total MC1** | 100% |
| Curator's list - substantiation of the leading clinical and psychopathological syndrome. | 20% |
| SRS | 10% |
| Frontier control | 70% |
| **Total MC2** | 100% |

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

**Exam (2 stages)**– MSQ testing (40%) + OSKE (60%)**eat**

**Team based learning - TBL**

|  |  |
| --- | --- |
|  | % |
| **Individual**-- (IRAT) | **30** |
| **Group**-- (GRAT) | **10** |
| **Appeal** | **10** |
| **Case rating -** | **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, justification, PD, examination plan** | 10 |
| 4 | **Interpretation of lab-instrumental examination data** | 10 |
| 5 | **Clinical diagnosis, problem sheet** | 10 |
| 6 | **Management and treatment plan** | 10 |
| 7 | **The validity of the choice of drugs and treatment regimens** | 10 |
| 8 | **Evaluation of effectiveness, prognosis, prevention** | 10 |
| 9 | **Special problems and questions on the case** | 10 |
| 10 | **Companion rating (bonus)** |  |
|  |  | **100%** |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria**  **(assessed by a point system)** | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs fixing*** | ***unacceptable*** |
|  | ***INTERVIEWING THE PATIENT*** | | | | | |
| 1 | Communication skills when interviewing a patient | Introduced to the patient. He asked how to contact 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 to the patient. He asked how to contact 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 to the patient. He asked how to contact the patient. He spoke in a friendly tone, his voice was sonorous and clear. Polite wording of questions. Few open questions asked | He did not fully introduce himself to the patient, did not ask the patient's name, the student's speech was not intelligible, his voice was not intelligible. There are no open-ended questions, the patient answers in monosyllables. The student did not pay attention to the convenience of the patient, did not show empathy. | Communication with the patient is negative. The basic requirements for communicating with the patient are not met, there is no manifestation of empathy for the patient. |
| Collection of complaints | Identified the main and secondary complaints of the patient. Revealed important details of a mental disorder or disease - identified the leading clinical and psychopathological syndrome. Asked the right questions for a differential diagnosis. | Identified the main and secondary complaints of the patient.**Identified important details of a mental disorder or disease.** | Identified the main complaints of the patient.**Revealed important details of the disease**. | The student cannot distinguish major complaints from minor ones.**Did not reveal important details of the disease**. Asks random questions. | Didn't reveal any details of the disease. The collection of complaints is limited only by the subjective words of the patient himself. |
| Collecting anamnesis of the disease | Revealed**chronology of the development of the disease**, important details of the disease (for example, when did the signs of low mood appear?). asked about**medications taken**about this disease. Correctly built a sequence of questions,**concerning the differential diagnosis.** | Revealed**chronology of the development of the disease**, important details of the disease (when did the signs of low mood appear??). asked about**medications taken**about this disease. | Revealed**chronology of the development of the disease**. asked about**medications taken**about this disease. | The student cannot build a chronology of the development of the disease. Asks random questions. | The stage was skipped by the student. There is only information said by the patient himself. |
| Anamnesis of life | I found out the time and age of onset of mental disorder / disease. Clarified whether he accepts maintenance therapy (for chronic mental illness), registered in a psychiatric dispensary? family history (hereditary burden of mental illness), the patient's social status (whether it has a disability), occupational hazards, epidemiological history. | I found out the time and age of onset of mental disorder / disease. Clarified whether he accepts maintenance therapy (for chronic mental illness), registered in a psychiatric dispensary? family history (hereditary burden of mental illness), social status of the patient (whether it has a disability), occupational hazards, epidemiological history | Identified the time and age of onset of mental disorder/disease. | Revealed family history. | The stage was skipped by the student. There is only information said by the patient himself. |
| 2 | Patient Interview Quality | The patient was interviewed sequentially in order, but depending on the situation and characteristics of the patient, the student changes the order of the survey. At the end, sums up - summarizes all the questions and receives feedback from the patient (for example, let's summarize - you fell ill a week ago, when you first had a feeling of anxiety and anxiety, for no reason, then you began to avoid communicating with people, felt heaviness in the sternum, It was hard to get out of bed in the morning, right?)  Qualitative detailed information was collected, suggesting a probable diagnosis.  **Uses problem sheet**- able to identify major and minor issues. | The patient was interviewed sequentially in order.  At the end sums up - summarizes all questions and receives feedback from the patient (for example, let's summarize - you got sick a week ago, when you first had a feeling of anxiety and anxiety, for no reason, then you began to avoid communicating with people, felt heaviness in the sternum, had difficulty getting out of bed in the morning, right?). Qualitatively detailed information was collected, suggesting a probable diagnosis.  **Uses problem sheet**- able to identify major and minor issues. | The sequence of the survey is broken, but the quality of the information collected suggests a probable diagnosis.  **Doesn't use problem sheet**- fails to distinguish between major and minor issues. | Poll sequence is broken. The student repeats the same questions. The collected information is not of high quality, does not allow us to suggest a probable diagnosis.  **Doesn't use problem sheet**- fails to distinguish between major and minor issues. | The survey was conducted inconsistently, the student asks random questions that are not related to this patient's case or does not ask questions at all.  **Doesn't use problem sheet**- fails to distinguish between major and minor issues. |
| 3 | Time - management of patient interviews. Control over the situation. | The minimum time in a group spent interviewing a patient. The student is self-confident, fully in control of the situation and manages it. The patient is satisfied. | The survey was completed fairly quickly. The student is self-confident and in control of the situation. The patient is satisfied. | The time of questioning the patient is delayed, but does not cause discomfort to the patient. The student does not lose his temper. There is no negativity on the part of the patient. | Long survey, the student is wasting his time. The patient expresses discomfort with the protracted questioning. The student is not self-confident and is lost when communicating with the patient. | The survey ended without revealing important information. The survey drags on too long, the atmosphere of communication is negative. Possible conflict with the patient. |
| **PHYSICAL EXAMINATION OF THE PATIENT** | | | | | | |
|  |  | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs fixing*** | ***unacceptable*** |
| 4 | Communication skills during the physical examination of the patient | He asked the patient (legal representatives) for consent to conduct a physical examination. He explained to the patient what and how he would check (for example, I will listen to your lungs, heart, measure blood pressure, examine the skin - do you have any injuries, etc.), warned that there would be a conversation about the patient's problem. | He asked the patient (legal representatives) for consent to conduct a physical examination. Explained to the patient what and how to check (for example, I will listen to your lungs, measure blood pressure, examine the skin, do you have injuries, etc.), warned, warned that there would be a conversation about the patient's problem. | Asked the patient (legal representatives) for consent to conduct a physical examination. Explained to the patient what and how to check (for example, I will listen to your lungs, measure blood pressure, examine the skin, do you have injuries, etc.). | He asked the patient (legal representatives) for consent to conduct 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. | Technically correctly measured vital signs. Uses medical terminology correctly when evaluating vital signs (eg, tachypnea, tachycardia, hypoxia, etc.). Carefully examined the patient. Correctly described possible damage to the skin. Encourages the patient to check. Correctly comments on the primary data of the physical examination (knows the normative data). | Technically correctly measured vital signs. Uses medical terminology correctly when evaluating vital signs (eg, tachypnea, tachycardia, hypoxia, etc.). Examined the patient. Correctly described possible damage to the skin. Encourages the patient to check. Correctly comments on the data of the physical examination (knows the normative indicators). | Small errors in the technique of measuring vital signs. The measurement results are not distorted. The student can correct the mistakes made in the use of medical terminology. | Gross errors in the technique of measuring vital signs, distortion of the results. Cannot correct errors in medical terminology on his own. | Does not own the technique of measuring vital signs. He does not know the normative data for assessing blood pressure, pulse, respiratory rate, saturation, body temperature. |
| 6 | The technique of conducting a psychiatric conversation | He introduced himself to the patient, asked the reason for hospitalization, showed tolerance for an irritated patient, was able to set him up for a conversation, consistently identified a possible cause of a mental disorder, asked questions based on the differential diagnostic criteria for his alleged mental disorder. If necessary, contact legal representatives. Collected subjective and objective anamnesis sufficient for differential diagnosis.  The main clinical and psychopathological complex sufficient to justify hospitalization/treatment in a psychiatric hospital has been identified.  Explained the need for hospitalization/treatment, tried to overcome the stigma of going to a psychiatric service. | He introduced himself to the patient, asked the reason for hospitalization, showed tolerance for an irritated patient, was able to set him up for a conversation, consistently identified a possible cause of a mental disorder, asked questions based on the differential diagnostic criteria for his alleged mental disorder. If necessary, contact legal representatives. The main clinical and psychopathological complex sufficient to justify hospitalization/treatment in a psychiatric hospital has been identified. | He introduced himself to the patient, asked the reason for hospitalization, showed tolerance for an irritated patient, was able to set him up for a conversation, consistently identified a possible cause of a mental disorder, asked questions based on the differential diagnostic criteria for his alleged mental disorder.  Revealed the symptoms of a mental disorder. Justified the need for treatment. | The psychiatric conversation was not carried out systematically, the questions were chaotic, not showing the correct direction of the doctor's clinical thinking. Confused in understanding the mental status of the patient, did not ask questions for differential diagnosis. There is not enough data to make a probable diagnosis. | During a psychiatric conversation - gross violations - does not know the procedure and technique for conducting a psychiatric conversation, does not have knowledge of clinical psychopathology.  Cannot detect mental disorders in the patient |
| 7 | Making a preliminary syndromic diagnosis | The most complete justification and formulation of the preliminary clinical and psychopathological syndrome / diagnosis with the justification of the data obtained during a psychiatric interview and identified skin lesions - self-cuts, a trace from a strangulation furrow, areas of traumatic alopecia, etc.) and physical examination. He used knowledge of the differential diagnostic criteria for a suspected mental disorder, prescribed appropriate diagnostic measures - neuroimaging and laboratory tests. Knows the method of examination for the use of psychoactive substances, express diagnostics (questionnaires) for dementia, depression, suicidal behavior, etc. | Full substantiation and formulation of the preliminary clinical and psychopathological syndrome / diagnosis with substantiation of the data obtained during a psychiatric interview and identified skin lesions (self-harm, strangulation furrow marks, etc.) and physical examination. He used knowledge of the differential diagnostic criteria for a suspected mental disorder, prescribed appropriate diagnostic measures - neuroimaging and laboratory tests. | Substantiation of a preliminary diagnosis based on complaints, without taking into account the data of a psychiatric conversation and physical, visual examination  Defined incorrectly differential diagnostic criteria for diagnosis. | A template or intuitive formulation of a preliminary diagnosis cannot give a justification (that is, link complaints, the dynamics of the development of a mental disorder, subjective anamnesis data and physical, visual data). | The formulation of the preliminary clinico-psychopathological syndrome at random, does not understand and does not see the connection between the mental status of the patient and objective data.  He did not make a decision on further accompanying the patient, did not substantiate the need for hospitalization. |
| Identification of signs of a mental disorder based on a visual examination of the patient |
| 8 | Interpretation of the results of laboratory and instrumental research  (OAC, BAC, OAM, biopsies, FGDS imaging methods, X-ray, CT, MRI, Elastometry, PET, ultrasound, etc.) | If available - Accurate full interpretation using medical terminology, understands the relationship / or discrepancy between the identified abnormalities and the preliminary diagnosis | If available - Accurate full interpretation, using medical terminology | If available - Identification of the main deviations in the analyzes, the correct use of medical terminology | If available - Incomplete or not quite correct interpretation, does not know normative data, errors in the use of medical terminology | If available - Does not use medical terminology, does not know regulatory data |
| 9 | Formulation of the final syndromic diagnosis, with substantiation based on the results of the examination | The student clearly formulates the leading clinical and 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 the indications, it substantiates the need for emergency or planned hospitalization. Names the possible negative consequences of refusing treatment.  The student clearly substantiates his opinion on the data of a psychiatric conversation, subjective and objective anamnesis, catamnesis, the results of a physical examination and the conclusion of neuroimaging methods and laboratory studies. Uses the results of rapid tests.  For example: Adjustment disorder, prolonged depressive reaction. | The student formulates the leading clinical and psychopathological syndrome. When formulating the underlying disease, the current ICD is used. Gives an assessment of the severity of the disease. According to the indications, it substantiates the need for emergency or planned hospitalization. Names the possible negative consequences of refusing treatment.  The student clearly substantiates his opinion on the data (psychiatric conversation, subjective and objective history, anamnesis, the results of a physical examination and the conclusion of neuroimaging methods and laboratory examinations).  For example: Dissociative (conversion disorder), dissociative stupor. | The student formulates the main clinical and psychopathological syndrome.  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 anamnesis, objective anamnesis (if any), physical examination data and paraclinical studies. For example: Dementia in Alzheimer's disease. | The student can only formulate the underlying disease. Cannot fully explain the rationale for the diagnosis.  For example: pneumonia (or equally perceived such answers as: lung tissue compaction syndrome, obstructive syndrome, acute respiratory failure syndrome, etc. | The student cannot formulate a diagnosis. Or fails to explain the rationale for the diagnosis (names the diagnosis at random according to the topic of the lesson) |
| 10 | Principles of treatment | Knows the classification of the main drugs for psychopharmacotherapy.  Reasonably chooses drugs: taking into account the indications and contraindications in this 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 eating, drinking plenty of water, etc.)  I determined the criteria for the effectiveness of treatment, and the estimated time frame for improving the patient's condition.  He named the terms and methods of treatment control, subjective and objective data, data of laboratory and visualized control of treatment. | Knows the classification of the main drugs for psychopharmacotherapy. Determines the indications and contraindications for this patient.  Informs the patient about the most common side effects of prescribed drugs.  Informs the patient about the peculiarities of taking the drug (for example, after eating, drinking plenty of water, etc.)  Determined the criteria for the effectiveness of treatment. | Knows only the basic principles of treatment. Names only a group of main drugs for the treatment of this mental disorder (for example, antidepressants).  Knows the mechanism of action of the main drugs. | Knows only the basic principles of treatment. Can only name a class of drugs (for example, antipsychotics or antidepressants), Does not know the classification of drugs for psychopharmacotherapy. He explains the mechanism of action in general terms at the philistine level (for example, an antidepressant to cheer up). |  |
|  | TOTAL | 100 | 80 | 60 | 40 | 20 |

**Score-rating assessment of medical history (maximum 100 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria**  **(assessed by a point system)** | **10** | **8** | **6** | **4** | **2** |
| ***Great*** | ***above average*** | ***acceptable*** | ***needs fixing*** | ***unacceptable*** |
| 1 | Complaints of the patient: main and secondary | Complete and systematized, with an understanding of important details | Accurate and Complete | basic information | Incomplete or inaccurate, missing some details | Misses important |
| 2 | Collecting anamnesis of the disease |
| 3 | Anamnesis of life |
| 4 | Objective status - general examination | Complete, efficient, organized, with an understanding of important details | Consistently and correctly | Master data discovery | Incomplete or not quite correct, not attentive to the convenience of the patient | Inappropriate data |
| 5 | mental status | Full, effective, technically correct application of psychiatric conversation skills. | Complete, effective, technically correct application of psychiatric interviewing skills with minor errors or corrected in the course of execution | The main data are revealed.  Psychiatric conversation skills learned | Incomplete or inaccurate  Psychiatric conversation skills need improvement | Missing important data  Inappropriate psychiatric conversation skills |
| 10 | **Presentation of the medical history (curator's sheet)** | The most complete description and presentation  Understands the problem in a complex, highlights the leading clinical and psychopathological syndrome | Accurate, focused; a differentiated approach shows an understanding of the mental status of the patient | Form entry, includes all basic information | Many important omissions, often including unreliable or unimportant facts | Lack of control of the situation, many important omissionsmany clarifying questions that do not have clinical significance. |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **20** | **15** | **10** | **5** |
| **1** | **Focus on the problem** | Organized focused, highlights all relevant issues related to the main identified problem with an understanding of the specific clinical situation | Organized, focused, highlights all issues related to the main identified problem, but there is no understanding of the specific clinical situation | unfocused,  Distraction to questions not related to the main problem identified | Inaccurate, misses the point, irrelevant data. |
| **2** | **Informative, effective presentation** | Fully conveyed all the necessary information on the topic in a free, consistent, logical manner  Adequately selected product form | All the necessary information was 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, blunders |
| **3** | **Reliability** | The material was selected on the basis of reliably established facts.  Demonstrating understanding of the level or quality of evidence | Some conclusions and conclusions are formulated on the basis of assumptions or incorrect facts. 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 are used | Conclusions 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 one from the other and are logically interconnected | It has internal unity, the provisions of the product follow one from the other, but there are inaccuracies | There is no consistency and logic in the presentation, but it is possible to trace the main idea | Jumps from one to another, hard to catch the main idea |
| **5** | **Literature analysis** | Literary data are presented in a logical relationship, demonstrate a deep study of the main and additional information resources | Literature data demonstrates the development of the main literature | Literary data is not always out of place, do not support the logic and evidence of presentations. | Inconsistency and randomness in the presentation of data, inconsistency  No basic knowledge |
| **6** | **Practical significance** | high | significant | Not enough | Unacceptable |
| **7** | **Focus on the interests of the patient** | high | Oriented | Not enough | Unacceptable |
| **8** | **Applicability in future practice** | high | Applicable | Not enough | Unacceptable |
| **9** | **Clarity of the presentation, quality of the report (speaker's assessment)** | Correctly, all the possibilities 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 knowledge of the material | Visual materials are not informative Does not confidently report | Does not own the material, does not know how to present it |
| **bonus** | **English/Russian/Kazakh\*** | The product is fully delivered in English/Russian/Kazakh language (checks by the head of the department)  **+ 10-20 points**depending on the quality | The product is prepared in English, delivered in Russian/Kaz  **+ 5-10 points**depending on quality (or vice versa) | English-language sources were used in the preparation of 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** | Released late  **Minus 10 points** |
| **Bonus** | **Rating\*\*\*** | Additional points (up to 10 points) | Outstanding work such as:  Best Group Work  Creativity  Innovative approach to task completion  At the suggestion of the group | | |
|  | \* - for Kazakh / Russian groups - English; for groups studying in English - completing the task in Russian or Kazakh  \*Term - determined by the teacher, as a rule - the day of boundary control  \*\* thus, you can get a maximum of 90 points, in order to get above 90 - you need to show a result higher than expected | | | | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Criteria for evaluation** | **10 points** | **8 points** | **6 points** | **4 points** |
| **INTERVIEW OF THE PATIENT** | | | | | |
| 1. | Completeness and accuracy | Accurate, details the manifestations of the disease. Can identify the most important issue.  Pays attention to the convenience of the patient for the conversation. | Gathers basic information, 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 particular situation. | Reveals the main symptoms | incomplete data | Demonstrates incorrect data, or their absence |
| 3. | Consistency | Establishing priorities of clinical problems in a relatively short time. | It is not possible to fully control the process of collecting complaints, subjective anamnesis, visual data. | Allows the patient to pull himself aside, thereby lengthening the time. Uses leading questions (leads the patient to an answer that may be wrong). | Asks questions incorrectly or ends psychiatric interviews early without identifying important issues. |
| 4 | Time management | Maximum efficiency in the shortest time | The time of the psychiatric interview is delayed | Wasting time inefficiently | Not in control of the whole situation. |
| **PHYSICAL EXAMINATION** | | | | | |
| 5. | The sequence and correctness of the psychiatric interview | Performs correctly in sequence, confident, well-developed technique. | Knows the sequence, shows reasonable skill in preparing and performing the examination | Inconsistent, insecure, does not fully master the skills of psychiatric conversation. | Does not know the order and sequence of performing a psychiatric conversation does not own its technique |
| 6. | Skill of a special survey on the instructions of the teacher\* |
| 7. | Efficiency | Identified all the main clinical and psychopathological symptoms and substantiated the syndrome | Identified the main clinical and psychopathological symptoms | incomplete data | Identified data that does not correspond to objective data |
| 8 | Ability to analyze revealed data | Changes the order of the examination depending on the identified symptoms, clarifies, details the manifestations. | Assumes a range of diseases with similar changes without clarification and specification of manifestations. | Cannot apply received psychiatric interviews to the patient's mental status | Doesn't do analysis. |
|  |  | **20 points** | **16 points** | **12 points** | **8 points** |
| 9-10 | Communication skills | Won the favor of the patient even in a situation with a communication problem\* | Communication is quite effective | Satisfactorily | Failed to find patient contact |