Appendix № 1

TESTS FOR OUTPATIENT THERAPY

1. THE MAIN TASK OF A PRIMARY CARE (POLYCLINIC) PHYSICIAN IS:
A) Performing complex surgical interventions
B) Managing only patients with chronic diseases
C) Organizing outpatient care, early diagnosis, and disease prevention
D) Working exclusively in emergency care settings

2. THE FUNCTIONS OF A DISTRICT (PRIMARY CARE) PHYSICIAN INCLUDE:
A) Performing only laboratory diagnostics
B) Dispensary follow-up of patients and coordination of their referral pathways
C) Issuing sick-leave certificates only
D) Managing patients exclusively during disease exacerbations

3. WHO SHOULD CARRY OUT DISPANSORAL OBSERVATION OF THE PATIENTS WITHOUT PROVED CARDIOVASCULAR DISEASES WITH HIGH AND VERY HIGH TOTAL CARDIOVASCULAR RISK?
A) the doctor of the department of medical prophylaxis, in the absence of a prophylactic office, for example, in coutryside - a district doctor
B) polyclinic physician
C) doctor of the day hospital
D) cardiologist of the polyclinic

4. WHO SHOULD CONDUCT SUMMARY PREVENTIVE CONSULTING AT THE FINAL STAGE OF DISPANSERIZATION?
A) polyclinic physician
B) doctor of the Department of Medical Prevention
C) doctor of the day hospital
D) cardiologist of the polyclinic

5. HOW LONG DOES IT TAKE SUMMARY PREVENTIVE CONSULTATION (MINUTES)?
A) 10
B) 30
C) 60
D) 5

6. WHICH INSTITUTION SHOULD CARRY OUT MEDICAL AND SOCIAL EXPERTISE?
A) by federal institutions of medical and social expertise
B) institutions of medical and social expertise of the subjects of the Russian Federation
C) city institutions of medical and social expertise
D) OMI funds

7. WHAT PERIOD THE DISABILITY OF THE I GROUP IS INSTALLED FOR?
A) 2 years
B) 1 year
C) 3 years
D) indefinitely

8. WHAT PERIOD THE DISABILITY OF THE SECOND GROUP IS INSTALLED FOR?
A) 1 year
B) 3 years
C) indefinitely
D) 2 years

9. HOW DOES INSTALL THE DEGREE OF THE LOSS OF PROFESSIONAL ABILITY?
A) in percentages
B) in fractions of the whole
C) in decimal fractions
D) in subjective characteristics

10. WHAT IS THE PROBABLE CAUSE OF ANEMIA IN A MAN OF 55 YEARS WHO HAS HAD 7 YEARS AGO STOMACH RESECTION (IN THE BLOOD IS MACROCYTOSIS)? IS A DEFICIT OF_.
A) cyanocobalamin
B) iron
C) erythropoietin
D) pyridoxine

11. WHAT IS THE MAIN GOAL OF ANTIHELICOBACTER THERAPY IN ULCER?
A) decrease the frequency of relapses
B) decrease the severity of pain syndrome
C) acceleration of the ulcer scarring
D) decrease in the risk of ulcer perforation

12. WHEN DOES DEVELOP VITAMIN B12 DEFICIENCY IN CAUSE THE ABSENCE OF VITAMIN B12 ADMISSION WITH FOOD?
A) 4-5 years
B) 3-4 months
C) 5-8 months
D) 9-12 months

13. WHAT IS DECISIVE FOR THE DIAGNOSIS OF LIVER CYRROSIS?
A) elastometry
B) ultrasound examination
C) radiography
D) Irrigoscopy

14. WHAT COMPLICATION IS SPECIFIC FOR LIVER CIRRHOSIS ?
A) liver failure
B) hemoptysis
C) violation of atrioventricular conduction
D) hypertensive crisis

15. WHAT YOU CAN SEE IN IRRITABLE BOWL SYNDROME?
A) functional disorders
B) organic changes
C) hereditary disorders
D) abnormalities of intestinal development

16. WHAT FACTOR PREDISPOSES TO THE FORMATION OF IRRITABLE BOWL SYNDROME AFTER INFECTION?
A) infection in anamnesis
B) milk
C) eating foods rich with fiber

D) dyslipidemia

17. WHAT LEVEL OF ARTERIAL PRESSURE (MM Hg) CHARACTERASE ARTERIAL HYPERTENSION OF THE I DEGREE?
A) 150/95
B) 160/100
C) 150/100
D) 160/95

18. WHAT LEVEL OF ARTERIAL PRESSURE (mm Hg) CHARACTERASE ARTERIAL HYPERTENSION OF THE II DEGREE?
A) 170/100
B) 180/90
C) 180/95
D) 160/110

19. WHAT LEVEL OF ARTERIAL PRESSURE (mm Hg) CHARACTERASE ARTERIAL HYPERTENSION OF THE III DEGREE?
A) 170/115
B) 175/105
B) 165/95
D) 170/100

20. HOW MANY TIMES YOU SHOULD MEASURE ARTERIAL PRESSURE DURING ONEVISIT TO THE DOCTOR?
A) 2
B) 1
C) 3
D) 4

21. HOW LONG DOES IT RECOMMENDED TO EXCLUDE SMOKING.BEFORE ARTERIAL PRESSURE MEASURING?
A) 0.5
B) 2.5
B) 1.5
D) 2

22. WHAT IS THE THRESHOLD LEVEL (MM Hg) OF THE OFFICE ARTERIAL PRESSURE FOR DIAGNOSIS OF ARTERIAL HYPERTENSION?
A) 140/90
B) 130/80
C) 135/85
D) 145/90

23. WHAT ADDITIONAL DIAGNOSTIC METHOD COULD REVEAL SEVERITY OF TARGET ORGAN DAMAGE IN PATIENTS WITH ARTERIAL HYPERTENSION?
A) assessment of the condition of the fundus
B) daily excretion of cortisol with urine
C) the content of aldosterone in the blood
D) daily excretion of epinephrine

24. WHAT CHANGES ON ELECTROCARDIOGRAM CAN YOU REVEAL IN HYPERTENSIVE PATIENTS?
A) RV5, V6> RV4
B) RV4> RV5, V6
C) S1> R1
D) RIII> RI

25. WHEN HYPERTENSIVE PATIENTS COULD BE TAKEN TO THE GROUP WITH HIGH AND VERY HIGH RISK? IF THEY HAVE ....SYNDROME
A) metabolic
B) asteno-vegetative
C) Dyspeptic
D) postcholecystectomy

26. WHEN CAN YOU SAT UP THE DIAGNOSIS OF ARTERIAL HYPERTENSION CAUSED BY PHEOCHROMOCYTOMA?
A) increased secretion of catecholamines
B) increased renin secretion
C) excessive secretion of mineralocorticoids
D) increased angiotensin formation

27. ARTERIAL HYPERTENSION WITH KIDNEYS' PARENHIMA DAMAGE IS CAUSED BY?
A) activation of the renin-angiotensin system
B) excessive secretion of mineralocorticoids
C) increased secretion of catecholamines
D) increased angiotensin formation

28. WHICH IS THE MOST SPECIFIC MARKER IN DIFFERENTIAL DIAGNOSIS OF HYPERTENSION CAUSED BY ITSENKO-KUSCHING SYNDROME?
A) 17-oxycorticosteroid
B) thyrotropin
C) renin
D) creatinine

29. SUDDEN NEADACHE, JUMP OF ARTERIAL PRESSURE, TACHYCARDIA, POLYURIA AFTER THE ATTACK IS A CHARACTERISTIC OF…. WHICH SYNDROME?
A) pheochromocytoma
B) Kon's syndrome
C) Itenko-Cushing syndrome
D) climacteric syndrome

30. N 025 / U ACCOUNTING FORM "PATIENT'S TICKET FOR RECEIVING MEDICAL CARE IN AMBULATORY CONDITIONS"___________.
A) is filled for each patient who has been first applied for medical care in an outpatient setting,
B) is conducted on patients who seek outpatient care in specialized medical organizations or their structural subdivisions
C) is administered separately by each of the physicians who administer the treatment
D) is filled only at the first and final visit of the patient

31. WHAT IS NECESSARY TO CHOOSE IN THE 19 TH PARAGRAPH OF THE FORM N 025-1 / U "PATIENT'S TICKET FOR RECEIVING MEDICAL CARE IN AMBULATORY CONDITIONS" WHEN THE PATIENT ADDRESSES TO POLYCLINIC PHYSICIAN?
A) primary medical health care
B) primary pre-medical health care
B) primary specialized health care
D) palliative care

32. WHAT SHOULD BE ACCOUNTED AT THE FORM N. 025-1 / U "PATIENT'S TICKET FOR RECEIVING MEDICAL CARE IN AMBULATORY CONDITIONS"?
A) visits to doctors of any specialty, who receive admission on an outpatient basis, including an advisory clinic
B) cases of medical assistance provided by medical personnel of emergency medical stations (departments)

C) examinations in X-ray offices (cabinets), laboratories and other auxiliary offices (rooms) of the medical organization
D) cases of rendering emergency medical care in emergency form in physical education, educational and sporting events

33. WHEN YOU FILLING THE FORM N 030 / U "CHECKLIST OF DISPANSER MONITORING" THE CARD NUMBER SHOULD CORRESPOND TO THE NUMBER OF…
A) "medical card of a patient receiving medical care on an outpatient basis" (Form N 025 / U)
B) the patient's medical insurance policy
B) patient SNILS
D) "coupon of a patient receiving medical care on an outpatient basis" (Form N 025-1 / U)

34. BY WHOM SHOULD BE SINGNED THE FORM N 030-13 / U "PASSPORT OF THE MEDICAL SITE OF CITIZENS HAVING THE RIGHT TO RECEIVE A SET OF SOCIAL SERVICES" AT THE END OF THE SERVICE PERIOD?
A) polyclinic physician and a specialist in the methodical cabinet
B) chief physician
C) the chairman of the medical commission
D) deputy chief physician for organizational and methodical work

35. BY WHOM SHOULD BE SINGNED THE FORM N 070 / U "REFERENCE FOR OBTAINING VOUCHER FOR SANATORIUM-SPA TREATMENT" (ISSUED TO A PERSON WHO HAS THE RIGHT TO OBTAIN SOCIAL SERVICES)?
A) the chairman of the medical commission
B) the attending physician
B) Chief Physician
D) Deputy Chief Physician for organizational and methodical work

36. BY WHOM SHOULD BE SINGNED REFERRAL (CUTTING) TALOON TO THE FORM N 070 / U "REFERENCE FOR OBTAINING A VEHICLE FOR SANATORIUM-SPA TREATMENT"?
A) the attending physician and the head physician of the sanatorium-and-spa organization
B) deputy chief physician for organizational and methodical work of the sanatorium and resort organization
C) the chairman of the medical commission
D) the attending physician of the organization who sent the patient for treatment

37. CITIZENS HAVING THE RIGHT TO RECEIVE A SET OF SOCIAL SERVICES (ORDER OF THE MH RUSSIAN FEDERATION FROM 22.11.2004 No. 255) ACCORDIND TO THE SCHEME OF MANDATORY DISPENSARY OBSERVATION, IN-DEPTH MEDICAL OBSERVATION WITH THE INVOLVEMENT OF NECESSARY SPECIALISTS IS CONDUCTED________IN A YEAR
A) 1 time
B) 2 times
B) 3 times
D) 4 times

38. CITIZENS HAVING THE RIGHT TO RECEIVE A SET OF SOCIAL SERVICES (ORDER OF THE MH RUSSIAN FEDERATION FROM 22.11.2004 No. 255) ACCORDIND TO THE SCHEME OF OBLIGATORY DISPENSARY OBSERVATION, THE ADDITIONAL LABORATORY AND INSTRUMENTAL EXAMINATION IS CONDUCTED_________IN A YEAR
A) 1 time
B) 2 times
C) 3 times
D) 4 times

39. CITIZENS HAVING THE RIGHT TO RECEIVE A SET OF SOCIAL SERVICES (ORDER OF THE MH RUSSIAN FEDERATION FROM 22.11.2004 No. 255) ACCORDIND TO THE SCHEME OF OBLIGATORY DISPENSARY OBSERVATION, PATRONAGE OF THE SITE MEDICAL SISTER IS HELD 1 TIME IN_________.
A) 3 months
B) 6 months
C) in a year
D) month

40. WHEN INFANT REACHES 17 YEARS OLD (INCLUSIVELY) HIS DATA FROM THE HISTORY OF CHILD DEVELOPMENT (N 112 / U FORM) TRANSFER TO THE FORM NUMBER________.
A) 052-1 / y "insertion sheet for a teenager to the medical chart of an outpatient patient"
B) 025 / y "Medical card of a patient receiving medical care on an outpatient basis"
C) 025-1 / y "Talon of a patient receiving medical care on an outpatient basis"
D) 030-13 / y "Passport of the medical section of citizens entitled to receive a set of social services"

Appendix № 2

Clinical case for outpatient therapy

Pulmonology

Task 1

Man 46 years old, on an outpatient visit to the polyclinic was complained on a fever of 38 °C, a constant cough with mucopurulent sputum, dyspnea in physical exertion, general weakness, increased sweating. He considers himself sick during the week, when after a hypothermia he had got a cough, a few days later increased the temperature and began dyspnea when walking. In anamnesis has an acute pneumonia 2 years ago, a chronic gastritis within 10 years. Smokes up to 1.5 packs a day, does not consume alcohol. In an objective examination: the general condition is satisfactory. Skin is wet. The temperature is 37.3 ° C. Respiration rate - 20 per minute. There is a shortening of the percussion sound below the angle of the left scapula, in the same place wet small bubbling rales, crepitation. The heart sounds are quick, rhythmic. Pulse - 100 per minute, rhythmic, satisfactory filling and tension. Blood pressure - 130/80 mm Hg. The tongue is coated with a grayish coating. The abdomen is soft, painless. The liver and spleen are not palpable.
1. What is the diagnosis of this patient?
2. Your survey plan.
3. What is the management of this patient?

Task 2

The 60 years old man complained on a cough with a mucopurulent sputum, mostly in the morning, dyspnea with little physical exertion, weakness, sweating. The temperature did not rise. From anamnesis: for 10 years suffers from COPD. Experience of smoking more than 30 years. Practically every day worries nonproductive cough, mostly in the morning with the release of mucopurulent sputum, dyspnea with physical exertion. The general condition did not significantly suffer, therefore, the bronchodilators refused to offer baseline therapy as suggested earlier. During the last 6 months, he noticed an increase in dyspnea, which began to bother even with a slight physical exertion - walking for a distance of about 100 meters, and therefore turned to the doctor. Increased sputum and purulent component in it. In the past year, suffered 1 exacerbation. On examination: satisfactory nutrition. Diffuse "warm" cyanosis. BR at rest - 20 per minute. The temperature is normal. Peripheral edema is absent. In the lungs on both sides throughout the entire length - scattered dry variegated rattles. When testing on the CAT questionnaire, the number of points is 15. The number of points on the dyspnea scale mMRC-3. With spirography, an obstructive type of respiratory disturbances was revealed: FVC - 70% of the proper values, FEV1 - 60% of the proper values. In the general blood test, erythrocytes are 5 x 10 / l; hemoglobin - 150 g / l;

leukocytes - 7.2 x 10 / l; there is no shift in the neutrophil formula: stab neutrophils - 3%; ESR - 15 mm/ h. On the review radiogramm of the lungs - pulmonary fields without focal and infiltrative shadows, increased transparency, the pulmonary pattern is redundant, deformed.

Assignments to the task:

1. Clinical diagnosis.

2. Does the patient has an indication for hospitalization?

3. What additional studies should be done at the outpatient level?

4. What is the management of this patient?

Task 3

The patient is 30 years old. He complained on episodes of dyspnea, mainly with a violation of exhalation: at daytime up to 3 episodes a week, at night - 1-2 times a week. Attacks are accompanied by a strong cough with a discharge of light mucous sputum. He notes the limitation of physical activity - he hardly climbs to the second floor. Several times a day uses berotek inhalations. From an anamnesis: suffers from bronchial asthma - since the childhood. The exacerbations are in spring and summer during the flowering of the grasses. Attacks of expiratory dyspnea at any time of the year, when inhaled sharp odors - deodorants, aerosols of household chemicals, paints, street and house dust. Two years ago she suffered anaphylactic shock after bee sting. Basic therapy with bronchodilators and inhaled glucocorticoids was not performed, since the seizures were rare - 1-2 times a month - only when exposed to provoking odors. Attacks were removed by inhalations of salbutamol or berotek. This deterioration is associated with the relocation of the office where the patient works, to a new premises where repairs, whitewashing and painting were carried out. On examination: Satisfactory nutrition. The skin is clean. The respiratory rate is 20 per minute. In the lungs on both sides throughout the entire course are scattered, mostly high-toned, dry rales. Heart rate - 80 per minute. Blood pressure 120/80 mm Hg. In the study of the lung function was revealed an obstructive type of respiratory disturbances with violation of bronchial patency, mainly at the level of bronchial tubes of small caliber. The value of FVC and FEV1 prior to inhalation of the berotek is 70% and 60% of the corresponding values, respectively. After the inhalation of the berotek, these indicators rose to 86% and 80%, respectively. The general analysis of a blood - without deviations from normal. At a thorax roentgenography no pathology didn't revealed.

Assignments to the task:

1. What is the diagnosis of this patient?

2. Is the bronchial obstruction in a given patient reversible?

3. Determine if the patient has indications for hospitalization.

4. What is the management of this patient?

Task 4

The polyclinic physician was called to the house of the patient 32 years old. The patient complains ofa severe cough with the release of a large amount of purulent sputum with an unpleasant odor, a fever, malaise, shortness of breath, pain in the right side of the chest. He has got sick a week ago after hypothermia. He did not seek medical help, took aspirin. Yesterday the condition sharply worsened, the cough increased, there was a large amount of purulent sputum with an unpleasant smell. Objectively: the temperature is 38.5 ° C. General condition of moderate severity. The skin is clean. Hyperemia of the face. Percussion of the thorax: on the right side under the scapula in the 7-8 intercostal area, blunting of percussion sound. On the rest area is a pulmonary percussion sound. When auscultation in the area of blunting, bronchial breathing, large and medium bubbling wet rales are heard. On the rest area is a vesicular breath. The heart sounds are muffled. Heart rate 102 per min. Blood pressure 100/70 mm Hg. Abdominal pathology was not revealed.

Assignments

1. What is the diagnosis of this patient?

2. Name the necessary additional studies.

3. List possible complications.

4. What is the management of this patient?

Task 5

In a patient of 36 years old, the disease began sharply with an increasing of temperature to 39.8 ° C, headache, he became listless and decreased an appetite. On the second day of illness appeared a dry, painful cough. By the beginning of the 3rd day of the disease, a mucous discharge from the nasal cavity appeared. During the polyclinic physician examination temperature was 37.9 ºC. Sluggish, irritable. Scleral vessels are injected. Skin covers are clean, hyperemia of the cheeks. Nasal breathing is difficult,

mild mucosal discharge. Hyperemia of the throat moderate with a cyanotic shade, granulation of the posterior pharyngeal wall. The lymph nodes of the neck are not enlarged, they are painless for palpation. Heart tones are sonorous, rhythmic. HR - 118 per minute. In the lungs, breathing is hard, wiry rattles. BR - 28-30 per minute. The abdomen is soft, painless on palpation. The liver and spleen are not palpable. Micturition is free. There are no meningeal symptoms.

Assignments:

1. **What is the diagnosis of this patient?**
2. **What is the management of this patient?**
3. **What methods of specific prevention of this infection do you know?**

Cardiology

Task 1 Cardio

Patient 60 years old, a pensioner, complains on pulsating headache in the morning, sometimesnosebleeds, blurred vision for the last 6 months. The anamnesis: the above-stated complaints disturb about 6-7 years, was not treated. Objectively: body mass index-25. The left border of the heart is 1.0 cm outside of the left SCL. The tones are clear, the rhythm is correct, the accent of the second tone abovethe aorta, heart rate - 74 per min, BP 160/90 mm Hg. ECG: SV1 + RV6 = 36mm.

1. **What is the diagnosis of this patient?**
2. **What is the management of this patient?**
3. **Temporary disability and medical examination.**

Task 2 Cardio

The 68 years old patient, a pensioner, complains on dyspnea, palpitation while walking, climbing on the 2nd floor. From anamnesis: suffers AH from the age of 42, takes enalapril 10 mg 2 times a day. 5 years ago had an MI of anterolateral wall. Objectively: acrocyanosis, body mass index – 26, weakened vesicular breathing in the lower parts of the lungs, moist non-sound wheezing. BR -18 in min. HR-96 per minute, BP 170/105 mm. Hg. Apical beat localized at 5 intercostal space at 1 cm outside of the SCL, reinforced. Cholesterol 7,2 mmol / l, ECHO: thickness of the back wall of LV 1.3 cm, EF-55%.

1. **What is the diagnosis of this patient?**
2. **What is the management of this patient?**
3. **Indications for examination of working capacity and clinical examination.**

Task 3 Cardio

Patient Sh. 48 years old, carpenter, works at the construction site. Complaints on sensations of cardiac disruptions, which are passing without assistance, pressing chest pain, lasting for 5 minutes, appears after 300-500 meters of walking, stops after NTG intake in 5 minutes. Currently he is on the hospital sheet for a month with a diagnosis of myocardial infarction. Objectively: vesicular breathing, heart tones muffled, HR - 82 min., rhythmic. BP 130/80 mm Hg. CBC and clinical urine analysis are normal. ECG: sinus rhythm, large-focal changes in the LV back wall.

1. **What is the diagnosis of this patient?**
2. **Your further actions.**
3. **Determine the patient's ability to work.**

Task 4 Cardio

Patient 18 years old, complains on a feeling of heat and burning in his face, heaviness in the head, high blood pressure rate - 190/120 mm Hg. Objectively: the patient's condition is satisfactory. Auscultation: vesicular respiration. The left border of the heart is shifted on 4-5 cm to the left, the heart sounds sonorous, the rhythm is correct. Above the aorta, on the neck and at the second and third intercostal spaces at the left edge of the sternum is a systolic murmur. Pulsations of femoral arteries is weak, pulsations on anterior and posterior tibial arteries are not determined. CBC and clinical urine analysis are normal.

1. **What is the diagnosis of this patient?**
2. **Additional research methods.**
3. **Treatment.**

Task 5 cardio

Patient 49 years old, driver. On an out-patient visit complains on pain behind a breast bone with irradiation

to the left shoulder and scapula. Pain paroxysmal, occurs during fast walking, accompanied by a sense of fear, at rest quickly passes. He was sick for 2 months, he was treated first by a neurologist with a diagnosis of "Intercostal neuralgia", took analgin, physiotherapy, applied mustard plaste, but his condition did not improve. For a long time he smokes a lot. He suffers from hypertension. The father and elder brother suffered from myocardial infarction. Objectively: the general condition is satisfactory. He is overweight. There is vesicular respiration and clear pulmonary sound, the heart in slightly enlarge to the left. Tones at the apex of the heart is weak, above the aorta is an accent of the second tone. BP - 170/100 mm. Hg. The pulse is rhythmic, 88 per minute, slightly tense. Other organs are not changed.ECG at rest is normal.

1. What is the diagnosis of this patient?
2. Make a survey plan.
3. Management of the patient and clinical examination.

Rheumatology

Task 1 Rheumatology

A patient of 18 years old complains on increasing of the temperature to 38 ° C, weakness, palpitations and dyspnea when climbing to the 2nd floor, pain in all joints. These symptoms presented within 2 weeks. 1 month ago she suffered tonsillitis, was treated with aspirin, rinsed throat, after that hers condition improved, pain in throat disappeared. However, in two weeks the temperature rose again and above-listed symptoms appeared. She has never been sick before. Objectively: there are no peripheral edema, joints are not changed, movements in them are full. Pharynx is pale pink, tonsils are not enlarged. There is normal vesicular breathing in the lungs. The border of the heart is not expanded, auscultation - the tones are muffled, in the 2nd intercostal space to the right of the sternum is heard a soft diastolic murmur, the heart rate is 100 per min., rhythm is correct, the blood pressure is 110/70 mm Hg, the liver is not enlarged.

1. What is the diagnosis of this patient?
2. Survey plan.
3. What is the management of this patient?
4. Dispancerization. Prevention.

Task 2 Rheumatology

Patient 45 years old, turned to the clinic with complaints on pain and swelling in the small joints of both hands, feet, in the large joints of the extremities, limitation of mobility in them, morning stiffness before lunch. She has symptoms for 7 years, is on observation by a specialized clinic. Permanently took 7.5 mg of prednisolone per day, NSAIDs (50-75 mg / day of voltaren or 0.5 g / day of naproxen). When viewed: defiguration of radiocarpal, metacarpophalangeal, proximal interphalangeal and elbow joints. CBC: erythrocytes - 3,6 • 10^{12} / l, Hb - 116 g / l, leukocytes - 9 • 10 / l, ESR - 50 mm / h. Radiography of the hands: periarticular osteoporosis, narrowing of joint cavities, multiple erosions and usuras in the area of proximal interphalangeal joints.

1. What is the diagnosis of this patient?
2. What additional examinations are needed?
3. What is the management of this patient?
4. Medical and labor expertise.

Task 3 Rheumatology

Patient S., 38 years old, turned to the clinic with complaints on weakness, weight loss, tight swelling of the skin of dorsum of both hands, forearms, darkening of the skin, chilliness at the fingertips, whitening of the fingers in the cold, pain in large joints. She feels herself sick for 3 years. At the beginning there was a chilliness of fingers, cyanosis and whitening in the cold. During the last 3 months, suffers from weakness, dense edema of the hands, forearm, temperature - 37.5 ° C. On examination: the patient is underweighted; the skin is swarthy, impacted. Lymph nodes are enlarged. The pulse is 96 per minute, BP is 100/60 mm Hg. Heart is normal. The heart sounds are muffled, a short systolic murmur at the top. Breathing in the lungs is vesicular, in the lower parts of both sides - pneumosclerotic rales. The abdomen is soft on palpation, the liver is at the edge of the costal arch. At examination in the general analysis of a

blood: erythrocytes - 3,1 • 10^{12} / l, Hb - 90 g / l, color index is 0.7, the leukocytes are 8.2 • 10 / L, the ESR is 53 mm / h.

1. What is the diagnosis of this patient?
2. What additional examinations are needed?
3. What is the management of this patient?
4. Medical and labor expertise.

Task 4 Rheumatology

Patient 21 years old, turned to the clinic complaining on a fever of 39 ° C, weakness, weight loss, pain and swelling in the knee, ankle and elbow joints, and enlargement of the submaxillary and axillary lymph nodes. On examination: the condition is severe. There is an butterfly-like erythema on the face, ulcers of the oris tunica mucosa. Submandibular and axillary lymph nodes are enlarged. Swelling of the knee, ankle, elbow joints. Movements in the joints are painful. Pulse - 118 beats per minute, rhythmic. Blood pressure is 150/110 mm Hg. Boundary of the heart: the right one is shifted 1 cm to the right of the right edge of the sternum, the left - 2 cm to the left from the left clavicular line. Heart tones are weakened, systolic murmur at the apex and at the 5th point. With percussion of the lungs, dullness of the pulmonary sound in the lower parts on both sides is determined. Breathing is weakened, in the lower parts of the lungs is not carried out. The liver is 2 cm beyond from rib margin, soft, sensitive. On the lower legs there is swelling. In CBC: erythrocytes - 2,8 • 10^{12} / l, leukocytes - 3,2 • 10 / l, platelets - 90 • 10 / l; clinical urine analysis: protein - 5 g / l, unit weight -1020, white blood cells - 6-8 in the field of view, erythrocytes - 20-25 in the field of view, hyaline cylinders - 3-5 in the field of view.

1. What is the diagnosis of this patient?
2. What additional examinations are needed?
3. What is the management of this patient?
4. Medical and labor expertise.

Task 5 Rheumatology

Patient 70 years old, consulted to the clinic with complaints on severe pain in the left hip joint, both knee joints (more to the left), both ankle joints, and sometimes in the small joints of the hands. Pain in legs appear at the end of the day after physical exertion, when descending from the stairs, after a long sitting (it is difficult to get up from the chair). Recently, the gait began to change: appeared limping onthe left leg. For the first time pains in the joints appeared about 5 years ago. The deterioration occurred about a year ago with the appearance of all the above complaints. She had never consulted to a doctor, treated with folk medicines. She sustained rare colds, cholecystectomy was done 10 years ago. On examination: patient is overweighed. Height 160 cm, weight 95 kg. Skin is clean, of a normal color. There is pulmonary sound above the lungs, auscultation - vesicular breathing. Cardiac border is not expanded. Heart tones are rhythmic, muffled. Blood pressure - 160/85 mm Hg. Heart rate - 82 beats per minute. The abdomen is soft, painless. Stool and diuresis without features. Joints of hands: in the area of distal phalanges there are nodose growths. Hip joints: retraction, flexion, rotation in the right joint is painful, slightly limited; in the left - movements are sharply limited, painful. Knee joints: small O- shaped deformation, defiguration of the left joint due to edema. The movements in both joints are somewhat limited due to pain (more to the left), during movements can be heard crepitation. Ankle joints are not deformed. There is pain in palpation of the lumbosacral spine.

1. What is the diagnosis of this patient?
2. What surveys are needed?
3. What is the management of this patient?

Nephrology

Task 1 Nephrology

Patient 25 years old, turned to the clinic with complaints on pain and heaviness in the lumbar region, a burning sensation at the end of the act of urination, increase in body temperature, chilly sensation, increasing of blood pressure to 160/100 mm Hg. From anamnesis - he considers himself to be ill for 3 years, when the body temperature rose to 38.5 degrees for the first time, there was a strong chill, a headache, nausea, vomiting, muscle tension in the lumbar region, pain in the hypochondrium, frequent painful urination. For 1.5 months she was treated in a hospital: she took biseptol, ampicillin. Has

discharged from hospital with improvement. The aggravation of the disease began 2 days ago, when listed- above complaints appeared. Objectively: there is no swelling, the skin is of normal color, moist. When palpation of the abdomen, pain is noted in the projection of the left kidney. The symptom of oscillation on the 12th rib is positive on both sides. CBC: er. - 3.2x10 / l, Hb - 110 g / l, color index - 0.9, leu. - 9.6x10 / l, stab cell - 5%, segmentated cell -70%, lymph. - 20%, m - 5%, ESR - 28 mm / h. The general analysis of urine: the reaction is acidic, urine density - 1010, the protein 400 mg / l, the leukocytes 15-20 in field of view, the erit .- 8-10 in field of view. Nechiporenko analysis: leukocytes - 10.000 per 1 ml, erythrocytes - 2.000 per 1 ml, cylinders - 1.000 per 1 ml.

1 What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dispanserization. Determine the work forecast. Prevention.

Task 2 Nephrology

Patient 35 years old, complained on general weakness, nausea, periodic headaches. When examining the outpatient card, changes in urine tests in the form of proteinuria were revealed. On examination: the face is pasty, the skin is pale, dry. Blood pressure - 170/110 mm Hg., accent of the second tone over the aorta. In lungs without pathological sings. The abdomen is soft, painless on palpation, the symptom of Pasternatsky is negative on both sides. The kidneys are not palpable. CBC: er. - 3,0x1012 / l, Hв - 100 g / l, color index - 0,9, leu. - 7,8x109 / l, the formula without deviations, ESR - 35 mm / hour. General analysis of urine: urine dencity - 1002, protein - 1.0 g / l, leu. - 4-5 in the sp., er. - 5-8 in n / sp, hyaline and granular cylinders. Kidney ultrasound: the kidneys are located in a typical place, the contours are smoth, the sizes are 7.8-4.0 cm, parenchyma is thinned, considerably densified - 0.9 cm, the absence of cortex-medullar differentiation. Signs of nephrosclerosis. Pelvicalyceal system without features.

1. What is the diagnosis of this patient? .
2. What is the management of this patient?
3. Dispanserization. Prevention.

Task 3 Nephrology

Patient 17 years old, without complains. A week ago she has had catarrhal phenomena, subfebrile fever. On the third day after the onset of the disease, noticed a change in the color of urine - it became reddish. The condition is satisfactory, the skin is of normal color and moisture. Blood pressure - 120/80 mm Hg. In the lungs: vesicular breath, no wheezing. Heart tones are rhythmic, clear. The abdomen is soft, painless on palpation. Pasternatsky’s symptom is negative on both sides. Micturition is free, painless, there is no swelling.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dispanserization. Prevention. Period of temporary disability.

Task 4 Nephrology

The patient 30 years old, 2 weeks after the angina, suddenly in the morning begins swelling. In a history has kidney disease. General condition of moderate severity, pallor and puffiness of the face, massive swelling of the legs, lower back, ascites, fluid in the pleural cavity. In the lungs with auscultation in the lower parts the respiration is weakened. Heart tones are rhythmic, clear. Blood pressure is 190/120 mm Hg. The abdomen is soft, painful on palpation in the area of the kidneys projection. General analysis of urine: urine dencity - 1010, protein - 0.6 g / l, er. - 50-60 in sp., cylinders: hyaline, granular. CBC: Hв - 120 g / l, erythrocytes - 4,6x10 / l, leu. - 8,3x10 / l, ESR - 20 mm / hour.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dispanserization. Labor expertise. Prevention.

Task 5 Nephrology

Patient 18 years old, turned to the clinic with complaints on edema of the face, lower limbs, headache, nagging pain in the lower back, general weakness, the appearance of a blurred pink urine. The patient considers himself sick within 3 days. Postponed diseases: influenza, 2 weeks ago was a sore throat. Objectively: the temperature is 37.7 ° C. The general condition is of a moderate severity. The face is swollen, swelling on the feet and legs. The skin is pale. Vesicular breathing. Heart sounds are rhythmic,

muffled, accent of the 2nd tone on the aorta. Pulse 84 per minute, rhythmic, intense. BP 165/100 mm Hg. The tongue is clear. The abdomen is soft, painless. Pasternatsky's symptom is weakly positive on both sides.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dyspanserization. Labor expertise.

Endocrinology

Task 1 Endocrinology

Student, 18 years old, by the doctor of a draft commission of the military commissariat is sent for examination to the polyclinic. With objective examination: height 185 cm, body weight 68 kg. The skin of normal color, subcutaneous fat is moderately developed, narrow shoulders, long arms and legs, wide hips (eunuchoid physique); high feminine voice, gynecomastia, lean hairiness on the face and body, muscle mass and strength (by the results of dynamometry) are lowered, the penis and testicles are reduced.
sides.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dyspanserization. Labor expertise.

Task 2 Endocrinology

Patient 36 years old, turned to a doctor in the clinic complaining on general weakness, easy fatigabilit, loss of hair, memory impairment, decreased interest in life, facial swelling, irregular menstruation. She considers herself ill during the last 1.5 years. The condition gradually worsened, gained 12 kg in weight during the period of illness. Objectively: the general condition is satisfactory, overweighed (height 162 cm, weight 90 kg). Skin pale, dry, desquamation of the skin on both shins. There is swelling of the face, legs. The thyroid gland is not palpable. A postoperative scar is on the neck. The voice is rude. The patient is slow-moving. Heart sounds are muffled, rhythmic. Pulse 56 per minute. Blood pressure - 100/60 mm Hg. In the lungs, vesicular breathing with a harsh tinge. The tongue is thickened, and there are traces of teeth along the edges. The abdomen is slightly inflated, constipation. The liver and spleen are not enlarged. CBC: Hb - 90 g / l, CI - 0,7, er. - 3,1 x 10 / l, leuk - 4,8 x 10 / l, ESR - 3 mm / h.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dyspanserization. Prevention.

Task 3 Endocrinology

A student, 17 years old, turned to the polyclinic, but lost consciousness at the reception. According to the word of relatives, for the last few days he complained on severe weakness, fatigue, drowsiness, and drank a lot of fluids. Did not turned to a doctor. 3 weeks before that he has had a severe acute respiratory virus infection. Objectively: the patient is unconscious. Poorly reacts to pain stimuli. Skin covers are dry, the turgor of tissues is reduced. Eyeballs on palpation are soft. There is a smell of acetone from his mouth. Heart sounds are rhythmical, sonorous. The heart rate is 120 per minute. BP - 80/40 mm Hg. Breath noisy, frequent. BR - 26 per minute. At auscultation rales are not listened. The tongue is dry, covered with a dirty brown fur, the mucous membrane of the mouth is dry. The abdomen is soft. The liver is at the edge of the costal arch. Laboratory: blood sugar - 32 mmol / l.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Dyspanserization. Labor expertise. Prevention.

Task 4 Endocrinology

Patient 56 years old, complains on general weakness, dizziness, flickering before the eyes, swelling of the face in the morning, dry in his mouth, thirst (drinks up to 3 liters of fluid a day), frequent urination (over night up to 4-5 times). He considers himself sick during the year when he began to feel general weakness, dizziness, flashing of "flies" before his eyes after physical exertion, psycho-emotional stress. The last deterioration in the health state is within 3 weeks: weakness and dizziness became more pronounced. Thirsty and dry mouth notes for many years, did not attach attention to them, did not turned to a doctor. Objectively: the state is closer to satisfactory. Position is active. Consciousness is clear. The skin is pale, dry. Swelling of the face. Tones of the heart are muffled, rhythmic, accent of the second tone over the aorta. Pulse - 64 per minute. Blood pressure - 190/115 mm Hg. The left border of the heartis 2 cm to the outside of the left mid-clavicular line. Breathing is vesicular, no wheezing, BR - 16 per minute. Percussion - clear pulmonary sound. The abdomen is soft, painless on palpation. The liver is atthe edge of the costal arch. Stool is normal. Urination is free, painless, rapid. Pasternatskii's symptom is negative on both sides.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Medical and social expertise. Dyspanserization. Prevention

Task 5 Endocrinology

Patient 65 years old, turned to the clinic complaining on dyspnea, which occurs when walking at 100 meters, climbing to 1 stairwell, accompanied by light dizziness, passing after he stops; pain in the calf muscles when fast walking; dry mouth, frequent urination (over night - 3-4 times). He has been thirsty and dry in the mouth for the past 8 years, has not given any attention to this, did not consulted with doctors. Dyspnea appeared six months ago, the intensity of it gradually increased, which made him to consult a doctor. Objectively: the state is satisfactory, the consciousness is clear, the position is active. Increased nutrition: weight 92 kg with an increase of 168 cm. Skin covers of normal color and moisture. Heart rhythms are rhythmic, muffled, systolic murmur at the apex, conducted in the axillary region. The left border of the heart is 1.5 cm outside of the left mid-clavicular line. Pulse - 84 per minute. Blood pressure - 140/80 mm Hg. Breathing is vesicular, in the lower parts of the lungs a small amount of moist, small-bubbly, non-sound wheezing. BR - 26 per minute. The tongue is rather dry, clear. The abdomen is soft, painless. The liver protrudes from under the edge of the costal arch by 1.5 cm, the edge is dense-elastic, painless. Stool is normal. Pulsation on the arteries of the rear of the foot is sharply weakened.

1. What is the diagnosis of this patient?
2 What is the management of this patient?
3. Medical and social examination.

Hematology

Task 1 Hematology

Patient housewife, 38 years of age, complains on a moderate general weakness, dizziness, darkening ofher eyes, paresthesia in her feet and unstable gait. Lost in a weight about 10 kg. The above listed complaints appeared several months ago and slowly grew. On examination, there is a slight icterus of the skin, visible mucous membranes. In the lungs, the breath is vesicular. BP - 120/70 mm Hg. The pulse is 96 bpm. Heart tones are rhythmic, a soft systolic noise is heard. In palpation the abdomen is soft, painless. The liver protrudes from under edge of the costal arch by 1.5 cm. The spleen is not palpable. CBC: Hg - 70 g / l, color index - 1.4, platelets - 110x10 / l, leukocytes - 2.5x10 / l, stab neutrophil - 5%, segmented neutrophil - 56%, monocytes - 10%, lymphocytes - 29%, ESR - 12 mm / h, macrocytosis, hyper-segmentation of neutrophils.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Medical and social examination.

Task 2 Hematology

Patient metalworker, 64 years old. Complains on a decrease of appetite, weight loss, moderate general weakness, dyspnea. Objective: skin and visible mucosal tunics are pale. There are palpable, dense, painless, mobile lymph nodes 3-3.5 cm in size. In the lungs, the breath is vesicular. BP - 150/90 mm Hg.

Pulse - 92 bpm. Heart tones are rhythmic, a soft systolic noise is heard. When palpating the abdomen is soft, painless. The liver extends from under the edge of the costal arch by 2.5 cm, the spleen by 1.5 cm. CBC: Hb - 82 g / l, color index - 1.0, leukocytes - 11x10 / l, stab neutrophil - 2%, segmented neutrophil - 16%, monocytes - 10%, lymphocytes - 72%, mostly mature forms, ESR - 32 mm / h.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Medical and labor expertise. Dispancerization.

Task 3 Hematology

Patient an engineer, 25 years old, complains on a pain in epigastric region, general weakness, fatigue. In history - peptic ulcer of the duodenum. Objectively: skin and visible mucous tunics are pale. In the lungs the breath is vesicular. BP - 120/70 mm. Hg. Pulse - 92 bpm. Heart tones are rhythmic, a soft systolic noise is heard. The abdomen when palpating is soft, painful in the epigastric region. Liver, spleen - along the edge of the costal arch. CBC: Hg - 70 g / l, CI - 0.77, leukocytes - 5x109 thousand, platelets - 195 thousand, ESR - 12 mm / h. The total bilirubin is 12 μmol / l, serum iron is 4.5 μmol / l. Analysis of feces for latent blood is positive.

1. What is the diagnosis of this patient?
2. Medical and labor examination.
3. Dispancerization. Prevention.

Task 4 Hematology

A man 35 years old. Complains on an increasing of the right cervical lymph nodes for two to three months, decrease of appetite, weight loss, itching, a mild general weakness, a fever up to 38 ° C, night sweats. Objectively, when viewed - skin, visible mucous tunics are clean. Palpating dense, painless, mobile cervical lymph nodes 4-3.5 cm in size. In the lungs is vesicular breath. BP - 130/80 mm. Hg. Pulse - 72 bpm. Heart tones are rhythmical, pure. When palpating the abdomen is soft, painless. The liver protrudes from under the edge of the costal arch by 0.5 cm, the spleen is not palpable. CBC: Hb-112 g / l, CI-1.0, leukocytes-4,700, stab neutrophil - 2%, segmented neutrophil - 56%, monocytes- 10%, lymphocytes-32%, ESR - 32 mm / h.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Medical and labor expertise. Dispancerization.

Task 5 Hematology

Patient an economist, 44 years old. She complained on a fever of 38.6 ° C, a sore throat, mild pain while swallowing, sweating, general weakness, recurrent nasal bleeding. She feels herself sick for a month, when begins pain when swallowing with increasing in body temperature. She called a local doctor who, after examination, diagnosed tonsillitis, the patient received antibiotics (ampicillin - 0.5 x 4 times a day) for 7 days. The condition did not improved. Then the doctor suspected pneumonia, recommended cefazolin 1.0 x 3 times a day. At a roentgenography of organs of a thorax no focal or infiltrative shadows was revealed. Against the background of antibiotic therapy, the temperature dropped to 37.1 ° C. Objectively: the state of moderate severity. The skin is pale, on the skin of the upper and lower extremities is a petechial rash. Palpation of the sternum is moderately painless. Peripheral lymph nodes are not palpable. The abdomen is soft, painless when palpated. The liver and spleen are at the edge of the costal arch. A stool and diuresis are in normal rate. CBC: HB-70 g / L, leukocytes - 2,2 x 10 /l, blast cells - 88%, platelets - 12 x 10 / l.

1. What is the diagnosis of this patient?
2. What is the management of this patient?
3. Medical and social expertise.

Appendix № 3

The planning sheet of discipline
Discipline «Polyclinic Therapy»
Field of study/specialization
Course - 6/semester - 11 Credit units (CU) – 2

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
semester 11					
Pulmonology **General issues**	**module 1**				
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**11**	**21**	**7**
	Midterm examination	Control work number 2 Test, situational task, analyzes or radiographs	**6**	**9**	
Cardiology part 1	**module 2**				
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**8**	**14**	**12**
	Midterm examination	Control work number 3 Test, situational task, ECG	**4**	**7**	
Cardiology part 2	**module 3**				
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**8**	**13**	**16**
	Midterm examination	Control work number 4 Test, situational task, ECG	**3**	**6**	

Total for a semester		40	70	
Midpoint assessment	**Curation of patient with outpatient card**	**20**	**30**	
Summative assessment		**60**	**100**	

Note: 1 point is taken for each missed lecture and practical lesson.

The planning sheet of discipline
Discipline «Polyclinic Therapy»
Field of study/specialization
Course -6/semester – 12
Credit units (CU) - 3

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
12 semester					
Gastroenterology	**Module 4**				
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**7**	**15**	**29**
	Midterm examination	Control work number 5 Test, situational task, analysis	**3**	**7**	
Nephrology. Rheumatology	**Module 5**				
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**9**	**15**	**34**
	Midterm examination	Control work number 6 Test, situational task, analysis	**4**	**9**	
Endocrinology. Hematology	**Module 6**				

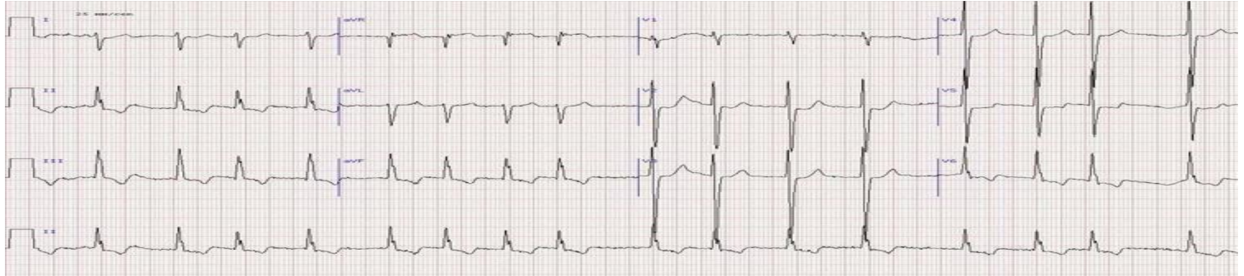
	Formative assessment	Oral survey, practical skills of outpatient examination (situational tasks or analysis of a case patient), attendance. Abstracts (reports or presentations).	**10**	**15**	**39**
	Midterm examination	Control work number 7 Test, situational task, analysis	**7**	**9**	
Total for a semester			**40**	**70**	
Midpoint assessment (credit with mark)		**Station " medical examination»**	**20**	**30**	**40**
Summative assessment			**60**	**100**	

Note: 1 point is taken for each missed lecture and practical lesson.

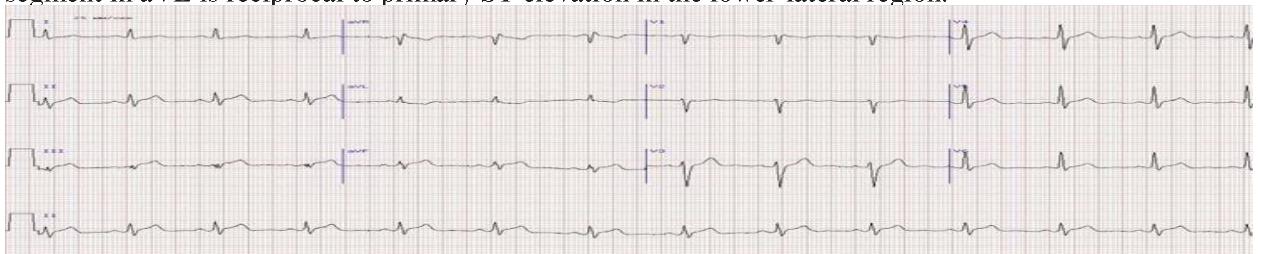
Appendix № 4

ECG

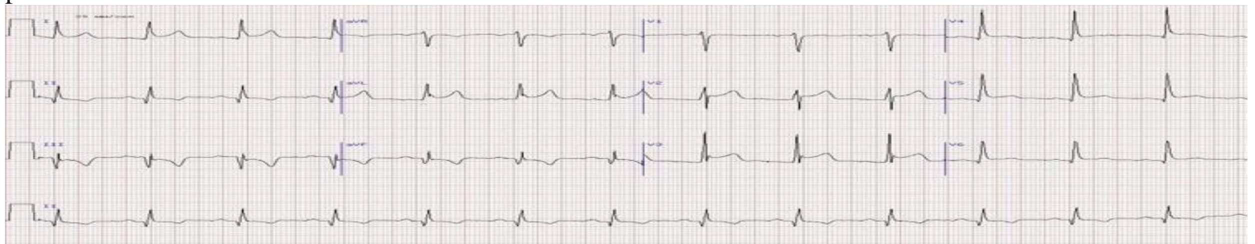
83-year-old woman. ECG: Atrial fibrillation with LV hypertrophy, deviation of electrical heart axis to the right.



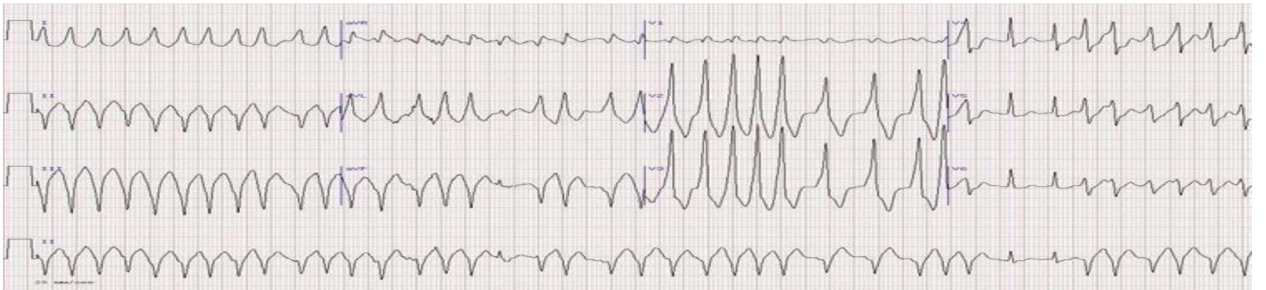
43-year-old man. There is a slight rise of ST-segment in II, III, aVF and in V5-V6. Depression of ST – segment in aVL is reciprocal to primary ST elevation in the lower-lateral region.



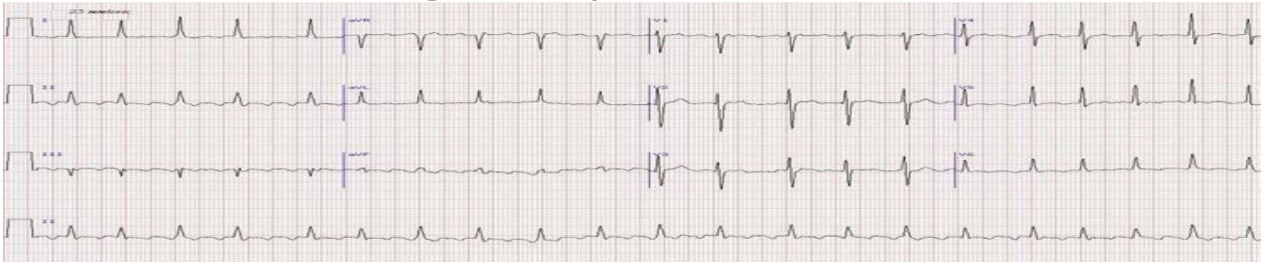
47-year-old man. Sinus rhythm with normal electrical heart axis and intervals. Two known findings: 1) Q-wave myocardial infarction of a LV lower wall of uncertain prescription. 2) diffuse elevation of ST–segment in anterior and lateral leads. In anamnesis has had an acute myocardial infarction with pericarditis



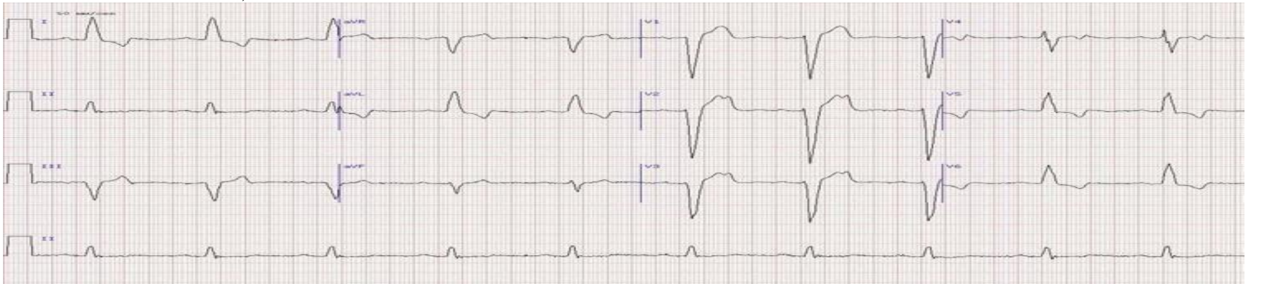
59-year-old woman with attacks of palpitations and dizziness. Atrial fibrillation with WPW syndrome. HR frequency is approximately 230 beats per minute.



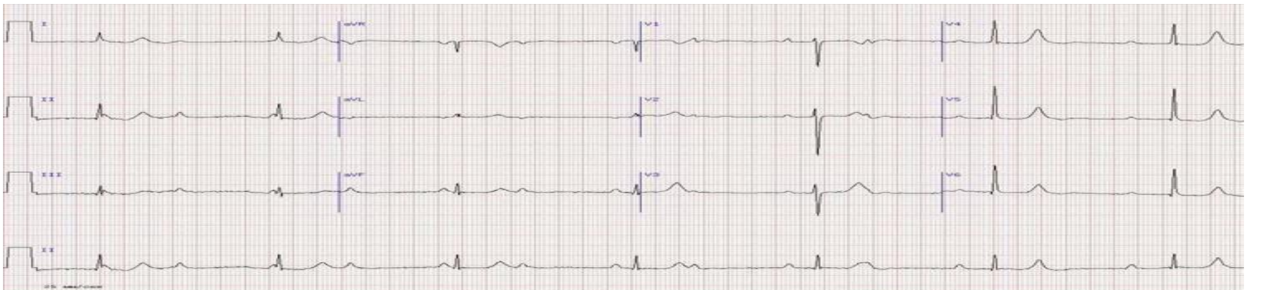
Tachycardia and light cyanosis. Atrial flutter. QRS with a frequency of approximately 300 beats / minute, with variable ventricular response (holding 2: 1, sometimes 3: 1).



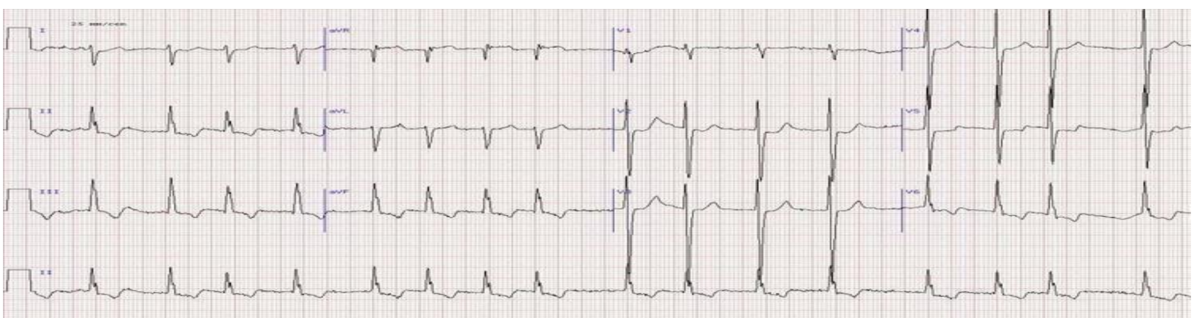
71-year-old man. Atrial tachycardia with a 2:1 blockade (see overlapping of the P-teeth on the T-teeth in the leads V2 and V3) and left bundle brunch blockade.



The patient is a 47-year-old woman who does not complain. This ECG hasn’t changed from her childhood. This example shows a complete AV blockade.



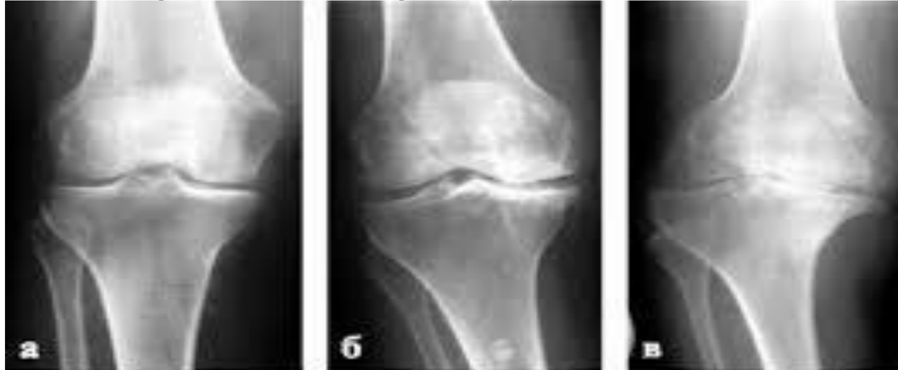
83-year-old woman. ECG demonstrates atrial fibrillation with LV hypertrophy, deviation of electrical heart axis to the right. This combination is characteristic of both ventricles hypertrophy, and its combination with atrial fibrillation in rheumatism (the patient has mitral stenosis and aortic valve damage).



Appendix № 5

X-ray images of various diseases

1. Deforming arthrosis of the right knee joint:

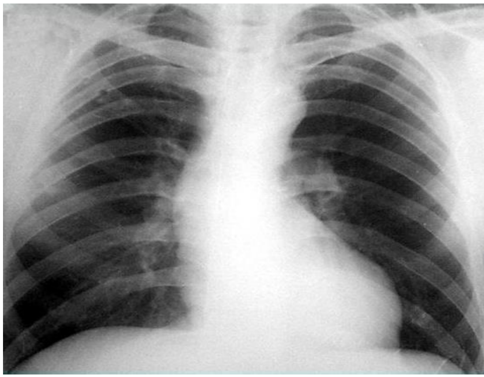


Деформирующий артроз правого коленного сустава:
а – 1 стадия; б – 2 стадия;
в – 3 стадия (суставная щель резко сужена)

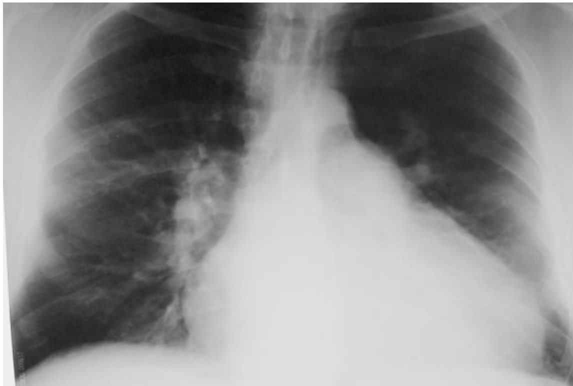
а-1 stage; б-2 stage; в-3 stage (articular crack is sharply narrowed)

2. "Gouty hand"

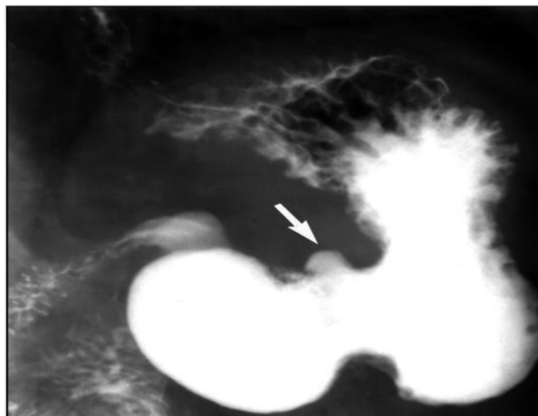
3. Aortic stenosis



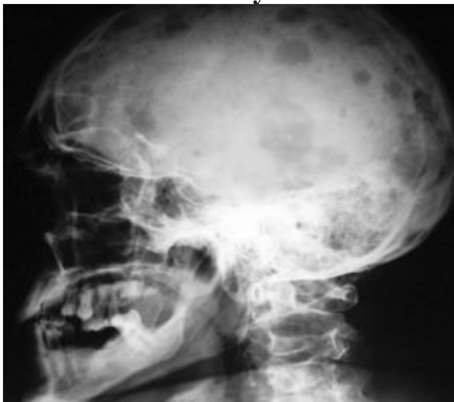
4. Combined mitral defect



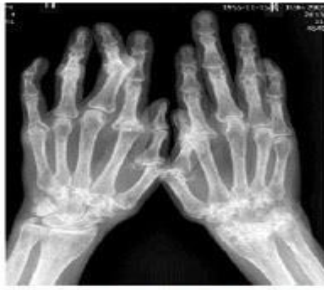
5. Ulcer of small curvature of the stomach



6. Skull defects in myeloma



7. Rheumatoid arthritis of the 3rd stage.



Больная М. РА 3-й стадии.
Обзорная рентгенография кистей. Выраженный распространенный остеопороз. Множественные кистовидные просветления костной ткани. Сужены щели большинства суставов. Множественные эрозии костей и суставных поверхностей. Множественные вывихи и подвывихи суставов, деформаций эпифизов костей. Костных анкилозов нет. Асимметричное поражение суставов запястий (больше слева)

Appendix № 6

Laboratory and instrumental methods of research

Stools

Amount - 450 mg
Consistence - liquid
Form - unformed with gas bubbles
Color - greenish yellow
Reaction - acidic
Slime - +
MICROSCOPIC STUDY:
VEGETABLE CELL:
Digested – single cells
Undigested - in a large number
Muscle fiber undigested - +++
Fatty acids - in large quantities
Neutral fat - absent
Soap - +++
Starch - +++
Iodophile flora - ++
Leukocytes - ++

General cholesterol -8.0 mmol / l
LDL-cholesterol -4.2 mmol / l
Triglicerides -0.9 mmol / l

General cholesterol -7.2 mmol / l
LDL-cholesterol - 4.4 mmol / l
Triglicerides -1.3 mmol / l

T4 -150 nmol / l.
TTG - 0.01 IU / l

T4 - 35 nmol / l.
TTG - 45 IU / l

Hepatic Tests:
Total protein -76.4 g / l

Bilirubin total-67.5 µmol / l: direct-57.3 µmol / l, non-direct-10.2 µmol / l
thymol -1.5 units
Alkaline phosphatase-4.2 µmol / l
Albumins -58.2%
Globulins-41.8%
Alfa1- 5.2%
Alfa2- 6.7%
Betta-10.2 %
Gamma-9.5%
Coefficient. A / G-1,

Hepatic Tests:
Total protein-75.2 g / l
Bilirubin: total-40.2 µmol / l, direct- undetected
thymol -1.5 units
Albumins -65.0%
Globulins -35.0%
Alpha-5,6%
Alpha2- 6.8%
Betta-10.5%
Gamma-19%
Coefficient. A / G-1.5

Age - 32 years old. The aorta is not changed (d-3.0 cm). The aortic valve is unchanged, opening is 1.8 cm. The systolic pressure gradient is 4.0 mm Hg. Regurgitation is not revealed. The mitral valve: valves are compacted. The diastolic pressure gradient is 8 mm Hg. The degree of regurgitation is ++. The tricuspid valve is fused, the mobility is maintained. The degree of regurgitation is +. Pulmonary artery - not expanded. The average LAP is 24 mm Hg. The left atrium is - 4.2 cm. The left ventricle is: end-diastolic size -5.6 cm. end-systolic size - 3.4 cm. EF - 69%. The thickness of left ventricle posterior wall - 0,8 cm. The thickness of the interventricular wall - 0,8 cm. The right ventricle is 2,2 cm. right ventricle anterior wall - 0,4 cm. The right atrium is not enlarged. Atrial septum - unchanged. The interventricular septum is not changed. Pericardium is without features. Signs of volumetric overload of the left ventricle.

Antistreptolysin-O 1: 1250
Antihyaluronidase 1: 500
C-reactive protein 3 mm (+++)

Antistreptolysin-O 1: 650
Antihyaluronidase 1: 300
C-reactive protein 3 mm (+++)

Appendix № 7

TYPES OF CONTROL AND CERTIFICATION, FORMS OF ESTIMATED MEANS

1. SITUATIONAL TASKS

Task example

Patient is 45 years old, a programmer, turned to the district physician with complaints on a pain in the epigastric region, mainly on an empty stomach and at night, causing him to wake up, as well as for almost permanent heartburn, a feeling of heaviness and bursting in the epigastric region after ingestion, heartburn, belching sour, nausea.
From the anamnesis it is known that the patient smokes a lot, abuse coffee, feeds irregularly. There are often exacerbations of chronic pharyngitis. He is sick for about three years. Was not checked up, was treated by himself (accepted a phytotherapy).
On examination: the condition is satisfactory. BMI is 32.0 kg / m2. Skin is clean, of a normal color. Body temperature is normal. Tonsils, posterior pharyngeal wall not hyperemic. In the lungs, the breath is vesicular, there is no wheezing. Cardiac tones are muffled, rhythmic, heart rate is 70 beats per minute, BP - 120/80 mm Hg. The abdomen is involved in the act of breathing, palpation is mild painful in the epigastric region, there is no muscle tension of the abdomen, the symptom of effleurage in the lumbar region is negative.
EGDS: the esophagus is freely passable, longitudinal folds are thickened, focal hyperemia of the mucosa of the distal part, cardia is not completely closed. On an empty stomach contains a small amount of light secretory fluid and mucus. The folds of the gastric mucosa are thickened, crimped. The bulb of the duodenum is deformed, a mucosal defect up to 0.5 cm in diameter is detected on the posterior wall. The edges of the defect have clear boundaries, are hyperemic and edematous. The bottom of the defect is covered with white fibrinous overlays. Postbulbary departments without pathology. Ureaze test for the presence of H. pylori - positive.
Questions:
1. Suppose the most likely diagnosis.
2. Justify your diagnosis.
3. Compile and justify a plan for an additional examination of the patient.
4. What treatment would you recommend to a patient as a part of a combination therapy? Justify your choice.
5. Is it necessary to take the patient for dispensary registration? What should be prescribed to the patient as prophylactic therapy "on demand" then the symptoms of peptic ulcer exacerbation appears?

The standard of the answer to the situational task:
1. Duodenal ulcer associated with Helicobacter pylori, first identified single small (0.5 cm) ulcer of the posterior wall of the duodenal bulb, cicatricial and ulcerative deformation of the duodenal bulb. Gastroesophageal reflux disease (GERD), stage I. Chronic pharyngitis in remission. Obesity of the first degree.
2. The patient has hungry pains, nocturnal pains, heartburn, which are characteristic of duodenal ulcer. The diagnosis is confirmed by the data of the EGDS: the bulb of the duodenal ulcer is deformed, the mucosal defect up to 0.5 cm in diameter is detected on the posterior wall. The edges of the defect have clear boundaries, are hyperemic, edematous. The bottom of the defect is covered with fibrinous overlays of white color. The association of peptic ulcer with Helicobacter pylori is determined by a positive urease test.
Gastroesophageal reflux disease (GERD), stage I is exposed on the basis of complaints of heartburn, acidic eructation; presence of risk factors: chronic pharyngitis in the patient (history data), the survey revealed obesity of the I degree; data EGDS-esophagus freely pass, thickened longitudinal folds, focal hyperemia of the mucosa of the distal esophagus (changes correspond to stage I of GERD). Obesity of the first degree is set on the basis of body mass index - 32.0 kg / m².

3. The patient to avoid the complications is recommended the following examinations: a complete hematological blood test, transaminases (ALT, AST), blood sugar, blood creatinine. ECG for differential diagnosis with ischemic heart disease; Ultrasound of the abdominal cavity to exclude concomitant pathology; to clarify the degree of inflammation and the detection of metaplasia - cytological and histological examination of the biopsy of the edges of the ulcer and mucous membrane in the place of esophagitis, daily intraepithelial pH-metry for clarifying the nature of the refluxate. Consultation of a surgeon - according to the indications (in the presence of complications of peptic ulcer), oncologist if the malignant character of ulceration is suspected. Consultation of an otolaryngologist to clarify the stage of chronic pharyngitis.
4. Three-component scheme of eradication of Helicobacter pylori: PPI in a standard dose (Omeprazol - 20 mg, Lansoprazole - 30 mg, Rabeprazole - 20 mg or Esomeprozol - 20 mg) ; Clarithromycin - 500 mg; Amoxicillin - 1000 mg or Metronidazole (MTP) - 500 mg. All drugs should be prescribed 2 times a day, lasting not less than 10-14 days. If this therapy is ineffective, quadrotherapy is prescribed. Given the presence of GERD, it is necessary to prescribe prokinetics, which stimulate gastric emptying: Itopride hydrochloride. Itopride hydrochloride enhances propulsive motility of the gastrointestinal tract due to antagonism with dopamine D2-receptors.

Guidelines for assessing situational tasks (in %)
• Complete full and accurate clinical diagnosis based on complaints, history, objective, physical data, as well as laboratory and instrumental examination data. With a theoretical justification / 85-100
• The decision is correct, not complete, there is no theoretical justification for the answer / 70-84
• The solution is incomplete, includes one of the above elements / 60-69
• All items are incorrectly written / 0-59

2. SCALE OF THE REPORT'S ASSESSMENT

№	Indicator name	Rating, %
The form		20
1.	Division of the text into the introduction, main part and conclusion	0-10
2.	Logical, understandable transition from one part to another, as well as within parts	0-10
Content		60
1.	Conformity to the theme	0-10
2.	Presence of the main topic (thesis) in the introduction and addressing of the introductory part to the reader	0-10
3.	Development of the topic (thesis) in the main part (the disclosure of the main positions through a system of arguments, supported by facts, examples, etc.)	0-20
4.	Presence of conclusions corresponding to the topic and content of the main Part	0-20
Report		
1.	Correctness and accuracy of the speech during protection	0-5
2.	The breadth of horizons (answers to questions)	0-10
3.	Compliance with the time-limit	0-5
TOTAL SCORE		100

3. SCALE OF SUMMARY'S ESTIMATION

	No answer – 0 points	Minimal answer is 39-59%	Open answer is 60-69%	Complete answer is 70-84%	Exemplary, worthy of imitation - 85-100%	Score

Disclosure of the problem	----	The problem is not solved. There are no conclusions	The problem is not fully disclosed. Conclusions are not made or are not justified	The problem is solved. An analysis of the problem was carried out without additional literature. Not all conclusions are made or justified.	The problem is solved completely. The analysis of the survey was carried out with the use of additional literature. The conclusions are made.	
Presentation	----	Presented information is not logically related	Presented information is not systematized and not consistent	Presented information is systematized and consistent	Presented information is systematized, consistent, logically related	
Decoration	----	Not satisfied conditions of the abstract design. Provided more than 4 errors in the information	3-4 errors in the information provided	No more than 2 errors in the information provided	There are no errors in the information provided	
Answers to the questions	----	No answer to the questions	Answers only to the basic questions	Answers to the questions are complete or partially complete	The answers to the questions are complete with examples and explanations	
Final rate	----	Unsatisfactory	Satisfactorily	Good	Excellent	

4. SCALE OF PRESENTATION'S EVALUATION

	No answer - 0 points	Minimal answer is 39-59%	Open answer is 60-69%	Complete answer is 70-84%	Exemplary, worthy of imitation - 85-100%
Disclosure of the problems		The problem is not disclosed. No conclusions	Problem not disclosed completely. Conclusions are not made or conclusions are not substantiated	The problem is solved. The analysis problems without attracting additional literature. Not all conclusions are made or are justified.	The problem is solved completely. Conducted analysis of the problem with attraction of additional literature. Conclusions are made.

Performance		The Information is not logically connected. Professional terms was not used.	The information is not systematized and not consistent. Used 1-2 professional terms	The Information is systematized and consistent. Used more then 2 professional terms.	The Information is systematized, consistent and logically connected. Used more than 5 professional terms
Decoration		Was not used informational technologies (PowerPoint). More than 4 errors in the information	Informational technologies (PowerPoint) was partially used. 3-4 mistakes in presented information	Informational technologies (PowerPoint) was used. Not more than 2 mistakes in presented information	Informational technologies (PowerPoint) was widely used. There are no mistakes in presented information
Answers to the questions		No answer to the questions	Only answers to the elementary questions	Answers to the questions are full or partially complete.	Answers to questions complete with tacking examples and explanations
Final rate		Unsatisfactory	Satisfactorily	Good	Excellent

6. SCALE OF TESTS ESTIMATION (boundary control - " Knowledge "):

1. There are 20 questions in one test task.
2. There are ready answers to the questions applied, but only the one is right.
3. For every correct answer - 5%.
4. The total score is defined as the sum of the collected percentages.
5. The collected amount of percentages is transferred to the points (score).

When testing:
"Excellent" - 85-100% (17-20) of correct answers
"Good" - 70-84% (14-16) of correct answers
"Satisfactory" - 60-69% (13-12) of correct answers
"Unsatisfactory" - less than 60% (0-12) of correct answers

Level of theoretical questions assessing:
85-100% - complete, consistent, literate and logical answer; demonstration by the student his excellent knowledge of the passed program and information from additional literature; reproduction of the educational material with the required degree of accuracy.
75-84% - the presence of insignificant mistakes, confidently corrected by the student after additional and leading questions; demonstration by the student his knowledge of the passed program; clear presentation of the training material.
60-74% - presence of insignificant mistakes in the answer, not corrected by the student; demonstration by the student of insufficient knowledge of the completed program; unstructured presentation of the training material in response.
less than 60% - ignorance of the section material; serious mistakes occur when answering.

6. SCALE OF ANALYTICAL AND PRACTICAL TASKS ESTIMATION
(intermediate control - "TO KNOW AND TO OWN")

Verbal poll

When evaluating verbal poll, the following criteria are taken into account:

1. Knowledge of the main conditions of the out-patient therapy.
2. The depth and completeness of the disclosure of the question.
3. Knowledge of the terminological apparatus and its use in answer.
4. Ability to explain, draw conclusions and generalizations, give reasoned answers.
5. Ability to answer logicality and consistenly, ability to respond to additional questions.

Assessment of verbal answers for the training level testing "TO KNOW and TO OWN» (in %)

Score (85-100) estimated the answer, which is logically correct, made in an accessible form, according to the terminology used in an out-patient therapy. The student shows an excellent knowledge of the etiology and pathogenesis of internal diseases; can identify the main symptoms and syndromes, put a preliminary and clinical diagnosis; knows the features of the clinical course, diagnostics at an outpatient stage in accordance with the possibilities of a polyclinic, treatment at an outpatient stage, including resolving questions about sanatorium-and-spa treatment. Determine the prognosis of the disease. Select the indications for hospitalization. Determine the tactics of patient management. Select criteria for temporary disability. Questions of prophylactic medical examination. Solve the problem of temporary or permanent disability.

Score (70-84) estimated the answer, which shows good knowledge of polyclinic therapy, setting a preliminary and clinical diagnoses, etiology, knows the features of the clinical course, diagnostics at an outpatient stage in accordance with the possibilities of a polyclinic, treatment at an outpatient stage, including resolving questions about sanatorium-and-spa treatment. Determine the prognosis of the disease. Select the indications for hospitalization. Determine the tactics of patient management. Select criteria for temporary disability. Questions of prophylactic medical examination. Solve the problems of temporary or permanent disability. Gives an incomplete answer or not oriented in 1 - 2 of above-mentioned elements.

Score (60-69) estimated the answer, which shows the average knowledge of polyclinic therapy: the features of the clinical course, diagnostics at the outpatient stage in accordance with the capabilities of the polyclinic, treatment at an outpatient stage, including the issues of sanatorium and spa treatment. Determine the prognosis of the disease. Select the indications for hospitalization. Determine the tactics of patient management. Select criteria for temporary disability. Questions of prophylactic medical examination. Problems of temporary or permanent disability. Average knowledge in these matters; poorly oriented in the setting of preliminary and clinical diagnoses. Gives an incomplete answer or does not orient on three elements listed above.

Score (0-59) evaluates the answer, which shows extremely weak knowledge in questions of outpatient therapy. The student is not oriented in etiology, pathogenesis, features of clinical course, diagnosis, treatment and prognosis of various diseases, allows serious errors in answer. Demonstrates the lack of understanding the problem. Does not fulfill shown in the task requirements.

7. SCALE OF CONTROL WORKS ASSESSMENT (boundary control)

1. Situational task (see the scale of situational task assessment), (and) or 1 (one) ECG (see below ECG scale), tests (rating scale see above), (and) or analysis (rating scale see below), (and) or X-ray image (see rating scale below).

ECG ESTIMATION SCALE

1. The presence of complete ECG decoding according to protocols.

Grades of ECG estimation	Evaluation criteria an d%
Rhythm sinus or nonsinus	Correct - 10% Incorrect - 0%
Rhythm is regular or irregular	Correct - 10% Incorrect - 0%

Heart rate	Correct - 10% Incorrect - 0%
Electrical heart axis	Correct - 10% Incorrect - 0%
Conclusion	Correct - 60% Incorrect - 0%

When decoding ECG:
85-100% - the rating is "excellent"
70-84% - the rating is "good",
60-69% - the rating is "satisfactory"
0-59% - the rating is "unsatisfactory".

SCALE OF ANALYSIS ASSESSMENT
It is estimated complete interpretation of laboratory or instrumental analyzes.
When interpreting the analyzes:
85-100% - the score is "excellent" - full interpretation of the tests, what changes are noted, at what diseases or conditions they can occur.
70-84% - evaluation is "good" - the interpretation of the analyzes is not full deciphered, for example, not all diseases (conditions) in which these changes occur are indicated.
60-69% - "satisfactory" assessment - a fuzzy interpretation of the analyzes, for example, what changes are noted, or for what diseases or conditions they can occur.
0-59% - assessment "unsatisfactory" - the analysis is misinterpreted.

X-ray scoring scale
85-100% - the score is "excellent" - full interpretation of the x-ray picture is indicated, what changes are noted, in what diseases or conditions they can occur.
70-84% - the score is "good" - the interpretation of the picture is not full indicated, for example, not indicated the states at which this change occurs.
60-69% - "satisfactory" rating - the fuzzy interpretation of the picture, for example, what changes are noted, or for what diseases or conditions they can occur.
0-59% - the rating is "unsatisfactory" - the picture was incorrectly interpreted.

8. SCALE OF PRACTICAL SKILLS ESTIMATION (intermediate control - << SKILLS AND EXPERTISE >>)
1. Practical skills are evaluated during consultation on an outpatient basis.
2. The skills of collecting complaints, anamnesis, objective examination of the patient (including palpation, percussion, auscultation), preliminary diagnosis estimation, and a survey and treatment plan should be taken into account.
Level of practical skills assessment:
85-100% - the student fully demonstrates practical skills, avoiding mistakes. Exhaustively interprets obtained results, observes ethical and deontological principles and individual approach to the patient.
75-84% - the student demonstrates most practical skills, but there are minor mistakes. The student is able to interpret the received data with small difficulties, observes ethical and deontological principles and individual approach to the patient.
60-74% - the student demonstrates partial fulfillment of practical skills. The task is done not more than a half, a lot of mistakes are made. The student is not able to interpret the results, observes the ethical and deontological principles.
0-59% - the student either does not perform practical skills at all, or performs it completely wrong. Does not keep an individual approach to the patient.

9. SCALE OF AMBULATOR CARD FILLING ASSESSMENT (intermediate control - << SKILLS AND EXPERTISE >>)
1. The outpatient card is evaluated according to the patient being consulted.
2. The outpatient card should be written according to the presented scheme of its filling.

3. It is taking into account presents of passport data, the ability to collect complaints, anamnesis, an objective examination of the patient (including palpation, percussion, auscultation), setting of preliminary diagnosis, as well as a survey plan, survey results and their interpretation, clinical diagnosis and its justification, indications for non-drug and drug treatment methods, indicating the time of temporary disability, possible methods of prevention for this nosology, recommendations.

Level of practical skills assessment:

85-100% - the outpatient card is filled correctly according to the presented scheme.

75-84% - the outpatient card is filled correctly according to the presented scheme, but there are some inaccuracies, which the student fully understands and can to correct.

60-74% - the outpatient card is filled correctly according to the presented scheme, but there are some significant mistakes, for example, formulated diagnosis is not justified, the survey plan is incomplete or does not correspond to the outpatient survey opportunities, it was assigned the general treatment scheme not individually to the patient, the patient is released without recommendations.

0-59% is not written according to the presented scheme, there is no substantiation of the clinical diagnosis. The survey plan does not include all possible survey methods corresponding to the outpatient stage. The scheme of treatment does not correspond to this disease or the student can't allocate indications for hospitalization, don't able to give recommendations about regime and ability to work.

10. GENERAL KNOWLEDGE ASSESSMENT SCALE
(Final control of the discipline)

SCALE OF ORAL INTERVIEW ASSESSMENT (intermediate control - "KNOWLEDGE")

When assessing verbal responses to the level of knowledge "KNOWLEDGE", the following criteria are taken into account:

1. Knowledge of the basic processes of the studied subject, the depth and completeness of the question disclosure.
2. Knowledge of the terminological apparatus and its use in answering.
3. The ability to explain the content of phenomena, events, processes, draw conclusions and generalizations, give reasoned answers.
4. Possession of monologic speech, logicality and consistency of response, ability to answer the posed questions, to express their opinion on the discussed problem.

The mark (16-20 points) evaluates the answer, which shows a strong knowledge of the following issues:

- etiology, preventive measures for the most common diseases in outpatient practice;
- modern classification of diseases of the therapeutic profile;
- clinical picture, features of the course and possible complications of diseases in different age groups;
- the main principles of diagnosis of various diseases, taking into account the possibilities of the polyclinic;
- modern methods of clinical, laboratory, instrumental examination of patients;
- methods of treatment and indications for their use;
- the basis of outpatient care organization to the population;
- principles of clinical examination and patients rehabilitation;
- issues of medical and social expertise in various diseases;
- ethical aspects.

The student has demonstrated logicality and consistency of the answer.

The mark (10-15 points) evaluates the answer, which reveals strong knowledge of the following issues:

- etiology, preventive measures for the most common diseases in outpatient practice;
- modern classification of diseases of the therapeutic profile;
- clinical picture, features of the course and possible complications of diseases in different age groups;
- the main principles of diagnosis of various diseases, taking into account the possibilities of the polyclinic;
- modern methods of clinical, laboratory, instrumental examination of patients;
- methods of treatment and indications for their use;
- the basis of outpatient care organization to the population;
- principles of clinical examination and rehabilitation of patients;

- issues of medical and social expertise in various diseases;
- ethical aspects.

The student demonstrates logicality and consistency of the answer. However, one or two inaccuracies in the answer are made.

The mark (5-10 points) evaluates the answer, which testifies mainly knowing the following questions:
- etiology, preventive measures for the most common diseases in outpatient practice;
- modern classification of diseases of the therapeutic profile;
- clinical picture, features of the course and possible complications of diseases in different age groups;
- the main principles of diagnosis of various diseases, taking into account the possibilities of the polyclinic;
- modern methods of clinical, laboratory, instrumental examination of patients;
- methods of treatment and indications for their use;
- the basis of outpatient care organization to the population;
- principles of clinical examination and rehabilitation of patients;
- issues of medical and social expertise in various diseases;
- ethical aspects.

There are several errors in the content of the answer.

The mark (1-4 points) assesses the answer that reveals ignorance of the theory in almost all topics, inability to give reasoned answers, weak possession of monologic speech, lack of logic and consistency. Serious errors in the content of the answer are made.

SCALE OF PRACTICAL TASKS ASSESSMENT

(intermediate control - "SKILLS AND EXPERTISE")

When assessing the answers to the level of training SKILLS AND EXPERTISE the following criteria are taken into account:

The mark (8-10 points) evaluates the answer, in which the student:
- owns medical terminology, skills in analyzing various medical facts;
- quickly finds and makes decisions on the collection of anamnesis in a patient with a therapeutic pathology;
- conducts examination of the patient by himself;
- is able to interpret the results of studies (laboratory, radiological, instrumental);
- correctly formulates clinical diagnosis;
- defines the patient to the group of dispanserisation, focuses on the issues of medical and social expertise.
- correctly fills outpatient cards.

Demonstrates complete understanding of the problem. Professionally owns the methods of treatment and prevention of various most common diseases in outpatient settings.

All the requirements to the task are made.

The mark (4-7 points) evaluates the answer, in which the student:
- may put the statement of the problem in his own words;
- owns medical terminology and skills of various medical facts analyzing not fluently;
- not very quickly finds and makes decisions during patient’s anamnesis collection;
- not quite professionally conducts examination of the patient by himself;
- weakly interprets the results of studies (laboratory, radiological, instrumental) and formulates a clinical diagnosis and indications for the selected method of treatment;
- defines the patient to the group of dispanserisation, is poorly oriented in the issues of medical and social expertise.
- not quite correctly applies methods of prophylaxis
- while earlier fully and correctly filled outpatient card.

Demonstrates significant understanding of the problem. In general, he owns various methods of treatment of the most common diseases in outpatient settings.

Most of the requirements for the task are made.

The mark (1-3 points) evaluates the answer, in which the student
- does not raise the problem in his own words and does not evaluate alternative solutions to the problem;
- does not have a good knowledge of medical terminology, does not own the skills of various medical facts analysis;

- slowly finds and makes decisions during patient’s anamnesis collection.
- does not conduct examination of the patient by himself;
- very weakly interprets the results of studies (laboratory, radiological, instrumental) and does not formulate a clinical diagnosis and indications to the selected method of treatment;
- does not quite correctly applies methods of prophylaxis
- does not identify the patient to the group of dispanserisation, does not oriented in questions of medical and social expertise.

Demonstrates partial or little understanding of the problem.

A lot of the requirements for the task are not made.

The mark (0 points) evaluates the answer, in which the student demonstrates a misunderstanding of the problem or there is no answer and there was not even an attempt to solve the problem. Previously poorly filled an outpatient card.