

**Federal state budgetary educational institution of
higher education
Ural State Medical University
Ministry of Health of the Russian Federation**

Approved by the Scientific Council
FSBEI HE USMU of the Ministry of Health
of Russia

APPROVED by
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**BASIC EDUCATIONAL PROGRAM
OF HIGHER EDUCATION**

Higher education level: SPECIALTY

Specialty: 31.05.01 General Medicine

Focus (profile): Providing medical care to the adult population on an outpatient basis

Qualification: "*Medical Doctor*"

VOLUME I

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OOP VO - BASIC EDUCATIONAL PROGRAM OF HIGHER EDUCATION

KAS – knowledge, abilities and skills

FZ – the Federal Law

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1. GENERAL PROVISIONS

1.1. Purpose, objectives, social significance of OOP VO

About the main educational program of higher education (OOP VO) for a specialist in the specialty 31.05.01 General Medicine was developed and approved by the Academic Council of the FSBEI HE USMU of the Ministry of Health of Russia and is a set of requirements that are mandatory for implementation curricula and the development of educational and methodological complexes by departments that train specialists in specialties 31.05.01 General Medicine in federally m public m budgetary m educationally m institutions and higher education " Ural State Medical University" of Ministry of Health of the Russian Federation .

The FSBEI HE USMU of the Ministry of Health of Russia has the right to implement the basic educational program of higher education in the specialty of General Medicine on the basis of an appropriate license issued by an authorized executive body. The main structure responsible for fulfilling the requirements of the main educational program in the specialty of General Medicine is the Faculty of Medicine and Prevention.

Social significance (mission) of the OOP VO specialty 31.05.01 General Medicine: the formation of intellectual, cultural and moral potential, the transfer of knowledge by professionals in the field of medical science and health, based on international standards, domestic traditions of higher medical education and ensuring the competitiveness of graduates of therapeutic and prophylactic Faculty of USMU in the homeland and foreign labor markets; ready to implement lifelong education, maximally focused on the needs of the individual, society and the state. " For the good of the health of the Urals people - study, heal, educate! "

The purpose of OOP specialty 31.05.01 General Medicine - form in the process in the process of education and training specialist corresponding to the rank of doctor holding competences, ready for professional careers in health care settings, providing the achievement of the ultimate goals of education together with specific types of common cultural, of general and professional competencies, required GEF IN 31.05.01 General Medicine, capable of performing work functions in accordance with paragraph of professional standard doctor - internist district.

The tasks of the OOP in the specialty 31.05.01 General Medicine are to prepare a highly qualified specialist who:

- fully possesses professional and personal qualities that provide him with priority demand and sustainable competitiveness in the Russian and international labor market and ample opportunities for self-realization, including in the latest fields of knowledge, the most significant areas of professional activity and social life;
- strives to continue education and self-education throughout life, is able to use his creative potential as productively as possible in the interests of the individual, society and the state;
- is aware of the responsibility for the results of his professional and scientific activities before the country and humanity, has an active civic position based on democratic convictions and humanistic values;
- knows how to justify and defend their position, actively implement their own decisions and ideas;
 - in his behavior he is guided by moral and ethical norms based on tolerance, the desire for cooperation, strengthening mutual understanding between representatives of various social groups, worldview positions, national cultures;
 - feels justified pride in belonging to one of the best medical universities, invariably demonstrates adherence to the traditions and spiritual values of the Ural State Medical University, realizes that he is a worthy successor of its scientific schools;

- is able to creatively realize himself in a wide sphere of professional activity, is aware of the social significance of his profession, has a high motivation for the performance of professional duties, a responsible attitude to business, developed sense of civic and professional duty;
- knows how to generate new ideas, expand the sphere of his own competence, develop optimal strategies for his activities; ready to solve problems in new and non-standard professional and life situations, taking into account social and ethical responsibility for the decisions made.
- is able to solve standard problems of professional activity using information, bibliographic resources, biomedical terminology, and information and communication technologies.

Orientation (profile) of the OOP in the specialty 31.05.01 General Medicine: on the provision of medical care to the adult population on an outpatient basis.

Features of the implementation of OOP VO in the specialty 31.05.01 General Medicine:

1. Compliance of the OOP VO specialty in the specialty 31.05.01 General Medicine with the idea and principles of the Bologna process, which ensures the academic mobility of students in the European space. It is based on:
 - Competence-oriented principle of building OOP VO, according to which the choice of academic disciplines and their content are focused on the achievement of appropriate general cultural, general professional and professional competencies.
 - A point-rating system for assessing the educational achievements of students, which provides the possibility of transferring a loan of acquired knowledge in the European space.
2. Individualization of training. It is achieved by:
 - The opportunity to study educational disciplines of choice in the teaching process of each training module.
 - The ability to conduct scientific research.
 - Academic supervision in the study of elective disciplines and research work.
 - Interactive training, training on simulators and dummies.
3. Practical orientation of training. It is achieved by:
 - The introduction of academic disciplines into the OOP, the task of which is to teach action algorithms and practical skills in the provision of emergency care, the performance of nursing and medical treatment and diagnostic procedures.
 - The introduction of new learning technologies:
 - Interactive learning;
 - The use of modern, electronic phantoms, models, mannequins;
 - The use of training programs, including simulating virtual conditions, objects of professional activity.
4. Continuing medical education provides coordination of educational programs of higher education and educational training programs for highly qualified personnel, providing graduates with the opportunity to continue education in the internship, graduate school, the system of additional vocational training.
5. The fundamental nature of medical education is provided by the formation of students in the process of studying the humanities, natural sciences, professional disciplines on the basis of a systematic approach to natural science thinking, understanding the holistic picture of the world, phenomena occurring at different hierarchical levels of organization of matter.
6. OOP VO "General Medicine" is implemented in Russian using the intermediary language (English). Disciplines of the first and second years of study are implemented in English, except for linguistic and cultural studies disciplines and practices, which are

implemented in Russian. Disciplines starting in the fourth semester and continuing in the fifth semester are considered transitional from the point of using intermediary language and can be taught fully in Russian. Disciplines and practices from the third to sixth years are implemented in Russian.

The main users of the basic educational programs of higher education in the specialty 31.05.01 General Medicine are:

1. The faculty of the FSBEI HE USMU of the Ministry of Health of the Russian Federation, responsible for the high-quality development, effective implementation and updating of the educational program of higher education in the specialty 31.05.01 General Medicine, taking into account the achievements of science, technology and the social sphere in this area and level of training;
2. Students who are responsible for the effective implementation of their educational activities for the development of OOP in this specialty;
3. Rector of the Federal State Budgetary Educational Institution of Higher Education USMU of the Ministry of Health of Russia, vice-rectors, as well as other officials responsible, within their competence, for the quality of training graduates in the specialty 31.05.01 "General Medicine";
4. State examination commissions that assess the quality of graduate training;
5. 5. Associations of specialists and employers, bodies and organizations in the relevant field of professional activity;
6. Bodies providing funding for higher education;
7. Authorized state executive bodies that carry out accreditation and quality control in the higher education system;
8. Authorized state executive bodies that monitor compliance with legislation in the higher education system.
9. Applicants who decide on the choice of a specialty.

OOP specialty 31.05.01 General Medicine takes into account the requirements of federal state educational standard of higher education in the specialty 31.05.01 General Medicine (approved by the Ministry of Education and Science of the Russian Federation 09.02.2016, № 95), professional standard " General practitioner (district therapist) ", approved by order of the Ministry of Labor and Social Protection of the Russian Federation on March 21, 2017 No. 293n (registered with the Ministry of Justice of the Russian Federation on April 6, 2017, registration No. 46293) , the employer's requirements and is aimed at training a specialist who is ready for professional activity in the outpatient- ambulatory link of practical health care.

1.2. Term of mastering OOP VO

Training under the specialty program 31.05.01 General Medicine is carried out in full-time education. The normative term for mastering the basic educational program General medicine for full-time education is 6 years.

1.3. Labor intensity of OOP VO

The complexity of mastering the specialty by the students of the OOP VO specialty 31.05.01 General medicine for the entire period of study is 360 credit units (1 credit unit corresponds to 36 academic hours). The volume of basic educational training program in full-time education, implemented for one academic year is 60 credits x units.

1.4. Legislative basis of OOP VO

OOP VO specialty 31.05.01 General Medicine was developed on the basis of the following regulatory and legislative documents:

- Federal Law of the Russian Federation " On Education in the Russian Federation " dated December 29, 2012 No. 273-FZ;

- The procedure for organizing and implementing educational activities for educational programs of higher education - bachelor's programs, specialist programs, master's programs, approved by order of the Ministry of Education and Science of the Russian Federation 05.04.2017 number 301 (registered with the Ministry of Justice of 14.07.2017, registration number 47415.);
- Federal State Educational Standard of Higher Education in the specialty 31.05.01 "General Medicine", approved by order of the Ministry of Education and Science of the Russian Federation from 09.02.2016 No. 95;
- Professional standard "The doctor (physician district)" approved by the order of the Ministry of Labor and Social Protection of the Russian Federation 3.21.2017 № 293n (registered with the Ministry of Justice 04.06.2017, number 46293);
- Order a of the Ministry of Education and Science of the Russian Federation (Ministry of Education and Science of Russia) of June 29, 2015 N 636 " On approval of the Procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist programs and master's programs" (Registered at the Ministry of Justice of Russia on July 22, 2015 N 38132);
- Order a of the Ministry of Education and Science of the Russian Federation of 09.02.2016 N 86 "On Amendments to the Procedure for Conducting State Final Certification for Educational Programs of Higher Education - Bachelor's Programs, Specialist Programs and Master's Programs, approved by order of the Ministry of Education and Science of the Russian Federation of June 29, 2015 N 636 "(Registered in the Ministry of Justice of Russia 02.03.2016 N 41296);
- Order a of the Ministry of Education and Science of Russia dated April 28, 2016 N 502 "On Amendments to the Procedure for Conducting State Final Certification for Educational Programs of Higher Education - Bachelor's Degree Programs, Specialist Programs and Master's Programs, approved by order of the Ministry of Education and Science of the Russian Federation No. 636 "(Registered in the Ministry of Justice of Russia on 05.24.2016 N 42233);
- The Order and the Ministry of Education and Science of the Russian Federation (Russian Ministry of Education) on November 27, 2015 № 1383 "On approval of the practice of students, mastering basic professional educational programs of higher education" (as amended by Order of the Ministry of Education of the Russian Federation December 15, 2017);
- Charter of the Federal State Budgetary Educational Institution of Higher Education USMU of the Ministry of Health of Russia (in the current version);
- Regulation "On the basic educational program of higher education FSBEI HE " Ural State Medical University "of Ministry of Health of the Russian Federation, approved and enacted by Rector's order № 730 -p from 26.11.2018;
- Other local and normative acts of University.

1.5. Requirements for admission.

Persons with an appropriate level of education, confirmed by a document on secondary general education or a document on secondary vocational education, or a document on higher education are allowed to master the educational program.

2. CHARACTERISTICS OF PROFESSIONAL ACTIVITY OF THE GRADUATE OF OOP IN SPECIALTY 31.05.01 General Medicine

2.1. The area of professional activity of the graduate.

The area of professional activity of graduates who have mastered the basic educational program of higher education in the field of training (specialty) 31.05.01 General Medicine, includes the protection of public health through the provision of medical care in accordance with the requirements and standards in health care.

2.2. Objects of professional activity of a graduate who has mastered the specialty program:

- individuals (patients);
- population;
- a set of tools and technologies aimed at creating conditions for protecting the health of citizens.

2.3. The types of professional activities for which the graduate is preparing and who have mastered the specialty program:

- medical;
- organizational and managerial;
- research.

Upon completion of training in the specialty 31.05.01 General medicine, the graduate is awarded the qualification - "Physician- general practitioner".

2.4. Tasks of the professional activity of the graduate

A graduate who has mastered the program specialty by specialty 31.05.01 General Medicine, ready to solve the following professional tasks in accordance with the types of professional activities:

medical activity:

prevention of the occurrence of diseases among the population by carrying out preventive and anti-epidemic measures;

conducting preventive medical examinations, medical examination, dispensary observation;

collection and medical and statistical analysis of information on health indicators of the population of various age and sex groups, characterizing their health status;

diagnostics of diseases and pathological conditions of patients;

diagnostics of emergency conditions;

diagnosis of pregnancy;

examination of temporary disability and participation in other types of medical examination;

provision of primary medical health care on an outpatient basis and in a day hospital;

provision of primary medical health care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care;

participation in the provision of emergency medical care for conditions requiring urgent medical intervention;

providing medical assistance in emergency situations, including participation in medical evacuation;

participation in medical rehabilitation and spa treatment;

formation of motivation among the population, patients and members of their families, aimed at maintaining and strengthening their health and the health of others;

teaching patients the basic hygiene measures of a health-improving nature, contributing to the prevention of diseases and health promotion;

organizational and management activities:

application of the basic principles of organizing the provision of medical care in medical organizations and their structural units;

creation of favorable conditions in medical organizations for the stay of patients and the work of medical personnel;

maintaining medical records in medical organizations;

organization of medical examination;

participation in the organization of assessing the quality of medical care to patients;

compliance with basic information security requirements;

research activities:

analysis of scientific literature and official statistical reviews, participation in statistical analysis and public presentation of the results;

participation in the solution of individual research and scientific-applied problems in the field of health care for diagnosis, treatment, medical rehabilitation and prevention.

2.5. Functional map of requirements for the implementation of medical activity as a type of professional activity based on a professional standard

Generalized labor functions		Labor functions			
code	name	skill level	name	code	level (sub-level) qualification
AND	Provision of primary copper to care adult population in the outpatient setting, without providing round the clock medical observation and treatment, including at home when you call the medical worker <3>	7	Providing medical care to a patient in urgent or emergency forms	A/01.7	7
			Examination of a patient to establish a diagnosis	A/02.7	7
			Prescribing treatment and monitoring its effectiveness and safety	A/03.7	7
			Implementation and monitoring of the effectiveness of medical recuperation and the patient, including the implementation of individual rehabilitation programs or habilitation of persons with disabilities, assessment of the patient's ability to carry out of labor activity	A/04.7	7
			Carrying out and monitoring of preventive measures for the prevention and formation of healthy lifestyles and sanitary and hygienic Enlightenment Russian population study	A/05.7	7
			Medical documentation and ORGANIZATION activities at the disposal of the average medical personnel	A/07.7	7

1. Labor function

Name	About patient care in the emergency room or emergency forms	ode	A/01.7	Skill level	7
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Labor actions	About the assessment of the patient's condition requiring medical care in urgent and urgent forms
	Recognition of conditions arising from sudden acute diseases, exacerbation of chronic diseases without obvious signs of a threat to the patient's life and requiring emergency medical care
	Provision of emergency medical care to patients with sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life
	Recognition of conditions that pose a threat to the patient's life, including

	conditions of clinical death (stopping the vital functions of the human body (blood circulation and / or respiration)) requiring emergency medical care
	Providing emergency medical care to patients in conditions that pose a threat to the patient's life, including clinical death (stopping the vital functions of the human body (blood circulation and / or breathing))
	The use of drugs and medical devices in the provision of medical care in emergency or urgent forms
The Necessary skills	Identify clinical signs of conditions requiring emergency medical care
	Carry out emergency medical care
	Identify conditions requiring emergency medical care, including clinical signs of sudden cessation of blood circulation and respiration
	Perform basic cardiopulmonary resuscitation measures in combination with electrical impulse therapy (defibrillation)
The necessary knowledge	The list of laboratory and instrumental research methods for assessing the patient's condition, the main medical indications for research and interpretation of results
	Etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs
	Methodology for collecting complaints and anamnesis from patients (their legal representatives)
	The method of physical examination of patients (examination, palpation, percussion, auscultation)
	Clinical signs of sudden cessation of circulation and / or breathing
	Rules for conducting basic cardiopulmonary resuscitation
	Principles of operation of devices for external electrical impulse therapy (defibrillation)
	Rules for performing external electrical impulse therapy (defibrillation) in case of sudden cessation of blood circulation and / or breathing

2 . Labor function

Name

Carrying on patient in order to establish the diagnosis

 ode

A/02.7

 Skill level

7

Labor actions	Collection of complaints, anamnesis of life and illness of the patient
	Complete physical examination of the patient (examination, palpation, percussion, auscultation)
	Formulation of a preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient
	Referral of the patient for laboratory examination in the presence of medical indications in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Referral of the patient for instrumental examination in the presence of medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Referral of the patient for consultation to specialist doctors in the presence of medical indications in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care

	Referral of a patient for the provision of specialized medical care in an inpatient setting or in a day hospital in the presence of medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Conducting differentially minutes diagnosis with other diseases states, including urgent
	Establishing a diagnosis with considering acting statistical classification and diseases and problems associated with health (ICD)
Necessary skills	Collect complaints, life history and illness of the patient and analyze the information received
	Conduct a complete physical examination of the patient (examination, palpation, percussion, auscultation) and interpret its results
	Justify the need and scope of laboratory examination of the patient
	Justify the need and scope of instrumental examination of the patient
	Justify the need to refer the patient for consultation and to specialist doctors
	Analyze the results of the patient's examination, if necessary, justify and plan the amount of additional studies
	Interpret the results of collecting information about the patient's illness
	Interpret data from laboratory examination of a patient
	Interpret the data obtained during instrumental examination of the patient
	Interpret data obtained in consultation with the patient by medical specialists
	Carry out early diagnosis of diseases of internal organs
	Conduct differential diagnosis of diseases of internal organs from other diseases
	Determine the order of volume, content and sequence of diagnostic measures
	Determine medical indications for the provision of ambulance, including emergency specialized medical care
	Determine medical devices in accordance with the orders of care, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
The necessary knowledge	Legislation of the Russian Federation in the field of health protection, regulatory legal acts and other documents defining the activities of medical organizations and medical workers
	General issues of organizing medical care to the population
	Issues of organizing sanitary and anti-epidemic (preventive) measures in order to prevent the occurrence and spread of infectious diseases
	Orders of care, clinical e recommendations (report 's treatment) on the provision of medical care based on standards of care
	Regularities of the functioning of a healthy human body and mechanisms of ensuring health from the position of the theory of functional systems; features of the regulation of the functional systems of the human body in pathological processes
	Etiology, pathogenesis and morbid anatomy to clinical picture, differential - socially diagnostics, features of the course, complications and outcomes of internal diseases
	Methodology for collecting complaints, anamnesis of life and illness of the patient
	Methods of laboratory and instrumental research for assessing the state of health, medical indications for conducting research, rules for interpreting their results
	Methodology for a complete physical examination of the patient (examination,

palpation, percussion, auscultation)
ICD

3. Labor function

Name	Prescribing treatment and monitoring its effectiveness and safety	Code	A/03 7	Skill level	7
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Labor actions	The development of a treatment plan or the diagnosis, age and clinical presentation in accordance with the orders of care, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
	Prescription of drugs, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Prescribing non-drug treatment taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account medical standards
	Assessment of the effectiveness and safety of the use of drugs, medical devices, medical nutrition and other methods of treatment
	Provision of palliative care in collaboration with specialist doctors and other healthcare professionals
	Organization of personalized treatment of a patient, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment
The necessary skills	Make a treatment plan for patient, taking into account the diagnosis, age of the patient, the clinical picture of the disease in accordance with the orders for the provision of medical power, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
	Prescribe drugs, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Appoint a non-medicated treatment based on diagnosis, age and clinical picture of the disease in accordance with the orders of care, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
	To assess the effectiveness and safety of the use of drugs, medical devices and medical nutrition
The necessary knowledge	Modern methods of using drugs, medical devices and medical nutrition for diseases and conditions in a patient in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	The mechanism of action of drugs; medical products and medical food, medical indications and contraindications for their use; complications caused by their use
	Modern methods of non-drug of treating diseases and conditions in a patient in accordance with applicable orders of care, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
	Mechanism of action of non-drug treatment; medical indications

	and contraindications to its appointment; side effects, complications caused by e of application
	The procedure for the provision of palliative care

4. Labor function

Name	Implementation and control of the effectiveness of medical rehabilitation of the patient, including in the implementation of individual rehabilitation and habilitation programs for the disabled, assessment of the patient's ability to carry out labor activities	Code	A/04.7	Skill level (sublevel)	7
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Labor activities	Conducting an examination of temporary disability and work as part of a medical commission that examines temporary disability
	Preparation of the necessary medical documentation for the implementation of medical and social expertise in federal state institutions of medical and social expertise
	Implementation of measures for medical rehabilitation of a patient, including during the implementation of an individual program of rehabilitation or habilitation of disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Referral of a patient in need of medical rehabilitation to a specialist doctor for the appointment and implementation of medical rehabilitation measures, including when implementing an individual rehabilitation or habilitation program for disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care taking into account the standards of medical care
	Referral of a patient in need of medical rehabilitation to a specialist doctor for the appointment and conduct of spa treatment, including when implementing an individual rehabilitation or habilitation program for the disabled, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on issues provision of medical care, taking into account the standards of medical care
	Evaluation of the effectiveness and safety of medical rehabilitation measures for a patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Referral of a patient with persistent dysfunction of the body caused by diseases, the consequences of trauma or defects for a medical and social examination
	The necessary skills
	Determine medical indications for performing I measures of medical rehabilitation, including the implementation of individual programs of rehabilitation or habilitation of persons with disabilities, in accordance with the orders of care, clinical guidelines (treatment protocols) on the provision of medical care based on standards of care
	Carry out measures of medical rehabilitation of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Determine medical specialists for carrying out rehabilitation measures to a patient

	in need of medical rehabilitation, taking into account the diagnosis and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Appoint a spa treatment to the patient in need of conducting and medical rehabilitation, including the implementation of individual programs of rehabilitation or habilitation of persons with disabilities, in accordance with the orders of care, clinical guidelines (treatment protocols) on the provision of medical care to the standards of medical help
	Monitor the implementation and evaluate the effectiveness and safety of rehabilitation measures, including when implementing an individual rehabilitation or habilitation program for disabled people, taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
The necessary knowledge	The procedure for the examination of temporary disability and signs of temporary disability of the patient
	The procedure for referring a patient to a medical and social examination
	Signs of persistent dysfunction of the body due to diseases, the consequences of trauma or defects
	Rules for the preparation and issuance of medical documents when referring patients to provide specialized medical care, to sanatorium-resort treatment, to medical and social expertise
	Measures for the patient's medical rehabilitation, medical indications and contraindications for their implementation, taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Medical indications and contraindications for the appointment of spa treatment as a stage in the patient's medical rehabilitation
	Features of medical rehabilitation of elderly and senile patients

5. Labor function

Name	Carrying out and monitoring the effectiveness of measures on prevention and healthy lifestyles, and sanitary and hygienic Enlightenment Russian population	ode	A/05.7	Skill level (sublevel)	7
Labor actions	Organization and conduct of preventive medical examinations taking into account age, health status, profession in accordance with the current regulatory legal acts and other documents				
	Organization and control of immunization of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care				
	Implementation of clinical examination of the adult population with the aim of early detection of chronic non-communicable diseases and the main risk factors for their development in accordance with the current regulatory legal acts and other documents				

	Conducting dispensary observation of patients with identified chronic non-communicable diseases
	Monitoring compliance with preventive measures
	Determination of medical indications for the introduction of restrictive measures (quarantine) and indications for referral to a specialist doctor in the event of infectious (parasitic) diseases
	Registration and sending to the territorial body of the Federal Service for Supervision of Consumer Rights Protection and Human Wellbeing of an emergency notification when an infectious or non-infectious disease is detected
	Carrying out anti-epidemic measures in the event of a focus of infection, including quarantine measures when detecting especially dangerous (quarantine) infectious diseases
	Formation of programs for a healthy lifestyle, including programs for the consumption of alcohol and tobacco, prevention and fight against non-medical use of narcotic drugs and psychotropic substances
	Evaluation of the effectiveness of preventive work with patients
The necessary skills	Premedical survey with regard to age, state of health, the profession in accordance with the normative legal acts and other documents
	Organize and conduct immunization against infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	Conduct prophylactic medical examination of the adult population with the aim of early detection of chronic non-communicable diseases, the main risk factors for their development
	Conduct dispensary observation of patients with identified chronic non-communicable diseases, including patients with high and very high cardiovascular risk
	Prescribe preventive measures to patients taking into account risk factors for the prevention and early detection of diseases, including socially significant diseases
	Determine medical indications for the introduction of restrictive measures (quarantine) and indications for referral to a specialist doctor
	Conduct sanitary and anti-epidemic measures in the event of a focus of infection
	Develop and implement programs for the formation of a healthy lifestyle, including programs to reduce alcohol and tobacco consumption, prevent and combat non-medical use of narcotic drugs and psychotropic substances
The necessity knowledge	Normative legal acts and other documents regulating the procedure and conduct of medical examinations, medical examination and dispensary observation
	P Principles of dispensary observation of patients with non-communicable diseases and risk factors in accordance with the regulations and other documents
	The list of specialist doctors involved in medical examinations, clinical examination
	Rules for conducting sanitary and anti-epidemic measures
	Forms and methods of sanitary and educational work on the formation of elements of a healthy lifestyle, including programs to reduce the consumption

	of alcohol and tobacco, to prevent and combat non-medical use of narcotic drugs and psychotropic substances
	Principles for the application of specific and non-specific prophylaxis of infectious diseases, the national calendar of preventive vaccinations and the calendar of preventive vaccinations for epidemic indications
	Legislation of the Russian Federation in the field of health protection, sanitary rules and regulations
	Preventive measures taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care

6. Labor function

Name	Support of medical records and ORGANIZATION activities at the disposal of the average medical personnel	Code	A/06.7	Skill level (sublevel)	7
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Labor actions	Drawing up a plan and a report on their work, issuing a passport for a medical (therapeutic) site
	Analysis of morbidity, disability and mortality rates for the health characteristics of the attached population
	Maintaining medical records, including in electronic form
	Monitoring the fulfillment of official duties by a district nurse and other medical workers at the disposal
	Ensuring internal quality control and safety of medical activities within the scope of job duties
The necessary skills	Composition To be work plan and report on their work, execute passport medical (therapeutic) portion
	Analyze data from official statistical reporting, including forms of federal and sectoral statistical observation
	Work with personal data of patients and information constituting medical secrets
	Analyze the medical and statistical indicators of morbidity, disability and mortality to assess the health of the attached population
	Fill out medical documentation, including in electronic form
	Control the performance of official duties by the district nurse and other medical workers at the disposal
	Use professional activity Information a e systems and information body communicative network "Internet"
The necessity knowledge	Legislation of the Russian Federation in the field of health protection, regulatory legal acts and other documents defining the activities of medical organizations and medical workers
	Medical and statistical morbidity, disability and mortality, characterizing health is, attached population, the procedure for their calculation and evaluation
	Rules for the preparation of medical documentation in medical organizations providing outpatient medical care, including at home when calling a medical worker
	Monitoring the fulfillment of official duties by a district nurse and other medical workers at the disposal

	About ORGANIZATION care in health care organizations that provide medical care on an outpatient basis, including at home when you call the health worker
	Rules for working in the information systems and information body communicative network "Internet"

3. REQUIREMENTS FOR THE RESULTS OF LEARNING OOP VO

3.1. Requirements of the Federal State Educational Standard of Higher Education for the results of mastering the OOP in the format of competencies

A graduate who has mastered the basic educational program of higher education 31.05.01 General Medicine, should have the following **general cultural competence** (OK):

- the ability for abstract thinking, analysis, synthesis (OC-1);
- the ability to use the foundations of philosophical knowledge to form an ideological position (OC-2);
- the ability to analyze the main stages and patterns of the historical development of society for the formation of a civic position (OC-3);
- the ability to act in non-standard situations, to bear social and ethical responsibility for the decisions made (OC-4);
- readiness for self-development, self-realization, self-education, use of creative potential (OC-5);
- the ability to use methods and means of physical culture to ensure full-fledged social and professional activity (OC-6);
- willingness to use first aid techniques, methods of protection in emergency situations (OC-7);
- willingness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences (OC-8).

A graduate who has mastered the basic educational program of higher education software specialty 31.05.01 General Medicine, should have the following **general professional competences**:

- readily of routine tasks of professional activity with the use of information, bibliographic resources, biomedical terminology, information and communication technologies, and taking into account the main information security requirements (OPC-1);
- the readiness for communication in oral and written forms in Russian and foreign languages for solving problems of professional activity (OPC-2);
- the ability to use the basics of economic and legal knowledge in professional activities (OPC-3);
- the ability and willingness to implement ethical and deontological principles in professional activities (OPC-4);
- the ability and willingness to analyze the results of their own activities to prevent professional errors (OPC-5);
- readiness to maintain medical records (OPC-6);
- the readiness to use basic physical and chemical, mathematical and other natural science concepts and methods in solving professional problems (OPC-7);
- the readiness for medical use of drugs and other substances and their combinations in solving professional problems (OPC-8);
- the ability to assess morphofunctional, physiological conditions and pathological processes in the human body for solving professional problems (OPC-9);
- the ability to ensure the organization of patient care and the provision of primary pre-medical health care (OPC-10);

the readiness to use medical devices, provided for by the procedures for the provision of medical care (OPC-11).

A graduate who has mastered the basic educational program of higher education in the specialty 31.05.01 General medicine must have the following **professional competencies**:

in Medical activity:

the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the onset and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, as well as aimed at elimination of the harmful effects of environmental factors on human health (PC-1);

the ability and readiness to conduct preventive medical examinations, medical examination and dispensary observation (PC-2);

ability and willingness to provide anti-epidemic measures first, protect the organization in the centers of population of especially dangerous infections, worsening of the radiation situation, natural disasters and other emergency situations, (PC-3);

the ability and readiness to use social and hygienic methods for collecting and medical-statistical analysis of information on the indicators of public health (PC-4);

the readiness to collect and analyze the patient's complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize the condition or establish the presence or absence of a disease (PC-5);

ability to the definition in the patient and BASIC x pathologically x states symptom s, the syndrome s disease, clinical entities in accordance with the International Statistical Classification of Diseases and problems associated with health, X revision (PC- 6);

the readiness to conduct an examination of temporary disability, to participate in the conduct of a medical and social examination, to ascertain the biological death of a person (PC-7);

willingness to determining tactics patients with various nosological forms (PC-8);

readiness to manage and treat patients with various nosological forms on an outpatient basis and in a day hospital (PC- 9);

readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care (PC- 10);

readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention (PC-11);

readiness to conduct physiological pregnancy; delivery of childbirth (PC-12);

willingness to participate in the delivery of health care at an extremely s situation s, including those involved in medical evacuation (PC-13);

willingness to determining the need for a natural therapeutic factor, drug, not medicated second therapy and other methods in patients in need of medical rehabilitation and sanatorium treatment (PC-14);

the readiness to teach patients and their relatives the basic hygienic measures of a health-improving nature, the skills of self-control of the main physiological parameters that contribute to the preservation and strengthening of health, the prevention of diseases (PC-15);

readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills (PC-16);

in organizational and managerial of activity and :

the ability to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural units (PC-17);

willingness to participate in assessing the quality of medical care using the main medical and statistical indicators (PC-18);

the ability to organize medical assistance in emergency situations, including medical evacuation (PC-19);

in RESEARCH of activity and :

readiness for analysis and public presentation of medical information and based on evidence-based medicine (PC-20);

the ability to participate in scientific research (PC-21);

willingness to participate in the implementation of new methods and techniques aimed at protecting the health of citizens (PC-22).

3.2. Comparison of the description of qualifications in the professional standard with the requirements for the results of the preparation of the Federal State Educational Standard of Higher Education

Professional standard		conclusions
Generalized labor function (OTF) "Provision of primary copper to sanitary means of the adult population in the outpatient setting, without providing round the clock medical observation and treatment, including at home when you call the health professional "	Professional activities (VPA): - medical; - organizational and managerial; - research.	correspond
Labor functions (TF):	Professional competencies (PC):	
Provision of medical care to a patient in urgent or emergency forms (A/01.7)	- readiness to participate in the provision of emergency medical care for conditions requiring urgent medical intervention (PC-11); - readiness to participate in the provision of medical assistance in emergency situations, including participation in medical evacuation (PC-13); - the ability to organize medical assistance in emergency situations, including medical evacuation (PC-19);	corresponds
Carrying on patient with the purpose of diagnosis (A/02.7)	- readiness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security (OPC-1); - readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease (PC-5); - the ability to determine the patient's main pathological conditions, symptoms,	correspond

	disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Health Problems, X revision (PC-6);	
Prescribing treatment and monitoring its effectiveness and safety (A/03.7)	<ul style="list-style-type: none"> - readiness for medical use of drugs and other substances and their combinations in solving professional problems (OPC-8); - readiness to determine the tactics of managing patients with various nosological forms (PC-8); - readiness to manage and treat patients with various nosological forms on an outpatient basis and in a day hospital (PC-9); - readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care (PC-10); - readiness to participate in the provision of emergency medical care for conditions requiring urgent medical intervention (PC-11); 	correspond
Implementation and monitoring of the effectiveness of medical rehabilitation of the patient, including the implementation of individuals - GOVERNMENTAL programs of rehabilitation or habilitation of persons with disabilities, assessment of the patient's ability to carry out labor activities (A/04.7)	<ul style="list-style-type: none"> - readiness to determine the need to use natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment (PC-14); 	correspond
Carrying out and monitoring the effectiveness of interventions for the prevention and formation of healthy lifestyles and sanitary - hygienic Enlightenment Russian population (A/05.7)	<ul style="list-style-type: none"> - the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the occurrence and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, as well as aimed at elimination of the harmful effects of environmental factors on human health (PC-1); - ability and willingness to conduct preventive medical inspection, clinical examination and implementation of 	correspond

	<p>follow-up (PC-2);</p> <ul style="list-style-type: none"> - the ability and readiness to carry out anti-epidemic measures, organize the protection of the population in the centers of especially dangerous infections, with a worsening radiation situation, natural disasters and other emergencies (PC-3); - readiness to teach patients and their relatives the basic hygienic measures of a health-improving nature, the skills of self-control of the main physiological indicators, contributing to the preservation and strengthening of health, the prevention of diseases (PC-15); - readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills (PC-16); 	
<p>Maintaining medical records and organization of activities at the disposal of secondary medical (A /06.7)</p>	<ul style="list-style-type: none"> - readiness to maintain medical records (OPC-6); - the ability and readiness to use social and hygienic methods for collecting and medical and statistical analysis of information on health indicators of the population (PC-4); - willingness to conduct an examination of temporary disability, participation in medical and social examination, ascertaining the biological death of a person (PC-7); - the ability to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions (PC-17); - readiness to participate in assessing the quality of medical care using the main medical and statistical indicators (PC-18); - the ability to organize medical assistance in emergency situations, including medical evacuation (PC-19). 	<p>correspond</p>

4. DOCUMENTS REGULATING THE CONTENT AND ORGANIZATION OF THE EDUCATIONAL PROCESS IN THE IMPLEMENTATION OF OOP IN A SPECIALTY 31.05.01 L EDUCATIONAL CASE

4.1. Program documents of an integrating, interdisciplinary and cross-cutting nature, ensuring the integrity of the competence- oriented OOP VO (presented in the application) .

4.1.1. Curriculum and calendar of the educational process (APPLICATION 1)

The curriculum displays the logical sequence of mastering the cycles and sections of the OOP (disciplines, modules, practices) that ensure the formation of competencies. The total labor

intensity of disciplines, modules, practices in credit units, as well as their total and classroom labor intensity in hours, is indicated.

The Specialist program consists of the following blocks:

Block 1 "Disciplines (modules)" , which includes disciplines (modules) related to the basic part of the program and disciplines (modules) related to its variable part.

Block 2 "Practices, including research work (R&D)" , which in full refers to the basic part of the program.

Block 3 "State final certification" , which in full refers to the basic part of the program.

Disciplines (modules) and practices related to the basic part of the specialist's program are mandatory for the student to master. The set of disciplines (modules) and practices related to the basic part of the specialty program is determined by the educational organization independently in the amount established by the data of the Federal State Educational Standard of Higher Education, taking into account the corresponding approximate basic educational program (if any). Within the framework of the basic part of Block 1, the specialty program implements the following disciplines (modules): "Philosophy", "History", "Foreign language", "Life safety".

The volume, content and procedure for the implementation of these disciplines (modules) are determined by the educational organization independently. For each discipline, practice, the types of educational work and the form of intermediate certification are indicated.

Within the framework of Block 1 of the specialty program, disciplines (modules) "Physical culture and sports " are implemented in the amount of 72 academic hours (2 credit units) for full-time education in the form of lectures, practical exercises, as well as classes on the reception of standards of physical fitness and "Elective courses in physical culture and sports "in the amount of 328 academic hours for full-time training in the form of practical exercises to ensure the physical fitness of students, including for the preparation and delivery of standards of physical fitness.

Disciplines "Physical culture and sports " and "Elective courses in physical culture and sports " are implemented in the manner established by the educational organization. For people with disabilities and persons with disabilities, the educational organization establishes a special procedure for mastering the disciplines (modules) "Physical culture and sports " and "Elective courses in physical culture and sports " .

Disciplines (modules) related to the variable part of the specialist's program are determined by the educational organization independently, in the amount established by the data of the Federal State Educational Standard of Higher Education. The variable part of Block 1 presents the disciplines that are compulsory for all students to study, and the disciplines of the student's choice (elective disciplines). After the student has chosen the appropriate disciplines (modules) of the student's choice, these disciplines become compulsory for mastering.

Specialist program structure

Specialist program structure		Volume specialty program in credits.
Block 1	Disciplines (modules)	327
	Basic part	291
	Variable part	36
Block 2	Practices, including research work (R&D)	30
	Basic part	30
Block 3	State final certification	3
	Basic part	3
Specialist program scope		360

Block 2 "Practices, including research work (R&D)" includes educational and hospital practices with sections of research work, regulated by the course outlines of practices.

Educational practice is carried out in the following forms:
practice in obtaining primary professional skills and abilities, including primary skills and research skills;
clinical practice.

Ways of conducting educational practice:
stationary.

Hospital practice is carried out in the following forms:
practice to obtain professional skills and professional experience;
clinical practice;
research work.

Ways of conducting hospital practice:
stationary;
exit.

The choice of places for training for persons with disabilities is made taking into account the health status of students and the requirements for the availability of organizations and institutions - places of practice.

Block 3 "State final certification" includes preparation for passing and passing the state exam.

The implementation of practical training of students, carried out in accordance with the procedure for organizing and conducting practical training of students for a professional educational program, as well as state final certification, is not allowed using e-learning and distance learning technologies.

4.1.2. Matrix of competencies, passports and programs for the formation of all compulsory general cultural, general professional and professional competencies in students of the university when mastering the general educational program of HE (Matrix of competencies - APPLICATION 2) .

4.1.3 . Basic requirements for the State final certification of graduates in the specialty 31.05.01 " General Medicine " .

The state final certification of a graduate of a higher educational institution is mandatory and is carried out after the mastering of the basic educational program of higher education in full.

The main requirement of the state final certification (SFC) is to ensure the quality assurance of specialist training. SFC are conducted in accordance with the regulations:

- Federal Law of the Russian Federation of December 29, 2012 No. 273-FZ "On Education in the Russian Federation";
- Federal state educational standard of higher education in the specialty 31.05.01 General Medicine, approved by the Russian Federation Ministry of Education and Science of the number 95 of February 9 201 6 g ;
- The procedure for organizing and carrying out educational activities for educational programs of higher education - bachelor's programs, specialty programs, master's programs, approved by order of the Ministry of Education and Science of the Russian Federation dated 05.04.2017 No. 301 (registered with the Ministry of Justice of the Russian Federation on 14.07.2017, reg . No. 47415) ;
- The procedure for conducting state certification for educational programs of higher education - bachelor's programs, specialist programs, master's programs, approved by order of the Ministry of Education and Science of the Russian Federation No. 636 dated June 29, 2015 ;
- Order of the Ministry of Education and Science of Russia of April 28, 2016 N 502 "On Amendments to the Procedure for Conducting State Final Certification for Educational Programs of Higher Education - Bachelor's Programs, Specialist Programs and Master's Programs, approved by order of the Ministry of Education and Science of the Russian Federation of June 29, 2015 N 636 "(Registered in the Ministry of Justice of Russia on 05.24.2016 N 42233) ;

- The regulation "On the state final certification of USMU graduates completing the development of special education, bachelor's and master's degrees" was approved and put into effect by order of the rector No. 730- p dated 26.11.2018.;
- The position of "On the state final certification of graduates , the final development of the OOP IN the specialty 31.05.01 General Medicine, approved by order No. 135-r dated 12.03.2019 .

The purpose of the SFC: identify the compliance of the training of the graduate to the requirements of the federal state educational standard of higher education in the specialty 31.05.01 Medicine.

The content of the SFC and the program meets OOP specialty 31.05.01 General Medicine , which is developing a graduate of the training time (APPLICATION 5). The SFC provides for an interdisciplinary examination with the involvement of representatives of OOP. Certification includes three stages:

Stage I - interdisciplinary testing. It is conducted in a computer class using test items for disciplines (modules) of Block 1. The test items option includes 100 questions. The composition of the test items is subject to annual update in accordance with modern trends in practical health care. The test results are assessed as "passed", "not passed " (the student answered correctly less than 70% of the questions).

Stage II - determination of the level of mastering by the graduate of practical skills and abilities (practical training). It exists on the appropriate clinical bases, provides for the assessment of the graduate's entire volume of skills and abilities for professional activity, including practical training in surgery, therapy and obstetrics and gynecology.

The results of practical skills and abilities are assessed as "done" or "not done".

Stage III - interdisciplinary interview. It includes checking the integrity of the graduate's professional training, i.e. the level of his competence in the use of a theoretical basis for solving specific professional situations. The interview is conducted on 2 situational tasks with a description of clinical and laboratory-instrumental data of patients of various profiles. The assessment in this case is the degree of the graduate's ability to develop and implement optimal solutions to such situations based on the integration of the content of the disciplines included in the certification test. During the third stage of the final certification, tasks can be used that include sets of evaluation control and measuring materials, which can be accompanied by illustrations, blood test data, electrocardiograms, radiographs and other materials corresponding to the patient's clinical situation (task).

During an interview with members of the state examination committee, the student demonstrates clinical thinking, draws conclusions, formulates a diagnosis, prescribes a treatment plan for the patient, determines the prognosis, and develops preventive measures. The student's answers to each question of the problem are evaluated depending on the completeness and correctness of it (in comparison with the standard). The results of the interview for each problem are summarized and evaluated on a five-point system.

4.2. Disciplinary-modular program documents of the competence- oriented OOP VO (in Appendices 3-4) :

4.2.1. Course outlines of academic disciplines (modules), with the EVALUATION MATERIALS attachment .

Each discipline , including the variable part of the curriculum , the discipline of the student's choice is provided by the teaching materials. Course outlines are developed and stored at the departments. The course outlines of the disciplines are posted on the educational portal (www.Educa.Ru ; edu.Usma.Ru), annotations to them - on the official website of the university (www.Usma.Ru) .

The variable part of Block 1 of the Discipline (modules) by the decision of the methodological commission of the specialty and the Academic Council includes :

Compulsory disciplines: Culturology (Russian language and culture), Clinical andrology, Clinical aspects of physical and colloidal chemistry, Fundamentals of research work, Fundamentals of evidence-based medicine, Outpatient surgery, Legal framework for a doctor, Outpatient and polyclinic care in obstetrics and gynecology, Pediatric surgery, General practice and preventive medicine, Practical and communication skills of a doctor, Elective courses in physical education.

Optional disciplines (DV): DV.1. Scientific speech style, Intercultural communication; DV.2. Medical translation, Business Russian; DV.3. Medical terminology, Professional communication in Russian; DV.4. Physiological aspects of health, Hygienic education, Introduction to osteopathy, Medicinal plants of the Urals; DV.5. Clinical Dietetics; Functional research methods in cardiology; Topical issues of infectious pathology; Skin manifestations in somatic pathology; Selected questions of radiation diagnostics; DV.6. Current approaches to diagnosis and stroke treatment, Modern Problems of Gynecological Endocrinology, diagnostic difficulties and tactics in surgery in elderly patients, intensive therapy of emergencies, palliative care, Neoplastic Diseases in activity of the doctor of general practice, the risk groups identified by the emergence of malignant tumors skin.

Course outlines of disciplines (APPLICATION 3).

4.2.2. Program Scholastic 's and production practices, with the EVALUATION MATERIALS application

In accordance with the OOP VO section of the main educational programs of higher education "Practice, including scientific research" it is optional and represents the kind of training sessions specifically targeting professional and practical training of students. Practitioners consolidate the knowledge and skills acquired by students as a result of mastering theoretical courses, develop practical skills and contribute to the integrated formation of general cultural, general professional and professional competencies of students (Practice programs - APPLICATION 4).

Practices are conducted in accordance with regulatory documents:

- Regulation m "On the practice of students mastering the basic professional educational programs of higher education", approved by order of the Ministry of Education and Science of the Russian Federation No. 1383 of November 27, 2015
- Position m "On the order of the practice of students FGBOU IN UGMU Ministry of Health and at undergraduate, specialty programs, graduate programs", approved by the Academic Council UGMU 16.03.2018 (Minutes № 7) and enacted by Rector's order № 164 from 03.21.2018 Mr. ...

4.2.3. Research and development programs for students.

The program for the implementation by students of educational and research work, participation in research work, as an interdisciplinary component of the general educational program of VO, aimed at the formation of general cultural, general professional and professional competencies in the field of research activities, is presented in the Regulations and on R&D S \ UIR S F GBOU VO USMU of the Ministry of Health of the Russian Federation.

5. RESOURCE SUPPORT OF OOP IN SPECIALTY 31.05.01 MEDICAL CASE

5.1. Information support of the educational process in the implementation of the OOP in the specialty 31.05.01 General Medicine

5.1.1. Provision of educational and educational-methodical literature.

The fund of educational and educational-methodical literature in the USMU library - more than 171.5 thousand copies of modern textbooks and teaching aids published over the past 5 years (59% of the total fund) and 10 years, in the vast majority of those recommended by the Educational-Methodological Association for Medical and pharmaceutical education of Russian

universities (UMO) for medical universities, including those developed and published by the teachers of USMU. On average, the number of copies of educational literature per student is 0.5 - 1 copy. The sources of educational information are constantly updated, including through the effective methodological work of the university teaching staff.

5.1.2. Provision of official, periodical, reference and bibliographic publications, scientific literature

The USMU library subscribes to the official, periodicals necessary for a more in-depth study of the disciplines included in the OOP. A regularly updated collection of reference and bibliographic publications and scientific literature has been formed: scientific literature - 1615 copies / 386 titles, 571 reference books / 58 titles, medical encyclopedias 128 copies / 16 titles, dictionaries 105 copies / 10 titles.

5.1.3. Availability of electronic sources of information

Electronic sources of information, electronic educational resources are posted on the official website www.usma.ru and the educational portal educa.ru, edu.usma.ru (an educational program information, curriculum, teaching and other documents that provide the educational process, fixing running of the educational process, interim assessment of the results and the OOP development results), on the training portal educa.ru, edu.usma.ru the course outlines of disciplines, programs of practices, programs of a SFC, funds of assessment tools are presented in the electronic library of USMU (EDB).

5.1.4. Access to electronic databases

Students and teachers are provided with unlimited access to electronic resources from any computer around the clock through:

- collective access to EDB from two halls of electronic information;
- electronic cards of individual access;
- access to Medline full text ;
- electronic catalogs of library USMU: full-text electronic Library System of educational and methodical literature "student adviser";
- the electronic catalog of the Central Scientific Medical Library of the First Moscow State Medical University of Sechenov.

Educational portal educa.ru includes methodical information, allow to support the learning process of distance learning technologies provide interactive communication of teachers and students in the educational and extracurricular time.

5.2. The main material and technical conditions for the implementation of the educational process in the OOP VO .

The educational process in OOP VO specialty 31.05.01 General Medicine is implemented in laboratories, educational and lecture halls of five buildings, equipped with modern equipment: stationary multimedia installations, laptops, computer equipment, the Internet, etc.

Information and communication technologies are actively used in the educational process: educational portal educa.ru automated control system Tandem , website do.teleclinica , supporting the electronic support of the educational process, and the use of electronic textbooks, teaching aids , reference literature and other electronic educational resources (electronic library system "Student Consultant", information full-text resource " Medlin e full text " , etc.)

Simulation learning technologies are also used in the educational process, starting from the 1st year . Practical classes for a number of specialized disciplines are organized at the Accreditation and Simulation Center . At clinical departments, dummies and phantoms, imitators of sounds (noises), visual information materials , devices, medical equipment are presented .

Training of specialists in specialized disciplines is carried out at clinical bases equipped with modern high-tech equipment:

- State Budgetary Healthcare Institution of the Sverdlovsk Region "Sverdlovsk Regional Clinical Hospital No. 1";
- State budgetary health care institution of the Sverdlovsk region "Sverdlovsk regional oncological dispensary";
- State budgetary health care institution of the Sverdlovsk region "Sverdlovsk regional clinical psychiatric hospital";
- State Budgetary Healthcare Institution of the Sverdlovsk Region "Sverdlovsk Regional Clinical Psychoneurological Hospital for War Veterans";
- Municipal budgetary institution "Central City Clinical Hospital No. 1 of the Oktyabrsky District";
- Municipal budgetary institution "Central City Hospital No. 2 named after A.A. Mislavsky";
- Municipal Autonomous Institution "Central City Hospital No. 3";
- Municipal budgetary institution "Central City Clinical Hospital No. 6";
- Municipal budgetary institution "Central City Hospital No. 7";
- Municipal Autonomous Institution "City Clinical Hospital No. 14";
- Municipal Autonomous Institution "Central City Hospital No. 20";
- Municipal Autonomous Institution "Central City Clinical Hospital No. 23";
- Municipal Autonomous Institution "Central City Clinical Hospital No. 24";
- Municipal autonomous health care institution "City Clinical Hospital No. 40";
- Federal State Treasury Healthcare Institution "5 Military Clinical Hospital of the Forces of the National Guard of the Russian Federation";
- Municipal budgetary institution "Yekaterinburg Clinical Perinatal Center";
- Medical Association "New Hospital";
- State Autonomous Healthcare Institution of the Sverdlovsk Region Multidisciplinary Clinical Medical Center "SPC" Bonum ".

5.3. Staffing of the educational process.

The teaching staff (PPP), which implements the OOP VO in the specialty 31.05.01 General Medicine, is formed from highly qualified teachers with academic degrees and titles. The staffing of the staff of the teaching staff providing the PLO "Healing Business" is 100%.

The general degree of education in the field of education is 68.2%, the share of teachers with a doctorate degree is 18.2%. The share of full-time teaching staff who implement educational programs by age groups: 20-30 years old - 17.5%; 30-40 years old - 22.2%; 40-50 years old - 17.9%; 50-60 years old - 18.9%; 60-70 years old - 12.5%; 70 years and more - 11.0%.

All disciplines provided for by the main educational program are taught by the teaching staff of the corresponding qualifications. All teachers have a scientific specialty that corresponds to the profile of the disciplines taught.

Highly qualified teachers of the university are involved in the implementation of the PLO in the specialty 31.05.01 General Medicine, including:

- 5 Honored Scientists of the Russian Federation;
- 2 Chevaliers of the Order of Friendship;
- 21 Honored Doctors of the Russian Federation;
- 6 Honored Workers of Higher Education of the Russian Federation;
- 1 Honored innovator;
- 1 Laureate of the USSR State Prize;
- 3 Laureates of the Prize of the Government of the Russian Federation;
- 2 Laureates of the Prize of the Governor of the Sverdlovsk Region;
- 2 Laureates of the G.F. Langa;
- 5 laureates of V.N. Tatishchev and V.I. de Genin - founders of Yekaterinburg.

The main specialists, heads of large healthcare institutions of the Ural region, Sverdlovsk region, Yekaterinburg are involved in the educational process in OOP VO specialty 31.05.01 General Medicine:

- Minister of Health of the Sverdlovsk Region A.I. Tsvetkov;
- main freelance specialists of the Ural Federal District:
 cardiovascular surgeon - professor E.M. Idov;
 endocrinologist - professor T.P. Kiseleva;
 psychiatrist - professor K.Yu. Retunsky;
 ophthalmologist - professor S.A. Short;
 epidemiologist - professor A.A. Golubkova;
 occupational pathologist - professor N.V. Tall;
 otorhinolaryngologist - professor H.T. Abdulkerimov;
 neurologist - professor L.I. Volkova;
 phthisiatrician - professor S.N. Skorniyakov;
 urologist - professor V.N. Zhuravlev;
- main freelance specialists of the Ministry of Health of the Sverdlovsk Region:
 allergist-immunologist - professor E.K. Beltyukov;
 hematologist - T.S. Konstantinov;
 cardiovascular surgeon - associate professor K.V. Kondrashov;
 urologist - professor I.V. Bazhenov;
 forensic expert - D.L. Kondrashov;
 infectious diseases in children - professor A.U. Sabitov;
 pediatric surgeon - professor N.A. DAC;
 pediatric ophthalmologist - associate professor E.A. Stepanova;
 hygiene of children and adolescents - associate professor E.V. Anufrieva;
 otorhinolaryngologist - professor H.T. Abdulkerimov;
 audiologist-otorhinolaryngologist - associate professor K.I. Kartashov;
 reproductive health - associate professor S.R. Belomestnov;
 maxillofacial surgeon - associate professor I.N. Kostin;
- chief specialists of the Health Department of the Administration of the city of Yekaterinburg:
 chief therapist - associate professor V.G. Grachev;
 chief surgeon - associate professor A.V. Stolin;
 chief freelance oncologist - associate professor D.A. Demidov;
 chief freelance dermatovenerologist - associate professor M.A. Ufimtseva.

6. REGULATORY AND METHODOLOGICAL SUPPORT OF THE SYSTEM FOR ASSESSING THE QUALITY OF DEVELOPMENT BY STUDENTS OF OOP VO SPECIALTY 31.05.01 General Medicine

Assessment of the quality of training of graduates and mastering by students of OOP VO is carried out in accordance with the regulation "On the system for assessing the quality of training of students of the FSBEI HE USMU Ministry of Health of Russia"

Assessment of the quality of training of graduates, mastering by students of OOP VO 31.05.01 General Medicine includes an external and internal assessment of the quality of the content of OOP, internal and external assessment of the conditions for the implementation of OOP, an independent quality assessment. The system provides for planning quality goals, monitoring performance indicators, analyzing and making management decisions taking into account the achieved level. To assess the quality, measurable indicators and expert assessment, studying the opinions of stakeholders are used. Every year, as part of an independent quality assessment, a survey is conducted of OOP in whose interests educational activities are carried out.

The tasks of internal assessment of the quality of training of graduates of the specialty 31.05.01 General Medicine are solved by:

1. Consideration and approval of the prepared materials of the OOP VO at the department meetings .

2. Reviewing documents in accordance with the relevant Regulations , recommendations of internal reviewers .
3. Consideration, agreement, approval of materials .
4. Studying the opinions of students about the quality of the main educational program, its individual documents: course outlines of disciplines, a point-rating system for assessing educational achievements, etc.
5. Studying the opinion of students on the content, quality of organization and conduct of the educational process, its informational, methodological, resource support.
6. Analysis of the data of the annual monitoring of the activities of the departments on educational, methodological, educational work and discussion of the issue at the Academic Councils of the faculties and at the Academic Council of the University .

Problem of external evaluation of the quality of training of graduates solved by:

1. Participation in competitions for the best educational programs.
2. Passing public and professional accreditation of the OOP VO.
3. Passing state accreditation and OOP VO .

The tasks of an independent assessment of the quality of training of graduates are solved by :

1. Submission of educational and methodological manuals developed by the teaching staff of the university for the consideration of the possibility of assigning stamps to the federal authorities;
2. Annual study of public opinion, the opinion of OOP, graduates, etc. on such issues as:
 - quality of training of specialists, graduates of USMU, career success ;
 - the quality of the content of course outlines in disciplines and general education of HE in general;
 - OOP data of graduates;
 - number of applications for graduates and others .

Analysis up view I have of OOP, university graduates and other subjects of the educational process is conducted deans, methodical commission specialty, university management quality management and other units of the University.

The results are annually heard at the Academic Councils of the faculties and at the Academic Council of the University, the Central Methodological Council, where the relevant management decisions are made.

The results of the study of consumer opinion are brought to the attention of students, faculty, the public, published in the materials of scientific and methodological conferences, periodicals, the newspaper "Uralsky Medik", the university website.

Assessment of the quality of professional training of students is based on two approaches to assessment:

- “humanistic” approach, based on studying the opinions of subjects of the educational process (students, OOP), assessing their satisfaction with the quality of education, is characterized by a subjective assessment (expert assessment);

- "technological" approach, excludes the analysis of the student's opinion, but focuses on the assessment of formalized indicators of the quality of training and the achievement of criteria values by the subjects of the educational process . To assess the learning outcomes as an integral part of the system for assessing the quality of training of students operating at USMU, the EVALUATION MATERIALS is used for intermediate and final certification.

6.1. Funds of assessment tools for intermediate certification (presented in the annexes).

An assessment tools to conduct ongoing monitoring of progress and interim certification is an integral part of the CMO each discipline curriculum specialty. Test questions and typical tasks for practical exercises, laboratory and control works, colloquia, tests and exams; test tasks, lists of skills and abilities, pedagogical measuring materials are presented in accordance with

their purpose and place in the educational process in the course outlines of disciplines, methodological support for the student's independent work, on the websites of departments, etc.

6.2. Regulations on the Point-rating system (BRS) for assessing the educational achievements of students

1. General Provisions

1.1. The point-rating system for assessing the educational achievements of students, as one of the components of the quality management system of educational activities, is the initial stage of the transition to a modular-rating and credit-modular system of organizing the educational process at USMU and contributes to the solution of issues of academic mobility and recognition of the results of prior education.

1.2. The goal of introducing a point-rating system for assessing students' educational achievements is to improve the quality of professional training of USMU students and motivate their educational activities based on differentiating the assessment of students' educational achievements.

1.3. The point-rating system for assessing the educational achievements of students is aimed at solving the following tasks:

- Planning and stimulating the regular academic work of students, incl. independent work in the semester.
- Improving the organization of the educational process on the basis of an even distribution of students' academic work in the semester and monitoring of their educational achievements.
- Improvement of control and measuring technologies based on taking into account all types of students' educational work, developing the unity of requirements and objectifying the system for assessing students' academic achievements.
- The introduction of innovative pedagogical technologies for measuring and evaluating the educational achievements of students on the basis of information and computer technology, improving the quality of methodological support of the educational process.
- Formation of a rating of students on the basis of data on their personal educational achievements and to justify the moral and material incentives of students, including when assigning to practice, sending to residency, postgraduate studies, when addressing issues of OOP of graduates.
- Activation of the personal factor in the student environment, increasing the role of students' self-esteem, the introduction of the principle of competition in the educational process.
- Formation of an educational environment that allows for the transition to a credit-modular organization of the educational process.

1.4. The main principles of the implementation of the point-rating system for assessing the educational achievements of students:

- *Modularity of basic educational programs and academic disciplines.*
- *The systematic, regular and objective assessment of the results of students' academic work by assigning rating points.*
- *Cumulative results of students' educational work.*
- *The relationship between the goals of the implementation of basic educational programs, educational results and methods of measuring their achievement.*
- *Feedback, suggesting timely correction of the content and teaching methods of the academic discipline.*
- *Publicity and openness of the results of assessing the educational achievements of students.*
- *The invariability of the requirements for the rules and criteria for assessing the educational achievements of students.*

1.5. This Regulation establishes a uniform procedure for all faculties and departments of USMU and requirements for the implementation of a point-rating system for assessing the educational achievements of USMU students.

Issues related to the application of this Regulation in relation to specific academic disciplines are regulated by the Methodology of the point-rating system for assessing students' academic achievements in specific disciplines of the department, which is developed and approved at a meeting of the department, and is coordinated with the Educational and Methodological Management.

2. Definition of basic concepts

2.1. *The point-rating system for assessing the educational achievements of students* is a complex system of step-by-step assessment of the level of mastering of basic educational programs in the specialties of higher education using the modular principle of organizing the educational process.

2.2. *An educational module* is a part of the main educational program (a discipline of the curriculum or several disciplines combined on the basis of a competency-based approach), which forms a specific professional competence. Therefore, the selection of educational modules in the structure of the main educational program is preceded by the construction of its main content lines aimed at the formation of specific professional competencies.

2.3. *A disciplinary module* is a part of the course outline of a discipline, which has logical completeness and carries a certain functional load, and may include one or more didactic units.

A didactic unit is a meaningful element of knowledge or skills that is subject to assimilation in accordance with the Federal State Educational Standard of Higher Education and / or the course outline of the academic discipline.

2.4. *The current control of students' knowledge and skills* is a form of assessing the educational achievements of students in the process of mastering the academic discipline during the semester. The types of current control of knowledge and skills include, for example, midterm control upon completion of the study of a certain disciplinary module of an academic discipline, control of students' independent work, etc.

2.5. *Examination control of students' knowledge and skills* is a form of assessing the educational achievements of students in the process of passing the exam or test.

2.6. *A student's rating by discipline in a semester* is the sum of rating points that a student earned during a semester based on the results of *current control of knowledge and skills*.

A student's rating by discipline in a semester is made up of rating points, which the teacher evaluates during the semester different types of student's academic work: attending classrooms, current independent work, activity in practical classes, the results of midterm control activities in the semester, logically completing the study of a certain disciplinary module of the educational disciplines, etc.

2.7. *The student's examination rating by discipline* is the number of rating points received by the student in the discipline based on the results of examination control (exam or credit).

2.8. *The final rating of a student in a discipline* is a rating assessment of a student in an academic discipline (or a part of an academic discipline) studied in a semester, which is determined by summing up the rating points scored by a student in a discipline during a semester based on the results of current control (Student rating in a discipline in a semester), and rating points received by a student in a discipline based on the results of examination control (student's examination rating in a discipline).

2.9. *The evaluation assessment in a discipline* is a traditional type of assessment of students' knowledge and skills, formed on a 5-point scale, taking into account the final rating of the student in the discipline.

2.10. *The final rating of a student in a semester* is the average value of the final ratings of a student in the disciplines studied in the semester and completed by examination control (exam or credit).

2.11. *The final rating of a student upon completion of the mastering of the main educational program* is the average value of the final ratings of the student in the semester and rating points received for each type of certification tests that are part of the final state certification of students.

3. Rules for the formation of a student's rating assessment by academic discipline

3.1. The basis of the point- rating system for assessing the educational achievements of students is the modularity of the main educational programs implemented at USMU and academic disciplines.

The modular principle of organizing the educational process is based on structuring the content of basic educational programs into educational modules.

The modular principle of teaching academic disciplines is based on structuring the content of a specific academic discipline into disciplinary modules (didactic units).

3.2. The point- rating system for assessing the educational achievements of students consists in the formation of the final rating assessment of the student in each discipline on the basis of the cumulative principle.

3.3. The maximum amount of rating points that a student can score in any academic discipline in the semester based on the results of current and examination control of knowledge and skills is 100 rating points: 60 (80) points - the maximum student rating in the discipline in the semester and 40 (20) points - maximum examination rating by discipline.

3.4. The maximum student rating in a semester in a discipline depends on the form of examination control and is:

- 60 rating points if an exam is passed at the end of the semester in the discipline;
- 80 rating points, if at the end of the semester in the discipline a test is passed.

A student's rating in a semester in a discipline is made up of rating points, which the teacher assesses during the semester different types of student's academic work.

3.5. If a discipline is studied for several semesters, and its study ends with the delivery of a single reporting form (test or exam), then the final rating for the discipline is calculated as the sum of the values of two indicators: the average student's rating in the discipline in semesters (the average student rating in the discipline in semesters = rating of 1 semester + rating of 2 semesters + rating of 3 semesters, etc., divided by the number of semesters) and exam rating by discipline.

3.6. The maximum examination rating of a student in the discipline depends on the form of examination control and is:

- 40 rating points if an exam is passed at the end of the semester in the discipline;
- 20 rating points, if at the end of the semester in the discipline a test is passed.

3.7. Types of student's academic work, methodology and assessment criteria in rating points for current and examination control, the number of midterm control events in the semester, their form, content, number of tasks, timing and maximum assessment of each midterm control event in rating points, the structure of the midterm control ticket is determined and is approved at a meeting of the department for which the discipline is assigned. This information should be presented in the Methodology of the score-rate system of evaluation of educational achievements of students in the disciplines of the department.

At the department, for which the discipline is assigned, for the current and examination control of students' knowledge, a fund of test tasks is formed and periodically (once a year) is updated, and a system for their assessment is developed and approved at a meeting of the department.

3.8. The number, approximate terms and types of current monitoring of students' progress are established by the course outline of the discipline in the section "Thematic plan of practical classes." The list of control questions, test tasks, samples of exam tickets are given in the "Evaluation materials" of the educational-methodical complex of the discipline.

3.9. A point- rating system for assessing the academic achievements of USMU students in each discipline is introduced at the beginning of the semester. The points in the summary sheets are entered as whole numerical values.

The department for which the discipline is assigned should inform the students through the information stand of the department and the educational portal about the methodology for assessing the academic achievements of USMU students in a specific discipline, the number of midterm control events in the semester, the timing, criteria for assessing the educational achievements of students during the current and examination control.

Changes and additions to the point-rating system for assessing students' academic achievements in a discipline whose study has already begun is not permissible.

3.10. Term papers on academic disciplines provided for by the curriculum of the specialty, when determining the student's rating, are considered as separate disciplines, and a 100-point rating scale is developed for their assessment; indicators and evaluation criteria are approved at a meeting of the department.

3.11. Evaluation of the results of educational and hospital practice, provided for by the curriculum of the specialty, is carried out in the process of passing them, submitting a report and holding a test. The final rating of the student based on the results of the practice is determined on a 100-point scale; indicators and assessment criteria are approved at a meeting of the department responsible for organizing and conducting student practice, and are agreed with the Educational and Methodological Department.

4. The procedure for determining the rating for the discipline

4.1. Information about the number of rating points gained by each student in the discipline during the semester is brought to the attention of students during the educational process through the educational electronic portals educa.usma.ru or do.teleclinica.ru . The assignment of the test and the exam in the discipline is carried out simultaneously with the publication / announcement of the final rating score for the discipline. For the timeliness and reliability of the information provided, the teacher who conducts training sessions in this discipline and the head of the department is responsible. Each student has the right to check with the teacher the current number of points in the course of mastering the discipline.

4.2. A student is admitted to the final control of the discipline (test or exam) in the event that his rating in the semester in the discipline is 40 or more rating points.

4.3. By decision of the meeting of the department, a student who showed an increased level of knowledge in the course of mastering the discipline can receive an "excellent" mark in the automatic format without passing an exam or credit . In this case, an analogue of the *examination rating for the discipline* is formed from the bonus (incentive) points (see clause 2.7). Bonus (incentive) points can be received by a student:

- for the high level of educational achievement demonstrated at midterm discipline controls;
- for demonstrating an increased level of educational achievements (research work, olympiads, competitions, etc.) in an academic group, USMU, the Ural region or the Russian Federation.

The number of bonus (incentive) rating points for specific disciplines is determined by the department, which is assigned to teach these disciplines.

The present Regulations do not provide a score below "excellent" in the automatic format.

4.4. For a student who chose to pass the exam or test in the "automatic" format, the *final rating in the discipline* (see clause 2.8.) Is determined by summing up the rating points scored by the student in the discipline during the semester based on the results of current control (Student rating in the semester), and bonus (incentive) rating points (Exam rating by discipline).

4.5. A student who, in order to increase the final rating in the discipline, refused to receive an assessment in the "automatic" format, passes the examination control on a general basis, losing the right to receive bonus points.

4.6. The final rating for the discipline and the corresponding evaluation mark for a student who has agreed to receive a mark in the "automatic" format is put by the examiner in the grade book and examination sheet only on the day of the examination control of the group where the student is studying.

4.7. A student's examination rating in a discipline on an exam of less than 20 rating points or on a test of less than 10 rating points is considered unsatisfactory (regardless of the student's rating in the discipline in the semester).

In this case, when determining the final rating of a student in the discipline, the unsatisfactory examination rating is taken into account, and the mark is given *unsatisfactory* in the examination sheet. The student has the right to retake the intermediate certification in the relevant discipline no more than twice within the time frame established by the university.

4.8. To transfer the final rating of a student in a discipline, the following scale is introduced into the evaluation mark:

Student's evaluation in the discipline in the case of examination control in the form of credit	The final rating of the student by discipline, rating points
"Not credited"	0 – 49
"Passed"	50 – 100

Student's evaluation by discipline in the case of examination control in the form of an exam	The final rating of the student by discipline, rating points
"Unsatisfactory"	0 – 59
"satisfactorily"	60 – 69
"Good"	70 – 84
"Excellent"	85 – 100

4.9. A student who has not arrived according to the schedule of the examination session for the examination control for a good reason has the right to retake it on an individual referral basis in the prescribed manner.

4.10. To inform students about the results of rating control of students' knowledge and enhance its influence on improving the quality of the educational process, the dean's offices, together with the students' council on the quality of education, based on the results of the examination session, form a summary rating list (see APPLICATION), which students can familiarize themselves with on the information boards faculties and / or educational portals educa.usma.ru or do.teleclinica.ru.

5. The procedure for adding rating points

5.1. The procedure for adding rating points is established in the following cases:

- if the student did not attend mid-term control events in the discipline during the semester;
- if the student has not completed the obligatory practical work provided for by the course outline of the discipline (laboratory work, abstracts, case histories, etc.);
- if the student has not received the established minimum rating points required for admission to a test or exam.

5.2. A student who does not appear at mid-term control events in the semester and / or has not completed mandatory practical work for an unjustifiable reason is allowed to perform mid-term control events and / or practical work with the permission of the dean's office, providing a written explanation of the reasons for the absence in class.

5.3. The student is admitted to the examination control in the disciplines, during the study of which the mandatory performance of practical work is provided, only after they have been completed and the reports have been submitted.

If this requirement is not met, the student will make an entry in the examination sheet during the examination control: *"not allowed"*.

5.4. The department, which is responsible for teaching the discipline, develops and organizes the procedure for increasing rating points to the established minimum, including setting dates,

determining the form of its holding, criteria for assessing retakes in rating points, and appoints responsible teachers.

The procedure for adding rating points is determined by the Methodology of the point-rating system for assessing the educational achievements of students in the disciplines of the department.

5.5. Students whose rating in the discipline in the semester did not exceed the established minimum and who underwent the procedure for adding rating points lose the right to pass the exam or test in the "automatic" format.

5.6. If the student failed to reach the established minimum during the procedure for gaining rating points in the discipline, then he is not allowed before the examination control (exam or credit).

6. Educational-methodological and organizational support for the implementation of the point-rating system for assessing the educational achievements of students

6.1. For educational and methodological support of the implementation of the point-rating system for assessing students' academic achievements, it is necessary to make adjustments to the educational and methodological complexes of disciplines: to structure the educational material into disciplinary modules (didactic units), to determine the types of midterm control, ranges of rating points for disciplinary modules with the allocation of points for each type of student's academic work, including overseas control measures to complete the study of the disciplinary module (didactic unit).

6.2. In the course outline of the discipline, disciplinary modules and / or didactic units must be defined and listed, according to the content of which mid-term control activities will be carried out. Each disciplinary module (didactic unit) must clearly formulate a didactic goal. Disciplinary modules (didactic units) should be numbered; for each semester of each academic year, a calendar plan should be drawn up for the report of students on their mastery.

In the educational and methodological complex of the discipline, all types of students' academic work that determine the rating should be listed, indicating the minimum and maximum number of rating points.

For each discipline, additional pedagogical control and measuring materials should be developed, which can be used at the request of the student for additional points at the end of the semester.

6.3. The proposed changes and additions to the educational and methodological complexes of disciplines are considered at a meeting of the department and approved by the head of the department.

6.4. For the organizational support of the implementation of the point-rating system for assessing the educational achievements of students, it is necessary to make adjustments to the forms of the register of attendance and current student performance, grade books and examination sheets.

6.5. To record, analyze and store the results of the current monitoring of student progress, the Journal of the current student progress and the system of electronic records of the current student progress are used.

In the Register of attendance and current student progress, the teacher clearly records in the rating points the attendance of practical classes, the current classroom and independent work of each student.

The teacher assigns rating points to the student for each midterm control event, records the retake results (in case of missing classroom lessons for a good reason), the results of passing the rating points procedure, displays the student's rating by discipline for the semester.

After each midterm control event, the teacher informs students about the amount of rating points they have scored.

6.6. At the last practical lesson in the discipline, the teacher sums up the rating points scored by each student during the semester, and determines the rating of the students of the academic group by discipline in the semester; informs students; informs the dates and times of the procedure for

adding rating points to those students whose discipline rating in the semester did not exceed the established minimum rating points; puts the current rating on the discipline in the Journal of Attendance and Current Performance of the Academic Group.

6.7. After completing the procedure for obtaining rating points, taking into account the results of retakes, the teacher deduces a rating for the discipline in the semester to those students who went through this procedure. A student who has successfully completed the procedure for adding rating points receives the minimum rating point established for this discipline as a rating for a discipline in the semester.

6.8. During the exam (offset), the teacher puts down the final rating in the discipline and the corresponding student's evaluation in the examination sheet.

6.9. At the end of the examination session at the information stand of the faculty and / or on the website of educational portals educa.ru , usma.ru lists of students are presented, indicating the certification and final rating points received in the session for all academic disciplines and the final ratings of students in the semester.

6.3. Regulations on the OOP DPA IN majoring 31.05.01 General Medicine (submitted to in Application 5) .

7 . ANNEXES

1. Curriculum.
2. Competence matrix.
3. Course outlines of disciplines (modules) , with the EVALUATION MATERIALS attachment .
4. Practice programs, with the EVALUATION MATERIALS application.
5. DPA program, Regulation "On the state final certification of graduates UGMU completing the development of the OOP VO majoring 31.05.01 General Medicine fond assessment tools for SFC .

Curriculum

APPLICATION I

Name	Forms of control				Credits	Total hours				1st year			2nd year			3rd year		4th year		5th year		6th year															
	Exam	Test	Test with mark	Reports		Asplanned	face-to-face learning	Individual work	Test	Sem. 1			Sem. 2			Sem. 3		Sem. 4		Sem. 5		Sem. 6		Sem. 7		Sem. 8		Sem. 9		Sem. A		Sem. B		Sem. C			
										Lecture	Lab	Pract	Lecture	Lab	Pract	Lecture	Lab	Pract	Lecture	Lab	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract	Lecture	Pract
Block 1. Disciplines (modules)																																					
Compulsory Courses (C.C.)																																					
Philosophy	4				5	180	102	51	27							16	32	18	36																		
Bioethics		1			2	72	44	28		1.2	32																										
History of Russia		1			3	108	64	44		3.2	32																										
History of Medicine		2			2	72	36	36				18	18																								
Law Basics		3			2	72	32	40								1.6	16																				
Economics		4			2	72	44	28										12	32																		
Russian Language	2				5	180	102	51	27				48	54																							
Latin Language			2		3	108	68	40										32	36																		
Psychology and Pedagogics		2			3	108	72	36					18	54																							
Mathematics and Physics		1			3	108	64	44		1.6	4	44																									
Medical Information Technologies		4			3	108	72	36																													
General Chemistry			1		3	108	64	44		3.2	16	16																									
Biological Chemistry	4				7	252	136	80	36							1.6	4	44	18	54																	
Biology	2				6	216	118	62	36	1.6	48	18	36																								
Human Anatomy	3				10	360	200	124	36	1.6	48	18	54	1.6	48																						
Operative Surgery and Regional Anatomy	5				5	180	120	33	27																												
Histology, Embryology and Cytology	3				6	216	120	69	27				18	54	1.6	32																					
Physiology	4				7	252	136	80	36							1.6	48	18	54																		
Microbiology and Virology	4				7	252	136	80	36							1.6	48	18	54																		
Immunology		3			3.0	108	68	40								1.6	16																				
General Immunology		3			1.5	54	32	22								1.6	16																				
Clinical Immunology		9			1.5	54	36	18																													
Pharmacology	6				7	252	136	80	36																												
Pathological Anatomy and Clinical Pathological Anatomy	6	C			8	288	166	86	36																												
Pathological Physiology	6				6	216	118	71	27																												
Hygiene	5				7	252	136	80	36																												
Public Health	9				6	216	128	61	27																												
Epidemiology		8			3	108	72	36																													
Physical Therapy and Rehabilitation		8			3	108	72	36																													
Clinical Pharmacology			B		3	108	72	36																													
Dermatovenereology		B			3	108	72	36																													
Neurology, Medical Genetics and Neurosurgery	7				6	216	156	42	18																												
Psychiatry and Medical Psychology	A				5	180	108	45	27																												
Otorhinolaryngology		9			3	108	72	36																													
Ophthalmology		9			3	108	72	36																													
Forensic Medicine		C			3	108	72	36																													
Lifesafety Basics and Disaster Medicine	7	2			7	252	126	99	27				18	36																							
Obstetrics and Gynecology	A	8		C	14	504	318	150	36																												
Pediatrics	7				10	360	216	117	27																												
Basics of Internal Medicine and Diagnostic Radiology	6				11	396	186	174	36																												
General Internal Medicine and Occupational Diseases	8				10	360	212	112	36																												
Advanced Internal Medicine	B	C		C	12	432	264	132	36																												
Endocrinology			C		2	72	60	12																													
Infectious Diseases	A				9	324	156	141	27																												
Phthisiology	9				5	180	104	49	27																												

Course outlines

Course outlines of disciplines (modules) with funds of evaluation means are presented in **Volume 2 of the** main educational program 31 .05.01 General Medicine.

Summary of course outlines

B1.B Basic part

B1.B.01 Philosophy

The goal of the discipline is to form the student's knowledge about a person, his place in the natural and social world, that is, a systemic, holistic understanding of the world, the connecting component of which is a person, his value orientations and cognitive abilities.

The main content of the discipline. The subject of philosophy . "Eternal questions" of being. The concept of "worldview" and "philosophy". Specificity of philosophical knowledge and language. Comparison of philosophy with natural scientific knowledge. The structure and functions of philosophical knowledge. Philosophy of life. Psychoanalysis. Existentialism. Philosophy of the second half of the XX century. Man and the world. The concept of substance. Spirit, Matter and Consciousness. Space and time. Organic evolution on Earth. Ontological status of earthly life. Human and nature.

Discipline certification form - exam.

B1.B.02 Bioethics

The purpose of the discipline is the formation of general cultural competencies of future specialists; formation of bioethical culture of future doctors; inclusion of future specialists in the realities of modern medicine with its values and problems; - instilling in students a sense of respect for national medicine; preparation of future specialists for the performance of professional duties in the conditions of multifaceted medicine and a market economy; developing a sense of duty and reverence for human life.

The main content of the discipline. Social and natural science reasons for the emergence of bioethics. Principles of Bioethics. Models of the doctor-patient relationship. Patient and Doctor's Rights. Basic ethical documents.

Discipline certification form - credit.

B1.B.03 History

The purpose of the discipline is to form a respectful attitude towards the history of your Fatherland, as a single multinational state, in the spirit of patriotism and internationalism, rejection

chauvinism in any form, propaganda of war; developing students' desire to contribute to solving global problems facing Russia; the formation of the most important cultural and historical landmarks for the civil self-identification of the individual, the assimilation of basic national values by students on the basis of studying the historical experience of Russia and humanity; mastering the basics of knowledge about the laws of the development of human society from antiquity to the present day, developing the ability to analyze, compare and evaluate information contained in various sources about events of the past and present.

The main content of the discipline. Methodology and methodology of historical knowledge. Eastern Slavs and Kievan Rus. Russian civilization in the history of the world Middle Ages. Moscow Russia (XIV - XVI centuries). The world is on the verge of a new history. Russia in the 17th century. The Russian state, society and modernization processes in the 18th - 19th centuries. Russia at the beginning of the XX century. (1900 - 1922). USSR and

Soviet society during the period of hospital transformations and reforms of the 1930-1970s. USSR world in the period of perestroika. RF at the turn of XX - early XXI centuries.
Discipline certification form - credit.

B1.B.04 History of medicine

The purpose of the discipline is to study the history, patterns and logic of the development of healing, medicine and medical activities of the peoples of the world throughout the history of mankind.

The main content of the discipline. The role of the history of medicine in the formation of the moral character of the modern doctor. Medicine in primitive society and countries of the Ancient World. Medicine of the Early, Classical and Late Middle Ages. Medicine of modern times. Medicine in Russia in the 18th and early 20th centuries. Medicine of XX - early XXI century.

Discipline certification form - credit.

B1.B.05 Law Basics

The purpose of the discipline is the formation of medical and legal theoretical knowledge, skills and practical skills in students in order to further use them in their medical practice.

The main content of the discipline . Theory of State and Law. Constitutional law of the Russian Federation. Labor law of the Russian Federation. Civil and family law in the Russian Federation. Administrative law of the Russian Federation. Criminal law in the Russian Federation. Civil and criminal procedure in the Russian Federation. Fundamentals of Medical Law.

Discipline certification form - credit.

B1.B.06 Economy

The purpose of the discipline is to prepare a highly qualified specialist with the basics of economic knowledge, able to apply them in practice, able to analyze social and economic problems, to be an active subject of social activity.

The main content of the discipline. Economic theory as a science. Market. The theory of the firm. Business fundamentals. Macroeconomics. Macroeconomics. Financial system. World economy. Russia during the transition to a market economy.

Discipline certification form - credit.

B1.B.07 Foreign language (Russian)

The purpose of the discipline is the mastering by students of the necessary amount of theoretical and practical knowledge of a foreign language, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician-general practitioner .

The main content of the discipline . The role of the healthcare professional in the world . Integration into the international medical space. Actual problems of the medical field in the modern world. Academic mobility as a factor in the success of a medical student.

Discipline certification form - exam .

B1.B.08 Latin

The purpose of the discipline is the formation of terminological literacy of future specialists, which allows them to consciously and competently use medical terms in Latin, as well as terms of Greek-Latin origin in Russian.

The main content of the discipline. Phonetic module. Anatomical module: nouns, adjectives, participles; structure of the anatomical term. Clinical module: Greek-Latin doublets

and terminology ; structure of the clinical term. Pharmaceutical module: recipe; botanical and chemical nomenclature; types of dosage forms; Greek segments in the name of medicines.

Discipline certification form - offset with assessment .

B1.B.09 Psychology and Pedagogy

The purpose of the discipline is the development of the fundamentals of psychology and pedagogy by students for the formation of general cultural and professional competencies based on the idea of a person as the highest value, the development of a humane attitude towards the patient, his relatives, colleagues, the personality of any person; the creation of a student's psychological, pedagogical, ethical, deontological worldview as a foundation for studying the disciplines of the professional cycle, and for subsequent professional activity and self-improvement.

The main content of the discipline. Subject and methods of pedagogy. Modern pedagogical methods and technologies of teaching and education. Self-education, self-study, self-development, goals and objectives of continuing medical education. Pedagogical aspects of a doctor's activity: teaching patients about the peculiarities, techniques and methods of leading a healthy lifestyle; conducting educational work among the population in order to prevent and combat diseases. The main psychological theories of personality and their classification: theories within the framework of the conflict model, models of self-realization, models of coherence, as well as domestic theories of personality. Psychological categories - temperament, emotions, motivation, will, abilities and character of a person, the need and ways of taking them into account in the professional activity of a doctor.

Discipline certification form - credit.

B1.B.10 Physics, mathematics

The purpose of the discipline is the development of professional competence based on the formation of fundamental natural - scientific knowledge in the field of physics and mathematics in students on the basis of a systematic approach, taking into account the focus of training a specialist on the object, type and area of professional activity.

The main content of the discipline. Mathematical methods for solving intellectual problems and their application in medicine. Safety regulations and work in the physical laboratory. The main physical phenomena and patterns that underlie the processes occurring in the human body. Characteristics of the impact of physical factors on the body. Physical foundations of the functioning of medical equipment.

Discipline certification form - credit.

B1.B.11 Medical informatics

The goal of the discipline is to form students' knowledge about the basic information processes occurring in biomedical systems; provide information about modern information technologies used in medicine; to study the principles of storage, search, processing and analysis of biomedical information using computer technology.

The main content of the discipline. Basic concepts of medical informatics. Optimization of diagnostics. Modeling. Stages of creating models. Optimization of treatment. Basic concepts and principles of work on the Internet. The use of information computer systems in medicine and healthcare.

Discipline certification form - credit.

B1.B12. Chemistry

The purpose of the discipline is to form ideas about the structure and transformations of organic and inorganic substances that underlie the processes of vital activity and affect these processes, in direct connection with the biological functions of these compounds.

The main content of the discipline. Basic laws of thermodynamics and chemical kinetics. The doctrine of solutions: properties of electrolyte and non- electrolyte solutions ; buffering

properties, physical and chemical properties. Heterogeneous equilibria. The structure and chemical properties of non-polymeric organic compounds. Natural high molecular weight compounds and their components.

Discipline certification form - offset with assessment.

B1.B.13 Biochemistry

The goal of the discipline is the formation of competencies necessary for the study of disciplines based on knowledge of biochemistry and in future professional activity through the formation of knowledge and ideas about the directions, molecular organization, regulation and integration of biochemical processes in the human body at different age periods.

The main content of the discipline. Fundamentals of the molecular organization of metabolic processes. Biological oxidation in the human body. Energy and plastic ways of carbohydrate metabolism in the human body. Energy and plastic pathways of lipid metabolism in the human body. The exchange of proteins, amino acids, nucleotides in the human body. Biochemical systems for maintaining homeostasis. Biochemistry of tissues and organs of the human body.

Discipline certification form - exam.

B1.B.14 Biology

The purpose of the discipline is to form students' systemic knowledge in the field of biological and environmental sciences and provide a natural science foundation for the professional training of a doctor, promote the development of a holistic natural science worldview, develop on this basis the skills of systemic and critical thinking in relation to the biological foundations of human health.

The main content of the discipline. Modern ideas about the essence of life. General laws of the origin and development of life on Earth. Cellular and molecular genetic levels of organization of biological systems. Organizational (ontogenetic) level of organization of biological systems. Population-specific level of organization of biological systems. Biogeocenotic and biospheric levels of organization of biological systems (Ecology). The phenomenon of parasitism.

Discipline certification form - exam.

B1.B.15 Anatomy

The purpose of the discipline is the development of professional competence based on the formation of students on the basis of a systemic and functional approach, topographic and anatomical principles of knowledge and skills in the anatomy and topography of organs and tissues of the human body, systems and apparatus of organs, taking into account the orientation of the training of a specialist - "medicine" on object, type and area of professional activity.

The main content of the discipline. With MAKING, topography and organ function. Individual, gender and age characteristics of the structure of the body. The relationship of the body with changing environmental conditions, the influence of environmental, genetic factors, the nature of work, profession, physical culture and social conditions on the development and structure of the body. Anatomical and topographic relationships of organs, their x-ray image. The variability of individual organs and their malformations. The importance of fundamental research in anatomical science for practical and theoretical medicine.

Regularities of the structure of the human body as a whole, anatomical and functional relationships of individual parts of the body with each other.

Discipline certification form - exam.

B1.B.16 Topographic anatomy and operative surgery

The purpose of the discipline is the anatomical and surgical training of students, which is necessary for subsequent studies at clinical departments and for independent medical activities.

The main content of the discipline. Formation of students' knowledge of topographic anatomy of areas, organs and systems; the formation of students' skills to apply the obtained topographic and anatomical knowledge to substantiate the diagnosis, explain the peculiarities of the course of pathological processes, solve diagnostic and operational-surgical problems. mastering by students of elementary operative actions and some typical surgical techniques.

Discipline certification form - exam.

B1.B.17 Histology , embryology, cytology

The goal of the discipline is to form students' fundamental knowledge, systemic natural science ideas about microscopic functional morphology and the development of human cellular, tissue and organ systems, which provide the basis for studying general professional disciplines and acquiring professional competencies.

The main content of the discipline. Studying the histofunctional characteristics of the main body systems, the patterns of their embryonic development, as well as functional, age-related and protective-adaptive changes in organs and their structural elements; study of histological international Latin terminology; developing students' skills in microscopic examination of histological preparations using a light microscope;

developing students' ability to identify organs, their tissues, cells and non-cellular structures at the microscopic level; the formation of students' ideas about the adaptation of cells and tissues to the action of various biological, physical, chemical and other environmental factors.

Discipline certification form - exam.

B1.B.18 Normal physiology

The purpose of the discipline is the formation and improvement of professional competencies in the training of a specialist on the basis of a systematic approach of the latest natural science knowledge in the field of general and private physiology, the concepts of the functioning of the human body as an open self-regulating system that carries out the processes of adaptation and communication of the body with the external environment.

The main content of the discipline. The organism. Cell. Physiology of excitable tissues . The concept of neurohumoral regulation of functions. Physiology of the central nervous system . Physiology of sensory systems . The integrative activity of the body. Higher nervous activity . Physiology of body fluids. Physiology of the blood system . Physiology of blood circulation. Basic laws of hemodynamics. Physiology of the myocardium. Physiology of respiration and energy metabolism. Physiology of thermoregulation. Physiological foundations of nutrition. Physiology of digestion.

Discipline certification form - exam.

B1.B.19 Microbiology, Virology

The purpose of the discipline is to form students' systematic natural-scientific outlook on the diversity of the world of microbes, their role in general biological processes and in human pathology in order to develop general cultural and professional competencies aimed at maintaining and improving the health of the population by ensuring the proper quality of medical care and dispensary observation.

The main content of the discipline. General microbiology. The structure of a bacterial cell. Physiology of microorganisms. Viruses. The variability of microorganisms. Microflora of the human body. Infection. Infectious process. Cocci. Enterococci. Enterobacteriaceae . Causative agents of diphtheria, whooping cough, paraptussis. Causative agents of zoonotic infections. Pathogenic Clostridium Spirochetes. Mycoplasma. Private microbiology: Private virology: Fungi are the causative agents of mycoses.

Discipline certification form - exam.

B1.B.20 Immunology

General immunology (B1.B.20.1)

The goal of the discipline is to form students' ideas about the immune system as one of the main regulatory systems of the body, the features of its functioning, the main forms of immune response, the characteristics of immunity in various conditions, immunodiagnostic reactions, immunoprophylaxis and immunotherapy in order to develop general cultural and professional competencies aimed at ensuring the proper quality of medical care.

Discipline objectives:

- formation of students' knowledge about the structure and features of the functioning of the immune system of a healthy organism;
- familiarization of students with the main forms of immune response, mechanisms of natural and artificial immunity;
- familiarizing students with the mechanisms of development of immunopathological reactions;
- familiarizing students with the principles and methods of staging immunodiagnostic reactions;
- familiarizing students with the methods of laboratory determination of the human immune status;
- familiarizing students with the basics of immunization and immunotherapy.

The main content of the discipline: Anatomy and physiology of the immune system. Methods for assessing

the immune status. Immune deficiency. Congenital immunodeficiency states (immunodeficiencies of genetic origin). HIV infection. Modern approaches to the treatment of diseases caused by the pathology of the immune system.

Discipline certification form - credit.

Clinical immunology (B1.B.20.2)

The purpose of the discipline is to train a specialist doctor who has theoretical and applied knowledge in the field of clinical immunology, who is able to assess the state of health of patients, prevent the development or correct the course of various forms of diseases, and who can solve typical and atypical problems in the field of diagnosis, treatment and prevention of diseases associated with pathology. the immune system.

The main content of the discipline : and the immune system: structure and functioning. Methods for assessing the immune status. Immunodeficiency states . The main immunopathological syndromes . Immunotropic therapy. Principles of emergency treatment for allergic syndrome. Immunoprophylaxis.

Discipline certification form - **credit**.

B1.B.21 Pharmacology

The purpose of the discipline is the development of professional competence based on the formation of a systematic approach among students on the basis of fundamental natural - scientific knowledge in the field of general and private pharmacology, taking into account the focus of specialist training on the object, type and area of professional activity .

The main content of the discipline. Introduction to Pharmacology. General pharmacology. General recipe. Neurotropic drugs. Antimicrobial, antiviral and antiparasitic agents, antineoplastic agents. Funds affecting the functions of executive bodies. Substances with a predominant effect on the processes of tissue metabolism, inflammation and immune processes.

Discipline certification form - **exam**.

B1.B.22 Pathological anatomy, clinical pathological anatomy

The goal of the discipline is to form students' natural science ideas about general and particular pathological anatomy - which are understood as a system of knowledge about the structural

foundations and morphological patterns of the development of general pathological processes and human diseases, obtained on the basis of microscopic examination of cells and tissues.

The main content of the discipline. General pathological anatomy
General oncomorphology Private pathological anatomy Pathological anatomy of infectious diseases. Clinical pathological anatomy

Discipline certification form - exam, test.

B1.B.23 Pathophysiology

The purpose of the discipline is to form the basis of clinical thinking in the future doctor, the ability to use intellectual modeling in solving professional medical problems in constructing diagnostic search schemes, the formation of principles and implementation of methods for effective treatment and prevention of diseases.

The main content of the discipline. General nosology. Pathogenic effect of environmental factors on the body. Terminal states. Traumatic shock. Hypoxia. Typical pathological processes. Etiology and pathogenesis of inflammation and fever. Principles of pathogenetic therapy. Immune system pathology. Allergy. Exchange violations. Pathophysiology of tumor growth. Pathology of the neuroendocrine system. General adaptation syndrome. Pathology of the blood system. Pathology of organs and systems. Pathology of renal, respiratory, cardiovascular, digestive and hepatic insufficiency. Pathology of the nervous system.

Discipline certification form - exam.

B1.B.24 Hygiene

The purpose of the discipline is to develop students' general cultural and professional competencies necessary for the implementation of professional activities in the prevention of diseases, creating favorable conditions for the stay of patients and the work of medical personnel in medical organizations.

The main content of the discipline. Food hygiene. Hygiene of the indoor environment. Hospital hygiene. Hygiene of the environment. Occupational hygiene. Radiation hygiene. The basics of a healthy lifestyle.

Discipline certification form - exam.

B1.B.25 Public health and health care, health economics

The purpose of the discipline is to form the competencies necessary for a specialist to work in the field of public health and healthcare organization on the following issues: public health and the factors that determine it; systems that ensure the preservation, strengthening and restoration of public health; organizational and medical technologies; management processes, including economic, legal, administrative, organizational and other intra-industry and intersectoral relations; trends in the development of healthcare in foreign countries.

The main content of the discipline. The theoretical foundations of the discipline of public health and health care. Morbidity and disability of the population. Organization of medical care for individual groups of the population. Fundamentals of Health Care Management and Economics.

Discipline certification form - exam.

B1.B.26 Epidemiology

The purpose of the discipline is to provide students with the necessary information to master the theoretical and methodological foundations of the prevention of the most common infectious diseases.

The main content of the discipline. Epidemiological approach to the study of population pathology. Statistical quantities used to measure the incidence of a population. Epidemiological research methods. Basics of evidence-based medicine. The doctrine of the epidemic process. Content and organization of preventive and anti-epidemic measures in the epidemic focus. Disinfection. Sterilization. Immunoprophylaxis of infectious diseases. Epidemiology of

individual anthroponoses. Epidemiological surveillance of infections with fecal-oral transmission mechanism. Epidemiological surveillance of infections with an aerogenic transmission mechanism. Epidemiological surveillance of infections with contact transmission mechanism. Epidemiological surveillance of infections associated with the provision of health care. Anti-epidemic and preventive measures to protect the population in the event of an emergency.

Discipline certification form - credit.

B1.B.27 Medical rehabilitation

The purpose of the discipline is to form students' general cultural and professional competencies in the use of physical culture means for therapeutic and prophylactic purposes, as well as for rehabilitation or rehabilitation treatment.

The main content of the discipline. Basic concepts of rehabilitology. The basic principles of the action of physical exercises on the human body. Rationale for the use of physiotherapy exercises for various diseases. The structure of rehabilitation departments in various medical institutions. Clinical and functional methods in rehabilitation.

Discipline certification form - credit.

B1.B.28 Clinical pharmacology

The purpose of the discipline is to form competencies, to develop skills for the implementation of diagnostic, therapeutic, preventive activities of a graduate in accordance with the requirements of the Federal State Educational Standard, the characteristics of the professional activity of a general practitioner.

The main content of the discipline. General questions of clinical pharmacology. Clinical pharmacology of drugs used to treat cardiovascular and endocrine diseases. Clinical pharmacology of antibiotics, antiviral, antifungal and anthelmintic drugs. Clinical pharmacology of bronchodilators and antiallergic drugs. Clinical pharmacology of drugs used in the treatment of gastroenterological diseases. Clinical pharmacology of NSAIDs, GCS, biological agents, cytostatics.

Discipline certification form - offset with assessment.

B1.B.29 Dermatovenereology

The purpose of the discipline is to teach students the methods of examination, diagnosis and treatment of the most common skin and venereal diseases; to familiarize with the volume of anti-epidemic measures to prevent the spread of infectious skin and venereal diseases among the population.

The main content of the discipline. Anatomy and physiology of the skin. Features of the structure of the skin at different age periods. Pathohistological changes in the skin. Semiotics of skin diseases. The method of examination and examination of the patient by a dermatovenerologist. Psoriasis. Lichen planus. Pink lichen. Dermatitis. Toxicoderma. Eczema. Hives. Strophulus. Itching. Fungal skin diseases. Pyoderma. Scabies. Pediculosis. Lupus erythematosus. Scleroderma. Vesicular dermatoses. Viral skin diseases. Leprosy. Lupus. Diseases of the sebaceous glands: seborrhea, acne vulgaris. Syphilis: characteristics of the pathogen, epidemiology, general course, issues of immunity. Primary syphilis. Secondary syphilis. Tertiary syphilis. Congenital syphilis. Laboratory diagnosis of syphilis. Treatment and prevention of syphilis. Gonorrhoea. Trichomoniasis and other sexually transmitted infections. HIV infection: dermatological and venereal aspects.

Discipline certification form - credit.

B1.B.30 Neurology, medical genetics, neurosurgery

The purpose of the discipline is to form students' general cultural and professional competencies necessary for the qualified activity of a general practitioner based on knowledge of the

anatomical and physiological characteristics of the nervous system, the specifics of the course of neurological and hereditary pathology.

The main content of the discipline. Anatomical and functional organization of the nervous system. Sensitivity and its disorders. Central and peripheral mechanisms of pain. Pyramidal tract, symptoms of lesion at different levels. Syndromes of damage to the spinal cord, its roots and peripheral nerves. Extrapyramidal system. Cerebellum. Symptoms and syndromes of the lesion. Cranial nerves (I - XII pairs). Brain stem (midbrain, pons varoli, medulla oblongata). The cerebral cortex. Syndromes of damage to the hemispheres and individual lobes of the brain. The meninges of the brain. Cerebrospinal fluid (CSF), cerebral ventricles, cerebrospinal fluid syndromes. Hydrocephalus. Clinical anatomy and physiology of cerebral circulation. Invasive and non-invasive methods of studying the nervous system. The main stages of onto- and phylogenesis of the central nervous system. Assessment of neurological status, especially neurological examination in children. Semiotics of defeat. Hereditary neuromuscular diseases. Progressive muscular dystrophies. Spinal and neural amyotrophies. Epilepsy and non-epileptic paroxysmal states. Stroke and TIA. Meningitis, encephalitis. Tick-borne encephalitis. Demyelinating diseases of the central and peripheral nervous system. Acute disseminated encephalomyelitis. Damage to the nervous system in HIV infection. Diseases of the peripheral nervous system. The autonomic nervous system. Syndrome of vegetative-vascular dystonia. Headache. Brain and spinal cord injuries. Tumors of the nervous system.

Medical genetic counseling. Classification and semiotics of hereditary pathology. Levels of organization of hereditary material: organization and work of the gene; cytogenetics. Mutations, their classification. The goals and objectives of cytogenetics. The concept of a chromosome, International classifications of chromosomes in the norm and in chromosomal abnormalities. Methods for the diagnosis of hereditary diseases. Gene diseases. Etiology and pathogenesis, clinical characteristics of hereditary metabolic diseases.

Discipline certification form - exam.

B1.B.31 Psychiatry, medical psychology

The purpose of the discipline is to familiarize the student with mental and behavioral disorders, methods of treating these diseases, their prevention, as well as rehabilitation and readaptation of patients with these disorders, so that he, working as a doctor of any specialty, could be able to provide the necessary emergency care and correctly refer the patient for further treatment in an appropriate psychiatric, narcological or psychotherapeutic medical institution.

The main content of the discipline. General psychopathology. Private psychiatry. Treatment methods. Legal and organizational issues of psychiatry.

Discipline certification form - exam.

B1.B.32 Otorhinolaryngology

The purpose of the discipline is the mastery by students of the required amount of theoretical and practical knowledge, skills and knowledge in otorhinolaryngology required for the basic training of a specialist in the discipline of otorhinolaryngology, specialty - general medicine.

The main content of the discipline. Otiatria. Methodology and technique of endoscopic examination of ENT organs (on phantoms and simulators). Clinical anatomy and physiology of the ear. Vestibular apparatus and intracranial otogenic complications. Non-suppurative ear pathology. Upper respiratory tract. Anatomy, physiology and pathology of the nose. Acute and chronic sinusitis. Anatomy, physiology and pathology of the pharynx. Anatomy, physiology and pathology of the larynx. Foreign bodies of the respiratory tract and esophagus. Injuries to the nose and pharynx, their complications, emergency care. Nosebleeds, signal bleeding. Medical tactics with them. Chemical burns of the esophagus: emergency care, treatment and prevention. Infectious granulomas and tumors of the upper respiratory tract.

Discipline certification form - credit.

B1.B.33 Ophthalmology

The purpose of the discipline is to form in students modern scientifically grounded ideas about the organ of vision, its medico-social significance, the spectrum of pathological changes and their possible connection with damage to other organs and systems, methods of prevention, diagnosis and treatment of eye diseases, as an important component of the professional competence of a graduate, ready and capable of performing various types of professional activities (preventive, diagnostic, therapeutic, rehabilitation, psychological and pedagogical, organizational and managerial, research).

The main content of the discipline. Anatomy and physiology of the organ of vision. Medical optics. Refraction and accommodation of the human eye. Binocular vision disorders, strabismus. Pathology of the accessory apparatus of the eye. Inflammatory diseases of the organ of vision. Dystrophic pathology of the organ of vision. Injuries to the eye and its adnexa. Neoplasms of the organ of vision. Medical labor expertise.

Discipline certification form - credit.

B1.B.34 Forensic medicine

The purpose of the discipline is to teach the future doctor the basics of carrying out a forensic medical examination of a corpse and a living person in the presence of damage by environmental factors; to acquaint with the principles of prevention of poisoning, various types of injuries, medical errors.

The main content of the discipline. The subject and content of forensic medicine. Organizational and procedural foundations of forensic medical examination in the Russian Federation. Forensic examination of material evidence. Causes of poor treatment outcomes. Types of offenses and responsibility of medical workers. Forensic thanatology. Forensic traumatology. Forensic examination of poisoning. Hypoxia. Forensic examination of mechanical asphyxia. Forensic medical examination under the influence of physical factors. Forensic examination of newborn corpses. Forensic examination of a corpse in cases of sudden death. Examination of the severity of harm to health. Forensic examination of sexual conditions and sexual crimes. Examination of biological age in living persons.

Discipline certification form - credit.

B1.B.35 Life safety, disaster medicine

The purpose of the discipline is, on the basis of modern ideas in the field of civil defense (civil protection of the population), to prepare graduates to work to provide medical care to the affected population in peacetime, as well as to form competencies in theoretical and practical issues of toxicology and medical protection in peacetime and wartime.

The main content of the discipline. Theoretical foundations of security. Life safety. National security. Special security concerns. Human health. Basics of MK organization. Emergency medical support. Toxicology. Radiobiology. Medical protection.

Discipline certification form - test, exam.

B1.B.36 Obstetrics and gynecology

The purpose of the discipline is to form the necessary amount of theoretical and practical knowledge in obstetrics and gynecology, required for basic training of a doctor in the specialty "General Medicine".

The main content of the discipline. Physiological obstetrics. Pregnancy pathology. Pathological obstetrics. Operative obstetrics. Reproductive health care. Emergency and operative gynecology.

Discipline certification form - test, exam.

B1.B.37 Pediatrics

The purpose of the discipline is to teach students of the medical and preventive faculty knowledge, skills and possession of the skills of diagnosing diseases and prescribing therapy for

a sick child based on an understanding of the anatomical and physiological characteristics of the child's body, issues of etiology and pathogenesis of the most common pathology in childhood.

The main content of the discipline. Etiology, pathogenesis and preventive measures for the most common diseases; modern classification of diseases; Clinical picture, features of the course and possible complications of the most common diseases occurring in a typical form in different age groups; Criteria for the diagnosis of various diseases; Fundamentals of legislation on sanitary epidemiological well-being of the population, the main official documents regulating anti-epidemiological services for the population in infectious and parasitic diseases; normative documents on the prevention of nosocomial infections, legal foundations of state policy in the field of immunization;

Discipline certification form - exam.

B1.B.38 Propedeutics of internal diseases, radiation diagnostics

The purpose of the discipline is to teach students the basic clinical methods of patient examination: conduct and interpret a survey, physical examination, the results of modern laboratory and instrumental research; to teach students to identify the main pathological symptoms and syndromes of diseases, to use the diagnosis algorithm; formation of the foundations of clinical thinking, as well as medical ethics and deontology.

The main content of the discipline. General method of clinical research of a patient: general questions, questioning, general examination. Respiratory research methods. Methods of clinical research of the circulatory system. Methods for the study of the digestive system. Methods for the study of urinary organs. Respiratory diseases symptomatology. Symptomatology of diseases of the circulatory system. Symptomatology of diseases of the musculoskeletal system. Symptomatology of diseases of the blood system.

Discipline certification form - exam.

B1.B.39 Faculty therapy, occupational diseases

The purpose of the discipline is to form students' knowledge and professional skills in examining a patient, teaching the basics of medical ethics and deontology; study of the most common diseases of internal organs in adults; development of clinical thinking based on general cultural and professional competencies.

The main content of the discipline. Pneumonia. Pleurisy. Chronic obstructive pulmonary disease. Bronchial asthma. Acid-dependent diseases of the stomach and duodenum. Chronic cholecystitis, chronic pancreatitis, irritable bowel syndrome. Chronic hepatitis and liver cirrhosis. Chronic pyelonephritis. Acute and chronic glomerulonephritis. Joint diseases: rheumatoid arthritis, osteoarthritis. Definition of occupational diseases and their classification. The influence of harmful factors on the specific functions of the female body, the condition of the fetus and newborn children. Professional intoxication with aromatic hydrocarbons. Gasoline intoxication. Lead and mercury intoxication: pathogenesis, clinical picture, diagnostics, therapy, examination of working capacity. Occupational diseases caused by exposure to hospital aerosols. Classification of pneumoconiosis. Silicosis. Vibration disease. Hypertonic disease. Atherosclerosis. Ischemic heart disease: angina pectoris. Myocardial infarction. Cardiogenic shock. Inflammatory heart disease: rheumatic fever, infective endocarditis. Normal ECG. Heart rhythm and conduction disorders. Acute and chronic heart failure. Acute vascular insufficiency. Anemia: iron deficiency and vitamin B12 / folate deficiency. Emergency care in life-threatening circumstances: cardiopulmonary resuscitation, the fight against asphyxia. Acute allergic reactions.

Discipline certification form - exam.

B1.B.40 Hospital therapy

The purpose of the discipline is to teach professional medical skills in examining a patient, determining the status of a patient, and substantiating a preliminary diagnosis; drawing up

algorithms for laboratory and instrumental examination methods and patient management tactics in accordance with modern standards the ability to interpret research results to carry out a differential diagnosis; draw up an algorithm for setting and formulating a detailed clinical diagnosis; develop an algorithm for treating a patient based on knowledge of the treatment standards for the main nosological forms, but taking into account the indications of contraindications of the functional status of the patient, concomitant pathology of drug intolerance and compatibility maintaining medical records, rehabilitation, prophylactic medical examination, carrying out medical and labor expertise of patients with major diseases of internal organs using the most modern diagnostic and treatment technologies.

The main content of the discipline. Modern laboratory and instrumental research in cardiology. Cardiovascular Continuum (CCK). Endothelial dysfunction. Key features ethio - pathogeneticheskoy therapy. Primary and secondary prevention. Atherosclerosis. Basic principles of lipid-lowering therapy. Differential diagnosis of pain in the heart (chest). Ischemic heart disease. Diagnostic algorithms and treatment features of ST-elevation ACS and STEMI (ECG). MI with Q, nonQ : diagnosis, treatment, complications. Differential therapy for complicated myocardial infarction . Diagnostics, differential diagnosis, treatment and prevention of thrombosis and embolism. Anticoagulant and thrombolytic therapy in the clinic of internal diseases. Differential diagnosis of bronchial conduction. Differentiated treatment.

Differential diagnosis and treatment of diseases manifested by disseminated lung disease. Differential diagnosis of joint diseases. Differential diagnosis and treatment of gastric dyspepsia. Differential diagnosis for pathological urine sediment. Emergencies in the clinic of internal medicine. LSR.

Discipline certification form - exam.

B1.B.40 Endocrinology

The purpose of the discipline is to form students' knowledge and professional skills of examining a patient, to provide information about the main modern laboratory and instrumental methods of examining patients with an endocrinological profile, the development of clinical thinking, teaching the basics of medical ethics and the principles of deontology.

The main content of the discipline. Research methods in thyroidology . Endemic goiter. Thyroiditis (acute, subacute, chronic), classification. Thyrotoxicosis syndrome. Hypothyroidism Definition, classification, diagnosis of diabetes mellitus. Pathogenesis of diabetes mellitus types 1 and 2. Late complications of diabetes. Diabetes mellitus treatment. Emergencies in diabetology . Hypercortisolism . Acute and chronic adrenal insufficiency. Adrenal gland masses. Diabetes insipidus. Acromegaly. Diseases of the parathyroid glands.

Discipline certification form - credit.

B1.B.42 Infectious diseases

The purpose of the discipline is to master the knowledge of general and private infectious diseases , as well as the principles of diagnosis, treatment and prevention of infectious diseases .

The main content of the discipline. General issues of infectious diseases: semiotics of infectious diseases, methods of diagnosis and treatment of infectious diseases, immunization. Intestinal infections: typhoid fever, paratyphoid fever A and B, salmonellosis, dysentery, cholera, botulism, foodborne diseases, pseudotuberculosis, intestinal yersiniosis. Respiratory infections: influenza and other acute respiratory infections, meningococcal infection, diphtheria, infectious mononucleosis. Viral hepatitis A, B, C, D, E. HIV infection and vector-borne infections: malaria, typhus and Brill's disease. Zoonotic infections: hemorrhagic fever with renal syndrome, leptospirosis, plague, tularemia, anthrax, brucellosis. Helminthiasis and protozoal invasions.

Discipline certification form - exam.

B1.B.43 Phthisiology

The purpose of the discipline is to acquire the necessary amount of theoretical knowledge and skills, skills in the main sections of phthisiology within the competence of a general practitioner, necessary for solving professional problems in early detection, diagnosis and differential diagnosis, treatment and prevention of tuberculosis.

The main content of the discipline. General questions of phthisiology. Detection and diagnosis of tuberculosis. Prevention of tuberculosis. Primary tuberculosis. Secondary forms of tuberculosis. Emergencies in phthisiology and surgical treatment of tuberculosis. Tuberculosis treatment. TB Dispensary.

Discipline certification form - exam.

B1.B.44 Polyclinic therapy

The purpose of the discipline is to educate students of professional and personal qualities that allow them to show a competence-based approach to organizing and conducting preventive, diagnostic and therapeutic work among the population in an outpatient setting.

The main content of the discipline. Practical skills necessary for independent work in a polyclinic: interview, examination, physical examination of the patient, plan of laboratory and instrumental examination, clinical diagnosis, individual treatment during outpatient admission or when visiting a patient at home, primary and secondary prevention of diseases. Clinical thinking skills in the diagnosis of the most common therapeutic diseases in an outpatient setting, assessing the characteristics of their course, outpatient treatment, primary and secondary prevention, examination of working capacity Examination of temporary and permanent disability in a number of the most common diseases of internal organs. Rules for the design and maintenance of accounting and reporting documentation in a polyclinic. Principles of rehabilitation treatment, selection for spa treatment.

Discipline certification form - test , exam.

B1.B.45 General surgery, radiation diagnostics

The purpose of the discipline is to educate a graduate as a highly cultured, educated and highly moral doctor.

The main content of the discipline. Introduction to the specialty. Fundamentals of Traumatology. Asepsis and antiseptics. Fundamentals of Anesthesiology and Reanimatology. Fundamentals of blood transfusiology. Fundamentals of Traumatology. Examination of a surgical patient. Fundamentals of Cardiovascular Surgery. Medical history of a surgical patient. Surgery. Surgical infection. Fundamentals of Oncology. Radiation diagnostics.

Discipline certification form - exam.

B1.B.46 Anesthesiology , resuscitation, intensive therapy

The purpose of the discipline is to form students and acquire scientific knowledge in anesthesiology and intensive care, as well as the possibility of their free use in practice.

The main content of the discipline. Organization of the work of the departments of anesthesiology, resuscitation and intensive care. Cardiopulmonary resuscitation. Acute heart failure. Small cardiac output syndrome. Acute respiratory failure. Shock. Contemporary performance, intensive care.

Discipline certification form - credit.

B1.B.47 Faculty surgery, urology

The purpose of discipline - training professionals able mustache Peshnoy solve professional tasks of preserving and improving the health of the population on the basis of the generated powers wisely and consciously perform the function-medical book doctor regarding preventive,

diagnostic, therapeutic, rehabilitative, psychological and pedagogical, organizational, administrative and research activity in the prevention, diagnosis and treatment of the most common surgical and urological diseases th .

The main content of the discipline. Diagnostics of typical surgical and urological diseases in adults and adolescents on the basis of proficiency in propaedeutic and laboratory-instrumental research methods; diagnosis of emergency conditions in adults and adolescents in surgery and urology; treatment of adults and adolescents using surgical methods; providing medical care to adults and adolescents in case of emergency conditions in surgery and urology; carrying out rehabilitation measures among the adult population and adolescents who have undergone surgery;

Discipline certification form - exam.

B1.B.48 Hospital surgery

The purpose of discipline- training professionals able mustache Peshnoy solve professional tasks of preserving and improving the health of the adult population on the basis of the generated powers wisely and consciously act as a doctor, medical book in terms of preventive, diagnostic, therapeutic, rehabilitative, psychological and pedagogical, organizational, managerial and scientific research activities in the prevention, diagnosis and treatment of surgical diseases.

The main content of the discipline . Diagnostics of surgical diseases in adults and adolescents on the basis of proficiency in propaedeutic and laboratory-instrumental research methods; diagnosis of emergency conditions in adults and adolescents in surgery; first aid for adults and adolescents in case of emergency conditions in surgery; treatment of adults and adolescents using surgical methods; providing medical assistance to adults and adolescents in case of emergency conditions in surgery; organization of work of medical personnel in medical organizations, functional responsibilities of personnel and optimal algorithms for the treatment of surgical pathology.

Discipline certification form - exam.

B1.B.49 Dentistry

The purpose of the discipline is to form students' general cultural and professional competencies, which are necessary for a general practitioner to carry out professional tasks in diagnostic, therapeutic, preventive activities, and the formation of dental health of the population.

The main content of the discipline. Examination of a dental patient. Cariesology . Endodontics . Periodontics . Inflammatory diseases, trauma, tumors of the maxillofacial region. Prevention of dental diseases.

Discipline certification form - credit.

B1.B.50 Oncology, radiation therapy

The purpose of the discipline is to acquire theoretical knowledge for the formation of a basic oncological outlook, skills and practical skills in students.

The main content of the discipline. Modern concepts of carcinogenesis. The incidence of malignant neoplasms. The importance of the accumulated clinical and experimental data and epidemiological studies on carcinogenesis for the prevention of cancer. Organization of cancer care in the Russian Federation. Implementation of the oncological component of preventive examinations of the population in the context of general medical examination. Review and assessment of modern methods of diagnosing malignant diseases. Modern principles and methods of treatment of cancer patients. Tumors of the skin. Cancer and melanoma. Tumors of bones and soft tissues. Tumors of the head and neck. Precancerous diseases and breast cancer. Lung cancer. Tumors of organs: digestive tract. Lymphomas. Malignant tumors of the female genital area. Physical foundations of radiation therapy. Radiobiological bases of radiation therapy of malignant neoplasms. Modeling and predicting radiobiological effects in radiation therapy.

Discipline certification form - credit.

B1.B.51 Traumatology, orthopedics

The purpose of the discipline is to teach students the modern provisions of the theoretical and practical sections of traumatology and orthopedics, the basics of diagnosis and treatment of patients with injuries and diseases of the musculoskeletal system, the formation of the foundations of clinical thinking. An indispensable condition for training is the development of practical skills and abilities that allow a future doctor of any profile to quickly understand an urgent situation, outline a plan for emergency diagnostic and therapeutic measures, and quickly begin to act.

The main content of the discipline. The principles of organizing orthopedic and traumatological care, taking into account the priority of the national project in the field of health care (medical examination and the provision of high-tech assistance to the population); practical skills in diagnostics and treatment of patients with injuries of the musculoskeletal system, internal organs and systems, diseases of the musculoskeletal system; principles of providing emergency (first aid) for injuries of the musculoskeletal system, brain and spinal cord, internal organs of the chest and abdominal cavities; surgical technique used in the treatment of orthopedic and traumatological patients.

Discipline certification form - exam.

B1.B.52 Care of patients with a therapeutic profile

The purpose of the discipline is the initial formation of general cultural and professional skills and competencies under the guidance of a teacher in conditions close to production; consolidation and deepening of the theoretical training of the student; complex development of professional activities by students ; acquisition of initial experience of practical work of students in the profession.

The main content of the discipline. Professional skills and abilities in caring for patients with a therapeutic profile , training in labor techniques, operations and methods of performing labor processes necessary for the subsequent development of general and professional competencies in the chosen profession. The theory of nursing. Basic nursing manipulation. Monitoring and caring for patients with a therapeutic profile. Care in special situations. Urgent care.

Discipline certification form - credit.

B1.B.53 Nursing of surgical patients

The purpose of the discipline is the formation in the process of training and education of a competent specialist corresponding to the title of a doctor. To give students the knowledge of the basics of nursing in the discipline "Nursing of a surgical profile". To develop skills in caring for patients with a surgical profile, necessary for the successful implementation of labor functions in the field of medical care, for the implementation of the main types of professional activities of a medical doctor . To direct the development of personality in accordance with the principles of humanism and humanity, fulfillment of medical duties.

The main content of the discipline. Deontological and communicative principles of caring for patients with a surgical profile. Organization of a modern surgical clinic. Principles of caring for patients with a surgical profile. Professional skills and abilities in caring for patients with a surgical profile , training in labor techniques, operations and methods of performing labor processes necessary for the subsequent development of general and professional competencies in the chosen profession.

Discipline certification form - credit.

B1.B.54 Physical culture and sports

The purpose of the discipline is to form motivations and incentives among medical students to engage in physical culture and sports as a necessary link of general cultural value and general health tactics in the professional activity of a future doctor.

The main content of the discipline. Physical education. Healthy lifestyle. Physical qualities. General physical preparation. Gymnastics. Game sports. Track and field training. Ski training and ice skating. Martial arts. Education of speed qualities. Education for flexibility. Education of agility. Building endurance. Education of strength qualities. Optional sport. Professionally applied training.

Discipline certification form - credit

B1.Variational part

Compulsory disciplines

B1.V.01 Culturology (Russian language and culture)

The purpose of discipline - mastery of the students basic knowledge of the field of Russian culture, and etnospetsificheskimi abilities and skills to use the Russian language needs bubbled to the successful development of professional competence of a doctor, in accordance with the GEF IN Specialty Medicine and perform job functions required by professional standard doctor-medical reference.

The main content of the discipline. Culturology as a science. Features of Russian national culture. Science and education in Russia. Russian music, visual arts and cinema. Russian fiction.

Discipline certification form - credit.

B1.V.02 Clinical Andrology

The purpose of the discipline is to master the required amount of theoretical and practical knowledge in clinical andrology, required for basic training of a doctor in the specialty "General Medicine"

The main content of the discipline. Features and modern research capabilities in clinical andrology - endoscopy, microscopy, ultrasound and X-ray examinations, their importance in the system of clinical examination of an andrological patient. The most common diseases in clinical andrology, causing complications and concomitant diseases, the role of infection in their etiology. Practical skills and methods of providing emergency care for injuries, bleeding and acute diseases of the genital organs in men and women. New and advanced advances applied in clinical andrology.

Discipline certification form - credit.

B1.V.0 3 Clinical aspects of physical and colloidal chemistry

The purpose of the discipline is the formation of systemic knowledge about the essence of methods for analyzing the biological environments of the organism.

The main content of the discipline. Adsorption on liquid and solid surfaces. Ligand exchange equilibria and processes in the body in health and disease. Heterogeneous equilibria and processes. Physicochemical methods of research and diagnostics.

Discipline certification form - credit.

B1.V.04 Basics of research work

The purpose of the discipline is to form students' ideas about science as a method of knowledge and the basis for the development of medicine; acquiring the skills of searching, analyzing and interpreting scientific information, its use in their educational, educational and research and future professional activities.

The main content of the discipline. Fundamentals of organizing and conducting scientific research: Types of scientific research in medicine. Presentation and interpretation of research results. Ethical issues in research. Analysis of a scientific publication. Search, Analysis and Presentation of Scientific Data: Sources of Scientific Information. Asking questions and looking for answers. Bibliographic list design. Secondary texts. Preparation of scientific communication.

Discipline certification form - credit.

B1.V.05 Basics of evidence-based medicine

The goal of the discipline is to master the theoretical and practical aspects of the modern paradigm of medical care, based on a combination of the best scientific evidence, the doctor's clinical experience and patient preferences.

The main content of the discipline. Fundamentals of Clinical Epidemiology. An introduction to evidence-based medicine. Clinical decision making method. Introduction to Biostatistics . Evidence-based diagnostics. Screening. Fundamentals of Preventive Medicine. Fundamentals of Medical Research. Systematic reviews and meta-analyses. Critical analysis of medical information . Search for medical information. Evidence levels and grade of recommendation. A critical analysis of the medical literature. A technique for critical analysis of publications on the etiology and risk factors of diseases. Methodology for critical analysis of publications on forecast. The technique of critical analysis of publications on diagnostic methods. Methodology for critical analysis of publications on treatment methods. Foundations of Biomedical Ethics.

Discipline certification form - credit.

B1.V.06 Outpatient surgery

The goal of the discipline is to master the issues of organizing and providing surgical care at the outpatient-polyclinic stage, knowledge of the current state of the theory and practice of outpatient surgery, improving the skills and abilities of diagnostics, treatment and prevention of surgical diseases.

The main content of the discipline . About the organization of outpatient and polyclinic care for the population. Legal and legislative basis for the activity of a surgeon in a polyclinic. Organization of the work of the surgical department of the polyclinic, day surgery hospital or outpatient surgery center Study of modern principles of diagnosis, differential diagnosis of surgical diseases at the outpatient stage. Algorithm of tactics for surgical diseases in a polyclinic. Features of drug and surgical treatment of surgical diseases at the outpatient stage. Providing assistance in urgent surgical conditions. Implementation of rehabilitation measures after surgical interventions for surgical diseases. Examination of temporary and permanent disability of a surgical patient. Organization of clinical examination of surgical patients. Prevention of surgical diseases.

Discipline certification form - credit.

B1.V.07 Legal basis for a doctor

The objectives of the discipline are the formation of medical and legal theoretical knowledge, skills and practical skills in students in order to further use them in the implementation of medical practice.

The main content of the discipline. Medical law. Constitutional foundations of legal regulation of health protection. Administrative and legal bases of the doctor's activity. Legal regulation of labor relations of medical workers. Social security of medical workers. Civil law bases of medical practice. Proceedings in civil cases with the participation of medical workers. Criminal legal protection of citizens' rights in the field of health protection. Criminal proceedings in cases of crimes in the field of health protection.

Discipline certification form - credit.

B1.V.08 Outpatient and polyclinic care in obstetrics and gynecology

The objectives of the discipline are to form the student's knowledge, abilities and skills necessary for professional activities in the field of obstetrics and gynecology (preventive, diagnostic, therapeutic, rehabilitation, psychological and pedagogical, organizational and managerial, research activities).

The main content of the discipline. Dispensary observation of the female population, taking into account age, initial state of health, carrying out activities aimed at increasing the effectiveness of clinical examination among decreed contingents and chronic patients; diagnostics of obstetric and gynecological diseases (including conditions requiring urgent medical care); diagnostics of

pregnancy in an outpatient clinic; principles of treatment of obstetric and gynecological pathology (including emergency conditions) in adults and adolescents using conservative and surgical methods in outpatient settings. Physiological pregnancy management.

Discipline certification form - credit.

B1.V.09 Pediatric surgery

The purpose of the discipline is to prepare a general practitioner who is able to independently solve typical problems in relation to patients with surgical pathology, malformations, traumatic injuries in a polyclinic, somatic or infectious diseases department of a hospital, a maternity hospital, and an ambulance. The goal of teaching pediatric surgery is also to form the student's civic qualities, which correspond to the Mission of the university.

The main content of the discipline . Domestic surgery of children. Semiotics of diseases of the abdominal organs. Deontology in Pediatric Surgery. Emergency surgery for children. Purulent surgery of children. Planned surgery for children. Surgical gastroenterology and coloproctology of childhood. Urology - pediatric andrology. Pediatric thoracic surgery. Traumatology of childhood . Orthopedic anomalies in children and adolescents. Surgery of the newborn. Differential diagnosis of surgical diseases, malformations and traumatic injuries.

Discipline certification form - credit.

B1.B.10 General practice and preventive medicine

The purpose of the discipline is to form students' understanding of general medical practice (family medicine), its place among other medical specialties, the peculiarities of the organization and the volume of work of a general practitioner in providing medical care to adults and children at the prehospital stage.

The main content of the discipline . Functional responsibilities of a general practitioner. Types of prevention (primary, secondary, tertiary; individual, group, mass). Connection with antenatal clinics, continuity in monitoring pregnant women. Patronage for newborns, children of the first year of life. Preventive examinations. Features of preventive measures in risk groups. Vaccine prophylaxis. Dispensary observation.

Discipline certification form - abstract, etc.

B1.B.11 Practical and communication skills of the doctor

The goal of the discipline is to master and jointly practice communicative and practical skills necessary for a medical doctor for high-quality medical care through effective communication with patients, their relatives, as well as colleagues in team interaction and in situations of inpatient, outpatient and emergency medical care.

The main content of the discipline. Formation and consolidation of basic skills in the provision of emergency and urgent medical care, as well as the skills of physical examination of patients on an outpatient basis; practicing practical skills in the "Praktika" center in simulated conditions on simulators and dummies; skills of effective interaction in the systems: "doctor-patient", "doctor-relative of the patient", "doctor-doctor", "doctor-nurse", as well as practicing practical and communication skills on the "standardized patient".

Discipline certification form - credit.

B1.B.12 Elective courses in physical culture and sports

The purpose of the discipline is the formation of a person's physical culture and the ability to use various means of physical culture , sports and tourism to preserve and strengthen health, psychophysical training and self-preparation for future life and professional activity .

The main content of the discipline. Gymnastics. Injury prevention measures in gymnastics. Skating. Volleyball. Basketball. Martial arts. Athletic gymnastics.

Discipline certification form - credit.

B1.C.DV Disciplines of choice

B1.V.DV.01.01 Scientific speech style

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and the scientific style of speech, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician- General .

The main content of the discipline. Scientific style of speech in medicine. Communicative qualities of scientific speech. Genres of scientific style of speech.

Discipline certification form - credit.

B1.V.DV.01.02 Intercultural communication

The purpose of the discipline is to master students with basic knowledge of intercultural communication, as well as intercultural skills and abilities necessary for the successful mastering of professional competencies of a doctor in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine and performance of labor functions required by the professional standard Physician-General.

The main content of the discipline. Culture and communication. Language and culture. Ethnic map of the world. Ethnic contacts and their results. Intercultural communication in the field of medicine.

Discipline certification form - credit.

B1.V.DV.02.01 Medical translation

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and the scientific style of speech, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician- General .

The main content of the discipline. Introduction to SNKM. General characteristics of living systems. Principles of functioning of living systems. Nanomaterials and nanotechnology in medicine. The relationship between organisms and the environment.

Discipline certification form - credit.

B1.V.DV.02.02 Business Russian

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and the business style of speech, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician-general practitioner .

The main content of the discipline. The culture of business etiquette. Business letters and correspondence. Business communication in the medical field. Conducting business negotiations.

Discipline certification form - credit.

B1.V.DV.03.01 Medical terminology

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and medical terminology, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician-general practitioner .

The main content of the discipline. General scientific terminology in medicine. Medical terms in Russian. Biomedical terminology.

Discipline certification form - credit.

B1.V.DV.03.02 Professional communication in Russian

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and professional communication skills, for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician-general practitioner.

The main content of the discipline. Professional communication situations. Communication in the medical environment. Features of professional communication in the medical field.

Discipline certification form - credit.

B1.V.DV.04.01 Physiological aspects of health

The purpose of the discipline is to develop the professional competencies of a general practitioner by forming knowledge about a healthy lifestyle, the regularities of maintaining individual health for the development and strengthening of a person's adaptive capabilities.

The main content of the discipline. Studying the patterns of human health formation, methods for assessing the state of health and human health reserves, the formation of an attitude towards a healthy lifestyle, the preservation and strengthening of health and human health reserves through introducing him to a healthy lifestyle

Discipline certification form - credit.

B1.V.DV.04.02 Hygiene education

The purpose of the discipline is to form students' knowledge about a healthy lifestyle as an essential condition for maintaining and strengthening human health, getting to know the organization, forms, methods and means of hygienic education at the individual, group and population level, gaining experience in creating and implementing their own project of hygienic education of the population ...

The main content of the discipline. Lifestyle and health. Methods for studying and evaluating lifestyle. Hygienic education of the population. Hygienic education in the prevention of major non-infectious and infectious diseases in children and adolescents. Preventive counseling. Group forms of hygienic education. Preparation and implementation of preventive measures. Means of hygienic education.

Discipline certification form - credit.

B1.V.DV.04.03 Medicinal plants of the Urals

The purpose of the discipline is to consider the chemical composition, action and use of medicinal plants of the Urals for medicinal purposes, used in official and folk medicine, to reveal the mechanisms of the therapeutic action of biologically active compounds of plant origin, to get acquainted with the forms and methods of using herbal remedies.

The main content of the discipline. General ideas about the medicinal flora of the Urals. Ways of application and prospects for the use of medicinal and food plants of the Urals. Features of the use of medicinal plants in the treatment of special categories of patients. Phytoaromatherapy.

Discipline certification form - credit.

B1.V.DV.04.04 Introduction to Osteopathy

The goal of the discipline is to form students' systemic knowledge in the field of manual medicine, develop the necessary therapeutic and diagnostic manual skills and possessions for

professional training of a doctor, promote the development of a holistic approach, systemic and critical thinking skills in assessing human health.

The main content of the discipline. Development history and methodological foundations of osteopathic medicine. Definition and classification of somatic dysfunction. Methodological foundations of osteopathy. Principles and methods of diagnostics and correction of somatic dysfunctions of the musculoskeletal system. Indications and contraindications for osteopathic treatment.

Discipline certification form - credit.

B1.V.DV.05.01 Clinical Dietetics

The purpose of the discipline is to form students' systemic knowledge in the field of dietetics and the formation of general cultural, general professional and professional competencies.

The main content of the discipline is the basics of nutrition for a healthy and sick person, the organization of medical nutrition in medical institutions, the basics of cooking technology. Medical nutrition for diseases of a therapeutic profile. Nutritional therapy for endocrine system diseases, metabolic disorders. Medical nutrition for diseases of a surgical profile. Nutritional support for several other conditions and diseases. Parenteral and enteral nutrition.

Discipline certification form - credit .

B1.V. DV.05.02 Functional research methods in cardiology

The goal of the discipline is to acquire and improve theoretical knowledge, professional skills and abilities in functional diagnostics, which are necessary for a medical doctor for a modern diagnostic process.

The main content of the discipline. Acquaintance with methods of functional diagnostics in cardiology .. Electrocardiographic changes in patients with ischemic heart disease. The choice of imaging method depending on the level of the pretest probability of coronary artery disease. Conduction disorders of the heart. Heart block. Tachyarrhythmias of the heart. ECG for myocarditis, pericarditis and cardiomyopathy . Clinical analysis of heart rate variability in assessing the state of autonomic regulation of the heart. Rhythmocardiography method . Echocardiography and Doppler sonography. Daily monitoring of blood pressure. Daily ECG monitoring in the diagnosis of cardiac arrhythmias . 24-hour ECG monitoring in the diagnosis of coronary artery disease. Stress tests in cardiology. Exercise ECG. Stress echocardiography. Stress single photon emission computed tomography. Stress echocardiography with dobutamine . Stress echocardiogram with vasodilator (adenosine). OPECG-CT with a vasodilator (adenosine).

Discipline certification form - credit.

B1.V.DV.05.03 Topical issues of infectious pathology

The purpose of the discipline is the acquisition by students of the full volume of systematized theoretical knowledge, skills and necessary professional skills for independent work with infectious patients.

The main content of the discipline. Viral infections. Intestinal infections. Airborne infections. Parasitic diseases. Especially dangerous infections. Zoonoses. Infections of the outer skin. HIV infection. Rehabilitation of infectious patients at the stage of dispensary observation. Specific and non-specific prevention of infectious diseases. A special place in the program is given to the clinical diagnosis of infectious diseases, differential diagnostics with diseases of a therapeutic, surgical profile, and a therapeutic algorithm for managing infectious patients at the prehospital stage.

Discipline certification form - credit.

B1.V.DV.05.04 Selected questions of radiation diagnostics

The purpose of the discipline is to provide students with the necessary information to master knowledge in the field of radiation diagnostics for further education and professional activity; to teach a reasonable referral of the patient to radiation methods of examination; teach to use various methods of radiation examination to establish the correct diagnosis, analyze the conclusions of radiation examination methods; teach to analyze the results of X-ray examination, to give an opinion based on the analysis of X-rays.

The main content of the discipline . Basic methods of X-ray examination. Modern methods of radiation diagnostics. Radiological examination methods, X-ray anatomy, X-ray semiotics and diagnostics of the main diseases of the chest and abdominal cavities, the osteoarticular system.

Discipline certification form - credit.

B1.V.DV.05.05 Clinical Anatomy

The purpose of the discipline is to provide students with information for mastering knowledge of clinical anatomy in the amount necessary for further education and professional activity in medicine (practical health care).

The main content of the discipline. Modern instrumental methods for studying intravital clinical anatomy. Clinical anatomy of the heart. Abdominal topography, clinical anatomy of the abdominal and retroperitoneal organs. Clinical anatomy of the pelvis. Clinical anatomy of the upper limb. Clinical anatomy of the lower limb.

Discipline certification form - credit .

B1.V.DV.05.06 Skin manifestations of somatic pathology

The purpose of the discipline is to form a student's block of competencies corresponding to the Federal State Educational Standard of Higher Education in the specialty "General Medicine" and based on knowledge of pathological processes in the skin as symptoms of general somatic diseases, as well as the formation of the student's ability and readiness to perform labor functions required by the professional standard "Physician-general practitioner (local therapist)."

The main content of the discipline. Epidemiology, etiology cutaneous manifestations in diseases of internal organs, especially the clinic, diagnosis, treatment and prevention.

Discipline certification form - credit .

B1.V.DV.06.01 Modern approaches to the diagnosis and treatment of stroke

The purpose of the discipline is to educate a responsible, highly professional doctor and preparation for rendering assistance to patients with acute cerebrovascular pathology - strokes, which are the main causes of death and disability of the population.

The main content of the discipline. Risk factors. Primary stroke prevention Organization of care for patients with acute cerebrovascular accidents (CVA). Anatomy and physiology of blood circulation in the brain and spinal cord. Neurophysiological diagnostic methods. Clinical syndromes of damage to the large brachiocephalic and spinal arteries. Prehospital management of stroke patients. Scales and questionnaires in the acute period of stroke. Transient ischemic attack. Ischemic stroke. Pathogenetic and symptomatic treatment of ischemic stroke. Systemic thrombolytic therapy (TLT). Hemorrhagic stroke. Violation of venous circulation. Radiation diagnosis of stroke. Aneurysms. Subarachnoid hemorrhage (SAH). Arteriovenous malformations. Neurosurgical methods for the treatment of stroke. Vascular and endovascular surgery in the treatment and prevention of stroke. Secondary prevention of stroke. Rehabilitation after a stroke.

Discipline certification form - credit.

B1.V.DV.06.02 Modern problems of gynecological endocrinology

The purpose of the discipline is to improve the quality of training a doctor on endocrine pathology in obstetrics and gynecology and the main aspects of sanology (expansion and

deepening of theoretical knowledge necessary for independent use in the medical and preventive work of a specialist).

The main content of the discipline. Anatomical and functional features of the state of the female body at different periods of life; etiopathogenesis, clinic, diagnosis, treatment and rehabilitation of the main syndromes in gynecological endocrinology, examination and treatment of women with endocrine pathology in obstetrics and gynecology. Assessment of the risk of developing pathology of the reproductive system for preventive measures. Specific skills in counseling women on family planning and contraceptive methods

Discipline certification form - credit.

B1.V.DV.06.03 The difficulties of diagnosis and tactics and in surgery of emergency conditions of elderly patients

The purpose of the discipline - improving the quality of training professionals able to solve professional tasks of preserving and improving the health of the population on the basis of the generated powers wisely and consciously follow the doctor's function in terms of preventive, diagnostic, therapeutic, rehabilitative, psychological and pedagogical, organizational, administrative and research activities in the prevention, diagnosis and treatment of surgical diseases in elderly patients.

The main content of the discipline. Anatomical and functional features of the body of an elderly person, etiopathogenesis, clinical picture, diagnosis, treatment and rehabilitation of the main symptoms of surgical diseases. Assessment of the risk of complications of surgical diseases in elderly patients in the postoperative period, their prevention.

Discipline certification form - credit.

B1.V.DV.06.04 Intensive care for emergencies

The purpose of the discipline is to form students' knowledge of anesthesiology and intensive care, as well as the possibility of their free use in practice in the scope of the specialty "General Medicine".

The main content of the discipline. Principles of organization and operation of intensive care and resuscitation departments, as well as principles of anesthetic protection of patients; pathophysiological aspects of emergency conditions and modern, scientifically based approaches to the provision of timely emergency care and intensive care at all stages of care; theoretical principles of carrying out a complex of cardiopulmonary resuscitation, both at the basic level and using modern technical means; practical skills in carrying out a basic complex of cardiopulmonary resuscitation (indirect heart massage and artificial respiration "mouth to mouth").

Discipline certification form - credit.

B1.V.DV.06.05 Organization of palliative care

The goal of the discipline is to provide students with knowledge about palliative care as a complex of medical interventions aimed at relieving pain and alleviating other severe manifestations of the disease in order to improve the quality of life of incurable patients.

The main content of the discipline. Palliative medicine principles and palliative care concept. The concept of the quality of life and methods of its assessment. Senile asthenia and cachexia. Methods for assessing physical and cognitive function. Treating chronic pain. Treatment of other painful symptoms in incurable patients. Communication with patients, relatives and immediate environment. Home care. Emotional affective disorders in incurable patients. Palliative care for psychiatric illness. Palliative care for non-oncological diseases. Palliative care for cancer. Ethical and legal aspects of the attitude towards death and dying. Organization of palliative care in the Russian Federation. Regulatory aspects of palliative care.

Discipline certification form - credit.

B1.V.DV.06.06 Tumor diseases in the work of a general practitioner

The goal of the discipline is to form the maximum oncological alertness of the general practitioner at all stages of contact with the patient in the system of primary health care.

The main content of the discipline. Practical training of a general practitioner in early diagnosis, in the preparation and organization of measures for the timely diagnosis of oncological diseases and measures for their prevention.

Discipline certification form - credit.

B1.V.DV.06.07 Identification of risk groups for the occurrence of malignant skin tumors

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge in medical activity, namely, the identification of risk groups for the occurrence of malignant skin tumors necessary for the formation of competencies in accordance with the Federal State Educational Standard of Higher Education in the specialty " General Medicine " , the ability and readiness to perform labor functions, required by the professional standard " Medical doctor (local therapist) " .

The main content of the discipline . Epidemiology of malignant skin tumors, diagnostics and clinically e symptoms and prevention as well . The main part of the discipline is devoted to the factors contributing to the development of skin tumors . And principles highlight the risk of development of skin tumors based on an individual assessment, described criteria dispensary observation.

Discipline certification form - credit.

FTD. Electives.

FTD. 1. Academic Russian

The purpose of the discipline is the mastery by students of the necessary amount of theoretical and practical knowledge of the Russian language and professional communication skills , for the development of competencies by graduates in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard Physician-general practitioner .

The main content of the discipline. Campus of the Medical University. Student community. Educational process at the medical university. Features of studying biomedical disciplines. Academic writing. Medical student practice.

Discipline certification form - credit.

Practice programs

B2.B.01 (S) Educational practice

Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities

1. The purpose of the training practice " Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The goal of the training practice " Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities " is the formation of general cultural, general professional and professional skills, skills and competencies under the guidance of a teacher in conditions close to production, consolidation and deepening theoretical preparation of a student, comprehensive mastering of professional activities by students, acquisition of initial experience of practical work in the profession

2. Objectives of educational practice " Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The objectives of the training practice " Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities " are:

- obtaining and consolidating professional skills in caring for patients with a therapeutic and surgical profile,
- training in labor techniques, methods of performing labor processes necessary for the subsequent development of general cultural, general professional and professional competencies in the chosen profession.

3. Method and form of educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The method of conducting educational practice is stationary. The form of educational practice is discrete.

4. The list of planned learning outcomes during the internship "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities ", correlated with the planned results of mastering the educational program.

The passage of this educational practice is aimed at developing the following general cultural and general professional competencies in students:

- the ability to analyze the main stages and patterns of the historical development of society for the formation of a civic position (OC-3);
- the ability to use methods and means of physical culture to ensure full-fledged social and professional activity (OC-6);
- readiness to use first aid techniques, methods of protection in emergency situations (OC-7);
- the ability to communicate in oral and written forms in Russian and foreign languages for solving problems of professional activity (OPC-2);
- the ability and willingness to implement ethical and deontological principles in professional activities (OPC-4);
- readiness to ensure the organization of patient care and the provision of first pre-medical medical and sanitary aid (OPC-10);

- readiness for the use of medical devices provided for by the procedures for the provision of medical care (OPC-11);
- the ability and readiness to carry out anti-epidemic measures, organize the protection of the population in the centers of especially dangerous infections, with a worsening radiation situation, natural disasters and other emergencies (PC-3);
- readiness to participate in the provision of medical assistance in emergency situations, including participation in medical evacuation (PC-13).

5. Place of educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities " in the structure of the OOP

The educational practice "Practice for obtaining primary professional skills and skills, including primary skills and abilities of research activities" refers to Block 2 "Practices, including research work (R&D)" of the curriculum of the OOP in the specialty "General Medicine".

This is the first educational practice of students, laying the foundations for clinical disciplines (propaedeutics of internal diseases, general surgery, etc.), educational and hospital practices (upon obtaining professional skills and experience of professional activity).

6. Scope of training practice

The total workload of the training practice is 3 credit unit, 108 hours.

7. Content of educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

-№ p / p Sections (stages, objects and types of student's professional activities during the course of educational practice)	KAS, which should receive (work) student when passing this stage of educational practice or type of production activity			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of formation of KAS
	Knowledge	Abilities	Skills			
1. Acquaintance with the health care facility, with the department of internship, safety instructions	rules of conduct in the clinic, principles of ethics and deontology	apply the rules of conduct in the clinic and the principles of ethics and deontology	communication skills	OC-3.6 OPC -2.4		Checking the layout of the diary and report
2. Educational research work (as part of independent work)	rules and principles of working with literary sources	collect, systematize and process literary material, prepare and conduct a conversation with patients on a chosen topic, prepare visual materials (sanitary bulletins) for the department.	public speaking skills.	OPC -2.4		Checking the design of the diary and report.
3. Forms of interactive lessons	rules for preparing a report and presentation according to the schedule of seminars.	to submit a report and presentation on the plan for conducting seminars, work as a team in solving situational problems.	public speaking skills, discussion skills.	OPC -2.4		Situational task solution. Execution of test tasks.
4. Working with simulators in classrooms	- methods of administration of medicinal substances, - principles of basic cardiopulmonary resuscitation, - methods of oxygen therapy, gastric	- use various methods of administering medicinal substances on simulators, - carry out basic cardiopulmonary resuscitation on a simulator, - to carry out oxygen therapy, gastric lavage, setting various	- the simplest medical procedures	OPC - 2 , 4 , 10, 11; PC - 3, 13		Checking the design of the diary and report. Demonstration of skill.

	lavage, setting various enemas, catheterization of the bladder with a soft catheter	enemas, catheterization of the bladder with a soft catheter on the simulator,				
five. Offset	the rule of drawing up a diary, report.	solve a situational task, demonstrate how to perform a practical skill on the simulator.	demonstration of acquired practical skills, - public speaking skills.	OC-3.6.7 OPC-2,4,10,11 PC-3.13		Checking the design of the diary and report. Protection of abstracts. Demonstration of skill. Situational task solution. Executing test tasks

8. Forms of reporting on educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

When passing the training practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities ", the following forms of certification are used:

- a diary of educational practice, where the student writes down all the work done every day, the head of the practice controls the keeping of the diary and signs it daily. At the end of the practice, the diary gives a description of the student;
- final test control;
- demonstration of acquired practical skills;
- solving situational tasks.

The final student rating is formed in accordance with the methodology of the point-rating system for assessing the student's educational achievements in educational practice.

9. The fund of assessment tools for the intermediate certification of students in educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The fund of assessment tools for intermediate certification of students in educational practice consists of the following sections: a list of essay topics, test control issues, situational tasks, a list of practical skills in educational practice, the methodology of a point-rating system for assessing students' academic achievements during educational practice .

The fund of assessment tools for midterm certification is presented in the APPLICATION.

10. The list of educational literature and Internet resources necessary for conducting educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

Main literature

Electronic educational publications

Fundamentals of care for surgical patients [Electronic resource]: tutorial / Glukhov AA, Andreev AA, Bolotskikh VI. - M .: GEOTAR-Media, 2015. - <http://www.studmedlib.ru/book/ISBN9785970432167.html> .

Tutorials :

1. Osipov V.N., Bogoyavlenskaya O.V. General care of patients with a therapeutic profile: manual / V.N. Osipov, O.V. Epiphany. - 4th ed., Isp. and add. - M .: GEOTAR- Media , 2017 .-- 464p.
2. Glukhov A.A. et al. Fundamentals of care for surgical patients: study guide / A.A. Glukhov [and others]. - M .: GEOTAR-Media, 2017 .-- 288 p.

additional literature

1. Kuznetsov N.A., Brontwein A.T. Care for surgical patients: textbook. for students of institutions of higher education . prof. Educations enrolled in the specialty 31.05.01 "General Medicine " of the discipline "Care for a surgeon. sick "/ N.A. Kuznetsov, A.T. Brontwein . - M .: GOETAR-Media, 2012. - 288p.
2. Demichev S.V. First aid for injuries and diseases: textbook / S.V. Demichev. - M .: GEOTAR-Media, 2011 .-- 160 p.
3. Ermolaev V.L., Shurygina E.P., Ustavshchikova E.V. Care of surgical patients: teaching aid / V.L. Ermolaev, E.P. Shurygina, E.V. Ustavshchikova . - Yekaterinburg: UGMA, 2006 .-- 52p.
4. Kuleshova L.I. Fundamentals of nursing: a course of lectures, nursing technologies: Textbook / L.I. Kuleshova, E.V. Pustovetova . - Rostov n / a: Phoenix, 2011 .-- 733 p.
5. Cardiopulmonary and cerebral resuscitation: an educational method. manual / V.V. Moroz et al. - M: NII OR RAMS, GOU VPO MGMSU, 2011. - 48 p.

Magazines

1. Nurse
2. Nurse
3. Nursing
4. Palliative medicine and rehabilitation
5. Hygiene and sanitation.
6. Nutrition issues.
7. Preventive medicine.

11. The list of information technologies used in conducting educational practice " Practice for obtaining primary professional skills " , including a list of software and information reference systems (if necessary)

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;
- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;
- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);
- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);
- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);
- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);
- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);
- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);
- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);
- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";
- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;
- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus - Yekaterinburg; Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;
- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base necessary for conducting educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The material and technical support of the educational practice includes the means of the clinical base, where the "Practice for obtaining primary professional skills" and the resources of the Department of Nursing Activity Management takes place.

Material and technical means of the Department of Nursing Activity Management:

- simulators for cardiopulmonary resuscitation,
- simulators for intramuscular and intravenous injections,
- simulators for bladder catheterization,
- mercury and electronic thermometers,
- mechanical and electronic tonometers,
- disposable syringes, needles, systems for intravenous infusion,
- Esmarch mugs , heating pads, ice bubbles, enema balloons, rubber urinary catheters,
- dishes for collecting biological material,
- disinfectant solutions,
- test tasks and situational tasks for seminars.

Application

The fund of assessment tools for the intermediate certification of students in educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

For each type of work performed during the training practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities ", the student receives points every day, which are summed up and students who have scored 40 points or more are allowed to be credited.

For admission to offset, you must:

1. Filling out the practice diary
2. Execution of the abstract
3. Implementation of sanitary and educational work

Stages of offset:

1. Delivery of test control:
2. Solving situational tasks
3. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

Based on the results of the work, the student draws up a diary of **educational** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Criteria for evaluating the diary on educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities " :

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. List of topics for essays on educational practice

"Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

To obtain admission to the offset, a prerequisite is the implementation of the research.

Abstract topics:

1. Principles of organizing the work of medical institutions, the device and equipment of medical departments of hospitals.
2. Theoretical foundations and modern concept of nursing, organization of work of junior and middle medical personnel.
3. Principles of ensuring infectious safety in hospitals.
4. Types of sanitization and methods of transportation of patients.
5. Types of fevers.
6. Features of monitoring and caring for elderly and senile patients.
7. Principles of teaching patients and their relatives elements of care, self-care and self-control.
8. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
9. Methods of changing the patient's underwear and bedding.
10. Rules for the treatment of bedsores.
11. The rules of anthropometry.
12. Rules for transportation and feeding of patients.
13. Methods for measuring parameters of hemodynamics and respiration.
14. Technique for measuring daily urine output.
15. Methods for measuring body temperature.
16. Peculiarities of caring for patients of different ages.
17. Principles of cardiopulmonary resuscitation.
18. Features of caring for seriously ill and agonizing patients .

Evaluation criteria for the abstract:

The content does not correspond to the topic, the abstract is not drawn up correctly - 0 points

The content is not complete, the abstract is executed with minor errors - 5 points

The content is not complete enough, the abstract is formatted correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

3. The list of topics of sanitary and educational work on educational practice

"Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

Health education topics :

1. Principles of organizing the work of medical institutions, the device and equipment of medical departments of hospitals.
2. Theoretical foundations and modern concept of nursing, organization of work of junior and middle medical personnel.
3. Principles of ensuring infectious safety in hospitals.
4. Types of sanitization and methods of transportation of patients.
5. Types of fevers.
6. Features of monitoring and caring for elderly and senile patients.
7. Principles of teaching patients and their relatives elements of care, self-care and self-control.
8. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
9. Methods of changing the patient's underwear and bedding.
10. Rules for the treatment of bedsores.
11. The rules of anthropometry.
12. Rules for transportation and feeding of patients.
13. Methods for measuring parameters of hemodynamics and respiration.
14. Technique for measuring daily urine output.
15. Methods for measuring body temperature.
16. Peculiarities of caring for patients of different ages.
17. Principles of cardiopulmonary resuscitation.
18. Features of caring for seriously ill and agonizing patients .

Criteria for evaluating health education work:

The content does not correspond to the topic, is not framed correctly - 0 points

The content is incomplete, framed with minor errors - 5 points

The content is not complete enough, it is formatted correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

4. Test control in educational practice

"Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

Testing is an integral form of quality control of student training and one of the stages of passing the test for educational practice.

The list of sample questions for the test control:

1. Fever with a temperature in the range of 37-38 ° C

* 1) subfebrile

2) moderately increased

3) high

4) hyperpyretic

5) subnormal

2. Transportation of a patient with myocardial infarction

* 1) on a stretcher

2) in a wheelchair

3) independent movement

4) movement accompanied by a health worker

5) movement accompanied by a relative

3. The work of the reception department should take place in the following sequence

1) registration of patients, sanitary and hygienic processing, medical examination

* 2) registration of patients, medical examination, sanitary and hygienic processing

3) medical examination, registration of patients, sanitary and hygienic processing

4) at the discretion of the admission nurse

5) at the discretion of the doctor of the admission department

4. The patient is weighed under the condition

1) under any conditions

2) in the morning, on an empty stomach, with a full bladder

3) in the morning, after breakfast, in one underwear

* 4) in the morning, on an empty stomach, after emptying the bladder and intestines, in the same underwear

5) in the evening, on an empty stomach

5. Normal temperature is called

1) 36.6 °C

- 2) 35.0 - 36.9 °C
- * 3) 36.0 - 36.9 °C
- 4) 36.5 - 37.5 °C
- 5) 36.5 - 37.0 °C

6. Thermometry in the hospital is carried out

- 1) febrile patients
- 2) seriously ill
- * 3) all inpatients
- 4) patients with an unclear diagnosis
- 5) patients with impaired consciousness

7. Purpose of the nursing process:

- 1) diagnosis and treatment of diseases
- * 2) ensuring the highest possible quality of life for the patient
- 3) solving questions about the order of care measures
- 4) active cooperation with the patient
- 5) fulfillment of doctor's prescriptions

8. Duration of measurement of body temperature in the armpit

- 1) 10 minutes
- * 2) 5 minutes
- 3) 1-2 minutes
- 4) 30 seconds
- 5) 7-8 minutes

9. Thermometry data is entered into ...

- 1) assignment sheet
- * 2) temperature sheet
- 3) medical history
- 4) outpatient card
- 5) shift log

10. Cough is called

- * 1) protective-reflex act, in which the body is freed from sputum, foreign bodies
- 2) pathological secretion of the lungs and respiratory tract
- 3) sputum mixed (streaked) with blood
- 4) sputum, consisting of pure blood
- 5) change in frequency, depth, rhythm of breathing

11. Hemoptysis is

- 1) vomiting of "coffee grounds"
- 2) pathological secretion of the lungs and respiratory tract, released when coughing
- * 3) sputum mixed (streaked) with blood
- 4) sputum, consisting of pure blood
- 5) change in frequency, depth, rhythm of breathing

12. To collect sputum for inoculation it is necessary to prepare:

- 1) pocket spittoon
- 2) a clean dry glass jar with a lid
- 3) a clean, dry glass jar without a lid
- * 4) sterile Petri dish
- 5) any of the dishes listed

13. The drainage position is given to the patient in order to

- 1) reduce fever
- 2) reduce shortness of breath
- 3) expansion of the bronchi
- * 4) relief of sputum discharge
- 5) thinning phlegm

14. Rules for collecting sputum for general analysis

- * 1) in the morning on an empty stomach, the patient rinses the oral cavity, clears his throat and spits out phlegm into a clean dish
- 2) after breakfast, the patient spits out phlegm into a clean dish

- 3) in the morning on an empty stomach, the patient rinses the oral cavity and spits into a clean dish
- 4) in the morning on an empty stomach, the patient donates sputum collected overnight
- 5) the patient clears his throat and spits out sputum into the spittoon in

15. Heart rate is normal ... beats per minute

- 1) 50-70
- * 2) 80-100
- 3) 100-120
- 4) 40-80
- 5) 60-80

16. Position of the patient when measuring blood pressure

- * 1) lying or sitting with an arm and back support
- 2) lying or sitting, hand on weight
- 3) when performing physical activity
- 4) only in horizontal position
- 5) standing and sitting

17. Dyspeptic disorders are

- * 1) belching, heartburn, nausea, vomiting
- 2) gastric bleeding
- 3) cough with phlegm, hemoptysis
- 4) abdominal pain
- 5) melena

18. The most complete colon cleansing method

- 1) medicinal enema
- 2) oil enema
- 3) cleansing enema
- 4) taking laxatives
- * 5) siphon enema

19. In case of constipation, the patient is advised to consume large amounts of:

- 1) proteins
- 2) fat
- 3) carbohydrates
- * 4) foods rich in dietary fiber
- 5) seafood

20. To study urine according to the Nechiporenko method, take

- 1) the entire morning urine sample
- 2) 100-200 ml of the entire morning urine portion
- * 3) the middle portion of morning urine
- 4) 10 ml of urine from the volume collected per day
- 5) 10 ml of urine into a sterile tube

21. For bacteriological examination of urine, take

- 1) the entire morning urine sample
- 2) 100-200 ml of the entire morning urine portion
- 3) the middle portion of morning urine
- 4) 10 ml of urine from the volume collected per day
- * 5) 10 ml urine into a sterile tube

22. For a general analysis of urine, the laboratory is sent

- 1) the entire morning urine sample
- * 2) 100-200 ml from the entire morning urine portion
- 3) the middle portion of morning urine
- 4) 10 ml of urine from the volume collected per day
- 5) 10 ml of urine into a sterile tube

23. For Zimnitsky's sample, urine is collected

- * 1) during the day every 3 hours
- 2) 100-200 ml of the entire morning urine portion
- 3) the middle portion of morning urine
- 4) during the day in one dish

5) 10 ml of urine into a sterile tube

24. Signs of clinical death

- 1) lack of consciousness
- 2) lack of heartbeats
- 3) lack of reflexes
- 4) lack of breathing
- * 5) all of the above is true

25. An indisputable sign of biological death is

- 1) complete lack of consciousness and reflexes
- 2) lack of heartbeats
- 3) cessation of breathing
- 4) lack of reaction of pupils to light
- * 5) rigor mortis

26. The reversible stage of dying, the transitional state from life to death is called:

- 1) preagonia
- 2) terminal pause
- 3) agony
- * 4) clinical death
- 5) biological death

27. Resuscitation measures are provided to the victim:

- 1) any specialist with higher medical education
- 2) any specialist with secondary medical education
- 3) any specialist with medical education
- 4) reanimatologist
- * 5) a person who was next to the victim at the time of the accident

28. Ineffective resuscitation continues:

15 minutes

- 2) 15 minutes
- * 3) 30 minutes
- 4) 45 minutes
- 5) up to 1 hour

29. When carrying out resuscitation measures in adults, the ratio of "chest compression : artificial lung ventilation" is:

- 1) 2: 30
- * 2) 30: 2
- 3) 15: 2
- 4) 2: 15
- 5) 1: 5

30. Age is considered to be elderly

- 1) 20-34 years old
- 2) 35-59 years old
- * 3) 60-74 years
- 4) 75-89 years old
- 5) 90 years or more

31. In their diet, an elderly person should limit:

- 1) animal proteins
- 2) vegetable proteins
- * 3) animal fats
- 4) vegetable fats.
- 5) plant fiber

32. Negative consequences of prolonged stay of elderly patients in bed

- 1) the risk of developing congestion in the lungs
- 2) the possibility of developing thromboembolic complications
- 3) difficulty urinating and increased constipation
- 4) an increase in the manifestations of heart failure
- * 5) all of the above

33. The causes of heatstroke (general overheating of the body) can be:

- 1) stay in a room with high temperature and humidity
- 2) hard physical work in stuffy rooms
- 3) prolonged physical overload in hot climates
- 4) hot weather
- * 5) all of the above

34. Features of resuscitation in case of electric shock :

- 1) start with a precordial beat
- * 2) start with the release of the victim from the action of the electric current
- 3) leading role - ensuring airway patency
- 4) raise the victim's legs
- 5) transfer to a cool place, provide fresh air flow

35. With general hypothermia, the duration of the period of clinical death:

- 1) decreases
- * 2) increases
- 3) remains unchanged

Test control evaluation criteria:

less than 71% of correct answers - the test is not passed, points are not awarded.

71-80% of correct answers - 5 points;

81-90% of correct answers - 10 points;

91-100% correct answers - 15 points

5. Solving situational tasks for educational practice

"Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

One of the stages of offset is the solution of situational problems.

List of approximate situational tasks:

1. The patient N., 38 years old, stored in the pulmonary department with a diagnosis of "pneumonia" and high body temperature 39.5°C . Upon receiving antipyretics patient began to disturb dizziness, severe weakness, tachycardia (pulse rate of 120 per minute), When the measurement of blood pressure - 80/40 mm. rt. Art. With repeated thermometry, the body temperature is 36.5°C . What is the nurse's tactics? Organize care.
2. Patient M., 56 years old, agitated, complains of muscle pain, severe weakness, severe headaches. With thermometry, the body temperature is 40°C . On examination, cyanosis of the lips, hands, the skin is pale. Describe the nurse's tactics, arrange for care.
3. Patient D., 5 years old, was admitted to the clinic with a diagnosis of parotitis (acute infectious inflammation of the parotid salivary glands). On the day of admission, the patient felt a general malaise, weakness and an increase in body temperature to 39°C , which rose gradually, over several days. The high temperature lasted for 7 days, fluctuations between morning and evening temperatures did not exceed 1°C . After 7 days, the temperature gradually began to decrease, which was accompanied by increased sweating. What etiological factor acted as the cause of the development of a febrile state. What type of temperature curve did the patient have?
4. Patient O., 44 years old, during a routine examination revealed an increase in temperature up to 37.8°C . From the anamnesis it is known that subfebrile temperature was observed in him almost constantly over the past year, and taking antipyretic drugs such as aspirin does not lead to its normalization. What pathological process (fever or hyperthermia) takes place in this case? What are the possible causes of it? What additional information is needed to clarify the diagnosis?
5. Patient S., 38 years old, was admitted to the emergency department with complaints of poor health, "aches" throughout the body, headache, chills, trembling limbs, feeling of cold. When measured, the body temperature is 40.2°C . In what period of fever is the patient? What is the nurse's tactics?
6. Patient K., 66 years old, consulted a doctor about the frequent appearance of subfebrile body temperature up to 37.6°C over the past few weeks, worsening of appetite, weakness, weight loss by 5 kg during this period, the appearance of periodic cough, separation of sputum with an admixture blood. A blood test revealed a decrease in the level of erythrocytes, hemoglobin and an increase in ESR. What could be the reason for the appearance of fever and the detection of changes in the blood test? What additional tests should be done for this patient?
7. A patient who was in the cardiology department with a diagnosis of ischemic heart disease, while climbing the stairs, developed sharp burning squeezing pains behind the sternum, tachycardia 110, the pulse of weak filling, the body temperature rose sharply to 39°C . What are the possible causes of a fever? Should antipyretic therapy be used in this case? Organize patient care.
8. Medical sister measuring a patient's body temperature in the axilla and in the oral cavity discovered that underarm - 37.5°C and 38°C in the oral cavity. What measurement did the nurse make a mistake? Which measurement data should the nurse enter on the temperature sheet?
9. Patient L., 40 years old, who was in the pulmonary department, was prescribed mustard plasters, but by the evening his temperature rose to 39°C . The patient persuades meds jets put his mustard. What is the nurse's tactics?
10. Patient V., 32 years old, was delivered by ambulance to the emergency department in serious condition. The skin and mucous membranes are cyanotic. Pulse 135 beats / min, threadlike. Blood pressure is 90/60 mm Hg. Art. Tachypnea 25 per minute. Body temperature

40 ° C. According to the accompanying persons, the victim, eliminating the accident, worked for 40 minutes at an air temperature of about 70 ° C and high humidity. What pathological process led to the development of an increase in body temperature? Is it advisable for this patient to prescribe antipyretic drugs?

Evaluation criteria for solving a situational task:

"The answer is not correct" - 0 points

"The answer is not complete" - 5 points

"The answer is not complete enough" - 8 points

"Full detailed answer" - 10 points

6. Demonstration of practical skills

on educational practice "Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "

The student must demonstrate one of the practical skills acquired during the practical training.

List of practical skills:

1. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
2. Change of underwear and bed linen of the patient.
3. Anthropometry.
4. Patient transportation.
5. Feeding the patient.
6. Measurement of blood pressure.
7. Heart rate counting.
8. Respiration rate counting.
9. Measurement of daily urine output.
10. Body temperature measurement.
11. Collection of biological material from the patient for laboratory research.
12. Cardiopulmonary resuscitation (simulators).
13. Oxygen therapy.
14. Hand treatment with disinfectant solutions.

15. Collection, processing and systematization of literary material

Criteria for evaluating practical skills:

"Not fulfilled" - 0 points

"Partially completed" - 5 points

"Completed with defects" - 10 points

"Completed in full" - 15 points

**7. The methodology of the point- rating system for assessing the educational achievements of students during training
"Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities "**

	Minimum number of points	Maxim. qty points	student	note
Working out 36 hours	Mandatory for admission to credit and is not evaluated in points		performed not performed	
Implementation of the list of required practical skills	Mandatory for admission to credit and is not evaluated in points		performed not performed	
San educational work	Five	ten		
WIRS	Five	ten		
Diary with characteristics	Thirty	40		
TOTAL	40	60		
	To get admission to credit, a student must have a minimum of 40 points.			

Passing credit

	Possible points	The student	Date, signature
Test	less than 71% of correct answers - the test is not passed, points are not awarded. 71-80% of correct answers - 5 points;		

	81-90% of correct answers - 10 points; 91-100% correct answers - 15 points		
Practical skills	"Not fulfilled" - 0 points "Partially completed" - 5 points "Completed with defects" - 10 points "Completed in full" - 15 points		
Situational task solution (oral answer)	"The answer is not correct" - 0 points "The answer is not complete" - 5 points "The answer is not complete enough" - 8 points "Full detailed answer" - 10 points		
Total	For passing the test, the student can score at least 20 points, the maximum - 40 points		

The final rating for educational practice consists of the sum of points received during the period of practice (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

To transfer the final rating of a student in educational practice, the following scale is introduced into the evaluation mark

Student assessment by discipline	The final rating of the student by discipline, rating points
"Passed"	60 - 100
"Unsatisfactory"	0 - 59
"satisfactorily"	60 - 69
"Good"	70 - 84
"Excellent"	85 - 100

***B2.B.02 (U) Program of educational practice
Clinical Practice (Nursing assistant)***

1. The purpose of the training practice "Clinical practice (nursing assistant)"

The purpose of the training practice "Clinical practice (nursing assistant)" is the formation of general cultural, general professional and professional skills, skills and competencies under the guidance of a teacher in conditions close to production, consolidation and deepening of the theoretical training of the student, the comprehensive development of students' professional activities, the acquisition of initial practical work experience in the profession

2. Objectives of the training practice " Clinical practice (nursing assistant)"

The objectives of the educational practice " Clinical practice (nursing assistant)" are:

- obtaining and consolidating professional skills in caring for patients with a therapeutic and surgical profile,
- training in labor techniques, methods of performing labor processes necessary for the subsequent development of general cultural, general professional and professional competencies in the chosen profession.

3. Method of conducting educational practice " Clinical practice (nursing assistant)"

The method of conducting educational practice is stationary. The form of educational practice is discrete.

4. A list of planned learning outcomes during the course of the practice " Clinical practice (nursing assistant)", correlated with the planned results of mastering the educational program.

The passage of this educational practice is aimed at developing the following general cultural and general professional competencies in students:

- the ability to analyze the main stages and patterns of the historical development of society for the formation of a civic position (OC-3);
- the ability to use methods and means of physical culture to ensure full-fledged social and professional activity (OC-6);
- readiness to use first aid techniques, methods of protection in emergency situations (OC-7);
- the ability to communicate in oral and written forms in Russian and foreign languages for solving problems of professional activity (OPC-2);
- the ability and willingness to implement ethical and deontological principles in professional activities (OPC-4);
- readiness to ensure the organization of patient care and the provision of first pre- medical medical and sanitary aid (OPC-10);
- readiness for the use of medical devices provided for by the procedures for the provision of medical care (OPC-11);
- the ability and readiness to carry out anti-epidemic measures, organize the protection of the population in the centers of especially dangerous infections, with a worsening radiation situation, natural disasters and other emergencies (PC-3);
- readiness to participate in the provision of medical assistance in emergency situations, including participation in medical evacuation (PC-13).

5. Place of training practice " Clinical practice (nursing assistant)" in the structure of the OOP

The educational practice "Clinical practice (nursing assistant)" refers to Block 2 "Practices, including research work (R&D)" of the curriculum of the OOP in the specialty "General Medicine".

This is an educational practice for students, laying the foundations for clinical disciplines (propaedeutics of internal diseases, general surgery, etc.), educational and hospital practices (upon obtaining professional skills and experience of professional activity).

6. Scope of training practice

The total workload of the training practice is 2 credit units, 72 hours.

7. Content of the training practice " Clinical practice (nursing assistant)"

-№ p / p Sections (stages, objects and types of student's professional activities during the course of educational practice)	KAS, which should receive (work) student when passing this stage of educational practice or type of production activity			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of formation KAS
	Knowledge	Abilities	Skills			
1. Acquaintance with the health care facility, with the department of internship, safety instructions	- rules of conduct in the clinic, - principles of ethics and deontology	- apply the rules of conduct in the clinic and the principles of ethics and deontology	- communication skills	OPC -2.4		Checking the layout of the diary and report
2. Work in departments as an assistant to nursing staff	- principles of organization, equipment and work of medical facilities, departments - theoretical foundations and modern concept of nursing - organization of work, duties of junior medical personnel - principles of ensuring infectious safety in healthcare facilities - types of sanitization and methods of transporting patients, - types of fevers, - principles for the use of medicines, - features of monitoring and caring for patients with diseases of various organs and systems, - features of observation and care of elderly and	- carry out sanitization of the patient upon admission to the hospital, - change underwear and bed linen, - to carry out anthropometry, transportation and feeding of patients, - monitor the parameters of hemodynamics and respiration, measure daily urine output and body temperature, - collect biological material from patients for laboratory research, - serve a heating pad, an ice pack, make compresses, - apply various soft bandages - draw up medical documentation, - to identify the problems	- skills of caring for patients, taking into account their age, nature and severity of the disease, - hand treatment methods, - skills in using medical clothing, - principles of ethics and deontology.	OC-3.6.7 OPC-2,4,10,11 PC-3.13	3.1.1. Providing medical care to the patient in urgent or emergency forms. 3.1.5. Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and health education of the population	Checking the design of the diary and report. Demonstration of skill. Situational task solution. Execution of test tasks.

	senile patients, -	of patients and to care for patients of different ages with various diseases, - to take care of patients in the pre- and postoperative periods.				
3. Working with simulators in classrooms	- methods of administration of medicinal substances, - principles of basic cardiopulmonary resuscitation, - methods of oxygen therapy, gastric lavage, setting various enemas, bladder catheterization with a soft catheter	- use various methods of administering medicinal substances on simulators, - carry out basic cardiopulmonary resuscitation on a simulator, - carry out oxygen therapy, gastric lavage, setting various enemas, catheterization of the bladder with a soft catheter on the simulator	- the simplest medical procedures	OPC - 2, 4, 10, 11; PC - 3, 13		Checking the design of the diary and report. Demonstration of skill.
4. Test	- the rule of drawing up a diary, report.	- solve a situational task, - to demonstrate the implementation of a practical skill on the simulator.	- the simplest medical procedures, - public speaking skills.	OC-3.6.7 OPC-2,4,10,11 PC-3.13		Checking the design of the diary and report. Protection of abstracts. Demonstration of skill. Situational task solution. Executing test tasks

8. Forms of reporting on educational practice " Clinical practice (nursing assistant)"

When passing the training practice " Clinical practice (nursing assistant)", the following forms of certification are used:

- a diary of educational practice, where the student writes down all the work done every day, the head of the practice controls the keeping of the diary and signs it daily. At the end of the practice, the diary gives a description of the student;
- final test control;
- demonstration of acquired practical skills;
- solving situational tasks.

The final student rating is formed in accordance with the methodology of the point-rating system for assessing the student's educational achievements in educational practice.

9. The fund of evaluation means for the intermediate certification of students in educational practice " Clinical practice (nursing assistant)"

The fund of assessment tools for intermediate certification of students in educational practice consists of the following sections: a list of essay topics, test control issues, situational tasks, a list of practical skills in educational practice, the methodology of a point-rating system for assessing students' academic achievements during educational practice .

The fund of assessment tools for midterm certification is presented in the APPLICATION.

10. List of educational literature and Internet resources required for conducting educational practice " Clinical practice (nursing assistant)"

Main literature

Electronic educational publications

Fundamentals of care for surgical patients [Electronic resource]: tutorial / Glukhov AA, Andreev AA, Bolotskikh VI. - M.: GEOTAR-Media, 2015.-
<http://www.studmedlib.ru/book/ISBN9785970432167.html> .

Tutorials :

1. Osipov V.N., Bogoyavlenskaya O.V. General care of patients with a therapeutic profile: manual / V.N. Osipov, O.V. Epiphany. - 4th ed., Isp. and add. - M .: GEOTAR- Media , 2017 .-- 464p.
2. Glukhov A.A. et al. Fundamentals of care for surgical patients: study guide / A.A. Glukhov [and others]. - M .: GEOTAR-Media, 2017 .-- 288 p.

additional literature

1. Kuznetsov N.A., Brontwein A.T. Care for surgical patients: textbook. for students of institutions of higher education . prof. Educations enrolled in the specialty 31.05.01 "General Medicine " of the discipline "Care for a surgeon. sick "/ N.A. Kuznetsov, A.T. Brontwein . - M .: GOETAR-Media, 2012. - 288p.
2. Demichev S.V. First aid for injuries and diseases: textbook / S.V. Demichev. - M .: GEOTAR-Media, 2011 .-- 160 p.
3. Ermolaev V.L., Shurygina E.P., Ustavshchikova E.V. Care of surgical patients: teaching aid / V.L. Ermolaev, E.P. Shurygina, E.V. Ustavshchikova . - Yekaterinburg: UGMA, 2006 .-- 52p.
4. Kuleshova L.I. Fundamentals of nursing: a course of lectures, nursing technologies: Textbook / L.I. Kuleshova, E.V. Pustovetova . - Rostov n / a: Phoenix, 2011 .-- 733 p.
5. Cardiopulmonary and cerebral resuscitation: an educational method. manual / V.V. Moroz et al. - M: NII OR RAMS, GOU VPO MGMSU, 2011. - 48 p.

Magazines

1. Nurse
2. Nurse
3. Nursing

4. Palliative medicine and rehabilitation
5. Hygiene and sanitation.
6. Nutrition issues.
7. Preventive medicine.

11. The list of information technologies used in conducting educational practice " Clinical practice (nursing assistant)" , including a list of software and information reference systems (if necessary)

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;
- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;
- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);
- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);
- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);
- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);
- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);
- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);
- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);
- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";
- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus - Yekaterinburg; Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base necessary for conducting educational practice " Clinical practice (nursing assistant)"

The material and technical support of the educational practice includes the means of the clinical base, where the " Clinical practice (nursing assistant)" takes place and the resources of the Department of Nursing Management.

Material and technical means of the Department of Nursing Activity Management:

- simulators for cardiopulmonary resuscitation,
- simulators for intramuscular and intravenous injections,
- simulators for bladder catheterization,
- mercury and electronic thermometers,
- mechanical and electronic tonometers,
- disposable syringes, needles, systems for intravenous infusion,
- Esmarch mugs , heating pads, ice bubbles, enema balloons, rubber urinary catheters,
- dishes for collecting biological material,
- disinfectant solutions,
- test tasks and situational tasks for seminars.

Application

Fund of evaluation means for the intermediate certification of students in educational practice " Clinical practice (nursing assistant)"

For each type of work performed during the training practice " Clinical practice (nursing assistant)", the student receives points every day, which are summed up and students who have scored 40 points or more are allowed to be credited.

For admission to offset, you must:

1. Filling out the practice diary
2. Execution of the abstract
3. Implementation of sanitary and educational work

Stages of offset:

1. Delivery of test control:
2. Solving situational tasks
3. Demonstration of practical skills.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on educational practice " Clinical practice (nursing assistant)"

Based on the results of the work, the student draws up a diary of **educational** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Criteria for evaluating the diary on educational practice "Clinical practice (nursing assistant)" :

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

**4. List of topics for essays on educational practice
" Clinical practice (nursing assistant)"**

To obtain admission to the offset, a prerequisite is the implementation of the research.

Abstract topics:

1. Principles of organizing the work of medical institutions, the device and equipment of medical departments of hospitals.
2. Theoretical foundations and modern concept of nursing, organization of work of junior and middle medical personnel.
3. Principles of ensuring infectious safety in hospitals.
4. Types of sanitization and methods of transportation of patients.
5. Types of fevers.
6. Features of monitoring and caring for elderly and senile patients.
7. Principles of teaching patients and their relatives elements of care, self-care and self-control.
8. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
9. Methods of changing the patient's underwear and bedding.

10. Rules for the treatment of bedsores.
11. The rules of anthropometry.
12. Rules for transportation and feeding of patients.
13. Methods for measuring parameters of hemodynamics and respiration.
14. Technique for measuring daily urine output.
15. Methods for measuring body temperature.
16. Peculiarities of caring for patients of different ages.
17. Principles of cardiopulmonary resuscitation.
18. Features of caring for seriously ill and agonizing patients .

Evaluation criteria for the abstract:

The content does not correspond to the topic, the abstract is not drawn up correctly - 0 points

The content is not complete, the abstract is executed with minor errors - 5 points

The content is not complete enough, the abstract is formatted correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

5. The list of topics of sanitary and educational work on educational practice "Clinical practice (nursing assistant)"

Health education topics :

1. Principles of organizing the work of medical institutions, the device and equipment of medical departments of hospitals.
2. Theoretical foundations and modern concept of nursing, organization of work of junior and middle medical personnel.
3. Principles of ensuring infectious safety in hospitals.
4. Types of sanitization and methods of transportation of patients.
5. Types of fevers.
6. Features of monitoring and caring for elderly and senile patients.
7. Principles of teaching patients and their relatives elements of care, self-care and self-control.
8. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
9. Methods of changing the patient's underwear and bedding.
10. Rules for the treatment of bedsores.
11. The rules of anthropometry.
12. Rules for transportation and feeding of patients.
13. Methods for measuring parameters of hemodynamics and respiration.
14. Technique for measuring daily urine output.
15. Methods for measuring body temperature.
16. Peculiarities of caring for patients of different ages.
17. Principles of cardiopulmonary resuscitation.
18. Features of caring for seriously ill and agonizing patients .

Criteria for evaluating health education work:

The content does not correspond to the topic, is not framed correctly - 0 points

The content is incomplete, framed with minor errors - 5 points

The content is not complete enough, it is formatted correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

4. Test control in educational practice "Clinical practice (nursing assistant)"

Testing is an integral form of quality control of student training and one of the stages of passing the test for educational practice.

The list of sample questions for the test control:

1. Fever with a temperature in the range of 37-38 ° C

- * 1) subfebrile
- 2) moderately increased
- 3) high
- 4) hyperpyretic
- 5) subnormal

2. Transportation of a patient with myocardial infarction

- * 1) on a stretcher
- 2) in a wheelchair
- 3) independent movement
- 4) movement accompanied by a health worker
- 5) movement accompanied by a relative

3. The work of the reception department should take place in the following sequence

- 1) registration of patients, sanitary and hygienic processing, medical examination
- * 2) registration of patients, medical examination, sanitary and hygienic processing
- 3) medical examination, registration of patients, sanitary and hygienic processing
- 4) at the discretion of the admission nurse
- 5) at the discretion of the doctor of the admission department

4. The patient is weighed under the condition

- 1) under any conditions
- 2) in the morning, on an empty stomach, with a full bladder
- 3) in the morning, after breakfast, in one underwear
- * 4) in the morning, on an empty stomach, after emptying the bladder and intestines, in the same underwear
- 5) in the evening, on an empty stomach

5. Normal temperature is called

- 1) 36.6 °C
- 2) 35.0 - 36.9 °C
- * 3) 36.0 - 36.9 °C
- 4) 36.5 - 37.5 °C
- 5) 36.5 - 37.0 °C

6. Thermometry in the hospital is carried out

- 1) febrile patients
- 2) seriously ill
- * 3) all inpatients
- 4) patients with an unclear diagnosis
- 5) patients with impaired consciousness

7. Purpose of the nursing process:

- 1) diagnosis and treatment of diseases
- * 2) ensuring the highest possible quality of life for the patient
- 3) solving questions about the order of care measures
- 4) active cooperation with the patient
- 5) fulfillment of doctor's prescriptions

8. Duration of measurement of body temperature in the armpit

- 1) 10 minutes
- * 2) 5 minutes
- 3) 1-2 minutes
- 4) 30 seconds
- 5) 7-8 minutes

9. Thermometry data is entered into ...

- 1) assignment sheet
- * 2) temperature sheet
- 3) medical history
- 4) outpatient card
- 5) shift log

10. Cough is called

- * 1) protective-reflex act, in which the body is freed from sputum, foreign bodies
- 2) pathological secretion of the lungs and respiratory tract
- 3) sputum mixed (streaked) with blood
- 4) sputum, consisting of pure blood
- 5) change in frequency, depth, rhythm of breathing

11. Hemoptysis is

- 1) vomiting of "coffee grounds"
- 2) pathological secretion of the lungs and respiratory tract, released when coughing
- * 3) sputum mixed (streaked) with blood
- 4) sputum, consisting of pure blood
- 5) change in frequency, depth, rhythm of breathing

12. To collect sputum for inoculation it is necessary to prepare:

- 1) pocket spittoon
- 2) a clean dry glass jar with a lid
- 3) a clean, dry glass jar without a lid
- * 4) sterile Petri dish
- 5) any of the dishes listed

13. The drainage position is given to the patient in order to

- 1) reduce fever
- 2) reduce shortness of breath
- 3) expansion of the bronchi
- * 4) relief of sputum discharge
- 5) thinning phlegm

14. Rules for collecting sputum for general analysis

- * 1) in the morning on an empty stomach, the patient rinses the oral cavity, clears his throat and spits out phlegm into a clean dish

2) after breakfast, the patient spits out phlegm into a clean dish
3) in the morning on an empty stomach, the patient rinses the oral cavity and spits into a clean dish

4) in the morning on an empty stomach, the patient donates sputum collected overnight

5) the patient clears his throat and spits out sputum into the spittoon in

15. Heart rate is normal ... beats per minute

1) 50-70

* 2) 80-100

3) 100-120

4) 40-80

5) 60-80

16. Position of the patient when measuring blood pressure

* 1) lying or sitting with an arm and back support

2) lying or sitting, hand on weight

3) when performing physical activity

4) only in horizontal position

5) standing and sitting

17. Dyspeptic disorders are

* 1) belching, heartburn, nausea, vomiting

2) gastric bleeding

3) cough with phlegm, hemoptysis

4) abdominal pain

5) melena

18. The most complete colon cleansing method

1) medicinal enema

2) oil enema

3) cleansing enema

4) taking laxatives

* 5) siphon enema

19. In case of constipation, the patient is advised to consume large amounts of:

1) proteins

2) fat

3) carbohydrates

* 4) foods rich in dietary fiber

5) seafood

20. To study urine according to the Nechiporenko method, take

1) the entire morning urine sample

2) 100-200 ml of the entire morning urine portion

* 3) the middle portion of morning urine

4) 10 ml of urine from the volume collected per day

5) 10 ml of urine into a sterile tube

21. For bacteriological examination of urine, take

1) the entire morning urine sample

2) 100-200 ml of the entire morning urine portion

3) the middle portion of morning urine

- 4) 10 ml of urine from the volume collected per day
- * 5) 10 ml urine into a sterile tube

22. For a general analysis of urine, the laboratory is sent

- 1) the entire morning urine sample
- * 2) 100-200 ml from the entire morning urine portion
- 3) the middle portion of morning urine
- 4) 10 ml of urine from the volume collected per day
- 5) 10 ml of urine into a sterile tube

23. For Zimnitsky's sample, urine is collected

- * 1) during the day every 3 hours
- 2) 100-200 ml of the entire morning urine portion
- 3) the middle portion of morning urine
- 4) during the day in one dish
- 5) 10 ml of urine into a sterile tube

24. Signs of clinical death

- 1) lack of consciousness
- 2) lack of heartbeats
- 3) lack of reflexes
- 4) lack of breathing
- * 5) all of the above is true

25. An indisputable sign of biological death is

- 1) complete lack of consciousness and reflexes
- 2) lack of heartbeats
- 3) cessation of breathing
- 4) lack of reaction of pupils to light
- * 5) rigor mortis

26. The reversible stage of dying, the transitional state from life to death is called:

- 1) preagonia
- 2) terminal pause
- 3) agony
- * 4) clinical death
- 5) biological death

27. Resuscitation measures are provided to the victim:

- 1) any specialist with higher medical education
- 2) any specialist with secondary medical education
- 3) any specialist with medical education
- 4) reanimatologist
- * 5) a person who was next to the victim at the time of the accident

28. Ineffective resuscitation continues:

- 15 minutes
- 2) 15 minutes
- * 3) 30 minutes
- 4) 45 minutes
- 5) up to 1 hour

29. When carrying out resuscitation measures in adults, the ratio of "chest compression : artificial lung ventilation" is:

- 1) 2: 30
- * 2) 30: 2
- 3) 15: 2
- 4) 2: 15
- 5) 1: 5

30. Age is considered to be elderly

- 1) 20-34 years old
- 2) 35-59 years old
- * 3) 60-74 years
- 4) 75-89 years old
- 5) 90 years or more

31. In their diet, an elderly person should limit:

- 1) animal proteins
- 2) vegetable proteins
- * 3) animal fats
- 4) vegetable fats.
- 5) plant fiber

32. Negative consequences of prolonged stay of elderly patients in bed

- 1) the risk of developing congestion in the lungs
- 2) the possibility of developing thromboembolic complications
- 3) difficulty urinating and increased constipation
- 4) an increase in the manifestations of heart failure
- * 5) all of the above

33. The causes of heatstroke (general overheating of the body) can be:

- 1) stay in a room with high temperature and humidity
- 2) hard physical work in stuffy rooms
- 3) prolonged physical overload in hot climates
- 4) hot weather
- * 5) all of the above

34. Features of resuscitation in case of electric shock :

- 1) start with a precordial beat
- * 2) start with the release of the victim from the action of the electric current
- 3) leading role - ensuring airway patency
- 4) raise the victim's legs
- 5) transfer to a cool place, provide fresh air flow

35. With general hypothermia, the duration of the period of clinical death:

- 1) decreases
- * 2) increases

3) remains unchanged

Test control evaluation criteria:

less than 71% of correct answers - the test is not passed, points are not awarded.

71-80% of correct answers - 5 points;

81-90% of correct answers - 10 points;

91-100% correct answers - 15 points

5. Solving situational tasks for educational practice

" Clinical practice (nursing assistant)"

One of the stages of offset is the solution of situational problems.

List of approximate situational tasks:

1. Patient N., 38 years old, is in the pulmonary department with a diagnosis of Pneumonia and a high body temperature of 39.5°C . After taking antipyretics, the patient began to worry about dizziness, severe weakness, tachycardia (pulse rate 120 per minute) . measuring blood pressure - 80/40 mm. rt. Art. With repeated thermometry, the body temperature is 36.5°C . What is the nurse's tactics? Organize care.

2. Patient M., 56 years old, agitated, complains of muscle pain, severe weakness, severe headaches. With thermometry, the body temperature is 40°C . Describe the nurse's tactics, arrange for care.

3. Patient D., 5 years old, was admitted to the clinic with a diagnosis of parotitis (acute infectious inflammation of the parotid salivary glands). On the day of admission, the patient felt a general malaise, weakness and an increase in body temperature to 39°C , which rose gradually, over several days. The high temperature lasted for 7 days, fluctuations between morning and evening temperatures did not exceed 1°C . After 7 days, the temperature gradually began to decrease, which was accompanied by increased sweating. What etiological factor acted as the cause of the development of a febrile state. What type of temperature curve did the patient have?

3. Patient O., 44 years old, during a routine examination revealed an increase in temperature up to 37.8°C . From the anamnesis it is known that subfebrile temperature was observed in him almost constantly over the past year, and taking antipyretic drugs such as aspirin does not lead to its normalization. What pathological process (fever or hyperthermia) takes place in this case? What are the possible causes of it? What additional information is needed to clarify the diagnosis?

4. Patient S., 38 years old, was admitted to the emergency department with complaints of poor health, "aches" throughout the body, headache, chills, trembling of the limbs, feeling of cold. When measured, the body temperature is 40.2°C . In what period of fever is the patient? What is the nurse's tactics?

5. Patient K., 66 years old, consulted a doctor about the frequent appearance of subfebrile body temperature up to 37.6°C over the past few weeks, worsening of appetite, weakness, weight loss by 5 kg during this period , the appearance of periodic coughing, sputum separation mixed with blood. A blood test revealed a decrease in the level of erythrocytes, hemoglobin and an increase in ESR. What could be the reason for the appearance of fever and the detection of changes in the blood test? What additional tests should be done for this patient?

6. A patient who was in the cardiology department with a diagnosis of ischemic heart disease, while climbing the stairs, developed sharp burning squeezing pains behind the breastbone, tachycardia 110, pulse of weak filling, body temperature rose sharply to 39°C . What are the possible causes of a fever? Should antipyretic therapy be used in this case? Organize patient care.

7. Medical sister measuring a patient's body temperature in the axilla and in the oral cavity discovered that underarm - $37,5^{\circ}\text{C}$ and 38°C in the oral cavity. What measurement did the nurse make a mistake? Which measurement data should the nurse enter on the temperature sheet?

8. Patient L, 40 years old, who was in the pulmonary department, was prescribed mustard plasters, but by the evening his temperature rose to 39°C . The patient persuades medics jets put his mustard. What is the nurse's tactics?

9. Patient V., 32 years old, was taken by ambulance to the emergency department in a serious condition. The skin and mucous membranes are cyanotic. Pulse 135 beats / min, threadlike. Blood pressure is 90/60 mm Hg. Art. Tachypnea 25 per minute. Body temperature 40°C . According to the accompanying persons, the victim, eliminating the accident, worked for 40 minutes at an air temperature of about 70°C and high humidity. What pathological process

led to the development of an increase in body temperature? Is it advisable for this patient to prescribe antipyretic drugs?

Evaluation criteria for solving a situational task:

"The answer is not correct" - 0 points

"The answer is not complete" - 5 points

"The answer is not complete enough" - 8 points

"Full detailed answer" - 10 points

6. Demonstration of practical skills on educational practice "Clinical practice (nursing assistant)"

The student must demonstrate one of the practical skills acquired during the practical training.

List of practical skills:

16. Sanitary treatment of the patient upon admission to the hospital and during his stay in it.
17. Change of underwear and bed linen of the patient.
18. Anthropometry.
19. Patient transportation.
20. Feeding the patient.
21. Measurement of blood pressure.
22. Heart rate counting.
23. Respiration rate counting.
24. Measurement of daily urine output.
25. Body temperature measurement.
26. Collection of biological material from the patient for laboratory research.
27. Cardiopulmonary resuscitation (simulators).
28. Oxygen therapy.
29. Hand treatment with disinfectant solutions.
30. Collection, processing and systematization of literary material

Criteria for evaluating practical skills:

"Not fulfilled" - 0 points

"Partially completed" - 5 points

"Completed with defects" - 10 points

"Completed in full" - 15 points

7 . The methodology of the point- rating system for assessing the educational achievements of students during training " Clinical practice (nursing assistant)"

	Minimum number of points	Maxim. qty points	student	note
Working out 36 hours	Mandatory for admission to credit and is not evaluated in points		performed not performed	
Implementation of the list of required practical skills	Mandatory for admission to credit and is not evaluated in points		performed not performed	
San educational work	five	ten		
WIRS	five	ten		
Diary with characteristics	thirty	40		
TOTAL	40	60		
	To get admission to credit, a student must have a minimum of 40 points.			

Passing credit

	Possible points	The student	Date, signature
Test	less than 71% of correct answers - the test is not passed, points are not awarded. 71-80% of correct answers - 5 points; 81-90% of correct answers - 10 points; 91-100% correct answers - 15 points		
Practical skills	"Not fulfilled" - 0 points "Partially completed" - 5 points "Completed with defects" - 10 points "Completed in full" - 15 points		
Situational task solution (oral answer)	"The answer is not correct" - 0 points "The answer is not complete" - 5 points "The answer is not complete enough" - 8 points "Full detailed answer" - 10 points		
Total	For passing the test, the student can score at least 20 points, the maximum - 40 points		

The final rating for educational practice consists of the sum of points received during the period of practice (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

To transfer the final rating of a student in educational practice, the following scale is introduced into the evaluation mark

Student assessment by discipline	The final rating of the student by discipline, rating points
"Passed"	60 - 100
"Unsatisfactory"	0 - 59
"satisfactorily"	60 - 69
"Good"	70 - 84
"Excellent"	85 - 100

B2.B.03 (P) Hospital practice program

Practice to obtain professional skills and professional experience (ward nurse assistant)

1. The purpose of the hospital practice.

The purpose of the practice: obtaining primary skills and professional experience. Consolidation of previously acquired skills and the development of practical skills from the list recommended by the curriculum, organize entry into a professional environment (patient, nurse, doctor). Acquisition of skills and abilities to perform manipulations included in the duties of a ward nurse, knowledge of symptoms and assistance in emergency situations of appropriate complexity at the pre-medical stage, maintaining the necessary medical documentation, initial practical experience of students in the profession are aimed at preparing for work in the positions of paramedical personnel, as well as mastering theoretical material, the study of which in the academic year is limited by the time frame of the lecture course and practical classes. Hospital practice allows each student to identify existing problems in general and special training.

2. Tasks of hospital practice.

The objectives of the hospital practice “Practice to obtain professional skills and professional experience (ward nurse assistant)” are:

- Carrying out preventive and anti-epidemic measures aimed at preventing the occurrence of infectious diseases;
- Consolidation of theoretical knowledge of issues of anatomy, physiology.
- Acquiring and consolidating the skills of maintaining medical records as part of the duties of a ward nurse.
- Mastering the main stages of monitoring and caring for patients with diseases of various organs and systems from the position of an assistant to the ward nurse.
- Improving the skills of communication with patients, medical personnel, which are based on the implementation of the principles of medical ethics and deontology.

3. Method of conducting hospital practice

Hospital practice “Practice to obtain professional skills and professional experience (ward nurse assistant)” is held within 3 weeks after the 4th semester.

The method of conducting hospital practice is stationary, field. The form of practical training is discrete.

4. The list of planned learning outcomes during internship, correlated with the planned results of mastering the educational program

The passage of this hospital practice is aimed at developing the following general cultural general professional and professional competencies among students:

OC-5 Readiness for self-development, self-realization, self-education, use of creative potential

OC-8 Willingness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences.

OPC-1 Readiness to solve standard problems of professional activity using information bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security.

OPC-4 Ability and willingness to implement ethical and deontological principles in professional activities.

PC-10 Readiness to provide first aid in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care.

PC-15 Readiness to teach patients and their relatives the basic hygienic measures of a health-improving nature, self-control skills, basic physiological indicators that contribute to the preservation and strengthening of health, prevention of diseases.

The student must

know : anatomy and physiology, principles of medical ethics and deontology, functional responsibilities of junior and nursing staff and their working conditions in hospitals, principles of medical-protective and sanitary-anti-epidemic regime in a hospital;

be able to ; change underwear and bed linen, provide assistance in caring for patients, accompany patients to diagnostic and treatment procedures, provide sanitary and hygienic services for patients; within the framework of independent work, be able to collect, process, and organize material on a chosen topic.

own : the implementation of preventive measures, the observance and maintenance of the medical-protective and sanitary-anti-epidemic regime in a medical and preventive institution.

Further deepening of knowledge, skills and abilities is based on mastering the academic disciplines of the 3rd course (pathological physiology, pharmacology, topographic anatomy and operative surgery, propaedeutics of internal diseases, general surgery

5. Place of hospital practice in the structure of the OOP

Hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)", refers to Block 2" Practices, including research work (R&D) "of the OOP curriculum in the specialty" General Medicine".

Students who have completed the training program in the 2nd year of the medical and preventive faculty are allowed to undergo hospital practice as an assistant to the ward nurse of a somatic hospital.

Hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)" is based on the knowledge, skills and readiness of the students acquired as a result of mastering the previous parts of the PPE.

6. Scope of hospital practice

Hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)" is held within 3 1/3 weeks after the IV semester, 5 credits, 180 hours. Hospital practice is carried out in the departments of the medical institution in Yekaterinburg (City Clinical Hospital No. 6, City Clinical Hospital No. 33, City Clinical Hospital No. 20, Railway Hospital, Hospital "Veterans of War", Hospital "Ministry of Internal Affairs") and health care facilities of the Sverdlovsk region and Russia.

7. The structure and content of hospital Practice to obtain professional skills and professional experience (ward nurse assistant)

No. p / p	Sections (stages, objects and types of student's professional activity during Hospital practice)	KAS (knowledge, skills) that a student must acquire (work out) when passing this stage of hospital practice or type of hospital activity			For the formation of what competencies directed KAS	Forms of certification formed by KAS	Labor functions and labor actions according to prof. standard
		Knowledge	Abilities	Skills			
1.	Preparatory stage - instruction on safety, acquaintance with the health care facility, on the basis of which the hospital practice is carried out	The main stages of the work of a nurse assistant.			OC-5 OC- 8, OPC -4	Field trip diary entries	OTF - provision of primary health care to the adult population on an outpatient basis that does not provide for round-the-clock medical supervision and treatment, including at home when a medical worker is called
2.	Stage of Noah practice: 1. work on nursing . 2. ensuring the sanitary and hygienic regime in the department. 3. preparation of medical documentation	Consolidation of knowledge about the main stages of the work of a nurse assistant.	1. Carry out patient care. 2. Ensuring sanitary and hygienic regime. 3 . Registration of medical records	The skills required for the care of the sick and of the sanitary - hygienic regime	OC-8, OPC-1, OPC- 4, PC-10, PC-15.	1. Checking the acquisition of skills in a hospital setting. 2. Checking the mastery of skills on dummies. 3. List of the executed practical skills, blog entries of Noah practice.	Assessment of adults to establish a diagnosis TF code - A / 02.7 Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7
3 .	Research work	Selected Aspects of work of assistant medical sisters.	Analyze socially significant problems, use in practice methods of humanitarian, Naturally scientific , medical and biological sciences.	Skills, necessary for caring for patients and maintaining a sanitary and hygienic regime in the departments of medical institutions	OC- 8, OPC-1, OPC-4, PC-15.	Design: 1. sanitary bulletin 2. wall newspapers about passing the PT 3. video presentation, oral collective conversations with patients.	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and health education of the population TF code - A / 05.7

4.	Practice test	Basic steps for a nurse assistant in a department	<ol style="list-style-type: none"> 1. Carry out patient care. 2. Ensure the sanitary and hygienic regime in the department of medical facilities 3. Registration of medical records 	Skills required for caring for patients and maintaining a sanitary and hygienic regime in health care facilities	OC-5 OC-8, PC-1, OPC-4, PC-10, PC-15.	<ol style="list-style-type: none"> 1. Practice diary with characteristics. 2. Situational task. 3. Test control. 	Provision of medical care to the patient in urgent or urgent forms TF Code - A / 01.7; Examination of adults in order to establish the diagnosis TF Code - A / 02.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7
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8. Forms of students reporting on the results of hospital practice

During the hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)" the following certification forms are used:

- a diary of hospital practice, where the student daily records all the work done, the head of the practice controls the keeping of the diary and signs it daily. At the end of the practice, the diary gives a description of the student;
- final test control;
- demonstration of acquired practical skills;
- solving situational tasks.

The final rating score of students in hospital practice is determined on a 100-point scale. It consists of the rating obtained as a result of the current control of practical work and intermediate certification.

Current control includes an assessment of the completeness and quality of mastering practical skills in the process of hospital practice, including working out the necessary 120 hours, 2 night shifts, literacy and usefulness of documentation (drawing up a diary), quantitative indicators of the implementation of the list of practical skills according to the list of KAS, characteristics work of the student given by the senior nurse or other representative of the health care facility responsible for organizing the practice.

9. Appraisal Fund.

The fund of assessment tools for conducting intermediate certification of students in hospital practice consists of the following sections: test control issues, situational tasks, a list of practical skills in hospital practice, the methodology of a point-rating system for assessing students' educational achievements during hospital practice.

The fund of assessment tools for midterm certification is presented in APPLICATION 1.

10. Information support of hospital practice

10.1 Basic literature

1. Kamynina, NN The theory of nursing. Textbook / N.N. Kamynina, I.V. Ostrovskaya, A.V. Drunk. - M.: INFRA-M, 2016. -- 224 p.

1. Atlas of nursing manipulations / N.A. Kasimovskaya [and others] - Moscow: LLC "Publishing House" Medical Information Agency", 2017.-192s.: ill.

2. Obukhovets, T.P. Fundamentals of nursing / T.P. Obukhovets, O.V. Chernov; ed. B.V. Karabukhin. - Ed. 19th, ster. - Rostov n/a: Phoenix, 2013.-766 p.: ill.

3. Obukhovets, T.P. Nursing and Nursing Care (SPO). Study guide / TP Obukhovets. - M.: KnoRus, 2016. -- 403 p.

4. Stetsyuk Nursing in surgery. Study guide / Stetsyuk. - M.: GEOTAR-Media, 2014. -- 720 p.

5. Nurse's Pocket Guide / T.P. Obukhovets and others - M.: Phoenix, 2015. -- 672 p.

6. Modern organization of nursing (+ CD-ROM). - M.: GEOTAR-Media, 2013. -- 576 p.

7. Mukhina, S. A. Practical guide to the subject "Fundamentals of nursing" [Text]: textbook / S. A. Mukhina, I. I. Tarnovskaya. - 2nd ed. Ispra. and add. - Moscow: GEOTAR-Media, 2008. -- 512 p.: ill., table

Glukhov A.A., Andreev A.A., Bolotskikh V.I., Boev S.N. Surgical patient care. Publishing group GEOTAR - MEDIA, Moscow, 2014

10.2. Internet resources:

1. <http://grls.rosminzdrav.ru/Default.aspx> - medicines registered in the Russian Federation

2. minzdrav.midural.ru - ministry of health of the sverdlovsk region

3. <http://www.med-pravo.ru> - Medicine and law - a collection of laws, regulations in the field of medicine and pharmaceuticals

4. <http://www.Med-edu.ru> - medical video lectures for doctors and students of medical universities
5. <http://praesens.ru/> - StatusPraesens, informational and educational portal for obstetricians and gynecologists
6. <http://www.rmj.ru/> - Russian medical journal
7. <http://www.medicina-journal.ru/> - Doctor.ru magazine
8. <http://www.consilium-medicum.com/> - the journal "Medical consultation" - the site of the publishing holding "Media Medica"
9. <http://registrbad.ru/> - Register of dietary supplements - information about dietary supplements, developers, manufacturers
10. <http://mashkovsky.ru/tiki-index.php> - Mashkovsky's Handbook - on the site you will find information about medicines permitted for use in the Russian Federation, as well as a description of pharmacological groups
<http://medelement.com/> - MedElement - electronic services and tools for doctors, medical organizations .

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary).

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard, license term: unlimited; VMwarevSphere 5 EnterprisePlus, license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;
- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007, No. 43143029 dated December 5, 2007, licenses validity period: unlimited;
- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);
- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);
- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);
- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);
- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);
- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);
- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);
- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012, No. 49472004 dated December 20, 2011, No. 61822987 dated April 22, 2013, No. 64496996

dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

- Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base necessary for the production practice .

The hospital practice is carried out in the departments of the hospitals in Yekaterinburg (City Clinical Hospital No. 6, City Clinical Hospital No. 33, City Clinical Hospital No. 20, Railway Hospital, Hospital "Veterans of War", Hospital "Ministry of Internal Affairs", City Hospital of Berezovsky and V. Pyshma) and healthcare facilities of Russia.

The implementation of practical skills of hospital practice - the assistant to the ward nurse is provided in the departments (surgical - for the provision of planned and emergency medical care, traumatological, therapeutic - gastroenterological, endocrinological, emergency therapy, pulmonological and others).

All departments have the necessary set of tools to practice practical nursing skills.

Material and technical support of work in the department of health care facilities:

Clinical and biochemical laboratory diagnostics rooms, ultrasound diagnostics room, CT and MRI rooms, X-ray room, clinical demonstrations).

Application

The fund of assessment tools for intermediate certification of students in hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)"

For each type of work performed during the **production** of practice student receives daily scores are added and allowed to offset students who scored 40 points or more.

For admission to offset, you must:

4. Filling out the practice diary
5. Performing research

Stages of offset:

4. Delivery of test control:
5. Solving situational tasks
6. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on hospital practice " Practice to obtain professional skills and professional experience (ward nurse assistant)"

Based on the results of the work, the student draws up a diary of **hospital** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Criteria for evaluating the diary for hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)" :

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it only partially reveals the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. The list of topics of the UIRS on hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)"

To obtain admission to the offset, a prerequisite is the implementation of the research.

Research Topics :

1. Observation and care of patients with respiratory diseases.
2. Causes of hemoptysis and pulmonary hemorrhage. Symptoms Urgent care.
3. Resuscitation measures for respiratory arrest and cardiac arrest.

4. Illustrated algorithm of the technique of performing probe gastric lavage.
5. Monitoring and caring for patients with diseases of the cardiovascular system.
6. Causes of pain in the heart. Symptoms. Urgent care.
7. Illustrated algorithm of the technique of bladder catheterization in men and women.
8. Causes of hyperthermia. Symptoms Urgent care.
9. Illustrated algorithm of intravenous [injection](#) technique .
10. Monitoring and caring for patients with diseases of the urinary organs.
11. Causes of abdominal pain. Symptoms. Urgent care.
12. Monitoring and caring for patients with diseases of the blood and hematopoietic organs.
13. Causes of shortness of breath in bronchial asthma. Symptoms Urgent care.
14. Illustrated algorithm of intramuscular injection technique.
15. Monitoring and caring for patients with diseases of the endocrine system.
16. The causes of heatstroke. Symptoms Urgent care.
17. Illustrated algorithm of the cleansing enema technique.
18. Monitoring and caring for patients with dislocations and fractures of the extremities.
19. Causes of acute urinary retention. Symptoms Urgent care.
20. An illustrated algorithm for performing a subcutaneous injection.
21. Monitoring and caring for patients with hemorrhagic fever with renal syndrome.
22. Causes of a stroke. Symptoms Urgent care.
23. Illustrated algorithm of intravenous infusion technique.
24. Monitoring and caring for elderly and senile patients.
25. An illustrated algorithm for setting mustard plasters.
26. Monitoring and caring for patients who have undergone surgery on the abdominal cavity.
27. Causes of hyperglycemic coma. Symptoms Urgent care.
28. Causes of hypoglycemic coma. Symptoms Urgent care.

Criteria for assessing research:

The content does not correspond to the topic, the abstract is not drawn up correctly - 0 points

The content is not complete, the research is framed with minor errors - 5 points

The content is not complete enough, research is framed correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

3. Examples of test control

Testing is an integral form of quality control of students' training and one of the stages of passing a test on hospital practice.

Test control is used for practice control certification.

Training (35 questions) and final (35 questions) testing tests, situational tasks (10 situational tasks) are located on the educational portal <http://educa.usma.ru>, where all students have access.

Testing is carried out within 30 minutes, test tasks are generated randomly from a bank of tests. In practice testing, the student has five attempts, the report provides the student with the correct options if the question is answered incorrectly. In the final test, the student has one attempt.

The list of sample questions for the test control:

1. Nosocomial infection is:

A. infectious diseases received by patients in medical institutions

B. purulent diseases caused by staphylococcus

C. infectious complications of domestic injuries

D. airborne infection

E. chronic surgical infection

2. Time of setting enemas before planned operations:

A. the day before surgery

Bed and . the evening before the operation

C. on the morning of the operation

D . 2 hours before surgery

E. no enema is given

3. The nurse of the treatment room carries out all the manipulations:

A. only after processing hands according to Spasokukotsky

Bed and . only with sterile gloves

C. only after processing hands with 96% alcohol

D . all of the above is true

F. none of the above is true

4. Complications in the postoperative period from breathing:

A. mumps

Bed and . pneumonia

C. thrombophlebitis

D . gastritis

E. dermatitis

5. What are the goals of early activation of the patient in the postoperative period? Everything except:

A. prevention of pneumonia

Bed and . prevention of early secondary bleeding

C. acceleration of tissue regeneration

D . prevention of thrombosis

E. prevention of pressure ulcers

6. The patient is transported to the operating room:

A. on a gurney, accompanied by medical staff

Bed and . on a gurney, accompanied by relatives

S. "under its own power", accompanied by medical staff

D . on a sit-down gurney, accompanied by medical staff

E. on a sitting gurney, accompanied by relatives

7. How often the room is ventilated:

A. in the morning once

Bed and . in the evening once

S. is ventilated only in summer

D . not ventilated at all

E. is ventilated several times a day

8. Monitoring the general condition of the patient includes:

A. breathing monitoring

B. blood pressure measurement

C. monitoring of pathological discharge (vomiting, bleeding)

D . observation of physiological functions (feces, urine)

F. all of the above is true

Test control evaluation criteria:

less than 71% of correct answers - the test is not passed, points are not awarded.

71-80% of correct answers - 5 points;

81-90% of correct answers - 10 points;

91-100% correct answers - 15 points

1. Examples of situational tasks

One of the stages of offset is the solution of situational problems.

1. Relatives of a patient being treated in a surgical department try to find out by telephone from the ward nurse with what diagnosis and in what condition this patient is. What should be your actions and recommendations?

Answer : You cannot give information about the patient by phone. Close relatives receive information about patients from the attending physician at certain hours and days. The ward nurse politely invites relatives to come to the attending physician and find out their questions.

2. The ward nurse before the operation premedicated the patient , following the instructions of the anesthesiologist. After that, she took him to the operating room. What mistake did the nurse make? Your actions.

Answer : After premedication, the patient should be taken to the operating room (strictly!) On a recumbent gurney, because under the influence of medications, the patient's coordination of movements may be disturbed and the patient, losing balance, may be injured.

Evaluation criteria for solving a situational task:

"The answer is not correct" - 0 points

"The answer is not complete" - 5 points

"The answer is not complete enough" - 8 points

"Full detailed answer" - 10 points

2. Demonstration of practical skills

The list of practical skills for 2nd year students of the medical and preventive faculty on hospital practice "Practice to obtain professional skills and professional experience (ward nurse assistant)"

1. Questioning the patient (communication) with the analysis of the patient's problems
2. Change of bed linen
3. Sanitation of patients
4. Care of the seriously ill
5. Skin, hair, oral cavity care
6. Observation of physiological items (daily amount of urine, vomit)
7. Prevention of bedsores
8. Supply of vessels, urine bags
9. Determination of pulse, a / d
10. Distribution of food and feeding seriously ill patients
11. Distribution of medicines
12. Transportation of patients
13. Body temperature measurement
14. Participation in dressings
15. Participation in performing injections
16. Use of a functional bed and other devices to create a comfortable position for the patient
17. Preparing and serving a heating pad, ice pack
18. Preparation and participation in cleansing enemas

Points for practical skills are awarded if they are completed, there is a corresponding entry in the diary and the signature of the guard and the head nurse.

Criteria for evaluating practical skills:

"Not fulfilled" - 0 points

"Partially completed" - 5 points

"Completed with defects" - 10 points

"Completed in full" - 15 points

3. The methodology of the point- rating system for assessing the educational achievements of students during practical training “Practice to obtain professional skills and professional experience (ward nurse assistant)”

Control type	Type of practical work and form of current control	Minimum points	Maximum points
Current control	Working days off	not	not
	Paperwork (report - diary)	nine	15
	Implementation of the list of practical skills	26	35
	UIRS: Form of presentation of results: video or presentation, presentation to patients in the form of a short message.	five	ten
Total:		40	60
	To get admission to credit, a student must have a minimum of 40 points		

Passing credit

	Possible points	The student	Date, signature
Test	less than 71% of correct answers - the test is not passed, points are not awarded. 71-80% of correct answers - 5 points; 81-90% of correct answers - 10 points; 91-100% correct answers - 15 points		
Practical skills	"Not fulfilled" - 0 points "Partially completed" - 5 points "Completed with defects" - 10 points "Completed in full" - 15 points		
Situational task solution (oral answer)	"The answer is not correct" - 0 points "The answer is not complete" - 5 points "The answer is not complete enough" - 8 points "Full detailed answer" - 10 points		
Total	For passing the test, the student can score at least 20 points, the maximum - 40 points		

Final rating for hospital practice “Practice to obtain professional skills and professional experience (ward nurse assistant)” is the sum of points received during the period of internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

To translate the final rating of a student in hospital practice “Practice to obtain professional skills and professional experience (ward nurse assistant)”, the following scale is introduced into the evaluation assessment

Student assessment by discipline	The final rating of the student by discipline, rating points
"Unsatisfactory"	0 – 59
"satisfactorily"	60 – 69
“Good”	70 – 84
“Excellent”	85 – 100

B2.B.04 (P) Hospital practice program
Practice for obtaining professional skills and professional experience (procedural nurse assistant)

1. Practice goals

The objectives of the hospital practice for obtaining professional skills and professional experience (procedural nurse assistant) are - to consolidate and deepen the previously acquired knowledge, skills, skills and competencies of an assistant to junior medical personnel, a ward nurse from a student; acquiring the skills, skills and competencies of a procedural nurse, providing assistance in urgent situations of corresponding complexity at the pre-medical stage in accordance with the Federal State Educational Standard of Higher Education, as well as experience of independent professional activity in accordance with the professional standard.

2. Tasks of hospital practice

The tasks of the hospital practice for obtaining professional skills and professional experience (procedural nurse assistant) are:

1. Consolidation of theoretical knowledge on nursing, nursing patients.
2. Consolidation of theoretical knowledge of anatomy, physiology, pharmacology, ideas about the mechanism of action of the main groups of drugs, methods of administration, single, course doses, storage rules.
3. Strengthening the skills and abilities of subcutaneous, intramuscular, intravenous injections, vein puncture, filling the system for intravenous infusion.
4. Formation of practical skills and abilities to perform manipulations in the scope of the duties of a procedural nurse, including the provision of emergency care in urgent situations.
5. Acquisition and improvement of theoretical knowledge of symptoms in the main, frequently encountered emergency conditions in clinical practice.
6. Consolidation of practical skills in providing cardiopulmonary resuscitation.
7. Acquiring and strengthening the skills of medical records management as part of the duties of a procedural nurse.
8. Improving the skills of communication with patients, medical personnel, which are based on the implementation of the principles of medical ethics and deontology.
9. Acquisition of skills in carrying out sanitary and educational work, performing EIRS.

3. Method of conducting hospital practice

Hospital practice for obtaining professional skills and professional experience (procedural nurse assistant) is carried out within 3 and 1/3 weeks after the VI semester.

The method of conducting hospital practice is stationary, field. The form of practical training is discrete.

The hospital practice is carried out in the departments (treatment rooms) of the medical institution in Yekaterinburg and the Sverdlovsk region.

4. The list of planned learning outcomes during internship, correlated with the planned results of mastering the educational program

The passage of this hospital practice is aimed at developing the following general cultural, general professional and professional competencies in students:

OC-1 - the ability to abstract thinking, analysis, synthesis.

OC-2 - the ability to use the foundations of philosophical knowledge to form an ideological position

OC-4 - the ability to act in non-standard situations, to bear social and ethical responsibility for the decisions made.

OC-7 - readiness to use first aid techniques, methods of protection in emergency situations.

OPC-4 - the ability and willingness to implement ethical and deontological principles in professional activities.

OPC-6 - readiness to maintain medical records.

OPC-10 - readiness to ensure the organization of patient care and the provision of primary health care.

PC-1 - the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the onset and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, and also aimed at eliminating the harmful effects of environmental factors on human health

PC-5 - readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and other studies in order to recognize a condition or establish the presence or absence of a disease.

PC-11 - readiness to participate in the provision of emergency medical care for conditions requiring urgent medical intervention.

PC-15 - readiness to teach patients and their relatives the basic hygienic measures of a health-improving nature, the skills of self-control of the main physiological indicators, contributing to the preservation and strengthening of health, and the prevention of diseases.

PC-16 - readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills.

PC-20 - readiness for analysis and public presentation of medical information based on evidence-based medicine.

PC-22 - readiness to participate in the implementation of new methods and techniques aimed at protecting the health of citizens.

5. Place of hospital practice in the structure of the OOP

Hospital practice for obtaining professional skills and professional experience (procedural nurse assistant) belongs to Block 2 "Practices, including research work (R&D)" of the OOP curriculum in the specialty "General Medicine".

The requirement for the "input" knowledge, skills and readiness of the student, acquired as a result of mastering the previous parts of the EP and necessary for the development of hospital practice is - successfully completed training in the following disciplines: propedeutics of internal diseases, radiation diagnostics; general surgery, radiology diagnostics, clinical pharmacology, medical and surgical patient care.

Hospital practice is a precursor to the study of disciplines and clinical practice:

-Assistant to a hospital doctor (obstetric and gynecological profile, research work).

-Assistant doctor of an outpatient clinic, research and development.

6. Scope of hospital practice

The total labor intensity of the hospital practice is 5 credits , 3 and 1/3 weeks, 180 hours.

7. Content of hospital practice

No. p / p	Sections (stages, objects and types of student's professional activity during the hospital practice)	KAS, which a student should receive (work out) when passing this stage of hospital practice or type of hospital activity			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of the formation of KAS
		Knowledge	Abilities	Skills			
1.	Preparatory stage of hospital practice: production meeting; acquaintance with the medical institution, with the internship department, the rules of conduct in the clinic, safety instructions	Gaining knowledge about the rules of conduct in medical institutions; principles of ethics and deontology; principles of organizing the work of medical institutions, treatment rooms, device - safety regulations - the rules for the treatment of skin and mucous membranes when blood or any biological fluid gets on them, - the rules of skin treatment in case of injury of a nurse with a sharp object. Acquaintance with the documentation that is kept in the treatment room.	Ability to use in practice the knowledge gained about the rules of conduct in medical institutions; principles of ethics and deontology; principles of organizing work in the treatment room, - safety regulations - the rules for the treatment of skin and mucous membranes when blood or any biological fluid gets on them, - the rules of skin treatment in case of injury of a nurse with a sharp object.	Skills of organizing work in the treatment room of a medical and prophylactic institution	OC-1,2,4; OPC -4.6; PC-1	Maintaining medical records and organizing the activities of the nursing staff - TF code A / 06.7	Field trip diary entries
2.	Working in a treatment room as an assistant. a procedural nurse.	- principles of organization of work of medical institutions,	- to monitor the parameters of hemodynamics and	-p / c, i / m, i / v infusions, -provision of first aid	OK - 1,4,7. OPC -4.6.10; PC-1,5,11	Prescribing treatment and monitoring its	Daily check of the diary (algorithms for the first performed

		<p>arrangement and equipment of treatment rooms of medical institutions;</p> <p>-theoretical foundations and the modern concept of nursing, organization of work of middle staff;</p> <p>- principles of providing infectious diseases . safety in hospitals;</p> <p>- arrangement of a treatment room, especially Sanepid . mode;</p> <p>-the rules for covering a sterile table;</p> <p>- methods of obtaining, storing and administering drugs, accounting for narcotic drugs;</p> <p>- a list of necessary instruments and rules for performing pleural puncture;</p> <p>-signs of urgent conditions;</p> <p>- the contents of the emergency kits in the treatment room;</p> <p>- the rules of saphenous vein catheterization;</p> <p>- rules for the use of disinfectants and compliance with safety measures ;</p> <p>- rules for disinfection of medical instruments and hands m / s;</p> <p>-the rules of the medical</p>	<p>respiration;</p> <p>- to draw up medical documentation, procedure log;</p> <p>-reflect information in diaries;</p> <p>-perform s / c and i / m injections;</p> <p>- to perform a puncture of the cubital vein for blood sampling for research;</p> <p>-collect and fill the system with the last-m / in the introduction of drugs;</p> <p>be able to assess the severity of the patient's condition,</p> <p>-to provide first aid in case of emergency conditions;</p> <p>-realize disinfection and pre-sterilization preparation of medicines. instruments, materials and means of patient care and observe safety precautions</p> <p>-observe the rules for the disposal of medical waste;</p> <p>- comply with the pharmaceutical procedure for the receipt, storage and use of medicines</p>	<p>in case of emergency;</p> <p>- cardiopulmonary resuscitation,</p> <p>- hand treatment methods;</p> <p>-use of honey. clothes;</p> <p>- mastering the principles of ethics and deontology</p> <p>- obtaining medicines from the pharmacy and distributing them at the workplace,</p> <p>- washing the nurse's hands, putting on sterile gloves,</p> <p>- sanitary and hygienic cleaning of the treatment room,</p> <p>- general cleaning of the treatment room,</p> <p>- Disinfection and disposal of syringes, needles and disposable systems.</p>		<p>effectiveness and safety - TF code A / 03.7</p> <p>Provision of medical or emergency care to a patient in urgent and urgent forms - TF code - A / 01.7</p> <p>Examination of the patient in order to establish the diagnosis - TF code A / 02.7</p>	<p>manipulations, a quantitative report on the performed manipulations).</p> <p>Demonstration of skills and abilities in the workplace.</p>
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		and protective regime in the departments; - the contents of the packing in case of an emergency; -Know the rules for applying electrodes when recording an ECG -Know the rules of cardiopulmonary resuscitation					
3.	Work with simulators at the Accreditation and Simulation Center	-Know the signs of emergency conditions; -Know the rules of cardiopulmonary resuscitation, -Know the rules for applying electrodes when recording an ECG, -Know the rules of saphenous vein catheterization; -Know the indications, p / indications, the rules for installing a nasogastric tube.	-perform venipuncture - to collect and fill the system for intravenous administration of drugs; -perform peripheral vein catheterization -to provide cardiopulmonary resuscitation; - install a nasogastric tube, record an ECG.	performing cardiopulmonary resuscitation; -puncture of the peripheral vein; - ECG recording; - introduction of a nasogastric tube	OK - 4.7. OPC -4; PC-1,5,11	Provision of medical or emergency care to the patient in urgent and urgent forms - TF code - A / 01.7 Examination of the patient in order to establish the diagnosis - TF code A / 02.7	Test: checking the mastery of skills in the Accreditation and Simulation Center .
4.	UIRS (as part of independent work and the report of the results in a practical lesson)	- rules and principles work with literary sources	-collect, process and organize literary material on the chosen topic -prepare a presentation - publicly submit information	- skill of analysis, synthesis of medical information - presentation design skill - skill public performances	OC-1, PC-16,20,22	Maintaining medical records and organizing the activities of the nursing staff - TF code A / 06.7 Conducting and monitoring the effectiveness of measures for the prevention	Protection of UIRS: - oral report with presentation - presentation of a printed version of the report

						and formation of a healthy lifestyle and sanitary and hygienic education of the population - TF code A / 05.7	
five.	Preventive activities (carrying out sanitary and educational work): 4.1 Lectures for patients 4.2 Preparation of a brochure, newsletter or wall newspaper (with a photo report)	- basic hygiene measures of a health-improving nature, -the rules of self-control of basic physiological indicators, - rules for the formation of a healthy lifestyle - the principles of early diagnosis, identification of the causes and conditions of the onset and development of diseases.	- to collect, systematize and process literary material, - prepare and conduct a conversation with patients on the chosen topic, -prepare visual materials-bulletin, or brochure, or wall newspaper for the department.	- skill of analysis, synthesis of medical information - skill public performances - the skill of educational activities - training of patients and their relatives	OC-1, OPC -4, 10; PC-1,15,16,20,22	Conducting and monitoring the effectiveness of measures to prevent and promote a healthy lifestyle and health education of the population - TF code A / 05.7	Representation of the san-skylight form . work, entries in the diary about carrying out the san-skylight. work
6.	Reporting on hospital practice (diary)	- the main stages of the work of the procedural m / s, - algorithms for manipulations performed by a procedural nurse	- be able to draw up protocols of manipulations; - be able to correctly draw up reporting documentation	- the skill of maintaining reporting documentation	OK 1; OPC - 6 PC-20	Maintaining medical records and organizing the activities of the nursing staff - TF code A / 06.7 Prescribing treatment and monitoring its effectiveness and safety - TF code A / 03.7 Examination of the patient in order to	Submission of a work practice diary in accordance with existing requirements

						establish the diagnosis - TF code A / 02.7	
7.	Final certification in hospital practice (including credit at the Accreditation and Simulation Center)	- knowledge of all sections of hospital practice	- perform basic manipulations in the scope of duties of the procedural m / s; -reception of emergency care in urgent conditions at the pre-medical stage	- perform manipulations in the scope of the duties of the procedural m / s; -to provide assistance in case of emergency conditions at the pre-medical stage; -perform the techniques of cardiopulmonary resuscitation on simulators	OK1, 2, 4, 7; OPC4,6,10 PC-1,5, 11, 15, 16, 20, 22	Provision of medical or emergency care to a patient in urgent and urgent forms - TF code - A / 01.7 Examination of the patient in order to establish the diagnosis - TF code A / 02.7	1.Test control 2.Theoretical control of the ticket 3. Interview with a diary (complete practice by the number of hours, characteristics); 4. Performing the necessary manipulations on dummies 5.Quantitative report on manipulations for the period of practice Final assessment including BRS

8. Forms of students reporting on hospital practice.

The hospital practice program provides for a differentiated test based on a point-rating system. The point-rating system was developed in accordance with the Regulations on the point-rating system for assessing the educational achievements of USMU students. The total number of points is made up of the assessment of the following parameters:

- Test at the Multidisciplinary Accreditation and Simulation Center for the development of practical skills on dummies - is held after the summer stage of hospital practice
- Submission of a diary report as a result of independent work in hospital practice - is carried out repeatedly during the hospital practice.
- Providing a quantitative report on the implementation of the list of practical skills (manipulations in the scope of the duties of a procedural nurse) required in hospital practice.
- Assessment of the technique of performing mandatory manipulations in the workplace.
- A characteristic signed by the head nurse of the department, the head nurse of the medical facility, certified by the seal of the medical institution.
- Implementation and defense of educational and research work - carried out during the hospital practice.
- Carrying out sanitary and educational work:
 - 1) an entry in the diary about the lecture for patients - the topic of the lecture, the presentation form and the number of patients present are indicated and signed by the head. department or head nurse;
 - 2) the development of a brochure, a bulletin or the production of a wall newspaper (with a photo report) - assessed during practical training.
- Test control
- Assessment of theoretical knowledge of students on ticket issues and demonstration of practical skills, during which the readiness of students for independent work in a treatment room is assessed - is carried out as the final stage of hospital practice in the last days allotted for practice.

9. The fund of evaluation means for the intermediate certification of students in hospital practice.

The fund of assessment tools for hospital practice for obtaining professional skills and professional experience (assistant to a procedural nurse) is presented (APPLICATION):

1. Certification materials: a list of compulsory practical skills, examples of test items, a list of theoretical questions, a list of practical skills for offset in the Multidisciplinary Accreditation and Simulation Center;
2. Methodology for assessing the educational achievements of students in hospital practice to obtain professional skills and professional experience (assistant to a procedural nurse).

10. List of educational literature and Internet resources required for the practice

- Protocols for performing basic nursing procedures, including cardiopulmonary resuscitation according to international standards, posted on the University website educa.usma.ru in the section "Practice. LPF Resources / Training and Hospital Practices / 3. Assistant to the procedural nurse / teaching aids, standards

10.1. Main literature :

1. Atlas of nursing manipulations: a textbook / N.A. Kasimovskaya , E.A. Boyar, T. D. Antyushko , Z. M. Zagretdinova . Moscow: LLC "Publishing House" Medical Information Agency ", 2017. - 192 p .: ill.
2. Assistant to the procedural nurse [Text]: uch. allowance / L.A. Maslova, L.V. Bogoslovskaya, A.N. Dmitriev, E.V. Kuznetsova [and others]; FSBEI HE USMU Ministry of Health of Russia. - Yekaterinburg: UGMU Publishing House, 2017 .-- 132 p.
3. Smoleva E.V. Nursing care in therapy / Rostov- na-Donu "Phoenix". 2015. 366 s.
4. Petrova N.G. First aid emergency aid. Textbook / SpecLit . Moscow. 2013.-117 p.

10.2. Further reading :

1. Otvagina T.V. Emergency medical care / Rostov- on-Don "Phoenix". 2012.250 p.
2. Twins S.I., Karaseva L.A. Nursing theory: textbook. - 176 p. 2011

3. Algorithm of cardiopulmonary resuscitation: a tutorial / N.P. Babaeva, F.N. Brezgin, R.F. Mukhametshin. - Yekaterinburg: UGMA, 2011 -58p.

4. Assistant paramedic of emergency and emergency medical care (educational, methodological and reference manual for 3rd year students of the medical and preventive and medical and preventive faculties). - Ed. 3rd Revised . and add . - Yekaterinburg: Publishing house of GOU VPO UGMA Roszdrav , 2009 .-- 172 p.

5. Perfil'eva G.M. Nursing theory. Textbook for students of medical universities / G.M. Perfiliev, I.N. Kamynina , I.V. Ostrovskaya , A.V. Pyanykh . - M .: GEOTAR - Media, 2009 .-- 256 p.

6. Evdokimov V.I. Preparation of medical scientific work: method. allowance / V. I. Evdokimov . - SPb .: SpetsLit . 2005.-190 p.

7. Algorithm of cardiopulmonary resuscitation: a tutorial / N.P. Babaeva, F.N. Brezgin, R.F. Mukhametshin. - Yekaterinburg: UGMA, 2011 -58p.

10.3. Internet resources :

1. The main licensed general system software " Microsoft Windows ", as well as licensed application software " Microsoft Office ", "Kaspersky Anti-Virus" are used.

2. Libraries, including digital (electronic) libraries, providing access to professional databases, information reference and search systems, as well as other information resources:

EDB "Aybuks.ru / ibooks.ru <http://ibooks.ru/home.php?routine=bookshelf>

EDB Electronic Library of a Technical University / Student Consultant

<http://www.studentlibrarv.ru/>

EDB Znaniy (INFRA-M) <http://znaniy.com/catalog.php>

EDB Lan <http://e.lanbook.com/>

Electronic periodic reference book "Garant System"

Electronic library of dissertations of the RSL <http://diss.rsl.ru>

Electronic database of scientific and technical information VINITI RAS

<http://www.viniti.ru>

Cambridge Journals archive

Nature archive

Wiley Magazine Archive

<http://www.med-pravo.ru> - Medicine and law - a collection of laws, regulations in the field of medicine and pharmaceuticals

<http://www.Med-edu.ru> - medical video lectures for doctors and students of medical universities

Dictionary of Medical Terms - Dictionary of Medical Terms

<http://www.rlsnet.ru/> - Encyclopedia of drugs from radar - drugs and medicines, description of drugs

<http://registrbad.ru/> - Register of dietary supplements - information about dietary supplements, developers, manufacturers

<http://mashkovsky.ru/tiki-index.php> - Mashkovsky's Handbook - on the site you will find information about medicines permitted for use in the Russian Federation, as well as a description of pharmacological groups

<http://www.pharmindex.ru/> - PHARM-index - operational and professional information about the pharmaceuticals and parapharmacy market

<http://www.medvopros.com/> - MedVopros - medical portal

<http://www.compulenta.ru/science/biotechnology/> - Compulenta - biotechnology and medicine

<http://medicinform.net/index.htm> - Medical Information Network - a portal about medicine, health, psychology

<http://www.medkurs.ru/> - MedKurs.ru - information medical server

<http://www.antibiotic.ru/> - Antibiotics and antimicrobial therapy - an information resource created to highlight the problems of using antibacterial drugs, clinical microbiology, infectious diseases, their treatment and prevention.

<http://www.mednovosti.net/> - MEDNews - medical and pharmaceutical news from around the world

<http://www.nworld.spb.ru/cat/> - New World - collection of links to medical message boards and forums

<http://www.morion.ua/> - Morion - Specialized medical Internet publication for doctors, pharmacists, pharmacists, students of medical and pharmaceutical universities

<http://mednewstoday.org/> - MedNewsToday Medical Portal - News and publications in the field of medicine, health and healthcare.

<http://medaboutme.ru/> - Medaboutme - intelligent information medical system

<http://www.studentmedic.ru/> - Site for medical students - a collection of abstracts, case histories and reference books on medicine for medical students.

<http://www.ncbi.nlm.nih.gov/> - National Center for Biotechnology Information PubMed - a service of the US National Library of Medicine that includes over 18 million citations from MEDLINE and other life science journals for biomedical articles back to 1948 . PubMed includes links to full text articles and other related resources.

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary).

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;

- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;

- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);

- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);

- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);

- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);

- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);

- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);

- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);

- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

- Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Material and technical support of hospital practice

The production equipment necessary for the successful completion of hospital practice is presented by departments of various profiles of clinical hospitals, which have a full range of modern patient care products. The material and technical support of the Department of Propedeutics of Internal Diseases and the Accreditation and Simulation Center is used:

- Internet access
- Dummies, phantoms, a portable electrocardiograph for practicing practical skills at the Multidisciplinary Accreditation and Simulation Center:

a) Simulators for cardiopulmonary resuscitation

b) Intravenous injection simulators

c) Simulators for placing a venous catheter in the cubital vein and vein of the hand

d) Disposable syringes, systems for intravenous infusion, containers for used syringes and materials

e) Trainer for the introduction of a nasogastric tube

- Mechanical and electronic tonometers

- Electrocardiograph 3-channel Fukuda Denshi FX-7102 - 2 pcs., Listed at the Department of Propedeutics of Internal Diseases on the basis of SOCB No. 1

- Acer Fspire laptop - 1 pc.

- ASUS laptop - 1pc.

- Toshiba TDP-S35 multimedia projector - 1 pc.

Application

The fund of assessment tools for intermediate certification of students in hospital practice "Practice for obtaining professional skills and professional experience (procedural nurse assistant)"

For each type of work performed during the production of practice student receives daily scores are added and allowed to offset students who scored 40 points or more.

For admission to offset, you must:

6. Filling out the practice diary

7. Implementation of sanitary and educational work

Stages of offset:

7. Delivery of test control:

8. Interview

9. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for hospital practice consists of the sum of points received during the period of practice and on the test.

1. Making a diary on hospital practice "Practice for obtaining professional skills and professional experience. Procedural Nurse Assistant "

Based on the results of the work, the student draws up a diary of hospital practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Criteria for evaluating the diary for hospital practice "Practice for obtaining professional skills and professional experience. Procedural Nurse Assistant "

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. List of required practical skills

- 1) Self-execution
- 1 Subcutaneous injections (15)
- 2 Intramuscular injections (5)
- 3 Intravenous infusion (10)
- 4 Venepuncture (20)
- 5 Intravenous drip infusion (15)
- 6 Preparation of prescriptions for drugs (5-10)
- 7 Registration of the list of appointments (10)

- 8 Registration of the journal of the treatment room (10)
- 9 Pulse Study (15)
- 10 Blood pressure measurement (20)
- 11 Oxygen therapy (3-5)
- 12 ECG Recording (5-7)
- Participation in implementation
 - 1 Determination of blood group (1-2)
 - 2 Blood transfusion (1-2)
 - 3 Gastric lavage (0-2)
 - 4 Duodenal intubation (0-2)
 - 5 Disinfection and preparation of medical instruments for sterilization (10-15)
 - 6 Rules for disposal of medical waste (10-15)
 - 7 Hand treatment of a nurse by dis. solutions (10-15)
- Additionally
 - 1 Taking material from the throat for sowing
 - 2 Application of splints and plaster casts
 - 3 Applying aseptic dressings
 - 4 Removal of stitches
 - 5 Stopping external bleeding
 - 6 Participation in pleural puncture
 - 7 Control rules sanitary conditions of the treatment room
 - 2) technique of manipulation in the workplace;
 - 3) keeping a practice diary, reflecting the amount of daily work;
 - 4) a characteristic with an assessment of the work from the medical institution, certified by the seal of the medical institution;
 - 5) health education work (lectures for patients, bulletin, brochure).

Criteria for evaluating practical skills:

"Not fulfilled" - 0 points

"Partially completed" - 5 points

"Completed with defects" - 10 points

"Completed in full" - 15 points

3. An indicative list of options for topics of health education of students

1. How to survive the heat
2. How to live with diabetes mellitus (hypertension, bronchial asthma, peptic ulcer)
3. How to live after myocardial infarction (stroke)
4. Diseases of "dirty hands"
5. Nutrition of the patient (with ischemic heart disease, hypertension, sugar diabetes, peptic ulcer, diseases of the urinary system, overweight, elderly and senile age)
6. Tuberculosis
7. Bad habits (smoking, alcohol abuse, drug use)
8. Viral hepatitis (A, B, C)
9. HIV: myths and reality
10. Facts about genetically modified foods.
11. False energy (energy drinks)

Criteria for evaluating health education work:

"The answer is not complete enough" - 8 points

"Full detailed answer" - 10 points

Stages of offset:

1. delivery of test control;
2. assessment of theoretical knowledge on ticket issues
3. demonstration of practical skills in the Accreditation and Simulation Center (on dummies).

Obtaining a test in practice: it is possible when a minimum of 20 points is collected on the basis of passing two stages of test.

3. Examples of test control for credit for hospital practice

Each student is tested on 10 tasks, randomly generated from questions on the program of practical training. Each task has one correct answer. Questions for preparing for testing are posted on educa.usma.ru in the Practice section. Hospital Resources / Training and practical training / 3. Assistant to the procedural nurse 3 course / requirements for internship and credit.

1. A procedural nurse has the right to:
 - a) warn about the peculiarities of the action of the medicinal substance
 - b) in the absence of a medicine, replace it with a similar one
 - c) change the dose of the medication prescribed by the doctor
 - d) change the method of drug administration
 - e) dispense medicine into the hands of a patient without a doctor's prescription
2. What is an iatrogenic disease?
 - a) illness as a result of careless statements by a health worker about a patient
 - b) a disease that developed as a result of improper treatment
 - c) complication of the underlying disease
 - d) a disease transmitted from one patient to another
 - e) hereditary disease
3. The duties of a procedural nurse include:
 - a) monitoring the sanitary regime in the department
 - b) accompanying the patient to the doctor's office
 - c) sterilization of medical instruments
 - d) preparation of medical instruments for sterilization
 - e) disposal of medical instruments
4. How often is the routine cleaning of the treatment room done?
 - a) weekly
 - b) 2 times a day
 - c) once a day
 - d) after each manipulation
 - e) every 8 hours
5. In a hospital infection, the following is most often sown:
 - a) Escherichia coli
 - b) Pseudomonas aeruginosa
 - c) staphylococcus
 - d) streptococcus
 - e) proteus
6. In what cases is artificial nutrition of patients used through nasogastric

probe?

- a) with burns of the esophagus
- b) with inoperable tumors of the esophagus
- c) with inoperable tumors of the pharynx
- d) after operations on the esophagus
- e) with fractures of the jaws

7. What is parenteral nutrition?

- a) nutrition through a nasogastric tube
- b) food through a gastrostomy
- c) nutrition with nutritional enemas
- d) introduction into the stomach for the purpose of feeding various mixtures of a certain composition
- e) the introduction for the purpose of nutrition of various substances, bypassing the gastrointestinal tract

8. Areas that cannot be used for subcutaneous injections:

- a) lateral thigh
- b) the lateral surface of the anterior abdominal wall
- c) lateral thigh
- d) the medial surface of the thigh
- e) subscapular region

9. Areas that cannot be used for intramuscular injection

- a) lateral thigh
- b) the lateral surface of the shoulder
- c) the lateral surface of the abdominal wall
- d) upper outer square of the buttocks
- e) subscapular region

10. The role of the airway tube in the IV drip system

- a) displacement of liquid from a bottle with a solution
- b) obstruction of air penetration into the system tubes
- c) preventing large particles from entering the bloodstream
- d) providing drip fluid movement in the system
- e) ensuring the penetration of air into the medicine bottle

11. The maximum time that materials remain sterile in sealed box?

- a) 12 hours
- b) 24 hours
- c) 2 days
- d) 3 days
- e) 4 days

12. How long does a covered sterile table remain sterile?

- a) 2 hours
- b) 7 hours
- c) 12 hours
- d) 24 hours
- e) 2 days

13. The period of preservation of the sterility of the material in the opened box
- 6 hours
 - 12 hours
 - 24 hours
 - 3rd days
 - 3 hours
14. After the expiration date, unopened solutions for parenteral administration:
- can be used during the day
 - can be applied within a week
 - can be applied within a month
 - send for examination for further use
 - dispose of
15. The shelf life of pharmaceutical sealed solution of NaCl ?
- 3 days
 - 5 days
 - 7 days
 - 15 days
 - 30 days
16. How much of the medicinal solution can be injected simultaneously intravenously ?
- 1000 ml
 - 250 ml
 - 1500 ml
 - 2000 ml
 - 500 ml
17. what amount of a medicinal solution can be injected simultaneously in / in a jet
- 100 ml
 - 200 ml
 - 20 ml
 - 40 ml
 - 50 ml
18. What solution is recommended to dilute antibiotics?
- 0.25% novocaine solution
 - 0.5% novocaine solution
 - 1% solution of novocaine
 - 0.9% sodium chloride solution
 - water for injection
19. Hemoptysis is:
- a protective-reflex act to free the airways from sputum, foreign bodies
 - pathological secretion of the lungs and respiratory tract when coughing
 - cough with blood-streaked sputum
 - cough with clear blood
 - cough with pink foamy sputum
20. Emergency first aid for hemoptysis
- give a half-sitting position

- b) give a warm alkaline drink
 - c) give antitussive medications
 - d) provide inhalation of humidified oxygen
 - e) lay on your back
21. Help with pulmonary bleeding:
- a) give the patient expectorants
 - b) give the patient antitussives
 - c) conduct postural drainage
 - d) introduce i.m. dicinone , i.v. aminocaproic acid
 - e) give the patient drugs that increase blood pressure
22. When pulmonary bleeding is contraindicated:
- a) ensuring complete rest
 - b) giving a half-sitting position
 - c) applying an ice pack to the chest
 - d) applying a heating pad to the chest
 - e) the introduction of hemostatic drugs as prescribed by a doctor
23. Emergency care for nosebleeds
- a) tilt the patient's head back, cold on the bridge of the nose, tamponade of the nasal passages
 - b) tilt the patient's head forward, cold on the bridge of the nose, tamponade of the nasal passages
 - c) immediately lay the patient down without a pillow, cold on the bridge of the nose, tamponade of the nasal passages
 - d) lay the patient on his side, prohibit talking, tamponade of the nasal passages
 - e) none of the above
24. Characteristic signs of chest pain associated with pleural involvement?
- a) aching nature of pain
 - b) Constant intense pain regardless of body position
 - c) increased pain when pressing on the chest
 - d) increased pain when positioned on the sore side
 - e) reduction of pain when standing on a sore side
25. Help with pulmonary edema:
- a) position with an elevated leg end
 - b) the introduction of blood substitutes
 - c) the introduction of hemostatic agents
 - d) inhalation of oxygen with defoamers
 - e) the imposition of arterial tourniquets
26. When assisting with pulmonary edema, it is contraindicated:
- a) giving the patient a horizontal position
 - b) the introduction of diuretics
 - c) the imposition of venous tourniquets on the lower extremities
 - d) inhalation of oxygen with defoamers
 - e) giving the patient nitroglycerin
27. In acute heart failure, the limbs are superimposed:
- a) venous tourniquets

- b) arterial tourniquets
 - c) mustard plasters for caviar
 - d) elastic bandages
 - e) leeches
28. What is the danger of indomitable vomiting?
- a) partial or complete loss of consciousness
 - b) violation of the electrolyte balance of the body
 - c) involvement in the pathological process of the peritoneum
 - d) the development of gastric bleeding
 - e) damage to the vocal cords
29. The most common way to stop venous bleeding in the extremities:
- a) the imposition of a tourniquet
 - b) wound tamponade
 - c) applying a pressure bandage
 - d) hardening of veins
 - e) true a, d
30. What is typical for intestinal bleeding?
- a) vomiting mixed with unchanged blood
 - b) temperature rise
 - c) tarry stools
 - d) rare pulse
 - e) arterial hypertension
31. Help with gastrointestinal bleeding
- a) gastric lavage
 - b) cold on the stomach
 - c) a heating pad on the stomach
 - d) setting a siphon enema
 - e) setting a cleansing enema
32. Contraindications for gastric lavage:
- a) stenosis of the pyloric stomach
 - b) stomach atony
 - c) gastric bleeding
 - d) acute gastritis
 - e) food poisoning
33. Anaphylactic shock often develops with the introduction of:
- a) vaccines, sera
 - b) cardiovascular drugs
 - c) diuretics
 - d) hypotensive
 - e) glucocorticosteroids
34. A sharp decrease in blood pressure is observed when
- a) anaphylactic shock
 - b) urticaria
 - c) Quincke's edema
 - d) allergic dermatitis

- e) neurodermatitis
35. Emergency care for anaphylactic shock consists in the introduction of:
- dibazol, lasix
 - adrenaline, prednisone, suprastin
 - morphine
 - heparin
 - papaverine
36. Help with fainting:
- give a position with a raised headboard
 - give a position with a low headboard
 - apply tourniquets on the lower limbs
 - exfusion (bloodletting) blood
 - give nitroglycerin under the tongue
37. In case of an attack of bronchial asthma, administration is contraindicated:
- morphine, promedol
 - prednisolone, dexamethasone
 - aminophylline
 - diphenhydramine
 - suprastin
38. Reasons for the development of status asthmaticus:
- uncontrolled use of inhaled sympathomimetics
 - exacerbation of concomitant bronchitis
 - smoking
 - cooling
 - traumatic situation
39. Emergency care for myocardial infarction consists in the introduction
- dibazol, papaverine
 - tavegila, suprastina
 - morphine, heparin
 - validol, corvalol
 - adrenaline
40. Clinical symptoms of cardiogenic shock:
- a sharp decrease in blood pressure, pallor, confusion
 - a sharp increase in blood pressure, excitement
 - delirium, hallucinations
 - compressive pain behind the sternum, a sharp decrease in blood pressure
 - compressive pain behind the sternum, a sharp increase in blood pressure
41. Urgent care for renal colic:
- an ice pack on the stomach
 - tapping on the lumbar region
 - the introduction of antispasmodics (papaverine, platifillin)
 - giving diuretics
 - bladder catheterization
42. Help with acute urinary retention

- a) diuretics
 - b) atropine subcutaneously
 - c) inhalation of antidiurecrine
 - d) proserin subcutaneously
 - e) no-shpa, baralgin / m
43. The reason for the development of hypoglycemic coma is:
- a) insulin overdose
 - b) overeating carbohydrates
 - Cc insufficient insulin dose
 - d) taking antihypertensive drugs
 - e) taking diuretics
44. One of the signs of hypoglycemic coma is:
- a) breathing of Kussmaul
 - b) convulsions
 - c) a decrease in the turgor of the eyeballs
 - d) the smell of acetone from the mouth
 - e) severe dryness of the skin
45. Emergency care for hypoglycemic coma consists of the introduction of:
- a) intravenous insulin
 - b) insulin subcutaneously
 - c) intravenous glucose
 - d) intravenous actrapid
 - e) diuretics
46. For relief of hyperglycemic coma, use
- a) short-acting insulin
 - b) long-acting insulin
 - c) long-acting insulin
 - d) the introduction of 40% glucose solution
 - e) the introduction of diuretics
47. One of the signs of a ketoacidotic coma is:
- a) a decrease in the turgor of the eyeballs
 - b) the skin is wet
 - c) the smell of acetone from the mouth
 - d) pulse is rare, soft
 - e) seizures
48. Emergency care for an attack of angina pectoris includes the appointment
- a) prednisolone, hydrocortisone
 - b) narcotic analgesics (morphine, promedol)
 - c) nitroglycerin
 - d) non-narcotic analgesics (analgin)
 - e) lasix, furosemide
49. Cough with release of foamy, pink sputum, dyspnea at rest are characteristic of:
- a) cardiac asthma
 - b) pulmonary edema
 - c) bronchial asthma

- d) an attack of angina pectoris
 - e) respiratory failure
50. Blood with pulmonary hemorrhage:
- a) scarlet, foamy, stands out when coughing
 - b) the color of coffee grounds, released during vomiting
 - c) with clots and admixture of food
 - d) scarlet, stands out when blowing out
 - e) true a, d
51. The antidote for drug poisoning with opiates is:
- a) heroin
 - b) nalorphine
 - c) ethyl alcohol
 - d) ammonia
 - e) cordiamine
52. At present, antigenic systems are known in human blood:
- a) 15
 - b) 30
 - c) 45
 - d) 60
 - e) 75
53. Among the group antigens of blood, the following types are distinguished:
- a) erythrocyte and leukocyte
 - b) erythrocyte and plasma
 - c) erythrocyte , leukocyte, and platelet
 - d) erythrocyte , leukocyte, platelet, serum
 - e) complex and simple antigens
54. The following statements are incorrect:
- a) antigens of the ABO system are present in erythrocytes
 - b) antigens of the ABO system are present in leukocytes
 - c) antigens of the ABO system are present in platelets
 - d) antigens of the ABO system are present in erythrocytes, leukocytes, platelets
 - e) antigens of the ABO system are included in the serum blood groups
55. The correct statement is:
- a) types of antigen A have no practical value
 - b) no more than 10 types of antigen A are known
 - c) antigen have the greatest practical value of all the varieties of antigen A
A1 and A2
 - d) A2 antigen is a variant of A1 antigen with a smaller number of antigens determinants
 - e) A1 and Ax antigens have the greatest practical value of the A antigen variants
56. The ways of immunization with antigens A and B are
- a) blood transfusion
 - b) heterospecific pregnancy by ABO groups
 - c) administration of vaccines
 - d) administration of serums for prophylactic and therapeutic purposes
 - e) A, B , C, D

57. The reason for the absence of agglutination in determining the blood group may be the following factors:

- a) hemolysis of erythrocytes
- b) low antigenic activity of erythrocytes
- c) incorrect quantitative ratio of serum and erythrocytes
- d) room temperature above 25 degrees.
- e) all of the above

58. Rh-typing of blood (according to DSE antigens) must be carried out:

- a) only from donors
- b) only in pregnant women
- c) only in newborns with hemolytic jaundice
- d) only in patients
- e) in all cases when a blood donor, patient

59. In the case of transfusions of platelet suspension, the main therapeutic effect will be the effect of blood transfusion on the recipient's body:

- a) hemodynamic
- b) hemostatic
- c) substitutive
- d) stimulating
- e) immunological

60. Transfusion of washed erythrocytes has advantages over other blood transfusion agents because:

- a) has an erythro - substituting effect
- b) Less possibility of immunological reactions and complications
- c) does not affect the immune system
- d) does not have a nutritional effect
- e) has a stimulating effect on erythropoiesis

61. Rules for conducting a biological test for blood transfusion

- a) the first 10-15 ml. blood is transfused in a stream , in the absence of a reaction, the transfusion is continued by drip
- b) The first 10-15 ml of blood transfused dropwise , then for 3 min bolus at in the absence of a reaction, the remaining dose is injected drip
- c) the first 10-15 ml of blood is transfused in a stream , then 3 minutes by drip , manipulation repeat three times. In the absence of a reaction, the remaining dose is injected drip
- d) the first 30 ml of blood is transfused in a stream . If there is no reaction, drops continue
- e) the first 30 ml is poured drip , then within 5 minutes jet , in the absence of a reaction, the remaining dose is injected drip

62. Specify the initial signs of a blood transfusion check

- a) a feeling of tightness in the chest
- b) itchy skin
- c) increase in blood pressure
- d) anuria
- e) pain in the epigastric region

63. The terminal state is
- clinical death
 - agonal period
 - the period of dying
 - coma
 - the state between life and death
64. Reliable signs of biological death are:
- apnea
 - asystole
 - significant dilation of the pupils
 - decrease in body temperature below 20 degrees
 - involuntary urination , defecation
65. Contraindications for resuscitation
- 3 min. after the onset of clinical death
 - hepatic coma
 - renal coma
 - cerebral coma
 - terminal stage of cancer
66. Why is it necessary to throw back the patient's head during mechanical ventilation?
- for greater tightness of contact
 - to ensure airway patency
 - to prevent displacement of the vertebra in case of damage to the cervical spine
 - to improve blood flow to the brain
 - for the convenience of providing medical care
67. Criteria for the correctness of mechanical ventilation
- the movement of the wings of the nose when air is blown
 - "inflating" the cheeks when blowing in air
 - no change in chest volume during passive exhalation
 - expansion of the chest during inflation
 - no sound of air coming out when exhaling
68. How to check the correctness of mechanical ventilation
- pulse appears during mechanical ventilation
 - during ventilation during inhalation, the chest expands during exhalation passively decays
 - skin color changes during mechanical ventilation
 - cheeks are inflated during mechanical ventilation
 - everything is correct
69. What is the frequency of blowing during mechanical ventilation?
- 5-8 per minute
 - 12-18 per minute
 - 20-40 per minute
 - 50-6- per minute
 - 80-90 rpm
70. What is the frequency of chest compressions during chest compressions?

- a) 12-18 per minute
- b) 20-40 per minute
- c) 550-60 rpm
- d) 80-90 rpm
- e) 100-120 rpm

71. What is the ratio of the frequency of inflations and chest compressions during resuscitation with one resuscitator?

- a) 2:15
- b) 3:15
- c) 2:30
- d) 3:30
- e) 1:15

72. Reasons for insufficient efficiency of mechanical ventilation

- a) the frequency of ventilation is less than 12-14 per minute
- b) obstruction of the respiratory tract
- c) excessive sealing of the contact during mechanical ventilation
- d) volumetric injection
- e) position with the head thrown back as much as possible

73. Direct heart massage is used in case of:

- a) the ineffectiveness of indirect massage
- b) the possibility of carrying out tocracostomy
- c) clinical death during surgery on the chest organs
- d) clinical death during surgery on the abdominal organs
- e) when the first signs of biological death appear

74. Criteria for the correctness of chest compressions:

- a) the appearance of a pulse on the carotid arteries
- b) the appearance of seizures
- c) dilated pupils
- d) lowering blood pressure
- e) involuntary urination

75. The position of the hands of the resuscitator during chest compressions

a) the palm of the right hand on the sternum along its axis with the base to the handle of the sternum, and the palm of the left hand from above above the left hand with the base to the xiphoid process

b) the palm of the right hand on the sternum along its axis with the base to the xiphoid process, and the palm of the left hand above and along the upwind of the hand

c) the palm of the right hand on the sternum along its axis with the base to the xiphoid process, and the palm of the left hand on top of the right hand at an angle of 90 degrees to it

d) the palm of the right hand on the lower third of the sternum perpendicular to its axis 1.5 - 2 cm above the xiphoid process, and the palm of the left hand on top of the right hand at an angle of 90 degrees to it

e) The base of the palm is 1.5-2 cm above the xiphoid process along the midline of the victim. The base of the second palm is parallel to the top of the first palm. Locking your fingers together

76. A patient with blood group A2 (II) should be transfused:

- a) erythrocytes of group A (II)
- b) erythrocytes of group A2 (II) or 0 (1) washed
- c) erythrocytes 0 (1) washed
- d) any of the listed
- e) all answers are wrong

77. A patient with blood group AB ((III) should be transfused:

- a) erythrocytes of group A (II)
- b) erythrocytes of group B (III) washed or washed erythrocytes of group 0 (1) group
- c) erythrocytes of group AB (IV)
- d) erythrocytes 0 (1) washed
- e) all of the above

78. The reason for the absence of agglutination when determining the blood group may be the following factors:

- a) hemolysis of erythrocytes
- b) low antigenic activity of erythrocytes
- c) incorrect quantitative ratio of serum and erythrocytes
- d) room temperature above 25 degrees
- e) all of the above

79. Immune antibodies according to the ABO system are of practical importance for:

- a) blood transfusion
- b) determining the blood group by a simple reaction
- c) determining the blood group by a double reaction
- d) when preparing standard whey
- e) with blood plasma transfusion

80. Transfusion of washed erythrocytes has advantages over other blood transfusion agents

- a) have an erythro - substituting effect
- b) less possibility of immunological reactions and complications
- c) does not affect the immune system
- d) does not have a nutritional effect
- e) has a stimulating effect on erythropoiesis

81. Preparation of a patient for blood transfusion includes :

- a) finding out the transfusion and obstetric (in women) anamnesis
- b) determination of the blood group according to the ABO system and the Rh system
- c) conducting blood and urine tests
- d) determination of hematocrit
- e) true a, b, c

Test control evaluation criteria:

less than 71% of correct answers - the test is not passed, points are not awarded.

71-80% of correct answers - 5 points;

81-90% of correct answers - 10 points;

91-100% correct answers - 15 points

4. Theoretical questions for the hospital practice test

General issues:

1. The rights of a nurse
2. Responsibilities of a nurse
3. Basic principles of medical ethics and deontology. The relationship of nurse and patient, nurse and doctor. Appearance, moral character of a medical worker
4. The device, equipment of the treatment room, dressing room
5. Infection control of the treatment room
6. Infectious Safety of Patient and Procedure Nurse
7. Clothes, shoes of the procedural nurse
8. Sanitary regime of the treatment room, dressing room
9. Mechanisms of transmission of nosocomial infection
10. Treatment levels for the hands of a procedural nurse
11. Rules for putting on and taking off sterile gloves
12. Methods of disinfection of medical instruments
13. The concept of sterilization. Methods and methods
14. Bookmark, sterilization of dressings, instruments, etc. Sterility control
15. Covering the sterile table
16. The order of registration of requirements - invoices and receipt of medicines by a procedural nurse
17. The order of accounting and storage of medicines in the treatment room
18. The order of storage and features of accounting for potent, poisonous and narcotic drugs
19. Basic documentation of the nurse in the treatment room
20. Tactics of a nurse in the absence of a prescribed medication
21. Methods of drug administration
22. Rules for subcutaneous, intramuscular injections. What is the maximum amount of medication that can be administered
23. Rules, methods, technique of intravenous infusion. Necessary accessories. How much medication can be administered with intravenous jet and drip
24. Taking blood from a vein for biochemical studies
25. Taking blood from a vein for bacteriological examination
27. Possible complications with subcutaneous, intramuscular injections, intravenous infusions
27. Definition of the term "Resuscitation" in the concept of resuscitation therapy. Which patients need intensive treatment, urgent therapy
28. The main duties of a nurse working in the RAO
29. Types of terminal states. Signs. The difference between clinical death and biological death.
30. Types of resuscitation measures currently used
31. Methods of artificial lung ventilation (ALV). General terms and conditions
32. Rules for conducting "respiratory resuscitation"
33. Principle and technique of closed heart massage
34. In what situations resuscitation should not be carried out
- Private questions
35. Rules for calculating the frequency of respiration, pulse, their normal values
36. Technique and rules for measuring blood pressure, their normal values
37. Duodenal intubation, rules, indications, contraindications
38. Signs of hemoptysis, pulmonary hemorrhage. Emergency care for these conditions
39. Types of acute heart failure, symptoms
40. Emergency care for cardiac asthma, pulmonary edema
41. Types and symptoms of acute vascular insufficiency, causes of development
42. Emergency care for fainting, collapse, shock
43. Technique of ECG recording

44. Symptoms of angina pectoris, myocardial infarction
45. Emergency care for angina pectoris, myocardial infarction
46. Symptoms of alveolar pulmonary edema
47. Emergency care for alveolar pulmonary edema
48. Symptoms of cardiogenic shock
49. Emergency care for cardiogenic shock
50. Symptoms of a hypertensive crisis
51. Emergency care for hypertensive crisis
52. Symptoms of an attack of bronchial asthma
53. Emergency care for an attack of bronchial asthma
54. Symptoms of hyperglycemic coma
55. Emergency care for hyperglycemic coma
56. Symptoms of hypoglycemic coma
57. Emergency care for hypoglycemic coma
58. Types of allergic reactions.
59. Emergency care for angioedema, anaphylactic shock
60. Symptoms of gastrointestinal bleeding
61. Emergency care for gastrointestinal bleeding
62. Symptoms of renal colic. Urgent care
63. Symptoms of biliary colic. Urgent care
64. Preparation of the patient and instrumentation for pleural puncture and paracentesis. The position of the patient during these manipulations
65. Technique of dressing a purulent wound
66. Rules and method of removal of postoperative sutures
67. Determination of blood group, Rh factor.
68. Blood transfusion rules, complications of transfusion, signs, emergency care
69. Preparing a patient for blood transfusion, blood transfusion technique. Patient regimen after blood transfusion, control of complications

Evaluation criteria:

- "The answer is not correct" - 0 points
- "The answer is not complete" - 5 points
- "The answer is not complete enough" - 8 points
- "Full detailed answer" - 10 points

5. A list of practical skills for credit at the Multidisciplinary Accreditation and Simulation Center (on dummies)

- 1) cardiopulmonary resuscitation
- 2) venipuncture
- 3) installation of a peripheral catheter in the central vein
- 4) ECG registration
- 5) installation of a nasogastric tube

Criteria for evaluating practical skills:

- "Not fulfilled" - 0 points
- "Partially completed" - 5 points
- "Completed with defects" - 10 points
- "Completed in full" - 15 points

6. Methodology for assessing the educational achievements of students in hospital practice for obtaining professional skills and professional experience (procedural nurse assistant)

Types of practical work, form of control and ranges of rating points based on the results of current control

Current certification	Minimum number of points	Maxim. number of points
Working hours (120 hours)	Mandatory for admission to credit and is not evaluated in points	
Implementation of the list of required practical skills	8	12
Practice diary	0.4 points / day × 20days = 8	0.6 points / day × 20days = 12
Characteristics from the healthcare facility	8	12
Workplace manipulation technique	8	12
Sanitary enlightenment work: 1) Lectures for patients 2) Bulletin, brochure, etc.	4 +4	6 +6
TOTAL	40	60
	To get admission to credit, a student must have a minimum of 40 points	

Students are admitted to the test:

- 1) fully completed the practice program for 120 hours;
- 2) those who provided a digital report-list on the completed practical skills;
- 3) who provided a duly drawn up practice diary, reflecting the volume of daily work (the curator needs to evaluate all entries, summarize the scores from 6 to 10)
- 4) a description with an assessment of work, signed by the head (procedural) nurse of the department, the head nurse of the medical facility, certified by the seal of the medical institution.
- 5) those who submitted documentation on sanitary education work in two directions.

Mastery types with rating point ranges

final examination				
Possible points				
Test (10 questions)	6 points - 10 correct answers; 5 points - 9 correct answers; 4 points - 8 correct answers; 3 points - 7 correct answers; 2 points - the number of correct answers is 6; less than 6 correct answers - the test is not passed			Minimum –2 points Maxim. - 6 points
Theory (3 questions on the ticket)	B – 1 : 8 points 6 points 4 points	B-2 : 8 points 6 points 4 points	B-3 : 8 points 6 points 4 points	Total: Minimum - 12 points Maxim. - 24 points
Practical . skills in the Accreditation and Simulation Center	1) CPR: 5 points / 4 points / 3 points 2) 2nd skill: 5 points / 4 points / 3 points			Total: Minimum - 6 points Maxim. - 10 points
Total:				Minimum - 20 points Maxim. - 40 points

A student who has a current rating in hospital practice in total of at least 50 points acquires the right to take the exam in the "automatic" format.

In order to reward students for demonstrating high educational achievements, high educational motivation, diligence and on the basis of high results of current control, incl. control of independent work, students who wish to submit a report in the "automatic" format can be provided at the discretion of the department and the department of hospital practice bonus points (min 20 points, max 40 points).

The final rating for hospital practice is the sum of the points received during the period of the internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

Translation of the final rating of a student in hospital practice into a certification assessment

Student's evaluation in hospital practice	The final rating of the student in hospital practice , rating points
"Unsatisfactory"	0 – 59
"satisfactorily"	60 – 69
“Good”	70 – 84
“Excellent”	85 – 100

***B2.B.05 (P) Hospital practice program
“ Clinical practice. Hospital doctor assistant
(obstetric and gynecological profile) ”***

1. The purpose of the hospital practice

The aim of the hospital practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)” is the mastery by students of the necessary amount of theoretical and practical knowledge and experience of independent professional activities in obstetrics and gynecology, necessary for the development of graduates of competencies in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform labor functions required by the professional standard "General practitioner (local therapist)"

2. Tasks of hospital practice

- The objectives of the hospital practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)” are:
 - Acquisition and consolidation of professional skills and skills for the implementation of professional competencies of an assistant doctor of a hospital obstetric and gynecological profile, provided for by the course program
 - Diagnosis of diseases and pathological conditions in pregnant women, women in labor and parturient women
 - Diagnostics of emergency conditions in pregnant women, women in labor and parturient women
 - Provision of primary medical health care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care in pregnant women, women in labor and postpartum women;
 - Maintaining medical records in medical organizations
 - Formation of motivation in pregnant women, women in labor and parturient women, aimed at maintaining and strengthening their health and the health of others
 - Teaching pregnant women, women in labor and postpartum women in basic hygiene measures of a health-improving nature, contributing to the prevention of diseases and health promotion
 - Analysis of scientific literature and official statistical reviews, participation in statistical analysis and public presentation of the results obtained

- Gaining experience of communication with colleagues and patients, based on the principles of professional ethics and deontology

3. Methods and forms of hospital practice

Hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)" is held within 2 weeks after the VIII semester. The method of hospital practice is stationary, mobile. The form of practical training is discrete.

4. The list of planned learning outcomes during the internship, correlated with the planned results of mastering the educational program The passage of this hospital practice is aimed at developing the following general cultural, general professional and professional competencies in students:

OC-8 - readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences

OPC-1 - readiness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security

OPC-2 - readiness for communication in oral and written forms in Russian and foreign languages for solving problems of professional activity

OPC-4 - the ability and willingness to implement ethical and deontological principles in professional activities

OPC-6 - readiness to maintain medical records

OPC-9 - the ability to assess morphofunctional, physiological states and pathological processes in the human body for solving professional problems

PC-1 - the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the onset and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, and also aimed at eliminating the harmful effects of environmental factors on human health

PC-5 - readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease

PC-6 - the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD)

PC-8 - the ability to determine the tactics of managing patients with various nosological forms

PC-10 - readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care

PC-15 - readiness to train patients and their relatives in basic hygienic measures of a health-improving nature, skills of self-control of basic physiological indicators, contributing to the preservation and strengthening of health, prevention of diseases

PC-16 - readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills

PC-20 - readiness for analysis and public presentation of medical information based on evidence-based medicine.

The knowledge and skills that the student must master in the process of passing the hospital practice "Clinical practice. In-patient assistant doctor (obstetric and gynecological profile)":

Knowledge

- Know the main stages of a hospital doctor's work (obstetric and gynecological profile)

- Know the principles of therapy, diagnosis, management of normal and pathological pregnancy, childbirth and the postpartum period

Abilities:

1. Examine pregnant women, women in labor and postpartum women with a normal course of pregnancy, childbirth and the postpartum period.
2. Examine pregnant women, women in labor and parturient women with the most common obstetric and gynecological diseases.
3. Evaluate the data of examination and survey of pregnant women, women in labor and parturient women.
4. Formulate a preliminary diagnosis.
5. Make a survey plan
6. Predict the course of pregnancy, childbirth and the postpartum period.
7. Give recommendations on the conduct of treatment and prophylactic measures in pregnant women, women in labor and postpartum women (including breastfeeding).
8. To treat a pregnant woman, a woman in labor and a postpartum woman under the guidance of a doctor.
9. Provide medical assistance during childbirth.
10. Conduct sanitary and educational work among pregnant women and women in childbirth.

Skills:

- Registration of medical documentation;
- Obstetrics during normal childbirth (on a phantom);
- Primary treatment of a newborn (on a phantom)
- Give recommendations on the implementation of preventive measures in pregnant women, women in labor and parturient women (including breastfeeding)

5. Place of hospital practice in the structure of the OOP

Hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)" refers to Block 2" Practices, including research work "- educational (Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities) and hospital practice (practice to obtain professional skills and professional experience).

Description of the logical and substantive-methodological relationship of hospital practice with other parts of the OOP.

Hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)" is based on the knowledge, skills and abilities acquired by students in the development of the previous sections of the OOP (Block 1 (basic and variable disciplines (modules))) and is a prerequisite for their full development of the subsequent sections of the OOP: doctor hospital (therapeutic and surgical profile), assistant doctor of the polyclinic. Also, practical training assistant doctor of the hospital obstetric and gynecological profile is an integral part of the process of studying the discipline "Obstetrics and gynecology", consolidating and deepening the theoretical training of the student in obstetrics, the acquisition of practical skills by students independent professional activity.

Requirements for the "input" knowledge, skills and readiness of the student, acquired as a result of mastering the previous parts of the OOP and necessary for mastering hospital practice:

IV year students of the Faculty of Treatment and Prevention, who have successfully completed training in the discipline "Obstetrics and Gynecology" in the VII and VIII semesters.

OOP sections for which the passage of this practice is necessary as a previous one:

Block 1 - disciplines (modules) for students enrolled in the 5th and 6th courses of the medical and preventive faculty.

Block 2 - practices, including research work.

6. Scope of hospital practice

General labor intensity of hospital practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)” is 3 credits, 2 weeks, 108 hours.

7. The structure and content of hospital practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)”

No. p / p	Sections (stages, objects and types of student's professional activity during the hospital practice)	KAS, which a student should receive (work out) during practical training			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of the formation of KAS
		Knowledge	Abilities	Skills			
1	Preparatory stage - instruction on safety, acquaintance with the health care facility, on the basis of which the hospital practice is carried out	Knowledge gained during the passage of the previous parts of the OOP; the main stages of the work of a doctor in an obstetric and gynecological hospital	Obtained from the previous parts of the OOP	Obtained from the previous parts of the OOP	OC-5.8, OPC-1.4, PC-1	OTF-provision of primary health care to the adult population on an outpatient basis that does not provide for round-the-clock medical supervision and treatment, including at home when a medical worker is called	Field trip diary entries
2	Diagnostic activity	The main stages of the work of a doctor of a hospital obstetric and gynecological profile	Examine pregnant women, women in labor and parturient women with the most common obstetric and gynecological diseases	Evaluate the data of examination and survey of pregnant women, women in labor and parturient women	OPC- 2.4; PC-1,5,6	Assessment of adults to establish a diagnosis TF code - A / 02.7	List of completed practical skills, records in the diary of hospital practice. Checking the mastery of skills in a hospital and specially equipped classrooms
3	Healing activities	The main stages of the work of a doctor of a hospital obstetric and gynecological profile	Give a forecast of the course of pregnancy, childbirth and the postpartum period; to give recommendations on the implementation	Registration of medical documentation; obstetrics during normal childbirth; to carry out primary processing of a newborn on a phantom	OC-8; OPC-1,2,4,6; PC-1,8,10,12	Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7; Prescribing and treatment and	List of completed practical skills, records in the diary of hospital practice. Checking the mastery of skills in a hospital and

			of treatment and prophylactic measures in pregnant women, women in labor and postpartum women (including breastfeeding); to treat a pregnant, parturient and postpartum woman under the guidance of a doctor			monitoring its effectiveness and safety TF code - A / 03.7; Maintaining medical records and organizing the activities of the medical personnel at the disposal TF code - A / 06.7	pecially equipped classrooms
4	Preventive activities (carrying out sanitary and educational work)	The main stages of the work of a doctor of a hospital obstetric and gynecological profile	Give a forecast of the course of pregnancy, childbirth and the postpartum period; interview patients individually or in a group	Give recommendations on the implementation of preventive measures in pregnant women, women in labor and postpartum women (including breastfeeding)	OC-8; OPC-1,2,4,8; PC-1, 15.16	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and health education of the population TF code - A / 05.7	Representation of the san-skylight form . work, entries in the diary about carrying out the san-skylight. work
five	Reporting on hospital practice (diary)	The main stages of the work of a doctor of a hospital obstetric and gynecological profile	Treat pregnant women, women in labor and postpartum women under the guidance of a doctor	Filling out the documentation	OPC-1,2,6; PC-1,5,6,8,10,12	Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	Submission of a work practice diary in accordance with existing requirements
6	Final certification in manufacturing practice				OC-8 OPC-1,2,4,6,8 PC-1,5,6,8,10,12,15,16,20	Provision of medical care to the patient in urgent or urgent forms TF Code - A / 01.7; Examination of adults in order to	Demonstration of practical skills, test control

						establish the diagnosis TF Code - A / 02.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	
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8. Forms of students reporting on the results of hospital practice

During the hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)" the student forms a written report (diary of hospital practice) and gains points according to the point-rating system (BRS) (see APPLICATION) to obtain admission to the test.

Interim certification based on the results of the hospital practice is carried out on the basis of: submission of a report on the hospital practice (hospital practice diary) indicating the practical skills and sanitary and educational work performed during the hospital practice; presentation of the results of sanitary and educational work (according to options for topics, APPLICATION); mastering practical skills (according to the list of skills, see APPLICATION); test control results (online final testing, see. http://educa.usma.ru/portal/site/praktika_lech/page/f1a369a7-6074-4604-b212-1a2c4ae1bb65)

Assessment for hospital practice is set on the basis of the points received by the student (according to the BRS on hospital practice).

A test in the "automatic" format (mark "excellent") is allowed, provided that the required number of points for the BRS is obtained.

9. Fund of assessment tools for midterm certification based on the results of hospital practice

Fund of appraisal tools for hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)" is presented (APPLICATION): a point-rating system (BRS) for assessing students' academic achievements in hospital practice, a list of practical skills, training tests and online final testing (see http://educa.usma.ru/portal/site/praktika_lech/page/f1a369a7-6074-4604-b212-1a2c4ae1bb65).

10. The list of educational literature and Internet resources required for the practice.

10.1. Main literature

Obstetrics [Text]: textbook / E.K. Ailamazyan. - 9th ed. Rev. and add. - Moscow: GEOTAR-Media, 2015. -- 704 p. : ill.

10.2. Additional literature:

1. Obstetrics: national guidance / ed. G. M. Savelyeva [and others]. - 2nd ed. Rev. and add. - Moscow: GEOTAR-Media, 2015. -- 1080 p. - (National guidelines).

2. Obstetrics and gynecology: clinical guidelines / Ch. ed.: V. N. Serov, G. T. Sukhikh. - 4th ed. Rev. and add. - Moscow: GEOTAR-Media, 2014. -- 1024 p.

3. Anisimov K. Yu. Clinical physiology and management of childbirth: a teaching aid for specialty 060101 - General Medicine / K. Yu. Anisimov, S. V. Martirosyan. - Yekaterinburg: Press group, 2009. -- 212 p. ; silt

4. S.V. Apresyan Pregnancy and childbirth in extragenital diseases / S. V. Apresyan; ed. V.E. Radzinsky. - 2nd ed. rev. and add. - Moscow: GEOTAR-Media, 2015. -- 536 p. - (Library of a specialist doctor).

10.3. Internet resources:

11. <http://cr.rosminzdrav.ru/#!/rubricator/adults> - clinical guidelines of the Ministry of Health of the Russian Federation on obstetrics and gynecology

12. <http://grls.rosminzdrav.ru/Default.aspx> - medicines registered in the Russian Federation

13. minzdrav.midural.ru - ministry of health of the sverdlovsk region

14. <http://www.med-pravo.ru> - Medicine and law - a collection of laws, regulations in the field of medicine and pharmaceuticals

15. <http://www.Med-edu.ru> - medical video lectures for doctors and students of medical universities

16. <http://praesens.ru/> - StatusPraesens, informational and educational portal for obstetricians and gynecologists
17. <http://www.rmj.ru/> - Russian medical journal
18. <http://www.medicina-journal.ru/> - Doctor.ru magazine
19. <http://www.consilium-medicum.com/> - the journal "Medical consultation" - the site of the publishing holding "Media Medica"
20. <http://registrbad.ru/> - [Register of dietary supplements](#) - information about dietary supplements, developers, manufacturers
21. <http://mashkovsky.ru/tiki-index.php> - Mashkovsky's Handbook - on the site you will find information about medicines permitted for use in the Russian Federation, as well as a description of pharmacological groups
22. <http://medelement.com/> - MedElement - electronic services and tools for doctors, medical organizations, medical students and everyone who cares about their health.

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary).

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard, license term: unlimited; VMwarevSphere 5 EnterprisePlus, license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;
- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007, No. 43143029 dated December 5, 2007, licenses validity period: unlimited;
- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);
- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);
- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);
- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);
- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);
- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);
- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);
- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012, No. 49472004 dated December 20, 2011, No. 61822987 dated April 22, 2013, No. 64496996 dated December 12, 2014, No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software "TANDEM.Universitet" (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC "Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

- Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base necessary for conducting hospital practice

Practical skills are practiced: in classrooms equipped with dummies of the female pelvis, dummies of the fetus, visual tables, pictures and posters, dummies of the generic process; in a specialized class on the basis of Hospital No. 40 - practicing practical skills using the simulators available at the department (1 simulator of labor production " Noelle ", " Simonea ") and a set of necessary tools, as well as material equipment of the Center for Practical Skills (1 simulator of labor production " Noelle 2 ").

Seminars are held in the conference hall at the Hospital No. 40 (maternity hospital) and the City Clinical Perinatal Center.

Material and technical support of inpatient departments of basic healthcare facilities

Name subdivisions	The name of specialized classrooms, offices, laboratories and others with a list of basic equipment
Hospital No 40	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathological laboratory, hemostasis laboratory, express laboratory, ELISA laboratory, PCR laboratory. Ultrasound diagnostics room, CT and MRI rooms, X-ray room (The family home is equipped according to order No. 572n of the Ministry of Health of the Russian Federation) Clinical demonstrations. Endoscopic operating rooms
City Clinical Perinatal Center	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathohistological laboratory, hemostasis laboratory, express laboratory, ELISA laboratory, real-time PCR laboratory, X-ray room. Ultrasound rooms, hysteroscope , colposcopes , automatic KShS analyzer, Prism I dialysis machines . (The center is equipped according to order 572n of the Ministry of Health of the Russian Federation).

Fund of assessment tools for intermediate certification of students in hospital practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)”

For each type of work performed during the **production** of practice student receives daily scores are added and allowed to offset students who scored 40 points or more.

For admission to offset, you must:

8. Filling out the practice diary
9. Implementation of sanitary and educational work

Stages of offset:

10. Test control delivery;
11. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on hospital practice "Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)"

Based on the results of the work, the student draws up a diary of **hospital** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Evaluation criteria for the hospital practice diary “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)”:

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the

diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2.Themes of health education

1. Proper nutrition of a pregnant woman
2. Nutrition of a pregnant woman and prevention of the formation of a large fetus
3. Physical activity during pregnancy
4. Sexual life during pregnancy
5. Intimate hygiene of a pregnant woman
6. Prevention of stretch marks formation during pregnancy
7. Beauty during pregnancy: do's and don'ts
8. Pregnancy and travel: where and how you can safely rest during pregnancy
9. How to properly prepare your breasts for feeding
10. Bad habits during pregnancy (smoking, alcoholism, drug addiction): what is dangerous for a woman and a fetus
11. Bad habits during pregnancy (smoking, alcoholism, drug addiction): when and how to get rid of bad habits
12. Psychoprophylactic preparation for childbirth: what you need to know in order not to be afraid of childbirth
13. Breastfeeding - the right feeding technique
14. Breastfeeding - prevention of lactostasis and mastitis
15. Cessation of lactation
16. Alarming symptoms during pregnancy - when to see a doctor right away
17. Prevention of labor pain
18. Pain relief during labor
19. Proper nutrition in the postpartum period
20. Physical activity during the postpartum period
21. Pelvic floor muscle training in the postpartum period
22. Sexual life after childbirth
23. Intimate hygiene after childbirth
24. Contraception after childbirth - advantages and disadvantages of lactational amenorrhea method
25. Contraception after natural childbirth
26. Contraception after cesarean section
27. Prolonged contraception in the postpartum period - advantages and disadvantages
28. Physiological changes in the female body after childbirth
29. Physiological changes in the reproductive system after childbirth
30. Physiology of lactation
31. Lactation - what does a baby get with milk
32. Lactation - how long to feed your baby
33. Features of breast care during lactation
34. Anxiety symptoms after childbirth - when you need to urgently go to the doctor
35. How to maintain your figure after childbirth
36. How soon can I give birth to a healthy baby again?
37. Fetal malformations - prevention
38. Pregravid preparation - what is it and why is it needed?
39. Caesarean section - what a woman should know about the operation, possible complications and features of the state of the body after a cesarean section

40. Joint childbirth - why is it easier to give birth together?

Criteria for evaluating health education work:

1. Conducting a lecture / conversation with patients in the ward on the proposed topics (in accordance with the recommendations of the head of the department / attached doctor and the list of topics offered by the department) - the topic is recorded in the diary, you must get the signature of the head of the department / attached teacher, printed version of the lecture before it is agreed with the head of the department / attached teacher (when doing an internship outside Yekaterinburg) or the head of the practice from USMU and is provided as an attachment to the diary.

0 points - the content of the conversation / lecture is not correct in content.

10 points - the content of the conversation partially reveals the given topic, it was reported indistinctly, incomprehensibly, not interesting, from the information carrier

12 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, but not interesting, from the information carrier

14 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, interestingly, from the information carrier

16 - the content of the conversation almost completely reveals the given topic, clearly, understandably, interesting, but read from the information carrier,

18 - the content of the conversation almost completely reveals the given topic, clearly, understandable, interesting, read without a medium,

20 points - the content of the conversation fully reveals the given topic, it was reported clearly, understandably and interestingly.

2. Making a wall newspaper / photo report on the topic agreed with the base manager (the topic of the wall newspaper / photo report is indicated in the diary and signed by the base manager):

0 points - the content of the newspaper is not correct in terms of content

10 points - the newspaper partially reveals the given topic in terms of structure, is designed carelessly and does not illustrate the content of hospital practice;

14 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, but does not illustrate the content of hospital practice

16 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, illustrates the content of the internship or the newspaper fully discloses the given topic in terms of structure, framed neatly, but visually illustrates the content of the internship

18 points - the newspaper fully reveals the given topic in terms of structure, is not quite neatly decorated, but clearly illustrates the content of the production practice

20 points - the newspaper fully reveals the given topic, is framed with high quality and clearly illustrates the content of the practice.

3.Examples of test control

Test control is used for intermediate practice certification.

Training (200 questions) and final (200 questions) testing tests are located on the educational portal <http://educa.usma.ru>, where all students have access.

Testing is carried out within an hour, test tasks are generated randomly from a bank of tests. In practice testing, the student has five attempts, the report provides the student with the correct options if the question is answered incorrectly. In the final test, the student has one attempt.

1. The indicator of the beginning of the second stage of labor is:

a) lowering the presenting part into the small pelvis

b) attempts

c) internal head rotation

d) full dilatation of the cervix

- e) birth of a fetus
- 2. Estimated due date, if the 1st day of the last menstruation is January 10:
 - a) September 6
 - b) October 17
 - c) November 11
 - d) December 21
 - e) October 3
- 3. A probable symptom in the diagnosis of pregnancy includes:
 - a) mood change
 - b) change of smell
 - c) listening to the fetal heartbeat
 - d) Horwitz sign - Gegara
- 4. For the prevention of bleeding during childbirth, use:
 - a) oxytocin
 - b) dexamethasone
 - c) progesterone
 - d) atoshiban
- 5. Pathological blood loss in the early postpartum period requires, first of all:
 - a) introduce uterine-contracting agents
 - b) terminal parameters
 - c) make a manual examination of the uterine cavity
 - d) examine the birth canal
- 6. A sign of the developed labor activity is:
 - a) outpouring of water
 - b) increasing abdominal pain
 - c) increasing frequency of contractions
 - d) shortening and dilatation of the cervix
 - e) pain in the suprapubic and lumbar region
- 7. In case of bleeding in the 3rd stage of labor and the presence of signs of placental separation, it is necessary:
 - a) perform an external massage of the uterus
 - b) manual removal of the placenta
 - c) highlight the last with external receptions
 - d) administer uterine contractors
- 8. The effectiveness of labor is objectively assessed:
 - a) by frequency and duration of contractions
 - b) by the duration of labor
 - c) by the rate of smoothing and dilatation of the cervix
 - d) fetal condition
 - e) by the time of rupture of amniotic fluid
- 9. Vaginal examination during labor is performed:
 - a) every 8 hours
 - b) at the request of the woman
 - c) with the appearance of bloody discharge
 - d) every 2 hours
- 10. Lactostasis is characterized by:
 - a) significant uniform engorgement of the mammary glands
 - b) moderate engorgement of the mammary glands
 - c) body temperature 40 ° C, chills
 - d) free milk separation
- 11. A sign of clinical inconsistency between the head and pelvis of the mother is:
 - a) positive sign of Vasten

- b) urinary retention
 - c) lack of translational movement of the head with good labor
 - d) all of the above
12. Assessment of the condition of the newborn does not include:
- a) heartbeat
 - b) breathing
 - c) the condition of the pupils
 - d) muscle tone
13. Green color of amniotic fluid indicates:
- a) chronic fetal hypoxia
 - b) acute fetal hypoxia
 - c) antenatal fetal death
 - d) hemolytic disease of the fetus

Test control evaluation criteria:

less than 50% of correct answers - the test is not passed, points are not awarded.

50% or more - a passing score, while the number of points scored is 1/10 of the percentage of correct answers scored

4. List of practical skills for practice

1. Collection of complaints and anamnesis
2. Determining the duration of pregnancy and childbirth
3. Determination of the circumference of the abdomen and the height of the uterus
4. Pelviometry
5. Leopold's tricks
6. Listening to the fetal heartbeat
7. CTG recording and analysis (each CTG analysis is presented in the diary in the "skills" section)
8. Estimation of estimated blood loss during labor and estimated fetal weight
9. Attendance at childbirth with a graphical representation of the course of labor
10. Rating characteristics functionally narrow pelvis (sign Vasta , reception Tsangemeystera)
11. Examination and assessment of the integrity of the placenta, assessment of blood loss during childbirth (see how it is carried out, know the theory)
12. Assessment of signs of placental separation (see how it is carried out, know the theory)
13. Active management of the III stage of labor (see how it is carried out, know the theory, perform on a phantom)
14. Primary toilet for a newborn (see how it is performed by a doctor, know the theory)
15. Evaluation of laboratory data
16. Attendance at a caesarean section with presentation of the operation protocol
17. Filling out medical documentation (diaries in the history of childbirth, discharge documents)

Criteria for evaluating practical skills:

0 points - lack of knowledge on the technique of performing the skill, the tools used, general medical and special terminology

15 points - incomplete answer, no answer to leading questions, partial knowledge of medical instruments or general medical and special terminology

19 points - incomplete answer, with leading questions, partial knowledge of medical instruments, general medical and special terminology

23 points - complete answer with leading questions, but partial knowledge of medical instruments, general medical and special terminology

27 points - full answer, with leading questions, knowledge of medical instruments, general medical and special terminology

30 points - a complete answer without leading questions, knowledge of medical instruments, general medical and special terminology

5. Methodology for assessing the educational achievements of students in the practice “Clinical practice. Hospital doctor assistant (obstetric and gynecological profile)”

Duration of mastering the module 2 weeks

Control type	Type of practical work and form of current control	Minimum points	Maximum points	Note
Current control	Working hours (72 hours)	0	0	Mandatory for admission to credit
	Duty (2 to 12 hours)	0	0	Mandatory for admission to credit
	Practical skills training	0	0	Mandatory for admission to credit
	Submission of a field trip diary	thirty	40	Mandatory for admission to credit
	Sanitary and educational work	ten	20	Mandatory for admission to credit
Total:		40	60	To get admission to credit, a student must have a minimum of 40 points

Distribution of rating points by type of test control by practice

Sections and stages of final (test) control	Number of rating points	
Stage 1. Practical skill performance	Min	15
	Max	Thirty
Stage 2. Testing	Min	Five
	Max	Ten
Total:	Min	20
	Max	40
For passing the test, the student can score at least 20 points, the maximum - 40 points		

The final rating for hospital practice is the sum of the points received during the period of the internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

Algorithm for determining the final rating of a student in hospital practice

Student's evaluation in hospital practice	The final rating of the student in hospital practice , rating points
"Unsatisfactory"	0 – 59
"satisfactorily"	60 – 69
“Good”	70 – 84
“Excellent”	85 – 100

B2.B.05 (P) Hospital practice program

“Clinical practice. Hospital doctor assistant (therapeutic profile)”

1. The purpose of the practice

The aim of the hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)” is the mastery by students of the necessary amount of theoretical and practical knowledge and experience of independent professional activity in therapy, necessary for the mastering by graduates of competencies in accordance with the Federal State Educational Standard of Higher Education of the specialty "General Medicine", capable and ready to perform the labor functions required professional standard "Physician-general practitioner (local therapist)".

2. Tasks of hospital practice

The objectives of the hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)” are:

- Consolidation and deepening of theoretical knowledge by students in such areas of therapy as cardiology, gastroenterology, nephrology, rheumatology, pulmonology, hematology, provided by the course program

- Teaching students labor techniques and methods of performing labor processes necessary for the subsequent development of general and professional competencies in filling out medical documentation, collecting anamnesis, percussion and palpation of internal organs, decoding data from laboratory and instrumental research methods, selecting therapy for patients, principles of deontology for the formation of approaches to high-quality health protection of citizens by ensuring the provision of medical care in accordance with the established requirements and standards in the field of healthcare

- Acquisition and consolidation of professional skills and skills for the implementation of professional competencies of an assistant doctor of a hospital with a therapeutic profile according to the principles of diagnostics and tactics of managing emergency conditions in therapy, provided for by the curriculum of the course

- Obtaining and consolidating the skills of emergency medical care in conditions requiring urgent medical intervention

- Studying and consolidating in practice the skills of providing primary medical care in a therapeutic hospital for acute diseases and conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care

- Training in communication with patients on basic hygienic measures of a health-improving nature, contributing to the prevention of diseases and strengthening the health of patients

- Acquisition of skills to form motivation in patients and their families, aimed at maintaining and strengthening their health and the health of others

- Mastering the basic principles of organizing the provision of medical care in medical organizations and their structural units

- Acquisition of skills to create favorable conditions in medical organizations for the stay of patients and the work of medical personnel

- Training in the maintenance of medical records in compliance with the basic requirements of information security, the organization of medical examination in medical organizations

- Analysis of scientific literature and official statistical reviews, participation in statistical analysis and public presentation of the results

- Gaining experience of communication with colleagues and patients, based on the principles of professional ethics and deontology.

3. Methods and forms of hospital practice

Hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)” is held within 2 weeks after the 8th semester. The method of hospital practice is stationary, mobile. The form of practical training is discrete.

4. The list of planned learning outcomes during internship, correlated with the planned results of mastering the educational program

The passage of this hospital practice is aimed at developing the following competencies among students:

OC-8 - readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences

OPC-1 - readiness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security

OPC-2 - readiness for communication in oral and written forms in Russian and foreign languages for solving problems of professional activity

OPC-4 - the ability and willingness to implement ethical and deontological principles in professional activities

OPC-6 - readiness to maintain medical records

OPC-9 - the ability to assess morphofunctional, physiological states and pathological processes in the human body for solving professional problems

PC-1 - the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the onset and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, and also aimed at eliminating the harmful effects of environmental factors on human health

PC-5 - readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease

PC-6 - the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD)

PC-8 - the ability to determine the tactics of managing patients with various nosological forms

PC-10 - readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care

PC-15 - readiness to train patients and their relatives in basic hygienic measures of a health-improving nature, skills of self-control of basic physiological indicators, contributing to the preservation and strengthening of health, prevention of diseases

PC-16 - readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills

PC-20 - readiness for analysis and public presentation of medical information based on evidence-based medicine.

Knowledge and skills that a student must master in the process of passing hospital practice:

Knowledge:

1. Know the main stages of work of a hospital doctor (therapeutic profile).
2. Know the principles of diagnosis, differential diagnosis, therapy, primary and secondary prevention and rehabilitation in diseases of internal organs in adults.

Abilities:

1. Examine an adult patient with pathology of internal organs.
2. Evaluate the data of the survey and examination of the patient.
3. To highlight the main syndromes and symptoms, to formulate a preliminary diagnosis.
4. Draw up and justify the survey plan.
5. Conduct differential diagnosis of the disease.

6. Formulate the clinical diagnosis of the underlying disease, its complications and concomitant diseases.
7. Give recommendations on the implementation of medical and preventive measures.
8. Treat a patient with pathology of internal organs under the guidance of a doctor.
9. To carry out sanitary and educational work among the patients of the therapeutic hospital.

Skills:

1. Collection of complaints, medical history and life.
2. Examination, palpation, percussion, auscultation.
3. Registration of medical records.
4. Evaluation of indicators of laboratory tests of blood, urine, sputum, feces.
5. Registration and decoding of ECG.
6. Interpretation of X-ray, functional, ultrasound, endoscopic research methods.
7. Determination of blood group and Rh factor.
8. Treatment of an adult patient with an assessment of the effectiveness and safety of the selected therapy under the supervision of a physician.
9. Collection and processing of information, carrying out analytical work in a hospital environment.
10. Conducting individual and group conversations, educational presentations among patients of a therapeutic hospital.

5. Place of hospital practice in the structure of the OOP

Hospital practice "Clinical practice. Hospital doctor assistant (therapeutic profile)" refers to Block 2" Practices, including research work "- educational (Practice for obtaining primary professional skills and abilities , including skills and abilities of research activities) and hospital practice (practice to obtain professional skills and professional experience).

Description of the logical and substantive-methodological relationship of hospital practice with other parts of the OOP.

Hospital practice "Clinical practice. Hospital doctor assistant (therapeutic profile)" is based on the knowledge, skills and abilities acquired by students in the development of the previous sections of the OOP (Block 1 (basic and variable disciplines (modules)) and is a prerequisite for their full mastering of the subsequent sections of the OOP: the assistant to the hospital doctor (obstetric-gynecological and therapeutic profile), assistant doctor of the polyclinic. Also, hospital practice assistant doctor of a hospital with a therapeutic profile is an integral part of the process of studying the disciplines "Faculty therapy", "Hospital therapy" and "Polyclinic therapy", consolidating and deepening the theoretical training of the student in therapy, acquisition by students of practical skills and skills of independent professional activity.

Requirements for the "input" knowledge, skills and readiness of the student, acquired as a result of mastering the previous parts of the OOP and necessary for mastering hospital practice:

IV year students of the Faculty of General Medicine, who successfully completed training in the discipline "Faculty therapy" in the VII and VIII semesters.

Sections of OOP, for which the passage of practice is necessary as before:

Block 1 - disciplines studied in the V and VI courses,

Block 2 - practices, including research work.

6. Scope of hospital practice

The total labor intensity of the hospital practice " Clinical practice. Physician assistant of outpatient clinic. Scientific and Research Work " is 3 credit units, 2 weeks, 108 hours.

7. The structure and content of hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)”

No. p / p	Sections (stages, objects and types of student's professional activity during the hospital practice)	KAS, which a student should receive (work out) during practical training			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of the formation of KAS
		Knowledge	Abilities	Skills			
1	Preparatory stage - instruction on safety, acquaintance with the health care facility, on the basis of which the hospital practice is carried out	Knowledge gained during the passage of the previous parts of the OOP; the main stages of the work of a doctor of a hospital with a therapeutic profile	Obtained from the previous parts of the OOP	Obtained from the previous parts of the OOP	OC-8 OPC-1,4,6 PC-1	OTF - provision of primary health care to the adult population on an outpatient basis that does not provide for round-the-clock medical supervision and treatment, including at home when a medical worker is called	Field trip diary entries
2	Diagnostic activity	The main stages of the work of a doctor of a hospital with a therapeutic profile	Examine patients with the most common therapeutic diseases; Evaluate the data of examination and questioning of the patient;	Evaluate the data of examination and survey of patients with surgical diseases,	OPC-2.4.9 PC-1.5.6	Assessment of adults to establish a diagnosis TF code - A / 02.7	List of completed practical skill records in the diary hospital practice. Checking the mastery of skills in a hospital and special equipped classroom
3	Healing activities	The main stages of the work of a doctor of a hospital with a therapeutic profile	Give recommendations on the conduct of treatment and prophylactic measures in the patient. Treatment of a	Registration of medical records. Treatment of an adult patient with an assessment of the effectiveness and	OC-8; OPC-1,2,4,6; PC-1,8,10	Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7; Prescribing treatment and monitoring its	List of completed practical skill records in the diary hospital practice. Checking the mastery of skills in a hospital

			patient with pathology of internal organs under the guidance of a doctor	safety of the selected therapy under the supervision of a physician		effectiveness and safety TF code - A / 03.7; Maintaining medical records and organizing the activities of the medical personnel at the disposal TF code - A / 06.7	and special equipped classroom
4	Preventive activities (carrying out sanitary and educational work)	The main stages of the work of a doctor of a hospital with a therapeutic profile	Give recommendations on the conduct of therapeutic and prophylactic measures in the patient	Conducting individual and group conversations, educational presentations among patients of a therapeutic hospital	OC-8; OPC-1,2,4; PC-1, 15.16	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and health education of the population TF code - A / 05.7	Representation the san-skylight form . work entries in the dia about carrying out th san-skylight. work
5	Reporting on hospital practice (diary)	The main stages of the work of a doctor of a hospital with a therapeutic profile	Treat a therapeutic patient under the guidance of a physician	Registration of medical records	OPC-1,2,6; PC-1,5,6,8,10	Providing medical care to a patient in urgent or emergency forms TF code - A / 01. 7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	Submission of a wo practice diary accordance wi existing requiremen
6	Final certification in manufacturing practice				OC-8 OPC-1,2,4,6.9 PC-1,5,6,8,10,15,16,20	Provision of medical care to the patient in urgent or urgent forms TF Code - A / 01.7; Examination of adults in order to establish the diagnosis TF Code - A / 02.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	Demonstration practical skills, te control

8. Forms of students reporting on the results of hospital practice

During the hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)” student forms a written report (diary of hospital practice) and gains points according to the point-rating system - BRS (see APPLICATION) to obtain admission to the test.

Intermediate certification (offset) is carried out on the last day of the hospital practice on the basis of the submission of a report (hospital practice diary) indicating the completed practical skills and sanitary and educational work; presentation of the results of sanitary and educational work (according to options for topics, see APPLICATION); mastering practical skills (according to the list of skills, see APPLICATION); test control results (on-line final testing, see http://educa.usma.ru/portal/site/praktika_lech/page/fla369a7-6074-4604-b212-1a2c4ae1bb65)

Assessment for hospital practice is set on the basis of the points received by the student (according to the BRS on hospital practice).

A test in the "automatic" format (mark "excellent") is allowed, provided that the necessary points are obtained, according to the BRS in practice.

9. Fund of assessment tools for intermediate certification based on the results of hospital practice

Fund of appraisal tools for hospital practice “Clinical practice. Hospital doctor assistant (therapeutic profile)” is presented (see APPLICATION): a point-rating system (BRS) for assessing students' educational achievements in hospital practice, a list of practical skills, practice tests and online final testing (see http://educa.usma.ru/portal/site/praktika_lech/page/fla369a7-6074-4604-b212-1a2c4ae1bb65).

10. The list of educational literature and Internet resources required for the practice.

10. 1. Main literature:

1. **Internal diseases** [Text]: textbook for medical universities: in 2 volumes. Vol. 1 / ed. S. I. Ryabova. - 5 th ed. Ispra . and add. - St. Petersburg: SpetsLit , 2015 .-- 786 p. : ill.

2. **Internal diseases** [Text]: textbook for medical universities: in 2 volumes. Vol. 2 / ed. S. I. Ryabova. - 5 th ed. Ispra . and add. - St. Petersburg: SpetsLit , 2015 .-- 586 p. : col . silt

3. **Internal diseases** [Text]: textbook: in 2 volumes. T. 1 / under the editorship of V. S. Moiseev, A. I. Martynov, N. A. Mukhin. - 3rd ed. Ispra . and add. - Moscow: GEOTAR-Media, 2015 .-- 960 p. : ill.

4. **Internal diseases** [Text]: textbook: in 2 volumes. T. 2 / under the editorship of V. S. Moiseev, A. I. Martynov, N. A. Mukhin. - 3rd ed. Ispra . and add. - Moscow: GEOTAR-Media, 2015 .-- 896 p. : silt

10.2. Additional literature:

1. Pulmonology : National Guide / ed. A.G. Chuchalin . - M .: GEOTAR-Media, 2014 .-- 960 p.

2. Gastroenterology : a guide for doctors / ed. E. I. Tkachenko. - St. Petersburg: SpetsLit , 2013 .-- 637 p.

3. S. Glantz . Biomedical statistics / Per. from English .. M .: Practice, 1998. - 459 p.

4. Collection of diagnostic algorithms and protocols, treatment of diseases of the blood system / State Organization "Research Center for Hematology M va of Health of Russia"; ed. V.G.Savchenko. - M .: Practice, 2012 .-- 1054 p.

5. Strutynsky A.V. Electrocardiogram: analysis and interpretation / A. V. Strutynsky . - 14th edition - M .: MEDpress-inform , 2012 .-- 224 p.

6. V.P. Tyurin Infective endocarditis / Vladimir Tyurin; ed. Yu. L. Shevchenko. - 2nd ed., Add. and rev . - M .: GEOTAR-Media, 2012 .-- 368 p.

7. Yuzbashev Z.Yu. Auscultation of the heart: new possibilities of the old method: textbook / Z. Yu. Yuzbashev . - Moscow: MIA, 2012 .-- 208 p.

8. Instrumental methods for the study of the cardiovascular system : a tutorial / V. N. Oslopov et al .. - Moscow: GEOTAR-Media, 2012. - 624 p.
9. V.S. Moiseev Cardiomyopathies and myocarditis: guidance / V.S.Moiseev , G.Kiyakbaev . - M .: GEOTAR-Media, 2012 .-- 352 p.
10. Guidelines for cardiac arrhythmias: a guide / edited by E. I. Chazov, S. P. Golitsyn. - M .: GEOTAR-Media, 2010 .-- 416 p.
11. Rybakova M.K. Echocardiography in tables and diagrams: desktop reference / MK Rybakova, V. Mitkov. - Ed. 2nd, rev . and add. - M .: VIDAR, 2011 .-- 288 p.
12. A.L. Syrkin Acute coronary syndrome: textbook / A.L. Syrkin, N.A. Novikova, S.A. Terekhin. - M.: Med. inform . agency, 2010 .-- 440 p.
13. Karpov Yu.A. Stable ischemic heart disease: strategy and tactics of treatment / Yu.A. Karpov, E.V. Sorokin. - 3rd ed. Rev . and add. - M .: MIA, 2012 .-- 272 p.
14. A. V. Barsukov Arterial hypotension (topical issues of diagnosis, prevention and treatment) / A. V. Barsukov, I. A. Vasilyeva, A. M. Karimova. - SPb: ELBI-SPb, 2012 .-- 144 p.
15. V.S. Moiseev Acute heart failure: manual / V.S.Moiseev , J.D. Kobalava . - M .: MIA, 2012 .-- 328 p.
16. Rheumatology : textbook / ed. N. A. Shostak. - Moscow: GEOTAR-Media, 2012 .-- 436 p.
17. Handbook of gastroenterology and hepatology trans. from English. / comp .: S. Bloom, D. Webster. - M .: GEOTAR-Media, 2010 .-- 592 p.
18. Tomilov A. F. Atlas of clinical medicine: external signs of diseases: atlas / Alexander Tomilov. - M .: GEOTAR-Media, 2011 .-- 176 p.

10.3. Electronic resources:

- www.antibiotic.ru
- www.bmj.com
- www.cardiosite.ru
- www.pulmonology.ru
- www.scardio.ru
- www.clinicalevidence.org
- www.consilium-medicum.com
- www.gastrosite.ru
- www.gina.org
- www.jama.org
- www.medscape.com
- www.osdm.org
- www.ossn.ru
- www.osteoporosis.ru
- www.osteoporosu.net
- www.iof.org
- www.pubmed.org
- www.rheumatolog.ru
- www.rmj.ru
- www.urmj.ru
- www.who.int
- www.rosmedlib.ru
- www.usma.ru
- www.educa.usma.ru
- www.ncbi.nlm.nih.gov

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary).

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;

- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;

- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);

- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);

- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);

- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);

- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);

- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);

- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);

- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

- Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base required for the production practice

Practical skills training is carried out in the wards of the therapeutic profile of the City Clinical Hospital No. 40, Central City Clinical Hospital No. 1, Central City Clinical Hospital No. 6, Central City Clinical Hospital No. 24.

Seminars are held in conference halls, study rooms of the departments of faculty therapy and endocrinology at the bases of Hospital No. 40 (therapeutic building), Central clinical hospital No. 1 (therapeutic building) and hospital therapy at the bases of Central clinical hospital No. 6 (therapeutic building), Central clinical hospital No. 24 (therapeutic building).

Material and technical support of inpatient departments of basic healthcare facilities

Name subdivisions	The name of specialized classrooms, offices, laboratories and others with a list of basic equipment
Central clinical hospital 40	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathological laboratory, hemostasis laboratory, express laboratory, ELISA laboratory, PCR laboratory. Ultrasound room, CT and MRI rooms, X-ray room, functional diagnostics room, endoscopy room. Clinical demonstrations in a therapeutic, rheumatological, nephrological, gastroenterological department
Central clinical hospital No. 1	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathohistological laboratory, hemostasis laboratory, express laboratory. Ultrasound room, CT room, X-ray room, ECG room, endoscopic room. Clinical demonstrations in a therapeutic, cardiology department, PIT
Central City Clinical Hospital No. 6	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathological laboratory, hemostasis laboratory, express laboratory, ELISA laboratory, PCR laboratory, X-ray room. Ultrasound, endoscopy rooms (FGS, RRS), functional diagnostics department (ECG, VEM, spirometry, Echo-KG). Clinical demonstrations.
Central City Clinical Hospital No. 24	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathological laboratory, hemostasis laboratory, express laboratory, ELISA laboratory, PCR laboratory. ECG study, ultrasound diagnosis, X-ray room, cabine no EGD. Clinical demonstrations

APPLICATION 1

Fund of assessment tools for intermediate certification of students in hospital practice "Clinical practice. Hospital doctor assistant (therapeutic profile)"

For each type of work performed during the **educational (hospital)** practice, the student receives points every day, which are summed up and students who have scored 40 points or more are allowed to be credited.

For admission to offset, you must:

10. Filling out the practice diary
11. Implementation of sanitary and educational work

Stages of offset:

12. Test control delivery;
13. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final rating for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on hospital practice " Clinical practice. Hospital doctor assistant (therapeutic profile)"

Based on the results of the work, the student draws up a diary of **educational (hospital) practice** in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Evaluation criteria for the hospital practice diary "Clinical practice. Hospital doctor assistant (therapeutic profile)" :

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. Themes of health education

1. Rational nutrition of patients with cardiovascular pathology

2. Rational nutrition of patients with gastrointestinal tract pathology
3. Rational nutrition of patients with diabetes
4. Rational nutrition for overweight patients
5. Patient-doctor cooperation in occupational diseases
6. Features of primary and secondary prevention of occupational diseases
7. Smoking as a risk factor for diseases of the respiratory system, cardiovascular system, gastrointestinal tract
8. Physical inactivity as a risk factor for the development of diseases of the cardiovascular system, modes of physical activity in coronary artery disease, hypertension, obesity
9. Obesity as a risk factor for the development of diseases of the cardiovascular system, musculoskeletal system, organs of the gastrointestinal tract

Criteria for evaluating health education work:

1. Conducting a lecture / conversation with patients in the ward on the proposed topics (in accordance with the recommendations of the head of the department / attached doctor and the list of topics offered by the department) - the topic is recorded in the diary, you must get the signature of the head of the department / attached teacher, printed version of the lecture before it is agreed with the head of the department / attached teacher (when doing an internship outside Yekaterinburg) or the head of the practice from USMU and is provided as an attachment to the diary.

0 points - the content of the conversation / lecture is not correct in content.

10 points - the content of the conversation partially reveals the given topic, it was reported indistinctly, incomprehensibly, not interesting, from the information carrier

12 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, but not interesting, from the information carrier

14 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, interestingly, from the information carrier

16 - the content of the conversation almost completely reveals the given topic, clearly, understandably, interesting, but read from the information carrier,

18 - the content of the conversation almost completely reveals the given topic, clearly, understandable, interesting, read without a medium,

20 points - the content of the conversation fully reveals the given topic, it was reported clearly, understandably and interestingly.

2. Making a wall newspaper / photo report on the topic agreed with the base manager (the topic of the wall newspaper / photo report is indicated in the diary and signed by the base manager):

0 points - the content of the newspaper is not correct in terms of content

10 points - the newspaper partially reveals the given topic in terms of structure, is designed carelessly and does not illustrate the content of hospital practice;

14 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, but does not illustrate the content of hospital practice

16 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, illustrates the content of the internship or the newspaper fully discloses the given topic in terms of structure, framed neatly, but visually illustrates the content of the internship

18 points - the newspaper fully reveals the given topic in terms of structure, is not quite neatly decorated, but clearly illustrates the content of the production practice

20 points - the newspaper fully reveals the given topic, is framed with high quality and clearly illustrates the content of the practice.

3. Examples of test control

Test control is used for intermediate practice certification.

Training (300 questions) and final (300 questions) testing tests are located on the educational portal <http://educa.usma.ru>, where all students have access.

Testing is carried out within an hour, test tasks are generated randomly from a bank of tests. In practice testing, the student has five attempts, the report provides the student with the correct options if the question is answered incorrectly. In the final test, the student has one attempt.

1. The minimum level of proteinuria characteristic of nephrotic syndrome:
 - a . 1, 0 g per day
 - b . 2, 0 g per day
 - * c . 3.0 g per day
 - d . 4.0 g per day
 - e . 5.0 g per day

2. Antibiotic prescribed for chronic renal failure:
 - a . tetracycline
 - * b . penicillin
 - c . ciprofloxacin
 - d . gentamicin
 - e . streptomycin

3. Indication for parenteral administration of iron preparations:
 - * a . extensive resection of the small intestine
 - b . pregnancy
 - c . chronic iron deficiency anemia
 - d . posthemorrhagic anemia
 - e . hemoglobin level less than 70 g / l
 - e . proton pump inhibitor + clarithromycin + bismuth drug

4. Vomiting, bringing relief, at the height of pain is characteristic of exacerbation:
 - a . acute gastritis
 - b . chronic gastritis
 - * c . peptic ulcer
 - d . chronic cholecystitis
 - e . chronic pancreatitis

5. Transient jaundice in chronic pancreatitis is associated with:
 - a . obstruction of the bile duct as a result of fibrosis of the head of the pancreas
 - b . hemolysis against the background of enzymatic
 - c . reactive hepatitis
 - d . concomitant cholangitis
 - * e . swelling of the gland with exacerbation

6. Laboratory signs of non-inflammatory pleural fluid :
 - a . protein content over 30 g / l, positive Rivalta test
 - * b . protein content less than 30 g / l, negative Rivalta test
 - c . protein content less than 30 g / l, positive Rivalta test
 - d . protein content more than 30 g / l, negative Rivalta test
 - e . protein content more than 50 g / l, negative Rivalta test

7. Research method to exclude white coat hypertension:
 - * a . 24-hour blood pressure monitoring

- b . stress echo-kg
- c . measurement of ankle- brachial index
- d . orthostatic test
- e . ultrasound examination of peripheral arteries

8. The most typical signs of thromboembolism of large branches of the pulmonary artery:

- a . fever, hemoptysis, anemia
- b . peripheral edema, ascites, hydrothorax
- * c . syncope , shortness of breath, chest pain
- d . arterial hypertension, oliguria, edema
- e . cardiomegaly, shortness of breath, peripheral edema

9. The laboratory indicator, the most informative in assessing the likelihood of the development of a body :

- a . ESR
- b . troponins I , T
- c . fibrinogen
- * d . D - dimer
- e . natriuretic peptide

10. Laboratory sign of inflammatory pleural fluid:

- a . protein content less than 30 g / l, positive Rivalta test
- b . protein content more than 30 g / l, negative Rivalta test
- * c . protein content over 30 g / l, positive Rivalta test
- d . protein content less than 30 g / l, negative Rivalta test
- e . protein content more than 20 g / l, negative Rivalta test

Test control evaluation criteria:

less than 50% of correct answers - the test is not passed, points are not awarded.

50% or more - a passing score, while the number of points scored is 1/10 of the percentage of correct answers scored

3. List of practical skills for practice

1. Collection of complaints and anamnesis
2. Assessment of anthropometric indicators, calculation and assessment of body mass index, waist circumference, chest excursion
3. Determination of blood group and Rh factor
4. Examination, percussion, auscultation of the lungs and heart. Analysis of percussion and auscultatory picture
5. (each conclusion is presented in the diary in the "skills" section)
6. Examination, percussion, auscultation, palpation of the abdomen. Determination of the size of the liver, spleen, the height of the greater curvature of the stomach. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
7. Examination, palpation and assessment of functional tests of the musculoskeletal system: assessment of chest excursion, mobility of the spine: tests of Otto, Schober , Thomayer , Kushelevsky 1,2,3, lateral flexion, "back of the head-wall", "chin-sternum" and etc. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
8. Assessment of the risk of falls and tests for assessing the physical function of the muscular system: "get up and walk", "tandem test" in statics and dynamics, test getting up from a chair

9. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
10. ECG recording and analysis (each ECG analysis is presented in the diary in the "skills" section)
11. Attendance and analysis of respiratory function assessment results
12. (each analysis of FVD is presented in the diary in the "skills" section)
13. Conducting and analyzing the results of the 6-minute walk test.
14. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
15. Conducting and analyzing the results of pulse oximetry
16. (each conclusion is presented in the diary in the "skills" section)
17. Conducting and analyzing the results of peak flowmetry
18. (each conclusion is presented in the diary in the "skills" section)
19. Evaluation of laboratory data
20. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
21. Assessment of glomerular filtration rate using the electronic calculator " Cardioexpert ", tables, nomograms. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
22. Assessment of individual absolute 10-year risk of osteoporotic fractures using the online FRAX calculator (www.sheffield.ac.uk/FRAX/tool.aspx?Country=13)
23. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
24. Filling out medical documentation (filling out the initial examination, diaries in the medical history, discharge documents)
25. Visit to the physiotherapy department. Assessment of safety measures during wave and electrotherapy procedures. Evaluation of indications and contraindications for physiotherapy.
26. Evaluation of X-ray data
27. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
28. Evaluation of endoscopic data
29. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
30. Estimation of individual 10-year risk of fatal cardiovascular events using the SCORE algorithm
31. Analysis of the data obtained (each conclusion is presented in the diary in the "skills" section)
32. Presence at pleural, sternal puncture or laparocentesis. Writing a protocol of the procedure with an assessment of indications, contraindications, methods of anesthesia, etc.
33. Conducting educational work for patients: conversation, lecture, booklet.

Criteria for evaluating practical skills:

0 points - lack of knowledge on the technique of performing the skill, the tools used, general medical and special terminology

15 points - incomplete answer, no answer to leading questions, partial knowledge of medical instruments or general medical and special terminology

19 points - incomplete answer, with leading questions, partial knowledge of medical instruments, general medical and special terminology

23 points - complete answer with leading questions, but partial knowledge of medical instruments, general medical and special terminology

27 points - full answer, with leading questions, knowledge of medical instruments, general medical and special terminology

30 points - a complete answer without leading questions, knowledge of medical instruments, general medical and special terminology

4. Methodology for assessing the educational achievements of students in the practice “Clinical practice. Hospital doctor assistant (therapeutic profile)”

Duration of mastering the module 2 weeks

Control type	Type of practical work and form of current control	Minimum points	Maximum points	Note
Current control	Working hours (72 hours)	0	0	Mandatory for admission to credit
	Duty (2 to 12 hours)	0	0	Mandatory for admission to credit
	Practical skills training	0	0	Mandatory for admission to credit
	Submission of a field trip diary	Thirty	40	Mandatory for admission to credit
	Sanitary and educational work	Ten	20	Mandatory for admission to credit
Total:		40	60	To get admission to credit, a student must have a minimum of 40 points

Distribution of rating points by type of test control in hospital practice

Sections and stages of final (test) control	Number of rating points	
Stage 1. Practical skill performance	Min	15
	Max	Thirty
Stage 2. Testing	Min	Five
	Max	Ten
Total:	Min	20
	Max	40
	For passing the test, the student can score at least 20 points, the maximum - 40 points	

The final rating for hospital practice is the sum of the points received during the period of the internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

Algorithm for determining the final rating of a student in practice

Student's evaluation in hospital practice	The final rating of the student in hospital practice , rating points
"Unsatisfactory"	0 – 59
"satisfactorily"	60 – 69
“Good”	70 – 84
“Excellent”	85 – 100

B2.B.05 (P) Hospital practice program
“ Clinical practice . Assistant hospital doctor (surgical profile) ”

1. The purpose of the practice

The aim of the hospital practice “Clinical practice. Assistant doctor of a hospital (surgical profile) ”is the mastery by students of the necessary amount of theoretical and practical knowledge and experience of independent professional activity in surgery, necessary for the mastering by graduates of competencies in accordance with the Federal State Educational Standard of Higher Education of the specialty General Medicine, capable and ready to perform the labor functions required by the professional standard "Physician- general practitioner (local therapist)."

2. Tasks of hospital practice

The objectives of the hospital practice “Clinical practice. Hospital doctor assistant (surgical profile) ” are:

- Acquisition and consolidation of professional skills and abilities to fulfill the professional competencies of an assistant doctor of a surgical hospital, provided for in the course program
- Diagnostics of various surgical diseases
- Diagnosis of diseases and pathological conditions of patients
- Provision of primary medical health care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care;
- Maintaining medical records in medical organizations
- Formation of motivation among the population, patients and their families, aimed at maintaining and strengthening their health and the health of others
- Teaching patients the basic hygiene measures of a health-improving nature, contributing to the prevention of disease and health promotion
- Carrying out the collection and medical-statistical analysis of information on the health indicators of the population of different age and sex groups, characterizing the state of their health;
- Analysis of scientific literature and official statistical reviews, participation in statistical analysis and public presentation of the results
- Participation in the solution of individual research and scientific-applied problems in the field of health care for diagnosis, treatment, medical rehabilitation and prevention
- Gaining experience of communication with colleagues and patients, based on the principles of professional ethics and deontology.

3. Methods and forms of hospital practice

Hospital practice “Clinical practice. Hospital doctor assistant (surgical profile) ”is held within 2 weeks after the VIII semester. The method of hospital practice is stationary, mobile. The form of practical training is discrete.

4. The list of planned learning outcomes during internship, correlated with the planned results of mastering the educational program

The passage of this hospital practice is aimed at developing the following general cultural, general professional and professional competencies in students:

OC-8 - readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences

OPC-1 - readiness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security

OPC-2 - readiness for communication in oral and written forms in Russian and foreign languages for solving problems of professional activity

OPC-4 - the ability and willingness to implement ethical and deontological principles in professional activities

OPC-6 - readiness to maintain medical records

OPC-9 - the ability to assess morphofunctional, physiological states and pathological processes in the human body for solving professional problems

PC-1 - the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the onset and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, and also aimed at eliminating the harmful effects of environmental factors on human health

PC-5 - readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease

PC-6 - the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD)

PC-8 - the ability to determine the tactics of managing patients with various nosological forms

PC-10 - readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care

PC-15 - readiness to train patients and their relatives in basic hygienic measures of a health-improving nature, skills of self-control of basic physiological indicators, contributing to the preservation and strengthening of health, prevention of diseases

PC-16 - readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills

PC-20 - readiness for analysis and public presentation of medical information based on evidence-based medicine.

The knowledge and skills that the student must master in the process of passing the hospital practice "Clinical practice. Hospital doctor assistant (surgical profile)":

Knowledge

- Know the main stages of the work of a hospital doctor (surgical profile)
- Know the principles of therapy, diagnosis, management of patients with surgical pathology

Abilities:

- Examine patients with the most common surgical diseases
- Evaluate data from examination and survey of patients with the most frequent surgical diseases
- Formulate a preliminary diagnosis.
- Draw up a survey plan
- Conduct sanitary and educational work with surgical patients
- Analyze socially significant problems, use in practice the methods of humanitarian, natural science, biomedical and clinical sciences in various types of professional activities

Skills:

- Registration of medical documentation;
- Assistance for operations
- Determination of blood group and Rh factor

- Conducting a biological test during blood transfusion
- Performing dressings
- Recommendations for taking preventive measures in a patient with surgical pathology
- Collection and processing of information, carrying out analytical work in a hospital environment

5. Place of hospital practice in the structure of the OOP

Hospital practice "Clinical practice. Hospital doctor assistant (surgical profile) "refers to Block 2" Practices, including research work "- educational (practice in obtaining primary professional skills, including primary skills and research skills) and hospital practice (practice to obtain professional skills and professional experience).

Description of the logical and substantive-methodological relationship of hospital practice with other parts of the OOP.

Hospital practice "Clinical practice. Hospital doctor assistant (surgical profile) " is based on the knowledge, skills and abilities acquired by students when mastering the previous sections of OOP (Block 1 (basic and variable disciplines (modules))) and is a prerequisite for their full mastering of subsequent sections of OOP: an assistant to a hospital doctor (therapeutic and obstetric-gynecological), physician assistant clinic. also n roizvod governmental practice assistant hospital medical surgical is neat integral part of the process of studying the discipline "surgical diseases", to consolidate and deepen the theoretical training of the student in surgery, the acquisition of the students practical skills of self professional activities.

Requirements for the "input" knowledge, skills and readiness of the student, acquired as a result of mastering the previous parts of the OOP and necessary for mastering hospital practice:

IV year students of the Faculty of General Medicine, who successfully completed training in the discipline "Faculty Surgery, Urology" in the VII and VIII semesters.

OOP sections for which the passage of this practice is necessary as a previous one:

Block 1 - disciplines (modules) for students enrolled in the 5th and 6th courses of the medical and preventive faculty.

Block 2 - practices, including research work.

6. Scope of hospital practice

General labor intensity of hospital practice "Clinical practice. An inpatient doctor's assistant (surgical profile) "is 3 credits, 2 weeks, 108 hours.

7 . The structure and content of the hospital practice “Clinical practice. Hospital doctor assistant (surgical profile) ”

No. p / p	Forums (stages, facilities and professional activities of the student during the passage of produc Noah practice)	KAS, which a student should receive (work out) during practical training			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of the formation of KAS
		Knowledge	Abilities	Skills			
1	Preparatory stage - instruction on safety, acquaintance with the health care facility, on the basis of which the hospital practice is carried out	Knowledge gained during the passage of the previous parts of the OOP; the main stages of the work of a doctor of a surgical hospital	Obtained from the previous parts of the OOP	Obtained from the previous parts of the OOP	OC-8 OPC-1,4,6 PC-1	OTF - provision of primary health care to the adult population on an outpatient basis that does not provide for round-the-clock medical supervision and treatment, including at home when a medical worker is called	Field trip diary entries
2	Diagnostic activity	The main stages of the work of a doctor in a surgical hospital	Examine patients with the most common surgical diseases; Evaluate the data of examination and questioning of the patient;	Evaluate the data of examination and survey of patients with surgical diseases,	OPC-2.4.9 PC-1.5.6	Assessment of adults to establish a diagnosis TF code - A / 02.7	List of completed practical skills, records in the diary of hospital practice. Checking the mastery of skills in a hospital and specially equipped classrooms
3	Healing activities	The main stages of the work of a doctor in a surgical hospital	Be able to form a treatment algorithm for various surgical diseases Apply a healing algorithm for various surgical diseases Assessment of the severity of the patient's	Registration of medical documentation; Formulation of a preliminary diagnosis; Assistance with various types of operational aids	OC-8; OPC-1,2,4,6; PC-1,8,10	Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7; Maintaining	List of completed practical skills, records in the diary of hospital practice. Checking the mastery of skills in a hospital and specially equipped classrooms

			condition; Organization of patient treatment using a surgical method under the supervision of a physician			medical records and organizing the activities of the medical personnel at the disposal TF code - A / 06.7	
4	Preventive activities (carrying out sanitary and educational work)	The main stages of the work of a doctor in a surgical hospital	To be able to carry out health education work with surgical patients	Prescribe nutritional therapy, motor regimen for major surgical diseases	OC-8; OPC-1,2,4; PC-1, 15.16	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and health education of the population TF code - A / 05.7	Representation of the san-skylight form . work, entries in the diary about carrying out the san-skylight. work
five	Reporting on hospital practice (diary)	The main stages of the work of a doctor in a surgical hospital	To treat a patient with surgical pathology under the guidance of a doctor		OPC-1,2,6; PC-1,5,6,8,10	Providing medical care to a patient in urgent or emergency forms TF code - A / 01.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	Submission of a work practice diary in accordance with existing requirements
6	Final certification in manufacturing practice				OC-8 OPC-1,2,4,6.9 PC-1,5,6,8,10,15,16,20	Provision of medical care to the patient in urgent or urgent forms TF Code - A / 01.7; Examination of adults in order to establish the diagnosis TF Code - A / 02.7; Prescribing treatment and monitoring its effectiveness and safety TF code - A / 03.7	Demonstration of practical skills, test control

8. Forms of students reporting on the results of hospital practice

During the hospital practice “Clinical practice. Hospital doctor assistant (surgical profile)” student forms a written report (diary of hospital practice) and gains points according to the point-rating system (BRS) (see APPLICATION) to obtain admission to credit.

Interim certification based on the results of the hospital practice (offset) is carried out on the last day of the hospital practice on the basis of: submission of a report on the hospital practice (diary of hospital practice) indicating the practical skills and health education performed during the hospital practice; presentation of the results of sanitary and educational work; mastering practical skills; results of test control (on-line final testing, see http://educa.usma.ru/portal/site/praktika_lech/page/fla369a7-6074-4604-b212-1a2c4ae1bb65).

Assessment for hospital practice is set on the basis of the points received by the student (according to the BRS on hospital practice).

A test in the "automatic" format (mark "excellent") is allowed, provided that the required number of points for the BRS is obtained.

9. Fund of assessment tools for midterm certification based on the results of hospital practice

Fund of appraisal tools for hospital practice “Clinical practice. Hospital doctor assistant (surgical profile)” is presented (APPLICATION): a list of practical skills, training tests and online final testing (see http://educa.usma.ru/portal/site/praktika_lech/page/fla369a7-6074-4604-b212-1a2c4ae1bb65), point-rating system (BRS) for evaluating students' academic achievements in hospital practice.

10. The list of educational literature and Internet resources required for the practice.

10.1. Main literature

Surgical diseases [Text]: textbook / ed. A.F. Chernousov. - Moscow: Practical Medicine, 2017. - 502 [2] p.

10.2. additional literature

10.2.1. Tutorials

Surgical diseases: CD + textbook / Ed. A.F. Chernousova, M.: GEOTAR-Media, 2012 .-- 664 p.: ill. Copies: total: 240 - Ab. uch. l. (230), Ab. n. l. (5), ChZ (5)

10.2. 2. Educational and methodological aids

1. Emergency abdominal surgery. Study guide / Edited by S. A. Chernyadiev, P. P. Konovalov - Yekaterinburg, 2013: UGMA publishing house, 2013 .-- 214 p.

2. In-patient doctor's assistant: educational- methodical and reference manual on hospital practice of IV- year students of the Medical Academy. - Yekaterinburg: publishing house UGMA, 2008 .-- 376 p.

10. 3. Internet resources

1. <http://cr.rosminzdrav.ru/#!/rubricator/adults> - clinical guidelines of the Ministry of Health of the Russian Federation on obstetrics and gynecology

2. <http://grls.rosminzdrav.ru/Default.aspx> - medicines registered in the Russian Federation

3. minzdrav.midural.ru - ministry of health of the sverdlovsk region

4. <http://www.med-pravo.ru> - Medicine and law - a collection of laws, regulations in the field of medicine and pharmaceuticals

5. <http://www.Med-edu.ru> - medical video lectures for doctors and students of medical universities

6. <http://society-hirurgov.rf> - site rossiskih Society of Surgeons

7. <http://www.rmj.ru/> - Russian medical journal

8. <http://www.medicina-journal.ru/> - Doctor.ru magazine

9. <http://www.consilium-medicum.com/> - the journal "Medical consultation" - the site of the publishing holding "Media Medica"
10. <http://registrbad.ru/> - [Register of dietary supplements](#) - information about dietary supplements, developers, manufacturers
11. <http://mashkovsky.ru/tiki-index.php> - Mashkovsky's Handbook - on the site you will find information about medicines permitted for use in the Russian Federation, as well as a description of pharmacological groups
12. <http://medelement.com/> - MedElement - electronic services and tools for doctors, medical organizations, medical students and everyone who cares about their health.

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary).

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;
- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;
- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);
- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);
- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);
- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);
- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);
- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);
- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);
- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrFU im. the first President of Russia B.N. Yeltsin.

12. Description of the material and technical base necessary for conducting hospital practice

Practical skills training is carried out: in classrooms equipped with simulators, visual tables, pictures and posters; at the Center for Practical Skills - dummies.

Seminars are held in the conference hall at the Central City Clinical Hospital No. 1, training rooms at the "Road hospital at the station Sverdlovsk Passenger".

Material and technical support of inpatient departments of basic healthcare facilities

Name Subdivisions	The name of specialized classrooms, offices, laboratories and others with a list of basic equipment
CCCH No. 1	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathohistological laboratory, hemostasis laboratory, express laboratory Ultrasound diagnostics room, CT room, X-ray room Endoscopy room Clinical demonstrations. Three planned operating rooms, two emergency operating rooms, an operating theater of surgical infection
" Road hospital at the station Sverdlovsk-Passenger " Russian Railways "	Clinical and biochemical laboratory diagnostics rooms, immunodiagnostics laboratory, bacteriological laboratory, pathological laboratory, hemostasis laboratory, express laboratory, X-ray room. Ultrasound, FGDS, colonoscopy, CT, MRI rooms. Planned and emergency operating rooms

application

Fund of assessment tools for intermediate certification of students in hospital practice "Clinical practice. Hospital doctor assistant (surgical profile) "

For each type of work performed during the **educational (hospital)** practice, the student receives points every day, which are summed up and students who have scored 40 points or more are allowed to be credited.

For admission to offset, you must:

Filling out the practice diary

Implementation of sanitary and educational work

Stages of offset:

Test control delivery;

Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final rating for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on hospital practice "Clinical practice. Hospital doctor assistant (surgical profile) "

Based on the results of the work, the student draws up a diary of **hospital** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Evaluation criteria for the hospital practice diary "Clinical practice. Hospital doctor assistant (surgical profile) " :

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it allows only partially revealing the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments ; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. Themes of health education

1. Inguinal hernia. How to recognize and what to do?
2. The principles of diet therapy for surgical diseases of the gastrointestinal tract (intestines, pancreas, hepatobiliary system)
3. Mineral waters and principles of their use in various surgical diseases of the abdominal organs
4. Varicose veins: how to prevent and prevent .
5. Pressure ulcers: prevention and treatment methods

6. Smoking is a risk factor for diseases of the organs of gastro - intestinal tract.
7. Physical activity in the postoperative period
8. Prevention of adhesive disease.
9. Modern anticoagulants and antiplatelet agents in the treatment of diseases of the arteries and veins of the lower extremities.
10. Peptic ulcer: how to prevent the development of complications.
11. Renal colic questions and answers
12. HOZANK: atherosclerosis obliterans as a negative factor in the structure of lower limb artery disease.

Criteria for evaluating health education work:

1. Conducting a lecture / conversation with patients in the ward on the proposed topics (in accordance with the recommendations of the head of the department / attached doctor and the list of topics offered by the department) - the topic is recorded in the diary, you must get the signature of the head of the department / attached teacher, printed version of the lecture before it is agreed with the head of the department / attached teacher (when doing an internship outside Yekaterinburg) or the head of the practice from USMU and is provided as an attachment to the diary.

0 points - the content of the conversation / lecture is not correct in content.

10 points - the content of the conversation partially reveals the given topic, it was reported indistinctly, incomprehensibly, not interesting, from the information carrier

12 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, but not interesting, from the information carrier

14 points - the content of the conversation partially reveals the given topic, it was reported clearly, understandably, interestingly, from the information carrier

16 - the content of the conversation almost completely reveals the given topic, clearly, understandably, interesting, but read from the information carrier,

18 - the content of the conversation almost completely reveals the given topic, clearly, understandable, interesting, read without a medium,

20 points - the content of the conversation fully reveals the given topic, it was reported clearly, understandably and interestingly.

2. Making a wall newspaper / photo report on the topic agreed with the base manager (the topic of the wall newspaper / photo report is indicated in the diary and signed by the base manager):

0 points - the content of the newspaper is not correct in terms of content

10 points - the newspaper partially reveals the given topic in terms of structure, is designed carelessly and does not illustrate the content of hospital practice;

14 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, but does not illustrate the content of hospital practice

16 points - the newspaper partially reveals the given topic in terms of structure, is neatly framed, illustrates the content of the internship or the newspaper fully discloses the given topic in terms of structure, framed neatly, but visually illustrates the content of the internship

18 points - the newspaper fully reveals the given topic in terms of structure, is not quite neatly decorated, but clearly illustrates the content of the production practice

20 points - the newspaper fully reveals the given topic, is framed with high quality and clearly illustrates the content of the practice.

3. Examples of test control

Test control is used for intermediate practice certification.

Training (200 questions) and final (200 questions) testing tests are located on the educational portal <http://educa.usma.ru>, where all students have access.

Testing is carried out within an hour, test tasks are generated randomly from a bank of tests. In practice testing, the student has five attempts, the report provides the student with the correct options if the question is answered incorrectly. In the final test, the student has one attempt.

1. The diagnosis of acute cholecystitis can be made on the basis of 1. Complaints of the patient. 2. Anamnesis. 3. Ultrasound scanning of the gallbladder and pancreas. 4. Infusion cholangiography . 5. Retrograde cholangiopancreatography . Right answers
* a. 1,2,3
b. 2,3,4
c. 3,4,5
d. 1,2,4
2. The patient is diagnosed with sterile focal pancreatic necrosis with lesions of the tail of the pancreas, pancreatogenic enzymatic (abacterial) peritonitis. Your tactics
a. Shown laparotomy, necrectomy , drainage of the omental bursa and abdominal cavity
b. Shown are laparotomy, necrectomy , omental bursa tamponade and abdominal drainage
* c. Shown drainage of the abdominal cavity under the control of laparoscopy, infusion and antibiotic therapy
d. Shown resection of the tail of the pancreas, drainage of the omental bursa and abdominal cavity
3. What type of intestinal obstruction can there be bloody discharge from the rectum
a. Paralytic
b. Spastic
* c. Intussusception
d. Volvulus of the small intestine
4. During the operation, you eliminated the obstruction of the small intestine caused by adhesions in the abdominal cavity. The compressed loop of the intestine is cyanotic, weakly peristaltic . Your immediate further actions: 1. Bowel resection; 2. Introduction of anticholinesterase drugs that enhance intestinal motility; 3. Blockade of the mesentery root of the small intestine with a solution of novocaine; 4. Warming of the squeezed bowel loop; 5. Nasointestinal intubation. Check the best combination of answers
* a. 1,5
b. 2,4
c. 3,5
d. 1,4
5. In case of peritonitis, a highly informative method of differential diagnosis of its cause and nature is
* a. Laparoscopy
b. Ultrasonography
c. Laparocentesis
d. CT scan
6. In a 38-year-old patient with stage II B thromboangiitis obliterans, in the case of popliteal artery occlusion, the operation of choice is
a. Profundoplasty
b. Endarterectomy of the popliteal artery
* c. Femoral-posterior tibial shunting
d. Primary amputation
7. In case of femoral artery embolism, III-B degree ischemia (limb contracture), the method of choice is
a. Emergency embolectomy
b. Anticoagulant therapy
c. Symptomatic therapy

* d. Primary limb amputation

8. In acute thrombophlebitis of the saphenous veins of the lower extremities, the following drugs are used: 1. Disaggregants . 2. Antibiotics. 3. Anticoagulants of indirect action. 4. Direct-acting anticoagulants and thrombolytics . 5. Ointment compresses. 6. Locally cold. 7. Locally warm. It will be correct

* a.1,6

b.1,2

c.3,4

d.5,7

9. What should be done in case of profuse bleeding from a ruptured varicose vein of the lower leg? 1. Press the femoral artery. 2. Give the limb an elevated position. 3. Apply a pressure bandage. 4. Perform the Troyanov- Trendelenburg operation . 5. Intravenously introduce fibrinolysin. Choose a combination of answers

a.1,2

* b.2,3

c.3,4

d.4,5

10. Surgical intervention for varicose veins of the lower extremities allows: 1. Eliminate pathological discharge of blood from deep veins into superficial ones. 2. Remove varicose veins. 3. Restore the patency of deep veins. 4. To correct the failure of the valves of the femoral vein. 5. Remove trophically changed tissues. Choose a combination of answers

a.1,2,3

* b.1,2,4

c.2,3,4

d.3,4,5

Test control evaluation criteria:

less than 50% of correct answers - the test is not passed, points are not awarded.

50% or more - a passing score, while the number of points scored is 1/10 of the percentage of correct answers scored

4. List of practical skills for practice

1. Bandaging of surgical patients
2. Interviewing and examining patients with surgical pathology, writing a supervision diary
3. Performing a digital rectal exam
4. Applying an elastic bandage to the lower limbs
5. Filling out a discharge certificate for a patient, a statistical card of a patient who left the hospital, MTL of a patient, registration of epicrisis (discharge, stage, transfer, posthumous, referral for research, etc.)
6. Participation in the doctor's round
7. Operations assistance
8. Presence during surgery
9. Determination of blood groups of the ABO system using anti-A, anti-B tsoliclones

Criteria for evaluating practical skills:

0 points - lack of knowledge on the technique of performing the skill, the tools used, general medical and special terminology

15 points - incomplete answer, no answer to leading questions, partial knowledge of medical instruments or general medical and special terminology

19 points - incomplete answer, with leading questions, partial knowledge of medical instruments, general medical and special terminology

23 points - complete answer with leading questions, but partial knowledge of medical instruments, general medical and special terminology

27 points - full answer, with leading questions, knowledge of medical instruments, general medical and special terminology

30 points - a complete answer without leading questions, knowledge of medical instruments, general medical and special terminology

5. Methodology for assessing the educational achievements of students in the practice “Clinical practice. Hospital doctor assistant (surgical profile) ”

Duration of mastering the module 2 weeks

Control type	Type of practical work and form of current control	Minimum points	Maximum points	Note
Current control	Working hours (72 hours)	0	0	Mandatory for admission to credit
	Duty (2 to 12 hours)	0	0	Mandatory for admission to credit
	Practical skills training	0	0	Mandatory for admission to credit
	Submission of a field trip diary	thirty	40	Mandatory for admission to credit
	Sanitary and educational work	ten	20	Mandatory for admission to credit
Total:		40	60	To get admission to credit, a student must have a minimum of 40 points

Distribution of rating points by type of test control by practice

Sections and stages of final (test) control		Number of rating points
Stage 1. Practical skill performance	Min	15
	Max	thirty
Stage 2. Testing	Min	five
	Max	ten
Total:	Min	20
	Max	40

The final rating for hospital practice is the sum of the points received during the period of the internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

Algorithm for determining the final rating of a student in hospital practice

Student's evaluation in hospital practice	The final rating of the student in hospital practice , rating points
"Unsatisfactory"	0 - 59
"satisfactorily"	60 - 69
“Good”	70 - 84
“Excellent”	85 - 100

B2.B.06 (P) Hospital practice program
“Clinical practice. Physician assistant of an outpatient clinic, research work ”

1. The purpose of the hospital practice

The purpose of the practice of students is to ensure the readiness of students to carry out activities in a professional environment. The purpose of the hospital practice “Clinical practice. Physician assistant of an outpatient clinic, research work ”- the acquisition of practical skills and experience in organizing and conducting preventive, diagnostic and therapeutic work with the population in an outpatient setting in accordance with the professional standard of a general practitioner (district therapist).

2. Tasks of hospital practice

1. Consolidation of theoretical knowledge in the use of generally accepted diagnostic and treatment standards for the provision of outpatient medical care and emergency care at the prehospital stage.

2. Formation of practical skills necessary for independent provision of outpatient medical care: conduct a survey, examination, physical examination of the patient, formulate syndromic and clinical diagnosis, prescribe individual treatment in accordance with national and international standards.

3. Consolidation and improvement of clinical thinking skills in matters of differential diagnosis of the conditions most often encountered in the practice of an outpatient clinic doctor, assessing the characteristics of their course, as well as practical issues of medical tactics (indications for hospitalization in a hospital or day hospital; referral for consultation to specialists narrow profile, for special diagnostic methods.

4. Acquisition and consolidation of practical skills for carrying out diagnostic and therapeutic manipulations in the provision of emergency care in a specific situation at the pre-hospital stage; mastering the procedure for organizing emergency prehospital medical care for patients with acute diseases and with urgent conditions.

5. Consolidation and improvement of the skills of the examination of the incapacity for work.

6. Acquisition and consolidation of skills in the design and maintenance of accounting and reporting documentation on an outpatient basis.

7. Consolidation of theoretical knowledge and acquisition of practical skills in the rehabilitation of patients, mastering the principles of primary and secondary prevention, organization and conduct of in-depth medical examination and dispensary dynamic observation. Orientation of patient management towards achieving targets for major therapeutic diseases.

8. Improving skills in communicating with patients and their relatives, medical personnel of outpatient clinics, which are based on the implementation of the principles of medical deontology and ethics.

9. Carrying out research work as a mandatory component of specialist training.

3. Methods and forms of hospital practice

Hospital practice “Clinical practice. Physician assistant of an outpatient clinic, research work ”is carried out within 4 weeks after the X semester. The method of hospital practice is stationary, mobile. The form of practical training is discrete.

4. List of planned learning outcomes during internship

The passage of this hospital practice is aimed at developing the following general cultural and professional competencies in students:

OC-1

Ability for abstract thinking, analysis, synthesis;

OC-7

Willingness to use first aid techniques, methods of protection in emergency situations;

OPC-1

Willingness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies, taking into account the basic requirements of information security;

OPC-3

Ability to use the foundations of economic and legal knowledge in professional activities;

OPC-6

Readiness to maintain medical records;

OPC-8

Readiness for medical use of drugs and other substances and their combinations when solving professional problems;

PC-1

Ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the occurrence and (or) spread of diseases, their early diagnosis, identification of the causes and conditions of their occurrence and development, as well as aimed at eliminating harmful influence on human health of factors of his environment;

PC-2

Ability and readiness to conduct preventive medical examinations, medical examination and dispensary observation;

PC-5

Readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize or establish the presence or absence of a disease;

PC-6

The ability to determine the patient's main pathological conditions, symptoms, syndromes, diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD);

PC-7

Willingness to conduct an examination of temporary disability, to participate in a medical and social examination, to establish a person's biological death;

PC-9

Readiness to manage patients with various nosological forms on an outpatient basis and in a day hospital;

PC-14

Willingness to determine the need to use natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment;

PC-16

Readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills;

PC-18

Readiness to participate in assessing the quality of medical care using the main medical and statistical indicators;

PC-19

Ability to organize medical assistance in emergency situations, including medical evacuation; (competencies are indicated in accordance with the Federal State Educational Standard of Higher Education).

5. Place of hospital practice in the structure of the OOP

Hospital practice Clinical practice. Physician assistant of an outpatient clinic, research work ", belongs to Block 2" Practices, including research work (R&D) "of the OOP curriculum in the specialty" General Medicine ".

Hospital practice " Clinical practice. Physician assistant of an outpatient clinic, research work " is based on the knowledge, skills and readiness of students, acquired as a result of mastering the previous parts of the general educational program of HE, namely the disciplines:

- a) Public health and health care
- b) Clinical pharmacology
- c) Medical rehabilitation
- d) Obstetrics and gynecology
- e) Propedeutics of internal diseases, radiation diagnostics
- f) Faculty therapy, occupational diseases
- g) Hospital therapy, endocrinology
- h) General surgery, radiation diagnostics
- i) Traumatology, orthopedics
- j) Infectious diseases
- k) Neurology
- m) Polyclinic therapy
- m) Hospital and educational practices after I - IV courses.

6. Scope of hospital practice

The total labor intensity of the hospital practice is 6 credits, 4 weeks, 216 hours.

7. Content of hospital practice

P # p / p	Sections (stages, objects and types of student's professional activity during the hospital practice)	KAS, which should receive (work) a student during this stage of hospital practice or type of hospital activity			What competencies are formed by KAS, what competencies are they part of?	Labor functions and labor actions according to the professional standard	Forms of certification of the formation of KAS
		Knowledge	Skills	Skills			
1	Preparatory stage of hospital practice	Gaining knowledge about the principles of work of an outpatient clinic, acquaintance with the work of the therapeutic, diagnostic and treatment, surgical departments of the polyclinic. Gaining knowledge about the principles of the emergency department, undergoing safety training. Acquaintance with the job descriptions of doctors of an outpatient clinic.	The ability to use in practice the knowledge gained about the structure and tasks of the work of an outpatient clinic.	Skills of work in an outpatient clinic, emergency department.	OPC-1, OPC-6, PC-18.	Provision of medical or emergency care to a patient in urgent and urgent forms - TF code - A / 01.7 Maintaining medical records and organizing the activities of the nursing staff at the disposal - TF code - A / 06.7	1. Mark on safety briefing. 2. Practice diary.
2	Hospital practice stage: 1 The main stages of the work of a district therapist. 2 The main stages of the work of a surgeon and a specialist doctor at the outpatient stage.	Consolidation of knowledge about the main stages of a doctor's work in primary health care in an outpatient clinic.	1. Provide treatment and prophylactic assistance to the population in a polyclinic 2. Provide emergency care to patients at the prehospital stage. 3. To carry out preventive measures to identify and prevent infectious diseases, including organizing routine and urgent vaccination of the population.	Skills required for the provision of diagnostic, therapeutic and preventive care to the population in a polyclinic and for the examination of disability.	OC-1.7 OPC-1,3,6,8 PC-1,2,5,6,7,9,16	Provision of medical or emergency care to a patient in urgent and urgent forms - TF code - A / 01.7 Examination of a patient in order to establish a diagnosis - TF code - A / 02.7 Prescribing treatment and monitoring its effectiveness and safety - TF code - A / 03.7 Conducting and monitoring the effectiveness of measures to prevent and promote a healthy lifestyle and health	1. Testing the acquisition of skills in an outpatient setting. 2. Testing the acquisition of skills in the context of the center of practical skills. 3. Practice diary.

	3 Emergency care at the prehospital stage.					education of the population - TF code - A / 05.7	
3	R&D	Selected aspects of the work of a doctor in primary health care in an outpatient clinic	Analyze socially significant problems, use humanitarian methods in practice, naturally scientific, biomedical and clinical sciences in various types of professional activities	Skills required for collecting and processing information, conducting analytical work in a polyclinic.	OC-1, OPC-1, PC-1.14, 18.19	Conducting and monitoring the effectiveness of measures to prevent and promote a healthy lifestyle and health education of the population - TF code - A / 05.7 Maintaining medical records and organizing the activities of the nursing staff at the disposal - TF-A / 06.7 code	R&D protection
4	Practice report	The main stages of a doctor's work in primary health care in an outpatient clinic.	1. Provide treatment and prophylactic assistance to the population in a polyclinic 2. Provide emergency care to patients at the prehospital stage.	Skills necessary for the provision of diagnostic, treatment and prophylactic assistance to the population in the conditions of a polyclinic and for the examination of disability.	OC-1.7 OPC-1.3, 6.8 PC-1,2,5,6,7,9,14,16,18,19	Provision of medical or emergency care to a patient in urgent and urgent forms - TF code - A / 01.7 Prescribing treatment and monitoring its effectiveness and safety - TF code - A / 03.7	Situational practical task. ECG decoding BRS. Report

8. Forms of reporting on hospital practices

The hospital practice program provides for a differentiated test based on a point-rating system. The point-rating system was developed in accordance with the Regulations on the point-rating system for assessing the educational achievements of USMU students. The total number of points is made up of the assessment of the following parameters:

- The presence and preparation of a student at a practical lesson in the Multidisciplinary Accreditation and Simulation Center "Practice", the final assessment of the acquired skills - is carried out before the start of the summer stage of hospital practice.
- Submission of a diary report as a result of independent work in hospital practice - is carried out repeatedly during the hospital practice.
- Implementation and protection of research work - carried out during the hospital practice.
- The results of the interview, during which the readiness of students for independent work in the conditions of an outpatient clinic is assessed based on the results of the on-the-job training - is held as the final stage of the on-the-job training in the last days allotted for practice.

9. The fund of evaluation means for the intermediate certification of students in hospital practice

The fund of assessment tools for conducting intermediate certification of students in hospital practice consists of the following sections: certification materials, which include a list and procedure for performing practical skills that are required for students to master, as well as a methodology for their assessment, examples of electrocardiograms offered to students during the test, guidelines for the implementation of student research, containing the requirements of the assignment, evaluation criteria, a list of questions offered to students for solutions to the standings, the method of the score-ranking system of evaluation of educational achievements of students in passing production practice.

The fund of assessment tools for midterm certification is presented in the APPLICATION.

10. The list of educational literature and Internet resources required for the practice.

Educational literature:

1. Polyclinic therapy. Textbook. // Blashentseva SA, Gritsenko TA Davydkin IL, - GEO TAR-Media, 2013, 688 p.
2. Storozhakov G.I. Polyclinic therapy. Textbook // Strozhakov G.I. - GEOTAR-Media, 2012, 640 p.
3. Shock: Study guide for students, residents, graduate students and doctors / Moroz V.V., Bobrinskaya I.G., Vasiliev V.Yu., and others; Research Institute OR named after V.A. Negovsky RAMS, MGMSU, Moscow: Publishing house MGMSU, 2011.- 31p.
4. Cardiopulmonary and cerebral resuscitation: Teaching manual for students, residents, graduate students and doctors / Moroz V.V., Bobrinskaya I.G., Vasiliev V.Yu., etc.; Research Institute OR named after V.A. Negovsky RAMS, MGMSU, Moscow: Publishing house MGMSU, 2011.- 42 p.

Internet resources:

1. <http://www.rosmedlib.ru/>
2. <http://www.med.i.ru>
3. <http://www.bibliomed.ru>
4. <http://www.cardiosite.ru>
5. <http://www.rheumatolog.ru>
6. <http://www.eular.org>
7. <http://www.pulmonology.ru>

8. <http://www.gastro.ru>
9. <http://www.healthreform.ru>
10. <http://www.mdtube.ru>
11. <http://www.antibiotic.ru>
12. <http://www.rmj.ru>

Reading for Advanced Study:

Journals: "In the world of drugs", "Medical Bulletin", "International Medical Journal", "Russian Journal of Cardiology", "Clinical Gerontology", "Clinical and Experimental Gastroenterology", "Pulmonology", "Consilium Medicine", Clinical Microbiology and Antimicrobial chemotherapy", "Consilium-medicum"" Pulmonology", "Russian medical journal", "Russian journal of gastroenterology, hepatology and coloproctology."

11. The list of information technologies used in the practice, including the list of software and information reference systems (if necessary)

11.1. System software

11.1.1. Server software:

- VMwarevCenterServer 5 Standard , license term: unlimited; VMwarevSphere 5 EnterprisePlus , license term: unlimited, dog. No. 31502097527 dated 03/30/2015 Krona-KS LLC;

- WindowsServer 2003 Standard No. 41964863 dated March 26, 2007 , No. 43143029 dated December 5, 2007, licenses validity period: unlimited;

- ExchangeServer 2007 Standard (license No. 42348959 dated 26.06.2007, license validity period: unlimited);

- SQL ServerStandard 2005 (license No. 42348959 dated 26.06.2007, license term: unlimited);

- CiscoCallManager v10.5 (contract No. 31401301256 dated July 22, 2014, license validity period: unlimited), Microtest LLC;

11.1.2. Operating systems of personal computers:

- Windows 7 Pro (OpenLicense No. 45853269 dated 02.09.2009, No. 46759882 dated 09.04.2010, No. 46962403 dated 28.05.2010, No. 47369625 dated 03.09.2010, No. 47849166 dated 21.12.2010, No. 47849165 dated 21.12.2010, No. 48457468 from 04.05.2011, No. 49117440 dated 03.10.2011, No. 49155878 dated 12.10.2011, No. 49472004 dated 20.12.2011), license validity period: unlimited);

- Windows 7 Starter (OpenLicense No. 46759882 dated 04/09/2010, No. 49155878 dated 10/12/2011, No. 49472004 dated 12/20/2011, license validity period: unlimited);

- Windows 8 (OpenLicense No. 61834837 dated 04/09/2010, license validity period: unlimited);

- Windows 8 Pro (OpenLicense No. 61834837 dated 04.24.2013, No. 61293953 dated 17.12.2012, license validity period: unlimited).

11.2. Application software

11.2.1. Office programs

- OfficeStandard 2007 (OpenLicense No. 43219400 dated December 18, 2007, No. 46299303 dated December 21, 2009, license validity period: unlimited);

- OfficeProfessionalPlus 2007 (OpenLicense No. 42348959 dated 26.06.2007, No. 46299303 dated 21.12.2009, license validity period: unlimited);

- OfficeStandard 2013 (OpenLicense No. 61293953 dated December 17, 2012 , No. 49472004 dated December 20, 2011 , No. 61822987 dated April 22, 2013 , No. 64496996 dated December 12, 2014 , No. 64914420 dated March 16, 2015, license validity period: unlimited);

11.2.2. Data processing programs, information systems

- Software " TANDEM.Universitet " (including educational portal Educa . Usma . Ru) (license certificate number UGMU / 18 dated 01.01.2018, the period of validity of the license: unlimited), LLC "Tandem IS";

- Software portal of distance education Cix . The Learning (license certificate of 18.07.2008), LLC " Tsiks -Soft";

11.2.3. External electronic information and educational resources

- EDB "Student's Consultant", No. 152CJI.03-2019 dated 04/23/19, valid until 08/31/2020 , Polytekhresurs LLC ;

- reference legal system Consultant plus, dog. No. 31705928557 dated 01.22.2018, dog. No. 31907479980 dated 01/31/19 valid until 06/30/2019 with automatic renewal for a year, LLC Consultant Plus-Yekaterinburg;

- Library automation system IRBIS, license validity period: unlimited; great dane No. IR-102P / 02-12-13 dated 02.12.13 IP Ohezina Elena Andreevna;

- Institutional repository on the DSpace platform (UGMU Electronic Library), license validity period: unlimited; great dane installation and settings No. 670 dated 01.03.18 FGAOU VO UrfU im. the first President of Russia B.N. Yeltsin.

12. Material and technical support of hospital practice

1. Video course of educational materials on the main topics of the program, including materials of anatomy, physiology, clinical and laboratory-instrumental examination of patients, regulatory framework, organization of work of the outpatient link, continuity between inpatient, outpatient and sanatorium stages, emergency care, clinical examination and rehabilitation of patients (for self-training of students in the center of practical skills).

2. Situational tasks for final certification.

3. Multimedia projector, laptop, computer programs necessary to support the educational process (mp 4, Statistica , etc.)

4. Access to the Internet.

5. Dummies, phantoms for practicing practical skills, portable electrocardiograph.

6. Work in the center of practical skills.

Application

Fund of appraisal means for conducting intermediate certification of students in hospital practice "Clinical practice Physician assistant of an outpatient clinic, research work"

For each type of work done in during the production practice student receives daily scores are added and allowed to offset students who scored 40 points or more.

For admission to offset, you must:

12. Filling out the practice diary

13. R&D execution

Stages of offset:

14. Interview

15. Demonstration of practical skill.

The stages of the offset are estimated in points. The test is considered passed if the student scored 20 points or more on the test.

The final renting for educational (hospital) practice is the sum of the points received during the period of practice and on the test.

1. Making a diary on hospital practice "Clinical practice Physician assistant of an outpatient clinic, research work"

Based on the results of the work, the student draws up a diary of **hospital** practice in accordance with the following requirements: daily entries must be made in the diary and presented: a list of practical skills, characteristics of the clinical base and characteristics of the student. The teacher checks daily for entries in the diary. In the absence of entries in the diary (clinical situation and practical skills), this day (hours) is not counted as passed.

The daily report should indicate: the date, the time of work in the department, the student's work plan for the day, a list of practical skills completed during the day with a detailed description of the first skill performed.

Criteria for evaluating the diary on hospital practice "Clinical practice Physician assistant of an outpatient clinic, research work"

0 points - the content of the entry does not meet the requirements; the student is not guided by his notes and patients described in the diary; cannot answer the questions posed on the patients presented in the diary;

30 points - the recording was done carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is poorly oriented in his notes and patients described in the diary; answers all questions about patients with leading questions from the teacher;

33 points - the recording was performed carelessly, inaccurately or very briefly (which does not allow revealing the patient's condition or performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers half of the questions on patients with leading questions from the teacher;

35 points - the recording is made accurately, the requirements are met almost completely and there are small comments on the essence of the presentation of the material or briefly (so much that it only partially reveals the patient's condition or the performed manipulation); the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients confidently, but not always fully and correctly (in 1/3 of cases), it is necessary to ask leading questions;

38 points - the entry is made accurately, the requirements are met in full, there are no comments on the design; the student is quite fluent in his notes and the patients described in the diary; answers additional questions about patients with confidence, correctly, but incompletely or clarifying questions are necessary;

40 points - the entry was made in accordance with the requirements, there are no comments; the student is free and fully oriented in his notes and patients presented in the diary; gives a full detailed answer to questions about the patient.

2. Methodological recommendations for students on the implementation of research

Stages of research work:

Stage 1 - to determine the goals of research,

Stage 2 - to concretize cognitive (practical or problematic) tasks,

Stage 3 - assess your own readiness for research and development in solving cognitive problems,

Stage 4 - choose the optimal way of action (technologies, methods and means) leading to the achievement of the set goal through solving specific problems,

Stage 5 - to plan (independently or with the help of a teacher) an R&D program,

Stage 6 - to implement the research program,

Stage 7 - submit a report on the work done using a multimedia presentation (in Microsoft Power Point).

The approximate content of the teacher's and student's activities when performing independent work is presented in Table 1

Table 1

The content of activities in the implementation of research

Main characteristics	Teacher activities	Student activities
The purpose of the SR	<ul style="list-style-type: none"> - explain the meaning and purpose of independent work; - give detailed instructions on the requirements for independent work and methods of its implementation; - demonstrate a sample of independent work 	<ul style="list-style-type: none"> - understand and accept the goal of independent work as personally significant; - get acquainted with the requirements and samples of independent work
Motivation	<ul style="list-style-type: none"> - to reveal the theoretical and practical significance of performing independent work, - to form the student's cognitive need and readiness to perform independent work; - motivate the student to achieve the goal 	<ul style="list-style-type: none"> - to form in oneself a cognitive need to perform independent work; - form a target setting and make a decision to perform independent work
Control	<ul style="list-style-type: none"> - to exercise control through influence at each stage of the process of performing independent work; - to give optimal technologies for performing independent work 	<ul style="list-style-type: none"> - to manage independent work (design, plan, rationally allocate time, etc.) on the basis of the proposed technologies
Control correction and of performance	<ul style="list-style-type: none"> - to carry out entrance control, which involves identifying the initial level of the student's readiness to perform independent work; - to outline further ways of performing independent work; - to carry out the final control of the final result of performing independent work 	<ul style="list-style-type: none"> - to carry out current and final operational self-control over the progress of independent work; - Introspection and correction of mistakes and making adjustments to the work; - conducting a search for the best ways to perform independent work; - to reflect on their own activities,
Assessment	<ul style="list-style-type: none"> - to assess independent work based on the comparison of the result with the sample; - to give methodological recommendations on the implementation of independent work, to identify difficulties and typical mistakes; emphasize the positive and negative sides; - to set the level and determine the degree of the student's advancement, thereby forming his motivation to achieve success in educational activities. 	<ul style="list-style-type: none"> to assess their own work, their cognitive capabilities and abilities, comparing the achieved result with the goal of independent work.

Approximate R&D topics offered to students during hospital practice

Evaluation of the effectiveness of clinical examination of the attached population by ... (*nosological form*).

Achievement of target indicators in the attached population suffering from ... (*nosological form*).

Assessment of the prevalence of morbidity ... (*nosological form*) in the attached population according to medical records and the results of medical examinations.

Compliance of the management of patients at the outpatient stage, suffering ... (*nosological form*) international and national standards.

Creation of educational films related to the topic of hospital practice, for example, "Providing emergency care in ... (*nosological form*) at the pre-hospital stage.

Use of information resources in the provision of medical care in outpatient clinics

Guidelines for creating and presenting a multimedia presentation (in Microsoft Power Point)

The presentation makes it possible to visually present the audience with innovative ideas, designs and plans. An educational presentation is the result of a student's independent work, with the help of which he clearly demonstrates the materials of a public speech in front of an audience.

A computer presentation is a file containing the required materials, which consists of a sequence of slides. Each slide contains information that is complete in meaning, since it is not automatically transferred to the next slide, unlike a text document. The student, the author of the presentation, needs to be able to distribute the material within the slide and correctly place individual objects. A whole set of ready-made objects can help him in this: pictograms, geometric shapes, text boxes; elements of animation, audio and video fragments that can not only significantly decorate the presentation, but also increase its information content.

The indisputable advantages of the presentation are that it helps the presenter himself not to forget the main thing and place accents more accurately, as well as the ability, if necessary, to quickly return to any of the previously viewed slides or literally change the sequence of presentation of the material on the fly. If necessary, you can send the presentation file by e-mail or publish it on the Internet or make a message remotely.

One of the major programs for creating presentations in the world is the program of the Power Point of the Microsoft.

Presentation structure

It is possible to keep the active attention of the audience for no more than 15 minutes, and, therefore, with an average calculation of the viewing time - 1 minute per slide, the number of slides should not exceed 15.

The first slide of the presentation should contain the topic of the work, the surname, name and patronymic of the performer, the number of the study group, as well as the surname, name, patronymic, position and academic degree of the teacher. On the second slide, it is advisable to present the purpose and summary of the presentation. The following slides should be divided into sections according to the points of the work plan. The most important thing from the content of the presentation is brought to the final slide.

Recommendations for presentation design in Microsoft Power Point.

The presentation layout should be designed in strict colors. Observe a consistent design style. Avoid styles that will distract from the presentation itself (flowers, fireworks, etc.). Auxiliary information (control buttons) should not prevail over basic information (text, pictures). It is recommended to use no more than 3 colors on one slide: one for the background, one for the headings, one for the text. The background should not be too bright or colorful (bright pictures, photographs). For the background, choose colder and paler colors (white, pale gray, pale beige). Use contrasting colors for background and text. The text should be readable. The same elements on different slides must be the same color.

Fonts should not be too fancy, ornate or angular. Choose anti-aliased fonts such as Arial - they are easier to read from a distance. You cannot mix different types of fonts in the same presentation. Font size for headings - at least 24; for information - not less than 18. To highlight

information, use bold, italic or underline. Do not abuse uppercase letters (they read worse than lowercase letters).

Each slide must contain a title. There is no full stop at the end of headings. The headings should reflect the conclusion from the information presented on the slide. Headlines should grab the audience's attention.

The slide (screen) space should be used as much as possible, for example, by increasing the scale of the picture. In addition, the top $\frac{3}{4}$ of the slide (screen) should be taken up whenever possible, since the bottom of the screen is difficult to see from the last rows.

A slide should contain no more than 10 lines and no more than 5-7 words in a sentence. The layout of information on the page is preferably horizontal. The most important information should be centered on the screen. If there is a picture on the slide, the caption should be located below it.

It is most effective when the key points are displayed one at a time on each separate slide.

To illustrate the most important facts, you should use: frames, borders, fill, different font colors, shading, arrows, pictures, diagrams, schemes.

To ensure variety, you should use different types of slides: with text, with tables, with diagrams.

The order and principles of performing a computer presentation .

Before creating a presentation, you must clearly define the purpose of the presentation being created, build an introduction and formulate a conclusion, adhere to the main stages and recommended principles for its creation.

The main stages of working on a computer presentation:

1. Plan the general presentation on the chosen topic, based on your own design and the teacher's recommendations.
2. Distribute the material on the slides.
3. Edit and design your slides.
4. Set a consistent animation effect for your presentation.
5. Print your presentation.
6. Run the finished version before demonstration in order to identify errors.
7. Refine the presentation if necessary.

Basic principles of performing and presenting a computer presentation:

- remember that a computer presentation is not intended for stand-alone use, it should only help the presenter during his speech, correctly place accents;
- Don't overcomplicate your presentation or overload it with text, statistics, and graphics. The most effective Power Point presentation is a simple presentation;
- don't read the text on the slides. The speaker's oral speech should complement, describe, but not retell the information presented on the slides;
- give the audience time to review the information on each new slide, and then comment on what is shown on the screen. Otherwise, listeners' attention will be scattered;
- take breaks. Do not rush to show the next slide. Let the audience think and assimilate the information;
- offer handouts at the end of the presentation, if needed. Do not do this at the beginning or in the middle of the lecture, because all attention should be on you and on the screen;
- be sure to edit your presentation before speaking after preview (rehearsal).

Criteria for evaluation:

1. The practical significance of the work.
2. Originality of work.
3. Compliance of the results of the work with modern trends in the development of science.
4. The depth of study of the state of the problem.
5. The use of modern scientific literature in preparation.

6. Answers to questions from listeners.
7. The logic of the presentation, the persuasiveness of the reasoning.
8. Presentation structure.
9. Presentation design.

The result of the student's work is assessed by the teacher on a point system.

The presentation must be submitted within the time specified by the teacher. In case of late submission of the work, the presentation is not checked by the teacher and is not read as completed.

Typical mistakes:

- € bright or colorful background,
- € extremely unreadable combination of bright background colors (red, green, blue, orange, black) and text (white, red, green or blue),
- € unreadable information (a lot of small print or non-contrasting color),
- € you shouldn't fill one slide with too much information: people can remember no more than three facts, conclusions, definitions at a time. The length of the presentation must be at least 10, but not more than 20 slides,
- € when adding pictures, diagrams, diagrams, screenshots (screenshots), it is necessary to check the text of these elements for errors;
- € it is necessary to check the spelling of the street names, the names of the authors of the methods, etc.,

Do not overload slides with animation effects - this distracts listeners from the semantic content of the slide. Use the same animation effect to change slides, or flip manually.

Research evaluation criteria:

The content does not correspond to the topic, the research work is not framed correctly - 0 points

The content is incomplete, the research and development work is framed with minor errors - 4 points

The content is not complete enough, the research and development work is framed correctly - 8 points

The content is fully expanded, the design meets the requirements - 10 points

16. Demonstration of practical skills

The order of implementation of practical skills required for mastering by students and checklists for assessing the correctness of implementation

1. *Carrying out cardiopulmonary resuscitation*

1. During chest compression, it is necessary to push it to a depth of at least 5 cm and no more than 6 (for adults).

2. The frequency of chest compression should be at least 100 and no more than 120 movements per minute.

3. The volume of air inhaled into the victim (adult) must be at least 600 and not more than 700 ml of air from the lungs of the rescuer. The criterion for effective inspiration during baseline CPR is apparent chest elevation

4. The hands of the accredited for compression should be folded into a lock and, it is important that the palmar surface does not come off the surface of the chest after the cessation of pressure, and the hands do not bend at the elbow joints. 5. To compress the chest, use the force of the shoulder girdle (and pelvis), not the biceps. Knees should be shoulder width apart.

6. Do not take unnecessary actions (determine the width of the pupils, the presence of foreign bodies in the respiratory tract, apply a mirror to the mouth, etc.). 7. Pulse assessment is not considered an error if performed by a medical professional and assessed by a special technique in conjunction with an assessment of the presence of breathing.

8. Center of the chest –€relative reference point. A more accurate point of chest compression applications –€crossing the line that runs along the sternum and the line connecting the nipples (4-5 intercostal space - voice only for health professionals)

9. When carrying out artificial lung ventilation (ALV), it is advisable to use your own special face mask, which the medical worker always carries with him (and not only for the exam). In the absence of a special face mask, it is permissible not to perform mechanical ventilation. Carrying out mechanical ventilation without protective equipment (special face mask) is permissible at the personal request of the accredited, but taking into account the risk of infectious infection, which is reflected in the assessment sheet (checklist)

Check list

No.	Action	Check mark Yes / No
1.	Make sure that there is no danger to yourself and the victim: Look around	
2.	Security gesture	
3.	Gently shake the victim by the shoulders.	
4.	Call him out loud: "Do you need help?"	
5.	Call for help: "Help a bad person!"	
6.	Place the palm of one hand on the victim's forehead	
7.	Pick up the victim's lower jaw	
8.	With two fingers of the other hand	
9.	Throw back the victim's head, freeing the airways	
10.	Bring the ear to the victim's lips	
11.	Observe with the eyes an excursion of the victim's chest	
12.	Count aloud to 10	
13.	The fact of calling the brigade \ Call specialists (SMP), informing	
14.	Coordinates of the scene	
15.	Number of victims	
16.	Gender (and estimated age)	
17.	Condition of the victim	
18.	Posited cause of the condition	
19.	The amount of your help	
20.	Wait for the answer: "Call accepted"	
21.	Kneel down to the side of the victim facing him	
22.	Release the victim's chest from clothing	
23.	Place the base of the palm of one hand in the middle of the victim's sternum	
24.	Put the second palm on the first, connecting the fingers of both hands in the lock	
25.	Time before the first compression (not delayed)	
26.	30 compressions in a row	

27.	Rescuer arms are vertical	
28.	Do not bend at the elbows	
29.	Fingers of the upper hand pull up the fingers of the lower	
30.	Compressions are counted out loud	
31.	During mechanical ventilation, we used our own reliable means of protection (not gauze or a handkerchief, but a special device, for example, from a car first aid kit)	
32.	Put the palm of one hand on the victim's forehead	
33.	With the 1st and 2nd fingers of this hand, pinch the victim's nose	
34.	Grab the victim's lower jaw with two fingers of the other hand	
35.	Throw back the victim's head, freeing the airways, draw air into the lungs	
36.	Grasp the lips of the victim with your lips	
37.	Breathe out into the victim	
38.	Release the lips of the victim for 1-2 seconds.	
39.	Repeat exhalation into the victim	

2. Intravenous infusion

Algorithm for intravenous administration of drugs (jet)

I. Preparation for the procedure.

1. Make sure that the patient has informed consent for the forthcoming drug administration procedure. In the absence thereof, to clarify the next steps at the doctor.

2. Wash and dry your hands (using mm antiseptic soap).

3. Prepare the syringe.

4. Draw the drug into the syringe.

5. Offer or help the patient to take a comfortable position: sitting or lying down. The choice of position depends on the condition of the patient; the injected drug (if the patient has an attack of bronchial asthma, then a comfortable position for him is "sitting", antihypertensive drugs should be administered in the "lying" position, because with a sharp decrease in pressure, dizziness or loss of consciousness may occur)

6. Select and examine / palpate the area of the proposed venipuncture to avoid possible complications.

7. When performing venipuncture in the area of the ulnar fossa, suggest the patient to extend the arm at the elbow joint as much as possible, for which place an oilcloth pad or roller under the patient's elbow.

8. Apply a tourniquet (on a shirt or diaper) so that the pulse on the nearest artery is palpable and ask the patient to squeeze the hand into a fist and unclench it several times.

9. When performing venipuncture in the area of the ulnar fossa - apply a tourniquet in the middle third of the shoulder, check the pulse on the radial artery. When applying a tourniquet to a woman, do not use the hand on the side of the mastectomy.

10. Put on gloves (non-sterile).

II. Performing the procedure.

1. Treat the venipuncture area with a tissue / cotton ball with a skin antiseptic, moving in one direction, at the same time determining the most filled vein.

2. If the patient's hand is very dirty, use as many antiseptic cotton balls as needed. The naPCin is used alone regardless of the degree of soiling. When performing intravenous administration of a medicinal product in a treatment room, throw a naPCin / cotton ball into the pedal bucket; when performing intravenous drug administration under other conditions, place the tissue / cotton ball in a waterproof bag.

3. Take the syringe, fixing the needle cannula with the index finger. The rest of the fingers grip the top of the syringe barrel.

4. Stretch the skin in the area of venipuncture, fixing the vein. Hold the needle with the bevel up, parallel to the skin, pierce it, then insert the needle into the vein (no more than 1/2 of the needle). When the needle enters the vein, it feels like "falling into the void."

5. Make sure that the needle is in the vein: pull the plunger towards you, while the blood should flow into the syringe.

6. Untie / loosen the tourniquet and ask the patient to unclench his fist.

7. Press the plunger without changing the position of the syringe, and slowly (in accordance with the doctor's recommendations) inject the drug, leaving a few milliliters of solution in the syringe. The number of milliliters left in the syringe must be sufficient for safe administration (preventing air bubbles from entering the vein).

III . End of the procedure.

1. Press a tissue / cotton ball with a skin antiseptic to the injection site . Withdraw the needle, ask the patient to hold the naPCin / cotton ball at the injection site for 5-7 minutes, pressing the other hand with a large palm.

a. The time the patient holds the naPCin / cotton ball at the injection site (5-7 minutes) is recommended.

2. Make sure that there is no external bleeding in the venipuncture area.

3. Dispose of the syringe and used material.

4. Take off the gloves, place them in a container for disinfection.

5. Wash and dry your hands (using soap or antiseptic).

6. Make an appropriate record of the results of the implementation in the medical documentation.

3. Algorithm for intravenous administration of drugs (drip using a system for infusion of infusion solutions)

I. Preparation for the procedure.

1. Make sure that the patient has informed consent for the upcoming procedure, if there is no such consent , check with the doctor for further actions.

If the patient is conscious and he / she is over 15 years old; in other cases - from legal representatives. In their absence, the procedure is performed without obtaining informed consent.

2. Suggest the patient to empty the bladder, taking into account the duration of the exercise.

3. Wash and dry your hands (using soap or antiseptic).

4. Prime the infusion device for single use infusion solutions and place it on the infusion rack.
5. Deliver to the ward a manipulation table with the necessary equipment placed on it.
6. Offer / help the patient to take a comfortable position, which depends on his condition.
7. Examine / palpate the site of the proposed venipuncture to avoid possible complications. When performing venipuncture in the elbow fossa - up to lay down the patient as much as possible to straighten the arm at the elbow, which placed under the patient's elbow oilcloth pillow.
8. Apply a venous tourniquet (on a shirt or diaper) in the middle third of the shoulder so that the pulse on the radial artery is palpable and ask the patient to clench the hand into a fist and unclench it several times. When performing venipuncture in the area of the ulnar fossa, apply a tourniquet and the middle third of the shoulder, check the pulse on the radial artery
9. When applying a tourniquet to a woman, do not use your hand on the side of the mastectomy.
10. Put on gloves (non-sterile).

II. Performing the procedure.

1. Treat the elbow area with a naPCin / cotton ball with a skin antiseptic, movements in one direction, while determining the most filled vein.
 - a. If the patient's hand is heavily soiled. Use as many antiseptic cotton balls as needed. The patented naPCin is used alone, regardless of anything.
2. Fix the vein with palnem, pulling the skin over the venipuncture site.
3. Puncture the vein with a needle with a system connected to it: when a blood needle appears in the cannula, ask the patient to unclench the hand, at the same time untied, loosen the tourniquet
4. All used wipes / cotton balls will get in the way and the waterproof bag.
5. Open the screw clamp, adjust the drip rate with the screw clamp (according to the doctor's prescription).
6. Secure the needle and system with adhesive tape, cover the needle with a sterile naPCin, secure with adhesive tape
7. Take off gloves, put them in a waterproof bag
8. Wash and dry your hands (using soap or antiseptic).
9. Observe the patient's condition, her state of health throughout the entire procedure (in terms of assistance in the process of transportation, the duration of observation is determined by the duration of transportation).

III . End of the procedure.

1. Wash and dry your hands (using soap or antiseptic).
2. Wear gloves (non-sterile).
3. Close the screw clamp, remove the needle from the vein, press the puncture site for 5-7 minutes with a tissue / cotton ball with a skin antiseptic, pressing with the thumb of the other hand.
4. Make sure that there is no external bleeding in the venipuncture area.
5. Dispose of syringe and used material
6. Take off gloves
7. Wash and dry your hands (using soap or antiseptic).
8. Make an appropriate record of the results of the implementation in the medical records.
- nine.

4. **Algorithm for intravenous administration of drugs, jet / drip , through a catheter installed in the central foam**

I. Preparation for the procedure.

1. Make sure that the patient has informed consent for the forthcoming drug administration procedure. If there is none, check with your doctor for further actions.

1. Wash and dry hands (using soap or antiseptic).
2. Put on sterile gloves
3. Assemble the syringe and draw up the medication, or fill the infusion device for single use infusion solutions and place it on the infusion rack.
4. Deliver the necessary equipment to the ward.
5. Remove gloves and place them in a waterproof bag.
6. Offer / help the patient to take a comfortable position (sitting or lying). The choice of position depends on the condition of the patient, the drug being administered and the method of administration of the drug by jet or drip .
7. Put on sterile gloves.

II. Performing the procedure.

1. Cover the catheterization site with a sterile diaper.
2. Remove the stopper (cap) and put it in the disinfectant , treat the external entrance of the catheter with a sterile naPCin / gauze ball moistened with an antiseptic.
3. If an old stopper is to be used, it must be treated with an antiseptic and placed in a sterile cloth. It is recommended to use a new stopper.
4. Connect a syringe (without a needle) or infusion system.
5. Press the plunger and slowly (in accordance with the doctor's recommendations) inject the medicinal product, leaving a few milliliters of the medicinal product wide . With the drip method of drug administration, check the patency of the catheter by connecting a syringe with a saline solution of 2 ml to it. The rate of administration depends on the doctor's prescription

6. The number of milliliters left in the syringe must be sufficient to ensure safe administration (preventing air bubbles from entering the vein).

7. If, when pressing the plunger, the drug cannot be injected with the usual force, you should stop the procedure and inform the doctor, because the catheter must be replaced.

8. With the drip method of administering drugs, after connecting the system, fix it, shine the seals, place their waterproof bag, make sure that the patient is comfortable, wash your hands. Observe the patient until the end of the procedure.

III. End of the procedure.

1. For jet injection of medicinal products - disconnect the syringe from the catheter and close the catheter with a sterile plug.

2. With the drip method of administering drugs, wash your hands, put on sterile gloves. Disconnect the infusion system from the catheter, close the catheter with a sterile plug.

3. Close the catheter with a sterile tissue, secure it.

4. If the procedure was performed in a treatment room, place a used device for infusion of infusion solutions or a used syringe and wipes / cotton balls, diaper in a container with

a disinfectant solution. If the procedure was performed in a ward, place the used infusion device or used syringe and wipes / cotton balls, diaper in a puncture-proof container and transport to the treatment room.

5. Take off gloves, place them in a container for disinfection

6. Wash and dry your hands (using soap or antiseptic).

7. Make an appropriate record of the results of the implementation in the medical records.

Check list

No.	Action	Check mark Yes / No
1.	Establishing contact with the patient (say hello, introduce yourself, define your role)	
2.	Patient identification (ask the patient to introduce himself in order to check the medical records)	
3.	Clarification of the patient's well-being	
4.	Patient informed consent	
5.	(a story about the procedure, questions about consent and questions)	
6.	Clarification of anamnesis	
7.	Hygienic treatment of hands honey. Staff before starting	
8.	Preparation of the workplace (make sure that everything you need (16 items) is in advance)	
9.	Checking materials (volume, homogeneity, integrity, expiration date of the syringe, extra needle, tray, tweezers, ampoules)	
10.	Assignment control (the purpose and inscriptions on the drugs are the same)	
11.	Providing personal protection (correct appearance)	
12.	Correct patient position and arm selection (examination of both arms, protection against falls, arm supported on the surface)	
13.	Proper preparation of the sterile tray	
14.	Correct assembly of the syringe	
15.	Proper preparation of cotton balls	
16.	Correct (and safe) opening of the ampoule	
17.	Safe set of drugs	
18.	Changing the dialing needle correctly	
19.	Correct positioning of the patient's arm and correct application of the venous tourniquet	
20.	Providing vein filling	
21.	Correct treatment of the injection field (circular movements from the center to the periphery, twice)	
22.	Control of the absence of air in the syringe with drugs	
23.	Correct positioning of the syringe in the working hand (holding the cannula of the needle, the needle with the cut up, the cannula of the syringe as close as possible to the surface of the patient's hand)	
24.	Correct positioning of the second hand (grasping the patient's forearm)	
25.	Correct venipuncture	
26.	(keeping the original positioning of the syringe, at an angle of 150, the first time)	
27.	Compliance with the rules of asepsis and antiseptics during	

	venipuncture (after treatment, they did not touch the injection site with anything other than the needle)	
28.	Correct control traction (keeping the original positioning of the syringe)	
29.	Correct removal of the tourniquet (keeping the original positioning of the syringe)	
30.	Correct retraction of the tourniquet (keeping the original positioning of the syringe)	
31.	Correct drug administration	
32.	(keeping the original positioning of the syringe, clarifying the patient's well-being)	
33.	The drug was injected only after the appearance of blood with repeated control traction or when standard measures were taken if this did not happen	
34.	Removing the needle correctly (using a ball)	
35.	Proper disposal of the syringe (without disassembling)	
36.	Correct application of a pressure bandage (with visual control of the absence of hematoma)	
37.	Correctly instructing the patient about further actions	
38.	Proper cleaning of inventory	
39.	Removing gloves correctly	
40.	Hand treatment honey. Staff after manipulation	
41.	Make a note in the medical documentation about the performed manipulation	
42.	Did not violate the rules of asepsis antisepsis	

5 ECG registration

Algorithm of execution

1. Preparation for the procedure

1. Treat hands hygienically, dry.
2. Make sure that the device is ready for testing (there is an electrocardiographic tape, battery charging, etc.).
3. Introduce yourself to the patient, give full information about the study being conducted, its purpose, complete safety and painlessness.
4. Register the last name, first name and patronymic of the patient, his age, date and time of the study.
5. Suggest the patient to undress to the waist, to remove the shins from the clothes.
6. Lay the patient down and give him a comfortable supine position with arms extended along the body to maximize muscle relaxation.
7. Set the amplification of the electrocardiograph $1\text{mV} = 10\text{ mm}$. This means that this parameter of the electrocardiograph amplification corresponds to the fact that the applied voltage of 1 mV deflects the pen of the writing device by 10 mm (Fig. 1).
8. Perform registration of calibration impulses in the following sequence: - Set the switch of leads to position "0". - Switch on the tape drive by pressing the "50" button and register 2-3 control calibration pulses by quickly pressing the "mV" button. - Stop the tape drive.

9. To improve the contact of the electrodes with the skin, reduce noise and flood currents in the places where the electrodes are applied, degrease the patient's skin with alcohol and cover the electrodes with a special electrode gel or conductive paste, which allows to minimize the

interelectrode resistance. If they are absent, place gauze naPCins under the electrodes, folded in 3-4 layers and soaked in a 5-10% solution of sodium chloride or water. If there is a large amount of hair on the patient's skin, moisten the chest electrodes with water or rub with soap.

10. Apply four plate electrodes to the inner surface of the forearms and lower legs **in** their lower third. Strictly observe the procedure for applying electrodes to the limbs, depending on the color of the wire connected to the electrode (Fig. 2):

- black **color** (ground wire) - on the right foot,
- red color - on the right hand.
- yellow color - on the left hand,
- green - on the **left** leg.

11. Place the electrode with white marking on the chest area in position V 1 (Fig. 3).

12. Fix the electrodes with rubber bands or special plastic clips. Use rubber suction cups to fix the chest electrodes.

13. When monitoring electrocardiographic data, use special contact terminals.

II. Procedure execution

1. Connect the device to the mains by inserting the power plug into the mains socket.

2. Switch on the operation button of the electrocardiograph (the signal light should light up).

3. Place the stylus in the center position on the isoelectric line.

4. Ask the patient to relax and breathe calmly.

5. Record ECG in standard leads (I, **II**, **III**) in the following sequence.

A) Set the switch or button to the position of lead I, when the light comes on.

B) Turn on the tape drive by pressing the "50" button, which

corresponds to a paper speed of 50 mm per second. And record at least 4 heart cycles

Turn off the tape drive by pressing the "50" button. Make a similar ECG recording in the following standard leads: 11. III and III on inspiration.

6. Record an ECG in amplified leads from the limbs avR . avL . avF by sequentially pressing (switching) the corresponding buttons (switches) of the electrocardiograph and starting the tape drive .

7. Record an ECG in the chest leads.

When working on a single-channel electrocardiograph, set the switch or button for switching the leads to position V and make alternate ECG recording by moving the chest electrode along the following positions on the patient's body (Fig. 3):

V1 - fourth intercostal space at the right edge of the sternum

V2 - fourth intercostal space at the left edge of the sternum

V3 - between position V2 and V4

V4 in the fifth intercostal space along the left mid-clavicular line

V5 in the fifth intercostal space along the horizontal line, laid down at the level of V4

V6 - along the left middle axillary line at the level of V5 - 6.

When working on a multichannel electrocardiograph, make a one-step recording of the chest leads, having previously established all 6 chest positions and turning on the tape drive.

8. After the completion of the ECG registration, set the lead switch to the "0" position and repeat the recording of the control millivolt.

III . End of the procedure.

1. Switch off the operation button of the device (the signal light goes out).
 2. Disconnect the device from the mains (remove the power plug from the socket)
 3. Remove the electrodes from the patient.
 4. Ask the patient to get dressed.
 5. Execute an electrocardiogram. Write down full name patient, indicate the date and time of registration, designate leads.
 6. Make a record of the procedure performed in the medical records.
 7. Treat electrodes with disinfectant.
- Treat hands hygienically, dry.

Check list

No.	Action	Check mark Yes / No
1.	Hand hygiene	
2.	Checking the machine's readiness for operation	
3.	Establishing contact with the patient (say hello, introduce yourself, define your role)	
4.	Patient identification	
5.	Familiarizing the patient with the procedure	
6.	Preparing the device for operation	
7.	Hygienic treatment of electrodes	
8.	Correct placement of electrodes	
9.	Turning on the device (turning on, choosing the speed of ECG recording)	
10.	ECG recording in standard leads, limb leads, chest leads	
11.	End of work (switching off the device, removing the electrodes)	
12.	Completing a patient	
13.	Recording data in the logbook	
14.	Hygienic treatment of hands and electrodes	

6. Gastric lavage

- I. Preparation for the procedure:
 1. Introduce yourself to the patient, explain the course and purpose of the procedure
 2. Sit the patient in a chair with a back or lay on a couch in a supine position.
 3. Measure blood pressure, count your pulse.
 4. Remove dentures from the patient (if any)
 5. Put an apron on the patient, give a towel in his hands. The healthcare professional should wear gloves and an apron.
 6. Place the pelvis at the patient's feet or at the head end of the couch if the patient is lying
 7. Measure with a silk thread the distance from the incisors to the navel plus the width of the patient's palm. Transfer the mark to the probe starting from the rounded end.
 8. Take the probe in your right hand like a "writing pen" at a distance of 10 cm from the rounded end.

II. Procedure execution:

1. Stand at the side of the patient.
2. Offer the patient to open his mouth. Tilt your head back slightly. Moisten the blind end of the probe with water.
3. Place the probe on the root of the tongue, ask the patient to make a swallowing movement simultaneously with the advancement of the probe.
4. Tilt the patient's head forward, downward. Slowly advance the probe after swallowing movements up to the mark, with fl on the patient breathes deeply through your nose.
5. Make sure that the probe is in the stomach "air sample".
6. Move the probe 7-10 cm.
7. Attach a funnel to the probe.
8. Lower the funnel below the patient's stomach position.
9. Fill the funnel with water, holding it at an angle.
10. Slowly raise the funnel above the level of the stomach so that water flows from the funnel into the stomach.
11. Once the water reaches the mouth of the funnel, quickly lower the funnel below the level of the stomach so that the contents of the stomach fill the funnel completely.
12. Carefully pour the contents of the funnel into a bowl for rinsing water.
13. Repeat rinsing several times until clean rinsing water.

III . End of procedure:

1. Remove the funnel, place the patient on the left side, lower the end of the probe and lower the pelvis for 15-20 minutes.
2. Sit the patient on the couch. Remove the probe through a naPCin soaked in disinfectant, squeezing it directly in front of the patient's mouth.
3. Place the probe, funnel in a container with a disinfectant, a tissue in a container with class B waste.
4. Give the patient to rinse the mouth, wipe with a towel around the mouth.
5. Take the patient to the ward, cover it warmly, observe the condition.
6. Remove gloves, put in a container with a disinfectant solution.
7. Wash your hands, treat with an antiseptic or soap.
8. Mark on the list of appointments about the procedure performed.

Check list

No.	Action	Check mark Yes / No
1.	Establishing contact with the patient (say hello, introduce yourself, define your role)	
2.	Patient identification	
3.	Familiarization of the patient with the course of the procedure, taking the correct position	
4.	Measurement of blood pressure and heart rate	
5.	Preparing equipment, handling hands, donning sterile gloves	
6.	Measuring Probe Length	
7.	Correct manipulation: taking the probe, conducting with the help of landmarks, instructing the patient during the procedure, checking the correct installation of the probe	
8.	Funnel rinsing	
9.	Removing the Probe Correctly	
10.	Ending patient contact	

11.	Hand hygiene	
12.	Filling out medical records	

7. Installing a nasogastric tube

Equipment:

sterile gastric tube with a diameter of 0.5 - 0.8 cm,
 glycerin, beaker,
 Janet's syringe or a syringe with a volume of 20.0.,
 adhesive plaster,
 clamp,
 scissors,
 tray,
 towel,
 naPCins,
 gloves,
 phonendoscope,
 3-4 glasses of nutrient mixture and a glass of warm boiled water,
 containers for disinfection,
 plug for the probe,
 safety pin

Preparation for the procedure:

1. Explain to the patient the course and essence of the upcoming procedure and obtain the patient's consent to the procedure.
2. Prepare equipment
3. Help the patient to assume the high Fowler position . Cover your breasts with a towel.
4. Wash and dry hands. Wear gloves.

Procedure execution:

1. Take the probe out of the package. Determine the distance at which the probe should be inserted (the distance from the tip of the nose to the earlobe and down the anterior abdominal wall so that the last opening of the probe is below the xiphoid process).
2. Pour glycerin into a beaker, generously treat the blind end of the probe with glycerin
3. Insert the probe through the lower nasal passage to the desired depth
4. Ensure the patient can speak clearly and breathe freely
5. Make sure the correct location of the probe in the stomach: connect the syringe to the probe and pull the plunger towards you; the contents of the stomach (water and gastric juice) must enter the syringe or air must be injected into the stomach with a syringe under the control of a phonendoscope (characteristic sounds are heard).
6. Disconnect the syringe from the probe and apply a clamp. Secure the probe with a plaster. Place the free end of the probe in the tray
7. Remove the clamp from the probe, connect the Janet syringe without a plunger and lower it to the level of the stomach. Tilt Janet's syringe slightly and pour food heated to 37-38 ° C. Raise gradually until food reaches the syringe cannula
8. Lower Janet's syringe to the original level and introduce the next portion of food. The introduction of the required volume of the mixture should be carried out fractionally, in small portions of 30-50 ml, at intervals of 1-3 minutes. After the introduction of each portion, clamp the distal section of the probe
9. Rinse the probe with boiled water at the end of feeding. Apply a clamp to the end of the probe, disconnect Janet's syringe and close with a plug
10. If necessary, leave the probe for a long time, secure it with a safety pin to the patient's clothing on the chest

11. Remove the towel. Help the patient get into a comfortable position.

Completion of the procedure:

1. Place the used equipment in a disinfectant solution for subsequent disposal
2. Remove gloves and place in a disinfectant solution for subsequent disposal. Wash and dry your hands
3. Make a record of the procedure and the patient's response

Check list

No.	Action	Check mark Yes / No
1.	Establishing contact with the patient (say hello, introduce yourself, define your role)	
2.	Patient identification	
3.	Familiarization of the patient with the course of the procedure, taking the correct position	
4.	Measurement of blood pressure and heart rate	
5.	Preparing equipment, handling hands, donning sterile gloves	
6.	Measuring Probe Length	
7.	Correct manipulation: taking the probe, conducting with the help of landmarks, instructing the patient during the procedure, checking the correct installation of the probe	
8.	Funnel rinsing	
9.	Removing the Probe Correctly	
10.	Ending patient contact	
11.	Hand hygiene	
12.	Filling out medical records	

8. Bladder catheterization

Algorithm for manipulation in women

1. 1. Treat hands with 0.5% chlorhexidine solution, prepare a sterile tray. Remove sterile catheters from the box and place them on the tray. Pour sterile glycerin over the rounded end of the catheter. Moisten two sterile balls with furacilin solution, put on a tray. Also put two sterile naPCins and tweezers on the tray. In Janet's syringe, collect 100 - 150 ml of furacilin solution heated in a water bath to 37 - 38 ° C, put it on the tray.

2. Wash the patient, remove the vessel.

3. Place a clean, dry vessel or other container for urine between the patient's legs, which are bent and bent at the knees.

4. Put on gloves.

5. Standing to the right of the patient, put an unfolded sterile gauze naPCin on her pubis. With the fingers of the left hand, part the labia and with a cotton ball taken with the right hand with tweezers and moistened with furacilin, process the external opening of the urethra. Then with tweezers, taking it like a writing pen, take the catheter at a distance of 4 - 5 cm from its blunt end, and support the free end between the IV and V fingers. The blunt end of the catheter is slowly rotated into the urethra to a depth of 4 - 5 cm, and the free end is lowered into the urine container. Discharge of urine indicates that the catheter is in the bladder.

6. After the cessation of urine excretion, connect the catheter to Janet's syringe filled with furacilin, heated in a water bath to +38 °C.

7. Slowly inject the solution into the bladder, then guide the catheter into the vessel and withdraw it from the bladder.

9. Repeat rinsing until the rinsing liquid is clear.

10. When finished flushing, gently remove the catheter from the urethra with rotational movements.

11. Once again, treat the external opening of the urethra with a ball moistened with furacilin solution, remove the remaining moisture from the perineum with a naPCin.

Check list

No.	Action	Check mark Yes / No
1.	Preparation of equipment for manipulation	
2.	Establishing contact with the patient, familiarizing with the course of the manipulation	
3.	Hand cleaning, putting on gloves	
4.	Correct insertion of the catheter (adherence to the technique of insertion, the appearance and end of urine output).	
5.	Rinsing the bladder with furacilin solution (to clean waters)	
6.	Urethral treatment	
7.	Ending patient contact	
8.	Hand and catheter treatment	

Algorithm for manipulation in men

1. To wash hands. Treat them with 0.5% chlorhexidine solution.
2. Put on a sterile tray two sterile catheters, the rounded ends of which are lubricated with sterile glycerin, two sterile cotton balls moistened with furacilin, two sterile naPCins, tweezers, Janet's syringe with furacilin solution heated in a water bath to + 37 ... + 38 "C,
3. Wash the patient. Place a container for urine between his legs.
4. Put on sterile gloves and stand to the right of the patient.
5. With a sterile naPCin, wrap the penis below the head.
6. Take the penis between the third and fourth fingers of the left hand, slightly squeeze the head, and slightly push the foreskin with the first and second fingers.
7. With your right hand, take a cotton ball moistened with furacilin and process the glans penis with movements from the urethral opening to the periphery.
8. Pour one or two drops of sterile glycerin into the external opening of the urethra.
9. Take sterile forceps in your right hand.
10. With sterile forceps, take the catheter at a distance of 5 - 6 cm from the rounded end, and grab the free end between the IV and V fingers.
11. Insert the catheter with tweezers by 4 - 5 cm, holding it with I and II fingers of the left hand, fixing the glans penis.
12. Intercept the catheter with tweezers and slowly insert it another 5 cm. At the same time, pull the penis onto the catheter with your left hand, which contributes to its better advancement along the urethra.
13. As soon as the catheter reaches the bladder, urine appears and the free end of the catheter should be lowered into a urine container.
14. After the cessation of urine flow, connect the catheter to Janet's syringe filled with furacilin, and slowly inject 100 - 150 ml of solution into the bladder, and then, directing the catheter into the tray, remove the contents.
15. The washing is repeated until a clear liquid is released from the bladder.
16. When finished flushing, gently remove the catheter from the urethra with rotational movements.

17. Once again, treat the external opening of the urethra with a cotton ball moistened with furacilin

Check list

No.	Action	Check mark Yes / No
1.	Preparation of equipment for manipulation	
2.	Establishing contact with the patient, familiarizing with the course of the manipulation	
3.	Hand cleaning, putting on gloves	
4.	Correct insertion of the catheter (adherence to the technique of insertion, the appearance and end of urine output).	
5.	Rinsing the bladder with furacilin solution (to clean waters)	
6.	Urethral treatment	
7.	Ending patient contact	
8.	Hand and catheter treatment	

Criteria for evaluating practical skills:

"Not fulfilled" - 0 points

"Partially completed" - 5 points

"Completed with defects" - 10 points

"Completed in full" - 15 points

3. Theoretical questions for the test on hospital practice List of clinical situations for assessment by students on the electrocardiogram

1. Acute myocardial infarction
2. Unstable angina
3. Metabolic disorders in the myocardium
4. Right and left ventricular hypertrophy
5. Atrial fibrillation
6. Atrial flutter
7. Atrioventricular block
8. Supraventricular tachycardia
9. Ventricular tachycardia
10. Ventricular extrasystole
11. Atrial premature beats
12. Rhythm EX
13. Right and left bundle branch block (single - beam , double - beam)
14. Pulmonary embolism
15. Sinus arrhythmia
16. Ventricular fibrillation
17. Pacemaker migration

Evaluation criteria:

"The answer is not correct" - 0 points

"The answer is not complete" - 5 points

"The answer is not complete enough" - 8 points

"Full detailed answer" - 10 points

**4. Methodology for assessing the educational achievements of students in practice
"Clinical practice Physician assistant of an outpatient clinic, research work"**

**Types of practical work, form of control and ranges of rating points based on the
results of current control**

Control type	Type of practical work and form of control	Min . score	Max . score	Note
Current control	1. Daily work in the department (checking attendance by the head of the practice, keeping a schedule of attendance)	20	20	Daily traffic estimate: 1 point - per working day; 0.5 point - if you are late or leave early; 0 points - for absence from work. Working off the missed days and hours is mandatory.
	1. Making a diary at the end of the working day (daily check by the head of the practice with a signature)	6	ten	Daily assessment of the quality of the diary design: 0.5 points per day / 10 points for the entire practice - "excellent" design of the diary in compliance with the rules; 0.4 points per day / 8 points for the entire practice - "good" design of the diary, the structure of the document is observed, the content of knowledge, skills and abilities is not fully reflected; 0.3 points per day / 6 points for the entire practice - "satisfactory" diary keeping, the rules for document execution, the content of knowledge, skills and abilities with significant deficiencies are observed; In the absence of a diary or in case of non-observance of the rules of registration - "not credited".
	2. Implementation of the list of practical skills (entry in the diary, check by the head of the practice, characteristics of the staff of the healthcare facility)	ten	20	1 point for mastering the 1st practical skill (list of compulsory practical skills) at the level of "possession", that is, independent performance of actions and manipulations. It is preceded by the acquisition of "knowledge" about a practical skill and "ability" to perform actions and manipulations with the help of a teacher or medical personnel.
	3. R&D (submission to the teacher for verification, oral presentation)	4	ten	4 points - work for "satisfactory", 6 points - work for "good"; 8 points - excellent work without oral defense or good with answers to additional questions; 10 points - "excellent" work with oral defense.
Total:		40	60	
		To get admission to credit, a student must have a minimum of 40 points		

Types of control and ranges of rating points when conducting offset with an assessment

Control types	Min . score	Max . score	Note
1. Interview	ten	20	70-79% of correct answers - 10 points; 80-89% of correct answers - 15 points; 90-100% correct answers - 20 points.
2. Surrender practical skills	ten	20	Mastering practical skills at the "knowledge" level - 10 points; Mastering practical skills at the "skill" level - 15 points; Mastering practical skills at the "possession" level - 20 points.
3. Total	20	40	

In order to reward students for demonstrating high academic achievements, high academic motivation, diligence and on the basis of high results of current control, students who wish to receive an assessment in the "automatic" format can be awarded bonus points (5 points for sanitary education work in the form of a visual aid, 1 point for each mastered practical skill in addition to mandatory).

The final rating for hospital practice is the sum of the points received during the period of the internship (min 40 points - max 60 points) and on the test (min 20 points - max 40 points).

Final evaluation form - offset with assessment.

To transfer the final rating of a student in hospital practice , the following scale is introduced into the evaluation mark:

Student's evaluation in hospital practice	The final rating of the student in hospital practice
"Unsatisfactory"	0 - 59
"Satisfactorily"	60 - 69
"Good"	70 - 84
"Excellent"	85 - 100

State final certification

Regulations on the procedure for conducting the state final certification of graduates who complete the development of the main educational program of higher education in the specialty 31.05.01 General medicine

1. General Provisions

1.1. Normative documents for the development of regulations on the procedure for the state final certification of graduates in the specialty 31.05.01 "General Medicine"

The regulatory legal framework for the development of regulations on the procedure for conducting state final certification of graduates is:

- Federal Law of the Russian Federation of December 29, 2012 No. 273-FZ "On Education in the Russian Federation" as amended by No. 188-FZ dated July 3, 2018, No. 337-FZ dated August 3, 2018, No. 271-FZ dated July 29, 2018;
- Order No. 95 of the Ministry of Education and Science of the Russian Federation (Ministry of Education and Science of the Russian Federation) dated February 9, 2016 "On approval of the federal state educational standard of higher education in the field of training 31.05.01 General Medicine (specialty level)" (registered by the Ministry of Justice of the Russian Federation 01 March 2016, registration No. 41276);
- The procedure for organizing and carrying out educational activities for educational programs of higher education - bachelor's programs, specialist programs, master's programs, approved by order of the Ministry of Education and Science of the Russian Federation No. 301 dated 05.04.2017;
- Order of the Ministry of Education and Science of the Russian Federation of June 29, 2015 No. 636 "On approval of the Procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist programs and master's programs" (registered with the Ministry of Justice of the Russian Federation on July 22, 2015) as amended and additions Pr. dated 09.02.2016 No. 86, dated 28.04.2016 No. 502;
- Charter of the Federal State Budgetary Educational Institution of Higher Education USMU of the Ministry of Health of Russia;
- Regulations on the procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist programs and master's programs at the Ural State Medical University (hereinafter - USMU), adopted by the Academic Council of USMU (Protocol No. 4 of 23.11.2018) and approved by the order of the rector of USMU № 730-p from 26.11.2018 r .

1.2. The regulation on the procedure for the state final certification of graduates who complete the mastering of the basic educational program of higher education in the specialty 31.05.01 General medicine establishes the procedure for organizing and conducting the state final certification of students at the medical and preventive faculty.

2. The procedure for the state final certification

2.1. The state final certification of graduates is carried out by the state examination commission in order to determine the compliance of the results of mastering the basic educational program in the specialty "General Medicine" with the requirements of the federal state educational standard in the field of training 31.05.01 General Medicine (specialist level) No. 95 dated February 9, 2016.

2.2. A student who does not have academic debt and who has fully completed the curriculum or individual curriculum for the corresponding educational program of higher education is admitted to the state final certification.

- 2.3. State final certification is carried out within the time frame determined by the Ural State Medical University, but no later than June 30.
- 2.4. The provision of state final certification for the main educational program of higher education in the direction of training (specialty) "General Medicine" is carried out by the dean's office of the medical and preventive faculty.
- 2.5. The dean's office of the medical and prophylactic faculty uses the funds necessary for organizing educational activities during the state final certification of students.
- 2.6. Students and persons involved in the state final certification, during its conduct, are prohibited from having and using communication means.
- 2.7. Persons who have studied under the main educational program of higher education that does not have state accreditation - General Medicine, have the right to undergo external state final certification at the Ural State Medical University.
- 2.8. It is not allowed to collect fees from students for passing the state final certification.
- 2.9. Students who have not passed the state final certification due to failure to appear at the state certification test for a good reason (temporary disability, performance of public or state duties, summons to court, transport problems (flight cancellation, lack of tickets), weather conditions or in other cases, list which is established by the organization independently), has the right to pass it within 6 months after the completion of the state final certification.

The student must submit to the dean's office a document confirming the reason for his absence.

A student who has not passed one state certification test for a good reason is allowed to pass the next state certification test (if any).

2.10. Students who have not passed the state certification test due to failure to appear for the state certification test for no good reason or in connection with receiving an "unsatisfactory" grade are expelled from the organization with the issuance of a certificate of study as not fulfilling their obligations to conscientiously master the educational program and fulfill the curriculum.

2.11. A person who has not passed the state final certification may re-pass the state final certification no earlier than 10 months and no later than five years after the term of the state final certification that the student has not passed.

To re-pass the state final certification, the specified person, upon his application, is reinstated in the organization for a period of time established by the organization, but not less than the time period provided for by the calendar training schedule for the state final certification for the corresponding educational program.

2.12. Successful completion of the state final certification is the basis for issuing a student a document on higher education and qualifications of the sample established by the Ministry of Education and Science of the Russian Federation.

3. The form of the state final certification

3.1. State final certification of students in the specialty 31.05.01 General Medicine is carried out in the form of a state exam, taking into account the requirements established by the relevant standard.

3.2. The state exam is carried out in the form of an interdisciplinary exam (hereinafter - IGE) orally.

3.3. State final certification refers to the basic part of the program and ends with the assignment of the qualification Physician - general practitioner. The volume (in credit units) of the state final certification is 3. The volume includes preparation for passing and passing the state exam.

3.4. Not later than 30 calendar days before the day of the first state certification test, the vice-rector for educational and educational work approves the schedule of state certification tests (hereinafter referred to as the schedule of the SCT) by an administrative act, which indicates the dates, time and place of the state certification tests and pre-examination consultations. The dean's

office informs the students, the chairman and members of the state examination and appeal commissions, the secretary of the state examination commission.

3.5. State final certification in the specialty "General Medicine" is carried out in stages and consists of three components:

1. Estimation of the level of theoretical preparedness by testing.
2. Assessment of the practical skills of graduates
3. Assessment of the level of clinical preparedness of a graduate through interviews.

The final certification tests are designed to determine the practical and theoretical preparedness of the graduate to perform professional tasks established by this educational standard, and to continue education in residency or in graduate school in theoretical areas of medicine. Certification tests, which are part of the interdisciplinary state exam, must fully comply with the main educational program of higher education, which he has mastered during his studies. State final certification of USMU graduate in the specialty "General Medicine" includes a three-stage state examination.

IGE stage I - final computer testing. During the final testing, each student receives a test consisting of one hundred test items. The set of test items in the test is unique. In general, the bank of tests is 3500. 50% of tests fall on special disciplines, 30% - on general medical, 15% - on natural sciences and 5% - on humanitarian. The results of the answers are directly recorded by the computer program that supports the testing process. The time for passing the test is the same for all students and is 100 minutes.

The student's absolute passing of this stage corresponds to 100%. Minimum pass rate = 71%. Testing results from 71 to 100% are assessed as "passed", the student is admitted to the second stage of the final state certification.

Stage II of the IGE - practical training. About tsenivaetsya practical training graduate "at the bedside". The stage is carried out at the appropriate clinical bases, it provides for the assessment of the graduate's entire volume of skills and abilities for professional activities, including practical training in surgery, therapy and obstetrics and gynecology.

The results of practical skills and abilities are assessed as "done" or "not done".

A positive result of passing practical skills is admission to the next stage of the SFC. The final decision on admission to the next stage of the SFC for a graduate who received an unsatisfactory mark is made in each case by the Chairman of the State Examination Commission.

III stage IGE - the final interview . It includes checking the integrity of the graduate's professional training, i.e. the level of his competence in using the theoretical basis for solving specific professional situations. The interview is conducted on 2 situational tasks with a description of clinical and laboratory-instrumental data of patients of various profiles. The assessment in this case is the degree of the graduate's ability to develop and implement optimal solutions to such situations based on the integration of the content of the disciplines included in the certification test. During the third stage of the final certification, tasks can be used that include sets of evaluation control and measuring materials, which can be accompanied by illustrations, blood test data, electrocardiograms, X-rays, and other materials that correspond to the patient's clinical situation (task).

During an interview with members of the state examination committee, the student demonstrates clinical thinking, draws conclusions, formulates a diagnosis , prescribes a treatment plan for the patient, determines the prognosis, and develops preventive measures. The graduate's answers to each question of the problem are assessed depending on its completeness and correctness (in comparison with the standard). The results of the interview for each problem are summarized and evaluated on a five-point system.

The results of the exam at each stage are announced to the graduate on the same day after the registration and approval in the prescribed manner of the minutes of the meeting of the state examination commission.

Based on the results of the three stages, a final grade is given on a five-point scale. The score is recorded in the minutes of the meeting of the state examination commission.

3.6. The results of each state certification test are determined by the grades "excellent", "good", "satisfactory", "unsatisfactory". Grades "excellent", "good", "satisfactory" mean successful completion of the state certification test.

3.7. The content of the interdisciplinary exam is reflected in the SFC Program .

3.8. The program of state final certification, criteria for assessing the results of passing the state exam, approved by the rector, as well as the procedure for filing and considering appeals are communicated to students no later than six months before the start of the state final certification.

3.9. The state exam is conducted according to the program approved by the rector, which contains a list of questions to be submitted for the state exam and recommendations to students on preparing for the state exam, including a list of recommended literature for preparing for the state exam.

Before the state exam, students are consulted on the issues included in the state exam program (hereinafter - pre-examination consultation).

4. State Examination Commission

4.1. To conduct the state final certification at the medical and preventive faculty, a state examination commission is created, operating during a calendar year. The composition of the commission is formed by the dean and approved by the rector of USMU no later than December 31 of the year preceding the year of state final certification. The composition of the state examination commission includes the chairman of the said commission and at least 4 members. Members of the state examination commission are leading specialists - representatives of OOP or their associations in the relevant field of professional activity and (or) persons who belong to the teaching staff of this organization or to scientists of this organization (other organizations) and have an academic title and (or) academic degree. The share of persons who are leading specialists - representatives of OOP or their associations in the relevant field of professional activity (including the chairman of the state examination commission), in the total number of persons who are members of the state examination commission, must be at least 50 percent.

4.2. The chairman of the state examination commission is approved by the founder of USMU - the Ministry of Health of the Russian Federation no later than December 31, preceding the year of the state final certification. The chairman organizes and controls the activities of all examination commissions, ensures the unity of the requirements for graduates during the state final certification. The chairman of the state examination commission is approved by the Ministry of Health of the Russian Federation from among persons who do not work in this organization, who have the academic degree of Doctor of Science and (or) the academic title of professor, or who are leading specialists.

4.3. For the period of the state final certification to ensure the work of the state examination commission, from among the persons belonging to the teaching staff of the organization, scientists or administrative workers of the organization, its secretary is appointed by the rector. The secretary of the state examination commission is not a member.

The secretary reports directly to the chairman of the SEC and works in direct contact with the dean's office and educational and methodological management. The secretary participates in meetings of the Academic Council when discussing issues of the SFC (throughout the year).

Secretary of the State Examination Commission:

- draws up the minutes of the organizational meetings of the SEC (during the semester);
- submits the necessary materials to the appeal commission;

- draws up the forms of the minutes of the SEC meetings on passing the state (interdisciplinary) exam, defending the final qualifying work (according to the number of graduates);
- prepares and fills in the forms of the minutes of the SEC meetings on the assignment of qualifications to graduates;
- draws up consolidated statements;
- draws up the grade books of graduates for the section of the SFC;
- prepares the draft reports of the chairman of the SEC and annexes to the reports.
- timely provides SEC members with information and provides them with the necessary documentation for all stages of certification (protocols, grade books, etc.);
- daily maintains contact with the educational and methodological department (educational department, department of hospital practice, statistics and registration of personal files of students) in order to correctly draw up the documents of graduates;
- provides the necessary documents to the dean's office and the Educational and Methodological Department.

4.4. The main form of activity of the state examination commission in the specialty "General Medicine" is meetings.

The meetings of the commission are competent if at least two thirds of the members of the commissions participate in them.

Sessions of the commission are held by the chairman of the commission, and in their absence - by the deputy chairman of the commission.

The decisions of the commission are made by a simple majority of votes of the members of the commission participating in the meeting. In case of an equal number of votes, the presiding officer has the right of a casting vote.

4.5. The decisions taken by the commissions are documented in minutes.

The minutes of the meeting of the state examination commission for the acceptance of the state certification test reflects the list of questions asked to the student and the characteristics of the answers to them, the opinions of the members of the state examination commission on the level of preparedness of the student to solve professional problems revealed during the state certification test, as well as on the identified shortcomings in theoretical and practical training of the student.

The minutes of the meetings of the commissions are signed by the chairman of the SEC. The minutes of the meeting of the state examination commission are also signed by the secretary of the state examination commission.

The minutes of the commission meetings are sewn into books and stored in the archives of the Ural State Medical University.

5. State final certification of students from among the disabled

5.1. For students from among the disabled, the state final certification is carried out at the medical and preventive faculty, taking into account the peculiarities of their psychophysical development, their individual capabilities and health status (hereinafter - individual characteristics).

5.2. During the state final certification, the following general requirements are met:

- Conducting state final certification for disabled people in one classroom together with students who do not have disabilities, if this does not create difficulties for students when passing state final certification;

- the presence in the classroom of an assistant (assistants) who provides students with disabilities with the necessary technical assistance, taking into account their individual characteristics (take a workplace, move around, read and complete the task, communicate with members of the state examination commission);

- the use of technical means necessary for students with disabilities when passing the state final certification, taking into account their individual characteristics;

- ensuring the possibility of unimpeded access for students with disabilities in the classroom, toilets and other premises, as well as their stay in the specified premises (the presence of ramps, handrails, widened doorways, elevators, in the absence of elevators, the audience should be located on the ground floor, the presence of special armchairs and other devices).

5.3. All local regulations on the conduct of state final certification are brought to the attention of students with disabilities in a form accessible to them.

5.4. At the written request of a student with a disability, the duration of the student's passing of the state certification test may be increased in relation to the established duration of its delivery:

the duration of a student's preparation for answering a state exam, held orally, is no more than 20 minutes.

5.5. Depending on the individual characteristics of students with disabilities, the medical and preventive faculty ensures the fulfillment of the following requirements during the state certification test:

a) for the blind:

assignments and other materials for passing the state evaluation test are drawn up in bold-point braille or in the form of an electronic document accessible using a computer with specialized software for the blind, or read out by an assistant;

written assignments are performed by students on paper in bold-dot Braille or on a computer with specialized software for the blind, or dictated to an assistant;

if necessary, students are provided with a set of writing instruments and paper for writing in bold-point braille, a computer with specialized software for the blind;

b) for the visually impaired:

assignments and other materials for passing the state evaluation test are drawn up in an enlarged font;

individual uniform illumination of at least 300 lux is provided;

if necessary, students are provided with a magnifying device, it is allowed to use the magnifying devices available to students;

c) for the deaf and hard of hearing, with severe speech impairments:

the availability of sound-amplifying equipment for collective use is ensured, if necessary, students are provided with sound-amplifying equipment for individual use;

at their request, state certification tests are carried out in writing;

d) for persons with disorders of the musculoskeletal system (severe disorders of motor functions of the upper limbs or the absence of upper limbs):

written assignments are performed by students on a computer with specialized software or dictated to an assistant;

at their request, state certification tests are carried out orally.

5.6. A disabled student, no later than 3 months before the start of the state final certification, submits a written application about the need to create special conditions for him during state certification tests, indicating the characteristics of his psychophysical development, individual capabilities and health status (hereinafter - individual characteristics). The application is accompanied by documents confirming that the student has individual characteristics (in the absence of these documents in the organization).

In the application, the student indicates the need (no need) for the presence of an assistant at the state certification test, the need (no need) to increase the duration of the state certification test in relation to the established duration (for each state certification test).

6. Procedure for results appeals state final certification

6.1. Based on the results of state certification tests, the student has the right to appeal.

6.2. To conduct appeals based on the results of the state final certification at the Ural State Medical University, an appeal commission is created, which operates during the calendar

year. The composition of the appeal commission is approved by the rector simultaneously with the approval of the composition of the SEC. The appeal commission is formed in the number of at least five people from among the teaching staff, university researchers who are not part of the SEC in this academic year. The chairman of the appeal committee is the rector. In the absence of the rector for a good reason, the person acting as the rector on the basis of the relevant order becomes the chairman.

6.3. The student has the right to submit to the appeal commission a written appeal on the violation, in his opinion, of the established procedure for conducting the state certification test and (or) disagreement with the results of the state exam.

6.4. The appeal is filed personally by the students to the appeal commission no later than the next working day after the announcement of the results of the state certification test.

6.5. To consider the appeal, the secretary of the state examination commission sends to the appeal commission the minutes of the meeting of the state examination commission, the conclusion of the chairman of the state examination commission on the observance of procedural issues during the state certification test, as well as written answers of the student (if any) (for consideration of the appeal on the state examination).

6.6. The appeal is considered no later than 2 working days from the date of filing the appeal at a meeting of the appeal commission, to which the chairman of the state examination commission and the student who submitted the appeal are invited.

The decision of the appeal commission is communicated to the student who filed the appeal within 3 working days from the date of the meeting of the appeal commission. The fact of familiarization of the student who has filed an appeal with the decision of the appeal commission is certified by the student's signature.

6.7. When considering an appeal on a violation of the procedure for conducting a state evaluation test, the appeal commission makes one of the following decisions:

- on the rejection of the appeal, if the information contained in it about violations of the procedure for conducting the state final certification of the student was not confirmed and (or) did not affect the result of the state certification test;

- on the satisfaction of the appeal, if the information contained in it about the violations of the procedure for conducting the state final certification of the student was confirmed and influenced the result of the state certification test.

In the case specified in paragraph three of this clause, the result of the state certification test is subject to cancellation, in connection with which the protocol on the consideration of the appeal is transferred to the state examination commission no later than the next working day to implement the decision of the appeal commission. The student is given the opportunity to pass the state certification test within the time frame established by the educational organization.

6.8. When considering an appeal on disagreement with the results of the state evaluation test, the appeal commission makes one of the following decisions:

- on rejection of the appeal and saving the result of the state certification test;

- about satisfying the appeal and setting another result of the state certification test.

The decision of the appeal commission is submitted to the state examination commission no later than the next working day. The decision of the appeal commission is the basis for canceling the previously exposed result of the state certification test and setting a new one.

6.9. The decision of the Appeals Commission is final and not subject to revision.

6.10. The state certification test is repeated in the presence of one of the members of the appeal commission no later than July 15.

6.11. An appeal for re-conducting the state certification test is not accepted.

II . The program of the state final certification of USMU graduates completing the development of the OOP VO in the specialty 31.05.01 General medicine

INTRODUCTION

State final certification (hereinafter SFC) is the final stage of the educational process, during which the practical training and theoretical knowledge of graduates, the level of clinical thinking, the ability to analyze and synthesize educational and scientific material, the ability to apply an interdisciplinary approach to the diagnosis of pathological conditions are assessed.

The goal of the SFC is to establish the level of preparedness of the graduate for implementation of his professional tasks, the compliance of his training with the requirements of the federal state educational standard of higher education in the specialty "General Medicine" and the professional standard "Physician-general practitioner" with the subsequent issuance of a state diploma of higher education.

SFC is carried out in accordance with the Regulations on the state final certification of graduates of USMU, completing the development of the educational program of higher education in the specialty 31.05.01 General Medicine. A person who has completed in full the development of the basic educational program in the specialty 31.05.01 General Medicine is admitted to the final certification tests.

1 . REGULATORY FRAMEWORK FOR THE PROGRAM OF THE STATE FINAL CERTIFICATION FOR SPECIALTY 31.05.01 MEDICAL CASE

- Federal Law of the Russian Federation of December 29, 2012 No. 273-FZ "On Education in the Russian Federation" as amended by No. 188-FZ dated July 3, 2018, No. 337-FZ dated August 3, 2018, No. 271-FZ dated July 29, 2018;
- Order No. 95 of the Ministry of Education and Science of the Russian Federation (Ministry of Education and Science of the Russian Federation) dated February 9, 2016 "On approval of the federal state educational standard of higher education in the field of training 31.05.01 General Medicine (specialty level)" (registered by the Ministry of Justice of the Russian Federation 01 March 2016, registration No. 41276);
- The procedure for organizing and carrying out educational activities for educational programs of higher education - bachelor's programs, specialist programs, master's programs, approved by order of the Ministry of Education and Science of the Russian Federation No. 301 dated 05.04.2017;
- Order of the Ministry of Education and Science of the Russian Federation of June 29, 2015 No. 636 "On approval of the Procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist programs and master's programs" (registered with the Ministry of Justice of the Russian Federation on July 22, 2015) as amended and additions Pr. dated 09.02.2016 No. 86, dated 28.04.2016 No. 502;
- Charter of the Federal State Budgetary Educational Institution of Higher Education USMU of the Ministry of Health of Russia .
- Regulations on the procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist programs and master's programs at the Ural State Medical University (hereinafter - USMU), adopted by the Academic Council of USMU (Protocol No. 4 of 23.11.2018) and approved by the order of the rector of USMU № 730 from 11.26.2018 p r .

- The regulation on the procedure for the state final certification of graduates who complete the development of the main educational program of higher education in the specialty 31.05.01 General Medicine, approved by order of the rector No. 135-r of 03/12/2019

2 . GENERAL REQUIREMENTS FOR THE LEVEL OF PROFESSIONAL TRAINING OF A GRADUATE BY SPECIALTY 31.05.01 General Medicine

The scope of state requirements for the mandatory minimum content and level of training of a graduate is determined by this SFC program for specialty 31.05.01 General Medicine , developed on the basis of the current federal state educational standard of higher education, Professional standard "General practitioner (district therapist)".

A graduate who has mastered the basic educational program of higher education in the specialty 31.05.01 General medicine must have the following **general cultural competencies (GC)**:

- the ability for abstract thinking, analysis, synthesis (OC-1);
- the ability to use the foundations of philosophical knowledge to form an ideological position (OC-2);
- the ability to analyze the main stages and patterns of the historical development of society for the formation of a civic position (OC-3);
- the ability to act in non-standard situations, to bear social and ethical responsibility for the decisions made (OC-4);
- readiness for self-development, self-realization, self-education, use of creative potential (OC-5);
- the ability to use methods and means of physical culture to ensure full-fledged social and professional activity (OC-6);
- willingness to use first aid techniques, methods of protection in emergency situations (OC-7);
- willingness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences (OC-8).

A graduate who has mastered the basic educational program of higher education software specialty 31.05.01 General Medicine must have the following **general professional competence** :

- willingness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security (OPC-1);
- readiness for communication in oral and written forms in Russian and foreign languages for solving problems of professional activity (OPC-2);
- the ability to use the basics of economic and legal knowledge in professional activities (OPC-3);
- the ability and willingness to implement ethical and deontological principles in professional activities (OPC-4);
- the ability and willingness to analyze the results of their own activities to prevent professional mistakes (OPC-5);
- readiness to maintain medical records (OPC-6);
- readiness to use basic physical and chemical, mathematical and other natural science concepts and methods in solving professional problems (OPC-7);
- readiness for medical use of drugs and other substances and their combinations in solving professional problems (OPC-8);
- the ability to assess morphofunctional, physiological states and pathological processes in the human body to solve professional problems (OPC-9);
- the ability to ensure the organization of patient care and the provision of primary pre-medical health care (OPC-10);

the readiness to use medical devices, provided for by the procedures for the provision of medical care (OPC-11).

A graduate who has mastered the basic educational program of higher education in the specialty 31.05.01 General medicine must have the following **professional competencies** :

in medical practice:

the ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, preventing the occurrence and (or) spread of diseases, their early diagnosis, identifying the causes and conditions of their occurrence and development, as well as aimed at eliminating harmful influence of environmental factors on human health (PC-1);

the ability and readiness to conduct preventive medical examinations, clinical examination and dispensary observation (PC-2);

the ability and readiness to carry out anti-epidemic measures, the organization of protection of the population in the centers of especially dangerous infections, with a worsening radiation situation, natural disasters and other emergencies (PC-3);

the ability and readiness to use social and hygienic methods for collecting and medical-statistical analysis of information on the indicators of public health (PC-4);

the readiness to collect and analyze patient complaints, data from his anamnesis, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease (PC-5);

the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Problems Related to Health, X revision (PC-6);

the readiness to conduct an examination of temporary disability, to participate in the conduct of a medical and social examination, to ascertain the biological death of a person (PC-7);

readiness to determine the tactics of managing patients with various nosological forms (PC-8);

readiness to manage and treat patients with various nosological forms on an outpatient basis and in a day hospital (PC-9);

readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care (PC-10);

readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention (PC-11);

readiness to conduct physiological pregnancy; delivery of childbirth (PC-12);

readiness to participate in the provision of medical assistance in emergency situations, including participation in medical evacuation (PC-13);

the readiness to determine the need to use natural therapeutic factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment (PC-14);

the readiness to teach patients and their relatives the basic hygienic measures of a health-improving nature, the skills of self-control of the main physiological indicators, contributing to the preservation and strengthening of health, the prevention of diseases (PC-15);

readiness for educational activities to eliminate risk factors and develop healthy lifestyle skills (PC-16);

in organizational and managerial th of activity and :

the ability to apply the basic principles of organization and management in the field of public health protection, in medical organizations and their structural units (PC-17);

the willingness to participate in assessing the quality of medical care using the main medical and statistical indicators (PC-18);

the ability to organize medical assistance in emergency situations, including medical evacuation (PC-19);

in RESEARCH th of activity and :

the readiness to analyze and publicly present medical information based on evidence-based medicine (PC-20);

the ability to participate in scientific research (PC-21);

willingness to participate in the implementation of new methods and techniques aimed at protecting the health of citizens (PC-22).

As a result of studying the disciplines of the Curriculum of the specialty 31.05.01 General Medicine, the student must be ready to solve professional problems using the method of interdisciplinary interaction.

Graduate, master the program in the specialty 31.05.01 General Medicine, must be prepared to solve sledujushchi e **PROFESSIONAL TASKS AND :**

- Guided amb occurrence ie diseases among the population by carrying out preventive and anti-epidemic measures;
- n moat odit prophylactically e medically e examination s , Clinical examination w , outpatient e observing e ;
- n rovodit collection and health Statistically s analysis of information on health indicators of the population of different age and sex groups, characterizing the state of their health;
- d iagnosti Rowan disease I and pathologically e status of patients;
 - diagnostic Rowan urgent e sostojani I ;
 - diagnostic Rowan beremennost s ;
- Province odit expertise in temporary disability and participation Vova in other types of medical examination;
- Normal display yvat PRIMARY th medical th health th pomoshch s outpatient and day hospital;
- Normal display yvat PRIMARY th medical th care s at sudden acute diseases, states, exacerbation of chronic diseases, not with n rovozhdayuschihnya threat of life of the patient and do not require emergency medical assistance;
- lan Vova in providing emergency medical care for conditions requiring urgent medical intervention;
- Normal display yvat Medical th assistance in emergency situations, including ESTATE tvovat medical evacuation;
- lan Vova in the conduct of medical rehabilitation and sanatorium treatment;
- formirova be among the population, patients and their families motivation to preserve and strengthen their health and the health of others;
- Educate amb patients basic hygiene measures improving character, contributing to the prevention of disease and promotion of health;
- applied yat BASIC e principle s of medical care in health care organizations and their structural subdivisions;
- CREATE Vat in medical institutions of favorable conditions for the stay of patients and medical staff work;
- ve STI medical documentation th in medical institutions;
- organisms ovyvat performing e medical examination;
- lan Vova in the organization assess the quality of patient care;
- observing amb BASIC e requirements I information security;
- Analysis th e Scien th literatures y and official e statistically e review s , lan Vova in conducting statistical analysis and represents a public ive give e result s ;

- lan Vova in solving specific research and scientific and applied problems in the field of health care for diagnosis, treatment, medical rehabilitation and prevention.

As a result of general clinical training, a graduate should have formed medical professional behavior, the foundations of clinical thinking; the knowledge, skills and abilities were acquired to ensure the solution of professional problems at various stages of medical care. Medical graduates should abide by the rules of medical ethics, moral-ethical relationships between health care providers do themselves and with patients.

A graduate of the specialty 31.05.01 General Medicine should KNOW:

- fundamentals of the legislation of the Russian Federation on the protection of public health, the main regulatory documents;
- basic principles of management and organization of medical care to the population;
- social insurance and social security, the basics of organizing insurance medicine in the Russian Federation, comparative characteristics of health care systems in the world;
- maintaining standard educational and reporting medical documentation in medical organizations;
- organization of work of junior and middle medical personnel in medical organizations;
- population health indicators, factors shaping human health (environmental, professional, climatic, endemic, social, epidemiological, emotional, professional, genetic);
- the basics of preventive medicine, the organization of preventive measures aimed at strengthening the health of the population;
- methods of sanitary and educational work;
- etiology, pathogenesis and preventive measures for the most common diseases; modern classification of diseases;
- the clinical picture, features of the course and possible complications of the most common diseases occurring in a typical form in different age groups;
- diagnostic methods, diagnostic capabilities of methods for direct examination of a patient of a therapeutic, surgical and infectious profile, modern methods of clinical, laboratory, instrumental examination of patients (including endoscopic, radiological methods, ultrasound diagnostics);
- the basics of the organization of outpatient and inpatient care for various groups of the population, the principles of medical examination of the population, rehabilitation of patients;
- criteria for the diagnosis of various diseases;
- the peculiarities of the organization and the volume of work of the outpatient-polyclinic doctor, modern diagnostic capabilities of the polyclinic service, methods of carrying out urgent measures, indications for planned hospitalization of patients;
- methods of treatment and indications for their use, the mechanism of therapeutic action of exercise therapy and physiotherapy, indications and contraindications to their appointment, especially their implementation;
- clinical manifestations of major surgical syndromes;
- organization of obstetric and gynecological care for the population, diagnostics of gynecological diseases, diagnostics of pregnancy, methods of pregnancy and childbirth;
- pathogenesis of infectious diseases, their main clinical manifestations, the main methods of laboratory and instrumental diagnostics used in infectious diseases ;
- basic principles of treatment of infectious diseases and rehabilitation of patients, indications for hospitalization of an infectious patient, specific and non-specific prevention of infectious diseases;
- features of the organization of work with patients with HIV infection;
- peculiarities of diagnostics, treatment, rehabilitation of patients with tuberculosis;
- the basics of the content of the work of an emergency doctor;

- clinical and pharmacological characteristics of the main groups of drugs and the rational choice of specific drugs in the treatment of major pathological syndromes of diseases and emergency conditions in patients.

A graduate of the specialty 31.05.01 General Medicine should BE ABLE TO:

- plan, analyze and evaluate the quality of medical care, the state of health of the population and the influence of environmental and hospital factors on it;
- to participate in the organization and provision of medical and preventive and sanitary and anti-epidemic assistance to the population, taking into account its socio-professional and age-sex structure;
- carry out preventive, hygienic and anti-epidemic measures;
- to carry out environmental expertise and environmental forecasting of human activities;
- determine the patient's status: collect anamnesis, interview the patient and / or his relatives, conduct a physical examination of the patient (examination, palpation, auscultation, blood pressure measurement, determination of the properties of the arterial pulse, etc.); assess the patient's condition to make a decision on the need to provide him with medical care; to conduct an initial examination of systems and organs: nervous, endocrine, immune, respiratory, cardiovascular, blood and hematopoietic organs, digestive, urinary, reproductive, musculoskeletal and joints, eyes, ear, throat, nose;
- to establish a priority for solving the patient's health problems: critical (terminal) condition, condition with pain syndrome, condition with chronic disease, condition with infectious disease, disability, geriatric problems, condition of mentally ill patients;
- assess social factors that affect the patient's physical and psychological health: cultural, ethnic, religious, individual, family, social risk factors (unOOP, violence, illness and death of relatives, etc.); to make a preliminary diagnosis - to synthesize information about the patient in order to determine the pathology and the causes of it;
- outline the volume of additional studies in accordance with the prognosis of the disease, to clarify the diagnosis and obtain a reliable result;
- determine on the roentgenogram the presence of a fracture and dislocation, free gas in the abdominal cavity, hydro - pneumothorax;
- select an individual type of care for the patient's treatment in accordance with the situation: primary care, ambulance, hospitalization;
- formulate a clinical diagnosis;
- develop a plan of therapeutic (surgical) actions, taking into account the course of the disease and its treatment;
- formulate indications for the chosen method of treatment, taking into account etiotropic and pathogenetic agents, substantiate pharmacotherapy in a particular patient with major pathological syndromes and emergencies, determine the route of administration, regimen and dose of drugs, assess the effectiveness and safety of the treatment;
- apply various methods of drug administration; to make a preliminary diagnosis - to synthesize information about the patient in order to determine the pathology and its causing causes;
- outline the volume of additional studies in accordance with the prognosis of the disease, to clarify the diagnosis and obtain a reliable result;
- use the methods of primary and secondary prevention in treatment activities (based on evidence-based medicine), establish cause-and-effect relationships of changes in health status from the impact of environmental factors;
- carry out a physiological pregnancy;
- to provide assistance with obstetrics;

- to provide first aid in case of emergency conditions, first medical aid to victims in lesions in emergency situations;
- examine patients with various traumatic injuries, with purulent-septic conditions, identify life-threatening bleeding disorders, apply transport splints, bandages and kerchiefs, administer medications through drains and microirrigators, assess the suitability of blood and its preparations for transfusion, monitor hemodynamic parameters and breathing;
- carry out resuscitation measures in the event of clinical death;
- before the operation and surgical manipulations, treat hands, the operating field, put on a sterile surgical mask, put on a sterile surgical mask, put on or change sterile gloves, a sterile gown yourself and with the help of an operating nurse;
- to carry out with the population of the attached area measures for the primary and secondary prevention of the most common diseases requiring therapeutic or surgical treatment, carry out preventive measures to increase the body's resistance to unfavorable environmental factors using various methods of physical culture and sports, hardening, and promote a healthy lifestyle;
- select individuals for BCG revaccination, taking into account the results of mass tuberculin diagnostics, assess the nature of the local vaccination reaction and possible post-vaccination complications; to form groups of increased risk for tuberculosis disease, to evaluate the effectiveness of dispensary observation of patients;
- fill out a medical history, write a prescription;
- apply the legal and medical aspects of ascertaining the death of a person, ascertaining biological and clinical death, inspecting groups at the place of its detection, identifying material evidence of biological origin and organizing their referral for examination;
- conduct a forensic medical examination of living persons and interpret the results of laboratory studies of objects of forensic medical examination.

A graduate of the specialty 31.05.01 General Medicine must be PROFICIENT IN:

- correct maintenance of medical records;
- public health assessments;
- in METHODS physical examination;
- interpretation of the results of laboratory, instrumental diagnostic methods;
- an algorithm for a detailed clinical diagnosis;
- an algorithm for making a preliminary diagnosis with the subsequent referral of the patient to the appropriate specialist doctor;
- consolidating indicators characterizing the degree of development of the health care economy, the methodology for calculating indicators of medical statistics;
- the main medical diagnostic and therapeutic measures for the provision of first aid in urgent and life-threatening conditions
- in the skills of medical ethics and deontology in communicating with patients, colleagues.

3. LIST OF GENERAL MEDICAL PROBLEMS, CONDITIONS AND DISEASES, PRACTICAL ABILITIES AND SKILLS

In connection with the implementation of the concept of continuous higher, postgraduate and additional education, the state final certification should take into account that a graduate is a specialist who has high-quality fundamental training, but at the same time has only the initial experience of its application in practice. Therefore, the criterion of the quality of medical education is to determine the ability of graduates to apply basic concepts, regulations, practices of all disciplines of the curriculum as IU -methodological, theoretical and technological means of study and implementation of the target species of cognitive and professional activity in the stages of its further study and work.

3.1. GENERAL MEDICAL PROBLEMS

3.1.1. Public health and healthcare

- Criteria (indicators) of public health and their definition.
- The main factors determining the health of the population.
- Types of prevention, the main objectives and indicators it effektivnos minute.
- Methods for studying the health of the population. The role of medical statistics in the study of the health status of various age and sex groups of the population and the activities of the main medical and preventive healthcare institutions.
- Legal basis for the activities of health authorities and institutions.
- Health care systems, especially health care in Russia.
- Basic principles of organization of healthcare institutions, structure and performance indicators. Features a doctor working in the ambulatory and inpatient facilities.

3.1.2. Medical ethics

Moral and ethical standards of the relationship "doctor - patient", "doctor - doctor", "doctor - middle and junior medical staff", "doctor - relatives of the patient." Medical secrecy. Doctor's responsibility for professional violations.

3.1.3. Age-sex characteristics of the body's functioning.

3.1.4. Sanitary and epidemiological patterns of occurrence, development and spread of diseases.

3.1.5. The role of immune disorders in the pathogenesis of various diseases, humoral and cellular immunity.

3.2. LIST OF CONDITIONS AND DISEASES

The sections of the list of conditions and diseases are structured according to the systemic principle and combine all the pathology related to a given organ system in various clinical disciplines.

For each condition and disease, the graduate needs *to know*:

- etiology and pathogenesis;
- modern classification;
- a clinical picture, the flow characteristics and possible oslozhneniya diseases in different age groups;
- syndromology defeat of various organs and systems with the Executions knowledge gained in applied disciplines;
- diagnostic methods to make a diagnosis;
- justification of the tactics of the patient, methods of treatment and prognoses, to determine prognosis.

Knowledge of remedial measures must include all kinds of measures: regimen, diet, elimination of causative factors; drug, physical therapy, radiation therapy, detoxification methods, transfusion therapy, cardioversion techniques, organ transplants. With respect to all special methods, including operational, it is necessary to know the essence of the principles of conduct and testimony to them.

3.2.1. Infectious and parasitic diseases

Intestinal infections and invasions: typhoid fever, paratyphoid fever, dysentery, salmonellosis, foodborne toxic infections, cholera, botulism, viral hepatitis, yersiniosis, amebiasis, SFCrdiasis, helminthiasis.

Airborne infections: ARVI, ARVI croup syndrome, influenza, adenovirus infection, herpes infection, rubella, measles, chickenpox, whooping cough, diphtheria, scarlet fever, mumps, meningococcal infection, infectious mononucleosis, mycoplasma infection, poliomyelitis, tuberculosis.

Vector-borne infections: typhus, malaria.

Anthropozoonotic infections: brucellosis, plague, tularemia, anthrax, hemorrhagic fever with renal syndrome, rabies.

External integument infections: erysipelas, tetanus.

Infections predominantly sexually transmitted: ra yard, syphilis, AIDS (HIV), chlamydia, trichomoniasis.

Fungal lesions.

3.2.2 . Neoplasms (for all organ systems - malignant and benign)

3.2.3 . Diseases of the blood and blood-forming organs

Anemia: posthemorrhagic, iron, B₁₂-folievo-deficient, aplastic , hemolytic congenital and acquired (they munnye not immune).

Pancytopenia , agranulocytosis.

Hemorrhagic syndromes: thrombocytopenia, hemophilia, Randu-Osler disease , hemorrhagic vasculitis, *disseminated intravascular* coagulation syndrome, hemolytic disease of the newborn, radiation sickness.

Hematological malignancies : acute leukemia in children and adults, chronic lei goats, myeloma disease, polycythemia vera (erythremia); lymphomas (lymphogranulomatosis and others). Leukemoid reactions.

Blood transfusion reactions.

Eosinophilia .

3.2.4. Endocrine system diseases and metabolic disorders

Thyroid disease: endemic goiter, diffuse Toxie cal goiter, adenoma, cancer, thyroiditis , hypothyroidism, myxedema.

Hypothalamic-pituitary disorders: bo useful to Cushing's, diabetes insipidus.

Diabetes mellitus type 1 and 2, ketoacidosis , hyperosmolar coma, macro- and microangiopathies. Hypoglycemia, hyperinsulinism ,

Diseases of the adrenal glands: glucosteroma (Itsenko -Cushing's syndrome), aldosteroma (Conn's syndrome), pheochromocytoma, andreno- genital syndrome, adrenal insufficiency.

Ovarian diseases: hyperestrogenism , hypogonadism , sclerocystic ovarian syndrome (Stein- Leventhal). Mastopathy.

Metabolic disorders: obesity, dyslipidemia, hepatolenticular degeneration (Wilson-Konovalov disease), hemochromatosis .

3.2.5. Mental illness

Neuroses (neurasthenia, hysteria), phobias, anxiety, disrupt Nia mood.

Alcohol and drug addiction disorders. Alcohol nye psychosis, acute alcohol intoxication.

Schizophrenia, manic-depressive psychosis. Involutionary psychosis.

Sexual disorders: vaginismus, hypersexuality, impotence, frigidity.

3.2.6. Diseases of the nervous system

Neuritis and neuralSFC, polyneuropathy, discohepatic radiculopathy in diseases of the spine.

Cerebral vascular disease brain: acute cerebrovascular accidents (stroke, thrombosis, embolism), the blood flow subarachnoid chenie, raised intracranial pressure syndrome; discirculatory encephalopathy, perinatal encephalopathy.

Infectious diseases: meningitis, encephalitis, AIDS (HIV infection), abscess, neurosyphilis, myelitis.

Slow infections: Parkinson's disease, Huntington 's chorea .

Miscellaneous: gravis, cerebral palsy, migraine, epilep Sia.

3.2.7. Eye diseases

Acute conjunctivitis, dacryocystitis, blepharitis, barley; retinopathy in diseases of internal organs; myopia, hyperopia, strabismus, astigmatism, cataract, glaucoma, keratitis, retinal detachment, blindness.

3.2.8. Diseases of the ear and mastoid

Deafness, hearing loss, otitis media, mastoiditis, otosclerosis, neuritis of the auditory nerve, Meniere's disease .

3.2.9 . Diseases of the circulatory system

Endocardial diseases: rheumatic and infective endocarditis, acquired heart defects.

Congenital defects: patent ductus arteriosus, atrial and interventricular septal defects , tetrad of Fallot , coarctation of the aorta.

Myocardial disease: myocarditis, cardiomyopathy , myo dystrophy infarction.

Diseases of the pericardium: fibrinous pericarditis, exudative, constrictive , cardiac tamponade, traumatic heart damage.

Arterial hypertension: Essential (hypertension bo Leznov), symptomatic. Cardiopsychoneurosis.

Atherosclerosis, dyslipidemia. Coronary heart disease: stenokardiya, myocardial infarction. Aortic dissecting aneurysm.

Insufficiency of blood circulation: acute (cardiac asthma, pulmonary edema, shock), chronic congestive.

Violation of rhythm and conduction of the heart: beats, fibrilloflutter, paroxysmal tachycardia, atrial fibrillation is ludochkov, asystole, blockade.

Peripheral artery disease: endarteritis, atherosclerosis, thrombosis, embolism. Diseases of veins: varicose veins, thrombosis, thrombophlebitis, of chronic Cesky venous insufficiency, cellulitis.

Diseases of the pulmonary vessels: thrombosis and pulmonary embolism; John infarction rates of lung, pulmonary hypertension, pulmonary heart.

3.2.10. Respiratory diseases

Diseases of the nose, paranasal sinuses, pharynx, larynx, trachea: rhinitis, sinusitis, pharyngitis, tonsillitis, tonsillitis, peritonsillar abscess; acute laryngotracheitis; obstruction of the larynx, pharynx; trauma.

Lung infections: acute bronchitis, pneumonia, abscess, tuberculosis.

Obstructive pulmonary disease: chronic bronchitis, bronchiectasis; bronchial asthma, pulmonary emphysema; atelectasis, aspiration.

Pneumoconiosis (silicosis, asbestosis and others) and fibrosis existing illness (alveolitis, sarcoidosis).

Acute and chronic *respiratory failure* , including acute respiratory distress syndrome in children and adults.

Pleural diseases: pleurisy, pneumothorax, hemothorax.

3.2.11. Diseases of the digestive system

Diseases of the oral cavity, teeth, salivary glands, oropharynx.

Diseases of the esophagus: reflux esophagitis, hernia of the diaphragm, cardiospasm.

Diseases of the stomach: gastritis, stomach ulcer.

Bowel diseases: enterocolitis, duodenal ulcer, irritable bowel syndrome, terminal ileitis (Crohn's disease), ulcerative colitis, malabsorption syndrome , appendicitis, intestinal obstruction, mesenteric vascular thrombosis , diverticulosis , hemorrhoids, fissures in the anus.

Dysbacteriosis. Gastrointestinal bleeding.

Hernia: esophageal aperture card, the white line of the abdomen, inguinal, umbilical, postoperative.

Peritonitis.

Diseases of the pancreas: pancreatitis, cystic fibrosis, gastrinoma (Zollinger-Ellison syndrome).

Diseases of the liver and l month old ways: hepatitis, cirrhosis, echinococcosis, abscess, liver failure, jaundice; portal hypertension, ascites. Cholelithiasis, cholecystitis, cholangitis. Postcholecystectomy syndrome. Biliary dyskinesia.

3.2.12. Diseases of the skin and subcutaneous tissue

Infections of the skin and subcutaneous tissue: furuncle, carbuncle, Pa Naritsa, hidradenitis, abscesses, herpes simplex, herpes; pioder mission, acne; dermatophytosis (trichophytosis).

Inflammatory diseases of the skin and subcutaneous tissue: exogenous dermatitis, eczema, psoriasis, lichen, erythema, urticaria, pemphigus.

Trophic ulcers, gangrene.

3.2.13. Diseases of the musculoskeletal system and connective tissue

Inflammatory diseases: rheumatism, rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, scleroderma, dermatomyositis, polymyalgia rheumatica, periarteritis nodosa; bursitis, tendovaginitis.

Infections: osteomyelitis, septic arthritis, tuberculosis of the vertebrae.

Degenerative: deforming osteoarthritis, low back pain, Call, nightlight, contracture Dupuytren, shoulder-shoulder syndrome.

Metabolic: osteoporosis, chondrocalcinosis, gout, rickets.

Congenital and developmental defects: congenital dislocation of the hip; torticollis, scoliosis, flat feet, aseptic necrosis of the femur, myopathy.

3.2.14. Diseases of the genitourinary system

Diseases of the urinary system: acute and chronic glomerulonephritis, renal amyloidosis, nephrotic syndrome; acute and of chronic renal failure. Acute and chronic pyelonephritis, chronic pyelonephritis, paranephritis, nephroptosis, cystic, renal infarction.

Pyelitis, cystitis, urethritis, urinary tract obstruction, hydronephrosis, urinary incontinence, enuresis. Urethral stricture, ureterolithiasis.

Diseases of the male genital organs: prostatitis, adenoma, orchepididymitis, varicocele, hydrocele of the testicle and spermatic cord. Seminoma, cryptorchidism, phimosis, paraphimosis, balanoposthitis, impotence, male infertility.

Diseases of the breast.

Inflammatory and non-inflammatory diseases of the female pelvic; and larynx bodies: vulvitis, Bartholin's, colpitis, endometritis, oophoritis, tubo-ovarian tumor, parametrium, periometrium; endometriosis, uterine fibroids, benign and precancerous diseases of the female genital organs; amenorrhea, dysfunctional uterine bleeding, dysmenorrhea, algomenorrhea, infertility; acute abdomen in gynecology.

3.2.15. Pregnancy, childbirth, postpartum and neonatal periods

Features of pregnancy, childbirth and the postpartum period during their physiological course and in cases of complications. Family planning. Contraception, sterilization.

3.2.16. Congenital anomalies [malformations], deformities and chromosomal abnormalities (in all organ systems)

3.2.17. Symptoms, signs and abnormalities, not elsewhere classified (Extreme and terminal conditions)

Coma, delirium, dementia, syncope, ataxia, sleep disturbances.

3.2.18. Trauma

Injuries of various localization. Foreign bodies. Lesions due to an insulating shock, frostbite of different localization.

Drowning, hanging; aspiration, compression, and other types of asphyxia.

Bites and stings. Anaphylactic shock.

Poisoning with medicinal and toxic substances.

Effects of exposure to heat, light and chemicals, etc.

3.3. LIST OF PRACTICE AND SKILLS OF THE GRADUATE

3.3.1. Collection and assessment of anamnesis:

- social;
- biological;
- genealogical.

3.3.2. Anthropometric examination of the patient:

- measurement of body weight and length, chest circumference, head circumference;

- evaluation of the patient's physical development on the basis of Utilized Nia anthropometric data standards and codes.
- 3.3. 3. The psychometric examination and evaluation of mental time Vitia (condition) of the patient.
- 3.3. 4. Implementation and evaluation of functional exercise testing on Shalkovu , Shtange-Ghencea .
- 3.3. 5. Measurement and evaluation of blood pressure, heart rate from abbreviations are breaths per minute and a patient.
- 3.3. 6. Determination of the patient's health group based on a comprehensive assessment of the health status.
- 3.3. 7. Clinical examination of a healthy and sick patient: examination, auscultation, percussion, palpation.
- 3.3. 8. Collection of material for laboratory research in case of somatic and infectious pathology in a patient: blood, urine, feces, bone marrow, cerebrospinal fluid.
- 3.3. 9. Evaluation of test results:
 - a) general blood test, general urine tests, according to Nechiporenko, Addis-Kakovsky, Amburzha , samples according to Zimnitsky , coprograms ;
 - b) biochemical blood tests for somatic and infectious diseases:
 - rheumatological complex (total protein, protein fractions, sialic acid, Veltman test, C-reactive protein, formol test);
 - renal complex (whole protein, protein fractions, cholest rin, urea, residual nitrogen, clearance of endogenous creatinine, electrolytes - potassium, calcium, phosphorus, sodium, chloride);
 - hepatic complex (whole protein, protein fractions, hall sterol, total bilirubin, its fractions, Veltman sample sous lemovaya sample, thymol turbidity test, ALT, AST, alkaline phosphatase);
 - c) the acid-base state of the blood;
 - d) fasting blood sugar, blood amylase, urine diastase;
 - e) serological marker spectrum of patients with viral hepatitis titami A, B, C;
 - f) the study of immune status in various forms of infectious tional diseases in a patient;
 - g) studies for serum markers in rubella, HIV infection, CMV infection, toxoplasmosis, infectious mononucleosis, etc .;
 - h) Mantoux and Pirquet samples.
- 3.3. 10. Determination of the blood group according to the ABO and Rh system .
- 3.3. 11. Performing a test for:
 - a) the individual compatibility of the blood donor and the patient;
 - b) blood suitability, blood substitutes, and other fluids to re Lebanon.
- 3.3. 12. Evaluation of coagulation: clotting time, duration krovotech Niya, tolerance to heparin, prothrombin index, prothrombin time, the time of recalcification .
- 3.3. 13. Evaluation of the results of instrumental research methods:
 - a) ultrasound scanning;
 - b) gastric and duodenal intubation;
 - c) X-ray examination;
 - d) electrocardiographic examination;
 - e) bronchoscopy and bronchography;
 - f) lumbar , sternal, pleural puncture.
- 3.3. 14. Preparation of the patient to X-ray and ultrasound of the adherence of the gastrointestinal tract, urinary system we have; for endoscopy in the gastrointestinal tract and op ganas breathing.
- 3.3. 15. Perform digital examination of the rectum.
- 3.3. 16. Carrying out postural bronchial drainage.
- 3.3. 17. Conducting external and internal examination of pregnant women in healing them, and late pregnancy.

- 3.3. 18. Determination of the reaction of pupils to light.
- 3.3. 19. Evaluation of the identified during the examination of the patient's pathological enforcement and formulation of preliminary diagnosis.
- 3.3. 20. Justification etiological, pathogenetic and posindromnoy those rapii in various pathological conditions in patients.
- 3.3. 21. Treatment of the mouth, ears, nose.
- 3.3. 22. Rinsing the eyes.
- 3.3. 23. Removal of a foreign body:
 - a) from the conjunctiva;
 - b) from the external auditory canal, from the nasal cavity;
 - c) from the oral cavity.
- 3.3.24. Eye treatment for burns.
- 3.3. 25. Carrying out anterior tamponade for nosebleeds.
- 3.3. 26. Stopping external bleeding by:
 - a) finger pressing of the vessel;
 - b) applying a pressure bandage;
 - c) applying a tourniquet.
- 3.3.27. Gastric lavage.
- 3.3.28. Statement of cleansing, siphon and medicinal enemas.
- 3.3.29. Exhaustion of the contents of the upper airways (s ispol'uet mations electrical and mechanical suction).
- 3.3. 30. Imposition of a colostomy bag.
- 3.3. 31. Treatment of bedsores.
- 3.3. 32. Execution of medicaments injection (intramuscularly, under the skin, intradermally , intravenously), calculation of doses and drug dilutions GOVERNMENTAL means.
- 3.3. 33. Preparing the system for intravenous infusion and carrying vnut Riven transferring liquids.
- 3.3. 34. Installing the duct.
- 3.3. 35. Prepare a set of tools, materials, medicines and wired denie primary surgical treatment of wounds.
- 3.3. 36. Applying a bandage to all areas of the body.
- 3.3. 37. Bandaging a clean and purulent wound. Overlay povya antibacterial dressings.
- 3.3. 38. Using an individual dressing package. Applying an elastic bandage to the lower limb.
- 3.3. 39. Implementation of immobilization in case of dislocations and fractures of the upper and lower extremities by using:
 - a) improvised means;
 - b) transport, tires.
- 3.3. 40. Determination of the correctness of the application of the plaster cast.
- 3.3.41. Performing chest compressions. Demonstration of techniques Started you with a defibrillator.
- 3.3.4 2. Performing mechanical ventilation by the "mouth-to-mouth", "mouth-to-nose" method, the Ambu bag .
- 3.3. 43. Provision of emergency care for:
 - a) burns, frostbite and e lektrotravme;
 - b) acute respiratory failure and the prehospital Gospa Talnoye stages;
 - c) acute pulmonary edema;
 - d) poisoning and intoxication;
 - e) burns of the esophagus;
 - f) acute dehydration;
 - g) shock of various origins;
 - h) hyperthermia;
 - i) acute violation of cerebral circulation;

- j) hypertensive crisis;
 - k) cerebral edema;
 - l) convulsions;
 - m) epileptiform seizure;
 - n) DIC syndrome;
 - o) fainting, collapse;
 - p) solar and heatstroke;
 - q) drowning;
 - r) acute allergic reactions;
 - s) an attack of bronchial asthma;
 - t) anginal status;
 - u) diabetic coma;
 - v) an attack of renal colic;
 - w) acute intestinal and respiratory infections;
 - x) bites by animals, snakes and insects.
- 3.3.44. Extract and execution of recipes, including soft on drugs cal drugs and equivalents.
- 3.3. 45. Maintaining standard medical records.
- 3.3. 46. Organization of work of the nursing post.
- 3.3. 47. Drawing up a plan and carrying out sanitary and educational work.
- 3.3. 48. Carrying out anti-epidemic measures in the foci of infection.
- 3.3. 49. Analysis of the performance of doctors and medical profilak cal institutions.

4 . STAGES OF THE STATE FINAL CERTIFICATION

State final certification of graduates of the Faculty of Medicine and Prevention consists of 3 stages.

STAGE I - "CERTIFICATION TESTING" .

It is carried out on the basis of computer technologies (electronic carriers of test tasks) using a bank of test tasks covering the content of disciplines of the basic part of the Curriculum of the specialty 31.05.01 - General Medicine.

STAGE II - "ASSESSMENT OF THE LEVEL OF ASSIMILATION OF PRACTICAL SKILLS AND ABILITIES"

In a "patient's bedside" clinical setting, the student must demonstrate the following skills:

- 1) conduct an objective study of children of different ages (patients of somatic and surgical departments);
- 2) identify clinical symptoms and compose symptom complexes (syndromes) of organ and system damage;
- 3) evaluate laboratory and instrumental research methods;
- 4) formulate a clinical diagnosis; define a health group;
- 5) appoint a plan for additional examination;
- 6) justify the treatment plan;
- 7) write a prescription for one of the medications prescribed to the patient.

STAGE III - "INTERVIEW BASED ON THE SOLUTION OF MEZHDIS - CIPLINARY SITUATIONAL TASKS"

A situational task represents a specific clinical situation that a graduate must solve by applying the knowledge, skills and abilities acquired in the learning process. The task presents complaints, basic information from the anamnesis of the disease and the patient's life, data from an objective study of organs and systems, a number of indicators of laboratory and instrumental research methods. According to the situational task, the student must give a conclusion on the assessment of the patient's condition, substantiate the diagnosis, identify risk factors for the development of the disease or pathological abnormalities in the patient ,

substantiate the need for additional examination; determine the treatment tactics, including emergency therapy; predict the possibility of complications, name the methods of clinical examination, outline ways of prevention.

Situational tasks are provided for the following disciplines: hospital therapy, polyclinic therapy, infectious diseases, hospital surgery, phthisis atr ia, public health and health care, health economics, clinical pharmacology, traumatology, orthopedics, anesthesiology, resuscitation and intensive care.

5. RECOMMENDED EDUCATIONAL LITERATURE FOR PREPARATION FOR SFC

1. Obstetrics: a textbook for medical students: [Rec. min- industry vom] / GM Savelyeva, R.I. Shalina [and others]. - M.: GEOTAR- Media, 2012. -656 p.: Ill ..
2. Gynecology: a textbook for students. honey. universities / Ed.: G.M.Savelyeva, V.G.Breusenko. - 3rd ed., rev. and add. - M.: GEOTAR - Media, 2013. - 432 p. Recommended by UMO for honey. and farm. education of Russian universities as a textbook for students. honey. universities. total 299: Ab. n. l. (5), Ab. uch. l. (294)
3. Gynecology: textbook / under the editorship of G.M.Savelyeva, V.G.Breusenko. - 4th ed. Rev. and add. - Moscow: GEOTAR-Media, 2012. -- 432 p. total 165: ChZ (2), Ab. n. l. (4), Ab. uch. l. (159)
4. Internal diseases: textbook: in 2 volumes / Ministry of Education and Science of the Russian Federation; under the editorship of V. S. Moiseev, A. I. Martynov, N. A. Mukhin. - 3rd ed. Ispra. and add. - M.: GEOTAR-Media, 2012.
5. Internal diseases: textbook / V. I. Makolkin, S. I. Ovcharenko, V. A. Sulimov. - 6th ed. Rev. and add. - M.: GEOTAR-Media, 2012. -- 768 p.: ill. (Code 616 / M165-362662);
6. Infectious Diseases / Textbook. Ed. N. D. Yushchuk. - M.: JSC "Publishing House" Medicine", 2012.
7. Surgical diseases: In 2 volumes. Vol.2 / Ed. V.S.Savelyeva, A.I. Kirienko. - M.: GEOTAR - Media, 2011. - 400 p.: ill.
8. Surgical Diseases / Ed. A.F. Chernousov. Year of publication: 2012. Publisher: GEOTAR - Media.
9. Surgical diseases: In 2 volumes. NV Merzlikin, NA Brazhnikov, BI Alperovich. and others. Year of publication: 2012 Publisher: GEOTAR-Media.
10. Occupational Pathology: National Guide / under. Ed. N.F. Izmerova. M.: GEOTAR-Media, 2011. -- 784 p.
11. Public health and health care: textbook / O.P. Shchepin, V.A. Medik - M.: GEOTAR - Media, 2011, 592 p.
12. Davydkin I.L., Blashentseva S.A., Gritsenko T.A. Polyclinic therapy // textbook ed. Davydkina I.L., Shchukina Yu.V. - GEOTAR-media, 2013 - 688 p.
13. Perelman M.I., Koryakin V.A., Bogadelnikova I.V. Phthisiology. - Tutorial for medical students - M., "GEOTAR", 2011. - 448s.

Electronic databases:

1. www.pulmonology.ru
2. www.antibiotic.ru
3. www.bibliomed.ru
4. www.bmj.com
5. www.cardiosite.ru
6. www.clinicalevidence.org
7. www.consilium-medicum.com
8. www.gastrosite.ru
9. www.gina.org
10. www.jama.org
11. www.medscape.com

12. www.osdm.org
 13. www.ossn.ru
 14. www.osteoporosis.ru
 15. www.osteoporosu.net
 16. www.iof.org
 17. www.pubmed.org
 18. www.rheumatolog.ru
 19. www.rmj.ru
 20. www.urmj.ru
 21. www.PAH-info.ru
 22. www.uralinfectology.ru
 23. www.consilium-medicum.com
 24. www.medscape.com
 25. www.who.int.ru
 26. www.minzdravsoc.ru
- National clinical guidelines
 - Procedures for the provision of medical care

III. FUNDS FOR EVALUATION FUNDS FOR THE STATE FINAL CERTIFICATION OF GRADUATES WHO COMPLETE THE DEVELOPMENT OF OOP IN SPECIALTY 31.05.01 MEDICAL CASE

STAGE I - CERTIFICATION TESTING

It is carried out on the basis of computer technologies (electronic carriers of test tasks) using a bank of test tasks, covering the content of disciplines of the basic part of the Curriculum of the specialty 31.05.01 General Medicine.

The total number of test tasks is 3500. One student must complete 100 test tasks.

Criteria for evaluation. The result is assessed on the basis of "passed" (the number of correct answers is 70% and more) or "not accepted" (the number of correct answers is less than 70%) and is announced to students on the day of registration and approval of the minutes of the meeting of the certification commission.

Examples of test items:

1. THE SCIENTIFIC BASIS FOR NEW PREVENTION OF CHRONIC NON-COMMUNICABLE DISEASES IS THE CONCEPT

- healthy lifestyle
- + risk factors
- b The struggle with bad habits
- individual prevention

2. DISPENSERIZATION IS PERFORMED

- every year
- + Once every 3 years
- once every 2 years
- once every six months

3. BY RESULTS OF DISPENSERIZATION IS FORMED

- 1 group
- 2 groups
- + 3 groups
- 4 groups

4. DISPENSARY MONITORING OF PATIENTS WITHOUT PROVEN CARDIOVASCULAR DISEASES WITH HIGH AND VERY HIGH TOTAL CARDIOVASCULAR RISK

+ a doctor of the department of medical prevention, in the absence of a prevention office, for example, in rural areas - a local general practitioner

- local physician
- day hospital doctor
- cardiologist of the polyclinic

5. BRIEF PROFILE ACTIVE CONSULTATION AT THE FINAL STAGE OF DISPENSERIZATION CONDUCT

- Doctor of the Department of Medical Prevention
- day hospital doctor
- cardiologist of the polyclinic
- + local general practitioner

6. BRIEF PREVENTIVE CONSULTATION TAKES ___ MINUTES

- 5
- + 10
- 30
- 60

7. MEDICAL AND SOCIAL EXAMINATION IS PERFORMED

- + federal institutions of medical and social expertise
- institutions of medical and social expertise of the constituent entity of the Russian Federation
- city institutions of medical and social expertise
- CHI funds

8. DISABILITY OF GROUP I IS INSTALLED ON

- 1 year
- + 2 years
- 3 years
- indefinitely

9. DISABILITY GROUP II IS INSTALLED ON

- + 1 year
- 2 years
- 3 years
- indefinitely

10. DEGREE OF LOSS OF PROFESSIONAL OOP IS ESTABLISHED AT

- + percent
- fractions of the whole
- decimal places
- subjective characteristics

11. PROBABLE OL ICHIN ANEMIA IN MEN 55 YEARS UNDERGOING 7 YEARS AGO P EZEKTSIYU STOMACH (IN BLOOD SMEARS MACROCYTOSIS) IS DEFICIT

- iron
- erythropoietin
- + cyanocobalamin
- pyridoxine

12. THE MAIN PURPOSE OF ANTICHELICOBACTIC THERAPY IN PERFECTIVE DISEASE IS

- reducing the severity of pain
- acceleration of ulcer scarring
- reducing the risk of perforation of the ulcer
- + decreased relapse rate

13. IN THE ABSENCE OF VITAMIN B12 DEPOSIT, CLINICAL MANIFESTATIONS OF VITAMIN B12 DEFICIENCY DEVELOP THROUGH

- 3-4 months
- + 4-5 years old
- 5-8 months
- 9-12 months

14. WITH WILSON-KONOVALOV'S DISEASE AFFECT

- + liver and brain
- heart and kidneys
- kidneys and lungs
- liver and kidneys

15. MOST HOURS YOU CAUSE BACTERIAL COMPLICATIONS IN COPD IS

- pneumococcus
- staphylococcus

- mycoplasma
 - + haemophilus influenzae
16. IN DIAGNOSIS OF LIVER CIRROSIS, IT IS DECISIVE

- ultrasound examination
- radiography
- irrigoscopy
- + elastometry .

STAGE II - ASSESSMENT OF THE LEVEL OF ASSIMILATION OF PRACTICAL SKILLS AND ABILITIES

In a clinical setting “at the patient's bedside”, the student must present the patient and his medical history, demonstrate the following skills and abilities:

- 1) conduct an objective study of patients (somatic, surgical and gynecological departments);
- 2) identify clinical symptoms and compose symptom complexes (syndromes) of organ and system damage;
- 3) evaluate laboratory and instrumental research methods;
- 4) formulate a clinical diagnosis;
- 5) appoint a plan for additional examination;
- 6) justify the treatment plan;
- 7) write a prescription for one of the medications prescribed to the patient .

Assessment criteria for the second stage (Assessment of the level of assimilation of practical skills and abilities). A graduate is given “done” if he has demonstrated a sufficient level of mastering of practical skills and abilities (from 71% to 100%). If the volume is less than 71%, the graduate receives an “not completed” grade.

In accordance with the program of the SFC of graduates of the specialty 31.05.01 General Medicine, the ability to examine a patient is assessed. The survey can be complete or incomplete. A full examination includes adherence to all stages of the patient management protocol, including clarifying the patient's complaints, collecting an anamnesis of life and disease, carrying out a complete objective examination of the patient using the main and additional special techniques, as well as identifying all clinical symptoms and drawing up symptom complexes and syndromes of organ damage and systems, correct interpretation of laboratory and instrumental research methods, justification of the diagnosis and drawing up a treatment plan. The result is fully assessed if more than 70% of the required standard of examination, diagnosis and treatment for a given patient's disease has been completed.

STAGE III - C INTERVIEW BASED ON THE SOLUTION OF INTERDISCIPLINARY SITUATIONAL TASKS

A situational task represents a specific clinical situation that a graduate must solve by applying the knowledge, skills and abilities acquired in the learning process. The task presents complaints, basic information from the anamnesis of the disease and the patient's life, data from an objective study of organs and systems, a number of indicators of laboratory and instrumental research methods. According to the situational task, the student must give a conclusion on the assessment of the patient's condition, substantiate the diagnosis, identify risk factors for the development of the disease or pathological abnormalities in the patient, substantiate the need for additional examination; determine the treatment tactics, including emergency therapy; predict the possibility of complications, name the methods of clinical examination, outline ways of prevention.

Situational tasks are provided for the following disciplines: hospital therapy, polyclinic therapy, infectious diseases, hospital surgery, phthisis atr ia, public health and health care, health economics, clinical pharmacology, traumatology, orthopedics, anesthesiology, resuscitation and intensive care.

The graduate receives a set of two situational tasks. Each set of tasks is represented by both "planned" and "urgent" situations:

Example No. 1 of completing tasks:

1. Hospital therapy + OZZO (*planned*),
2. Surgical diseases + Obstetrics / Gynecology "(*emergency*).

Example No. 2 of completing tasks:

1. Traumatology + OZZO (*emergency*),
2. Polyclinic therapy + Obstetrics / Gynecology (*planned*).

EXAMPLES OF SITUATION TASKS

PLANNED SITUATION

BASIC CLINICAL DISCIPLINES + OZZO

1. Polyclinic therapy + OZZO

Patient K., 35 years old, a librarian, turned to the local doctor with complaints of pain in the small joints of the hands with swelling and limitation of movements, as well as morning stiffness lasting about 3 hours.

From the anamnesis: Joint pains bother for a year, was treated independently, took indomethacin, when taken, pain and swelling in the joints decreased.

Objectively: The condition is satisfactory. Height = 165 cm, weight = 52 kg. Small joints of the hands with swelling and deformation, movements in them are moderately limited. In the lungs - vesicular breathing, RR = 16 in 1 min. Heart sounds are muffled. Heart rate = 72 in 1 min. BP = 120/80 mm Hg. Art. Tongue moist, pink, clean. The abdomen is soft, painless on palpation. The liver and spleen are not palpable. The dimensions of the liver and spleen according to Kurlov: 9.5 x 8 x 7 cm and 6/4 cm, respectively. Swinging in the projection of the kidneys is painless.

Outpatient examination results:

OAK: Eritr. = 3.2×10^{12} / l. Hb = 98 g / l, col. pok. = 0, 84. Leukocytes = 8.2×10^9 / l: baseline - 0%, eos. - 1%, stick. - 4%, segm. - 71%, Lymphocytes - 16%, Monocytes - 8%. ESR = 23 mm / hour.

OAM: color - sol. - Yellow., Beats. density = 1010, the reaction is slightly acidic. Protein is denied. Sugar is denied. The epithelium is flat = 1-2 in p / sp. Leukocytes = 1-2 in p / sp.

EKG: Sinus rhythm, correct, 72 in 1 min. RI > RII > RIII. RV2 = SV2. Angle $\alpha = 35^\circ$.

Fluorography of the chest organs: The roots of the lungs are not dilated, focal and infiltrative shadows are not revealed. The sinuses are free.

Biochemical blood test: Sugar = 4.3 mmol / l. Amylase = 20 units (according to Wolgemuth). Creatinine = 0.101 mmol / L. Bilirubin = 14.4 μ mol / L. AsAt / AlAT = 0.8 / 1.3 mmol / L. Cholesterol = 4.4 mmol / L. Potassium = 4.1 mmol / L. Total protein = 81 g / l: albumins - 56.0%, globulins - 44.0% ($\alpha_1 = 3.2\%$, $\alpha_2 = 8.7\%$, $\beta = 11.6\%$, $\beta = 26.7\%$) ... PSA = (++) , ASLO = 250 units.

Glomerular filtration rate = 83 ml / min.

Study of the function of external respiration: FEV1 = 75% of the proper value.

1. Formulate the diagnosis of the main and concomitant diseases, substantiating it with the information available in the problem statement. Prescribe "starting" therapy (etiologic, pathogenetic and syndromic-symptomatic).

2. Justify the need for additional laboratory and / or instrumental studies to verify the diagnosis, carry out differential diagnostics and possible correction of the "starting" therapy.

3. Determine at what organizational stages medical care should be provided to this patient, what types, conditions and forms of medical care should be provided in this case. What is the procedure for issuing a certificate of incapacity for work in this situation? What types and measures of prevention should be considered priority for this pathology? What type of morbidity should be attributed to this case during statistical registration; what indicators are used to analyze the level and structure of morbidity?

RECOMMENDED ANSWER CONTENT:

1. Diagnosis of the disease and its rationale:

The main disease "Rheumatoid arthritis, articular form with damage to small joints of the hands, active phase, II degree of activity. FN I degree. Anemia of unspecified genesis, normochromic, stage I gravity".

Justification of the nosological form: pain in the small joints of the hands with morning stiffness, symmetrical swelling and limitation of movement, persisting for more than 6 weeks (the presence of 5 diagnostic criteria for ARA, characterizing RA as "definite").

Justification of the activity of the process and the II degree: the presence of swelling and defiguration of the joints, as well as the duration of morning stiffness about 3 hours and the acceleration of ESR up to 23 mm / hour.

Justification for FN I degree: moderate limitation of movements in the joints without obvious disturbance of professional activity during the year.

Initial therapy, based on the condition of the problem and the diagnosis, should include the following treatment complex:

- Diet No. 10 (exclusion of universal sensitizers and food allergens; restriction of foods and drinks that irritate the gastrointestinal tract, as well as excite the nervous and endocrine systems; restriction of salt and fluid).
- Ward mode (limitation of physical activity during the period of active inflammation).
- NSAIDs: preferably from the group of COX inhibitors (movalis, nise), because with the non-exclusion of erosive changes in the coolant and an increased level of AST and ALAT in the *patient's* blood, not only preparations of the pyrosolone and pyrazolidine series, but also derivatives of pyrrole, indoleacetic, orthoxybenzoic, mefenamic and anthranilic acids (have ulcerogenic or hepatotoxic effects) *are not indicated*.
- Application to the area of the affected joints of 50% solution of DMSO with voltaren and / or analgin (daily, 45 minutes, 10 in number).

The question of the appointment of phonophoresis of hydrocortisone to the area of the affected joints should be resolved based on the dynamics of the process against the background of "starting" therapy (its effectiveness is assessed after 7-10 days).

2. To verify the diagnosis, carry out differential diagnostics and possible correction of the "starting" therapy, it is necessary to perform the following studies:

For an objectification II degree of activity: study proteinogram blood (expected to increase the level of α_2 -globulin to 15%), CRP (expected to increase ++), sialic acids and fib p Inog.

For more accurate serological process accessories: the definition of the Russian Federation is characterized by an autoimmune mechanism damaged synovium and cartilage of the joints and the underlying progression of RA with the possibility of damage to the connective tissue of other organs and systems (systemic manifestations) - a blood serum test for the presence of anti t eat a cyclic tsitruilirovannomu peptide (anti-CCP), to modified citrolinated vimentin / visfatin (anti-MCV), or performing a latex test, a dermatol test (in titers > 1:20) and the Waaler-Rose reaction (in a titer > 1:32), which characterize RA as seropositive.

To determine the X-ray stage of the process: X-ray of the hands of the joints (detection of erosive and destructive changes - "usure of the articular cartilage" - is an indication for the appointment of basic therapy) with a 2-year interval of repeated X-rays, since the number of joints re-involved during this period and the dynamics of X-ray changes in the previously affected ones make it possible to objectify the idea of the course (stationary, slowly or rapidly progressive) and substantiate the need for drug therapy correction.

To clarify the cause of anemia: uncontrolled intake of indomethacin requires exclusion of erosive and ulcerative lesions of the coolant with diapedesic bleeding (FGS), as well as determination of the level of serum iron (iron deficiency anemia is most likely, since normal bilirubin level and the absence of characteristic enlargement of the spleen).

To clarify the nature giperfermentemii (ACAT / ALT = 0.8 / 1.3 mmol / l) in the absence of regular and prolonged use of indomethacin (as a cause of drug enzyme induction) and had

indications last patient contact with hepatotoxic agents (including ethanol), it seems appropriate to study blood markers virus re-patita B and C (ELISA determination antigen HBsAg, HBeAg and antibodies AHBSAg, AHBeAg, AHBCor - summary and of class M immunoglobulin; PCR identification of DNA HBV RNA and HCV), infection of which may not be known to patients. It is also desirable to study the blood serum lipidogram and conduct an ultrasound of the liver (to exclude liver steatosis and non-alcoholic steatohepatitis).

To clarify the cause of LV hypertrophy (RI > RII > RIII. RV2 = SV2. Angle $\alpha = 35^\circ$): ask a clarifying question about the lifestyle (previously available physical activity - domestic, sports) and conduct an ultrasound of the heart to exclude pathologies of the valve apparatus.

It seems appropriate to refer the patient to a consultation with a rheumatologist and the desirability of consultation with a gastroenterologist and a cardiologist.

3. Answer to the OZZO question:

General provisions: *The organizational stages of the provision of medical care to a specific patient are determined on the basis of procedures for the provision of medical care, protocols for managing patients, routing algorithms, standards for the provision of medical care for certain diseases and conditions - from emergency or primary care, approved at the federal level or at the level of a constituent entity of the Federation. health - care to specialized, including high-tech medical care in medical institutions of different categories and capacity.*

The types, conditions and forms of medical care are classified in accordance with the Federal Law "On the Basics of Health Protection of Citizens in the Russian Federation" dated November 21, 2011 No. 323 FZ, Article 32 "Medical Assistance". The types of medical care include: 1) primary health care; 2) specialized, including high-tech, medical care; 3) ambulance, including specialized ambulance, medical aid; 4) palliative care. Medical care can be provided in the following conditions: 1) outside a medical organization (at the place of calling an ambulance, including a specialized ambulance, medical care, as well as in a vehicle during medical evacuation); 2) on an outpatient basis (in conditions that do not provide for round-the-clock medical supervision and treatment), including at home, when a medical worker is called; 3) in a day hospital (under conditions that provide for medical supervision and treatment during the day, but do not require round-the-clock medical supervision and treatment); 4) stationary (in conditions providing round-the-clock medical supervision and treatment). The forms of medical care are: 1) emergency - medical care provided in case of sudden acute diseases, conditions, exacerbation of chronic diseases that pose a threat to the patient's life; 2) emergency - medical care provided in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life; 3) planned - medical care, which is provided during preventive measures, for diseases and conditions that are not accompanied by a threat to the patient's life, do not require emergency and urgent care, and a delay in the provision of which for a certain time will not entail a deterioration of the patient's condition, a threat to his life and health.

Articles 33-36 of Federal Law No. 323 specify each type of medical care.

In accordance with Article 33 "Primary health care" is subdivided into: 1) primary pre-medical health care, provided by feldshers, obstetricians and other medical workers with secondary medical education; 2) primary medical health care is provided by general practitioners, district general practitioners, pediatricians, district pediatricians and general practitioners (family doctors); 3) primary specialized health care is provided by specialist doctors, including specialist doctors of medical organizations providing specialized, including high-tech, medical care. Primary health care is provided on an outpatient basis and in a day hospital, in the form of a planned, urgent, emergency.

In accordance with Article 34 of the Federal Law No. 323 "Specialized, including high-tech, medical care" is provided by specialist doctors, requires the use of special methods and complex medical technologies. High-tech medical care is part of specialized medical care and includes the use of new complex and (or) unique methods of treatment, as well as resource-

intensive treatments with proven effectiveness; is provided in accordance with the list of types of high-tech medical care approved by the Ministry of Health of the Russian Federation. Specialized, including high-tech, medical care is provided in inpatient conditions and in a day hospital, in the form of planned, urgent, emergency.

In accordance with Article 35 of the Federal Law No. 323 "Ambulance, including specialized ambulance, medical care" is provided for diseases, accidents, injuries, poisoning and other conditions requiring urgent medical intervention; appears in an emergency and urgent form; conditions of provision - outside the medical organization, as well as in outpatient and inpatient conditions. Medical evacuation - transport of people in order to save life and health protection (including those undergoing treatment in medical institutions, that do not have the opportunity to provide the necessary medical care in life-threatening conditions, women during pregnancy, childbirth, the postpartum period and newborns g data, persons affected by emergencies and natural disasters Medical evacuation is carried out by mobile ambulance teams, includes: 1) air ambulance evacuation; 2) sanitary evacuation (by land, water and other types of transport).

In accordance with Article 36 of the Federal Law No. 323 "Palliative care" is a complex of medical interventions aimed at relieving pain and alleviating other severe manifestations of the disease, in order to improve the quality of life of terminally ill citizens; can be provided on an outpatient and inpatient basis.

In this situation: *Stage-by-stage types, conditions and forms of medical care* : Stage 1 (contacting a local therapist) - primary medical health care, on an outpatient basis, a planned form of provision; Stage 2 (hospitalization) - specialized medical care, in stationary conditions, a planned form of provision; Stage 3 (follow-up care) - primary medical or specialized health care, on an outpatient basis, a planned form of provision.

Hospitalization of the patient in a hospital (preferably in a rheumatology department) is tactically justified. It seems appropriate to refer the patient to a consultation with a rheumatologist and the desirability of consultation with a gastroenterologist and a cardiologist.

The procedure for issuing a certificate of incapacity for work.

General Provisions . When discharging from work due to temporary disability, it is necessary to be guided by the current order (order of the Ministry of Health and Social Development of the Russian Federation of June 29, 2011 No. 624n "On approving the procedure for issuing certificates of incapacity for work", taking into account subsequent additions approved by orders of the Ministry of Health of Russia, as well as in accordance with official clarifications Social Insurance Fund).

The right to issue certificates of incapacity for work (LN) is granted to persons who have a license for medical activities, including work (services) for the examination of temporary incapacity for work. The medical workers of the admission departments of hospitals and emergency medical services are not entitled to issue LN. LN is issued upon presentation of an identity document. If necessary, several LN are issued for each place of work or for one of the last places of work at the choice of the citizen.

Issuance and extension of LN is carried out after examining the patient and recording data on his state of health in the medical record of an outpatient (inpatient) patient, justifying the need for temporary release from work. Forms of LN are registered in the primary medical documentation with an indication of their number, dates of issue and renewal, discharge of the patient to work, information about the patient's referral to another medical organization. A certificate of incapacity for work is issued at the request of the patient on the day of treatment or on the day of the closure of the LN. In case of diseases (injuries), when treatment is carried out in an outpatient setting, the LN is issued on the day of establishment of temporary disability for the period of temporary disability, including non-working holidays and weekends. Issuance and renewal of LN over time may wasps have implemented at exceptional cases by the decision of the medical commission.

In case of outpatient treatment of diseases (injuries), poisoning and other conditions, the attending physician single-handedly issues LN for up to 15 calendar days inclusive. With a period of temporary incapacity for work exceeding 15 calendar days, the patient is sent to a medical commission at a medical organization at the place of his attachment or registration at the place of residence to extend the LN. According to the decision of the medical commission, with a favorable clinical and labor prognosis, FN can be issued before the restoration of working capacity, but for a period of not more than 10 months, and in some cases (*injuries, conditions after reconstructive operations, tuberculosis*) - for a period of not more than 12 months, with a frequency renewal by decision of the medical commission at least 15 calendar days. In the case of long-term treatment, a new LN is issued (continued).

Upon discharge from the hospital, the LN is issued on the day of discharge for the entire period of inpatient treatment; if temporary disability continues, the LN can be extended up to 10 calendar days.

A patient who is temporarily disabled, sent for consultation (examination, treatment) to a medical organization located outside the administrative region, by decision of the medical commission, is issued an LN for the number of days required to travel to the location of the medical organization.

In some cases (complex urological, gynecological, proctological and other studies, procedures) in outpatient treatment using the intermittent method, LN can be issued by the decision of the medical commission on the days of the corresponding study (manipulations, procedures).

When sent to the clinics of the Research Institute of Balneology, Physiotherapy and Rehabilitation, sanatoriums, the LN is issued on the basis of the decision of the medical commission for the duration of treatment and travel to the place of treatment and back. In case of medical indications, LN is prolonged by the attending physician of the indicated clinics, sanatoriums. When referred for follow-up treatment to specialized sanatorium-resort institutions immediately after inpatient treatment, the LN is extended by a medical worker by decision of the medical commission of a specialized sanatorium-resort institution for the entire period of aftercare, but no more than 24 calendar days. When referring tuberculosis patients on vouchers to specialized (anti-tuberculosis) sanatorium-resort institutions for treatment in the case when sanatorium treatment replaces inpatient treatment, as well as for follow-up treatment after inpatient treatment, LN is issued by the decision of the medical commission of the anti-tuberculosis dispensary and is extended by the medical commission of the specialized (anti-tuberculosis) sanatorium-resort institution for the entire period of treatment, follow-up treatment and travel.

Citizens with persistent disabilities and disabilities are sent to the medical and social examination (MSE) at the conclusion of the medical commission: with an obvious unfavorable clinical and work prognosis no later than 4 months from the date of the onset of temporary disability; with a favorable clinical and labor prognosis - not later than 10 months in the case of a condition after injuries and reconstructive operations and not later than 12 months in the treatment of tuberculosis. When a disability is established, the period of temporary incapacity for work ends on the date immediately preceding the day of registration of documents at the ITU institution. For persons who have not been identified as a disability, the ID can be extended by the decision of the medical commission until the restoration of working capacity with the frequency of the extension of the ID by the decision of the medical commission at least 15 days later or until re-referral to the ITU

If there are errors in filling out the LN, it is considered damaged and a duplicate LN is issued instead.

In this situation: Primary LN is issued by a district therapist alone on the day of treatment for up to 15 days inclusive, in a hospital, an extension of LN (for a period exceeding 15 days - by decision of the medical commission). Upon discharge from the hospital, the LN is issued on the day of discharge for the entire period of inpatient treatment; in case of persisting temporary

disability, the LN can be extended up to 10 calendar days. By the decision of the medical commission, with a favorable clinical and labor prognosis, LN can be issued for a period of not more than 10 months, with an extension frequency by the decision of the medical commission, at least 15 calendar days. In the case of long-term treatment, a new certificate of incapacity for work (continued) is issued after the primary LN.

Types and measures of prevention, priority in this pathology.

General provisions : types of prevention :

- primary (prevention of the development of diseases, health protection of healthy people),
- secondary (early diagnosis and timely treatment, dispensary observation in order to prevent complications, chronicity);
- tertiary (treatment and rehabilitation to prevent severe adverse outcomes - complications, disability, mortality);

Measures applied (for each of these types of prevention):

- of a medical nature - immunization, vitamin prophylaxis , treatment, and of a social (medico-social) nature - improvement of working conditions, education, life, environment, health-saving technologies, healthy lifestyle (correction of an unhealthy lifestyle), rejection of bad habits, organization of rational nutrition, physical activity, etc .;
- specific (prevention of the development of a specific pathology, an unfavorable outcome) and non-specific .

Levels of prevention: individual, family (taking into account hereditary characteristics, traditions, lifestyle of the family), group (taking into account the characteristics of the team - in children's educational institutions, at work, groups of patients with the same type of diseases and conditions, etc.), population (for the population in general), state (adoption and implementation of laws, programs by state authorities).

The type of morbidity in the statistical registration of this case: treatment in connection with this disease for the first time in life, therefore, this case belongs to the primary morbidity. Primary morbidity includes all cases of acute diseases and cases of chronic diseases registered in a given patient for the first time in his life.

Indicators of the level and structure of morbidity : To assess the level of primary morbidity, an intensive indicator is calculated per 1000 (10,000, 100,000) of the adult population using the formula: in the numerator, the absolute number of cases of primary diseases multiplied by 1000 (10,000, 100,000), in the denominator, the average annual number the adult population. To assess the structure of primary morbidity, the proportion (in percent) of individual classes (nosologies) in the total number of cases of primary diseases is determined - an extensive indicator is calculated using the formula: in the numerator, the absolute number of cases of primary diseases of a certain class (nosology) multiplied by 100%, in the denominator, the absolute total the number of cases of all reported primary diseases.

URGENT SITUATION

2. REANIMATION + OZZO

Patient B., 64 years old, an emOOPyee, is hospitalized in the urological department with urolithiasis. In the morning, while trying to get out of bed, the patient suddenly felt unwell, lost consciousness, and fell. The department staff put the patient on the bed, after which he regained consciousness. Complaints of dizziness, discomfort in the chest area, a sharp lack of air.

From the anamnesis: 5 days ago the operation was performed: lithotripsy of the ureteral stone, percutaneous nephrostomy . The patient was on bed rest.

Objectively: the patient's condition is extremely serious, conscious, disoriented, restless. The skin is diffusely cyanotic with "marbling", no edema. The superficial veins of the neck are swollen. Auscultation in the lungs, breathing is hard in all parts, no wheezing. BH = 40 in 1 min. Heart sounds are muffled, the rhythm is correct, the accent of the II tone is above the

pulmonary artery. BP = 65/30 mm Hg. Art. Heart rate = 112 in 1 min. The abdomen is soft and painless.

Inpatient examination results:

UAC: erythr . = 4.3×10^{12} / l., Hb = 132 g / l, Ht = 35.4%. Leikots . = 8.3×10^9 / l., Base. = 1%, eos . = 1%, stick . = 5%, segm . = 68%, limf. = 19%, monocyte . = 6%. ESR = 16 mm / hour.

OAM: color - salt -yellow, specific weight = 1015, reaction . - acidic, protein = 0.33 g / l, sugar - negative, epit . flat - 12-15 p / sp , erythr . = 5-7 in p / sp ., Leukots . = 15-20 in p / sp ., Urates = (+++).

Biochemical blood test: glucose = 4.7 mmol / l, total bilirubin. = 12.3 μ mol / L, direct bilirubin = 4.3 μ mol / L, ALT = 23 IU / L, AST = 16 IU / L, urea = 6.2 mmol / L, creatinine = 82 μ mol / L. Total protein = 76 g / l.

Pulse Oximetry : SpO₂ = 76%.

1. Formulate the diagnosis of the main and concomitant diseases, substantiating it with the information available in the problem statement. Justify the need for additional laboratory and / or instrumental studies to verify the diagnosis and conduct differential diagnostics.

2. Prescribe treatment (etiotropic, pathogenetic and syndromic-symptomatic therapy) and give recommendations for the post-hospital rehabilitation of the patient, including the possibilities of the sanatorium-resort stage.

3. Determine at what organizational stages you should provide assistance to this patient; what types, forms and conditions of medical care should be provided in this case. What is the procedure for obtaining informed consent from the patient for medical intervention in this situation? Does a patient have the right to choose a doctor for emergency and urgent care? What actions of a doctor are subject to control by experts of medical insurance organizations?

EXAMPLE OF RECOMMENDED RESPONSE CONTENT:

1. Diagnosis of the disease and its rationale: "Thromboembolism in the pulmonary artery system - pulmonary embolism".

Justification of the diagnosis of the underlying disease: The suddenness of occurrence, provoked by minimal physical exertion (an attempt to get out of bed), is due to the separation of a blood clot, most likely from the deep vein system of the lower extremities and the development of a clinical picture of obstructive shock. Signs of acute respiratory failure are caused by impaired ventilation- perfusion relations in the lungs due to obstruction in the pulmonary artery system, reflex arteriolospasm and the development of severe hypoxia (diffuse cyanosis). Acute cardiovascular failure is caused by a sharp increase in the end diastolic volume (EDV) and pressure in the right heart and in the vena cava system (swelling of the cervical veins). The formation of deep vein thrombosis of the lower extremities was facilitated by: prolonged physical inactivity (bed rest), as well as regular changes in the hemostasis system caused by surgical intervention (hypercoagulation).

A similar clinical picture may be due to cardiogenic shock due to myocardial infarction (sudden onset, sharp pain in the chest). Unlike pulmonary embolism, it often proceeds as a left ventricular failure, but it can also be a consequence of right ventricular infarction, which complicates differential diagnosis. The clinical picture is caused by impaired contractility of the myocardium and the formation of a syndrome of small ejection. It is characterized by an increase in EDV and pressure in the left heart, followed by an increase in hydrostatic pressure in the pulmonary capillaries and the formation of interstitial and then alveolar pulmonary edema.

For differential diagnosis, clarification of the diagnosis and risk, it is necessary to perform the following studies:

- ECG - has fundamentally different signs (for example, P- pulmonale in PE and ST segment elevation in myocardial infarction)
- R-graph of the chest organs - for visualization of radiological signs of pulmonary embolism.

- *Study of the dynamics of biochemical markers of myocardial necrosis* within the next 12 hours: troponin , creatine phosphokinase (CPC), CF-CPC fraction.
- *Ultrasound of the heart* - to determine the parameters of central hemodynamics, the functional state of the heart chambers and central vessels, as well as the contractility of the myocardium.
- *Doppler ultrasonography of the veins of the lower extremities* - to determine the source of thrombosis, patency and condition of the valve apparatus of superficial and deep veins.
- *Study of a hemostasiogram* - to determine the coagulation potential of blood, the state of the coagulation and anticoagulation system of the blood.

2. Urgent actions should include:

- Inhalation of humidified 100% oxygen.
- Catheterization of a peripheral or central vein.
- Heparin 5 thousand units. in / in bolus , followed by - a constant infusion through the dispenser at a rate of 1 thousand. units / hour.
- ECG monitoring, pulse oximetry .
- In case of progressive deterioration (massive PE), a complex of cardiopulmonary resuscitation.
- Transfer to the intensive care unit.

The tactics of further treatment consists in heparin *therapy* with unfractionated or low molecular weight heparin (clexane , fraxiparin) in a therapeutic dosage. Further transfer to indirect anticoagulants. Elastic compression of the lower extremities. Con trol consisting Nia deep veins of the lower extremities (Doppler ultrasound), if necessary, the decision on surgical treatment (plant kavafiltrov).

Prevention measures include:

- Assessment of the risk of thrombus formation in the preoperative period.
- Preoperative planned heparin prophylaxis .
- Postoperative administration of unfractionated or, preferably, low molecular weight heparin in prophylactic dosages.
- Elastic compression of the lower extremities during the entire perioperative period.
- Early activation of the patient, gymnastics of the lower extremities in bed rest.

3. About Twet on OZZO: by analogy with the answers to the situational second task is, number 1 .

Evaluation criteria for the third stage (Final interview based on the solution of interdisciplinary situational tasks). The basis for determining the grade at the interview is the level of assimilation of the learning material provided for by the general educational program in the specialty of General Medicine, the degree of mastering all the competencies provided for by the Federal State Educational Standard of Higher Education and labor functions in accordance with the professional standard. The interview is carried out on the basis of solving situational problems, the student must give an opinion on the assessment of the patient's condition, substantiate the diagnosis and the need for additional examination; determine the treatment tactics, including emergency therapy; predict the possibility of complications, name the methods of clinical examination, outline ways of prevention. During the interview , the degree of the graduate's ability to develop and implement optimal solutions to situations is assessed based on the integration of the content of the disciplines included in the certification test.

The following algorithm for assessing the level of graduate training is recommended:

- “Excellent” deserves a student who demonstrates comprehensive, systematized and deep knowledge, the ability to freely reason when solving situational problems, who has fully

mastered the basic educational program, competencies and labor functions. As a rule, the mark "excellent" is given to students who have mastered the relationship of knowledge, skills and abilities of the studied disciplines in their meaning for the acquired profession, who have shown creative abilities in understanding, presenting and using educational and program material;

- "Good" deserves a student who has discovered a complete knowledge of educational and program material, has successfully solved situational problems, has mastered the basic literature recommended in the program. As a rule, the mark "good" is given to a graduate who has shown the systemic nature of knowledge within the framework of the general educational program and is capable of independently fulfilling and updating it in the course of further professional activity;

- "Satisfactory" deserves a graduate who has discovered knowledge of the basic educational and program material in the amount necessary for further forthcoming work in the profession, coping with the tasks stipulated by the OOP, familiar with the main literature, the recommended program. As a rule, the mark "satisfactory" is given to the student who made errors in the answer when solving situational problems and answered correctly to additional leading questions of the examiner;

- "Unsatisfactory" is given to a student who discovered significant gaps in OOP knowledge, made fundamental mistakes in solving situational problems, and who could not answer additional questions from the examiner. As a rule, "unsatisfactory" is given to a student who cannot start professional activities after graduating from a university without additional studies in the corresponding educational program .

The final grade received by the student during the SFC takes into account the results of all stages of certification tests, the final rating of the student upon completion of mastering the general educational program of HE and the levels of mastering all the competencies provided for by the Federal State Educational Standard of Higher Education and labor functions in accordance with the professional standard. The final grade is announced to the graduate on the day of registration and approval in the prescribed manner of the minutes of the SEC meeting.