МИНИСТЕРСТВО НАУКИ И ВЫСШЕГО ОБРАЗОВАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ,
МИНИСТЕРСТВО НАУКИ, ВЫСШЕГО ОБРАЗОВАНИЯ И ИННОВАЦИЙ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ

МОО ВО Кыргызско-Российский Славянский университет
имени первого Президента Российской Федерации Б.Н. Ельцина

УТВЕРЖДАЮ
Директор Института
Клинической медицины и
биомедицинских технологий
Абилова С.С.
04. ноября 2026 г.

ПРОФЕССИОНАЛЬНЫЙ ЦИКЛ
Акушерство
рабочая программа дисциплины (модуля)

Разработано **Акушерства и гинекологии**

Учебный план 310501_26_1 лд ин.plx
560001 Лечебное дело (Для иностранных студентов)

Квалификация **врач**

Форма обучения **очная**

Распределение часов дисциплины по семестрам

Семестр (<Курс>.<Семестр на курсе>)	5 (3.1)		6 (3.2)		Итого	
Недель	18		18			
Вид занятий	УП	РП	УП	РП	УП	РП
Лекции	16	16	16	16	32	32
Практические	32	32	32	32	64	64
Контактная работа в период теоретического обучения	0,3	0,3			0,3	0,3
Контактная работа в период экзаменационной сессии			0,5	0,5	0,5	0,5
В том числе инт.	4	4	4	4	8	8
Итого ауд.	48	48	48	48	96	96
Контактная работа	48,3	48,3	48,5	48,5	96,8	96,8
Сам. работа	11,7	11,7	12	12	23,7	23,7
Часы на контроль			29,5	29,5	29,5	29,5
Итого	60	60	90	90	150	150

Программу составил(и):

к.м.н., доцент, Умарбаева Д.А.; к.м.н., доцент, Долгая Г.В.

Рецензент(ы):

к.м.н., доцент кафедры акушерства и гинекологии КГМА им. И.К. Ахунбаева, Рыскулова Б.А.

Согласовано РОП: ***Жаманкулова М.К.***

Рабочая программа дисциплины

Акушерство

разработана в соответствии с ФГОС 3++:

Федеральный государственный образовательный стандарт высшего образования - специалитет по специальности 560001 Лечебное дело (Для иностранных студентов) (приказ Минобрнауки России от г. №)

составлена на основании учебного плана:

560001 Лечебное дело (Для иностранных студентов)

утвержденного учёным советом вуза от 26.06.2026 протокол № 11.

Рабочая программа одобрена на заседании кафедры акушерства и гинекологии

Протокол от 10 октября 2026 г. № 3
Срок действия программы: 2026-2032 уч.г.
Руководитель подразделения: Умарбаева Дильноза Абдувалиевна

ЛИСТ РЕГИСТРАЦИИ ИЗМЕНЕНИЙ
к рабочей программе дисциплины (модуля)

Гинекология

_____ *наименование дисциплины*

№ п/п	Основание внесения изменения	Раздел/ пункт	Содержание изменения
1.			
2.			
3.			
4.			
5.			

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Government-run Educational Institution of Higher Professional Education
Interstate Educational Organization of Higher Education
Kyrgyz-Russian SlavicUniversity named after the First President
The Russian Federation of Boris Yeltsin

«ENDORSED» BY
Director Saamai Abilova

_____

PROFESSIONAL CYCLE

OBSTETRICS

Course Outline (Module)

Assigned to
Academic Curriculum

Qualification **Specialist**
Mode of Study **Intramural**
Total Credit Value **6 credit points**

Course Hours 216
including:
in-class learning 128
individual work 69,7
monitoring hours 17,5

Scope of Testing Semesters:
exam 6
credit 5

Course Hours Scheduling (per semester)						
Semester Academic Year	**5 (3.1)**		**6 (3.2)**		Total	
Weeks	18		18			
Type of Traning	AC	CO	AC	CO	AC	CO
Lectures	16	16	16	16	32	32
Practical Session	32	32	32	32	64	64
Including Interactive Session	4	4	4	4	8	8
Total In-class Session	48	48	48	48	96	96
Individual Work Assessment			0.5	0.5	0.5	0.5
Face-to-face Learning	0.3	0.3			0.3	0.3
Individual Work	11.7	11.7	12	12	23.7	23.7
Monitoring hours			29.5	29.5	29.5	29.5
Total	60	60	90	90	150	150

1. COURSE OUTLINE OBJECTIVES
1.1 The goal of this course is to train a qualified physician to provide obstetric care, understand the symptoms of obstetric and gynecological diseases, and take steps to promptly refer patients for specialized medical care.

2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM	
Educational Program Units:	B1.B
2.1	Students' Preliminary Training Requirements:
2.1.1	Normal physiology
2.1.2	Clinical pharmacology
2.1.3	Endocrinology
2.1.4	Pathological anatomy
2.1.5	Pathophysiology, clinical pathophysiology
2.1.6	Propaedeutics of internal diseases
2.1.7	Pharmacology
2.1.8	Topographical anatomy and operational surgery
2.1.9	Histology, embryology, cytology
2.1.10	Immunology
2.1.11	Anatomy
2.1.12	Biology
2.1.13	Biochemistry
2.1.14	Urology
2.2	Course Units and Practical Sessions imposing the prior Proficiency
2.2.1	Clinical internship
2.2.2	Clinical practice (Medical assistant)
2.2.3	Clinical practice (Medical assistant of out-patient and polyclinic establishment)
2.2.4	Preparation for delivery and delivery of state exam

3. STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)
a) universal:
- *General scientific competencies (GS):*
GS-3 - is able and ready to collect, process and interpret with the use of modern information technologies the data necessary to form judgments on relevant social, scientific and ethical issues;
GS-4 – is able and ready to work in a team, tolerant to perceive social, ethnic, religious and cultural differences.
- *Instrumental competencies (IC):*
IC-1- is capable and ready to work with computer equipment and software for system and application purposes to solve professional tasks;
IC–2 - is capable and ready to use information, bibliographic resources and information and communication technologies, taking into account the basic requirements of information security;
IC-3 - is capable and ready for written and oral communication in the state language and official languages, is able to master one of the foreign languages to solve professional tasks;
- *Socio-personal and General cultural competencies (SPC):*
SPC-1 - is capable and ready to implement ethical, deontological and bioethical principles in professional activity;
SPC-2 - is capable and ready to master the techniques of professional communication; to build interpersonal relationships, work in a group, constructively resolve conflict situations, to perceive social, ethnic, confessional and cultural differences with tolerance;
SPC-3 - is capable and ready for continuous professional development, self-knowledge, self-development, self-actualization; manage your time, plan and organize your activities, build a strategy for personal and professional development and training;
SPC-4 - is capable and ready to carry out its activities taking into account the moral and legal norms accepted in society, comply with laws and regulations on working with confidential information, bear social and ethical responsibility for the decisions taken;
SPC-5 - is capable and ready for logical and reasoned analysis, for public speech, discussion and polemics, for the implementation of educational and educational activities, for cooperation.

b) professional:

- *general professional competencies (PC):*

PC-1 – is able and willing to comply with the rules of medical ethics, laws and regulations on working with confidential information, to maintain medical secrecy ;

PC-2 - is capable and ready to analyze the results of its own activities to prevent medical errors, while being aware of disciplinary, administrative, civil, criminal liability;

PC-3 - is able and ready to analyze socially significant problems and processes, use methods of economic relations in the healthcare system;

PC-4 - is capable and ready to conduct pathophysiological analysis of clinical syndromes, to justify pathogenetically justified methods (principles) of diagnosis, treatment, rehabilitation and prevention among the population, taking into account age and gender groups;

PC-5 - is capable and ready to conduct and interpret a survey, physical examination, clinical examination, the results of modern laboratory and instrumental studies, write a medical record of an outpatient and inpatient patient of an adult and a child;

PC-6 - is capable and ready to apply methods of asepsis and antiseptics, to use medical instruments, to master the technique of patient care;

PC-7 - is capable and ready to work with medical and technical equipment used in working with patients, to use the capabilities of modern information technologies to solve professional tasks;

PC-8 - is able and ready to apply up-to-date information on the health indicators of the population at the health care facility level;

PC-9 - is able and ready to know the basic issues and to conduct an examination of working capacity (temporary) and prevention of disability among adults and children;

- *preventive activities:*

PC 10 - is capable and ready to carry out preventive measures to prevent infectious, parasitic and non-communicable diseases,

PC-11 - is capable and ready to carry out sanitary and educational work among the population to eliminate modified risk factors for the development of diseases, to give recommendations on healthy nutrition;

- *diagnostic activity:*

PC-14 - is capable and ready to make a diagnosis based on the results of biochemical and clinical studies, taking into account the course of pathology in organs, systems and the body as a whole;

PC-15 - is able and ready to analyze the patterns of functioning of individual organs and systems, use knowledge of anatomical and physiological features, basic methods of clinical and laboratory examination and assessment of the functional state of the body of an adult and children, for timely diagnosis of diseases and pathological processes;

PC-16 - is capable and ready to use the algorithm of diagnosis (main, concomitant, complications) taking into account the ICD, perform basic diagnostic measures to identify urgent and life-threatening conditions;

- *medical activity:*

PC-17 - is capable and ready to perform basic therapeutic measures for the most common diseases and conditions in adults and children in outpatient and hospital settings;

PC-18 - is capable and ready to provide medical care for 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-19 - is capable and ready to provide first aid in case of emergency and life-threatening conditions, to send patients to hospital on a planned and emergency basis;

PC-21 - is capable and ready to conduct physiological pregnancy, delivery;

- *rehabilitation activities:*

PC-22 - is capable and ready to apply rehabilitation measures (medical, social and professional) among the population with the most common pathological conditions and injuries of the body;

PC-23 - is able and ready to give recommendations on the choice of regimen, to determine indications and contraindications for the appointment of physical therapy, physiotherapy, non-drug therapy, to use the main resort factors in the treatment of adults and children;

- *educational activities:*

PC-25 - is capable and ready to teach the population basic hygiene measures and educational activities for the formation of healthy lifestyle skills;

- *organizational and managerial activities:*

PC-26 - is capable and ready to use the regulatory documentation adopted in the healthcare of the Kyrgyz Republic, as well as used in international practical medicine;

PC-27 - is able and ready to use the knowledge of the structure of healthcare organizations, the referral and redirection system;

- *research activities:*

PC-31 - is capable and ready to analyze and publicly present medical information based on evidence-based medicine.

Final Students' Competences

3.1	Knowledge:
3.1.1	- pregnancy diagnostics methods, clinical manifestations of pregnancy by means of laboratory and tool methods of research;
3.1.2	- ways of determination of terms of pregnancy, date of childbirth, prenatal holiday;
3.1.3	- determination of critical terms of pregnancy, stages of development of an embryo/fetus;
3.1.4	- about the changes happening in the woman's organism during pregnancy;
3.1.5	-about the complicated course of pregnancy (early toxicosis, gipertenzive violations of pregnant women, anemia, infections);
3.1.6	- determination of level of need for adjacent experts during pregnancy;
3.1.7	- about features of a course of somatic diseases during pregnancy;
3.1.8	- about the factors influencing somatic health of women during pregnancy;
3.1.9	- about change of the general and local immunity at pregnant women at the gipertenzive violations pregnant women and influence on the somatic status of the woman and condition of a fetus;
3.1.10	- about change of a mineral exchange during pregnancy and influence on a condition of bone system of a fetus;
3.1.11	- about nature of the damaging effect of medicines in the antenatal period;
3.1.12	- about methods of application of local anesthetics, the general anesthesia at pregnancy;
3.1.13	- about volumes of surgical interventions in various terms of pregnancy;
3.1.14	- an etiology, pathogenesis and measures of prevention of the most often found gynecologic diseases;
3.1.15	- modern classification of gynecologic diseases;
3.1.16	- a clinical picture, features of a current and possible complications at women;
3.1.17	- modern methods of clinical, laboratory and tool inspection of women;
3.1.18	- basic principles of diagnosis of gynecological diseases of women;
3.1.19	- methods of treatment and the indication to their application;
3.1.20	- bases of the organization of the out-patient and polyclinic help to women;
3.1.21	- bases of surgical treatment of gynecologic diseases;
3.1.22	- principles of medical examination and rehabilitation of patients;
3.1.32	- ethical and deontological aspects in obstetrics and gynecology.
3.2	Skills:
3.2.1	- to direct pregnant women on carrying out preventive procedures;
3.2.2	- correctly and in due time to carry out prevention, diagnostics and treatment of obstetric complications at pregnant women and the feeding women;
3.2.3	- to consider factors of an adverse effect of surgical interventions on a condition of mother and a fetus;
3.2.4	- to collect the full medical (obstetric and gynecologic) anamnesis of the patient, to conduct survey of women, them relatives (biological, medical, psychological and social information);
3.2.5	- to conduct objective examination of the patient (survey, a palpation, an auscultation, measurement the blood pressure, definition characteristics of pulse, breath frequency, etc.) to direct it on laboratory and tool inspection, on consultation to experts;
3.2.6	- to keep medical documentation;
3.2.7	- to form groups of risk among women taking into account a hormonal background;
3.2.8	- to make recommendations about food of pregnant women and the feeding women taking into account change of a mineral exchange in time of pregnancy and during breastfeeding;
3.2.9	- to give emergency aid at childbirth;
3.2.10	- to carry out promotion of breastfeeding for the purpose of the general favorable impact on growth and development newborn.
3.2.11	- to collect the anamnesis, to conduct examination, to interpret results of researches (laboratory, radiological, tool) gynecological of patients;
3.2.12	- to formulate the preliminary diagnosis;
3.2.13	- to formulate indications to the chosen method of treatment;
3.2.14	- to apply prevention methods;
3.2.15	- to fill in the clinical record
3.3	Expertise:
3.3.1	- by methods of rendering the first pre-hospital aid at medical emergencies at pregnant women (a preeklampsy, bleeding);
3.3.2	- by assistance methods in emergency situations the pregnant and gynecological patient;
3.3.3	- by assistance methods at childbirth and in the postnatal period, maintaining a partogramma;
3.3.4	- by methods of training of patients in rules of medical behavior and personal hygiene;
3.3.5	- by various methods of treatment of gynecological diseases;

3.3.6	- in the ways of surgical treatment at gynecological diseases.

4. COURSE (MODULE) STRUCTURE AND CONTENT							
Class Code	Subject Name /Type of Class/	Semester / Academic Year	Hours	Competencies	Literature	Interactive Sessions	Notes
	Module 1. Physiology of pregnancy						
1.1	Anatomy and physiology of the female reproductive organs in different periods of live. The menstrual cycle. /L/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
1.2	Fertilization and embryogenesis periods. Development of the ovum. Critical periods of embryogenesis. Effect on embryo and fetus damaging environmental factors. Changes in a woman's body during pregnancy. /L/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
1.3	The menstrual cycle. Regulation of menstrual function. Cyclical changes in the reproductive system. /P/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
1.4	Gonadotropic hormones. Folliculogenesis, steroidogenesis. Action of sex steroid hormones /P/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
1.5	Anatomy and physiology of the female reproductive organs. Regulation of menstrual function. General changes in the body. Fertilization, nidation, embryogenesis . The structure and basic functions of the placenta, cord and fetal membranes./P/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	2	
1.6	Physiological changes during pregnancy. Laboratory, instrumental and additional methods of research of pregnant patients./P/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
1.7	The menstrual cycle. Regulation of menstrual function. Cyclical changes in the reproductive system /SW/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Create a diagram of the direct and feedback relationships between the levels of the reproductive system. Describe the biological roles of FSH, LH, and prolactin.
1.8	Gonadotropic hormones. Folliculogenesis. Steroidogenesis. Action of steroid hormones. The menstrual cycle and its regulation. Fertilization and development of the fetus and fetal membranes. /SW/	5	2	PC-14	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Create an algorithm for steroidogenesis. Describe the biological role of estradiol and progesterone. Describe functional diagnostic tests. Describe the phases of the uterine cycle.
	Module 2. Fundamentals of						

	perinatology. Pueperium.						
2.1	Multiple pregnancy. Diagnostics. Features of pregnancy and labour (delivery). The management of labour. Tactics of conducting multiple pregnancy. /. /L/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.2	Fundamentals of perinatology. Pathology of the afterbirth and early postpartum periods. Fetoplacental system. Placental dysfunction. Fetoplacental insufficiency and methods of diagnosis. Birth asphyxia and respiratory distress syndrome. Diagnostics. Principles of therapy depending on the severity of the condition (ABCD-resuscitation, mechanical ventilation, infusion therapy, cranio-cerebral hypothermia). Prevention. /L/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.3	Regulation of labour. The concept of the body's readiness for delivery. The maturity of the cervix. labor pains and labour. Periods of labour. Duration of labour. /L/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.4	Obstetric benefits. Postpartum period. /L/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.5	The fetus as an object of labor. Stages. The head of a mature newborn. /L/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.6	Concept of placental insufficiency. Classification. Etiology. Pathogenesis. Diagnosis. Gravidogram. CTG. Dopplerometry. Treatment of placental insufficiency. Tactics. Indications for preterm delivery. Complications for the fetus and newborn. Threatening fetal condition. Assessment of the newborn using the Apgar scale. Resuscitation and intensive care of the newborn. /Pr/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.7	Dominance of pregnancy; Dominance of labor; Mechanisms of the onset of labor; Regulation of labor./Pr/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	
2.8	Criteria for physiological labor; Cervical maturity, signs of labor; Stages of labor, Phases of labor, Assessment of the activity and effectiveness of labor forces; Partogram; Management of physiological labor (stages I, II, III);	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	

	Biomechanisms of labor in anterior and posterior occiput presentation. /Pr/						
2.9	Postpartum period. Classification; Involution of the uterus. Changes in the mother's body. /Pr/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.10	Lactation, the benefits of breastfeeding; the lactational amenorrhea method; the nursing woman's regimen. /Pr/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.11	Placental insufficiency. Fetal threatening conditions. Neonatal asphyxia. /SW/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		- Write down the classification of placental insufficiency. - Create an algorithm for resuscitation of newborns.
2.12	The dominant features of pregnancy and childbirth. Mechanisms of labor. Regulation of labor. Labor stages. Phases of labor. Labor management: stages I, II, and III. Partogram recording. /SW/	5	0,7	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Record the criteria for physiological birth. • Solve problems In keeping a partogram. • Record the steps of active labor management. Complete the partogram. • Record the principles of breastfeeding
2.13	The fetus as the object of labor, cycles. Development by trimester. The head of a mature newborn. /SW/	5	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Draw and record the dimensions of the fetal head.
2.14	Classification of the postpartum period. Involutional processes of organs and systems in a woman's body during the postpartum period. /SW/	5	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
2.15	/CP/	5	0,3	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
	Module 3 Biomechanisms of labour						
3.1	The mechanism of labor in various types of presentation. Malpresentation of the fetal head (extension insertions). Malposition of the fetus (transverse and oblique presentation). Diagnosis and treatment of cephalopelvic disproportion during childbirth. Shoulder dystocia. /L/	5	2	PC-21, PC-6, PC-19, PC-5.	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
3.2	The mechanism of labor in various	5	14	PC-21, PC-6,	L1.2 L1.3		

	types of cephalic presentation. Correct presentation of the fetal head (anterior and posterior occipital presentation). Incorrect presentation of the fetal head (extension insertions). Incorrect positions (transverse and oblique fetal presentation). Classification, etiology, diagnosis, and typical complications of breech presentation. Biomechanism of labor and assistance with breech presentation. Diagnosis and treatment of cephalopelvic disproportion during childbirth. Shoulder dystocia /P/			PC-19, PC-5.	L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
3.3	Multiple Pregnancy. Diagnosis. Features of pregnancy and Labor (delivery). Labor Management. Tactics for managing of the multiple pregnancy./SW/	5	2	PC-21, PC-6, PC-19, PC-5.	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		To write down classification of placental insufficiency. To make algorithm of reanimation of newborns.
	Credit						
	Module 4. Extragenital Pathology. Risk Factors and Pregnancy.						
4.1	Pregnancy and childbirth with multiple pregnancies. Pregnancy and childbirth with breech presentation. Diagnosis and classification. Characteristics of the course of pregnancy and childbirth./L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
4.2	Hypertensive disorders of pregnancy. Forms. Clinical presentation. Tactics./L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
4.3	Extragenital diseases and pregnancy. /L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• To write down sequence of actions at an Eclampsia. • To write down pathogenic action of MgSO4. • To prepare solution for intravenous administration of MgSO4.
4.4	Concept of multiple pregnancy, Classification of multiple pregnancies; Diagnosis; Complications, including specific ones; Management tactics for multiple pregnancies; Indications for operative delivery. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	
4.5	Breech presentation. Classification. Etiology. Epidemiology; Diagnosis. Differential diagnosis of breech presentation; Biomechanisms of labor in breech	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	

	presentation; Aids for breech presentation; Labor management. Indications for cesarean section. /Pr/						
4.6	Hypertensive disorders in obstetrics. WHO Classification. Etiopathogenesis of hypertensive disorders. Diagnostic Criteria for Preeclampsia. Preeclampsia. Management. Eclampsia. Management. complications. Prevention of complications. Delivery of pregnant women with hypertensive disorders. Risk groups for hypertensive disorders. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	
4.7	Cardiovascular diseases and pregnancy; Hemodynamics during normal pregnancy; Risk levels for cardiovascular diseases; Care of pregnant women with cardiovascular diseases; Methods of delivery. Indications for cesarean section. Rehabilitation of pregnant women Contraception. Urodynamics of urinary system; Asymptomatic bacteriuria. Diagnosis. Treatment. Gestational pyelonephritis. Etiology. Clinical presentation. Diagnosis. Treatment. Effect on the fetus. Treatment by trimester. Indications for surgical treatment. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
4.8	WHO Classification of Diabetes Mellitus. The Course of Diabetes Mellitus during Pregnancy. Complications. Gestational Diabetes Mellitus. Management. Diabetic Fetopathy. Labor Management. Indications for Surgical Delivery. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Graphically to represent gestation terms. • To write down indications and contraindications to induction of labour. • To write down methods of induction of labour
4.9	Features of basal metabolic rate during pregnancy. Thyrotoxicosis. Impact on reproductive function and pregnancy. Complications. Tactics. Hypothyroidism. Course of pregnancy and childbirth. Impact on the fetus and newborn. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
4.10	Definition of multiple pregnancy. Ultrasound diagnostics of chorionicity and amniotic fluid. Management tactics of multiple pregnancies./SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Demonstrate 4 techniques of external obstetric examination. • Record complications specific to multiple pregnancies.
4.11	Breech presentation. Classification. Diagnosis. Differential diagnosis. Complications.	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3		• Create a table of differential diagnostics for breech and cephalic

	Labor management in breech presentation. Biomechanisms of labor. Indications for cesarean section. /SW/				E1 E2 E3 E4 E5		presentations. • Demonstrate on a phantom the biomechanisms and aids for breech presentations.
4.12	Diagnostic criteria for hypertensive disorders.Severe preeclampsia and eclampsia. Tactics and treatment of hypertensive disorders. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Write down the classification of hypertensive disorders according to ICD-10. • Write down the sequence of actions for eclampsia. • Write down the pathogenetic effect of MgSO4. • Prepare a solution for intravenous administration of MgSO4.
4.13	Cardiovascular diseases and pregnancy. Features of cardiovascular system function during physiological pregnancy and acquired and congenital heart defects. Urinary system diseases and pregnancy. Asymptomatic bacteriuria – diagnosis, treatment strategies. Gestational pyelonephritis – diagnosis, treatment strategies depending on the trimester of pregnancy. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Record the risk levels according to Vanina. • NYHA classification of heart failure. • List medications for the treatment of pyelonephritis, their doses, and duration. • Record the signs of diabetic fetopathy.
4.14	Endocrine system diseases and pregnancy. Diabetes and pregnancy. Thyroid diseases and pregnancy. Thyrotoxicosis. Hypothyroidism. Anemia of pregnancy. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Write down an algorithm for examining pregnant women with thyroid diseases.
	Module 5. Complications during pregnancy, labor and the postpartum period. Placental pathology.)						
5.1	Narrow pelvis in modern obstetrics. Classification, diagnosis, and management tactics. Pre-term labor and post-term pregnancy. /Lecture/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.2	Anomalies of labor. Anomalies of fetal position. Anomalies of head insertion. Extension insertions. /L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.3	Obstetric hemorrhages: placenta previa, premature detachment of a normally located placenta, postpartum bleeding. Hypovolemic shock. DIC syndrome. /L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.4	Postpartum purulent-septic diseases. /L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1		

					L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.5	Definition of miscarriage. WHO classification, risk factors. Early termination of pregnancy. Etiopathogenesis. Treatment of first-trimester termination of pregnancy depending on the etiological factors. Management of preterm labor. Prevention of fetal respiratory distress syndrome. Care of the premature newborn. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.6	Causes of post-term pregnancy. Diagnosis, labor induction. Indications. Conditions. Methods. Complications of labor induction. Indications for cesarean section. Post-term newborn. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.7	Classification of uterine contractile activity anomalies according to the WHO and in the Russian Federation. Risk factors. Pathogenesis. Pathological preliminary period. Tactics. Weakness of labor forces. Clinical presentation. Diagnosis. Tactics. Excessive labor. Labor incoordination. Indications for operative delivery. Prevention. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.8	Fetal position anomalies. Classification. Causes. Diagnosis of fetal position anomalies. Management of pregnancy and childbirth. Indications for operative delivery. Obstetric delivery surgeries. Conditions. Indications. Contraindications. Technique. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.9	Anomalies of head insertion. Types. Causes. Diagnosis. Differential diagnosis. Biomechanism of labor brow presentation, and face insertion. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5	1	
5.10	Anatomically contracted pelvis. Classification. Basic and additional measurements of the pelvis. Biomechanisms of labor with various forms of contraction of the pelvis. Clinically contracted pelvis. Causes. Diagnosis of clinically contracted pelvis. Degrees of discrepancy. Tactics for clinically contracted pelvis. Complications. Prognosis. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		

5.11	Definition of septic syndrome , sepsis. Risk factors in obstetrics. Etiology, pathogenesis. Classification. Sepsis diagnostic criteria: MBS, MVR, SIRS, SFS, severe sepsis, septic shock, refractory septic shock. Obstetric sepsis. Endometritis after cesarean section. Clinical and laboratory criteria. Instrumental research methods. Treatment: at the first level; second level; third level. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
5.12	Pre-term labor. Etiopathogenesis, classification, diagnosis, management tactics. Management of post-term pregnancy. Complications. Indications for cesarean section. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Graphically represent the gestational ages. • Record indications and contraindications for labor induction. • Record methods of labor induction.
5.13	Diagnostic criteria for uterine contractility anomalies. Management strategies for various forms of uterine contractility anomalies. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Record risk factors for the development of uterine contraction abnormalities. • Record the medications, doses, and administration schedule of uterotonics.
5.14	Diagnosis and management of abnormal fetal position and head placement. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Draw a table of differential signs of cephalic and breech presentations.
5.15	Contracted pelvis. Cephalopelvic disproportion. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Record the classification of contracted pelvises by shape and degree of narrowing. • Record signs and degrees of clinical disproportion
5.16	Risk factors for obstetric sepsis. Prevention of septic complications. Postpartum endometritis. Postcesarean peritonitis. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Write down the classification of sepsis. •Classification of peritonitis after cesarean section. • Algorithm for the treatment of septic obstetric complications.
	Module 6. Obstetrics' surgery procedures						
6.1	Injures to the birth canal. Caesarean section /L/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
6.2	Uterine ruptures.	6	2	PC-14, PC-5	L1.2 L1.3		

	Classification. Etiopathogenesis. Clinical presentation. Diagnostics. Tactics. Cervical ruptures. Classification. Etiopathogenesis. Clinical presentation. Diagnostics. Tactics. Vaginal and perineal ruptures. Classification. Clinical presentation. Diagnostics. Treatment. Rehabilitation. Uterine inversion. Indications and contraindications for cesarean section. Stages of cesarean section. Complications of cesarean section. Care of women with a uterine scar after cesarean section. Care of women with a uterine scar after cesarean section. Signs of uterine scar failure. /Pr/				L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
6.3	Bleeding in the first half of pregnancy: - miscarriage; - trophoblastic disease; - cervical pregnancy. Bleeding in the second half of pregnancy: - placenta previa; - abruptio of the placenta. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
6.4	Postpartum hemorrhage: - prevention (active management of the third stage of labor); - conservative methods to stop bleeding; - surgical methods to stop bleeding. Hypovolemic shock. DIS syndrome. /Pr/	6	2	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
6.5	Bleeding in the first half of pregnancy. Bleeding in the second half of pregnancy. Postpartum hemorrhage. Conservative and surgical methods for stopping bleeding./SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		Record the stages of abortion. • Record the steps for active management of the third stage of labor. • Describe methods for temporarily stopping bleeding.
6.6	Uterine and cervical trauma. Vaginal and perineal trauma. Surgical delivery. Care of women with uterine scars after cesarean section and uterine surgery. /SW/	6	1	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		• Write down the classification of cervical ruptures. • Write down the classification of perineal ruptures. Schematically depict the principles of suturing grades III and IV perineal ruptures. Write down the indications and contraindications for cesarean section. Write down the stages of a cesarean section.
6.7	Control exam	6	0,5	PC-14, PC-5	L1.2 L1.3		

					L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		
6.8	Exam	6	29,5	PC-14, PC-5	L1.2 L1.3 L1.4L2.1 L2.3L3.1 L3.2 L3.3 E1 E2 E3 E4 E5		

5. ASSESSMENT FUND
5.1. Advancement Questions and Assignments
5.2. Course Papers Themes
Course papers aren't provided.
5.3. Assessment Fund
THEORETICAL TASK: The list of theoretical questions from item 5.1. according to subject. KURATION OF THE PATIENT: 1. Each student receives for a curation of one patient. 2. On the example of the supervised patient the student has to do the following: 1) To examine subject; 2) To come into confidential contact; 3) To make collecting complaints. The complaints relating to a disease are described; 4) To collect the anamnesis of a disease of the patient (the beginning of a disease, the course of process, treatment in the past, the reasons, on which the patient connects the disease, the hospitalization reasons); 5) To collect the anamnesis of life (the disease postponed in the past, the family anamnesis); 6) To make survey and inspection of the patient; 7) To describe the clinical status; 8) To analyze laboratory and tool these researches; 9) To make the preliminary diagnosis; 10) To carry out the differential diagnosis; 11) To make the clinical diagnosis; 12) To define tactics of alleged treatment; 13) To write diaries of a landmark or summary epicures in the educational clinical record; 14) Briefly to summarize an etiology, pathogenesis, clinic and treatment. CLINICAL RECORD: The student fills in the clinical record according to the scheme below: 1. General information about the patient; 2. Complaints. 3. Anamnesis of an illness (anamnesis morbi). 4. Anamnesis of life (anamnesis vitae). 5. Objective research. 6. Laboratory, tool and additional methods of research. 7. Clinical diagnosis. 8. Justification of a clinical diagnosis. 9. Differential diagnosis. 10. Etiology. pathogenesis. 11. Treatment. Diary. The used literature. Methodical recommendations about filling of the clinical record in the APPENDIX No. 2. THE REPORT WITH PRESENTATION: The student independently chooses a report subject according to a section subject. Subject of reports on obstetrics: 1. Levels of regulation of menstrual and reproductive function. 2. Influence of female sexual hormones on development of a fetus and health of the child. 3. Multiple pregnancy. 4. Changes in systems and bodies at pregnancy. 5. Hypertensional violations during pregnancy. Their influence on Mother — a Placenta — a Fetus system 6. Pregnancy dominant. Dominant of labour (delivery). Mechanisms of unleashing of patrimonial forces. 7. Anomalies of patrimonial activity.

8. The reasons of obstetric bleedings during pregnancy, labour (delivery) and the postnatal period.
9. Preterm birth.
10. Postterm pregnancy
11. Pharmacodynamics of medicines in an organism of the pregnant woman and a fetus. Transition of medicinal substances through a placentary barrier.
Subject of reports on gynecology:
1. Levels of regulation of menstrual and reproductive function.
2. Endoscopic methods of inspection in gynecology.
3. Congenital dysfunction of bark of adrenal glands.
4. Steroidogenesis in ovaries.
5. Hyper menstrual syndrome.
6. Syndrome of polycystous ovaries.
7. Hyperprolactinemia.
8. Metabolic syndrome.
9. Premenstrual syndrome.
10. Climacteric syndrome.
11. Hypomenstrual syndrome.
12. Sexual transmitted infections

TESTS:
The list of test questions according to subject of the section in the APPENDIX No. 3.

CLASSES/SITUATIONAL TASKS:
I distributed the list of situational tasks in the APPENDIX No. 4 according to subject.
Intermediate certification (OFFSET, OFFSET WITH the ASSESSMENT, EXAMINATION):
The list of questions in the APPENDIX No. 5.

5.4. List of Assessment Tools

1. Theoretical task.
2. Kuration of the patient.
3. Clinical record.
4. The report with presentation.
5. Tests.
6. Situational tasks.
Estimation scales by types of estimated means in the APPENDIX No. 6.

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1 Recommended Reading

6.1.1 Required Reading List

	Authors, Compliers	Title	Book publisher, Year
L1.1	D.C. Dutta (edited by H. Konar)	Text Book of Obstetrics	2004
L1.2	Elmar P. Sacala	Obstetrics and Gynecology	2004
L1.3	V.G. Padubidri, Shirish N. Daftary	Shaw`s Textbook of Gynecology	2009
L1.4	D.C. Dutta (edited by H. Konar)	Text Book of Gynecology	2004

6.1.2 Advanced Reading

	Authors, Compliers	Title	Book publisher, Year
L2.1	Barbara R.Stright, Lee-Olive Harrison	Maternal-Newborn Nursing	1996
L2.2	James E. Dimmick, Dagmar K. Kalousek	Developmental Pathology of the Embryo and Fetus	1992
L2.3	John P. Cloherty, Ann R. Stark	Manual of Neonatal Care	1997
L2.4	Jonathan Carter	An Atlas of Transvaginal Sonography	1994
L2.5	Richard Jaffe, Roger A. Pierson, Jacques S. Abramowicz	Imaging in Infertility and Reproductive Endocrinology	1994
L2.6	Elmar P. Sacala	Obstetrics and gynecology	1997

6.1.3 Guidance Papers

	Authors, Compliers	Title	Book publisher,Year
L3.1	Dolgaya G.V., Umarbaeva D.A., Potylitsyna N.V., Asymbekova A.S.	Textbook for practical training in obstetrics	2022
L3.2	Umarbaeva D.A.	Course of lectures on obstetrics. Textbook	2022
L3.3	Dolgaya G.V.	Course of lectures on gynecology. Textbook	2022

6.2 Online Resources

E1	Publishing group "GEOTAR-Media"	www.geotar.ru
E2	Female Health Internet magazine	www.womanill.ru
E3	Vebmedioinfo	www.webMedInfo.ru
E4	Medical Internet magazine	www.medlinks.ru

E5	Electronic Library KRSU	www.lib.krsu.edu.kg
E6	Electronic Library System Znanium	www.znanium.com
6.3. List of Information and Education Technologies		
6.3.1 Competence-based Educational Technologies		
6.3.1.1	Traditional educational technologies: lectures, the practical training focused on the message of the knowledge and ways of the actions taught to students in finished form and intended for assimilation. Lecturing provides use of the multimedia equipment. Carrying out a practical training with application of tables and visual aids. Occupations begin with introduction lecture in which it is necessary to explain the purposes and problems of this discipline; to declare requirements to performance of the current and total control of knowledge; to point to types of the given classes (lecture and practical), including carried out in an interactive form.	
6.3.1.2		
6.3.1.3	Innovative educational technologies - occupations which form system thinking and ability to generate ideas at the solution of various situational tasks.	
6.3.1.4	The following types of occupations are assumed:	
6.3.1.5	- survey lectures in an interactive form (with use of the computer PowerPoint program);	
6.3.1.6	- role-playing games;	
6.3.1.7	- Case-study - the analysis of concrete practical situations;	
6.3.1.8	- discussion;	
6.3.1.9	- working in small groups.	
6.3.1.10		
6.3.1.11	Information educational technology: independent use by students of the computer equipment and Internet resources for performance of practical tasks and independent work. And also for acquaintance with Internet sources, photo video records on appropriate section. Preparation by the teacher of lectures presentations.	
6.3.2 List of Information Reference Systems and Software		
6.3.2.1	Publishing group "GEOTAR-Media" (www.geotar.ru)	
6.3.2.2	Female Health Internet magazine (www.womanill.ru)	
6.3.2.3	Vebmedioinfo (www.WebMedInfo.ru)	
6.3.2.4	Medical Internet magazine (www.medlinks.ru)	
6.3.2.5	Electronic KRSU library (www.lib.krsu.edu.kg)	
6.3.2.6	Electronic and library «Znanium» system (www .znanium.com)	

7. COURSE (MODULE) LOGISTICS	
7.1	1. Theoretical preparation of studying of the program in obstetrics and gynecology is carried out on bases of town clinical maternity hospital No. 2, clinic of the prof. Asymbekova G .U. , the city perinatal center, Chuy regional maternity hospital in lecture halls.
7.2	2. The Simulation center (Alamedin-1 case) equipped with the interactive and medical equipment (an anatomic table), the robotized dummies simulators, the modern resuscitation equipment, phantoms, exercise machines, tools and an expendable material.
7.3	1. Lecture hall "Clinic of the prof. Asymbekova G .U." on 100 seats. In a set: interactive board, multimedia equipment (projector, DVD, TV), whiteboard marker, video movies of obstetric and gynecologic operations.
7.4	2. Base of Clinic of the prof. Asymbekova G .U. Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: computer, model: a basin, a doll,
7.5	Training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training.
7.6	Video movies of obstetric and gynecologic operations.
7.7	3. Base of Clinic of the prof. Asymbekova G .U. Educational room No. 2. Audience for carrying out practical (seminar) training. In a set: computer, board cretaceous, model: the basin, a doll training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, visual aids on planning of a family and methods of contraception, video movies of obstetric and gynecologic operations a dummy - a gynecologic simulator.
7.8	4. Base of Clinic of the prof. Asymbekova G .u. Educational room No. 3. Audience for carrying out practical (seminar) training. In a set: laptop, model: a basin, a doll, a board cretaceous, the training tables, the training material for carrying out interactive occupations, a training material for carrying out a practical training, video movies of obstetric and gynecologic operations, a dummy for reanimation of the newborn.
7.14	5 GKRD№2 base. Educational room No. 1. Audience for carrying out practical (seminar) training. In a set: netbook, board cretaceous, model: the basin, a doll training table the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.
7.15	
7.16	6. GKRD base No. 2. Educational room No. 2. Audience for carrying out practical (seminar) training. In a set: netbook, board cretaceous, model: the basin, a doll training table
7.17	the training material for carrying out interactive occupations, a training material for carrying out a practical training, obstetric and gynecologic tools, video movies of obstetric and gynecologic operations.

8. COURSE (MODULE) PROFICIENCY METHODICAL GLUIDELINES (FOR STUDENT)

Flow charts of discipline in the APPENDIX No. 1.

METHODICAL INSTRUCTIONS ON the ORGANIZATION of STUDYING of DISCIPLINE:
Training consists of classroom occupations (342 h.), including a lecture course and a practical training, and independent work (144 h.). The main school hours are allocated for practical work on certain diseases. The curation of patients, clinical analyses and development of practical skills of work with women in labor and gynecologic patients is widely used. A practical training is given in the form of work at a bed of the patient, demonstration of the thematic video record and other visual aids, the solution of situational tasks, test tasks, analysis of clinical examples. Work of the student in group forms feelings of a collectivism, a personal responsibility and skill to communicate. It is necessary to pay attention to formation of skills of communication with the patient. Work with patients promotes formation of deontological behavior, accuracy, discipline.

At analysis of nosological forms on certain diseases it is recommended to adhere to the following sequence:
- definition;
- relevance of the studied nosological form and history of the studied question;
- etiology;
- pathogenesis, including genetic factors in development of a disease, existence of the accompanying pathology, a pathomorphology;
- clinical picture;
- criteria of an assessment of severity of a current during the different periods of an illness;
- complications;
- possible outcomes, criteria of recovery, development of a chronic current, reason of lethal outcomes;
- laboratory and tool diagnostics;
- criteria of statement of the diagnosis during the different periods of a disease;
- differential diagnosis;
- treatment: etiological, pathogenetic, symptomatic taking into account age and weight of a course of a disease, rendering the emergency medical care at medical emergencies, treatment of heavy forms of diseases, treatment and prevention of possible complications, treatment in the conditions of a hospital and in out-patient conditions;
- medical examination, rehabilitation;
- prevention.

According to requirements of FGOS IN wide use in educational process of active and interactive forms of carrying out occupations (business role-playing games, analysis of concrete clinical situations, performance of tasks of search and research character is necessary with the help the Internet – resources, etc.). Specific weight of the classes given in interactive forms has to make not less than 10% of classroom occupations.

MODULAR CONTROL ON DISCIPLINE INCLUDES:
1. Current control: assimilation of a training material on classroom occupations (lectures, practical, including visit and activity is considered) and performance of obligatory tasks for independent work.
2. Border control: check of completeness of knowledge and abilities on module material in general. Performance of modular control tasks is carried out in writing and is obligatory component of modular control.
3. Intermediate control - the complete documented part of a subject matter – set of the test modules which are closely connected among themselves.

MAIN REQUIREMENTS TO the CURRENT CONTROL:
At creation of practical occupation teachers hold to the following general indicative plan:
1. An organizational stage of occupation (time - to 2%);
1) muster;
2) task for the house of the following subject;
3) motivation of a subject of this practical occupation;
4) acquaintance of students with the purposes and plan of occupation;
2. Control and correction of initial level of knowledge (time - to 20%):
1) theoretical poll on the current subject;
2) correction by the teacher of theoretical knowledge of students;
3) a stage of demonstration by the teacher of practical skills (time - to 15%)
4) a stage of demonstration of independent work of students (protection of the report with presentation) (time - to 45%)
5) the final stage of occupation (time - to 18%):
a) total final control of the created theoretical knowledge and abilities by means of the solution of situational tasks;
b) summing up practical occupation (characteristic teacher of performance by students of all purposes of occupation and individual assessment of knowledge and skills).

INDEPENDENT WORK of STUDENTS
means preparation for a practical training and includes studying of special literature on a subject (the recommended textbooks, methodical grants, acquaintance with the materials published in monographs, specialized magazines on the recommended medical sites); performance of tasks of search and research character by means of Internet resources; preparation of abstracts, performances at a seminar, papers, multimedia presentations; carrying out business games. Independent work is considered as a type of study on discipline and carried out within the hours which are taken away on SRS. Each trained is provided with access to educational methodically office of chair and library stocks of HIGHER EDUCATION INSTITUTION. According to each section

on chair methodical recommendations for students, and also methodical instructions for teachers are developed.
Recommendations about planning and organization of time necessary for studying of discipline.
1.It is recommended to organize as follows time necessary for studying of discipline: Studying of the abstract of lecture on the same day, after lecture – 10-15 minutes.
Studying of the abstract of lecture in a day before the following lecture – 10-15 minutes. Studying of theoretical material according to the textbook and the abstract – 1 hour per week. Preparation for practical occupation – the 2nd hour.
In total in a week – 3 hours 30 minutes.
2. Description of sequence of actions of the student:
For understanding of material and its high-quality assimilation such sequence of actions is recommended: After listening of lecture and the termination of studies, by preparation for occupations of the next day, it is necessary to see and consider at first the text of the lecture listened today (10-15 minutes).
By preparation for lecture of the next day, it is necessary to see the text of the previous lecture, to think of what can be a subject of the following lecture (10-15 minutes).
Within a week to choose time (1 hour) for work with the recommended literature in library.
By preparation for a practical training of the next day, it is necessary to read at first the basic concepts and approaches on a homework subject. When performing exercise or a task it is necessary to understand at first that is required in a task, what theoretical material it is necessary to use, draw up the plan of the solution of a task.
3. Recommendations about use of materials of an educational and methodical complex. It is recommended to use methodical instructions at a course and the text of lectures of the teacher.
4. Recommendations about work with literature:
Theoretical material of a course becomes more understandable when in addition to listening of lecture and studying of the abstract, also books are studied. It is easier to master a course, adhering to one textbook and the abstract. It is recommended to achieve, except material "learning", a condition of understanding of the studied discipline subject. It is for this purpose recommended to execute after studying of the next paragraph some simple exercises on this subject. Besides, it is very useful mentally to ask itself the following questions (and to try to answer them): about what this paragraph?, what new concepts are entered, what their sense?, what it will give in practice?.
5. Councils for preparation for border and intermediate control:
In addition to studying of abstracts of lecture it is necessary to use the textbook. Except material "learning", it is very important to achieve a condition of understanding studied by that disciplines. It is for this purpose recommended to execute after studying of the next paragraph some exercises on this subject. Besides, it is very useful for to ask mentally the following questions (and to try to answer them): about what this paragraph?, what new concepts are entered, what their sense?, what it will give in practice?. By preparation for intermediate control it is necessary to study the theory: definitions of all concepts and approaches to estimation to a condition of understanding of material and independently to solve some standard problems from each subject. At the solution of tasks it is always necessary to be able to interpret a decision result qualitatively.
6. Instructions on the organization of work on performance of homeworks. When performing homeworks it is necessary to read at first the basic concepts and approaches on a task subject. When performing exercise or a task it is necessary to understand at first that is required in a task, what theoretical material it is necessary to use, draw up the plan of the solution of a task, and then to start calculations and to draw a qualitative conclusion.
7. By preparation for intermediate and border control it is necessary to study the theory: definitions of all concepts and approaches to estimation to a condition of understanding of material and independently to perform some standard tasks.
8. Working off of the skipped classes:
Control over digestion of material of the training program of discipline by students is exercised systematically by the teacher of chair and reflected in the magazine of the teacher and in points. The student who received an unsatisfactory assessment on the current material is obliged to prepare this section and to answer on it to the teacher on individual interview.
The lecture missed without valid excuse has to be fulfilled by method of oral poll by the lecturer or preparation of the paper on materials of the missed lecture within a month from the date of the admission. Also other methods of working off of the missed lectures are possible (poll on practical, test control, etc.). Working off of a practical training.
- Each class skipped by the student without good reason is fulfilled without fail. Working off are carried out according to the schedule of chair coordinated with dean's office.
- The skipped classes have to be fulfilled within 10 days from the date of the admission. The seminar classes skipped by the student without good reason are fulfilled no more than one occupation in day. The skipped classes for a good reason (due to illness, admissions with the permission of dean's office) are fulfilled on thematic material without hours.
- The student who didn't work the admission in established periods is allowed to the next occupations only in the presence of permission of the dean or his deputy in writing. Elimination from the next seminar occupation of the students who are poorly prepared for these occupations isn't allowed.
- For the students who skipped seminar classes because of a long illness, working off has to be carried out after permission of dean's office according to the individual schedule coordinated with chair.
- In exceptional cases (participation in interuniversity conferences, competitions, the Olympic Games, watch, etc.) the dean and his deputy in coordination with chair can exempt students from working off of some skipped classes.

ORDER of CARRYING OUT CURATION BOLNY.
1. Theoretical preparation for the patient's curation (acquaintance with subject of the patient).
2. Distribution of patients among students.
3. Establishment of confidential contact with the patient.
5. Collecting complaints and anamnesis of an illness and patient's life.
6. Survey and inspection of the patient on systems of internals.
7. Survey and description of the clinical status.
8. Statement of the preliminary diagnosis.
9. Collecting laboratory data of research of the patient.

10. Carrying out the differential diagnosis.
11. Statement of the clinical diagnosis.
12. Definition of tactics of alleged treatment.
13. Writing of diaries, a landmark or clinical summary in in educational history of the patient.
14. The short summary on an etiology, pathogenesis, clinic and treatment according to modern data of references.
15. Discussion of the educational clinical record in group among students and with the teacher of chair.

CLINICAL RECORD.
The student fills in the clinical record according to the specified scheme:
1. General information about the patient;
2. Complaints.
3. Anamnesis of an illness (anamnesis morbi).
4. Anamnesis of life (anamnesis vitae).
5. Objective research.
6. Traumatological (orthopedic) status.
7. The preliminary diagnosis with justification.
8. Laboratory, tool and additional methods of research.
9. Clinical diagnosis.
10. Justification of the clinical diagnosis.
11. Treatment.
12. Diary.
13. Epicrisis.
14. The used literature.

The REPORT WITH PRESENTATION. Rules of preparation and writing:
Oral performance - the report has to represent not retelling of foreign thoughts, but attempt of an independent problematization and conceptualization of a certain, rather narrow and concrete subject. All footnotes which are available in work carefully are verified and supplied with "addresses". Is inadmissible to put into the operation excerpts from works of other authors without instruction on it, to retell others work closely to the text without sending to it, to use foreign ideas without indication of the primary source. It concerns also the sources found in the Internet. It is necessary to specify the full address of the site. All cases of plagiarism have to be excluded. At the end of work the exhaustive list of all used sources is given.
Preparation of the report for occupation.
Main stages of preparation of the report:
• subject choice;
• consultation of the teacher;
• preparation of the plan of the report;
• work with sources and literature, collecting material;
• writing of the text of the report;
• registration of the manuscript and granting it to the teacher prior to the beginning of the report that defines readiness of the student for performance;
• performance with the report, answers to questions.
The subject of the report is offered by the teacher in FOS.
Multimedia presentations are a type of independent work of students on creation of the visual information aids executed by means of the multimedia computer PowerPoint program. This type of work demands coordination of skills of the student on collecting, systematization, processing of information, its registration in the form of a selection of the materials briefly reflecting the main questions of the studied subject in electronic form. That is creation of materials presentation expands methods and means of processing and submission of educational information, forms at students skills of work on the computer.
Materials presentations prepare the student in the form of slides with use of the Microsoft PowerPoint program. The requirement to students on preparation of presentation and its protection on occupations in the form of the report.
1. The subject of presentation gets out the student of the offered FOS list and has to be coordinated with the teacher and correspond to an occupation subject.
2. Stages of preparation of presentation Scheduling of presentation (problem definition; the purposes of this work)
Premeditation of each slide (at the beginning it can be done manually on paper), thus is important to answer questions:
- how the idea of this slide opens the main idea of all presentation?
- what will be on a slide?
- what will be told?
- how transition to the next slide will be made?
3. Production of presentation by means of MS PowerPoint:
- It makes sense to be accurate. Carelessly made slides (a disparate in fonts and spaces, typographical errors, typographical mistakes) cause suspicion, as the student - the speaker approached substantial questions carelessly.
- The title page is necessary to present to audience you and a subject of your report.
- Quantity of slides no more than 30.
- Optimum number of lines on a slide — from 6 to 11.
- The widespread mistake — to read a slide literally. It is best of all if on a slide detailed information is written, and words will tell their substantial sense. Information on a slide can be more formal and strictly stated, than in the speech.
- Optimum speed of switching — one slide in 1–2 minutes.
- It is welcomed in presentation to use more drawings, pictures, formulas, schedules, tables. It is possible to use effects of animation.
- At an explanation of tables it is necessary to speak to that there correspond lines and to that — columns. - You enter only those

designations and concepts without which the understanding of the main ideas of the report is impossible.
- In short performance it is impossible to repeat the same thought even if in other words — time is expensive.
- The last slide with conclusions in short presentations shouldn't be pronounced.
- The body type in the text and formulas is recommended to be changed to Arial or to it similar; the Times font badly looks from far away. Surely establish in MathType the main font size equal to the main font size in the text.
4. The student is obliged to prepare and make the report in strictly allowed time the teacher, and in time.
5. Instruction to speakers.
- to give new information;
- to use technical means;
- the nobility and it is good to be guided in a subject of all presentation;
- to be able to discuss and quickly to answer questions;
- accurately to carry out the established regulations: the speaker - 10 min.; discussion - 5 min.;
It is necessary to remember that performance consists of three parts: introduction, main part and conclusion. The introduction helps to provide success of performance on any subject. The introduction has to contain:
- name of presentation;
- message of the main idea;
- modern assessment of a subject of a statement;
- short transfer of cases in point;
- live interesting form of a statement;
The Main part in which the acting has to open deeply an essence of the touched subject, usually is under construction by the principle of the report. A problem of the main part - to submit enough data in order that listeners both became interested in a subject and wanted to examine materials. Thus logical structure of the theoretical block shouldn't be given without visual aids, audio - visual and visual materials. The conclusion is a clear accurate generalization and short conclusions for which listeners always wait.
MAIN REQUIREMENTS TO WRITING of TESTS:
1. In one test task of 100 closed questions.
2. To questions ready answers to a choice, one of which correct and other wrong are given.
3. For each correct answer – 1 point.
4. The general assessment is defined as the sum of the gained percent.
5. The gathered number of percent is transferred to points.

REFERENCE VERSION of the TEST:
At a fruit and stimulation of oxidizing reactions of a cycle of Krebs apply to normalization of exchange processes:
1. glucose (5-10%) solution with insulin
2. tocolytic
3. spasmolytic
4. sedative preparations
5. all listed.

SITUATIONAL TASK IN OBSTETRICS. REFERENCE VERSION of the ANSWER.
CONDITION: The maternity hospital received the primipara, 24 years old. Within several days - a headache, feeling sick. Before emergence of complaints I felt the healthy. At survey: hypostases of the lower extremities and forward belly wall. At urine boiling - a big flaked deposit. Arterial pressure is 180/100 mm Hg. External research: pelvic presentation, fights in 4-5 minutes, hurdles a fruit at the left, above a navel, 140 уд. in a minute. Basin sizes: 25-28-31-20 см. Vaginal research: opening full, the fetal bubble is whole, at the left and the left leg is in front probed. The back surface of a bosom and a sacral hollow are free. When carrying out vaginal research there were spasms proceeding 3-4 min. with loss of consciousness.
1) Estimate a condition of the woman in labor at receipt.
2) Define the period of childbirth.
3) To what existence of a fetal bubble at the moment of childbirth testifies?
4) The reason which provoked spasms?
5) What tactics of the doctor?
ANSWERS:
1) Eclampsia.
2) II period of childbirth.
3) About a physiological current of the I period of childbirth.
4) Vaginal research without inhalation anesthesia.
5) Cesarean section.

SITUATIONAL TASK IN GYNECOLOGY. REFERENCE VERSION of the ANSWER.
CONDITION: The patient 45 years old, came to gynecologic office on May 12 with complaints to pains on all stomach, nausea, vomiting, a liquid chair. Objectively: integuments pale, cold sweat. Pulse - 100 уд. in a min. HELL - 70/30mm.rt.st. Language dry, is laid over. The stomach is blown moderately up, sharply painful in all departments, Shchetkin-Blyumberg's Symptom positive in all departments. Blood test: leukocytes - 560, Hb-89g/l. Vaginal research: uterus neck not an eroded, body of a uterus of the normal sizes, movably. In the field of appendages at the left education to 6sm. without accurate contours, sharply painful, the arches are condensed.
1) Your diagnosis.
2) Estimate a condition of hemodynamics.
3) Estimate blood test and interpret it.
4) What methods of research are necessary in this case?

5) Make the plan of treatment of the patient.
ANSWERS:
1) Poured purulent peritonitis against perforation of abscess of the left appendages.
2) Bacterial shock.
3) Lack of a leukocytosis, perhaps, at the expense of exhaustion of immune system. Anemia of average weight. 4) The general blood test, a blood type, Rh-a factor, the curtailing system of blood.
5) Expeditious treatment in the emergency order, removal of the left appendages, broad drainage, an unleavened wheat cake, complex anti-inflammatory therapy.

Initial level of knowledge of students is defined by testing and obligatory oral interview, the current control of assimilation of a subject is defined by oral poll during a practical training during clinical analyses, at the solution of standard situational tasks and modules.
At the end of a cycle carrying out test control on all passable subjects in combination with oral interview is provided. Total control includes:
- interview on theoretical questions;
- control of practical skills;
- solution of situational tasks.

The MAIN REQUIREMENTS TO INTERMEDIATE CONTROL
At an appearance on the differentiated offset or examination students are obliged to have at themselves record books which they show to the examiner at the beginning of examination.
On intermediate control the student has to answer truly theoretical questions of the ticket and perform situational tasks.
Students can use technical means, help and standard literature, visual aids, training programs.
Assessment of intermediate control:
- min of 20 points - Questions for check of level of proficiency the NOBILITY (in case at answers to the asked questions the student correctly formulates the basic concepts)
- 20-25 points – Tasks for check of level of proficiency to be ABLE and OWN (in case the student correctly formulates essence of the problem set in the ticket and makes recommendations about its decision)
- 25-30 points - Tasks for check of level of proficiency to be ABLE and OWN (in case of full implementation of a control task).
Questions on obstetrics and gynecology are included in Total state certification of graduates.