

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Government-run Educational Institution of Higher Professional
Education

Kyrgyz-Russian Slavic University
School of Medicine



ENDORSED BY

Vice-rector

Prof Anes Zarifyan

2022

Educational practice on mastering primary professional abilities and skills, including primary abilities and skills of scientific-research activity (General care for surgical patients)

Course Outline (Module)

Assigned to	Department of Practical Training and Basic Principles of Academic Research Work		
Academic Curriculum	31050151_21_14ЛД ин.plx 31.05.01 General medicine (for foreign students)		
Qualification	Specialist		
Mode of Study	Intramural		
Total Credit Value	2 credit point		
Course Hours	54		
including:			
in-class learning			
individual work	54		

Scope of Testing Semesters:
credits with mark 2

Course Hours Scheduling (per semester)				
Semester Academic Year	2 (1.1)		Total	
Weeks	18			
Type of Traning	AC	CO	AC	CO
Individual Work	54	54	54	54
Total	54	54	54	54

The Course outline developed by:

c.m.s., Associate professor, Department of Practical Training and Basic Principles of Academic Research Work of Kyrgyz-Russian Slavic University, Abdugarimova E.E

Reviewers:

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The Course Outline

Educational practice on mastering primary professional abilities and skills, including primary abilities and skills of scientific-research activity (General care for surgical patients)

developed in full compliance with FSES 3+:

Federal State Education Standards of Higher Professional Education for students trained for specialty 31.01.05 General Medicine (The Ministry of Education and Science of the Russian Order of "9" February 2016 № 95)

in accordance with Academic Curriculum:

31.05.01 General medicine (for foreign students)

confirmed by KRSU Board of Academics in "29" May 2022 record № 11.

The Course Outline endorsed by *Department of Practical Training and Basic Principles of Academic Research Work* Meeting

Record of 1006 2022 № 1

Valid for: 2022-2028 academic year

The Head of Department c.m.s., associate professor Abdyldaeva A.A.

Abdyldaeva A.A.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2023

The course outline has been revised, considered and endorsed for implementation
Performance in 2022-2023 academic year at the meeting of the department

Department of Educational practice and basics of SPW

Record of _____ 2023 № _____

The Head of Department c.m.s., associate professor, A.A. Abdylдаeva

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2024

The course outline has been revised, considered and endorsed for implementation
in 2023-2024 academic year at the meeting of the department

Department of Educational practice and basics of SPW

Record of _____ 2024 № _____

The Head of Department c.m.s., associate professor, A.A. Abdylдаeva

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2025

The course outline has been revised, considered and endorsed for implementation
in 2024-2025 academic year at the meeting of the department

Department of Educational practice and basics of SPW

Record of _____ 2025 № _____

The Head of Department c.m.s., associate professor, A.A. Abdylдаeva

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2026

The course outline has been revised, considered and endorsed for implementation
in 2025-2026 academic year at the meeting of the department

Department of Educational practice and basics of SPW

Record of _____ 2026 № _____

The Head of Department c.m.s., associate professor, A.A. Abdylдаeva

1. COURSE OUTLINE OBJECTIVES

1.1	On providing first-aid to people in critical situations, on features of patients care taking into consideration their age, character and severity of disease including agonal patients, on observance of infection control requirements, rules of antiseptics, aseptic, disinfection and presterilizing preparation of medical instruments; preparation of patients for diagnostic investigation and test collection for surgical treatment; control of curative-protective regimen and diet; studying of main principles of medical ethics and deontology in surgical clinic; filling in medical documentation and knowledge of functional duties of an assistant nurse
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2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM

Educational Program Units:	B2.B
2.1	Students' Preliminary Training Requirements:
2.1.1	Anatomy
2.1.2	Biology
2.1.3	Chemistry
2.2	Course Units and Practical Sessions imposing the prior Proficiency
2.2.1	Clinical practice (Hospital physician assistant)
2.2.2	Clinical practice in receiving professional skills and experience of professional activity (Procedure nursing assistant)
2.2.3	Basements of emergency
2.2.4	Traumatology and orthopedics
2.2.5	Anesthesiology, reanimation and intensive therapy
2.2.6	Faculty surgery
2.2.7	Hospital therapy
2.2.8	Hospital surgery
2.2.9	Pediatric surgery
2.2.10	Life safety

3. STUDENTS' COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)**GC-5: readiness to self-development, self-realization, self-education, usage of creative potential****Knowledge:**

Level 1	Process and mechanisms and self-realization of person
Level 2	Several characteristics of process and mechanisms of self-development and self-realization
Level 3	Significant characteristics of process of self-development and self-realization

Skills:

Level 1	To make a choice of potential personal abilities and possibilities for performing activity
Level 2	To realize personal abilities in different kinds on activity demonstrating a creative approach to situations resolution
Level 3	To make an argument choice of personal abilities and possibilities when doing independent creative realization of various kinds of activity with considering goal and conditions of its performing

Expertise:

Level 1	Particular technique of self-development and self-realization
Level 2	Particular technique of self-development and self-realization realizes free personal choice of techniques in standard situations
Level 3	Complete system of techniques of self-development and self-realization demonstrating a creative approach in choice of technique with considering certain and uncertain situation in professional and other fields of activity

GPC-10: readiness to provide patient's care organization and provide first medical-sanitary aid**Knowledge:**

Level 1	General rules of providing patient's care organization and the first medical-sanitary aid
Level 2	Specific of general methods in patient's care organization and the first medical-sanitary aid
Level 3	General methods of patient's care organization and the first medical-sanitary aid

Skills:

Level 1	Disclose purpose of patient's care organization and the first medical-sanitary aid
Level 2	Compare different methods of patient's care organization and the first medical-sanitary aid
Level 3	Notice practical benefits of concrete methods in patient's care organization and the first medical-sanitary aid

Expertise:	
Level 1	Skills of readiness to provide patient's care organization and the first medical-sanitary aid
Level 2	Approaches to searching and detecting of general methods of patient's care organization and the first medical-sanitary aid
Level 3	Assessment, differentiative skills of general methods in patient's care organization and the first medical-sanitary aid

Final Students' Competences

3.1	Knowledge:
3.1.1	Arrangement, the organization of work of surgical department;
3.1.2	types of cleaning operation, dressing units, rules of work with disinfectant solutions;
3.1.3	rules of compliance of aseptic and antiseptics during caregiving to patient; current orders of infection control;
3.1.4	rules of patient's preoperating preparation;
3.1.5	organization of postoperative care of patient;
3.1.6	specific care of patients with wounds, drainages, casts;
3.1.7	normal values of vital signs (respiration, pulse, arterial blood pressure, body temperature);
3.1.8	basic symptoms of emergent conditions in surgery and order of caregiving first-aid in emergent conditions.
3.2	Skills:
3.2.1	to make sanitary treatment of patient during admission and staying in the hospital;
3.2.2	to make wet cleaning of wards using disinfectant solutions;
3.2.3	to follow rules of aseptic during caregiving to patient, to meet the requirements of orders of infection control, to realize prevention of infections associated with medical help;
3.2.4	to provide hand hygiene (hand washing, hygienic and surgical hand antiseptics);
3.2.5	to manage medical wastes according to current order;
3.2.6	to change dress and linen of seriously-ill patient;
3.2.7	to provide prevention of pressure sores and intertrigo;
3.2.8	to perform prescriptions during preoperative preparation of patient;
3.2.9	to provide care of postoperative patient;
3.2.10	to observe respiration, pulse, blood pressure, to measure body temperature;
3.2.11	to observe condition of bandagings, casts, function of drainage systems;
3.2.12	to implement activities providing personal hygiene of patient;
3.2.13	to feed seriously-ill patients;
3.2.14	to provide first-aid in emergent conditions;
3.2.15	to provide cardio-pulmonary resuscitation.
3.3	Expertise:
3.3.1	In technique of all kinds of cleaning (preliminary, current, final, general);
3.3.2	in technique of hand washing and hand antiseptic;
3.3.3	in correct managing of medical wastes;
3.3.4	in technique of measuring respiration, pulse, arterial blood pressure;
3.3.5	in technique of pressure sores and diaper rash prevention;
3.3.6	in technique of changing patient's dress and linen;
3.3.7	in technique providing first-aid in case of bleeding;
3.3.8	in technique of bandaging.

4. COURSE (MODULE) STRUCTURE AND CONTENT

Class Code	Subject Name /Type of Class/	Semester / Academic	Hours	Competencies	Literature	Interactive Sessions	Notes
	Unit 1. Postoperative care.						
1.1	Skin integrity and wound care. /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report. Simulation center.
1.2	Pain management /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
1.3	Perioperative nursing /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report Simulation center

	Unit 2. Care of patients with traumas and various surgical						
2.1	Care of patients with cardiovascular disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.2	Care of patients with respiratory disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.3	Care of patients with gastrointestinal disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.4	Care of patients with hepatic, biliary and pancreatic disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.5	Care of patients with genitourinary disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.6	Care of patients with nervous disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.7	Care of patients with musculoskeletal disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report Simulation center
2.8	Care of patients with dermatology and soft tissues disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.9	Care of patients with eye, ear, nose, throat disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.10	Care of patients with endocrine disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.11	Care of patients with hematological and immunological disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report Simulation center
2.12	Care of patients with nutritional and metabolic disorders /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report
2.13	Care of patients with traumatic shock /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.3	0	Report Simulation center
2.14	Care of patients with cancer /Iw/	2	6	GPC-10	6.1.1.1-6.1.1.2	0	Report
2.15	Care of dying and post-mortem care	2	6	GPC-10	6.1.1.1-6.1.1.2	0	Report
2.16	Credit with mark	2	0		6.1.1.1-6.1.1.3	0	

5. ASSESSMENT FUND

5.1. Advancement Questions and Assignments

Questions on assessing of trained level KNOWLEDGE(theoretical questions and blank tests subitem 5.3)

Practical tasks for assessing of trained level SKILLS and EXPERTISE:

1. To perform necessary care procedures for patient being on complete bed rest on mannequin
2. To perform necessary care procedures for patient being on partial bed rest on mannequin
3. To perform necessary care procedures for patient being on open ward regimen on mannequin

5.2. Course Papers Themes

are not provided by curriculum

5.3. Assessment Fund

THEORETICAL QUESTIONS (ORAL INTERVIEW). List of questions:

THEME. Skin integrity and wound care

- 1.Skin integrity
- 2.Types of wounds
- 3.Wound healing, stages
- 4.Pressure ulcers, stages, treatment
- 5.Burns, degrees, treatment
- 6.First-aid at burns
- 7.Burns dressings
- 8.Dressings, definition, types of dressings
- 9.Applying clean dressing
- 10.Applying septic dressing
- 11.Applying dressing for wound with tube
- 12.Providing wound irrigation

THEME. Pain management

- 1.The nature of pain
- 2.Physiology of pain

- 3.Types of pain
- 4.Assessing pain
- 5.Local and regional anesthetic, co-analgesics, non-pharmacological treatment
- THEME. Perioperative nursing
- 1.Classification. Types of surgery
- 2.Meaning of planned and urgent surgery
- 3.Preoperative phase (period)
- 4.Preoperative teaching
- 5.Informed consent
- 6.Features of care in preoperative phase
- 7.Intraoperative phase (period)
- 8.Features of care in intraoperative phase
- 9.Postoperative phase (period)
- 10.Postoperative teaching
- 11.Features of care in postoperative phase
- THEME. Care of patients with cardiovascular disorders
- 1.Symptoms
- 2.Signs
- 3.Investigations and procedures
- 4.Coronary artery surgery, valve surgery, permanent pacemakers
- 5.Ischaemic heart disease
- 6.Acute myocardial infarction
- 7.Acute pulmonary oedema
- 8.Cardiogenic shock
- THEME. Care of patients with respiratory disorders
- 1.Symptoms
- 2.Signs
- 3.Respiratory procedures
- 4.Thoracic surgery
- 5.Respiratory infections (acute bronchitis)
- 6.Respiratory infections (pneumonia)
- 7.Respiratory infections (tuberculosis)
- 8.Respiratory infections (lung abscess)
- 9.Obstructive lung disorders (asthma)
- 10.Obstructive lung disorders (chronic bronchitis)
- 11.Obstructive lung disorders (emphysema)
- 12.Suppurative lung disorders (bronchiectasis)
- 13.Pleural effusion
- 14.Pleurisy
- 15.Pneumothorax, first-aid
- 16.First-aid at lung bleeding
- THEME. Care of patients with gastrointestinal disorders
- 1.Symptoms
- 2.GI presentations (acute abdomen introduction)
- 3.GI presentations (dyspepsia)
- 4.GI presentations (peritonitis)
- 5.GI presentations (acute upper gastrointestinal bleed)
- 6.Investigations and procedures
- 7.Gastric surgery
- 8.Large bowel surgery
- 9.Disorders of the abdominal wall (abdominal hernias)
- 10.Disorders of small bowel and appendix (acute appendicitis)
- 11.Disorders of large bowel and inflammatory disease (diverticular disease)
- 12.Disorders of rectum and anus (haemorrhoids)
- 13.Signs of internal bleeding
- 14.First-aid at internal bleeding
- 15.Transfer of patients with internal bleeding
- THEME. Care of patients with hepatic, biliary and pancreatic disorders
- 1.Symptoms
- 2.Signs
- 3.Investigations and procedures
- 4.Complications of chronic liver disease (portal hypertension)
- 5.Complications of chronic liver disease (bleeding oesophageal varices)
- 6.Primary biliary cirrhosis
- 7.Primary sclerosing cholangitis
- 8.Diseases of gallbladder (gallstone disease)
- 9.Disorders of pancreas (acute pancreatitis)
- 10.First-aid at oesophageal bleeding

THEME. Care of patients with genitourinary disorders

- 1.Symptoms
- 2.Investigations and procedures
- 3.Disorders of renal (acute renal failure)
- 4.Renal tract obstruction (urinary tract obstruction)
- 5.Disorders of the bladder and prostate (bladder outflow obstruction)
- 6.Renal infections (acute pyelonephritis, renal or perinephric abscess)
- 7.Urinary stones
- 8.Disorders of the male genital system (hydrocele)
- 9.Disorders of the male genital system (varicocele)
- 10.Disorders of the male genital system (phimosis)
- 11.First-aid at renal colic

THEME. Care of patients with nervous disorders

- 1.Symptoms
- 2.Signs
- 3.Investigations and procedures
- 4.Cerebrovascular disease (stroke)
- 5.Cerebrovascular disease (intracerebral hemorrhage)
- 6.Abscesses of nervous system (cerebritis)
- 7.Abscesses of nervous system (cerebral abscess)
- 8.Disorders of consciousness and memory (coma)
- 9.Disorders of consciousness and memory (head injury)
- 10.First-aid at contusion, concussion
- 11.Symptoms of base skull fracture, rules of transfer
- 12.Applying Hippocrates bandage

THEME. Care of patients with musculoskeletal system

1. Musculoskeletal system
2. Symptoms of musculoskeletal system disorders
3. Musculoskeletal system investigations and procedures
4. Bone and joint infections (acute and chronic osteomyelitis)
5. Tuberculous bone infection
6. Septic arthritis
7. Metabolic bone disorders (osteoporosis)
8. Classification of bandaging
9. Types of bandaging
10. Rules of bandaging
11. Types of casts, applying
12. Applying bandage at chest lesion
13. Applying bandage at neck lesion
14. Applying bandage at abdomen lesion
15. Applying bandage at spinal fracture
16. Applying bandage at sprain
17. Applying bandage at leg, arm fractures
18. Applying bandage at scapula fracture
19. Applying bandage at soft tissues lesion
20. Desault's bandage

THEME. Care of patients with dermatology and soft tissues disorders

1. Nomenclature, dermatology and soft tissues disorders
2. Descriptions, dermatology and soft tissues disorders
3. Dermatological procedures
- 3.Infections of the skin and soft tissue (impetigo)
- 4.Cellulitis,
- 5.Clostridial myonecrosis
6. Applying bandage at soft tissues lesion

THEME. Care of patients with eye, ear and throat disorders

- 1.Investigations of eye
- 2.Trabeculectomy
- 3.Symptoms of eye disorders
- 4.Cataracts
- 5.Glaucoma
- 6.Retinal detachment
- 7.Vascular retinopathy
- 8.Investigations of ear
- 9.Symptoms of ear disorders
- 10.Investigations of throat
- 11.Symptoms of throat disorders
- 12.Hearing loss
- 13.Laryngitis

14. Otitis externa, media
15. Sinusitis
16. Stopping blood from ear cavity
17. Stopping blood from nose cavity
18. Applying bandage for ear
- THEME. Care of patients with endocrine disorders
1. Endocrine system
2. Thyroidectomy
3. Diabetes mellitus (diabetes mellitus type 1, diabetes mellitus type 2)
4. Complications of diabetes (diabetic microvascular disease, diabetic retinopathy, diabetic nephropathy, diabetic neuropathy)
5. Hypoglycaemia, first-aid
- THEME. Care of patients with haematological and immunologic disorders
1. Haematology and clinical immunology
2. Signs of haematology and clinical immunology
3. Haematology and clinical immunology investigations and procedures
4. Haemoglobin disorders and anaemia (anaemia)
5. Bleeding disorders (haemophilia A)
6. Von Willebrand disease
7. Haemophilia B
8. Disseminated intravascular coagulation
9. Vitamin K deficiency
10. Acute immune thrombocytopenia purpura
11. Clinical immunology (allergy)
12. Anaphylaxis
13. Human immunodeficiency virus and AIDS)
14. Types of bleeding
15. Signs of capillary bleeding, first-aid
16. Signs of arterial bleeding, first-aid
17. Signs of venous bleeding, first-aid
18. Signs of hematoma, first-aid
19. Rules of applying tourniquet at arterial bleeding
- THEME. Care of patients with nutrition and metabolism disorders
1. Nutritional disorders (obesity, malnutrition)
2. Vitamin A deficiency
3. Vitamin B1 deficiency
4. Niacin deficiency
5. Vitamin B6 deficiency
6. Vitamin B12 deficiency
7. Vitamin C deficiency
8. Vitamin D deficiency
9. Vitamin K deficiency
- THEME. Care of patients with traumatic shock
1. Meaning of traumatic shock
2. Symptoms of traumatic shock
3. First-aid at traumatic shock
4. Symptoms of contusion
5. Symptoms of ligament sprain
6. First-aid at ligament sprain
7. Symptoms of closed arm, leg fracture
8. Symptoms of open arm, leg fracture
9. Rules of splinting
10. Immobilization of shoulder
11. Immobilization of forearm
12. Immobilization of wrist
13. Immobilization of hip
14. Immobilization of ankle
15. Symptoms of rib fracture, if immobilization is needed?
16. Symptoms of spinal cord fracture
17. Immobilization of spinal cord
18. Transfer of patient with spinal cord fracture on shield
- THEME. Care of patients with cancer
1. Investigation of breast
2. Acute leukemia
3. Breast cancer
4. Cervical cancer
5. Colorectal cancer
6. Hodgkin disease
7. Lung cancer

8.Malignant melanoma

THEME. Care of dying and post-mortem care

- 1.Definition of dying
- 2.Stages of dying
- 3.Spirituality of dying
- 4.Assisting dying
- 5.Care after death

PRACTICAL TASK # 1. (CARE FOR PATIENT BEING ON COMPLETE BED REST)

it's necessary on presented mannequin or patient to provide following actions:

1. arrange a bedpan to a patient
2. perform cleansing and therapeutic enemas
3. provide perineal hygiene of patient
4. demonstrate hygienic hand washing
5. face washing
6. toothbrushing of patient
7. make a disinfection of mouth cavity
8. rinse eyes of patient
9. clean nasal meatus
10. clean ear meatus
11. change underwear and linen for seriously-ill patients
12. bath a complete bed rest patient (bath, shower, sponge bath)
13. cut nails shortly of seriously-ill patients
14. feed patient correctly
15. provide prevention of pressure sores and intertrigo to patient
16. turn a patient from one side of the bed to another
17. perform elementary passive and active exercises with seriously ill-patients
18. perform elementary physiotherapy manipulations to seriously ill-patients (cups, mustard plasters, applying leeches)
19. assess patient's breathing correctly, to measure blood pressure, to count pulse
20. provide necessary actions in case of nasolabial triangle cyanosis
21. control on postoperative bandages
22. watch monitors controlling vital functions of patients
23. observation the deontological rules with seriously-ill or agonal patients

PRACTICAL TASK # 2. (CARE FOR PATIENT BEING ON PARTIAL BED REST)

it's necessary on presented mannequin or patient to provide following actions:

1. explain what "partial bed rest patient" means
2. to help patient to visit toilet
3. explain patient how he is allowed to change position in bed himself (to sit, to stand, to move around the room)
4. provide sanitary and hygienic procedures for patient
5. explain patient how i to brush the teeth, to rinse oral cavity, to rinse the eyes, to clean nasal meatus and acoustic meatus
6. change underwear and linen for partial bed rest patient
7. bath a partial bed rest patient (bath, shower, sponge bath)
8. sponge bath for skin and skin folds
9. explain patient to do elementary active exercises
10. provide feeding of partial bed rest patient
11. explain what is not allowed to partial bed rest patients
12. explain patient which treatment and diagnostic procedures he can visit himself
13. observation the deontological rules during care of patient

PRACTICAL TASK # 3. (CARE FOR PATIENTS BEING ON OPEN WARD REGIMEN)

it's necessary on presented mannequin or patient to provide following actions:

1. explain patient what "open ward regimen" means
2. explain patient if patient can go home
3. explain patient how he can visit toilet himself
4. explain patient how he can wash face and hands and eat himself
5. explain patient how he need to bath (bath, shower, sponge bath)
6. change underwear
7. provide control over taking drugs by patient
8. provide control of diet to open ward patients
9. explain patient how he can visit diagnostic and treatment procedures himself
10. explain patient in which cases he gives medical documents himself and in which cases this should be done by care nurse
11. explain patient rules of observing of day and night sleep regimen
12. explain patient in which cases patient is able to be discharged from department if regimen is broken

REPORT WITH PRESENTATION. The thematic of report is chosen with considering of lesson's theme.

BLANK TEST. List of tests:

1. Where is a venous ulcer typically found on a patient?
 - a) the medial lower leg and ankle
 - b) the plantar aspect of foot
 - c) on a bony prominence
 - d) under the heels
2. Valid points concerning the initial physical examination in a burn patient include which of the following statement(s)?
 - a) patients should be examined in a warm environment to prevent hypothermia
 - b) all corneal injuries are obvious on initial physical examination
 - c) inhalation injury is suggested by the presence of singed facial hair and nasal vibrissae, carbonaceous sputum, and a hoarse voice
 - d) blistering in or around the mouth may suggest hot liquid aspiration in small children
3. A patient sustains a high voltage electrical injury to the upper extremity. Which of the following statement(s) is/are true concerning peripheral perfusion to the injured arm?
 - a) evidence of peripheral ischemia would be evident within the first few hours injury
 - b) physical signs of diminished blood flow include a progressive increase in the extremity's consistency and a decrease in distal temperature
 - c) a bedside escharotomy is an appropriate treatment
 - d) an immediate fasciotomy performed in the operating room may be necessary
4. The nurse is providing care for a patient who has a sacral pressure ulcer with a wet-to-dry dressing. Which guideline is appropriate when caring for a patient with a wet-to-dry dressing?
 - a) the wound should remain moist from the dressing
 - b) the wet-to-dry dressing should be tightly packed into the wound
 - c) the dressing should be allowed to dry before it's removed
 - d) a plastic sheet-type dressing should cover the wet dressing
5. Prior to giving a requested pain medication, you would:
 - a) wait longer; the patient did not appear to be uncomfortable
 - b) administer after the family left
 - c) assess the vital signs
 - d) call the doctor
6. It would not be unusual for a patient with chronic pain to be taking:
 - a) tricyclic antidepressants
 - b) antibiotics
 - c) antidiabetic medications
 - d) hypertensive medications
7. A two-day postoperative right-below-the-knee amputation patient complains of severe right foot pain. Your appropriate nursing response would be to:
 - a) refer the patient to psychiatry
 - b) explain to the patient the pain is not real because the foot is not there
 - c) medicate the patient for pain
 - d) encourage guided imagery or another diversion technique
8. Your postdischarge instructions for a 65-year-old male with peripheral neuropathy from diabetes would include:
 - a) walk barefoot to increase the stimulation
 - b) wear socks and shoes
 - c) check feet weekly for wounds
 - d) soak feet in hot water daily
9. A patient is the mother of a healthy 19-year-old having surgery tomorrow. After the surgeon discusses the surgery, risks, and benefits with the patient and her mother, the mother wants to sign the consent form. The most appropriate response to this would be:
 - a) of course she can sign the consent form; after all the patient is her daughter
 - b) no, she can't sign the form
 - c) while you appreciate her concern for her daughter, the patient is a consenting adult and legally has to sign her own consent form
 - d) why don't both the patient and her mother sign the form?
10. 65-year-old patient is being transferred into the PACU from the OR. Once there, initial assessment will focus on:
 - a) airway, breathing, circulation, and wound site
 - b) intake, output, and intravenous access
 - c) abdominal sounds, oxygen setting, and level of consciousness
 - d) pulse oximeter, pupil responses, and deep tendon reflexes
11. Which action is included in the principles of asepsis?
 - a) Maintaining a sterile environment
 - b) Keeping the environment as clean as possible
 - c) Testing for microorganisms in the environment
 - d) Cleaning an environment until it is free from germs
12. A nurse in the emergency department is caring for a client who has an allergic reaction to a bee sting. The client is experiencing wheezing and swelling of the tongue. Which of the following medications should the nurse expect to administer first?
 - a) hormones IV bolus
 - b) insulin subcutaneously
 - c) epinephrine (Adrenaline) IV
 - d) salbutamol inhaler
13. If it takes longer than 3 seconds for the color to return when assessing capillary refill, it may indicate which of the following?
 - a) decreased arterial flow to the extremity

complications causes the most immediate risk to the client?

- a)infection
- b)hemorrhage
- c)hematuria
- d)kidney failure

26. A nurse is providing teaching to a client who has chronic kidney disease and is to start hemodialysis. Which of the following information should the nurse include in the teaching?

- a)hemodialysis restores renal function
- b)hemodialysis replaces hormonal function of the renal system
- c)hemodialysis allows an unrestricted diet
- d)hemodialysis returns a balance to serum electrolytes

27. A nurse is planning postoperative care for a client who had kidney transplant surgery. Which of the following should the nurse include in the plan of care? (Select all that apply.)

- a)obtain daily serum hemoglobin
- b)assess dressings for bloody drainage
- c)replace hourly urine output with IV fluids
- d)position in semi-Fowler's

28. A nurse is providing teaching on the manifestation of complications to a client who has acute glomerulonephritis. Which of the following complications should the client report to the provider?

- a)dry cough
- b)pitting edema
- c)weight gain of 2 kg in 1 week
- d)temperature of 36.8° C (98.4° F)

29. A nurse is caring for a client who has a urinary tract infection. The client reports pain and a burning sensation upon urination, and cloudy urine with an odor. Which of the following is the priority intervention by the nurse?

- a)offer a warm sitz bath
- b)recommend drinking cranberry juice
- c)encourage increased fluids
- d)administer an antibiotic

30. A nurse is assessing a client who reports severe headache and a stiff neck. The nurse's assessment reveals positive Kernig's and Brudzinski's signs. Which of the following actions should the nurse perform first?

- a)administer antibiotics
- b)implement droplet isolation precautions
- c)initiate IV access
- d)decrease bright lights

31. A patient is scheduled for an MRI of the pelvis. Which of the following would the nurse do if during data collection the nurse found out that the patient had had a previous surgery for heart problems?

- a)ask if there is any metal in the patient's body
- b)order a chest x-ray examination to identify any metal objects in the patient's body
- c)cancel the MRI
- d)inform the physician.

32. Which of the following actions can the nurse take to help prevent osteomyelitis for a patient with an open fracture?

- a)wash hands prior to dressing changes
- b)wear a protective gown
- c)wear a mask
- d)wear goggles

33. A nurse is preparing a plan of care to prevent a client from developing flexion contractions following a below-the-knee amputation 24 hr ago. Which of the following should the nurse include in the plan of care?

- a)elevate the residual limb on a pillow
- b)position the client prone several times each day
- c)wrap the stump in a figure-eight pattern
- d)encourage sitting in a chair during the day

34. Which of the following actions is appropriate initial treatment of a chemical burn?

- a)lavage with water
- b)neutralize the chemical
- c)apply the prescribed topical agent
- d)wrap the patient in sterile sheets.

35. A patient is admitted to the emergency department with flame burns to her entire chest, abdomen, back, and upper extremities. Using the Rule of Nines, what is the approximate percentage of burns?

- a)36%
- b)45%
- c)54%
- d)64%

36. A nurse is reviewing the laboratory findings of a client who has suspected hyperthyroidism. An elevation of which of the following supports this diagnosis?

- A. Triiodothyronine (T3)
- B. Vanillylmandelic acid (VMA)
- C. Adrenocorticotrophic hormone (ACTH)

- b)increased arterial flow to the extremity
 - c)decreased venous flow from the extremity
 - d)increased venous flow from the extremity
14. Severe obesity is associated with a large number of associated problems that form the basis of the term morbid obesity. Document causes of excess mortality in severely obese patients include:
- a)Coronary artery disease
 - b)Hypertension
 - c)Adult-onset diabetes mellitus
 - d)Cholecystitis
15. A 25-year-old nonsmoker who is normally in good health reports having a bad cough for the past three weeks. He has crackles rhonchi and shows you a small clear plastic container that has discolored, bloodtinged sputum that he produced this morning. What would his physician want to rule out?
- a)lung cancer
 - b)the flu
 - c)pneumonia
 - d)asthma
16. A patient reports sudden difficulty breathing with tachypnea and tachycardia and localized chest pain. The physician suspects a pulmonary embolism. What test would you expect the physician to order?
- a)Helical CT scan
 - b>EKG
 - c>ECC
 - d)vital capacity
17. Which of the following nursing measures is most important after an upper or lower GI series?
- a)offer a laxative as ordered
 - b)encourage fluids
 - c)check for return of a gag reflex
 - d)keep the patient in semi-Fowler's position
18. The nurse is caring for a patient who is receiving a TPN infusion. Blood glucose monitoring every 6 hours is ordered to detect which of the following complications?
- a)hyponatremia
 - b)hyperglycemia
 - c)hypocalcemia
 - d)hyperkalemia
19. A nurse is caring for a client who had a paracentesis. Which of the following findings indicate the bowel was perforated during procedure?
- a)patient report of upper chest pain
 - b)decreased urine output
 - c)pallor
 - d)temperature elevation
20. A nurse in a clinic is teaching a client who has ulcerative colitis. Which of the following statements by the client indicates understanding of the teaching?
- a)"I will plan to limit fiber in my diet"
 - b)"I will eat my meals and plan fluid intake between meals"
 - c)"I will switch to black tea instead of drinking coffee"
 - d)"I will try to eat three moderate to large meals a day"
21. The following statement(s) is/are true concerning the epidemiology of Crohn's disease.
- a)Crohn's has an age distribution with peaks between the ages of 15 and 30 years and 65 and 75 years
 - b)there is a definite female predilection for Crohn's disease
 - c)the disease is equally prevalent in industrialized versus undeveloped countries
 - d)first and second generation relatives with Crohn's disease have an increased prevalence when compared to the general population
22. A nurse is teaching a client who has hepatitis B about home care. Which of the following should the nurse include in the teaching. (Select all that apply.)
- a)limit physical activity
 - b)avoid alcohol
 - c)take acetaminophen for comfort
 - d)wear a mask when in public places
23. Which of the following conditions most places a patient with chronic liver failure at risk for bleeding?
- a)encephalopathy
 - b)low vitamin K
 - c)elevated liver enzymes
 - d)hepatorenal syndrome
24. A patient is experiencing stress incontinence with frequent involuntary loss of urine. Which of the following directions would be most appropriate when teaching the patient how to perform Kegel exercises?
- a)"tighten your rectum at frequent intervals throughout the day"
 - b)"keep your abdominal muscles tightened; do this every time you stand up"
 - c)"do at least 20 sit-ups per day"
 - d)"when urinating, stop and start the stream of urine by tightening the perineal muscles"
25. A nurse is monitoring for postoperative complications in a client who had a kidney biopsy. Which of the following

D. Glycosylated hemoglobin (HbA1c)

37. A nurse is caring for a client who has primary diabetes insipidus. Which of the following manifestations should the nurse expect find?
- a) decreased specific gravity of urine
 - b) arised activity
 - c) polyuria
 - d) nocturia
38. A nurse is assessing a client who is 12 hr postoperative following a thyroidectomy. Which of the following findings are indicative thyroid crisis? (Select all that apply.)
- a) bradycardia
 - b) hypothermia
 - c) tremors
 - d) weight loss
39. Which assessment finding would you expect to find in the patient who has anemia?
- a) pain
 - b) dyspnea
 - c) vision changes
 - d) skin rash
40. Which of the following nursing interventions are appropriate for a patient with thrombocytopenia? Choose all correct answers.
- a) avoid intramuscular injections
 - b) keep visitors who are ill away from the patient
 - c) encourage 4 L of fluid daily
 - d) allow rest between activities
41. A nurse in a clinic is caring for a client who has suspected anemia. The nurse should anticipate a prescription from the provider for which of the following tests?
- a) neutrophils count
 - b) platelet count
 - c) leukocytes count
 - d) Hgb
42. When planning the postoperative care of a patient who underwent surgery for repair of a lacerated spleen after an alcohol-related motor vehicle accident, what intervention should take priority in the immediate postoperative period?
- a) monitoring the patient for signs and symptoms of alcohol withdrawal
 - b) encouraging early ambulation
 - c) splinting the abdomen for coughing and deep-breathing exercise
 - d) monitoring the patient's renal function
43. Your patient's physician told him that he has hemophilia. You are asked to teach the signs and symptoms of this disease. You respond by saying:
- a) Clot formation, especially in the veins of the lower extremities
 - b) Low blood counts and fatigue due to lack of adequate red blood cell production
 - c) High blood counts and clot formation under the nails
 - d) Excessive bleeding after minor trauma
44. Patient has osteoporosis. She has an increased risk for:
- a) infection in the bone
 - b) peripheral blood clot formation
 - c) fracture formation
 - d) painful joint inflammation
45. A nurse is planning discharge teaching on home safety for an older adult client who has osteoporosis. Which of the following information should the nurse include in the teaching? Select incorrect answer.
- a) Remove throw rugs in walkways
 - b) Use prescribed assistive devices
 - c) Remove clutter from the environment
 - d) Walk with caution on icy surfaces
 - e) Maintain lighting of doorway areas
46. Asthma is the most strongly associated with:
- a) a family history with asthma
 - b) a history of anaphylactic reactions
 - c) high blood pressure
 - d) a history of frequent upper respiratory infections
47. One of the complications of obesity is:
- a) hypertension
 - b) hemophilia
 - c) hypothyroidism
 - d) cancer
48. Inadequate vitamin D intake is most likely to associate in which one of the following?
- a) serum calcium level
 - b) parathyroid hormone level
 - c) ADH level
 - d) serum Hb level

49. Which of the following nursing measures is most important in case of deficiency of vitamin C?

- a) eat fresh fruits and vegetables
- b) leg exercises
- c) take vitamin K with heparin
- d) take calcium supplements daily

50. Which is not a stage of grief?

- a) denial
- b) bargaining
- c) acceptance
- d) fear

5.4. List of Assessment Tools

Blank test

Theoretical questions (Oral interview on lesson's theme)

Practical tasks on care for patient being on complete bed rest

Practical tasks on care for patient staying on a partial bed

Practical tasks on care for patient staying on open ward regimen

Report on unit's theme with presentation to auditorium (1 unit – with elements of SIWS)

Technologic card of educational practice in APPENDIX 1.

Scale of estimation with all types of assessment tools in APPENDIX 2.

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1. Recommended Reading

6.1.1. Required Reading List

	Author	Name	Publishing house, year
1	Lippincott Williams & Wilkins	Medical-surgical nursing made incredibly easy!	Lippincott Williams & Wilkins 2012

6.1.2. Advanced Reading

2	Mary DiGiulio, Donna Jackson, Jim Keogh	Medical Surgical Nursing Demystified	The McGraw-Hill Companies 2007
3	Giles Kendall, Kin Yee Shiu, Sebastian L Johnston	Medicine and surgery a concise textbook	Blackwell Publishing 2005

6.3. List of Information and Education Technologies

6.3.1 Competence-based Educational Technologies

6.3.1.1	Traditional innovations - microlectures, reports and training of theoretical and practical skills on care of patients on models. For simplification of student's preparation for studies at the informational stand of the department concrete questions and problems for studied themes are presented. Lecturers plan theoretical and practical parts of studies in strict conformity with the offered program which provides unified approach to studies by all lecturers.
6.3.1.2	Innovative educational programs - dummies and mannequins with electronic supporting are used for studying and sustaining of practical skills of patient's care being on complete bed rest, partial bed rest and open ward regimen. Simulator methods of training are used for performing practical tasks. Students correct mistakes of answering students for total and profound studying of material. Lecturer only corrects this process. Questions and tasks on themes are made so that there is possibility of development of logic thinking of students.
6.3.1.3	Information educational technologies - work under control of nurses in clinical conditions, viewing of photos and video materials with following discussion and analysis of individual work is provided. Using of Internet resources for getting information on application of orthopedic products in general care for patients with various kinds of a curative-protecting regimen.

6.3.2 List of Information Reference Systems and Software

6.3.2.1	Unified library system http://lib.krsu.edu.kg/
6.3.2.2	KRSU library's Web-site http://lib.krsu.edu.kg/
6.3.2.3	Database of KRSU library's educational-methodical materials http://lib.krsu.edu.kg/
6.3.2.4	Internet resources:
6.3.2.5	http://www.brcn.edu
6.3.2.6	http://www.anzjsurg.com
6.3.2.7	http://www.ucc.edu.ph
6.3.2.8	http://www.media.elsevierhealth.com.au
6.3.2.9	http://www.ru.scribd.com
6.3.2.10	http://www.rhc.ac.ir
6.3.2.11	http://www.kingsborough.edu
6.3.2.12	http://www.cengagebrain.com.au
6.3.2.13	http://www.medicinenet.com

Educational and methodical, scientific supervision and control of "General care for surgical patients" educational practice is carried out by teachers of the Basements of Medical Skills Department.

Head of practice shall:

- guarantee conducting of all preparatory, organizational activities, description of tasks, instructing concerning procedure of practice, technique of safety, etc.;
- provide high educational and methodical level of practice by students according to the curriculum and current program;
- organize consultations, lectures and seminars for separate units of the program, latest scientific and technical achievements;
- supervise students work;
- carry out check of all hands-on tasks, give reviews of hands-on work.

At practice a student shall:

- completely perform all tasks provided by the practice program;
- follow the employment policies and procedures existing in institution or organization;
- study and strictly follow rules of labor protection, health and safety requirements;
- bear responsibility for performed work and its results;
- regularly perform all hands-on tasks according to the technologic chart of the discipline;
- to pass practice credit.

Studying of the "General Care for Surgical Patients" Educational Practice assumes acquaintance of students with the main questions offered for studying to them. Successful material acquisition demands active work on lessons, carrying out all educational tasks of the teacher, acquaintance with the main and additional literature. In the course of work with literature a student has to find answers to all raised questions, to emphasize the core in the studied material and to make a consecutive, logically built conspectus. For drawing up a conspectus, at first, a student has to read a text fast to create general idea about studied material (not to remember but to understand the general sense of the read material). Then to read again more slowly than during reading to understand and to remember sense of each utterance, each statement and question in general. To make a plan of the read text, then to make theses or to take notes and to summarize the read text by his/her own words. It is necessary to write out all unclear words from the text and to find their explanation. The day before the lesson a student has to read the conspectus attentively. If there are any unclear questions a student has to write out them and ask the teacher at the lesson. Constant taking an active part in lessons, readiness to put and discuss current problems, to perform practical tasks of the teacher is a guarantee of successful work and good mark.

For preparation to pass the module or credit a student has to repeat all studied material using recommended literature and conspectus. At tests one needs to choose one correct answer of four offered to each question. Students show practical skills on a mannequin or on each other. If necessary he/she can get advice of the teacher.

REPORT PREPARATION FOR LESSON

Student chooses one of the topics offered by the teacher; writes down instructions of the teacher for preparation of a report, and recommended literature. Then the plan of a report is formed. The student works with literature and draws up a text of the report according to the established sample. The teacher advises him/her in arisen questions, and then checks a text of the report. The student can prepare presentation on a report topic. After presentation a student answers questions of the group.

Structure of the report with elements of research work

1. Topic Urgency.
2. Literary review on a topic.
3. Practical example (description of a concrete situation, a section of work, a patient with this or that pathology, assessment of positive and negative sides of the described situation).
7. References and Internet resources.

RECOMMENDATIONS FOR PREPARATION OF PRESENTATION

Multimedia presentations are a type of independent work of students for creation of visual information aids executed by means of PowerPoint multimedia software program. This type of work demands coordination of the student's skills to collect, systematize, process information, to organize it in the form of resource pack briefly reflecting main questions of the studied topic in electronic form. It means that creation training materials in the form of presentations expands methods and means of processing and submission of educational information, forms computer work skills of the students.

Training materials in the form of presentations are prepared by a student in the form of slides with use of Microsoft PowerPoint. Requirements to students for preparation of a presentation and its defense in the form of report at the lesson.

1. Topic of the presentation is chosen by the student from the list offered by the Fund of Education Assessment Tools, and is to be agreed with the teacher and corresponds to the lesson subject.

2. Stages of presentation preparation

Preparation of the presentation plan (setting of objective and purposes of this work);

Thinking over of each slide (at the beginning it can be done manually on paper), at the same time it is important to answer the following questions:

- how does the idea of this slide disclose the main idea of all presentation?
- what will be on the slide?
- what will be told?
- how will transition to the next slide be made?

3. Presentation making by means of MS PowerPoint:

- It makes sense to be exact. Carelessly made slides (disparity in fonts and spaces, misprints, typographic error in formulas) cause suspicion meaning that student -speaker has approached carelessly to questions.
- The title page is necessary to present to the

6.3.2.14	http://file.zums.ac.ir/ebook/081-Medical-Surgical%20Nursing%20Made%20Incredibly%20Easy,%20Third%20Edition%20(Incredibly%20Easy%20%20Series)-
6.3.2.15	http://www.onestopnursing.org/wp-content/uploads/2015/04/Medical-Surgical-Nursing-Demystified.pdf
6.3.2.16	http://www.anzjsurg.com/SpringboardWebApp/userfiles/anzjs/file/Medicine%20and%20Surgery.pdf

7. COURSE (MODULE) LOGISTICS

7.1	Theoretical preparedness of program education on educational practice passes in educational class-rooms in "Ilbirs" camp
7.2	Computer class-rooms (L.Tolstoy campus, class-rooms 4/12, 4/15) with Internet Network for individual work performing; acquisition with internet sources, video-materials;
7.3	Teacher's office including PC -1; printing device -1; notebook computer -1;TV sets – 2;DVD – player – 2; projector -1;
7.4	Simulation center(Alamedin campus) equipped with robotic-enabled mannequins - simulators, modern intensive care equipment, electronic phantoms of the equipment, training devices, interactive and medical equipment, medical instruments and expendables.
7.5	tonometers -8;
7.6	phonendoscopes – 8;
7.7	thermometers – 30;
7.8	gastric tubes -2;
7.9	Esmarch's irrigators -2;
7.10	urine catheters -4;
7.11	urinials -2;
7.12	bedpans -2;
7.13	bloodstopping tourniquets -2;
7.14	transport tires -5;
7.15	expandable materials: bandages, cotton, plaster;
7.16	educational films on theme "Active treatment of patient in postoperative period".

8. COURSE (MODULE) PROFICIENCY METHODOLOGICAL GUIDELINES (FOR STUDENT)

MODULAR CONTROL OF PRACTICE INCLUDES:

1. Current control: repetition of training material on therapy, surgery, obstetrics and gynecology and performance of obligatory tasks independent work
2. Progress control: check of completeness of knowledge and skills of module material in general. Performance of progress control tasks.
3. Intermediate control: complete documented part of educational practice (2nd semester – credit with mark) - a set of credit module closely connected with each other.

MAIN REQUIREMENTS TO INTERMEDIATE CONTROL

Upon attending the exam students are obliged to have at themselves their record books which they provide to the Commission. The Commission has the right to give a credit pass without recitation to those students who have gained more than 60 points for current a progress control.

On intermediate control the student has to answer correctly theoretical questions of the exam paper and test questions - ("knowledge and to execute a practical task ("skills", "expertise").

During intermediate control the Commission sums up results on implementation of all control requirements by a student during a semester.

Assessment of intermediate control:

- min 10 scores - Questions to check "KNOWLEDGE" level of proficiency (if a student has correctly answered all test questions)
- 10-20 points - Questions to check "KNOWLEDGE" level of proficiency (if at answers to asked theoretical questions the student correctly formulates basic concepts)
- 20-25 points - Tasks to check "SKILLS" and "EXPERTISE" level of proficiency (if a student correctly formulates core of the problem set in the exam paper and provides recommendations for its solving)
- 25-30 points - Tasks to check "SKILLS" and "EXPERTISE" level of proficiency (in case of full implementation of a control task).

PRACTICE BASES

Educational practice is carried out on the basis of the simulation center (Alamedin campus) equipped with robotic-enabled mannequins - simulators, modern intensive care equipment, electronic phantoms of the equipment, training devices, interactive and medical equipment, medical instruments and expendables.

ORGANIZATION OF PRACTICE

Educational practice is carried out in the 2nd semester and lasts for 2 weeks. Practice is distributed (each week for 6 hours, including independent work of a student).

- a rubber ring,
- a urinal,
- a bed-pan.

The patient's bed should be tidy, convenient, of sufficient length and width. It is desirable to use for the patient's bed a multisection mattress on which a cotton sheet put. If there is a need, a rubber sheet is put under a sheet. In specific situations, for example, at spinal disorders, a shield is put under the mattress. It is worth remembering that the patient's bed shouldn't stay near heating sources. Desirable place is a place when it is convenient to approach the patient on both sides. The seriously-ill patient needs to help to undress, take off footwear; in special cases, clothes are carefully cut.

5. **Change of bed linen.** At this procedure it is inadmissible to create inconvenient poses, impelled muscular tension, or to hurt the patient. The patient should be removed on the edge of the bed, and the free part of a sheet is to roll up to the patient's body. Then on the part of a bed it is necessary to spread a clean sheet and to shift the patient. At strict bed confinement a sheet rolled up in the direction from legs to the head, first, to a waist, then under upper body. Edges of a sheet are attached to a mattress by safety pins. It is necessary to shake out a blanket at each change of linen.

6. **Change of underwear.** When changing a shirt for a seriously-ill patient, it is necessary to bring at first a hand under his/her back, then to lift a shirt to a nape, to remove one sleeve, then another (if one hand is injured, it is necessary to start with a healthy one). After that the patient should be put on a shirt (start with a healthy hand), then it is necessary to lower it through the head to a sacrum and to unfasten it. If the patient is strictly confined to bed by the doctor, it is necessary to put on to him/her a shirt wraparound garment. If the patient's linen was contaminated by blood or discharges, it should be wetted previously in chlorinated lime solution, then to dry up, and only after that to send to a laundry.

7. **Regime.** The doctor appoints different regimes for the patient depending on the seriousness of diseases: Strict bed rest is when it is forbidden even to sit.

Bed rest is when it is possible to move in the bed, but at the same time it is forbidden to leave it.

Partial bed rest is when it is possible to move around the room.

General regime is where, as a rule, physical routine activity of the patient isn't restricted significantly.

BASIC RULES OF BED REST PATIENT

1. The patient carries out bowel and bladder functions in the bed. The person is given a disinfected, purely washed bed-pan (a specialized device for excrements) which is poured with a little water that absorbs smells. A bed-pan is brought under buttocks so that the crotch of the patient is over a big opening, and a tube - between hips. At the same time the free hand needs to be brought under a sacrum to raise the patient. Having released bed-pan, it needs to be washed up carefully with hot water, and then to disinfect with 3% chloramine or lysol solution. Urine collecting vessel - a urinal - needs also to be given well washed up and warm. After urination of the patient a urinal is washed out by sodium hydrocarbonate or permanganate potassium solution, or weak solution of hydrochloric acid.

2. Tools and stock necessary for care need to be stored in the place which is strictly defined for this purpose. All necessary things for the patient should be available for use. Hot-water bottles, bed-pans, urinals, rubber rings, ice bags are needed to wash out by hot water, after that to rinse 3% chloramine solution and to store in specialized cabinets. Probes, catheters, flatus tubes, tips of enemas are washed in hot water with soap, and then boiled for 15 minutes. Tips of enemas need to be stored in the ware intended for this purpose and marked. Measuring vessels and spout cups are required to boil. Whenever possible, it is worth using items of care for single use. Chairs, wheelchairs, cabinets, beds, stretchers and other armamentarium should be disinfected periodically by 3% chloramine or lysol solution and it is necessary to wipe them with a moist rag or to wash with soap daily.

3. Personal hygiene of the patient has huge importance during rehabilitation period. Primary patients (except for critically-ill patients) should be subject to sanitization which includes bath, shower or sponge bath, and, if necessary, short hairstyle with subsequent disinfection processing of a hairy part of head skin. If the patient needs assistance at sanitization, he/she should be dipped into a bath, a sheet, or to seat on a special chair set in the bath (tub bath), and to be washed by means of a handshower. If a person is seriously-ill, bathing is replaced with sponge bath moistened in warm water with soap. At the end of the procedure, it is necessary to rub off a body of the patient with a sponge moistened in warm water without soap and to wipe dry. Unless otherwise instructions, the patient should take a bath or shower at least once a week. Fingernails and toenails are needed to cut shortly.

4. It is recommended to wash hair with warm water with shampoo (after the procedure hair is carefully comb). If the person is a seriously-ill patient, then washing of the head is required to perform in the bed. As for frequency of these hygienic procedures, it is as follows: the patient should wash his/her hands before each meal, feet - every day before going to bed. Upper body, a face and a neck need to be washed daily. Genitals and anus need to be washed daily. If a person is a seriously-ill patient, it is necessary to perform washing of genitals at least two times a day. The procedure takes place as follows: a vessel is brought under buttocks of the patient (this a patient lays on his/her back, bending his/her knees). For perineal washing it is also convenient to use Esmarch's irrigator which is equipped with special rubber tube with a tip which, in its turn, has a clip or crane. A stream of water or attenuated solution of permanganate potassium goes to a perineum. Along with it, a wadded tampon is brought in the direction from genitals to anus. Then, by means of another wadded tampon skin of perineum is drained. Such procedure can be performed also with use of a jug with warm disinfecting solution. If the patient corpulent or is inclined to increased sweating, inguinal folds, axillary areas and also skin folds under mammary glands, in particular, are necessary to wash often to avoid intertrigo.

5. **Weakened patients** and also those patients whose bed rest lasts for a long period of time need especially careful care of a body and skin to avoid decubitus. As preventive measures, besides skin care, it is necessary to keep a bed tidy, regular to smooth folds of a sheet and to eliminate high spots. It is necessary to wipe skin of patients with risk of decubitus once or twice a day with camphor alcohol and to powder talc. Besides, it is necessary to use rubber rings, which are wrapped up by a pillowcase, putting them under places where are subject to pressure the most (for example, a sacrum). Necessary preventive measure is also a frequent change of the patient's position on the bed. Care of the patient's feet is very important too as at insufficient care thick corneal layers representing manifestation of a scaly form of epidermophytia can be formed on the bottoms of feet. In these cases removal of toughened skin with subsequent treatment of foot skin with antifungal means is required.

6. **Feeding of seriously-ill patients** is extremely important aspect in caring. It is necessary to keep strictly to the diet prescribed by the doctor. During meal it is necessary to pose bed patients that way which allows avoiding exhaustion of the person. As a rule, it is

audience you and a subject of your report.

- Quantity of slides is no more than 15.
- Optimum number of lines on a slide is from 6 to 11.
- Widespread mistake is to read a slide literally. It is the best if detailed information is written on the slide (definitions, formulas), and by words a student will tell their substantial sense. Information on the slide can be more formal and strictly stated than in the speech.
- Optimum speed of switching is one slide per 1-2 minutes.
- It is welcomed to use more drawings, pictures, formulas, diagrams, and tables in the presentation. It is possible to use animation effects.
- At explanation of tables it is necessary to tell what corresponds to lines and what — to columns.
- You enter only those designations and concepts without which understanding of main ideas of the report is impossible.
- In a short performance it is impossible to repeat the same idea even if it is done in other words as time is precious.
- Any phrase has to be said for some reason or other then the performance will be complete and will leave a good impression.
- The last slide with conclusions in the short presentations shouldn't be pronounced.
- If there are a lot of formulas on the slide it is recommended to gather it completely in MS Word (otherwise formulas should be placed and leveled on the slide manually). For this purpose it is convenient to make a blank that is an empty slide with one big Word object "Insert / Object / Microsoft Word Document", to select its sizes once and to multiply for necessary number of slides. Body font in the text and formulas is recommended to be changed to Arial or to similar one; the Times font looks badly from afar. It is necessary to set MathType the main font size equal to the main font size in the text. Never align the formula size manually (extending it for a corner).

4. Student shall be obliged to prepare and make a report within time period strictly allowed by the teacher, and in time.

5. Instruction to speakers.

- to provide new information;
- to use technical means;
- to know and be familiar with the topic of the whole presentation;
- to be able to discuss and to answer questions quickly;
- to carry out accurately the established regulations: speaker - 10 min.; discussion - 5 min.;

It is necessary to remember that the report consists of three parts: introduction, main part and conclusion. The introduction helps to achieve success of a report on any topic. The introduction must contain:

- name of the presentation;
- message of the main idea;
- modern assessment of the reported subject;
- short list of questions considered;
- live and interesting form of the presentation;

The main part where the speaker has to open deeply core of the topic touched usually is report-based. The goal of the main part is to submit enough data in order to make listeners interested in the topic and wanted to get acquainted with materials. At the same time logical structure of the theoretical block shouldn't be given without training handbook, audio - visual and visual aids.

Conclusion is a clear accurate summary and short conclusions which listeners always wait for.

CARE BASIC PRINCIPLES

1. Room. It has to be light, spacious, and whenever possible, isolated and noiseproof. At any disease plenty of light, fresh air and comfortable temperature in the room where a patient stays will make favorable impact on a person. It is necessary to tell individuals about light: its force should be reduced if there is a patient with an ophthalmologic or nervous system disease in the room. In daytime electric lamps have to be covered with a dull lamp shade, and at night only night lamps or other devices of low heat can be switched.

2. Temperature. Desirable microclimate in the patient's room has to be as follows: temperature is within 18 — 20 °, air humidity - more than 30 — 60%. It is very important that the room does not cool down in the morning. At too dry air for increase in humidity it is possible to put a wet thing on the radiator, or to put nearby a vessel with water. To reduce air humidity indoors, it is necessary to air. In the city environment it is better to carry out airing at night time as in daytime city air is much more polluted with dust and gases. In other environment in summertime it is possible to air the room round the clock; during the winter period it is worth to air no more than 3-5 times a day. To protect the patient from cold air stream during airing, it is necessary to cover him/her with a blanket; and the head with a towel or scarf (the face is opened). It is inadmissible to fumigate the room with the flavoring means instead of airing!

3. Purity. The room where there is a patient needs to be kept clean. So, cleaning is necessary to do not less than two times a day. Furniture, window frames and doors should be wiped by moist rags; the floor needs to be washed or to wipe with the brush wrapped with a moist rag. It is the most preferable to remove objects on which dust can accumulate (curtains, carpets), or to shake out/clean them with a vacuum cleaner. The patient's room has to be isolated from street, transport and production noise. It is recommended to decrease loudness of radio, TVs and etc. It is necessary to talk in a low voice.

4. Transportation. It is a very important aspect. If a person is seriously-ill, he/she needs to be transported carefully, on special chair, stretcher or wheelchair, avoiding at the same time any pushes. The patient is transferred in the stretcher by two or four people. It is important that they stay out of step, walk by short steps. Replacement of the patient and carrying on hands can be carried out by one, or three people. If carrying is carried out by one person, it is necessary to act as the following: one hand is brought under the patient's scapulas, another - under hips, at the same time the patient has to hold a carrier for a neck. To move a seriously-ill patient from a stretcher on a bed it is necessary to act as follows: to put a stretcher at right angle to a bed so that their foot board is closer to a head of the bed. Before shifting a seriously-ill patient to a bed it is necessary previously to check his/her readiness and existence of individual care items and bedside accessories.

Seriously-ill persons will need, but not limited, the following:

- a rubber sheet,

- a rubber ring,
- a urinal,
- a bed-pan.

The patient's bed should be tidy, convenient, of sufficient length and width. It is desirable to use for the patient's bed a multisection mattress on which a cotton sheet put. If there is a need, a rubber sheet is put under a sheet. In specific situations, for example, at spinal disorders, a shield is put under the mattress. It is worth remembering that the patient's bed shouldn't stay near heating sources. Desirable place is a place when it is convenient to approach the patient on both sides. The seriously-ill patient needs to help to undress, take off footwear; in special cases, clothes are carefully cut.

5. Change of bed linen. At this procedure it is inadmissible to create inconvenient poses, impelled muscular tension, or to hurt the patient. The patient should be removed on the edge of the bed, and the free part of a sheet is to roll up to the patient's body. Then on the part of a bed it is necessary to spread a clean sheet and to shift the patient. At strict bed confinement a sheet rolled up in the direction from legs to the head, first, to a waist, then under upper body. Edges of a sheet are attached to a mattress by safety pins. It is necessary to shake out a blanket at each change of linen.

6. Change of underwear. When changing a shirt for a seriously-ill patient, it is necessary to bring at first a hand under his/her back, then to lift a shirt to a nape, to remove one sleeve, then another (if one hand is injured, it is necessary to start with a healthy one). After that the patient should be put on a shirt (start with a healthy hand), then it is necessary to lower it through the head to a sacrum and to unfasten it. If the patient is strictly confined to bed by the doctor, it is necessary to put on to him/her a shirt wraparound garment. If the patient's linen was contaminated by blood or discharges, it should be wetted previously in chlorinated lime solution, then to dry up, and only after that to send to a laundry.

7. Regime. The doctor appoints different regimes for the patient depending on the seriousness of diseases: Strict bed rest is when it is forbidden even to sit.

Bed rest is when it is possible to move in the bed, but at the same time it is forbidden to leave it.

Partial bed rest is when it is possible to move around the room.

General regime is where, as a rule, physical routine activity of the patient isn't restricted significantly.

BASIC RULES OF BED REST PATIENT

1. The patient carries out bowel and bladder functions in the bed. The person is given a disinfected, purely washed bed-pan (a specialized device for excrements) which is poured with a little water that absorbs smells. A bed-pan is brought under buttocks so that the crotch of the patient is over a big opening, and a tube - between hips. At the same time the free hand needs to be brought under a sacrum to raise the patient. Having released bed-pan, it needs to be washed up carefully with hot water, and then to disinfect with 3% chloramine or lysol solution. Urine collecting vessel - a urinal - needs also to be given well washed up and warm. After urination of the patient a urinal is washed out by sodium hydrocarbonate or permanganate potassium solution, or weak solution of hydrochloric acid.

2. Tools and stock necessary for care need to be stored in the place which is strictly defined for this purpose. All necessary things for the patient should be available for use. Hot-water bottles, bed-pans, urinals, rubber rings, ice bags are needed to wash out by hot water, after that to rinse 3% chloramine solution and to store in specialized cabinets. Probes, catheters, flatus tubes, tips of enemas are washed in hot water with soap, and then boiled for 15 minutes. Tips of enemas need to be stored in the ware intended for this purpose and marked. Measuring vessels and spout cups are required to boil. Whenever possible, it is worth using items of care for single use. Chairs, wheelchairs, cabinets, beds, stretchers and other armamentarium should be disinfected periodically by 3% chloramine or lysol solution and it is necessary to wipe them with a moist rag or to wash with soap daily.

3. Personal hygiene of the patient has huge importance during rehabilitation period. Primary patients (except for critically-ill patient) should be subject to sanitization which includes bath, shower or sponge bath, and, if necessary, short hairstyle with subsequent disinfection processing of a hairy part of head skin. If the patient needs assistance at sanitization, he/she should be dipped into a bath a sheet, or to seat on a special chair set in the bath (tub bath), and to be washed by means of a handshower. If a person is seriously-ill, bathing is replaced with sponge bath moistened in warm water with soap. At the end of the procedure, it is necessary to rub off a body of the patient with a sponge moistened in warm water without soap and to wipe dry. Unless otherwise instructions, the patient should take a bath or shower at least once a week. Fingernails and toenails are needed to cut shortly.

4. It is recommended to wash hair with warm water with shampoo (after the procedure hair is carefully comb). If the person is a seriously-ill patient, then washing of the head is required to perform in the bed. As for frequency of these hygienic procedures, it is as follows: the patient should wash his/her hands before each meal, feet - every day before going to bed. Upper body, a face and a neck need to be washed daily. Genitals and anus need to be washed daily. If a person is a seriously-ill patient, it is necessary to perform washing of genitals at least two times a day. The procedure takes place as follows: a vessel is brought under buttocks of the patient (this a patient lays on his/her back, bending his/her knees). For perineal washing it is also convenient to use Esmarch's irrigator which is equipped with special rubber tube with a tip which, in its turn, has a clip or crane. A stream of water or attenuated solution of permanganate potassium goes to a perineum. Along with it, a wadded tampon is brought in the direction from genitals to anus. Then, by means of another wadded tampon skin of perineum is drained. Such procedure can be performed also with use of a jug with warm disinfecting solution. If the patient corpulent or is inclined to increased sweating, inguinal folds, axillary areas and also skin folds under mammary glands, in particular, are necessary to wash often to avoid intertrigo.

5. Weakened patients and also those patients whose bed rest lasts for a long period of time need especially careful care of a body and skin to avoid decubitus. As preventive measures, besides skin care, it is necessary to keep a bed tidy, regular to smooth folds of a sheet and to eliminate high spots. It is necessary to wipe skin of patients with risk of decubitus once or twice a day with camphor alcohol and to powder talc. Besides, it is necessary to use rubber rings, which are wrapped up by a pillowcase, putting them under places where are subject to pressure the most (for example, a sacrum). Necessary preventive measure is also a frequent change of the patient's position on the bed. Care of the patient's feet is very important too as at insufficient care thick corneal layers representing manifestation of a scaly form of epidermophytia can be formed on the bottoms of feet. In these cases removal of toughened skin with subsequent treatment of foot skin with antifungal means is required.

6. Feeding of seriously-ill patients is extremely important aspect in caring. It is necessary to keep strictly to the diet prescribed by the doctor. During meal it is necessary to pose bed patients that way which allows avoiding exhaustion of the person. As a rule, it is

a slightly elevated position of the upper body or semisitting position. Neck and breast of the patient need to be covered with a napkin. It is necessary to feed weakened patients and patients having fever at decrease in temperature / improvement of their condition. Such patients are spoon-fed. They are given strained or minced food by small portions. It is not good to interrupt a day nap to feed a patient if a patient has insomnia. Seriously-ill patients are given drink out of a spout cup. If a person can't swallow food, artificial nutrition is required for him/her: probe.

7. One more necessary condition of successful treatment is observation of the patient's condition. So, people providing care need to inform regularly the doctor about each change in the patient's condition. It is necessary to consider mental condition of the patient, change of position of his/her body, skin coloring, face expression, existence of cough, respiratory rate, change of nature and color of urine, stool and sputum. Besides, by instructions of the doctor it is necessary to perform measurement of body temperature, weighing, a ratio of output and intake fluid, and to make another prescribed observations. It is important to monitor the patient's medication intake. For procedure of drug intake clean measuring vessels and a decanter with boiled water have to be prepared.

PRACTICAL RECOMMENDATIONS FOR CARE OF SURGICAL PATIENTS is in APPENDIX 3.

TECHNOLOGICAL MAP

of educational practice on mastering primary professional abilities and skills including primary abilities and skills of scientific-research activity

(General care for patients of surgical profile)

Course 1, semester 2, 3CP – 3, Scope of testing semesters.– credit with mark

Names of modules of discipline according to WPD	Control	Form of control	Credit minimum	Credit maximum	Schedule of control
Module 1					
Theoretical stage. Infection control.	Current	Oral interview; Reports with presentation Attendance: <i>1 grade is removed for each missed and unproven class</i>	5	10	The 4th week
	Progress	Theoretical task.	10	20	
Module 2					
Practical stage. Features of nursing care of surgical patients.	Current	Reports with presentation (with elements of SIW); Practical tasks on care of bed rest patients; Practical tasks on care of partial bed rest patients; Practical tasks on care of open ward patients. Attendance: <i>1 grade is removed for each missed and unproven class</i>	15	20	The 17th week
	Progress	Theoretical task; Practical task.	10	20	
TOTAL for a semester			40	70	The 18th week
Intermediate control (credit with mark)	Theoretical task; Blank test; Practical task		20	30	
Semester rating on a discipline			60	100	

- to provide actions on personal hygiene of a patient;
- to feed seriously-ill patients and look after oral cavity;
- to provide first-aid in emergent conditions;
- to perform cardiopulmonary resuscitation.

Answer when a student is skilled in techniques is estimated:

- performing of all kinds of cleaning (preliminary, current, final, general);
- hand washing and hygienic hand antiseptics;
- managing medical wastes;
- measuring of respiration, pulse, arterial pressure;
- providing actions of prevention of pressure sores and intertrigo;
- changing underwear and linen;
- performing cardio-pulmonary resuscitation;
- first-aid at pulmonary and gastrointestinal bleeding;
- first-aid at respiratory and cardiovascular disorders.

PRACTICAL TASK - CARE OF OPEN WARD PATIENT - (current, progress controls)

№	Name of index	Grade (in %)
1.	explanation to a patient (or to his parents) what "open ward regimen" means	0 – 7,5
2.	explanation to a patient (or to his parents) where he can move, whether it is possible for him to walk in the street	0 – 7,5
3.	explanation to a patient (or to his parents) how he can visit toilet independently	0 – 7,5
4.	explanation to a patient (or to his parents) washing and food intake rules	0 – 7,5
5.	explanation to a patient (or to his parents) how he should observe cleanness of body (to take a shower, a bath)	0 – 7,5
6.	linen change	0 – 7,5
7.	underwear change	0 – 7,5
8.	control over taking of medicines by a patient	0 – 7,5
9.	control of patients diet being on open ward regimen	0 – 7,5
10.	explanation to a patient (or to his parents) rules of visiting of diagnostic and medical procedures	0 – 7,5
11.	explanation to a patient (or to his parents) rules of observance of day nap and night sleep	0 – 7,5
12.	explanation to a patient and his parents rules of discharge from hospital for regimen offense	0 – 7,5
13.	observance of rules of ethics and deontology during caregiving to patient	0 - 10
Total grades		sum of grades

PRACTICAL TASK - CARE OF PARTIAL BED REST PATIENT - (current, progress controls)

№	Name of index	Grade (in %)
1.	explanation to a patient (or to his parents) meaning of partial bed rest	0 – 7,5
2.	help to a patient with toilet visiting	0 – 7,5
3.	explanation to a patient (or to his parents) what movements are allowed to do (to sit, stand, move round a ward)	0 – 7,5
4.	providing sanitary and hygienic procedures for patient	0 – 7,5
5.	explanation to a patient (or to his parents) necessity of regular care of a cavity (toothbrushing 2 times a day, rinsing of oral cavity after each food intake) to show how to rinse eyes, to clear nasal meatus	0 – 7,5
6.	change underwear and linen to a patient being on partial bed rest	0 – 7,5
7.	bathing a patient being on partial bed rest (a bath, a shower)	0 – 7,5
8.	sponge bath for skin and physiological folds of a body	0 – 7,5
9.	explanation to a patient and his parents of elementary exercises	0 – 7,5
10.	feeding of a patient being on partial bed rest	0 – 7,5
11.	explanation to a patient and his parents what is forbidden to do	0 – 7,5
12.	explanation to a patient and his parents importance of medical and diagnostic procedures	0 – 7,5
13.	observance of rules of ethics and deontology during caregiving to patient	0 - 10
Total grades		sum of grades

SCALE OF THEORETICAL TASK'S ESTIMATION - (intermediate, progress control – «KNOWLEDGE»)

When estimating oral answers on level **KNOWLEDGE** the following criteria are considered:

1. Knowledge of basic processes of studied subject area, depth and completeness of disclosing question.
2. Acquisition of terminology and its use at answering.
3. Ability to explain essence of the phenomena, events, processes, to do conclusions and generalizations, to give reasoned answers.
4. Ability of monologic speech, logicity and sequence of answer, ability to answer formulated questions, to express own opinion on a discussed problem.

An answer which shows substantive knowledge of following aspects is estimated:

- arrangement and organization of work of therapeutic department of a hospital;
- requirements of infection control in patient's care; present orders on infection control;
- rules of preparation of a patient to laboratory and instrumental examinations;
- organization of seriously-ill patients care;
- features of patients care with various surgical diseases;
- normal values of the the most important vital signs (respiration, pulse, arterial pressure, body temperature);
- common symptoms of emergent conditions in surgery and order of first-aid providing at urgent conditions.

№	Name of index	Grade (in %)
1	Question 1	0-100
2	Question 2	0-100
3	Question 3	0-100
Total grades		Average (amount of grades/3)

Each ticket question is estimated:

«85-100 %»

- deep and substantive acquisition of material of a theme or unit;
- full, consecutive, competent and logically stated answers;
- demonstration of knowledge within passed program and additionally recommended literature by a student;
- reproduction of educational material with demanded degree of accuracy.

«75-84 %»

- presence of the insignificant mistakes confidently corrected by a student after additional and probing questions;
- demonstration of knowledge within passed program;
- an accurate explanation of educational material.

«60-74 %»

- presence of insignificant mistakes at answering, not corrected by a student;
- demonstration of not full enough knowledge within passed program by a student;
- not structured, disorderly explanation of educational material at answering.

«Less than 60 %»

- non-acquaintance of material of a theme or unit;
- there are serious mistakes at answering.

SCALE OF TEST ESTIMATION - (intermediate control - "KNOWLEDGE")

1. There are 10 closed questions in one test task.
2. Ready answers are given in a task for choice, one is correct and the others are wrong.
3. It is necessary for a student to remember: in each task with a choice of one right answer the right answer should be.
4. For each right answer 10 grades are given
5. General estimation is defined as sum of grades.
6. Grades (in %).

SCALE OF PRACTICAL TASK ESTIMATION - (intermediate, progress controls - "skills and expertise")

Following criteria are considered at estimation of tasks for "skills and expertise" level check:

An answer when a student is skilled is estimated:

- to make sanitary treatment of patient in the admission unit and staying in a hospital;
- to follow rules of aseptic during caregiving to patient, to meet the requirements of orders of infection control, to realize prevention of healthcare-associated infections;
- to provide hand hygiene (hand washing, hygienic and surgical hand antiseptics);
- to manage medical wastes according to current order;
- to change underwear and bed-clothes of a seriously-ill patient;
- to provide prevention of pressure sores and intertrigo;
- to perform doctor's prescriptions during caregiving to patient;
- to provide care of seriously-ill patients;
- to observe respiration, pulse, blood pressure of a patient, to measure temperature;

PRACTICAL TASK - CARE OF COMPLETE BED REST PATIENT - (current, progress controls)

№	Name of index	Grade (in %)
1.	giving of a bedpan	0 - 4
2.	performing cleaning and therapeutic enemas	0 - 4
3.	perineal washing of patient	0 - 4
4.	hygienic hand washing of patient	0 - 4
5.	Face washing of patient	0 - 4
6.	toothbrushing of a patient	0 - 4
7.	oral cavity rinsing	0 - 4
8.	rinsing of eyes of patient	0 - 4
9.	rinsing of nasal meatus	0 - 4
10.	rinsing of acoustic meatus	0 - 4
11.	change of underwear and linen of seriously-ill patient;	0 - 4
12.	bathing of complete bed rest (bath, shower, sponge bath)	0 - 4
13.	cutting nails of seriously-ill patient	0 - 4
14.	feeding of a patient	0 - 4
15.	prevention of pressure sores and intertrigo	0 - 4
16.	turning a patient to a sidelying position	0 - 4
17.	performing elementary exercises (passive and active exercises)	0 - 4
18.	performing elementary physioprocedures to seriously-ill patients (mustard plasters, compresses)	0 - 5
19.	techniques of measuring of breath, pulse, arterial pressure;	0 - 5
20.	actions at occurrence to patient respiratory and blood circulation disorder	0 - 4
21.	giving to a patient correct position in bed depending on disease	0 - 4
22.	change of pampers of a seriously ill patient	0 - 4
23.	observance of rules of ethics and deontology at care of a seriously ill patient	0 - 10
Total grades		sum of grades

SCALE OF ESTIMATION OF REPORT WITH PRESENTATION (with SIW elements) - (current control)

№	Name of index	Grade (in %)
FORM		20
1	Dividing a text into introduction, basic part and conclusion	0-10
2	Logical and clear passage from one part to another, also inside parts	0-10
CONTENT		50
1	Conformity to a theme	0-10
2	Presence of basic theme (thesis), and prologue addressed to a listener	0-10
3	Development of a theme (thesis) in basic part (disclosing of main standings through system of arguments which are supported by facts, examples etc.)	0-15
4	Presence of conclusions corresponding to a theme and content of basic part	0-15
PRESENTATION		15
1	Title page with heading	0-2
2	Design of slides and use of additional effects (change of slides, sound, diagrams)	0-3
3	Presentation text is written shortly, generated ideas are clearly stated and structured	0-5
4	Slides are presented in logic sequence	0-3
5	Slides are typed in format of notes	0-2
REPORT		15
1	Correctness and accuracy of speech during presentation	0-5
2	Open-mindedness (answers to questions)	0-5
3	Time limit	0-5

Total grades	sum of grades
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SCALE of ESTIMATION of BLITZ – oral test - (current control)

№	Name of index	Grade (in %)
1	Persuasiveness of an answer	0-20
2	Understanding of problematics and adequacy of interpretation	0-35
3	Reasonable using of medical terminology (relevance and reliability of data)	0-35
5	Logicity and sequence of oral statement	0-10
Total grades		sum of grades