MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION,
MINISTRY
OF SCIENCE, HIGHER EDUCATION AND INNOVATION
Kyrgyz-Russian Slavic University
named after the first President of the Russian Federation B.N. Yeltsin

PROPAEDEUTICS OF INTERNAL DISEASES

WORK PROGRAM OF THE DISCIPLINE (MODULE)

Assigned to the department **Therapies No1 (Pediatrics and Dentistry)**

Curriculum 310501_20_6 ld.plx
Specialty 31.05.01. - Russian Federation, 560001 - Kyrgyz Republic General Medicine

Qualification **Specialist**

Form of study **Full-time**

Total labor intensity **10 MOVE**

Hours according to the curriculum	360
including:	
classroom classes	234
independent work	107,7
	17,5

Types of control in semesters:
Score 5
Exam 6

Distribution of hours of the discipline by semesters

Semester (<Course>.<Semester, of course>)	5 (3.1)		6 (3.2)		Total	
Weeks	20		18 2/6			
Type of classes	TOP	WP	TOP	WP	TOP	WP
Lectures	18	18	54	54	72	72
Practical	90	90	72	72	162	162
Contact work during the period of theoretical training	0,3	0,3			0,3	0,3
Contact work during the examination session			0,5	0,5	0,5	0,5
Including int.	12	12	10	10	22	22
Total room.	108	108	126	126	234	234
Contact work	108,3	108,3	126,5	126,5	234,8	234,8
Himself. Work	71,7	71,7	36	36	107,7	107,7
Watches for control			17,5	17,5	17,5	17,5
Total	180	180	180	180	360	360

The program was compiled by:

Рецензент(ы):

Reviewer(s):

Doctor of .Medical Sciences, Professor, Head of the Department. KSMA Mamatov S.M.

Candidate of Medical Sciences, Associate Professor Dzhailobaeva K.A.

Work program of the discipline

developed in accordance with the Federal State Educational Standard 3++:

Federal State Educational Standard of Higher Education in the Specialty 31.05.01 GENERAL MEDICINE
(Order of the Ministry of Education and Science of Russia dated 09.02.2016 No 95)

Compiled on the basis of the curriculum:

Specialty 31.05.01. - Russian Federation, 560001 - Kyrgyz Republic General Medicine

approved by the Academic Council of the University of ____ _____Minutes No _____

The work program was approved at the meeting of the department

Protocol from
Program duration: 2025-2030 academic year.
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council

__ _____ 2026

The work program was revised, discussed and approved for
in the 2026-2027 academic year at the meeting of the Department

Minutes __ _____ 2026 No __
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council

__ _____ 2027

The work program was revised, discussed and approved for
in the 2027-2028 academic year at the meeting of the Department

Minutes 2027 No
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council

__ _____ 2028

The work program was revised, discussed and approved for
in the 2028-2029 academic year at the meeting of the department

Minutes 2028 No
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council

__ _____ 2029

The work program was revised, discussed and approved for
in the 2029-2030 academic year at the meeting of the department

Minutes 2029 No
Head. Head of the Department

1. OBJECTIVES OF MASTERING THE DISCIPLINE	
1.1	The purpose of mastering the academic discipline "Propaedeutics of Internal Diseases" is to form students' theoretical and practical knowledge, skills and professional skills necessary for the examination of both healthy and sick patients. Important attention is paid to the development of clinical thinking, the development of the basics of medical ethics and deontology, as well as the improvement of diagnostic skillssymptoms, syndromes and diseases of internal organs. This knowledge and skills contribute to the preparation of students for further study and professional activities in the field of "General Medicine", corresponding to the competencies established by the Federal State Educational Standard 3 +. In addition, the discipline is aimed at preparing graduates to perform labor functions provided for by the professional standard.

2. THE PLACE OF THE DISCIPLINE IN THE STRUCTURE OF THE EDUCATIONAL PROGRAM	
Cycle (section) of the PLO:	B1. B
2.1	**Requirements for the preliminary training of the student:**
2.1.1	Anatomy
2.1.2	Topographic Anatomy and Operative Surgery
2.1.3	Pathophysiology, clinical pathophysiology
2.1.4	Fundamentals of research work
2.1.5	Radiation diagnostics
2.2	**Disciplines and practices for which the development of this discipline (module) is necessary as a previous:**
2.2.1	Emergency Medical Manipulation Practice (Emergency Medical Assistant)
2.2.2	Practical training to obtain professional skills and professional experience in the positions of paramedical personnel (Assistant procedural nurse)
2.2.3	Therapeutic Practice (Physician Assistant)
2.2.4	Faculty Therapy
2.2.5	Outpatient therapy with a course of gerontology
2.2.6	Outpatient surgery
2.2.7	General Medical Practice (Outpatient Physician Assistant)
2.2.8	Family Medicine
2.2.9	Endocrinology
2.2.10	Hospital Therapy

3. COMPETENCIES OF THE STUDENT FORMED AS A RESULT OF MASTERING THE DISCIPLINE (MODULE)	
PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes , nosological forms in accordance with the International Statistical Classification of Diseases and Health-Related Problems, X revision	
Know:	
Level 1	Methods of conducting research to identify the main pathological conditions, symptoms, disease syndromes, nosological forms
Level 2	Specifics of identifying various types of pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the ICD X revision
Level 3	The main syndromes of damage to organs and systems (respiratory organs, cardiovascular system, gastrointestinal tract, urinary system,
Be able to:	
Level 1	To comprehend the results of the study of the main nosological forms of diseases
Level 2	Analyze various types of pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the ICD
Level 3	To note the practical value in comparing specific pathological syndromes, symptoms of diseases; to decipher the ECG of a healthy person and patients with rhythm and conduction disorders, myocardial hypertrophy, myocardial infarction
Own:	
Level 1	Skills in identifying the main pathological conditions, symptoms, disease syndromes
Level 2	Methods of searching, identifying and systematizing the main pathological conditions, symptoms of disease syndromes, nosological
Level 3	• Skills of self-justification of combining various symptoms, syndromes into nosological forms in accordance with the ICD X revision; emergency care skills for some urgent conditions
PC-5: readiness to collect and analyze the patient's complaints, medical history, examination results, laboratory, instrumental, pathological, anatomical and other studies in order to recognize the condition or establish the presence or absence of the disease	
Know:	

Level 1	Methods of conducting research to identify the main pathological conditions, symptoms, syndromes of diseases, nosological forms.
Level 2	Specifics of identifying various types of pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the ICD X revision.
Level 3	The main syndromes of damage to organs and systems and their specificity in the differential diagnosis of various nosological forms in accordance with the ICD X revision.
Be able to:	
Level 1	To comprehend the results of the study of the main nosological forms of diseases;
Level 2	Analyze various types of pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the ICD.
Level 3	To note the practical value in comparing specific pathological syndromes and symptoms of diseases.
Own:	
Level 1	Skills in identifying the main pathological conditions, symptoms, disease syndromes.
Level 2	Methods of searching, identifying and systematizing the main pathological conditions, symptoms of disease syndromes , nosological forms in accordance with the ICD X revision.
Level 3	Skills of self-justification of combining various symptoms and syndromes into nosological forms in accordance with the (ICD X revision).

OPK-6: readiness to maintain medical records	
Know:	
Level 1	Methods of conducting research to identify the main pathological conditions, symptoms, disease syndromes, nosological forms
Level 2	Regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and efficiency of medical
Level 3	The main types of medical documentation used in the examination and treatment of patients with diseases of internal organs
Be able to:	
Level 1	Conduct a medical statistical analysis of the health indicators of the attached population
Level 2	Maintain medical records, including in electronic form
Level 3	Draw up a medical history, write fragments and sections of the educational academic medical history
Own:	
Level 1	Work skills and methods of maintaining accounting and reporting documentation of various nature in medical institutions
Level 2	Skills in drawing up a medical history with the justification of a syndromic diagnosis
Level 3	Skills in writing and defending an academic medical history of a therapeutic patient

As a result of mastering the discipline, the student must

3.1	**Know:**
3.1.1	anatomical, physiological, age and sexual features of the functioning of organs and systems of a healthy and sick person; the causes and genesis of the occurrence of the main pathological processes in the body, the mechanisms of their development; the main clinical symptoms and syndromes in diseases of internal organs, the mechanism of their
3.1.2	occurrence; the essence and method of the most common methods of laboratory and instrumental examination of patients with diseases of the respiratory system, blood circulation, digestion, urination, hematopoiesis, etc.; normal indicators of laboratory and instrumental methods of examination; symptomatology of some urgent conditions (syndromes) that are threatening or incompatible with life; principles of emergency care for some urgent conditions (syndromes).
3.2	**Be able to:**
3.2.1	to interview the patient and/or his relatives and obtain complete information about the disease, establishing the possible causes of the disease in typical cases;
3.2.2	conduct a physical examination of the patient (examination, palpation, auscultation, blood pressure measurement, determination of the properties of arterial pulse, etc.) and identify objective signs of the pathological syndrome; independently identify the main clinical pathological syndromes and substantiate them; draw up a plan of laboratory and instrumental examination of the patient to verify the suspected syndrome; interpret Results of laboratory and instrumental methods of examination of the patient:
3.2.3	a) evaluate the results of a general analysis of blood, urine, sputum, feces and give their interpretation;
3.2.4	b) evaluate the results of biochemical blood tests and interpret them;
3.2.5	c) evaluate the results of the analysis of gastric and duodenal contents and give their interpretation;
3.2.6	d) evaluate the results of pleural effusion and interpret them;
3.2.7	e) decipher the spirogram;

3.2.8	f) decipher the ECG of a healthy person, as well as patients with the following syndromes: arrhythmia and/or conduction disorders, ventricular and atrial myocardial hypertrophy, acute myocardial infarction, angina pectoris and chronic forms of coronary artery disease; present the results of a complete examination in the form of a syndromic diagnosis with its justification, draw up a brief (fragment) educational history of the disease, provide emergency care for some urgent conditions (syndromes), to carry out resuscitation measures in cases of clinical death
3.3	**Own:**
3.3.1	collect complaints and anamnesis from the patient, conduct an objective examination of the patient, measure height, weight and calculate the body mass index, draw up a plan for laboratory and instrumental examination of the patient, provide emergency care for some urgent conditions (syndromes), resuscitation measures in cases of clinical death.

4. STRUCTURE AND CONTENT OF THE DISCIPLINE (MODULE)

Lesson code	Name of sections and topics /type of lesson/	Semester / Course	Hours	The competence	References	Interact.	Pr. podg.	Note
	Section 1. The subject and tasks of propaedeutics of internal diseases.			OPK-6 PC-5 PC-6				
1.1	Introduction. Subject and objectives of PVB. General methodology of clinical examination of the patient, questioning, general examination of the patient. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.2	Introduction. Subject and objectives of PVB. General methodology of clinical examination of the patient, questioning, general examination of the patient. **/Pr/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.3	General examination of the patient. Physical methods of examination for somatic diseases (general condition, consciousness, position, skin condition, anthropometry, physique, PFC, examination of the head and neck, thyroid gland, muscular system, bones and joints, mammary gland and edema).	5	2,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.4	1. Issues of the history of the department. Contribution of domestic and foreign scientists to the development of therapeutic schools. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.5	2. Medical ethics and deontology. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.6	3. General examination of the patient: methodology, diagnostic value. Pathological forms of the chest. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.7	4. Body temperature. Nature of the temperature curve. Types. Significance in somatic diseases. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.8	5. Determination of body mass index (Quetelet), overweight and degree of obesity. Abdominal and gluteal-femoral types of obesity. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

1.9	6. The history of the development of percussion as a research method. The role of Leopold Auenbrugger and Jean-Nicolas Corvisard in its introduction into practice. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
1.10	7. History of the development of auscultation as a research method. Biophysical foundations of auscultation. Methods and means of auscultation. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

	Section 2. Methods of examination of the respiratory system . Syndromes in pulmonology							
2.1	Subjective (complaints, anamnesis) and objective examinations (AKI) of patients with lung diseases. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9			
2.2	Subjective (complaints, anamnesis) and objective examinations (OPPA) of patients with lung diseases. Development of practical skills. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1	2		Practicing practical skills.
2.3	Bronchial obstructive syndrome. Syndrome of pathological bronchial dilation. Syndrome of increased airiness of the lung tissue. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			
2.4	Bronchial obstructive syndrome. Syndrome of pathological bronchial dilation. Syndrome of increased airiness of the lung tissue. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			
2.5	Pulmonary tissue collapse syndrome. Atelectasis (obturation and compression). Pulmonary tissue thickening syndrome. Lung tissue cavity syndrome. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1	2		
2.6	Syndrome of lung tissue collapse. Atelectasis (obturation and compression). Syndrome of pulmonary tissue compaction. Syndrome of cavity in the lung tissue. Development of practical skills. RK No2 **/Pr/**	5	5	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			
2.7	Diagnostic value of laboratory research methods in pulmonology: complete blood count, clinical analysis of sputum, examination of pleural effusion. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			

2.8	Diagnostic value of laboratory research methods in pulmonology: acute-phase proteins, immunoglobulin E. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			
2.9	Diagnostic value of instrumental research methods in pulmonology: X-ray examinations. Bronchoscopy. **/Ind work/**	5	2	OPK-6 PC-5 PC-6	L2.2 L2.1 L2.8 L2.10 L2.3 L2.4 L2.6 L2.7 L2.9 L2.5L3.1			
2,10	Diagnostic value of instrumental research methods in pulmonology: spirography. **/Ind work/**	5	2	OPK-6 PC-5 PC-6				
	Section 3. Syndromes in Pulmonology (2)							
3.1	Fluid accumulation syndrome in the pleural cavity. Syndrome of gas in the pleural cavity. **/Lek/**	5	2	OPK-6 PC-5 PC-6				
3.2	Syndrome of fluid accumulation in the pleural cavity. Syndrome of the presence of gas in the pleural cavity. Development of practical skills. **/Pr/**	5	5	OPK-6 PC-5 PC-6				
3.3	Respiratory failure syndrome. Pulmonary hypertension syndrome. Chronic pulmonary insufficiency syndrome. **/Lek/**	5	2	OPK-6 PC-5 PC-6				
3,4	Respiratory failure syndrome. Pulmonary hypertension syndrome. Chronic pulmonary insufficiency syndrome. Writing a fragment of the medical history. RK No3 **/Pr/**	5	5	OPK-6 PC-5 PC-6				
	Section 4. Methods of studying the cardiovascular system. Syndromes in cardiology							
4.1	Subjective (complaints, anamnesis) and objective examinations (OPPA) of patients with cardiovascular diseases. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.2	Subjective (complaints, anamnesis) and objective studies (OPPA) of patients with cardiovascular diseases. Measurement of blood pressure. Development of practical skills. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2	Practicing practical skills.	5
4.3	Principles of ECG examination. Methods of interpretation of normal ECG. Syndrome of myocardial hypertrophy and dilatation. ECG criteria for GPP, PG, HLP, LVH. **/Lek/**	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.4	Principles of ECG examination. Methods of interpretation of normal ECG. Syndrome of myocardial hypertrophy and dilatation. ECG criteria for GPP, PG, HLP, LVH. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2	Practicing practical skills and decoding the ECG.	5

4.5	Endocardial damage syndrome. Mitral valve stenosis and insufficiency syndrome. Aortic valve stenosis and insufficiency syndrome. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.6	Myocardial damage syndrome. Rhythm disorder syndrome (arrhythmia). Disorders of automatism (tachy-, bradyarrhythmia) and excitability (extrasystoles). **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		5
4.7	Myocardial damage syndrome. Rhythm disorder syndrome (arrhythmia). Conduction disorders (blockades). **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		5
4.8	Pericardial damage syndrome. Fibrinous "dry" pericarditis syndrome. Fluid accumulation syndrome in the pericardial cavity. Cardiac tamponade syndrome. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4,9	Coronary insufficiency syndrome. Acute coronary insufficiency syndrome. Acute myocardial infarction syndrome. ECG criteria. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.10	Arterial hypertension syndrome. Vascular insufficiency syndrome. Heart failure syndrome. RC No4. Writing a fragment of the medical history. **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.11	Heart failure syndrome. Submission and defense of the educational medical history. RK No5 **/Pr/**	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			5
4.12	Laennec's contribution to auscultation of the heart and blood vessels. **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.12
4.13	Invention of the ECG by Willem Einthoven. Introduction of the ECG into clinical practice. **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.13
4.14	The contribution of Academician M.M. Mirrakhimov to the study of the heart through scientific research and organizational activities. **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.14
4.15	Diagnostic value of instrumental research methods in cardiology: echocardiography (echocardiography). **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.15
4.16	Diagnostic value of instrumental research methods in cardiology: X-ray examinations of the heart. **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.16
4.17	Diagnostic value of instrumental pulse examination: sphygmography, plethysmography. **/Ind work/**	5	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.17

4.18	Rules for applying electrodes for posterior myocardial infarction and right ventricular infarction. **/Ind work/**	5	3,7	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			4.18

	Section 5. Methods of studying the cardiovascular system. Syndromes in cardiology.							
5.1	Coronary insufficiency syndrome. Acute coronary insufficiency syndrome. Acute myocardial infarction syndrome. ECG criteria /PR/	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.2	Arterial hypertension syndrome. Vascular insufficiency syndrome /Lek/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.3	Arterial hypertension syndrome. Vascular insufficiency syndrome. Development of practical skills. /Pr/	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.4	Heart failure syndrome /Lek/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2			
5.5	Heart failure syndrome . RKNo5 /Pr/	5	5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2			
5.6	Submission and defense of the medical history	5	0,3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2			
5.7	Changes in arterial pulse in various diseases of the cardiovascular system. /Avg/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.8	Diagnostic value of instrumental research methods in cardiology: /Sr/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.9	Diagnostic value of instrumental research methods in cardiology: ECG monitoring. /Ind work/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.10	Diagnostic value of instrumental research methods in cardiology: Computed tomography. /Ind work/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.11	Diagnostic value of instrumental research methods in cardiology: Magnetic resonance imaging. /Sr/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.12	Diagnostic value of measuring pressure on the lower extremities. Value of the ankle-brachial index. /Ind work/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

5.13	Diagnostic value of laboratory research methods in cardiology: complete blood count, lipid spectrum, C reactive protein /C/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.14	Diagnostic value of laboratory research methods in cardiology: blood enzymes - troponin I and T, myoglobin, cretinphosphokinase, LDH. /Sr/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.15	Diagnostic value of laboratory research methods in cardiology: sodium urethic peptides. /Wr/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.16	Diagnostic value of functional tests: 6-minute walk test. /Ind work/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.17	Diagnostic value of functional research methods : bicycle ergometry, treadmill test /Sr/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.18	Diagnostic value of BP monitoring. Phenotypes of high blood pressure. /Avg/	5	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
5.19	/Pass/	5		OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

	Section 6. Methods of examination of the gastrointestinal tract. Syndromes in gastroenterology.							
6.1	Subjective (complaints, anamnesis) and objective studies (AKI) of patients with diseases of the gastrointestinal tract and hepatobiliary system. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.2	Subjective (complaints, anamnesis) and objective studies (OPPA) of patients with diseases of the gastrointestinal tract and hepatobiliary system. Syndrome of impaired secretory function of the stomach. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.3	Pancreatic exocrine syndrome. Maldigestion syndrome. Gallbladder and biliary tract inflammation syndrome. Cholestasis syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

6.4	Pancreatic exocrine syndrome. Maldigestion syndrome. Gallbladder inflammation syndrome. Cholestasis syndrome. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.5	Enteral syndrome. Malabsorption syndrome. Colitic syndrome. Jaundice syndrome. Hepatic cell failure syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.6	Enteral syndrome. Malabsorption syndrome. Colitic syndrome. Writing a fragment of a medical history. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.7	Gastric secretory dysfunction syndrome. Jaundice syndrome. Hepatic cell failure syndrome. Portal hypertension syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.8	Hepatic cell failure syndrome. Jaundice syndrome. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.9	Portal hypertension syndrome. RK No6 **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.10	Portal hypertension syndrome. RK No6. Writing a fragment of a medical history. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.11	Diagnostic value of the H. pylori study. Diagnostic value of gastroscopy. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.12	Diagnostic value of the H. pylori study. **/Ind work/**	6	3,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.13	Diagnostic value of duodenal probing (duodenal contents). **/Ind work/**	6	3,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.14	Diagnostic value of the study of bagged and free fluid in the abdominal cavity – ultrasound, CT, MRI. **/Ind work/**	6	3,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.15	Diagnostic laparocentesis to examine ascitic fluid. **/Ind work/**	6	3,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
6.16	Diagnostic value of gastroscopy in gastrointestinal diseases. **/Ind work/**	6	3,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

6.17	**Section 7. Methods of examination of the urinary system. Syndromes in nephrology**							
7.1	Subjective (complaints, anamnesis) and objective examinations (OPPA) of patients with diseases of the urinary system. Tubular dysfunction syndrome. Urinary tract infection syndrome. Dysuric syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.2	Subjective (complaints, anamnesis) and objective examinations (OPPA) of patients with diseases of the urinary system. Development of practical skills. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.3	Urinary tract syndrome. Urinary tract infection syndrome. Dysuric syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.4	Urinary tract syndrome. Dysuric syndrome. Writing a fragment of the medical history. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		Practicing practical skills.
7.5	Renal parenchyma syndromes: isolated urinary syndrome, nephritic syndrome, nephrotic syndrome, renal hypertension syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.6	Syndromes of renal parenchymal damage: nephritic syndrome, nephrotic syndrome, renal hypertension syndrome. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.7	Global renal dysfunction syndrome: acute renal failure syndrome, chronic renal failure syndrome. Uremia. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.8	Global renal dysfunction syndrome: acute and chronic renal failure. Uremia. RK No7. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.9	Diagnostic value of laboratory research methods in kidney diseases: protein, protein fractions, lipid spectrum. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.10	Features of the distribution of edema in a patient with kidney disease. Pathogenetic mechanisms. Differences from edema of other origin. **/Ind work/**	6	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

7.11	Diagnostic value of mineral and bone disorders in chronic kidney disease. Importance of vitamin D, calcium, phosphorus. **/Ind work/**	6	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.12	Diagnostic value of laboratory research methods in kidney pathology: complete blood count, erythropoietin. **/Ind work/**	6	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
7.13	Diagnostic value of instrumental research methods in kidney diseases (ultrasound, CT, MRI, biopsy). **/Ind work/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

	Section 8. Methods of examination of hematopoietic organs. Syndromes in hematology							
8.1	Subjective (complaints, anamnesis) and objective examinations (OPPA) of patients with diseases of the hematopoietic system (lymph nodes, spleen). **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
8.2	Subjective (complaints, anamnesis) and objective examinations (AKI) of patients with diseases of the hematopoietic system (lymph nodes, spleen). Development of practical skills. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		Practicing practical skills.
8.3	Anemic syndrome. Post-hemorrhagic anemias. Dyserythropoietic anemias. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
8.4	Anemic syndrome. Iron deficiency, B12-folate deficiency, hemolytic anemia. Development of practical skills. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		Practicing practical skills.
8.5	Hyperplastic syndrome in reactive diseases of the hematopoietic system. Proliferative syndrome in hemoblastosis. Hemorrhagic syndrome. DIC syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
8.6	Hyperplastic syndrome. Proliferative syndrome in hemoblastosis. Writing a fragment of the medical history. Development of practical skills. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1	2		Practicing practical skills.
8.7	Hemorrhagic syndrome. DIC syndrome. **/Lek/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
8.8	Hemorrhagic syndrome. DIC syndrome. RK No8. Development of practical skills. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
8.9	Hematopoiesis scheme. The importance of cell differentiation and proliferation in the clinic. Diagnostic value of immunophenotyping in leukemia. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			

	Section 9. **Methods of studying the endocrine system. Syndromes in endocrinology**							
9.1	Subjective (complaints, anamnesis) and objective (examination, palpation) methods of examination of patients with thyroid diseases. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.2	Subjective and objective methods of studying patients with thyroid diseases. Hypothyroidism syndrome. Hyperthyroidism syndrome. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.3	Hypothyroidism syndrome. Hyperthyroidism syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5			
9.4	Hypothyroidism syndrome. Hyperthyroidism syndrome. Writing a fragment of the medical history. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.5	Pancreatic intrasecretory syndrome: hyperglycemia syndrome (diabetes mellitus), hypoglycemia syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.6	Syndrome of intrasecretory function of the pancreas: hyperglycemia syndrome (diabetes mellitus), hypoglycemia syndrome. RK No9. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.7	The importance of the hypothalamic-pituitary axis in thyroid diseases. Diagnostic value of thyroid hormones: TSH, free T3, T4. **/Lek/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.8	Diagnostic value of laboratory research methods: fasting sugar level, postprandial sugar, glycated hemoglobin. **/Ind work/**	6	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.9	Diagnostic value of thyroid hormones: TSH, free T3, T4. Negative feedback value. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.10	Types of prediabetes: fasting glycemia, impaired carbohydrate tolerance. Glucose tolerance test, types. **/Ind work/**	6	3	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
9.11	The importance of the hypothalamic-pituitary axis in endocrine diseases. **/Ind work/**	6	1,5	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
	Section 10. Methods of studying the musculoskeletal system. **Syndromes in rheumatology**			OPK-6 PC-5 PC-6				

10.1	Study of patients with diffuse connective tissue injury syndrome, inflammatory and degenerative joint lesion syndrome. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.2	Study of patients with diffuse connective tissue lesion syndrome. Syndrome of inflammatory and degenerative joint lesions. Writing a fragment of the medical history. RK No10. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.3	Syndrome of inflammatory joint damage (arthritis). Syndrome of degenerative joint damage (arthrosis). **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.4	Arthritis syndrome. Arthrosis syndrome. Clinic, diagnosis. **/Pr/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.5	The importance of immunological studies in rheumatology (rheumatoid factor, ACCP, ANF, HLA B 27). **/Ind work/**	6	4	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.6	The importance of instrumental methods of joint examination (X-ray, ultrasound, CT, MRI). **/Ind work/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.7	The importance of synovial fluid analysis. Diagnosis of rheumatic diseases. **/Ind work/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.8	Emergency conditions in therapy. Anaphylactic shock. Urticaria. **/Lek/**	6	2	OPK-6 PC-5 PC-6	L1.1 L1.2 L1.3 L1.4 L2.1 L2.2 L2.3 L2.4 L2.5 L2.6 L3.1			
10.9	Pre-exam preparation. **/KrEk/**	6	0,5					
10.10	Exam **/Exam/**	6	17,5					

5. FUND OF ASSESSMENT TOOLS

5.1. Control questions and tasks

In the process of studying the discipline "Propaedeutics of Internal Diseases", students pass 10 midterm controls, and at the end of the study of the discipline they pass an exam.
Control questions and tasks for blocks are presented separately. See FUND Of Assessment tools section

5.2. Topics of term papers (projects)

Coursework is not provided

5.3. Fund of Assessment Tools

TYPES AND CHARACTERISTICS OF SETS OF CONTROL AND EVALUATION TOOLS
1. Control questions, test tasks for midterm control. A system of standardized tasks that allows you to automate the procedure for measuring the level of knowledge of a student.
2. Situational tasks. A means of checking the learned theoretical material.
3. Practical skills. A means of checking the formation of competencies in students as a result of mastering the discipline.
4. Theoretical issues of practical (clinical) classes. A means of monitoring the learned material of the topic, section(s), module(s) of the discipline by students.
5. Data of additional research methods (ECG fund, X-rays, a set of laboratory test samples).
Means of control of the learned material, which allows you to assess knowledge.
Technological map of the discipline.
Scale for assessing knowledge control.

5.4. List of types of assessment tools

- Assessment of practical skills and abilities to examine the patient.
- Solving a situational problem,
- Interpretation of analyses
- Interpretation of ECG, echocardiography, or radiograph

- Control questions
-Tests
- Report
- Abstract and presentations

6. EDUCATIONAL, METHODOLOGICAL AND INFORMATION SUPPORT OF THE DISCIPLINE (MODULE)

6.1. Recommended Literature

6.1.1. References

	Authors, compilers	Title	Publisher, year
L1.1	Compiled. G.S. Soldatova	Scheme of the history of the disease: Educational method. Manual	2004
L1.2	Ed. by N.N. Brimkulova	Propaedeutics of Internal Diseases: Textbook	Bishkek: KRSU Publ., 2005
L1.3		Outline of the medical history: methodological recommendations for students	Bishkek 2003
L1.4	Baizakova S.S., Brimkulov N.N., Murataliev T.M.	Propaedeutics of Internal Diseases: Textbook	Bishkek: KRSU Publ., 2005

6.1.2. Further reading

	Authors, compilers	Title	Publisher, year
L2.1	Zudbinov Yu.I.	The ABC of ECG and Heart Pain: A Textbook	Rostov-on-Don: Phoenix 2013
L2.2	Baizakov S.S.	Propaedeutics of Internal Diseases: Textbook	Bishkek: KRSU Publ., 2009
L2.3	Strutynsky A.V., Baranov A.L., Roytberg G.E., Gaponenkov Yu.P.	Fundamentals of semiotics of diseases of internal organs	MEDpress-nform 2011
L2.4	ed. by A. V. Strutynsky.	Examination test control on propaedeutics of internal diseases	RSMU 2011
L2.5	A.S.Melentyev, G.Yu. Golubeva	Propaedeutic algorithm of the patient's systematic examination and registration of the educational medical history in the therapeutic clinic	RSMU 2011
L2.6	Kukes V.G., Marinin V.F., Reutsky I.A., Sivkov S.I.	Medical diagnostic methods: (examination, palpation, percussion, auscultation)	GEOTAR-Media 2006
L2.7	A.S. Melentieva	Propaedeutic foundations of the study of patients with pathology of the musculoskeletal system.	Moscow 2008
L2.8	Zudbinov Yu.I.	The ABC of ECG and Heart Pain: A Textbook	Rostov-on-Don: Phoenix 2013
L2.9	Melentyev A.S.,	Propaedeutic principles of clinical interpretation and differential diagnosis of chest pain syndrome	Moscow, RSMU 2010
L2.10	Baizakova S.S.	Propaedeutics of Internal Diseases	KRSU 2009

6.1.3. Methodological developments

	Authors, compilers	Title	Publisher, year
L3.1	Baizakova S.S., Brimkulov N.N., Brimkulov N.N., Murataliev T.M.	Propaedeutics of Internal Diseases: Methodological Manual for Students of Medical Universities.	Bishkek: KRSU Publ., 2003

6.3. List of Information and Educational Technologies

6.3.1 Competency-Oriented Educational Technologies

6.3.1.1	Traditional educational technologies are lectures, seminars focused primarily on the communication of knowledge and methods of action that are passed on to students in a ready-made form and are intended for reproducing the assimilation and analysis of specific samples.

6.3.1.2	The tests are designed to solve the following tasks: To teach (accustom) the student to work with tests of varying complexity: firstly, by isolating in the proposed answers only those that will be correct and, secondly, teaching the student to rationally distribute the regulated time allotted for working with tests.
6.3.1.3	Use tests as: self-learning test material (in the form of an appendix to homework), helping students to single out from the entire content of the textbook only the main, criterion provisions that reveal the main idea of the topic being studied.
6.3.1.4	Assessment of students' knowledge, which helps the teacher to find out the quality of the student's independent preparation and the effectiveness of the lesson (lecture) conducted by the teacher himself
6.3.1.5	Modular (block) rating system for assessing students' knowledge.
6.3.1.6	Intermediate certification (exam in the discipline). To control the degree of mastery of the discipline, an exam in the discipline with a final grade is provided.
6.3.1.7	Scope of control tasks: Writing and defending the academic medical history of the supervised patient.
6.3.1.8	Assessment of practical skills and abilities of the examined patient.
6.3.1.9	Theoretical answer to the exam ticket, including 3 questions from the curriculum of the discipline, solving a situational problem, tests (or ECG or X-ray, etc.).
6.3.1.10	Testing
6.3.1.11	Innovative educational technologies form systematic thinking and the ability to generate ideas when solving various situational problems. These include situational tasks, brainstorming, role-playing games, work in small groups, scientific and practical conferences, analysis of audio and video tasks, analysis of specific clinical situations) in combination with extracurricular work in order to form and develop professional skills of students. Information educational technologies are the independent use of computer equipment and Internet resources by a student to perform practical tasks and independent work. For better assimilation of the material and independent work, students prepare essays, reports and presentations.
6.3.2 List of information reference systems and software	
6.3.2.1	Information system "Single Window of Access to Educational Resources" (http://window.edu.ru/)
6.3.2.2	http://www.med-edu.ru/articles
6.3.2.3	http://medvuz.info/
6.3.2.4	"Electronic Library" of the KRSU (www.lib.krsu.kg)
6.3.2.5	http://meduniver.com/Medical/Book/34.html
6.3.2.6	www.jaypeebrothers.com
6.3.2.7	www.booksmed.com
6.3.2.8	www.bankknig.com
6.3.2.9	Blaufuss Multimedia: http://www.blaufuss.org
6.3.2.10	R.A.L.E. Repository: Breathing Sounds: http://www.rale.ca/Recordings.htm
6.3.2.11	David Arnall: Sounds of lung breathing:
6.3.2.12	http://faculty.etsu.edu/arnall/www/public_html/heartlung/breathsounds/contents.html
6.3.2.13	Frontiers in Bioscience, Virtual Library: Sounds of the Heart
6.3.2.14	http://www.lf2.cuni.cz/Projekty/interna/heart_sounds/h14/sound.html
6.3.2.15	McGill University: Heart Sounds: http://www.lf2.cuni.cz/Projekty/interna/heart_sounds/h6/heart_tables.html

7. MATERIAL AND TECHNICAL SUPPORT OF THE DISCIPLINE (MODULE)	
7.1	City Clinical Hospital No1 (tertiary level health care facility). It has 9 specialized departments, 4 of which are therapeutic (departments of cardiology, rheumatology, endocrinology, emergency therapy). There are 8 standard equipped classrooms with 100 seats, with a total area of 200 sq.m. (block
7.2	desks, couches, blackboards). The department is equipped with a multimedia complex (laptop, personal computer, projector). Students have access to information stands (4 pcs.), posters, an electronic library (30 textbooks), educational films (20 pcs.), a database of clinical material (ECG, ultrasound).

8. METHODICAL INSTRUCTIONS FOR STUDENTS ON MASTERING THE DISCIPLINE (MODULE)

MODULAR CONTROL IN THE DISCIPLINE INCLUDES:

Current control is the assimilation of educational material in classroom classes (lectures, practical; attendance and activity are taken into account), supervision of the patient, solving situational tasks and performing mandatory tasks for independent work.

Midterm control is a test of the completeness of knowledge and skills on the material of the module as a whole. Modular control tasks are performed in writing, in the form of tests.

Intermediate control is a completed documented part of the academic discipline, carried out in the form of summing up the results of the medical history and solving situational problems.

In the first semester, a test is held, in the second semester - an exam (final form of control).

The exam is not included in the intermediate control, but is held separately at the end of the discipline.

BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL

When appearing for tests, students are required to have their record books with them and present them to the examiner.

The teacher is given the right to give a credit without a survey to those students who scored more than 60 points for the current and midterm control.

Exam

In the exam, the student must answer the questions correctly and demonstrate practical skills.

In the theoretical part of the exam, he must: answer the questions of the ticket (know), correctly complete the situational task (be able, possess), interpret laboratory and instrumental studies (be able, possess).

Assessment of intermediate control

min 20 points — questions of the "know" level (correct formulation of the basic concepts).

20–25 points — tasks of the level "to be able" and "to possess" (correct formulation of the essence of the problem and recommendations).

25–30 points — tasks of the level "To be able" and "To possess" (full completion of the control task).

I. BASIC REQUIREMENTS FOR ROUTINE CONTROL

When building a practical lesson, teachers adhere to the following indicative plan:

Organizational stage of the lesson (up to 2% of the time): a) roll call; b) giving homework; c) motivation of the topic of the lesson; d) familiarization of students with the goals and plan of the lesson.

Control and correction of the initial level of knowledge (up to 20%): a) test variants of control; b) correction of theoretical knowledge by the teacher.

Stage of demonstration of practical skills and/or thematic patients (up to 15%).

Independent work of students at the bedside (up to 45%) or the performance of situational tasks in the absence of a thematic patient.

The final stage of the lesson (up to 18%): a) final control of practical skills in the analysis of patients; b) final control of theoretical knowledge, including the solution of clinical problems; c) summing up the results of the lesson and individual assessment of students.

II. RECOMMENDATIONS FOR THE ORGANIZATION OF INDEPENDENT WORK OF THE STUDENT

Organization of time (per week): study of the notes on the day of the lecture — 10-15 minutes; repeating the notes before the next lecture – 10-15 minutes; study of theoretical material according to the textbook – 1 hour; preparation for a practical lesson – 2 hours. Total: 3 hours 30 minutes.

Sequence of actions: review and think over the notes after the lecture; review the material before the next lecture; allocate 1 hour weekly for work with literature; in preparation for practice – to study key concepts; when solving problems, determine the requirements and make a plan.

Work with literature: combine lectures, notes and textbooks; perform exercises after each paragraph; Ask questions: what is the paragraph about? What new concepts have been introduced? What is the practical significance?

Preparation for midterm and intermediate control: work with the textbook, understand the material, perform tasks; for intermediate control – to know the definitions and be able to solve typical problems.

Making up for missed classes

Control of assimilation is carried out systematically and recorded in the journal. Unsatisfactory grades are worked out at an individual interview. A lecture missed without a valid reason is worked out by oral questioning or essay within a month. Practical classes missed without a valid reason are mandatory. Missed classes must be worked out within 10 days. With a valid reason, the work is carried out on thematic material without taking into account the hours. Absences due to a long illness are on an individual schedule.

RECOMMENDATIONS FOR WRITING AN ESSAY

The topic is chosen in agreement with the teacher. The abstract should reflect the scientific and social aspects of the problem, contain theoretical provisions and specific examples, and be based on several sources. Additional literature: monographs, articles, popular science journals ("Pediatric Surgery", "Bulletin of the KRSU", "Health Care of Kyrgyzstan", "Bulletin of the KSMA", etc.).

Design: A4 format; title page (name of the university, discipline, topic, surname of the student, group, year, city); Table of contents; text divided into chapters and subchapters; use of graphs, tables, diagrams; sections "Conclusion" and "References". All borrowings must be accompanied by references. The absence of references is considered plagiarism.