**SYLLABUS**

**Пациенттерді Interdisciplinary patient management**

**МеждисциплинарныйInterdisciplinary менеджмент пациентов
Patient Management**

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| **1.**  | **General information about the discipline** |
| 1.1 | Faculty/School: Medicine and HealthcareObstetrics and Gynecology Department | 1.6 | Credits (ECTS): 14 credits - 420 hours280 contact hours / ISW 70 hours / ISWP 70 hours |
| 1.2 | Educational Program (OP): 6B10109 ZHALPY MEDICINE INTERNSHIP6B10109 GENERAL MEDICINE INTERANTURA6B10109 GENERAL MEDICINE INTERNSHIP | 1.7 | **Prerequisites:**Bachelor's Degree in General Medicine**Post-requirements:**Zhedel meditsinalyk komek zhane karkyndy therapy/Emergency Medicine and Critical (Intensive) Care |
| 1.3 | Agency and year of accreditationof the NAAR OP 2021 | 1.88 | ISW (qty):70 hours |
| 1.44 | Name of the discipline:Пациенттерді пәнаралық басқару /Междисциплинарный менеджмент пациентов/Interdisciplinary Patient Management  | 1.9 | ISWP (qty):70 hours |
| 1.55 | ID Discipline ID: 95921Код 95921 Discipline code: MMP6402 | 1.10.10 | ***Required*** compulsoty core   |
| **2.**  | **Discipline description** |
|  | Адам денсаулығына comprehensive interdisciplinary approach to human health: sexual and reproductive health, отбасын family planning, mental health-Mental Health GAP (WHO); problems of neurological pathology and neurorehabilitation мәселелері, diagnosis, алдын prevention, эпидемияға anti-epidemic ісmeasuresшаралар, инфекциялық патологияны rehabilitation of infectious pathologies(оның including tuberculosis, саяхатшылардың diseases of travelers-travel medicine) and skin aurulary Comprehensive interdisciplinary approach to human health issues: sexual and reproductive health, family planning, mental Health GAP (WHO); neurological pathology and neurorehabilitation issues, diagnosis, prevention, anti-epidemic measures, rehabilitation for infectious diseases (including tuberculosis, travel medicine) and skin diseases Comprehensive interdisciplinary approach to human health issues: sexual and reproductive health, family planning, mental health - Mental Health GAP (WHO); neurological pathology and issues of neurorehabilitation, diagnostics, prevention, anti-epidemic measures, rehabilitation for infectious diseases (including tuberculosis, travel medicine) and skin diseases. |
| **3** | **Objective of the discipline** |
| : An integrated interdisciplinary approach to human health issues within the framework of the national health policy: children's health issues (care, IVDW strategy in polyclinics, diagnosis and treatment, prevention and rehabilitation of major childhood diseases); elderly and senile patients (gerontology and geriatrics, medical and social patronage of the elderly); sexual and reproductive health health, family planning, mental health -ental Health Mental Health GAP (WHO). |
| **4.**  | **Results of training (RO) in the discipline (3-5)** |
|  | RO  | of the RO discipline in the educational program, which are associated with the RO in the discipline (RO number from the OP passport) |
| 1 | apply skills and knowledge in medical practice to solve patients ' problems based on evidence-based medical practice; develop individual treatment plans; | Уровень proficiency level -4 | Нақты науқасты жүргізуде (курациялаудаprovide an individual approach to the management (supervision) of a particular patient and integrate clinical knowledge and skills to improve their health in accordance with their needs and capabilities of the health system.Integrate clinical knowledge and skills to ensure an individual approach in the management (supervision) of a particular patient and strengthening their health in accordance with their needs and capabilities of the health system.Integrate clinical knowledge and skills to provide an individual approach to the treatment of a particular patient and the promotion of his health in accordance with his needs and the possibilities of the health care system;  |
| 2 | be able to use social and gerontological information in line with previously acquired knowledge; establish partnerships with older people; carry out medical and social support activities for the elderly.social patronage of single elderly people;  | Level of proficiency - 4 | Daleldi zhane kasibi medicine principterin koldana otyryp, diagnostics men emdeu natizhelerin ytymdylygy men tiimdiligin taldau negizinde kasibi sheshimder kabyldau.Make professional decisions based on the analysis of the rationality and effectiveness of diagnostics and treatment results, applying the principles of evidence-based and personalized medicine. Make professional decisions based on the analysis of the rationality and effectiveness of diagnostics and treatment results, applying the principles of evidence-based and personalized medicine. |
| 3 | provide effective counseling to the patient's parents and family members; provide mediation between the patient and his / her family; develop support mechanisms for disease prevention, providing assistance to families in caring for patients as needed;  | Level of proficiency - 5 | applying knowledge about the basic principles of human behavior to effectively build a dynamic doctor-patient relationship in the implementation of the treatment and diagnostic process in compliance with the principles of ethics and deontology, support for the patient and his family.Apply knowledge of the basic principles of human behavior to effectively build a dynamic relationship between doctor and patient in the implementation of the treatment and diagnostic process, support the patient and his family, in compliance with the principles of ethics and deontology.Apply knowledge of the basic principles of human behavior to effectively build a dynamic relationship between a doctor and a patient in the implementation of the treatment and diagnostic process, support the patient and his family, in compliance with the principles of ethics and deontology. |
| 4 | implement a comprehensive interdisciplinary approach to human health issues within the framework of the national health policy; work effectively as a member of a multidisciplinary team in university and accredited polyclinics of the university under the guidance of a mentor;  | Уровень Proficiency level -5 | Baska densaulyk saktau mamandarymen kasiparalyk/ kop salaly topta diagnostikalyk zhane emdeu processin tiimdi uyimdastyru zhane baskaru.Effectively organize and manage the diagnostic and treatment process in an interprofessional /multidisciplinary team with other healthcare professionals.Effectively organize and manage the diagnostic and treatment process in an interprofessional/multidisciplinary team with other healthcare professionals. |
|  |  | Уровень Proficiency level -3 | apply professional knowledge about the rights, duties and ways to protect the rights of a doctor and patient, including a child, as a patient.Apply knowledge about the rights, responsibilities and ways to protect the rights of the doctor and patient, including the child as a patient, in professional activities.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. |
| 5 |  | Level of proficiency - 2 | analysis and maintenance of necessary documentation in healthcare organizations using modern information and digital technologies and information resources to solve professional problems, including scientific research.Analyze and maintain the necessary documentation in healthcare organizations cusing modern information and communication technologies and information resources to solve professional problems, including scientific research.Analyze and maintain the necessary documentation in healthcare organizations; use modern information and digital technologies and information resources to solve professional problems, including scientific research. |
| 6 | Advise patients and family members on sexual and reproductive health issues; conduct early diagnosis of possible pathologies in relation to women's health;provide appropriate care and psychosocial support to patients and their families on mental health (mhGAPWHO mhGAP); implement the IVDW strategy in polyclinics, provide combined treatment for major childhood diseases and prevent diseases by: immunization and improved nutrition;  | Уровень Proficiency level -5 | 8. Денсаулық пен ауруды анықтайтын факторлар мен процестер кешені туралы білімдерді олардың алдын алу мақсатында қолдану негізінде жеке адамның және халықтың денсаулығын сақтау, адам мен отбасының салауатты өмір салтын қалыптастыру жөніндегі іс-шараларды ұйымдастыру және өткізу.Organize and conduct activities to maintain individual and population health, on the formation of a healthy lifestyle of a person and family, based on the application of knowledge about the complex of factors and processes that determine health and diseases in order to prevent them. Organize and carry out activities to maintain individual and population health, to promote a healthy lifestyle for a person and family, based on the application of knowledge about the complex of factors and processes that determine health and disease in order to prevent them. |
|  | УровеLevel of ownership -5 | observe the highest standards of professional responsibility and integrity; adhere to ethical principles in all professional relationships with patients, families, colleagues and society at large.Follow the highest standards of professional responsibility and integrity; adhere to ethical principles in all professional interactions with patients, families, colleagues, and society at large.Follow the highest standards of professional responsibility and integrity; follow ethical principles in all professional interactions with patients, families, colleagues and society as a whole, regardless of ethnicity, culture, gender, economic status or sexual orientation |
| 7 | to scientific projects using methods of forecasting, designing and modeling processes and phenomena in the field of healthcare participate and develop.Develop and participate in scientific projects using methods of forecasting, designing and modeling processes and phenomena in the field of healthcare.Develop and participate in research projects using methods of forecasting, designing and modeling processes and phenomena in the field of health care. | Уровень Proficiency level -4 | assessment, analysis, identification of gaps in your knowledge and application of knowledge and skills for professional development, orientation to personal growth and lifelong learning.Evaluate, analyze, identify gaps in your own learning and apply knowledge and skills for professional development, focus on personal growth and lifelong learning.Assess, analyze, identify gaps in their own learning and apply knowledge and skills for professional development, focus on personal growth and lifelong learning. |
| **5.** | **Методы Summative assessment methods** *(check* (yes-no) / *indicate your own)***:** |
| 5.1  | Тестирование по MCQ testing for understanding and application | 5.5  | Portfolio of scientific papers |
| 5.2  | Passing practical skills-miniclinical exam (MiniCex) for interns | 5.6  | On Duty  |
| 5.3  | 3. SRS-implementation of the project "**Targetedexamination of the quality of medical care**" | 5.7  | Border control:Stage 1-MCQ testing for understanding and applicationStage 2-passing practical skills (miniclinical exam (MiniCex)  |
| 5.4  | Maintaining medical records | 5.8  | Exam: Stage 1-MCQ testing for understanding and applicationStage 2-OCE with SP |
|  | **6.**  | **Detailed information about the discipline** |
|  | 6.1.1 | Academic year:2024-2025 | 6.3 | Schedule (class days, time):From 8.00 to 15.00.00 |
|  | 6.2.2 | Semester:11 semester | 6.4.4 | Place (academic building, office, platform and link to the meeting of training with the use of DOT):City polyclinic No. 26Primary Health Care Center of Medeu district  |
|  | **7.** | **Discipline leader** |
|  | Position | Full name | Department | Contact information(tel., e-mail) | Pre-exam consultations. |
|  | Senior teacher |  | of Clinical disciplines |  |  |
|  | **8.** | **Content of the discipline** |
|  |  | Title of the topic | Number of hours | Form of conducting |
|  |  | **Obstetrics and Gynecology ORP** |  |  |
|  | 1. | **Gynecology**: Sexually transmitted | diseases 9 |  |
|  |  | Screenings | 9 | Clinical Analysis |
|  |  | Dysmenorrhea, Abnormal uterine bleeding | 9 | Clinical Analysis |
|  |  | Infertility, Contraception | 9 | medical records |
|  |  | Obstetrics: Routine prenatal care | 9 | Testing |
|  |  | Obstetrics: 1st Trimester | 9 | Clinical Analysis |
|  |  | Obstetrics: 2nd Trimester | 9 | Clinical Analysis |
|  |  | Obstetrics: 3rd Trimester | 9 | medical records |
|  |  | Obstetrics: Postpartum period | 9 | Testing |
|  | 10. | **Current control 1** | Summative evaluationassessment of 2 stages:Stage 1-тестирование по MCQ training for understanding and application-50%Stage 2-mini clinical exam (MiniCex) - 50% |  |
|  |  | **Surgery**: Acute abdomen | 9 |  |
|  |  | Hernias | 9 | Clinical Analysis |
|  |  | Purulent surgery | 9 | Clinical Analysis |
|  |  | Injuries Trauma | 9 | medical records |
|  |  | ENT: acute and chronic otitis media, mastoiditis, nasal polyps, rhinosinusitis | 9 | Testing |
|  |  | Cavity mouth diseases, Meniere's disease, otosclerosis, presbicusis | 9 | Clinical Analysis |
|  |  | Eye diseases: conjunctivitis, iritis, episcleritis | 9 | Clinical Analysis |
|  |  | Glaucoma, ulcer | 9 | medical records |
|  |  | Oncology: Breast, lung, and brain cancer | 9 | Testing |
|  |  | **Milestone control 2** | Summative evaluationassessment in 2 stages:Stage 1-тестирование по MCQ teasing for understanding and application - 50%Stage 2-mini clinical exam (MiniCex) - 50% |  |
|  |  | **GP**:  |  |  |
|  |  | **GP Psychiatry**: Psychiatry: Depressive Disorders | 9 |  |
|  |  | Bipolar Disorder |  | Clinical Analysis |
|  |  | Diagnosis and Treatmentof Schizophrenia | 9 | Clinical Analysis |
|  |  | Substance Use disorder  | 9 | medical records |
|  |  | Dementia and Delirium | 9 | Testing |
|  |  | Neurology **GP** |  | Clinical Analysis |
|  |  | Neurology **GP**: Headache, Migraine | 9 | Clinical Analysis |
|  |  | Epilepsy  | 9 | medical records |
|  |  | Stroke | 9 | Testing |
|  |  | Alzheimer's and Parkinson's Diseases | 9 | Clinical Analysis |
|  |  | Sleep Disorders | 9 | Clinical Analysis |
|  |  | **Infectology GP** |  |  |
|  |  | Infectology: Skin Infections, Travel Medicine | 9 | Testing |
|  |  | Zoonotic Infections | 9 | Clinical Analysis |
|  |  | Dermatology: Acne rash, atopic dermatitis, psoriasis,  | 9 | Clinical Analysis |
|  |  | Phthisiology: Tuberculosis. Clinical classification of tuberculosis | 9 | medical records |
|  |  | Prevention of tuberculosis. | 9 | Testing |
|  | **Boundary control 3** | Summative assessment:2 stages:Stage 1-testing по MCQ teasing for understanding and application - 50%Stage 2-mini Clinical exam (MiniCex) - 50% |
|  | **Final control (exam)** | Summative evaluation:2 stages:1st stage-testing по MCQ teasing for understanding and application - 50%2-2nd stage-OCE with SP-50% |
|  | **Total**  | **100** |
|  | **9.**  | **Teaching methods in the discipline** (briefly describe the teaching and learning approaches that will be used in teaching)Using active методов learning methods: TBL, CBL  |
|  | 1 | **Methods of formative assessment:** TBL-Team Based Learning CBL-Case Based Learning  |
|  | 2 | **Methods Summativeof summative assessment (from point 5):** 1. MCQ testing for understanding and application2. Passing practical skills-miniclinical exam (MiniCex) 3. SRS-Targeted examination of the quality of medical care (ECMP)4. Maintaining medical records5. Portfolio of scientific papers6. Duties |
|  | **10.**  | **SummativeSummative**  |
|  | **assessment No** | **. of the control form**  | **Weight in % of total %** |
|  | 1 | Clinical analysis | 10% (estimated from the checklist)  |
|  | 2 | Maintenance of medical records | 10% (estimated from the checklist) |
|  | 3 | SRS – completion of the ECMP stage | 10% (estimated by the checklist) |
|  | 4 | Shifts | of 10% (estimated from the checklist) |
|  | 5 | Current control | 60% (Stage 1-testing по MCQ teasing for understanding and application-40%;2-Stage 2-mini clinical exam (MiniCex) - 60%) |
|  | **Total CC1** | 10+10+10 + 10 + 60 = 100% |
|  | 1 | Clinical analysis | 10% (estimated by checklist)  |
|  | 2 | Maintaining medical records | 10% (estimated by checklist) |
|  | 3 | CPI  | of 10% (estimated from the checklist) |
|  | 4 | Shifts | of 10% (estimated from the checklist) |
|  | 5 | Current control | 60% (Stage 1-testing по MCQ teasing for understanding and application-40%;2-Stage 2-mini clinical exam (MiniCex) - 60%) |
|  | **Total CC2** | 10+10+10 + 10 + 60 = 100% |
|  | 9 | The exam | **has 2 stages:**1st stage-testing по MCQ teasing for understanding and application - 50%2-2nd stage-OCE with SP - 50% |
|  | 10 | **Final grade:**  | ORD 60% + Exam 40%  |
|  | **10.** | **Evaluation** |
|  | **Score Letter system**  | **score Digital** **equivalent**  | **Points** **(% content)**  | **Description of the assessment** (changes can only be made at the level of the decision of the Academic Quality Committee of the Faculty) |
|  | A  | 4.0  | 95-100  | **Great.** Exceeds the highest task standards. |
|  | A -  | 3.67  | 90-94  | **Excellent.** Meets the highest standards of the task. |
|  | At+  | 3.33  | 85-89  | **Is Good.** Very good. Meets the high standards of the assignment. |
|  | In  | 3.0  | , 80-84  | **Is Good.** Meets most job standards. |
|  | B-  | 2.67  | 75-79  | **Good.** More than enough. Shows some reasonable knowledge of the material. |
|  | C+  | 2.33  | 70-74  | **Is Good.** Acceptable. Meets the main task standards. |
|  | From  | 2.0  | 65-69  | **Satisfactory.** Acceptable. Meets some of the main task standards. |
|  | C-  | 1.67  | 60-64  | **Satisfactory.** Acceptable. Meets some of the main task standards. |
|  | D+  | 1,33  | 55-59  | **Satisfactory.** Minimally acceptable. |
|  | D  | 1,0  | 50-54  | **Satisfactory.** Minimally acceptable. The lowest level of knowledge and task completion. |
|  | FX  | 0,5  | 25-49  | **Unsatisfactory.** Minimally acceptable. |
|  | F  | 0  | 0-24  | **Unsatisfactory.** Very low productivity. |
|  | **11.** | **Training resources** *(use the full link and indicate where you can access the texts/materials)* |
|  | Literature | **Main literature****Available in the library**

|  |  |  |
| --- | --- | --- |
| **Author** | **Book name, publisher** | **Year of publication** |
| SWANSON’S FAMILY MEDICINE REVIEW: A PROBLEM-ORIENTED APPROACH, NINTH EDITION |  | 2022 |
| CONN’S CURRENT THERAPY  |  | 2023 |

**Available at the Department**

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|  | **Additional****Available in the library****Available at the Department** [**https://classroom.google.com/c/NzEyMjgzMTUzOTc5?cjc=kgdioqv**](https://classroom.google.com/c/NzEyMjgzMTUzOTc5?cjc=kgdioqv) |
|  |  |
|  | Electronic resources | **Online-resources:** 1. Medscape.com - <https://www.medscape.com/familymedicine>
2. Oxfordmedicine.com -[https://oxfordmedicine.com/Uptodate.com](https://oxfordmedicine.com/)
3. Uptodate.com **-** [**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. **CorMedicale -** [**https://www.youtube.com/c/CorMedicale://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://www.youtube.com/c/SciDrugs/videos**](https://www.youtube.com/c/SciDrugs/videos) **-video lectures on pharmacology in Russian.**
 |
|  | Simulators in the simulation center |  |
|  | Special software  | 1. Google classroom – freely available.2. Medical calculators: Medscape, Doctor's Handbook, MD+Calc - freely available.3. Handbook of diagnostic and treatment protocols for medical workers from RCRS, Ministry of Health of the Republic of Kazakhstan: Dariger - available in free access. |
|  |  |
|  | **12.** | **Training requirements and bonus system** |
|  | **Student in accordance with the individual internship plan:**1) supervises patients in organizations that provide pre-medical care, emergency medical care, specialized medical care (including high-tech), primary health care, palliative care, and medical rehabilitation;2) participates in the appointment and implementation of diagnostic, curative, and preventive measures;3) maintains documentation and sanitary procedures for the treatment of patients.-educational work among the population;4) participates in the preparation of reports on the activities of structural divisions;5) participates in preventive examinations, medical examinations, is present at consultations;6) participates in the work of professional medical societies;7) participates in clinical rounds, clinical reviews;8) participates in duty at least four times a month in medical organizations (duties are not taken into account when calculating the training load of a student during an internship);9) participates in clinical and clinical-anatomical conferences;10) attends pathoanatomical autopsies, participates in research of autopsy, biopsy and operational materials;11) collects material and analyzes data for a scientific project under the supervision of a scientific supervisor.**Bonus system:**For extraordinary achievements in the field of future professional activity (clinical, scientific, organizational, etc.), students can receive additional points up to 10% of the final assessment (by the decision of the department). |
|  | **13.** | **Discipline Policy** *(please do not change the parts highlighted in green)* |
|  |  | The policy of the discipline is determined [by the 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 [the Academic Integrity Policy of the University](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 up-to-date documents in the Univer IP.**Rules Professional analysis rules Behaviors:** 1. **Appearance:**
* office style of clothing (shorts, short skirts, open T-shirts are not allowed to attend the university, jeans are not allowed in the clinic)
* clean ironed dressing gown
* medical mask
* medical cap (or a neat hijab without hanging ends)
* medical gloves
* change of shoes
* neat hairstyle, long hair should be gathered in a ponytail, or bun, both for girls and boys. Neatly cropped nails. Bright, dark manicure is prohibited. It is acceptable to cover your nails with clear varnish.
* badge with full name (in full)

2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)**3) \*Properly issued sanitary (medical) book (before the start of classes and must be updated in due time)** **4) \* Availability of a vaccination passport or other document on a fully completed course of vaccination against COVID-19 and influenza****5) Mandatory compliance with personal hygiene and safety regulations**6) Systematic preparation for the educational process.7) Accurate and timely maintenance of accounting documentation.8) Active participation in medical-diagnostic and social events of departments.**A student without a medical book and vaccination will not be allowed to see patients.** **Ca tudentthat does not meet the requirements of its appearance and/or that emits a strong/pungent smell, since such a smell can provoke an undesirable reaction in the patient (obstruction, etc.) – is not allowed to patients!** **The teacher has the right to make a decision on admission to classes for students who do not meet the requirements of professional behavior, including the requirements of the clinical base!****Academic discipline:**1. You can't be late for classes or a morning conference. If you are late , the decision on admission to the lesson is made by the teacher leading the lesson. If there is a valid 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 to the head of the department, indicating the reasons for the delay, and is sent to the dean's office for admission to the class. If you are late without a valid reason, the teacher has the right to withdraw points from the current assessment (1 point for each minute of delay).
2. Religious events, holidays, etc. are not a valid reason for skipping, being late, or distracting the teacher and group from work during classes.
3. If you are late for a valid reason – do not distract the group and the teacher from the lesson and go quietly to your seat.
4. Leaving a class earlier than the scheduled time, or being outside the workplace during school hours is considered a truancy.
5. Additional work of students during school hours (during practical classes and duties) is not allowed.
6. For students who have more than 3 passes without notifying the curator and a valid reason, a report is issued with a recommendation for expulsion.
7. Missed classes are not processed.
8. Students are fully subject to the Internal rules of the clinical bases of the department
9. To greet the teacher and any older person by getting up (in class)
10. Smoking (including the use of vapes, e-cigarettes) strictly prohibited on the territory of medical institutions (out-doors) and the university. Punishment-up to cancellation of border control, in case of repeated violation-the decision on admission to classes is made by the head of the department
11. of Respect for colleagues, regardless of gender, age, nationality, religion, sexual orientation.
12. Have a laptop / laptop / tab / tablet with you for training and passing MCQ tests on TBL, boundary and final controls.
13. Taking MCQ tests on mobile phones and smartphones is strictly prohibited.

The student's behavior during exams is regulated [by the "Rules for conducting final control"](https://univer.kaznu.kz/Content/instructions/%D0%9F%D1%80%D0%B0%D0%B2%D0%B8%D0%BB%D0%B0%20%D0%BF%D1%80%D0%BE%D0%B2%D0%B5%D0%B4%D0%B5%D0%BD%D0%B8%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%9B%D0%AD%D0%A1%202022-2023%20%D1%83%D1%87%D0%B3%D0%BE%D0%B4%20%D1%80%D1%83%D1%81%D1%8F%D0%B7%D1%8B%D0%BA%D0%B5.pdf), ["Instructions for conducting final control of the autumn / spring semester of the current academic year"](https://univer.kaznu.kz/Content/instructions/%D0%98%D0%BD%D1%81%D1%82%D1%80%D1%83%D0%BA%D1%86%D0%B8%D1%8F%20%D0%B4%D0%BB%D1%8F%20%D0%B8%D1%82%D0%BE%D0%B3%D0%BE%D0%B2%D0%BE%D0%B3%D0%BE%20%D0%BA%D0%BE%D0%BD%D1%82%D1%80%D0%BE%D0%BB%D1%8F%20%D0%B2%D0%B5%D1%81%D0%B5%D0%BD%D0%BD%D0%B5%D0%B3%D0%BE%20%D1%81%D0%B5%D0%BC%D0%B5%D1%81%D1%82%D1%80%D0%B0%202022-2023.pdf) (current documents are uploaded to theUniver ICand updated before the session starts); ["Regulations on checking students ' text documents for borrowing"](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.** | **360° assessment - assessment of professional behavior and attitudes (according to the checklist)**Assessment is conducted by a mentor, head of the department and/or deputy head physician for medical work, doctors, nurses, patients (see checklists)**At full completion-additional points are not added****If the score is lower than 80 - points are minus from the final score**  |
|  |  | **1. Constantly preparing for classes:**For example, it supports statements with relevant links, makes brief summaries, demonstrates effective learning skills, and helps others**learn 2. Take responsibility for your training:**For example, it manages its own training plan, actively tries to improve itself, and critically evaluates information resources **3. Actively participate in the group's training:**For example, they actively participate in discussions and are willing to take tasks**4. Demonstrate effective group skills**For example, it takes the initiative, shows respect and correctness towards others, and helps resolve misunderstandings and conflicts.**5. Proficient communication skills with peers:**For example, actively listens, and is receptive to nonverbal and emotional cuesRespectful attitude**6. Highly developed professional skills:**Committed to completing assignments, looking for opportunities for more training, confident and qualifiedCompliance with ethics and deontology in relation to patients and medicalstaff Compliance with subordination.**7. High introspection:**For example, it recognizes the limitations of its knowledge or abilities without taking the defensive or rebuking others**.8 Highly developed critical thinking:**For example, the student demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases from practice, critically evaluating information, making conclusions out loud, explaining the reflection process **9. Fully complies with the rules of academic behavior with understanding, suggests improvements to improve performance.**Adheres to the ethics of communication-both oral and written (in chats and messages)**10. Fully adheres to the rules with full understanding of them, encourages other group members to adhere to the rules**Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER |
|  | **15.** | **Distance/online learning – prohibited byclinical practice discipline***(parts highlighted in green, please do not change)* |
|  | 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 of personnel with higher and postgraduate education, training in which in the form of external and online training is not allowed"According to the above-mentioned regulatory document, specialties with the code **of health care disciplines**: bachelor's degree (6B101), master's degree (7M101), residency (7R101), doctoral studies, (8D101) - training in the form of external and online-training is **not allowed.** Thus , students are prohibited from distance learning in any form.It is allowed only to work out a class in the discipline due to the absence of a student for a reason beyond his control and the availability of a timely confirmation document (for example: a health problem and an application for an approval document - a medical certificate, NSR signal sheet, an extract from a consultation appointment with a medical specialist ). |
|  | **16.** | **Approval and review** |
|  | Head of the Department |   | Kurmanova A.M. |
|  | Committee for the Quality of Teaching and Training of the Faculty |  | Kurmanova G.M. |

**Thematic plan and content of classes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Topic | Contents | Literature | Form of the event |
|  | of implementation 2 | 3 | 4 | 5 |
| 1 | Gynecology: Sexually transmitted | diseases Scale of the problem, Prevention of STIs, diagnosis of STIs, Treatment of STIs, management of STI cases, Control of spread. Chlamydia, gonorrhea, syphilis, and trichomoniasis. HPVinfection. HIV. | Swanson’s family medicine review:a problem-oriented approach, ninth edition101 Primary Care Case StudiesFirst Aid for the R Family Medicine Boards, Third EditionGraber and Wilbur’s FAMILY MEDICINEEXAMINATION & BOARD REVIEWColor Atlas and Synopsis of Family Medicine 3edStep up to Family Medicine Robert V.EllisФ.I. Belyalov, Treatmentof heart diseases in conditions of comorbidityAlgorithms for managing Drapkin's pathointsHandbook of symptoms |  |
| 2 | Screenings | Screenings Screening tests. Cervical cancer, uterine cancer, breast cancer, and ovarian cancer. |  |  |
| 3 | Dysmenorrhea, abnormal uterine bleeding | Dysmenorrhea. Symptom. Type. Reasons. Treatment. Diagnostics.Abnormal uterine bleeding. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 4 | Infertility, contraception | Infertility. Reasons. Treatment. Diagnostics.Contraception. Types of contraception. |  |  |
| 5 | Surgery: Acute abdomen | Alarm signals for abdominal pain. Life-threatening diagnoses are made immediately. Diagnostics. Treatment. Differential diagnosis. Special группы patient groups |  |  |
| 6 | Hernias | Hernias. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 7 | Purulent surgery | of Panaritia, soft tissue abscesses, boils, carbuncles, phlegmons, infected wounds after injuries and burns, abscesses that developed after surgery. |  |  |
| 8 | Injuries | Definition, Prehospital trauma care, Primary survey, secondary survey, tertiary survey, Diagnosis, criteria for activation of the trauma team, Special patient groups. |  |  |
| 9 | ENT: acute and chronic otitis media, mastoiditis, nasal polyps, rhinosinusitis | Acute and chronic otitis media, mastoiditis, nasal polyps, rhinosinusitis. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 10 | Oral cavity, Meniere's disease, otosclerosis, presbicusis | caries (tooth decay), periodontal (gum) diseases, edentulism (total tooth loss), oral cancer, ortho-dental trauma, Noma, cleft lip and palate, prevention. Meniere's disease, otosclerosis, presbicusis. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 11 | Eye diseases: conjunctivitis, iritis, episcleritis | Conjunctivitis, iritis, episcleritis. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 12 | Glaucoma, ulcer | Glaucoma, ulcer. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 13 | Geriatric medicine: Functional assessment of the elderlyPatient, Polypharmacy and drug reactions in theelderly Patient | Assessment of the functional state of patients, Screening for cognitive impairment, Screening for depression, Assessment of patients with gait instability or falls, Communication with elderly patients,Functional disorders-ADLs, IADLs, Gait instability / risk of falls, test "Turn it on and work."Go Test, Cognitive Impairment Mini-Cog, Major Depressive Illness 2-question Screener.  |  |  |
| 14 | Propensity to falls and their consequencesAmong elderly patients | Falls, The scale of falls worldwide, Population aging, Major risk factors for falls, Major protective factors, costs of falls. |  |  |
| 15 | Oncology: Breast, lung, and brain | cancer Breast, lung, and brain cancer. Symptom. Type. Reasons. Treatment. Diagnostics... |  |  |
| 16 | Pain relief for Cancer Pain | Relief Options for Treating Cancer PainTypes of Medications for Cancer Pain ReliefVarious Forms of Pain MedicationsTreatment with Pain Medications for cancerQuestions about opioid MedicationsRelaxation and Pain Relief for cancerOther methods of pain relief for cancer |  |  |
| 17 | Psychiatry: Depressive disorders, bipolar disorder | Depressive disorders, bipolar disorder.Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 18 | Diagnosis and treatmentof schizophrenia | Schizophrenia. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 19 | Расстройство употребления Substance use disorder The веществ | relationship between substance use disorders and mental illnessWhy is there a comorbidity between substance use disorders and mental illness?What are some approaches to diagnosis?What are the treatments for concomitant substance use disorders and psychiatric disorders?SubstanceSubstance use comorbidities and physical comorbidities The relationship between substance use disorders HIVWhy is HIV screening important? |  |  |
| 20 | Dementia and delirium | Dementia and delirium. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 21 | Neurology: Headache, Migraine, stroke | Headache, migraine, stroke. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 22 | Epilepsy  | Epilepsy. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 23 | Болезни Alzheimer's and Parkinson | 's Diseases Alzheimer's and Parkinson's diseases. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 24 | Нарушения Sleep disorders | Obstructive sleep apnea, parasomnia, narcolepsy and restless legs syndrome. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 25 | Infectology: Skin infections | Impetigo, folliculitis, boils, carbuncles, erysipelas, cellulitis, necrotizing fasciitis, pyomyositis. Classification of SSTI. Predisposing factors. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 26 | Zoonotic infections | How zoonoses spread, Approaches to control zoonotic diseases, Classes of zoonoses, Anthrax, Bartonella, Lyme disease, brucellosis, ehrlichiosis, leptospirosis, plague, rickettsias, methicillin-resistant Staphylococcus aureus, streptococcus aureus. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 27 | Dermatology: Acne, Atopic dermatitis, psoriasis | Acne, Atopic dermatitis, psoriasis. Symptom. Type. Reasons. Treatment. Diagnostics. |  |  |
| 28 | EsporiatryEsporiatry | Diseases of travelers. Vaccination |  |  |
| 29 | Phthisiology: Tuberculosis. Clinical classification of tuberculosis | Tuberculosis as a social, medical and scientific problem. The main stages of the development of the doctrine of tuberculosis are considered. Main epidemiological indicators and their dynamics over the past 10-15 years. Causative agent of tuberculosis, morphological structure, properties. Clinical classification of tuberculosis. Making a diagnosis of tuberculosis in accordance with the classification. |  |  |
| 30 | Prevention Tuberculosis prevention. | Types of tuberculosis prevention. Sanitary prevention and its tasks. BCG vaccination and revaccination. Chemoprophylaxis of tuberculosis. Infection control, components of infection control. |  |  |
| 31 | Healthy Lifestyle: Rehabilitation | Recovery from a serious illness or surgery, Rehabilitation program |  |  |
| 32 | , Nutrition | Nutrition for recovery, Weight control, Cancer and proper nutrition. |  |  |
| 33 | Screenings, ПрофессOccupational pathology | Classification of occupational diseases, causes, medical and social expertise of occupational diseases, prevention |  |  |
| 34 | Palliative care, death declaration | Palliative care.When someone dies, Death confirmation, Death certificate, organ and tissue donation, Post-mortem care, Support for people close to the deceased patient, and self - care. |  |  |

**RUBRICATOR FOR EVALUATING LEARNING OUTCOMES**

**for summative evaluation**

|  |  |  |
| --- | --- | --- |
| **№** | **Control Form No** | **. Weight in % of total %** |
| 1 | Clinical analysis | 10% (estimated by checklist)  |
| 2 | Medical documentation management | 10% (estimated by checklist) |
| 3 | SRS – completion of the ECMP stage | 10% (estimated by the checklist) |
| 4 | Shifts | of 10% (estimated from the checklist) |
| 5 | Milestone control | 60% (Stage 1-тестирование по MCQ teasing for understanding and application-40%;2-Stage 2-mini clinical exam (MiniCex) - 60%) |
| **Total RC1** | 10+10+10 + 10 + 60 = 100% |
| 1 | Clinical analysis | 10% (estimated by checklist)  |
| 2 | Maintaining medical records | 10% (estimated by checklist) |
| 3 | CPI  | of 10% (estimated from the checklist) |
| 4 | Shifts | of 10% (estimated from the checklist) |
| 5 | Milestone control | 60% (Stage 1-testing по MCQ teasing for understanding and application-40%;2-Stage 2-mini clinical exam (MiniCex) - 60%) |
| **Total RC2** | 10+10+10 + 10 + 60 = 100% |
| 9 | The exam | **has 2 stages:**1st stage-testing по MCQ teasing for understanding and application - 50%2-2nd stage-OCE with SP - 50% |
| 10 | **Final grade:**  | ORD 60% + Exam 40%  |

**Case-based learning CBL**

|  |  |  |
| --- | --- | --- |
|  |  | % |
| 1 | Interpretation of survey data | 10 |
| 2 | Interpretation of physical examination data | 10 |
| 3 | Preliminary diagnosis, justification, DDh, examination plan | 10 |
| 4 | Interpretation of lab-instrumental examination | data 10 |
| 5 | Clinical diagnosis, problem sheet | 10 |
| 6 | Management and treatment plan | 10 |
| 7 | Validity of drug selection and treatment regimen  | 10 |
| 8 | Efficacy assessment, prognosis, prevention  | 10 |
| 9 | Special problems and questions on the case  | 10 |
| 10 | Rating of friends (bonus) |  |
|  |  | **100%** |

**Rating categories**

**Point-rating rating from the webinar** **for interns (maximum 100 points)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **№** | **Criteria****(scored on a point system)** | **10** | **8** | **6** | **4** | **2** |
| ***excellent*** | ***above average*** | ***acceptable*** | ***requires correction*** | ***unacceptable*** |
| Oral survey, discussion. | 1 | Basic theoretical knowledge. | Complete assimilation of the program material. Showed original thinking. I used additional literature on my own. | Showed standard thinking with full assimilation of the program material. | Assimilation of material with non-fundamental inaccuraciesin the answers. | Learning the basicsUnderstanding your mistakes and being ready | to correct them Princiapial errorsare constantly confused in the answers, have not worked through the main literature |
| 2 | Clinical thinking |
| 3 | Differential diagnosis, choice of examination tactics with an understanding of the information content and reliability of tests  |
| 4 | Choice of treatment tactics with an understanding of the mechanism of action of drugs |
| 5 | Patient management tactics: complications, prognosis, outcomes  |
| 6 | Group communication skills and professional attitude  | Contact and productive team member |  |  |  |  |
| Test | 7 | Work on current / final test tasks (maximum 20 points). |  |  |  |  |  |
| Adds it. material | 8 | Selection and analysis of additional material-articles / presentations  | Valuable material |  |  |  |  |
| 9 | Report articles/presentations.Consistency, consistencyand quality of the report | Short, informative and logical |  |  |  |  |

**Point-rating rating of thematic analysis for interns (maximum 100 points)**

|  |
| --- |
| PATIENT REPORT |
| **No.** | **Evaluation criteria** | **10 points** | **8 points** | **6 points** | **4 points** |
| 1. | Completeness and accuracy | Accurate, details the manifestations of the disease. It can highlight the most important issue.  | Collects basic information, is neat, andidentifies new issues. | Incomplete or not focused.  | Inaccurate, omits the main thing, and mismatches data. |
| 2. | Detail | Organized, focused, highlights all clinical manifestations with an understanding of the course of the disease in a specific situation. | Identifies the main symptoms | Incomplete data | Demonstrates data that does not correspond to reality, or their absence |
| 3. | Systematic | Prioritization of clinical problems in a relatively short time. | It is not possible to fully control the process of collecting an anamnesis, the time for collecting an anamnesis is delayed | and allows the patient to lead himself away, thereby lengthening the time. Uses leading questions (pushes the patient to an answer that may be incorrect). | Does not control the overall situation. Incorrectly asks questions or finishes collecting a medical history earlier, without identifying important problems.  |
| PHYSICAL EXAMINATION |
| 4. | The sequence and correctness of the presentation of physical examination data | is performed correctly with consistency, confident, well-developed execution technique. | Knows the sequence, shows reasonable skill in preparing and performing the examination | Inconsistent, unsure, incomplete knowledge of the examination skills, refuses to try the main studies | Does not know the order and sequence of performing the physical examination, does not know its technique |
| 5. | Efficiency | Identified all the main physical data, as well as details  | Identified the main symptoms | Incomplete data | Identified data that does not correspond to objective data |
| 6. | The ability to analyze the identified data  | Changes the order of examination depending on the identified symptoms, clarifies and details the manifestations. | Assumes a range of diseases with similar changes without specifying and detailing the manifestations. | Can't apply the obtained survey and physical examination data to the patient. | Does not perform analysis. |
| JUSTIFICATION OF THE PRELIMINARY DIAGNOSIS |
| 7. | Validity of the preliminary diagnosis(most likely, competing, and concomitant)  | Correctly identifies and formulates the main syndromes and symptoms, justifies the diagnosis in accordance with approved classifications. | Highlights the main syndromes, correctly justifies the diagnosis, identifies not all competing and concomitant pathologies | Highlights not all syndromes of the disease, does not fully justify the diagnosis, does not identify a competing diagnosis and/or concomitant pathology  | Does not identify the leading syndromes of the disease, the diagnosis is not justified or an incorrect |
| EXAMINATION PLAN  |
| 8. | Organization of the examination plan  | is effective: choosing the most informative and accessible The aim of the study is to confirm / exclude the most probable and/oralternative diagnoses. | Correctly draws up a plan for examining the patient in relation to the main pathology. | The survey plan includes low-informative and unavailable diagnostic methods | The examination plan does not confirm or exclude a probable diagnosis. Assigns the plan using a template, but not informative. |
| TREATMENT PLAN |
| 9. | The appointment of a treatment plan | Selects the most necessary drugs, taking into account the underlying disease, its complications, concomitant pathology, and individual characteristics of a particular patient. | Treatment is generally adequate for the main problem, but does not take into account concomitant pathology, possible side effects of drugs. | Polypharmacy, treatment includes other drugs that are not essential in the treatment of this particular pathology, OR the choice of drug is not completely adequate OR the treatment is incomplete.  | The treatment plan prescribes incorrectly, without taking into account the characteristics of the underlying disease, OR prescribes contraindicated drugs. |
| 10. | Understanding of the mechanisms of action of prescribed drugs | has a very good knowledge of information about each drug, knows pharmacodynamics, pharmacokinetics, complications, side effects. | Knows the main groups of drugs and mechanisms of action. Has complete information about prescribed medications, prescribes adequate treatment. | Has insufficient knowledge of the pharmacodynamics and pharmacokinetics of prescribed drugs, demonstrates partial knowledge of drugs. | Has no idea about the mechanism of action of the prescribed drugs, misinterprets them. |

**Point-rating assessment of medical documentation management for interns (maximum 100 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **criteria****(assessed according to the score system)** | **10** | **8** | **6** | **4** | **2** |
| ***Well*** | ***above average*** | ***acceptable*** | ***requires correction of*** | ***unacceptable*** |
| 1 | complaints of the patient: major and minor  | complete and systematic understanding of important details | Accurately and completely | Basic information | is Incomplete or inaccurate, lost some details | Miss important |
| 2 | Collection history of the disease |
| 3 | the History of life |
| 4 | a Reflection of objective status at the time of inspection  | Effectively organized and focused | Consistently and correctly | Identify the main data | is Incomplete or not quite right, not attentive to the patient's comfort | insufficient data |
| 5 | diagnosis  | the most complete formulationto Understand the problem in a complex that associates with the characteristics of the patient | Correct and justified from the point of view of the underlying pathology | the diagnosisof the Ordinary approach | is Often incorrect prioritization of clinical problems, | Wrong judgment, actions can be dangerous for the patient |
| 6 | a survey Plan risk Assessment of the patient with the use of |
| 7 | Plan of treatment for a particular patient based on the primary and concomitant illnesses |
| 8 | Diary of observation, stage and discharge epicrisis  | is Analytic in the assessment and plan | Accurate, concise, organized and | Reflects the dynamics of the new data  | disordered, missing important data | basic data or inaccurate data |
| 9 | Representation of history | focus on the problems, the choice of key facts full ownership of the situation is | accurate, focused; the choice of the facts shows understanding | Report on form, includes all the basic information; | Many important omissions, often involves false or unimportant | non-possession of the situation, many important omissions many clarifying questions |
| 10 | Theoretical knowledge applied to this case | Full understanding of the problem excellent knowledge | Knows dif. ls. Knows the main and features, options | Knows the main | Not always full understanding of the problem | Large gaps in knowledge |

**Checklist - creating a medical simulation scenario (maximum of 100 points)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **criteria****(assessed according to the score system)** | **10** | **8** | **6** | **4** | **2** |
| ***well*** | ***above average*** | ***acceptable*** | ***requires correction of*** | ***unacceptable*** |
| 1 | complaints of the patient: primary and secondary Collection of anamnesis of disease | complete and systematic understanding of important details | Accurately and completely | Basic information | is Incomplete or inaccurate, lost some details | Miss important |
| 2 | the Reflection of objective status at the time of inspection  | Effectively organized and sootvetsvenno complaints and anamnesis | Consistently and correctly | Identify the main data | is Incomplete or not quite right, does not correspond to the history of | Mismatched data |
| 3 | Justification of diagnosis is  | the most complete formulationto Understand the problem in a complex that associates with the characteristics of the patient | Correct and justified from the point of view of the underlying pathology | the diagnosisof the Ordinary approach | is Often incorrect prioritization of clinical problems, | Wrong judgment, not match the data |
| 4 | survey  |
| 5 | Selection and interpretation of laboratory and instrumental examination |
| 6 | Differential diagnosis | as fully reflect all of the abilityto Understand the problem in a complex that associates with the characteristics of the patient | Correct and justified from the point of view of the underlying pathology | the diagnosisof the Ordinary approach | is Often incorrect prioritization of clinical problems, | Wrong judgment, not match the data |
| 7 | justification of the final diagnosis, | the most complete formulation | Correct and justified from the point of view of the underlying pathology | , Only the primary diagnosis without considering the specific situation | is Often incorrect prioritization of clinical problems | Mismatched data |
| 8 | Plan of treatment for a particular patient based on the primary and concomitant illnesses | is Analytic in the assessment and plan | Accurate, concise, organized and | Reflects the dynamics, the new data is  | unordered missing important data | basic data or inaccurate data |
| 9 | an understanding of the mechanism of actions of the appointed means | complete  | wrong in unimportant details  | partial | largely incorrect | incorrect interpretation |
| 10 | Representation of history | focus on the problems, the choice of key facts full ownership of the situation is | accurate, focused; the choice of facts shows an understanding of | the script in form, includes all the basic information but a lot of hitches | Lot of important omissions, often involves false or unimportant | non-possession of the situation many important omissions lot of clarifying questions |

**Duty-estimated by the number of patients admitted and examined (at least 6 patients - 10 points for each patient),**

**assessment of the doctor on duty (maximum 30 points)**

**assessment of the report on duty at the morning conference (maximum 10 points)**

**On-duty checklist**

|  |  |
| --- | --- |
| To be filled in by the intern | Full name of the intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_№ groups \_\_\_\_ \_ \_ \_ \_ \_ \_ Date of duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ d |
| . Filled in by the doctor on duty | at the time when the duty starts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End of duty time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name, first name, patronymic of the doctor on duty (in full) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of patients admitted to the clinic while on duty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of self-admitted patients with I/O registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of patients left under observation and examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Registration of each I / O:**

|  |  |  |
| --- | --- | --- |
| Competently and accurately, in a timely | **manner 10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, and not on time |

**Practical skills**

|  |  |  |
| --- | --- | --- |
| Committed to fulfillment, looking for opportunities, confident and qualified | **10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic routines |

**Help on**

|  |  |  |
| --- | --- | --- |
| Responsible, committed to being useful | **10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |

 |
| Filled in by the teacher | **Reports are filled out by the teacher for the duty period:**

|  |  |  |
| --- | --- | --- |
| focus on the problem, select key facts and fully understand the situation | **10 9 8 7 6 5 4 3 2 1** | Lack of control of the situation, many important omissions, many clarifying questions |

Total points \_ \_ \_ \_ \_ \_ \_ \_ Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full name of the teacher who accepted the report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Checklist for evaluating health education work (Health advocate)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **n /** | **a Evaluation criteria** | ***Excellent*** | ***above average*** | ***acceptable*** | ***requires correction*** | ***unacceptable*** |
| teacher's assessment | 1 | Subject-related accuracy of information |  |  |  |  |  |
| 2 | Whether the goal is achieved, effective |  |  |  |  |  |
| 3 | Consistency, Consistency, Structure Visibility and clarity |  |  |  |  |  |
| 4 | Creative approach |  |  |  |  |  |
| Feedback | 5 | Clear and accessible |  |  |  |  |  |
| 6 | Interesting |  |  |  |  |  |
| 7 | Convincing |  |  |  |  |  |
| 8 | Applicable |  |  |  |  |  |
| 9 | Creative and entertaining |  |  |  |  |  |
| 10 | Control question |  |  |  |  |  |
|  | Total (max – 100 b.): |  |  |  |  |  |
|  | **Full name and signature of the teacher**  |  |  |  |  |  |

**360° assessment checklist for an intern**

Full name of the intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of the curator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full name | Assessment | Signature |
| Mentor |  |  |  |
| Head. department |  |  |  |
| Resident doctor |  |  |  |
| On duty doctor |  |  |  |
| On duty doctor |  |  |  |
|  |  |  |  |
| Senior Nurse |  |  |  |
| Med.sister |  |  |  |
| Patient |  |  |  |
| Patient |  |  |  |
|  |  |  |  |

**mentor**

Mentor's full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very good** | **Criteria and scores** | **Unsatisfactory**  |
| **1** | **Continuous self-education:**For example, supports statements with appropriate references, makes brief summaries | **Preparation****10 8 6 4 2** | **There is no desire for self**-education For example, insufficient reading and study of problematic issues, makes a small contribution to the group's knowledge, does not summarize the material  |
| **2** | **Takes responsibility for their training:**For example, it manages its training plan, actively tries to improve itself, critically evaluates information resources  | **Responsibility****10 8 6 4 2** | **Does not accept responsibility for its training:**For example, it depends on others to complete a training plan, hides errors, and rarely critically analyzes resources. |
| **3** | **Actively participates in group training:**For example, he actively participates in discussions, willingly accepts tasks  | **Participation****10 8 6 4 2** | **is not active in the group's training process:**For example, does not actively participate in the discussion process, is reluctant to accept tasks  |
| **4** | **Demonstrates effective group skills** For example, takes the initiative, shows respect and correctness towards others, helps resolve misunderstandings and conflicts  | **Group skills****10 8 6 4 2** | **Demonstrates ineffective group skills** For example, inappropriately intervenes, shows poor discussion skills, interrupts, evading or ignoring others, dominating or showing impatience  |
| **5** | **Is adept at communicating with peers:**For example, actively listens, is receptive to nonverbal and emotional  | **Communication signals****10 8 6 4 2** | **Is difficult to communicate with peers:**For example, poor listening skills, unable or disinclined to listen to nonverbal or emotional cues  |
| **6** | **Highly developed professional skills:**For example, excellent attendance, reliability, readily accepts feedback and learns from it  | **Professionalism****10 8 6 4 2** | **Inferiority in professional behavior:**For example, omissions without a specific reason, unreliability, difficulty receiving feedback |
| **7** | **, or High introspection:**For example, he recognizes the limitations of his knowledge or abilities without becoming defensive or reproaching others  | **Reflection****10 8 6 4 2** | **Low introspection:**For example, it needs to be more aware of the limits of understanding or abilities and does not take positive steps to correct  |
| **them. 8** | **Highly developed critical thinking:**For example, the teacher demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases from practice, critically evaluating information, making conclusions out loud, explaining the process | **of thinking Critical thinking****10 8 6 4 2** | **Lack of critical thinking:**For example, it has difficulty completing key tasks. As a rule, it does not generate hypotheses, does not apply knowledge in practice, either because of their lack or inability (lack of induction), and does not have the ability to critically evaluate information |
| **and** | **effective learning skills:**Demonstrates a report on issues of concern at the appropriate level, in relation to the case under consideration, and in relation to in a structured manner. Uses notes or summarizes for better memorization of the material by others  | **Learning****10 8 6 4 2** | **Ineffective learning skills:**Low level of reporting on problematic issues, regardless of the case under consideration and in a poorly structured manner. Inefficient use of notes, does not prepare notes, does not know how to summarize the material, does not know how to explain the material to others |
| **10** | Strives to complete, looks for opportunities, confident and qualified | **Practical-кие skills****10 8 6 4 2** | Clumsy, afraid, refusing to try even basic procedures |
|  | Maximum | **100 points** |  |

**HEAD OF THE DEPARTMENT**

Full name of the Head. by department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very good** | **Criteria and scores** | **Unsatisfactory**  |
| **1** | Responsible, committed to being helpful | **Reliability** **10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, learning from mistakes  | **Response to instructions****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aims to know more | **training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Wins trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets a tone of mutual respect and dignity | **Attitude towards colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute  |
| **6** | Sets the tone of mutual respect and dignity | **Attitude towards medical****staff 10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive decisions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Knows how to organize work or an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive  |
| **9** | Competently and accurately, timely | **Management of medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, not on time |
| **10** | Committed, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic procedures |
|  | **Maximum** | **100 points** |  |

**RESIDENT DOCTOR**

Full name of Resident doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very good** | **Criteria and scores** | **Unsatisfactory**  |
| **1** | Responsible, committed to being helpful | **Reliability** **10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, learning from mistakes  | **Response to instructions****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aims to know more | **training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Wins trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets a tone of mutual respect and dignity | **Attitude towards colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute  |
| **6** | Sets the tone of mutual respect and dignity | **Attitude towards medical****staff 10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive decisions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Knows how to organize work or an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive  |
| **9** | Competently and accurately, timely | **Management of medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, not on time |
| **10** | Committed, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic procedures |
|  | **Maximum** | **100 points** |  |

**DOCTOR ON DUTY**

Full name of the doctor on duty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very good** | **Criteria and scores** | **Unsatisfactory**  |
| **1** | Responsible, committed to being helpful | **Reliability** **10 9 8 7 6 5 4 3 2 1** | Unexplained absences, unreliable |
| **2** | Responds appropriately, consistently commits, learning from mistakes  | **Response to instructions****10 9 8 7 6 5 4 3 2 1** | No reaction, no improvement |
| **3** | Good knowledge and outlook, aims to know more | **training****10 9 8 7 6 5 4 3 2 1** | No desire, no knowledge |
| **4** | Wins trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **5** | Sets a tone of mutual respect and dignity | **Attitude towards colleagues****10 9 8 7 6 5 4 3 2 1** | Unreliable, can substitute  |
| **6** | Sets the tone of mutual respect and dignity | **Attitude towards medical****staff 10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **7** | Complete self-control, constructive decisions | **Actions under stress****10 9 8 7 6 5 4 3 2 1** | Inadequate, stupor |
| **8** | Knows how to organize work or an effective team member | **Group skills****10 9 8 7 6 5 4 3 2 1** | Unreliable or disruptive  |
| **9** | Competently and accurately, timely | **Management of medical history****10 9 8 7 6 5 4 3 2 1** | Sloppy, chaotic, not on time |
| **10** | Committed, looking for opportunities, confident and qualified | **Practical skills****10 9 8 7 6 5 4 3 2 1** | Clumsy, afraid, refusing to try even basic procedures |
|  | **Maximum** | **100 points** |  |

**HONEY SISTER**

Full name of the Doctor.my sister \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Very good** | **Criteria and Scores** | **Unsatisfactory**  |
| **1** | Responsible, committed to being useful | **Responsibility and reliability** **10 9 8 7 6 5 4 3 2 1** | Unexplained Absences, Unreliable |
| **2** | Sets the tone of Mutual Respect and Dignity | **Attitude towards Medical****Staff 10 9 8 7 6 5 4 3 2 1** | Unreliable, rude, tactless |
| **3** | Wins trust | **Attitude to the patient****10 9 8 7 6 5 4 3 2 1** | Avoids personal contact |
| **4** | Complete self-control, correct decisions | **Actions in stress, in a conflict situation****10 9 8 7 6 5 4 3 2 1** | Shifts responsibility to others or gets into a stupor  |
| **5** | Knows how to organize the work of medical  | **staff Organizational skills** **10 9 8 7 6 5 4 3 2 1** | Unsure, clumsy |
|  | **Max** | **50 points** |  |

**a patient**

Patient's full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  | **Necessary circle**  |
| **1** | Is your doctor respectful and attentive to you? | **10 9 8 7 6 5 4 3 2 1** |
| **2** | Does the doctor answer your questions?Does it explain everything you want to know about your condition? | **10 9 8 7 6 5 4 3 2 1** |
| **3** |  Do you feel satisfied after talking to your doctor? Does talking to your doctor calm you | **down 10 9 8 7 6 5 4 3 2 1** |
| **4** | Whether it respects конфconfidentiality..Does it maintain medical confidentiality  | **10 9 8 7 6 5 4 3 2 1** |
| **5** | Do you trust him as a specialist | **10 9 8 7 6 5 4 3 2 1** |
|  | **Maximum** | **of 50 points** |

**IRI Assessment Sheet: TargetedAssessment of the Quality of Medical Care (ECMP) for one nosology**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **20** | **15** | **10** | **5** |
| **1** | **Focused on the issue**  | Clear understanding of the situation, specifically States the purpose of the research | Have an idea about the problem, but there are minor inaccuracies that do not affect the essence of  | Missed important points, not realizing their significance in a particular situation | is Not understood the goals set for them |
| **2** | **Consistency and coherence**  | Dedicated and consistently presented all the problems and issues in the case of understanding of the disease-specific clinical soccoy of the situation | Revealed main problems but this is not quite consistently | , you Can understand the underlying problem, but overall, the analysis is not entirely consistent and logical | inconsistent and illogical statement |
| **3** | **the Completeness and accuracy of the primary analysis case history** | Analysis is performed fully, deeply, with an understanding of the particular clinical situation and understanding of their own knowledge gaps | Analysis generally adequate, but there were gaps, reflecting the lack of knowledge | is Not sufficient understanding of the problem, incomplete analysis of examination and treatment, no understanding of the prognosis | Analysis of surface  |
| **4** | **the Effectiveness of the analysis - the identification of the problems** | Identified all the major and minor problems, the analysis is performed with a full understanding of the diagnostic criteria and criteria of efficiency of treatment and possible problems, predicts the outcome of the disease | is Composed of the exact problem sheet is not reflected but not all problems that might impact on the course and outcome of  | the problem is Composed of a sheet with serious gaps are not reflected problems may affect the course and outcome | have Not been able to identify primary and secondary problems, there is no clear plan of action no understanding of the process  |
| **5** | **the Definition of solutions** | solutions to the identified problems are logical and rational and achievable | There is a view on the ways of solving the problem, but there is no clarity in their specific expression  | of the Ways of solving the problem is not identified, there are only General suggestions  | Not understood the purpose and ways of solving the underlying problem |

**Point-rating assessment of professional skills of interns at the mini-clinical exam**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional** **skills** | **2 points** | **4 points** | **6 points** | **8 points** | **10 pointss** |
| **1. Collection of medical history** | collected randomly with details of facts that are not relevantfor diagnosis | collected unsystematically with significant omissions | collected with fixing facts that do not give an idea of the essence of the disease and the sequence of symptoms | collected systematically, but without sufficient clarification of the nature of the main symptoms and possible causes of their occurrence | collected systematically, the anamnesis fully reflects |
| **the dynamics of Physical** **examination** | does not possess manual skills | was conducted randomly, with omissions, without effect | was not carried out fully enough with technical errors | was carried out systematically, but with minor technical inaccuracies | was carried out systematically, technically correctly and effectively |
| **3. The preliminary** **diagnosis** | was made incorrectly | only the class of the disease | is indicated the leading syndrome is highlighted, but there is no diagnostic conclusion | set correctly, without justification | set correctly, justification is given |
| **4. Appointment** **of a survey plan** | contraindicated studies are prescribed | inadequate | not fully adequate | adequate, but with minor omissions | complete and adequate |
| **5. Interpretation of the survey results** | incorrect assessment that led to contraindicated actions | largely incorrect | partially correct with significant omissions | correct with minor inaccuracies | complete and correct |
| 1. **Differential -**

 **new diagnosisdiagnosis** | inadequate | chaotic | incomplete | reasoned, but not with all similar diseases | complete |
| **7. Final diagnosis and its justification** | lack of clinical thinking | the diagnosis is confused, unconvincing | the diagnosis is insufficiently justified, complications are not recognized, concomitant diseases | the diagnosis of the underlying disease is complete, but concomitant diseases are not specified | exhaustively complete, justified |
| **8. Choice of treatment** | contraindicated drugs | are prescribed insufficiently adequate in substance and dosage | treatment is not complete enough for both the main and concomitant diseases | correct, but not exhaustive enough or polypharmacy | treatment is quite adequate |
| **9. The idea of the mechanism of action of the prescribed drugs** | incorrect interpretation | is largely erroneous | partial | mistakes in insignificant details | complete |
| **10. Definition of prognosis and prevention** | cannot define | inadequate definition | insufficiently adequate and incomplete | adequate, but incomplete | adequate, complete |