Assessment Tools
Fund
in the discipline "Clinical Practice (Physician Assistant)"

Level of higher education
SPECIALIST
Field of Study
560001 – KR clinical practice
(code and name of the training area)

Name
(name of the focus (profile) of the educational program)

Qualification
Physician (General Medicine)

2026

The assessment tool fund was reviewed and approved at the department meeting

Department of Therapy
name of the department

Protocol No. 1 of August 26, 2026

Head of Department of Therapy _____ Professor Sabirov I.S.
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1. LIST OF COMPETENCIES WITH INDICATION OF THE STAGES OF THEIR FORMATION IN THE PROCESS OF MASTERING THE DISCIPLINE

Competencies being developed	**Planned learning outcomes for the discipline, characterizing the stages of competence development**	**Types of assessment tools/ section code in this document**
PC-3: Ready for educational activities to eliminate risk factors and develop healthy lifestyle skills	**Know:** 1. Causes, conditions and development of diseases, as well as the elimination of harmful factors affecting human health.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral interview Written tests
	Skills: 1. - To identify the harmful effects of environmental factors on human health. 2. - To prevent the occurrence and/or spread of diseases, their early diagnosis and the causes of their occurrence. 3. - Eliminate the causes of the emergence and spread of diseases, 4. - conduct educational activities to eliminate risk factors and promote healthy lifestyle skills.	**Block B** Case studies (clinical cases) Oral analysis of the clinical situation Written analysis of a clinical case (Identifying risk factors, conducting preventive talks, developing healthy lifestyle skills)
	Expertise: 1. Skills for developing a healthy lifestyle, comprehensive measures aimed at maintaining and strengthening health. 2. Skills in educational activities to develop healthy lifestyle skills	**Block C** Practical tasks (bedside/simulation) (anthropometry, risk factor assessment, basic screening, blood pressure and heart rate measurement, healthy lifestyle counseling, healthy lifestyle presentation preparation) Practical skills checklists Clinical case analysis Practical skills Abstracts of independent work in the form of presentations **Block D** Clinical analysis of patient cases Presentation of a clinical case (Analysis of the effectiveness of preventive programs)
PC-4: Ready to collect and analyze patient complaints, his anamnesis data, examination results, laboratory, instrumental, pathological and other studies for the purpose of recognizing the condition or	**Know:** 1. methods and means of collecting and analyzing patient complaints, data from his anamnesis, indications and contraindications for additional clinical and paraclinical research methods; 2. the need to collect and analyze patient complaints, data from his anamnesis; 3. etiopathogenesis, clinical picture and	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral interview Written tests

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
establishing the presence or absence of a disease	diagnosis of the main diseases; 4. indications and contraindications for choosing additional clinical and paraclinical research methods; 5. indications and contraindications for additional clinical and paraclinical research methods.	
	Skills: 1. collect and analyze patient complaints and medical history data. 2. prescribe laboratory, instrumental, pathological and other studies in order to recognize the condition or establish the presence or absence of a disease. 3. conduct a survey, collect complaints and anamnesis from the patient; 4. create a pedigree model for families with hereditary diseases; 5. conduct a clinical status study; 6. determine indications and contraindications for the selection of additional clinical and paraclinical research methods; 7. use methods and means of medical examination and diagnostic measures.	**Block B** Case studies (clinical cases) Oral analysis of the clinical situation Written analysis of a clinical case (Collection of complaints, anamnesis, analysis of examinations)
	Expertise: 1. skills in collecting and analyzing patient complaints, data from his anamnesis, interpreting the results of the most common methods of functional detection of pathology of the blood, heart and blood vessels, lungs, kidneys, liver and other organs and systems; 2. skills in preparing a medical history, skills in prescribing the necessary laboratory and instrumental examination methods in order to recognize the condition or establish the presence or absence of a disease; 3. skills in examining patients and carrying out necessary diagnostic measures; 4. skills in constructing a clinical diagnosis	**Block C** Practical tasks (bedside/simulation) **Practical skills checklists** Clinical case analysis (Physical examination, interpretation of tests) **Block D** Analytical work/written analysis (Clinical analysis of a diagnostic case) Preparation and defense of a clinical case presentation
PC-5: Capable of identifying the main pathological conditions, symptoms, disease	**Know:** 1. Methods of conducting research to identify the main pathological conditions,	**Block A** Questions for midterm assessment

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
syndromes, and nosological forms in patients in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th revision.	symptoms, disease syndromes, and nosological forms. 2. Specifics of identifying various types of pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the ICD 10 revision. 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 10 revision.	Questions for midterm assessment Test tasks Oral survey
	Skills: 1. To understand the obtained results of the study of the main nosological forms of diseases; 2. Analyze various types of pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the ICD. 3. To note the practical value in comparing specific pathological syndromes and disease symptoms.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Diagnosis, identification of syndromes)
	Expertise: 1. Skills in identifying the main pathological conditions, symptoms, and disease syndromes. 2. Methods of searching, identifying and systematizing the main pathological conditions, symptoms of disease syndromes, nosological forms in accordance with the ICD X revision. 3. Skills of self-justification of the combination of various symptoms and syndromes into nosological forms in accordance with (ICD-10 revision).	**Block C** Conference Assignments diary of practice, including night duty supervision of the patient's therapy Practical tasks Practical skills checklists (Diagnosis formulation) **Block D** Clinical analysis of patient cases Presentation of a clinical case
PC-7: Capable of determining the tactics of managing patients with various nosological forms	**Know:** 1. Etiology, pathogenesis, clinical picture of diseases. 2. The main types and methods of treatment of patients with various nosological forms. 3. Main directions and problems in the management of patients with various diseases.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. To reveal the meaning of determining the tactics of managing patients with various diseases.	**Block B** Situational tasks (cases) Written analysis of a clinical situation

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
	2. To compare different types and methods of treatment for patients with different nosological forms, and to develop a treatment plan for diseases. 3. To highlight the practical value of individual tactics for managing patients with various nosological forms.	(Choice of tactics, examination and treatment plan)
	Expertise: 1. Skills in presenting and analyzing the etiology and pathogenesis of various clinical diseases to make a diagnosis. 2. Methods of searching and comparing different methods of treating patients with different nosological forms. 3. Possess the skills to determine the tactics for managing patients with diseases.	**Block C** Practical tasks Skills checklists (Prescribing therapy, determining hospitalization) **Block D** Clinical analysis of patient cases Presentation of a clinical case (Justification of tactics, analysis of complex cases)
PC-8: Ready to manage and treat patients with various nosological forms in outpatient and day hospital settings	**Know:** 1. Etiology, pathogenesis, clinical picture of the main diseases with various nosological forms. 2. The main types and methods of treatment of patients with various nosological forms. 3. Methods of management and treatment of patients with various nosological forms in outpatient settings and in day hospital conditions. nosological forms. 4. main directions and problems in the management of patients with various diseases.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. Correctly identify this disease. 2. To compare different types and methods of treatment of patients with different nosological conditions forms, develop a treatment plan for diseases. 3. Manage and treat patients in outpatient and day hospital settings.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Outpatient appointment, treatment plan)
	Expertise: 1. Skills in analyzing various types of treatment for patients with various nosological forms. 2. Techniques for searching and comparing different methods of treating patients with different nosological forms.	**Block C** Practical tasks Skills checklists (Prescription writing, dynamic monitoring) **Block D**

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
	3. Skills in managing and treating patients with various diseases in outpatient settings and conditions day hospital.	Clinical analysis of patient cases Presentation of a clinical case (Analysis of patient management in dynamics)
PC-13: Ready to determine the need for the use of natural healing factors, medicinal and non-medicinal therapy and other methods in patients requiring medical rehabilitation and spa treatment.	**Know:** 1. Clinical manifestations of acute and chronic diseases in patients requiring medical rehabilitation and spa treatment. 2. Indications and contraindications for non-drug treatment methods, give specific recommendations for their practical use. 3. Methods for assessing the effectiveness of treatment measures at all stages of patient rehabilitation.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. To link the symptoms, examination data and laboratory and instrumental method indicators correct diagnosis. 2. Independently select a set of rehabilitation measures for patients with various diseases. 3. Assess the stage of the disease and prescribe the necessary rehabilitation complexes taking into account the form, stages and phases of the disease	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Determination of indications for rehabilitation and spa treatment, choice of methods)
	Expertise: 1. Skills for identifying signs of acute illness or exacerbation of a chronic disease in patients. 2. Skills and methods for providing medical care for acute and chronic diseases. 3. Skills in prescribing non-drug treatment methods for patients with various profiles, and correctly assessing the tolerability, adequacy, and effectiveness of the rehabilitation measures carried out.	**Block C** Practical tasks Skills checklists (Analysis of patient management dynamics) Drawing up a rehabilitation program, issuing a referral) **Block D** Clinical analysis of patient cases Presentation of a clinical case (Analysis of the effectiveness of rehabilitation, analysis of the program)
PC-14: Capable of maintaining medical records.	**Know:** 1. List and characteristics of accounting and reporting medical documentation in medical organizations of a therapeutic profile; 2. Regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and effectiveness of medical organizations.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey (Preparation of cards, medical histories, appointments)

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
	Skills: 1. Conduct a medical and statistical analysis of health indicators of the assigned population; 2. Maintain medical records, including in electronic form. **Expertise:** 1. Skills and methods of maintaining accounting and reporting documentation of various types in medical institutions; 2. Skills in comparative analysis of medical documentation of various types in medical institutions.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Preparation of cards, medical histories, appointments)
		Block C Practical tasks Skills checklists (Practical filling out of documentation, using templates and electronic medical documentation) **Block D** Clinical analysis of patient cases Presentation of a clinical case (Documentation analysis)
PC-15: Able to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	**Know:** Fundamentals of management in the field of public health and principles of organization in the field of healthcare. Principles of management in the field of public health, medical organizations and their structural divisions.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. Apply the principles of organization and management in the field of public health Apply the principles of management of medical organizations and their structural divisions.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Application of management principles, planning of the unit's work)
	Expertise: The main principles of organization and management, and their structural divisions in the field of public health.	**Block C** Practical tasks Skills checklists (Organization of personnel work, execution of orders, control of standards) **Block D** Clinical analysis of patient cases Presentation of a clinical case (Analysis of the department's performance)

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
PC-16: Ready to organize medical examinations and participate in assessing the quality of care medical care using basic medical statistical indicators.	**Know:** 1. Main directions of medical statistics indicators in the context of evidence-based medicine. 2. Basic principles and methods for assessing the quality of medical care using medical statistical indicators.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. Analyze medical statistical indicators and their interpretation. 2. Use medical statistical indicators to assess the quality of medical care. 3. Conduct an assessment of the quality of medical care using basic medical statistics indicators taking into account evidence-based medicine.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Organization of examination, analysis of medical and statistical indicators)
	Expertise: 1. Basic skills in working with medical statistics. 2. Skills in expressing and justifying one's position regarding the assessment of the quality of medical care based on medical and statistical indicators, taking into account evidence-based medicine. 3. A set of measures for assessing the quality of medical care using statistical indicators.	**Block C** Practical tasks Skills checklists (Conducting examination, collecting and processing data) **Block D** Clinical analysis of patient cases Presentation of a clinical case (Analysis of the examination results)
PC-17: Able and willing to participate in scientific research and public presentation of medical information based on evidence-based medicine.	**Know:** 1.Medical systems and medical schools; 2. Methods and techniques of philosophical analysis of problems; 3.Forms and methods of scientific knowledge and methods of solving intellectual problems.	**Block A** Questions for midterm assessment Questions for midterm assessment Test tasks Oral survey
	Skills: 1. Medical systems and medical schools; 2. Methods and techniques of philosophical analysis of problems; 3. Forms and methods of scientific knowledge and methods of solving intellectual problems.	**Block B** Situational tasks (cases) Written analysis of a clinical situation (Participation in research, data collection and analysis)
	Expertise: 1. Skills in written, reasoned presentation of one's own point of view; 2. Skills of public speaking, argumentation, conducting discussions and polemics, practical analysis of logic 3. various kinds of reasoning;	**Block C** Practical tasks Skills checklists (Practical participation in research, preparation of publications and presentations) **Block D**

Competencies being developed	Planned learning outcomes for the discipline, characterizing the stages of competence development	Types of assessment tools/ section code in this document
	4. Skills in research work in the field of health care in diagnostics, treatment, 5. Medical rehabilitation and prevention.	Clinical analysis of patient cases Presentation of a clinical case (Analysis of scientific data, presentation and defense of research results)

Technological map of the discipline

The planning sheet of discipline

Discipline **Clinical Practice ''Physician Assistant''**

Field of study/specialization **General Medicine**

Course – **4**; semester **7**

Credit units (CU) – **3**

Type of control - credit

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
Module 1					
Therapy Module 1	Formative assessment	Activity, attendance. Supervision at the patient's bedside. (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and treatment procedures). Filling in the clinical practice diary.	**8**	**15**	**19**
	Midterm examination	Interview. Diary of clinical practice. Report	**5**	**8**	
Module 2					
Therapy Module 2	Current	Activity, attendance. Patient care (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and therapeutic procedures). Filling out the daily supervision diary.	**8**	**15**	**2 0**
	Midterm examination	Interview. Diary of clinical practice. Report	**5**	**8**	
Therapy Module 3	Current	Activity, attendance. Patient care (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and therapeutic procedures). Filling out the daily supervision diary.	**8**	**15**	

	Midterm examination	Interview. Diary of clinical practice. Report	**6**	**9**	
FOR ONLY semester			40	70	**21**
Midpoint assessment (credit with evaluation)	Theoretical questions. Clinical case. Final check of the clinical practice diary.		20	30	
Summative assessment			60	100	

Attendance:
For each missed day of unworked work, 1 point is deducted.

Technological map of the discipline

The planning sheet of discipline

Discipline **Clinical Practice ''Physician Assistant''**

Field of study/specialization **General Medicine**

Course – **4**; semester **8**

Credit units (CU) – **3**

Type of control - credit with evaluation

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
Module 1					
Therapy Module 1	Formative assessment	Activity, attendance. Supervision at the patient's bedside. (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and treatment procedures). Filling in the clinical practice diary.	**8**	**15**	**45**
	Midterm examination	Interview. Diary of clinical practice. Report	**5**	**8**	
Module 2					
Therapy Module 2	Current	Activity, attendance. Patient care (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and therapeutic procedures). Filling out the daily supervision diary.	**8**	**15**	**46**
	Midterm examination	Interview. Diary of clinical practice. Report	**5**	**8**	
Therapy Module 3	Current	Activity, attendance. Patient care (practical skills, interpretation of laboratory and instrumental studies, participation in diagnostic and therapeutic	**8**	**15**	

		procedures). Filling out the daily supervision diary.			
	Midterm examination	Interview. Diary of clinical practice. Report	**6**	**9**	
FOR ONLY semester			40	70	**47**
Midpoint assessment (credit with evaluation)		Theoretical questions. Clinical case. Final check of the clinical practice diary.	20	30	
Summative assessment			60	100	

Attendance:
For each missed day of unworked work, 1 point is deducted

3. TYPICAL TESTS AND OTHER MATERIALS REQUIRED FOR ASSESSING THE PLANNED LEARNING OUTCOMES IN A DISCIPLINE/PRACTICE (ASSESSMENT TOOLS)
Block A
A. 1

A.2 Questions for midterm assessment
Definition, etiology, pathogenesis, pathomorphology, diagnostic criteria, classification, laboratory and instrumental diagnostics, diagnostic criteria, treatment principles. Prognosis, prevention: community-acquired pneumonia, bronchiectasis. COPD, chronic obstructive bronchitis. Bronchial asthma, asthma attack. The concept of chronic pulmonary heart disease. Atherosclerosis, dyslipidemia, coronary heart disease. Angina pectoris, coronary heart disease. Acute myocardial infarction. Complications of acute myocardial infarction. Primary circulatory arrest. Hypertension, hypertension crises. Symptomatic arterial hypertension. Infectious myocarditis - concept. Congenital heart defects. Heart failure. Acute rheumatic fever. Mitral valve defects. Aortic valve defects. Infective endocarditis. Rheumatoid arthritis. Systemic lupus erythematosus - concept. Gout, osteoarthritis. Chronic gastritis. Chronic acalculous cholecystitis. Biliary dyskinesia. Chronic hepatitis. Liver cirrhosis. Gastric ulcer, duodenal ulcer. Acute glomerulonephritis. Chronic glomerulonephritis. Chronic pyelonephritis. Iron, B12, and folate deficiency anemia.

Block B.1
Typical clinical cases

Clinical Case No. 1
32 -year-old patient consulted his family doctor with complaints of headache, fever up to 38.5°C, cough with difficult to separate sputum and blood, and chest pain on the left side, which intensifies with coughing.
History: I became acutely ill two days ago. I had hypothermia a few days before.
Objectively: the general condition is relatively satisfactory. Submandibular lymph nodes are palpable, bean-sized, dense, mobile, and painless. The chest is of normal shape and symmetrical. The left side lags in the act of respiration. Percussion: shortening of the percussion sound is detected below the 7th rib on the left. Weakened vesicular breathing is also heard here, with crepitations during inspiration. Respiratory rate is 26 bpm. Heart sounds are clear, tachycardia is present. HR is 110 bpm. Blood pressure is 100/78 mmHg. No pathology was detected in the other organs and systems.
Complete blood count: Hb 136 g/l, erythrocytes - $5.2x10^{12}$ /l, citric acid - 0.9, leukocytes - $14.8x10^{9}$ /l, n - 8%, ESR - 47 mm/h. Chest X-ray: an area of homogeneous darkening of the lung tissue in the lower part of the right lung.
Questions:
1. Formulate a diagnosis.
2. Justify your diagnosis.
3. Develop and justify a plan for additional examination of the patient.
4. Prescribe treatment.

Clinical case #2
A 62-year-old patient visited his family doctor at the clinic complaining of weakness, fatigue, dizziness, and tingling in his fingers. According to the patient, the symptoms had been worsening over the past few months.
On examination, pale skin, glossitis, and decreased vibration sensitivity in the legs are noted.
Complete blood count: erythrocytes - 2.9×10^{12} /l, hemoglobin - 90 g/l, MCH - 28 pg, MCV - 100 fl, leukocytes - 4.9×10^{9} /l, basophils - 0%, eosinophils - 1%, segmented neutrophils - 73%, lymphocytes - 18%, monocytes - 8%, platelets - 192×10^{9} /l, ESR - 25 mm/hour.
Questions:
1. Suggest the most likely diagnosis.

2. Justify your diagnosis.
3. Develop and justify a plan for additional examination of the patient.
4. Prescribe treatment and justify your answer.

Clinical Case No. 3

A 45-year-old woman consulted a doctor complaining of a feeling of abdominal fullness occurring 40-50 minutes after eating, along with nausea. She has suffered from chronic gastritis for about 20 years, with exacerbations occurring once or twice a year. She takes proton pump inhibitors and antacids. She has not received eradication therapy. The current exacerbation occurred within the last 2 weeks due to a dietary irregularity, and occasionally took Almagel. On examination, the woman's condition is satisfactory. Height is 166 cm, weight is 64 kg. The skin is clear and of normal color. Breathing is vesicular, without wheezing. Heart sounds are clear, and the rhythm is regular. Heart rate is 70 beats per minute, blood pressure is 120/70 mmHg. The abdomen is soft, with tenderness in the epigastrium and pyloroduodenal zone. There are no symptoms of cholecystitis. The liver is normal. There is no dysuria. The tapping (Pasternatsky) sign in the lumbar region is negative. Stool is once daily, without pathology. Fibrogastroscopy: the esophagus is freely patent, the mucosa is unchanged. The cardia is completely closed. The gastric mucosa is hyperemic, there are areas of atrophy in the antrum, the folds are smoothed out, well straightened with air. The pylorus is patent. The mucosa of the duodenal bulb is unchanged.

Questions:

1. What is the most likely diagnosis?
2. Justify your diagnosis.
3. Make a plan for further examination of the patient.
4. Prescribe treatment to the patient and justify it.

Clinical Case No. 4

A 24-year-old woman consulted a doctor complaining of weakness, fever up to 39.2°C, nagging pain in the lumbar region, and frequent, painful urination in small amounts.

From the anamnesis it is known that she considers herself ill since the age of 14, when she first noticed the appearance of the above complaints, acute pyelonephritis was diagnosed and treatment was carried out.

Over the next two years, she was hospitalized repeatedly with similar complaints, and was diagnosed with chronic pyelonephritis. At age 16, she was offered spa treatment , which yielded positive results. The condition worsened about 2 weeks ago, when after hypothermia, chills appeared, a rise in body temperature to 39°C, severe paroxysmal pain in the lumbar region, which radiated to the lower abdomen, accompanied by frequent painful urination.

On examination: the patient's condition is relatively satisfactory. Height is 175 cm. Weight is 64 kg. The skin is clean and of normal color. There is no edema. In the lungs, breathing is vesicular, without wheezing. Heart sounds are muffled and rhythmic. Heart rate is 70 beats per minute, blood pressure is 120/80 mmHg. The abdomen is soft, painless on palpation in all areas. The liver and spleen are not enlarged. The percussion symptom over the lumbar region is positive on the right. Frequent painful urination.

In the tests: leukocytes 8.9x10 9 /l, ESR 36 mm/hour, urea 4.3 mmol/l, creatinine
72.6 μmol/l, total protein 46 g/l. SCF 92 ml/min/1.73 m2.

General urine analysis: specific gravity – 1009, protein – 0.5, leukocytes – outside the field of vision, mucus, squamous epithelial cells.

Panoramic and excretory urography: the kidneys are normally positioned, no stone shadows are detected. There is mushrooming of the calyces, the cervix is elongated, and the renal pelvis is atonic. The kidney contours are irregular, and contrast uptake is decreased on the right. Urodynamics are normal.

Questions:

1. Suggest the most likely diagnosis.
2. Justify your diagnosis.

3. Develop and justify a plan for additional examination of the patient.
4. Suggest and justify further treatment tactics.

Block C
Individual creative assignments
Topics of abstracts of independent work in the form of presentations :

1. Propaedeutics for respiratory diseases.
2. Functional research methods in pulmonology (spirometry, peak flowmetry).
3. The mechanism of development of bronchial obstruction in COPD.
4. Principles of antibacterial therapy for community-acquired pneumonia.
5. Treatment of bronchial asthma by mountain climate.
6.Pathophysiology of PAH. Pathogenesis of pulmonary heart disease. Euler-Liljestrand phenomenon. 7.ECG interpretation protocol.
8. The role of risk factors for coronary heart disease. Prevention of coronary heart disease.
9. AMI, course options, clinical presentation depending on the development of complications.
10. AMI as an emergency condition.
11. Indications and contraindications for stress tests in coronary heart disease. 12. Diagnostic search in hypertension.
13. Target organ damage in hypertension.
14. Pathogenesis of hypertension (Page's mosaic theory), the role of risk factors. Prevention of hypertension.
15. Principles of examination of a patient with joint diseases.
16. Immunological mechanisms of development of RA and SLE.
17. Principles of GIBP in the treatment of RA, SLE.
18. Features of examination of patients with diseases of the digestive system.
19. The importance of gastroscopy, indications, contraindications.
20. Methods for diagnosing HP infection.
21. Principles of eradication therapy of HP infection.
22. Laboratory and instrumental diagnostic methods for liver diseases. 23. Markers of chronic viral infection in hepatitis and liver cirrhosis. 24. Modern antiviral therapy for chronic hepatitis and liver cirrhosis. 25. Laboratory diagnostics of kidney diseases.
26. Scheme of hematopoiesis.
27. The role of iron, vitamin B12, folic acid.

Block C
Topics of assignments for the conference:
1. Angina attack, clinical features, diagnostics, assistance
2. First aid tactics for patients with acute myocardial infarction at the prehospital stage. 3. Coronary heart disease. Sudden cardiac death.
4. Hypertensive crises.
5. An attack of bronchial asthma.

The presentation is being prepared for the conference.
Multimedia presentations are a type of independent work of students to create visual information manuals created using the multimedia computer program Power Point. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, and presenting it in the form of a collection
materials that briefly reflect the main issues of the topic being studied, in electronic form. That is, the creation of presentation materials expands the methods and means of processing and presenting educational information, and develops students'
computer skills.

Presentation materials are prepared by the student in the form of slides using Microsoft PowerPoint.
Requirement for students to prepare a presentation and defend it in class in the form of a report.
1. The topic of the presentation is chosen by the student from the proposed list of FOS and must be agreed upon with the teacher and
correspond to the topic of the lesson.
2. Stages of presentation preparation
Drawing up a presentation plan (statement of the task; objectives of this work)
Thinking through each slide (at first, this can be done manually on paper), while it is important to answer
questions:
- How does the idea of this slide reveal the main idea of the entire presentation?
- What will be on the slide?
- What will be said?
- How will the transition to the next slide be made?
3. Creating a presentation using MS PowerPoint:

- It makes sense to be careful. Sloppily prepared slides (inconsistencies in fonts and spacing, typos, typographical errors in formulas) raise suspicions that the student presenter has taken a lax approach to the substantive issues.
- The title page is necessary to introduce you and the topic of your report to the audience.
- The number of slides is no more than 30.
- The optimal number of lines on a slide is from 6 to 11.
- A common mistake is to read the slide verbatim. It's best to have detailed information written on the slide.
(definitions, formulas), and the words will convey their substantive meaning. The information on the slide can be
more formal and strictly stated than in speech.
- The optimal switching speed is one slide every 1–2 minutes.
- It is encouraged to use more drawings, pictures, formulas, graphs, and tables in the presentation. You can use
animation effects.
- When explaining tables, it is necessary to say what the rows correspond to and what the columns correspond to.
- Introduce only those designations and concepts without which understanding the main ideas of the report is impossible.
- In a short speech, you can’t repeat the same idea, even in different words - time is precious. Every sentence should have a purpose. Then the speech will be coherent and leave a good impression.
- There is no need to speak the last slide with conclusions in short presentations.
- If a slide contains a lot of formulas, it's recommended to type it entirely in MS Word (otherwise, you'll have to manually place and align the formulas on the slide). For this purpose, it's convenient to create a template—a blank slide with one large Word object.
“Insert / Object / Microsoft Word Document”, select its dimensions once and replicate it to the required number of slides.
It's recommended to change the primary font in text and formulas to Arial or a similar font; Times font looks poor from a distance. Be sure to set the primary font size in MathType to the primary font size in the text.
Never adjust the size of a formula manually by pulling it out by a corner.
4. The student is obliged to prepare and present the report within the time strictly allotted by the teacher, and on time.
5. Instructions for speakers.

- report new information;
- use technical means;
- know and be well-versed in the topic of the entire presentation;
- be able to discuss and quickly answer questions;
- strictly adhere to the established time limits: speaker - 10 min.; discussion - 5 min.;

It is important to remember that a speech consists of three parts: introduction, main part and conclusion.

An introduction helps ensure the success of a presentation on any topic. It should contain:
- title of the presentation;
- communication of the main idea;
- a modern assessment of the subject of presentation;
- a brief list of the issues under consideration;
- a lively and interesting form of presentation;

The main part, in which the speaker must deeply reveal the essence of the topic raised, is usually built on the principle
report. The purpose of the main part is to present enough data to get the audience interested in the topic and
wanted to get acquainted with the materials. At the same time, the logical structure of the theoretical block should not be given without
visual aids, audio-visual and visual materials.

A conclusion is a clear, concise summary and summary that listeners always look forward to.

REQUIREMENTS FOR COMPLETING THE THERAPY PRACTICE DIARY

Filling out the diary begins with a description of the practice base: the name of the hospital, its profile, bed capacity, full name.
chief physician, his deputies. Department characteristics: staffing, % staffing, full name of the head of the department, length of service,
Category, department profile, compliance with sanitary standards and anti-epidemic measures. Department equipment
or hospitals with medical and diagnostic equipment, the sanitary and hygienic condition of the department and food block,
availability of dietary tables and their characteristics.

After this, a daily description of the work done during the day (the content of the working day) is made in a clear
in a concise form, point by point, with each point on a new line. For example:

1. Attended the morning conference (indicate the most interesting clinical cases, complications very briefly).
2. Received patients for supervision: list their names, indicate their full diagnosis and age.
3. Made a round of the ward with the attending physician (full name, doctor’s experience).
4.Filled out the medical history of a newly admitted patient.
5.Participated as an assistant or was present at the following operations and manipulations (name, diagnosis
patient).
6. Performed the following manipulations: examination, palpation, percussion, auscultation, blood pressure measurement, counting respiratory rate and heart rate
patient with a diagnosis of ……, pharmacodynamics of drug administration, etc.
7. Participated or was present during a diagnostic examination (ECG, echocardiography, ultrasound of internal organs, FVD,
x-ray room)……
8. Conducted a conversation, gave a lecture (where, number of listeners).
9. Discharged the patient: wrote an epidemiological report.

Student's signature:

Signature of the head of practice or head of department:
(The diary is signed daily before leaving work, on the 2nd day entries are kept similar to this one). The digital report is compiled on the basis of daily records of work performed, according to the regulation, but can
It may be expanded if it is found to be incomplete. The diary ends with a character reference signed by the physician, the head of the department, and the hospital's chief physician. It is certified by the seal of the medical institution.

NIGHT DUTY DIARY IN THE THERAPEUTIC DEPARTMENT . The diary is filled out according to the following schedule: 1. Name of the department. 2. Full names of patients supervised during night duty. Diagnosis, reasons for call, and measures provided during the duty.

CARE OF A THERAPEUTIC PATIENT . Patient care must be carried out according to the scheme specified in section 5.3. During the course of care, the student must master the following practical skills: 1. Collect and evaluate the patient's medical history and illness. 2. Collect a family history and determine hereditary predisposition. 3. Perform a physical examination of the patient and evaluate the obtained data (HR, RR, BP, etc.) 4. Evaluate the clinical test results: - blood (general analysis, hemosyndrome - clotting time, bleeding time, platelet count; for sugar; serum troponin, bilirubin, ALT, AST; electrolyte concentration; protein and protein fraction content; uric acid and creatinine content; blood test for ASL-O, CRP; serum iron; - urine (general analysis, according to Nechiporenko, for sterility - bacteriuria, uroleukocytogram; creatinine clearance - Reberg test) 5. Evaluate the standard glucose tolerance test; 7. Evaluate the analysis of the coprological examination; 8. Evaluate the data of an X-ray examination of the chest and skeletal system. 9. Evaluate the results of fibrogastroscopy; 10. Assess Zimnitsky's test, know the technique of urine collection; 11. Diagnose, create and implement a plan for treatment, rehabilitation, and prevention of therapeutic diseases; 22. Provide emergency care in the following conditions: an attack of bronchial asthma, hypertensive crises, sudden cardiac death, pulmonary edema, cardiac asthma, an attack of angina pectoris, a gouty attack, and hepatic colic.

Block D
List of questions and tasks for midterm assessment (test):

7th semester
Definition, etiology, pathogenesis, pathomorphology, diagnostic criteria, classification, laboratory and instrumental diagnostics, diagnostic criteria, disease Chronic obstructive bronchitis Bronchial asthma, asthma attack The concept of chronic pulmonary heart disease Atherosclerosis, dyslipidemia CHD. Angina CHD. Acute myocardial infarction Complications of acute myocardial infarction. Primary circulatory arrest Hypertension, hypertension crises Symptomatic arterial hypertension Infectious myocarditis Congenital heart defects. Heart failure Acute rheumatic fever Mitral valve defects Aortic valve defects
VIII semester
Infective endocarditis. Rheumatoid arthritis. Systemic lupus erythematosus. Gout, osteoarthritis. Chronic gastritis. Chronic acalculous cholecystitis. Biliary dyskinesia. Chronic hepatitis. Liver cirrhosis. Gastric ulcer, duodenal ulcer. Acute glomerulonephritis. Chronic glomerulonephritis. Chronic pyelonephritis. Iron, B12, folate deficiency anemia.

Questions to check your level of KNOWLEDGE **:**

1. Causes, conditions and development of diseases, as well as the elimination of harmful factors affecting human health.

2. Methods and means of collecting and analyzing patient complaints, data from his anamnesis, indications and contraindications for additional clinical and paraclinical research methods;
3. The need to collect and analyze patient complaints and medical history data; etiopathogenesis, clinical picture, and diagnosis of underlying diseases; indications and contraindications for selecting additional clinical and paraclinical research methods; indications and contraindications for conducting additional clinical and paraclinical research methods.
4. Research methods for identifying the main pathological conditions, symptoms, disease syndromes, and nosological forms.
5. The specifics of identifying various types of pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the ICD-10 revision.
6. 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.
7. Etiology, pathogenesis, clinical picture of diseases.
8. The main types and methods of treatment of patients with various nosological forms.
9. Main directions and problems in the management of patients with various diseases.
10. Etiology, pathogenesis, clinical picture of the main diseases with various nosological forms.
11. The main types and methods of treatment of patients with various nosological forms.
12. Methods of management and treatment of patients with various nosological forms in outpatient and day hospital settings.
13. main directions and problems in the management of patients with various diseases.
14. Clinical manifestations of acute and chronic diseases in patients requiring medical rehabilitation and spa treatment.
15. Indications and contraindications for non-drug treatment methods, provide specific recommendations for their practical use.
16. Methods for assessing the effectiveness of treatment measures at all stages of patient rehabilitation.
17. List and characteristics of accounting and reporting medical documentation in medical organizations of a therapeutic profile;
18. Regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and effectiveness of medical organizations.
19. Fundamentals of management in the field of public health and principles of organization in the field of healthcare.
20. Principles of management in the field of public health, medical organizations and their structural divisions.
21. Main directions of medical statistical indicators in the context of evidence-based medicine.
22. Basic principles and methods for assessing the quality of medical care using medical statistical indicators.
23. Medical systems and medical schools;
24. Methods and techniques of philosophical analysis of problems;
25. Forms and methods of scientific knowledge and methods of solving intellectual problems.

Questions to check the level of training **TO BE ABLE AND TO OWN**

1. Identify the harmful effects of environmental factors on human health. Prevent the emergence and/or spread of diseases, their early diagnosis, and the causes of their occurrence.
2. Eliminate the causes of the emergence and spread of diseases, conduct educational activities to eliminate risk factors and promote healthy lifestyle skills.
3. Skills for developing a healthy lifestyle, comprehensive measures aimed at maintaining and strengthening health.

4. Skills in educational activities to develop healthy lifestyle skills
5. collect and analyze patient complaints and medical history data.
6. prescribe laboratory, instrumental, pathological and other studies in order to recognize the condition or establish the presence or absence of a disease.
7. conduct a survey, collect complaints and anamnesis from the patient;
8. create a pedigree model for families with hereditary diseases;
9. conduct a clinical status study;
10. determine indications and contraindications for the selection of additional clinical and paraclinical research methods;
11. use methods and means of medical examination and diagnostic measures.
12. skills in collecting and analyzing patient complaints, data from his anamnesis, interpreting the results of the most common methods of functional detection of pathology of the blood, heart and blood vessels, lungs, kidneys, liver and other organs and systems;
13. skills in drawing up a medical history, skills in prescribing the necessary laboratory and instrumental examination methods in order to recognize a condition or establish the presence or absence of a disease;
14. skills in examining patients and carrying out necessary diagnostic procedures;
15. skills in constructing a clinical diagnosis
16. To understand the obtained results of the study of the main nosological forms of diseases;
17. Analyze various types of pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the ICD.
18. To note the practical value in comparing specific pathological syndromes and disease symptoms.
19. Skills in identifying the main pathological conditions, symptoms, and disease syndromes.
20. Methods of searching, identifying and systematizing the main pathological conditions, symptoms of disease syndromes, nosological forms in accordance with the ICD X revision.
21. Skills of self-justification of the combination of various symptoms and syndromes into nosological forms in accordance with (ICD-10 revision).
22. To reveal the meaning of determining the tactics of managing patients with various diseases.
23. To compare different types and methods of treatment for patients with different nosological forms, and to develop a treatment plan for diseases.
24. To highlight the practical value of individual tactics for managing patients with various nosological forms.
25. Skills in presenting and analyzing the etiology and pathogenesis of various clinical diseases to make a diagnosis.
26. Methods of searching and comparing different methods of treating patients with different nosological forms.
27. Have the skills to determine the tactics for managing patients with diseases
28. Correctly identify this disease.
29. To compare different types and methods of treatment for patients with different nosological forms, and to develop a treatment plan for diseases.
30. Manage and treat patients in outpatient and day hospital settings.
31. 1. Correctly identify this disease.
32. 2. To compare different types and methods of treatment of patients with different nosological conditions
33. forms, develop a treatment plan for diseases.
34. 3. Manage and treat patients in outpatient and day hospital settings.
35. Skills in analyzing various types of treatment for patients with various nosological forms.
36. Methods of searching and comparing different methods of treating patients with different nosological forms.

37. Skills in managing and treating patients with various diseases in outpatient and day hospital settings.
38. Link symptoms, examination data and laboratory and instrumental results to make a correct diagnosis.
39. Independently select rehabilitation packages for patients with various illnesses.
40. Assess the stage of the disease and prescribe the necessary rehabilitation complexes taking into account the form, stage and phase of the disease
41. Skills in identifying signs of acute illness or exacerbation of a chronic disease in patients.
42. Skills and methods of providing medical care for acute and chronic diseases.
43. Skills in prescribing non-drug treatment methods for patients with various profiles, and correctly assessing the tolerability, adequacy, and effectiveness of the rehabilitation measures carried out.
44. Apply the principles of organization and management in the field of public health
45. Apply the principles of management of medical organizations and their structural divisions.
46. The main principles of organization and management, and their structural divisions in the field of public health.
47. Analyze medical and statistical indicators and their interpretation.
48. Use medical statistical indicators to assess the quality of medical care.
49. Conduct an assessment of the quality of medical care using key medical statistical indicators, taking into account evidence-based medicine.
50. Medical systems and medical schools;
51. Methods and techniques of philosophical analysis of problems;
52. Forms and methods of scientific knowledge and methods of solving intellectual problems.
53. Skills in written, reasoned presentation of one's own point of view;
54. Skills of public speaking, argumentation, conducting discussions and polemics, practical analysis of the logic of various types of reasoning;
55. Skills in research work in the field of healthcare in the areas of diagnosis, treatment, medical rehabilitation and prevention.

4. METHODOLOGICAL MATERIALS DETERMINING THE PROCEDURES FOR ASSESSING KNOWLEDGE, ABILITIES, SKILLS AND (OR) WORK EXPERIENCE CHARACTERIZING THE STAGES OF COMPETENCY DEVELOPMENT DESCRIPTION OF INDICATORS AND CRITERIA FOR ASSESSING COMPETENCIES, DESCRIPTION OF ASSESSMENT SCALES

Test (assessment of the "knowledge" level). Within the course " Faculty Therapy ," the assessment of the "knowledge" level (theoretical aspects) is carried out using tests as a means of reinforcing knowledge. As a result, all students in the group are actively involved in the work, and everyone participating receives a grade. The survey covers all topics of the course using tests.

SURVEY RATING SCALE (current monitoring)

No.	**Name of the indicator**	**Mark (in %)**
1	Knowledge of the basic processes of the subject being studied, depth and completeness of disclosure of the issue.	0-20
2	Knowledge of specialized terminology and its use when answering.	0-30
3	Ability to explain the essence of processes, draw conclusions and generalizations, give reasoned answers.	0-30

4	Logicality answer express	and consistency of the answer, skill the questions asked, your opinion on the issue under discussion.	0-20
	Total points		**Total points**

ABSTRACT GRADING SCALE (midterm control)

No.	**Name of the indicator**	**Mark (in %)**
	Form	
1	Text according to the diagram	0-10
2	A logical and clear transition from one part to another, and also inside parts	0-10
	Content	
1	Relevance of the topic	0-10
2	Relevance of topic content	0-10
3	Depth of material processing	0-10
4	Availability of conclusions that are relevant to the topic and content main part	0-10
	Design	
1	Title page with heading	0-5
2	The text of the abstract is written in accordance with the methodological instructions	0-5
3	Correctness and completeness of use of literature	0-5
	Defense of the abstract	
1	Literacy of presentation and terminology of the material	0-10
2	Quality of communication and answers to questions during defense abstract	0-10
3	Compliance with regulations	0-5
	Total points	**Total points**

PRESENTATION RATING SCALE (current monitoring)

No.	**Name of the indicator**	**Mark (in %)**
	Form	
1	Text according to the diagram	0-10
2	A logical and clear transition from one part to another, and also inside parts	0-10
	Content	
1	Relevance to the topic	0-10
2	The presence of the main theme in the water part and its appeal introductory part to the reader	0-10

3	Development of the theme in the main part (disclosure of the main provisions through a system of arguments supported by facts and examples)	0-10
4	Availability of conclusions that are relevant to the topic and content main part	0-10
	Presentation	
1	Title page with heading	0-5
2	Slide design and use of additional effects (slide changes, sound, graphics)	0-5
3	The text of the presentation is written briefly, well and the ideas formed are clearly presented and structured	0-5
4	The slides are presented in a logical sequence.	0-5
5	The slides are printed in the form of notes.	0-5
	Report	
1	Correctness and precision of speech during defense	0-5
2	Breadth of Horizons (Answers and Questions)	0-5
3	Compliance with regulations	0-5
	Total points	**Total points**

GRADING SCALE FOR TESTS (MODULES) (Results of the midterm exam)
1. Attached are two (2) theoretical questions, one (1) clinical case, one (1) ECG and two (2) recipes.
Evaluation of theoretical questions:
Theoretical question No. 1 – 0–4 points.
Theoretical question No. 2 – 0–4 points.
1 clinical case – 0–3 points.
1 ECG – 0–2 points.
1 recipe – 0–0.5 points.
1 analysis – 0–0.5 points.
In addition to the CR, it is necessary to provide one medical history of the supervised patient - 2 points.
The minimum number of points for the CR is 7 points.
The maximum number of points for providing a CD is 12 (13) points.

ASSESSMENT SCALE FOR THEORETICAL QUESTIONS (Boundary Control)
85–100% (4 points) – complete, consistent, literate, and logical answers; demonstration of the student's knowledge of the completed program and information from additional literature; reproduction of the educational material with the required degree of accuracy.
75–84% (3 points) – presence of minor errors, confidently corrected by the student after additional and leading questions; demonstration by the student of the knowledge acquired in the completed program, and clear presentation of the educational material.
60–74% (2 points) – presence of minor errors in the answer not corrected by the student; demonstration by the student of insufficient knowledge of the completed program; and unstructured presentation of the educational material.
less than 60% (0 points) – lack of knowledge of the section materials; gross errors are made in the answers.

CLINICAL CASE RATING SCALE (Midterm Exam Result)
1. One clinical case is attached.
2. The task is accompanied by questions.

3. For correct and complete formulation of the diagnosis (according to modern classifications) – 20% (0.5 points).
4. For a completed examination plan and a complete list of expected examination results – 40%.
5. For a completed treatment plan, including medication (indicating the dosage of drugs) and non-drug treatment methods – 40% (1 point).
6. The final score is determined as the sum of the percentages earned.
7. The accumulated amount of interest is converted into points (grade).

Evaluation points	**Evaluation criteria and %**	**Evaluation criteria and %**	**Evaluation criteria and %**
Formulation of a preliminary diagnosis	Completeness (according to modern classifications) - 20%	Incomplete completion - 10%	Misdiagnosis - 0%
Survey plan	Full list of expected survey results - 40%	Partial list - 20%	Absent - 0%
Treatment plan	A complete treatment plan, including medication (with indication of drug doses) and non-drug treatment - 40%	Incomplete treatment plan - 20%	Absent - 0%

When evaluating clinical cases:
85–100% (3 points) – "Excellent" grade
70–84% (2 points) – "Good" rating
60–69% (1 point) – "Satisfactory" grade
0–59% (0 points) – "Unsatisfactory" grade

ECG RATING SCALE (interim examination)

1. The availability of a complete ECG transcript according to the protocols is assessed.

Degrees of evaluation	ECG Evaluation Criteria and %
Sinus or non-sinus rhythm	Specified - 10% Incorrect 0%
Is the rhythm regular or irregular?	Specified - 10% Incorrect 0%
Heart rate per minute	Specified - 60% Incorrect - 0%
Electrical axis of the heart	Specified - 60% Incorrect - 0%
Conclusion: PAH / PAH / LVH / RVH	Specified - 60% Incomplete answer - 30% Everything is wrong - 0% Specified - 60% Incomplete answer - 30% Everything is wrong - 0%

Conclusion: PAH + LVH	Specified - 60% Incomplete answer - 30% Everything is wrong - 0
Either LAG or LVH is indicated	Specified - 60% Incomplete answer - 30% Everything is wrong - 0

When assessing the ECG:
85–100% (2 points) – "Excellent" grade
70–84% (1 point) – "Good" rating
60–69% (0.5 points) – "Satisfactory" grade
0–59% (0 points) – "Unsatisfactory" grade.

RECIPES RATING SCALE (Result of the intermediate control)
1. Attached are 2 prescriptions for writing out.
2. Prescriptions are taken into account if they are correctly completed with dosages and signatures indicated.
3. For each correctly completed prescription with indication of doses and signatures – 0.5 points.
4. For an incorrectly filled out recipe – 0 points.

When writing prescriptions:
85–100% (0.5 points) – "Excellent" grade
70–84% (0.4 points) – "Good" rating
60–69% (0.3 points) – "Satisfactory" grade
0–59% (0 points) – "Unsatisfactory" grade.

LABORATORY RESEARCH ASSESSMENT SCALE (midterm exam)
A complete interpretation of laboratory studies is assessed.
When interpreting laboratory tests:
85–100% (0.5 points) – "Excellent" rating – with a full interpretation of the research: which changes are noted and in what diseases or conditions they occur.
70–84% (0.4 points) – "Good" rating – with incomplete interpretation of the tests. For example, not
All diseases (conditions) in which these changes occur are indicated.
60–69% (0.3 points) – "satisfactory" rating – when indicating inappropriate or distorted interpretation of test results, for example, with what changes, with what diseases or conditions they arise.
0–59% (0 points) – "unsatisfactory" – the analysis was interpreted incorrectly.

ANAMNESIS ASSESSMENT SCALE
1. The anamnesis is assessed in accordance with the patient being supervised.
2. The anamnesis must be prepared in accordance with the presented medical history diagram.
3. Availability of passport data, ability to collect complaints, anamnesis, objective examination of the patient (including palpation, percussion, auscultation) taking into account the preliminary diagnosis, as well as the examination plan, examination results with their interpretation, clinical diagnosis and its justification, etiology and pathogenesis of the disease, as well as an indication of non-drug and drug treatment methods, a diary, and a discharge summary.

Practical skills assessment level:
85–100% (2 points) – the medical history is written completely according to the provided outline.
70–84% (1 point) – the medical history is written approximately according to the provided outline, but there are some inaccuracies that the student fully understands. Minor inaccuracies may be introduced.

60–69% (0.5 points) – the anamnesis is compiled according to the presented scheme, but there are significant errors, for example: the formulated clinical diagnosis is not substantiated, the examination plan does not include all possible research methods, or a general treatment regimen for the disease is prescribed, and not an individual one for the patient.
0–59% (0 points) – the medical history is not compiled according to the presented scheme; there is no justification for the clinical diagnosis. The examination plan does not include all possible diagnostic methods. The treatment plan is not appropriate for the disease.