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

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

УТВЕРЖДАЮ
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(ФИО)
04.11.2026 г.

Фтизиатрия

рабочая программа дисциплины (модуля)

Закреплена за кафедрой **Дерматовенерологии, фтизиатрии и инфекционных болезней**

Учебный план 310501_21_56 лд ин.plx
Специальность 31.05.01. - РФ, 560001 - КР Лечебное дело
(для иностранных студентов)

Квалификация **врач-лечебник**
Форма обучения **очная**

Общая трудоемкость **3 ЗЕТ**
Часов по учебному плану 108
в том числе:
аудиторные занятия 64
самостоятельная работа 43,7

Виды контроля в семестрах:
зачет с оценкой 12

Распределение часов дисциплины по семестрам

Семестр (<Курс>.<Семестр на курсе>)	**12 (6.2)**		Итого	
Недель	18			
Вид занятий	УП	РП	УП	РП
Лекции	16	16	16	16
Практические	48	48	48	48
Контактная работа в период теоретического обучения	0,3	0,3	0,3	0,3
В том числе инт.	5	5	5	5
Итого ауд.	64	64	64	64
Контактная работа	64,3	64,3	64,3	64,3
Сам. работа	43,7	43,7	43,7	43,7
Итого	108	108	108	108

Программу составил(и):
канд.мед.наук, доцент, Азыкова Айнура Бариевна

Рецензент(ы):
докт.мед.наук, Профессор, зав.кафедрой фтизиопульмонологии КГМИПиПК, Чубаков Тологон Чубакович

Согласовано РОП:

Рабочая программа дисциплины

Фтизиатрия

разработана в соответствии с ФГОС 3++:

Федеральный государственный образовательный стандарт высшего образования - специалитет по специальности 31.05.01 Лечебное дело (приказ Минобрнауки России от 12.08.2020 г. № 988)

составлена на основании учебного плана:

Специальность 31.05.01. - РФ, 560001 - КР Лечебное дело
(для иностранных студентов)
утвержденного учёным советом вуза от 26.06.2026 протокол № 11.

Рабочая программа одобрена на заседании _____

Протокол от 08.09.2023 г. № 2
Срок действия программы: 20222027 уч.г.
Руководитель подразделения: докт.мед.наук, профессор Балтабаев Мир-Али Курбан-Алиевич

утвержденного учёным советом вуза от 26.06.2026 протокол № 11.

ЛИСТ РЕГИСТРАЦИИ ИЗМЕНЕНИЙ
к рабочей программе дисциплины (модуля)

Фтизиатрия

наименование дисциплины

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

1. ЦЕЛИ ОСВОЕНИЯ ДИСЦИПЛИНЫ	
1.1	Training of a physician who possesses a system of general cultural and professional competencies, acquisition and improvement of the level of theoretical knowledge, mastery and improvement of practical skills, capable and ready for independent professional activity in the position of a phthisiologist in the performance of the duties assigned to him to ensure a modern level of medical care.

2. МЕСТО ДИСЦИПЛИНЫ В СТРУКТУРЕ ООП	
Цикл (раздел) ООП:	Б1.О
2.1	**Требования к предварительной подготовке обучающегося:**
2.1.1	Patology1
2.1.2	Patology 2
2.1.3	Pedagogy
2.1.4	Emergency medicine
2.1.5	Pulmonology
2.1.6	Infrctious diseases
2.1.7	Oncology
2.1.8	AIDS
2.1.9	Oncology and X ray therapy
2.1.10	Pathological anatomy
2.2	**Дисциплины и практики, для которых освоение данной дисциплины (модуля) необходимо как предшествующее:**
2.2.1	(clinical) practice: Mobile (clinic) 2
2.2.2	(clinical) practice: Mobile (clinic) 1
2.2.3	(clinical) practice: Mobile (clinic) stacionary
2.2.4	Fundamentals of Healthcare Management
2.2.5	Preparing for and passing the state exam

3. КОМПЕТЕНЦИИ ОБУЧАЮЩЕГОСЯ, ФОРМИРУЕМЫЕ В РЕЗУЛЬТАТЕ ОСВОЕНИЯ ДИСЦИПЛИНЫ (МОДУЛЯ)	
ОПК-7: Способен назначать лечение и осуществлять контроль его эффективности и безопасности	
Знать:	
Уровень 1	etiology (causes), pathogenesis and clinical picture of the main diseases.
Уровень 2	.Pharmacological properties of drugs, their side effects and interactions
Уровень 3	Current clinical guidelines, treatment protocols and standards of medical care.
Уметь:	
Уровень 1	Select and compare different types of drug and non-drug therapy taking into account the diagnosis, age and condition of the patient.
Уровень 2	Create an individual treatment plan on an outpatient or day hospital basis.
Уровень 3	Monitor the dynamics of the disease and adjust therapy in a timely manner.
Владеть:	
Уровень 1	Evaluation of the effectiveness and safety of prescribed drugs or procedures at all stages of treatment.
Уровень 2	Prediction and detection, prevention and relief of unwanted or adverse reactions of the body.
Уровень 3	Prediction and detection, prevention and relief of unwanted or adverse reactions of the body during in the treatment.

ПК-4: Готов к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра, лабораторных, инструментальных, патологоанатомических и иных исследований в целях распознавания состояния или установления факта наличия или отсутствия заболевания	
Знать:	
Уровень 1	methods and means of collecting and analyzing patient complaints, data from his anamnesis, indications and contraindications for additional clinical and paraclinical research methods.
Уровень 2	the need to collect and analyze patient complaints, data - etiopathogenesis, clinical picture and diagnosis of underlying diseases;
Уровень 3	indications and contraindications for the selection of additional clinical and paraclinical research methods; - indications and contraindications for the selection of additional clinical and paraclinical research methods.
Уметь:	

Уровень 1	Collect and analyze patient complaints and medical history data. - Prescribe laboratory, instrumental, pathological, and other tests to establish the presence or absence of disease. - Conduct a survey, collect complaints and medical history from the patient;
Уровень 2	to create a pedigree model for families with hereditary diseases; - to conduct a study of the clinical status;
Уровень 3	Determine indications and contraindications for the selection of additional clinical and paraclinical research methods; - use methods and means of medical examination and diagnostic measures.
Владеть:	
Уровень 1	skills in collecting and analyzing patient complaints, data from his anamnesis, interpreting the results of the most common methods of functional diagnostics used to identify pathologies of the blood, heart and blood vessels, lungs, kidneys, liver and other organs and systems;
Уровень 2	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;
Уровень 3	kills in examining patients and carrying out necessary diagnostic measures; - skills in constructing a clinical diagnosis.

ПК-5: Способен к определению у пациентов основных патологических состояний, симптомов, синдромов заболеваний, нозологических форм в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра.	
Знать:	
Уровень 1	Research methods for identifying the main pathological conditions, symptoms, syndromes, diseases, and nosological forms.
Уровень 2	The specifics of identifying various types of pathological conditions, symptoms, disease syndromes, and nosological forms in accordance with the ICD-10 revision.
Уровень 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.
Уметь:	
Уровень 1	To understand the obtained results of the study of the main nosological forms of diseases.
Уровень 2	To analyze various types of pathological conditions, symptoms, syndromes of diseases of nosological forms in accordance with the ICD.
Уровень 3	To note the practical value in comparing specific pathological syndromes and disease symptoms.
Владеть:	
Уровень 1	Skills in identifying the main pathological conditions, symptoms, and disease syndromes.
Уровень 2	Methods of searching, identifying and systematizing the main pathological conditions, symptoms of disease syndromes, nosological forms in accordance with the ICD X revision.
Уровень 3	Skills of self-justification of the combination of various symptoms and syndromes into nosological forms in accordance with (ICD-10 revision).

ПК-7: Способен к определению тактики ведения больных с различными нозологическими формами	
Знать:	
Уровень 1	Etiology, pathogenesis, and clinical presentation of diseases. - Main types and methods of treatment for patients with various nosological entities. - Main areas and challenges in the management of patients with various diseases.
Уровень 2	
Уровень 3	
Уметь:	
Уровень 1	Раскрыть смысл определения тактики ведения больных с различными заболеваниями.
Уровень 2	Провести сравнение различных видов и методов лечения больных с различными нозологическими формами, разработать план лечения заболеваний.
Уровень 3	Отметить практическую ценность индивидуальной тактики ведения больных с различными нозологическими формами.
Владеть:	
Уровень 1	Навыками изложения и анализ а этиологии патогенез а различных клинических заболеваний для постановки диагноза .
Уровень 2	Приемами поиска и сравнения разных методов лечения больных с различными нозологическими формами.
Уровень 3	Владеть навыками определения тактики ведения больных с .заболеваниями.

ПК-8: Готов к ведению и лечению пациентов с различными нозологическими формами в амбулаторных условиях и условиях дневного стационара	
Знать:	
Уровень 1	The main treatment and diagnostic methods for managing patients with various nosological forms carried out in outpatient settings and day hospitals.

Уровень 2	Basic methods of diagnosis and treatment in the management of patients with various nosological forms in outpatient settings and day hospitals.
Уровень 3	Basic treatment and diagnostic principles for managing patients with various nosological forms in outpatient settings and day hospitals.
Уметь:	
Уровень 1	To highlight the basic principles of management and the sequence of examination methods for patients with various nosological forms.
Уровень 2	To compare methods of management and treatment of patients with various nosological forms in outpatient settings and day hospitals.
Уровень 3	To evaluate the practical value of therapeutic and diagnostic methods for managing patients in outpatient settings and day hospitals.
Владеть:	
Уровень 1	Skills in collecting literary sources on the management and treatment of patients with various nosological forms.
Уровень 2	Methods of searching and systematizing principles of treating patients in outpatient and day hospital settings
Уровень 3	Skills in managing and treating patients with various nosological forms in outpatient settings.

ПК-9: Готов к оказанию первичной медико-санитарной помощи при внезапных острых заболеваниях, состояниях, обострении хронических заболеваний, не сопровождающихся угрозой жизни пациента и не требующих экстренной медицинской помощи	
Знать:	
Уровень 1	Clinical manifestations of acute and chronic diseases. - Treatment methods and medical procedures for pathological conditions and diseases.
Уровень 2	General principles of treatment. - Diseases taking into account their etiology and pathogenesis;
Уровень 3	knowledge of pharmacological groups and their interactions with each other.
Уметь:	
Уровень 1	Link symptoms, examination data and laboratory and instrumental examination results into a single whole and make the correct diagnosis.
Уровень 2	Prepare the patient, instruments and medications to perform the necessary manipulation.
Уровень 3	Assess the stage of the disease and prescribe therapy appropriate to the stage of the disease.
Владеть:	
Уровень 1	Skills to identify signs of acute illness or exacerbation of a chronic disease.
Уровень 2	Skills and methods of providing medical care for acute and chronic diseases.
Уровень 3	Skills of etiological and pathogenetic therapy in the treatment of diseases depending on the severity of the disease in an outpatient setting.

ПК-14: Способен к ведению медицинской документации.	
Знать:	
Уровень 1	Перечень и характеристику учетно-отчетной медицинской документации в медицинских организациях лечебного профиля;
Уровень 2	Нормативную документацию, принятую в здравоохранении, а также документацию для оценки качества и эффективности работы медицинских организаций.
Уровень 3	
Уметь:	
Уровень 1	Conduct a medical-statistical analysis of health indicators of the assigned population;
Уровень 2	Maintain medical records, including in electronic form.
Уровень 3	
Владеть:	
Уровень 1	Skills and methods of maintaining accounting and reporting documentation of various types in medical institutions;
Уровень 2	Skills in comparative analysis of medical documentation of various types in medical institutions.
Уровень 3	

В результате освоения дисциплины обучающийся должен

3.1	**Знать:**
3.1.1	3.1.1 Epidemiological data on the prevalence of tuberculosis in the Kyrgyz Republic, the Russian Federation, and globally, the influence of etiologic and risk factors on the course and outcome of tuberculosis;
3.1.2	3.1.2 Current theories of tuberculosis pathogenesis, routes of infection with Mycobacterium tuberculosis
3.1.3	3.1.3 Current classification, etiology, clinical and laboratory parameters of tuberculosis;

3.1.4	3.1.4 Current diagnostic methods and treatment standards for tuberculosis at various stages;
3.1.5	3.1.5 Problems of drug-resistant tuberculosis and TB/HIV co-infection;
3.1.6	3.1.6 Principles of patient follow-up;
3.1.7	3.1.7 Basic principles of differential diagnosis of tuberculosis and other respiratory diseases, including cancer;
3.1.8	3.1.8 Types of tuberculosis prevention;
3.1.9	3.1.9 Issues of medical ethics and deontology in the diagnosis of tuberculosis.
3.2	**Уметь:**
3.2.1	3.2.1 communicate with patients and their relatives, adhering to ethical standards and principles;
3.2.2	3.2.2 obtain information about the disease and identify possible causes, taking into account the influence of social, hereditary, age-related, and other factors on the body;
3.2.3	3.2.3 assess the severity of the patient's condition and, if necessary, provide emergency care;
3.2.4	3.2.4 conduct and evaluate functional, laboratory, and instrumental studies;
3.2.5	3.2.5 recognize the clinical course, identify complications and comorbidities;
3.2.6	3.2.6 conduct differential diagnostics, formulate, and substantiate a clinical diagnosis;
3.2.7	3.2.7 analyze the causes of late diagnosis of pulmonary tuberculosis;
3.2.8	3.2.8 form a group of individuals at increased risk of developing respiratory and extrapulmonary tuberculosis;
3.2.9	3.2.9 analyze scientific literature and prepare abstracts on current tuberculosis issues.
3.3	**Владеть:**
3.3.1	3.1. Principles of medical deontology and medical ethics;
3.3.2	3.3.2. Methods for the timely detection and early diagnosis of tuberculosis;
3.3.3	3.3.3. Algorithm of actions by a primary care physician upon receipt of the results of Ziehl-Neelsen sputum smear microscopy in 2-3 examinations;
3.3.4	3.3.4. Interpretation of the results of radiographic and functional examination of the respiratory organs, cardiovascular system, gastrointestinal tract, etc.;
3.3.5	3.3.5. Basic principles of diagnosing tuberculosis in accordance with the classification.
3.3.6	3.3.6. Basic principles of differential diagnosis;
3.3.7	3.3.7. Pleural puncture technique;
3.3.8	3.3.8. Lumbar puncture technique;

4. СТРУКТУРА И СОДЕРЖАНИЕ ДИСЦИПЛИНЫ (МОДУЛЯ)

Код занятия	Наименование разделов и тем /вид занятия/	Семестр / Курс	Часов	Компетен-ции	Литература	Инте ракт.	Пр. подг.	Примечание
	Раздел 1. Theoretical foundations of phthisiology.							
1.1	The role of foreign and Russian scientists in the development of tuberculosis science. Prospects for the development and improvement of the structure and functions of tuberculosis services in the Kyrgyz Republic. Interaction between tuberculosis facilities and other healthcare specialists and institutions. /Ср/	12	1	ПК-14 ПК-9 ПК-8 ПК-7 ПК-5 ПК-4 ОПК-7				
	Раздел 2. Tuberculosis as an international health problem.							
2.1	International cooperation in the field of tuberculosis. Policy documents on tuberculosis control in the Kyrgyz Republic. International tuberculosis control programs: DOTS and DOTS (+) strategies, the WHO Stop TB Strategy, National TB Control Programs in the Kyrgyz Republic "ТВ-1, 2, 3, 4, 5" /Пр/	12	1	ОПК-7				Показать результаты выполнения целей и задач Национальных программ «ТБ», стратегии «Остановить ТБ»

	Раздел 3. Epidemiology of tuberculosis. Patterns of the epidemic process.							
3.1	Patterns of the epidemic process. Sources of tuberculosis. Airborne and airborne dust, alimentary, contact, and intrauterine routes of infection. Susceptible organisms. Measures to reduce the number of tuberculosis sources and prevent transmission routes. /Ср/	12	1	ОПК-7				
3.2	Factors increasing the risk of tuberculosis. Migration, demographic, and social factors. Population groups at increased risk of tuberculosis. Social and medical-biological risk factors. Measures to reduce the reservoir of tuberculosis infection and increase population immunity to the disease. /Ср/	12	1	ОПК-7				
3.3	Indicators characterizing the epidemic process. Intensive (mortality, morbidity, illness, etc.) and extensive (characteristics of the structure of the phenomenon) indicators /Ср/	12	1	ОПК-7				
	Раздел 4. Organization of anti-tuberculosis care for the population.							
4.1	Basic principles of tuberculosis control in the Kyrgyz Republic and the Russian Federation. Prevention, detection, and treatment of tuberculosis. Rehabilitation and social protection of TB patients. Structure and organization of tuberculosis control services. / Лек/	12	1	ОПК-7				
4.2	The main goals and objectives of TB Centers include: diagnostic confirmation of tuberculosis, registration of identified patients, and evaluation of treatment outcomes. Conducting contact-based preventive measures (information and education, chemoprophylaxis, etc.). Disseminating knowledge about tuberculosis among physicians and nursing staff. General principles of medical deontology and ethics and their role in phthisiology. /Ср/	12	1	ОПК-7				
	Раздел 5. Organization of identification of tuberculosis patients							

5.1	Patient identification upon presentation: patient-initiated method. Primary TB symptoms: intoxication and chest symptoms. Questioning and physical examination. Ziehl-Neelsen sputum smear staining for AFB. The number of AFB detected by microscopy is an important indicator of the patient's epidemic risk and disease severity. Indications for radiographic examination. Radiographic examination methods. /Ср/	12	1	ОПК-7				
5.2	Active detection of tuberculosis patients: screening. Risk groups for extrathoracic tuberculosis. Methods for the timely detection of tuberculosis patients among urological and gynecological patients, patients with inflammatory diseases of the musculoskeletal system and lymphatic system, gastrointestinal tract, etc. Use of the Mantoux test with 2 TE PPD-L, the Spectrolux device, ELISA, and other methods for detecting extrathoracic tuberculosis in adults. /Ср/	12	1	ОПК-7				
5.3	Diaskintest. Risk factors for primary infection and TB disease in children and adolescents: epidemiological, biomedical, social, and other factors. Scope of testing in risk groups. /Ср/	12	1	ПК-14 ПК-9 ПК-8 ПК-7 ПК-5 ПК-4				
5.4	WHO recommendations for tuberculosis case detection. Patient-initiated and active case detection methods. The role of primary health care in the detection and treatment of TB patients. /Лек/	12	1	ПК-14 ПК-9 ПК-7 ПК-5 ПК-4 ОПК-7				
	Раздел 6. General pathology of tuberculosis.							
6.1	tiology. Pathogenic and opportunistic mycobacteria. Non-tuberculous mycobacteria. Classification, morphology, variability, and forms of existence of mycobacteria. The pathogenesis of tuberculosis in the modern sense. /Лек/	12	1	ОПК-7				
6.2	Etiology. Pathogenic and opportunistic mycobacteria. Nontuberculous mycobacteria. Classification, morphology, variability, and forms of existence of mycobacteria. Physiology and Resistance of mycobacteria. Drug resistance. /Пр/	12	1	ОПК-7				

6.3	Etiology. MBT species, biochemical and tinctorial properties. Morphology. Mycobacterium variability and forms of existence. Genetics of the pathogen. Renyon's classification of non-tuberculous mycobacteria. /Ср/	12	1	ОПК-7				
6.4	Microcirculation disorders and the state of the blood-air barrier. The role of the vascular system in the development of the initial phases of inflammation. The state of the surfactant system. /Ср/	12	1	ОПК-7				
6.5	Tuberculosis pathology. Paraspecific morphological reactions. Tuberculous inflammation: predominantly productive, exudative, and necrotic (caseous necrosis): progression, healing. Residual post-tuberculosis changes. Tuberculosis pathomorphosis. /Ср/	12	1	ОПК-7				
6.6	Immunology and immunogenetics. Genetic aspects of tuberculosis susceptibility. Humoral anti-tuberculosis immunity. Cellular immunity. Macrophage-mycobacterium interactions. The role of T-lymphocytes in the development of anti-tuberculosis immunity. /Пр/	12	1	ОПК-7				
6.7	Regulation of the T-cell immune response. Macrophage-mycobacterium interactions. Genome screening and previously unknown tuberculosis susceptibility genes. Heredity and Tuberculosis. /Ср/	12	1	ОПК-7				
6.8	/ЗачётСОц/	12		ОПК-7				
	Раздел 7. Diagnostic methods.							
7.1	Principles of clinical examination. Study of complaints (intoxication syndrome and chest symptoms) and anamnesis. Gender, age, marital status. Cultural level. Previous illnesses. Presence of comorbidities (diabetes, alcoholism, COPD, etc.). Unfavorable working and living conditions, lifestyle, possible contact with a tuberculosis patient. Methods and stages of examination of tuberculosis patients (ODM, DMI-1, DMI-2, FMI). /Лек/	12	1	ОПК-7				

7.2	Principles of clinical examination. Symptom severity and their various combinations. Early manifestations of tuberculosis intoxication. Chest symptoms: cough, sputum production, shortness of breath, chest pain, hemoptysis, and pulmonary hemorrhage. Previous illnesses. Presence of comorbidities. Unfavorable working and living conditions, lifestyle, possible contact with a tuberculosis patient. Algorithm for detecting tuberculosis in primary care facilities. /Пр/	12	1	ОПК-7				
7.3	Objective examination methods. Examination data: (general condition, age-appropriate appearance, skin color, mucous membranes, etc.); palpation, percussion, auscultation, and examination of other organs. Diagnostic considerations for limited and disseminated forms of pulmonary tuberculosis. /Пр/	12	1	ОПК-7				
7.4	Clinical and biochemical blood tests. Blood coagulation tests. Hormonal studies. Use of biochemical tests in extrapulmonary tuberculosis. /Ср/	12	1	ОПК-7				
7.5	Microbiological studies. Goals (identifying the most epidemiologically dangerous tuberculosis patients, verifying the diagnosis, determining treatment strategies, assessing treatment effectiveness and prognosis, and for epidemic control) and objects (fluids and tissues obtained during examination of various organs). Classic methods: sputum smear microscopy and culture (seeding) with identification of the mycobacterium species. Advantages and disadvantages. /Пр/	12	1	ОПК-7				
7.6	Ziehl-Neelsen sputum smear microscopy. Quantitative analysis of microscopy results. Algorithm for primary care physicians to follow when evaluating the results. Advantages and disadvantages of the method. Flotation and fluorescence microscopy. Specific aspects. /Ср/	12	1	ОПК-7				

7.7	Culture method. Principles of pre-inoculation processing of diagnostic material. Inoculation and incubation techniques. Nutrient media. Evaluation and recording of culture results. Determination of drug susceptibility. Clinical and epidemiological significance. Differentiation of mycobacteria. Methods for accelerated determination of drug resistance – the automated BACTEC MGIT-960 system, immunogenetic methods. Rules for collection, storage, transportation of diagnostic material and infection safety. /Ср/	12	1	ОПК-7				
7.8	Chest fluorography – screening, active detection of tuberculosis in the population. Mass and group fluorography. Population groups subject to mandatory preventive examinations by fluorography. Disadvantages of the method. Digital fluorography. Advantages of the method. /Пр/	12	1	ОПК-7				
7.9	Immunological research. Research objectives for tuberculosis. Identification of immune status disorders for treatment (immunocorrection) and evaluation of its effectiveness. Determination of drug susceptibility. Key requirements for the quality of molecular biological research. External quality control. /Лек/	12	1	ОПК-7				
7.10	Immunological research methods for tuberculosis. Identification of antigens, antibodies, T-lymphocyte reactions to MBT antigens, and tuberculin skin tests. Identification of T- and B-cells, interleukins, and other levels. Determination of the number and function of phagocytes, the complement system, natural killer cells, and other factors. Use of monoclonal antibodies. Molecular biological research methods (PCR, X-Expert MTB/RIF, Biochip-1 and Biochip-2), etc. / Пр/	12	1	ОПК-7				
7.11	Objectives of immunological research in tuberculosis. Principles and capabilities of the polymerase chain reaction method. The Hain test. Basic requirements for the quality of molecular biological research. /Ср/	12	1	ОПК-7				
	Раздел 8. Tuberculin diagnostics.							

8.1	The goals and objectives of tuberculin diagnostics. Early detection of tuberculosis in children and adolescents. Types of tuberculin and tuberculin tests. The "pivot" of the tuberculin reaction. Evaluation of results. Pediatricians' actions based on Mantoux test results. Factors influencing the results. /Лек/	12	1	ОПК-7				
8.2	Types of tuberculin and tuberculin tests. The intradermal Mantoux test. Test technique. The "turn" of the tuberculin reaction. Analysis of results, differential diagnosis of infectious and post-vaccination tuberculin sensitivity. Indications for referral to a pediatric phthisiopathologist. Indications for chemoprophylaxis based on Mantoux test results. /Пр/	12	1	ОПК-7				
8.3	Koch's subcutaneous test. General, local, and focal reactions. Use of tuberculin tests in individuals at risk for extrapulmonary tuberculosis. Alternative methods. ELISA, Diaskintest. /Пр/	12	1	ОПК-7				
8.4	The history of tuberculin development. Methodological guidelines for tuberculin diagnostics. Objectives of the Grinchar-Karpilovsky skin test. Test technique. Methodology for preparing various tuberculin concentrations. Evaluation of results. The significance of the hyperergic reaction to tuberculin. /Ср/	12	1	ОПК-7				
	Раздел 9. Instrumental research methods.							
9.1	Radiation diagnostic methods for pulmonary tuberculosis include radiography, linear tomography, and fluoroscopy with image intensifier tubes. Low-dose digital fluorography. Ultrasound examination of the pleura and lungs. Clinical interpretation of pathological changes in the lungs and mediastinum. /Лек/	12	1	ОПК-7				
9.2	Radiography, linear tomography, fluoroscopy with image intensifier tubes. Digital fluorography: advantages. Ultrasound examination of the pleura and lungs. Clinical interpretation of pathological changes in the lungs and mediastinum. /Пр/	12	1	ОПК-7				

9.3	Computed tomography. Indications for CT in children with primary tuberculosis. MRI. Theoretical principles. Indications. Radionuclide methods. Radiation diagnostic methods for extrathoracic tuberculosis, including CT and MRI (bone and joint tuberculosis, genitourinary system, abdominal forms of tuberculosis). Ultrasound examinations. /Пр/	12	1	ОПК-7				
9.4	Contrast-enhanced radiography. Bronchography – general and selective. Fistulography and pleurography. Pulmonary angiograpgy. Pneumomediastinography. /Ср/	12	1	ОПК-7				
	Раздел 10. Bronchological research methods.							
10.1	Bronchoscopy: purpose, indications, and contraindications for diagnostic and therapeutic bronchoscopy. Diagnostic procedures during bronchoscopy. Obtaining specimens for examination (microbiological, cytological, and histological). Complications. Bronchioloalveolar lavage: indications and procedure. /Пр/	12	1	ОПК-7				
10.2	Rigid bronchoscopy (RBS) and fiberoptic bronchoscopy (FBS): indications and contraindications for diagnostic and therapeutic bronchoscopy. Preparation for the examination. Examination technique. Complications of RBS associated with anesthesia and RBS technique. Complications of FBS. /Ср/	12	1	ОПК-7				
	Раздел 11. Study of external respiratory function.							
11.1	Spirometry: purpose, indications, contraindications. Research methodology. Interpretation of results. Factors influencing results. Assessment of lung diffusion capacity, whole body plethysmography, total lung capacity (TLC). Characteristic changes in tuberculosis. /Пр/	12	1	ОПК-7				

11.2	Main types of ventilation disorders. Classification of respiratory failure. Acid-base balance. Stress and pharmacological tests to detect latent respiratory dysfunction. Comprehensive assessment of respiratory function during tuberculosis treatment. Cardiovascular function tests (ECG, phonocardiography, echocardiography). Clinical interpretation of test results. /Ср/	12	1	ОПК-7				
	Раздел 12. Surgical research methods.							
12.1	The purpose and objectives of surgical examination methods. Needle methods: Pleural puncture, main indications. Procedure. Complications. Needle biopsy - aspiration and puncture. Approaches (transbronchial, transthoracic, etc.). Methods of examining the obtained material (cyto-, histo-, bacteriological, immunohistochemical, electron microscopic). Informative value. Complications. /Пр/	12	1	ОПК-7				
12.2	Open (minor) diagnostic procedures: peripheral lymph node biopsy, prescalene (transcervical) biopsy. Indications and procedures. Open lung biopsy. Indications for open lung biopsy. Information content. Complications. /Пр/	12	1	ОПК-7				
12.3	Endosurgical procedures: thoracoscopy with pleural biopsy, mediastinoscopy, laparoscopy. Indications. Information content. Video-assisted thoracoscopy. Indications, placement of artificial pneumothorax, and procedure. Complications of thoracoscopy, their prevention and treatment. Mediastinoscopy. Laparoscopy. Indications, procedure, and biopsy sampling. Complications of mediastinoscopy and their management. /Ср/	12	0,7	ОПК-7				
	Раздел 13. Classification of tuberculosis.							
13.1	Sections of the working classification. Formulation of the diagnosis of tuberculosis and its change as a result of treatment. International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (WHO, 1995), ICD-10. Section "Tuberculosis" (A15–A19). /Лек/	12	1	ОПК-7				

13.2	Working Classification. Basic Principles and Sections of Tuberculosis Classification. Formulating a Tuberculosis Diagnosis and Its Changes as a Result of Treatment. International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (WHO, 1995), ICD-10. Tuberculosis Section (A15–A19). /Пр/	12	1	ОПК-7				
13.3	ICD-10 Codes. Additional Tuberculosis Coding. TB Classification Based on WHO Recommendations and the DOTS Strategy. TB Case Characteristics. /Ср/	12	1	ОПК-7				
13.4	/ЗачётСОц/	12		ОПК-7				
	Раздел 14. Clinical picture.							
14.1	Disseminated pulmonary tuberculosis. Epidemiology, pathogenesis, and pathological anatomy. Acute, subacute, and chronic disseminated pulmonary tuberculosis. Miliary tuberculosis. Clinical presentation, radiographic characteristics. Complications /Пр/	12	1	ОПК-7				
14.2	Characteristics of disseminated tuberculosis with early and late dissemination. Clinical variants of acute disseminated tuberculosis. Diagnosis and ex juvantibus therapy. Treatment and outcomes, outpatient follow-up. Differential diagnosis of disseminated tuberculosis. /Ср/	12		ОПК-7				
14.3	Focal tuberculosis. Features of the secondary period of tuberculosis infection. Clinical and radiographic forms of focal tuberculosis. Diagnosis, treatment, and outcomes. Pulmonary tuberculoma. Pathogenesis and pathological anatomy. Clinical presentation, radiographic characteristics. Complications. Outcomes. Differential diagnosis of focal tuberculosis and tuberculomas. Diagnostic features of localized and disseminated forms of pulmonary tuberculosis. /Пр/	12	1	ОПК-7				
14.4	Infiltrative pulmonary tuberculosis. Caseous pneumonia. Epidemiology, pathogenesis, and pathological anatomy. Clinical presentation, radiographic characteristics (types of infiltrates). Pathomorphology of lobar and lobular caseous pneumonia. Complications. Treatment and outcomes. /Лек/	12	1	ОПК-7				

14.5	Infiltrative pulmonary tuberculosis. Caseous pneumonia. Epidemiology, pathogenesis, clinical presentation, radiographic characteristics (types of infiltrates). Pathomorphology of lobar and lobular caseous pneumonia. Complications. Outcomes. Differential diagnosis. /Пр/	12	1	ОПК-7				
14.6	Caseous pneumonia. Clinical features. Causes of the acutely progressive course. Radiographic findings. Complications and outcomes. Differential diagnosis. Treatment principles. Surgical treatment. /Ср/	12		ОПК-7				
14.7	Pulmonary tuberculoma. Classification and morphological types of tuberculomas. Clinical and radiographic characteristics. Complications. Outcomes. Differential diagnosis with rounded lesions. /Ср/	12		ОПК-7				
14.8	Destructive chronic forms of pulmonary tuberculosis: cavernous, fibrocavernous, and cirrhotic pulmonary tuberculosis. Epidemiology, pathogenesis, and pathological anatomy. Clinical presentation, radiographic characteristics, and complications. Outcomes. /Лек/	12	1	ОПК-7				
14.9	Destructive chronic forms of pulmonary tuberculosis: cavernous, fibrocavernous. Causes of development. Epidemiological significance of these forms. Pathogenesis and pathological anatomy. Clinical and radiological characteristics. Complications. Outcomes. Differential diagnosis. /Пр/	12	1	ОПК-7				
14.10	Cirrhotic pulmonary tuberculosis. Definition. Epidemiology, pathogenesis, and pathomorphology. Clinical presentation, radiographic characteristics. Complications. Outcomes. /Ср/	12		ОПК-7				
14.11	uberculosis pleurisy. Tuberculosis of the upper respiratory tract, oral cavity, trachea, and bronchi. Epidemiology, pathogenesis, and pathological anatomy. Clinical presentation, radiographic characteristics. Complications. Differential diagnosis. /Пр/	12	2	ОПК-7				
14.12	Classification of pleurisy. Pleural tuberculosis. Pleural empyema. Epidemiology, pathogenesis, and pathological anatomy. Clinical presentation, radiographic characteristics. Complications. Diagnosis. Outcomes. /Ср/	12		ОПК-7				

14.13	Respiratory tuberculosis combined with dust-induced occupational lung diseases. Silicosis. Anthracosis. Asbestosis. Diagnosis. Clinical presentation. Diagnostic criteria. Complications. /Ср/	12	1	ОПК-7				
	Раздел 15. Extrapulmonary tuberculosis.							
15.1	Clinical classification of extrathoracic tuberculosis. Tuberculosis of the hip, shoulder, and knee joints. TB of the spine. Pathogenesis and pathological anatomy. Phases and stages of the process. Symptoms and main clinical signs. Complications: general, local inflammatory, and orthopedic. Outcomes. Clinical cure. Residual changes. /Пр/	12	1	ОПК-7				
15.2	Tuberculosis of small joints and flat bones. Pathogenesis and pathological anatomy. Classification. Phases and stages of the process. Symptoms and main clinical signs. Complications. Clinical cure. Residual changes. /Ср/	12	1	ОПК-7				
15.3	Tuberculosis of the kidneys and urinary tract. Classification of renal tuberculosis. Clinical presentation. Tuberculosis of the ureter and bladder. Tuberculosis of the male genital tract. Tuberculosis of the female genital tract. Classification. Differential diagnosis. Complications. /Пр/	12	1	ОПК-7				
15.4	General classification features of tuberculosis of various organs and systems. Pathogenesis of extrathoracic lesions. Classification and diagnosis. Diagnosis and differential diagnosis. Treatment: conservative and surgical (indications). Risk groups for genitourinary and osteoarticular tuberculosis, ocular tuberculosis, and abdominal tuberculosis. Reasons for late detection of extrathoracic forms of tuberculosis. /Ср/	12	1	ОПК-7				
15.5	Tuberculosis of the intestines, peritoneum, and mesenteric (retroperitoneal) lymph nodes. Pathogenesis and pathological anatomy. Clinical presentation: local and systemic manifestations, radiographic findings. Diagnostic laparoscopy and biopsy. Differential diagnosis. /Пр/	12	1	ОПК-7				

15.6	Tuberculosis of the peripheral lymph nodes. Other (rare) locations of abdominal tuberculosis include tuberculosis of the esophagus and stomach, liver, spleen, and pancreas. /Ср/	12		ОПК-7				
15.7	Tuberculosis of the meninges and central nervous system. Cerebral tuberculoma. Epidemiology. Pathogenesis and pathological anatomy. Clinical manifestations of the main forms of meningitis (basilar, meningoencephalitis, spinal). Characteristics of the course in young children. Diagnostics. /Лек/	12	1	ОПК-7				
15.8	Tuberculosis of the meninges and central nervous system. Cerebral tuberculoma. Epidemiology. Pathogenesis and pathological anatomy. Clinical manifestations. Diagnosis. Changes in cerebrospinal fluid parameters. Complications. Outcomes. Differential diagnosis /Пр/	12	1	ОПК-7				
15.9	Pediatrics. Characteristics of the course of tuberculous meningitis in young children. Diagnosis. Changes in cerebrospinal fluid parameters. Complications. Outcomes. Differential diagnosis with meningitis of various etiologies. /Ср/	12	1	ОПК-7				
15.10	Tuberculosis of the eyes. Clinical forms. Tuberculosis of the skin and subcutaneous tissue. Classification. Diagnosis and clinical presentation of various manifestations. Course and outcome. Tuberculosis of the endocrine system: adrenal glands, thyroid gland, hypothalamus, and pituitary gland. Tuberculous pericarditis. Complications. Tuberculous polyserositis. /Ср/	12	2	ОПК-7				
	Раздел 16. Characteristics of tuberculosis in children and adolescents. Tuberculosis in the elderly and senile.							
16.1	Primary TB. Tuberculosis intoxication, clinical presentation, diagnosis, and treatment. Primary tuberculosis complex. Tuberculosis of the intrathoracic lymph nodes. Clinical and radiographic stages, forms, and clinical course variants. /Пр/	12	1	ОПК-7				
16.2	Primary TB. Morphological changes in primary tuberculosis intoxication. Diagnosis. Anatomy of the intrathoracic lymph nodes. Chronic primary tuberculosis. Complications of primary tuberculosis. /Ср/	12		ОПК-7				

16.3	Secondary TB. Disseminated TB. Infiltrative, focal pulmonary TB in older children and adolescents. / Ср/	12		ОПК-7				
16.4	xtrapulmonary tuberculosis in children and adolescents. TB pleurisy. TB meningitis. TB of bones and joints. /Пр/	12	1	ОПК-7				
16.5	Extrathoracic tuberculosis in children and adolescents. TB of the peripheral lymph nodes. Abdominal TB. Complications. Tuberculosis of the eyes and skin. Pathogenesis. Clinical presentation. /Ср/	12		ОПК-7				
16.6	Tuberculosis in the elderly and senile. Old TB. Senile TB. Variations of the disease course. Features of drug treatment. /Ср/	12	1	ОПК-7				
	Раздел 17. Tuberculosis and AIDS are infections. Tuberculosis and motherhood.							
17.1	Tuberculosis and HIV infection. Features of TB diagnosis and progression in HIV-infected individuals. Detection of tuberculosis in individuals with HIV infection. Screening for tuberculosis in individuals with HIV infection. Key principles of co-infection treatment. Collaboration between the AIDS center and the TB center. /Пр/	12	1	ОПК-7				
17.2	Tuberculosis and HIV infection. Epidemiology. Diagnosis of tuberculosis and HIV infection. Chemotherapy and ART, timing. Isoniazid prophylaxis. Co-trimoxazole prophylaxis. TB in socially disadvantaged individuals. /Ср/	12		ОПК-7				
17.3	Tuberculosis and motherhood. Clinical presentation. TB that first develops during pregnancy. The impact of pregnancy on tuberculosis. The impact of tuberculosis on pregnancy and childbirth. Diagnosis. Pregnancy management in women with tuberculosis. Neonatal care. Treatment considerations. /Ср/	12	1	ОПК-7				
	Раздел 18. Tuberculosis with concomitant and background diseases and conditions.							
18.1	Tuberculosis and gastrointestinal diseases. Characteristics of TB in combination with gastric ulcers. Basic drug therapy for gastric ulcers. /Пр/	12	1	ОПК-7				

18.2	TB and diabetes. TB and lung cancer. The impact of the combination on the course of each disease. Treatment strategies. The role of comorbidities in tuberculosis relapse. Peculiarities of clinical manifestations. Radiographic characteristics. Laboratory diagnostics. Treatment strategies and outcomes. Prevention. /Ср/	12	1	ОПК-7				
18.3	Tuberculosis and liver disease. Toxic drug-induced hepatitis. TB combined with viral hepatitis B and liver cirrhosis. TB and alcohol or drug addiction. TB and mental illness. /Пр/	12	1	ОПК-7				
18.4	Tuberculosis and chronic nonspecific lung diseases. COPD. Chronic cor pulmonale in tuberculosis. Pathogenesis mechanisms. Clinical manifestations. Diagnosis and treatment. /Лек/	12		ОПК-7				
18.5	Tuberculosis and chronic nonspecific lung diseases. COPD, bronchial asthma. Chronic cor pulmonale in tuberculosis. Pathogenesis mechanisms. Clinical manifestations. Diagnosis and treatment. TB and cardiovascular diseases. /Пр/	12	1	ОПК-7				
18.6	/КрТО/	12	0,3	ОПК-7				
	Раздел 19. acute and urgent conditions.							
19.1	Hemoptysis and bleeding. Classification, mechanism of development, distinctive features. Methods for determining the source of bleeding. Spontaneous pneumothorax. Pathogenesis and pathological anatomy. Clinical presentation. Diagnosis. Treatment algorithm. Recurrent spontaneous pneumothorax. Pulmonary embolism. /Пр/	12	1	ОПК-7				
19.2	Emergencies in the Clinic of Pulmonary Tuberculosis. Toxic shock syndrome. Clinical manifestations. Phases of the process. Treatment. Clinical picture. Diagnosis. Treatment algorithm. Acute respiratory distress syndrome in adults. Causes, clinical manifestations, and treatment of ARDS. /Ср/	12	1	ОПК-7				
19.3	/ЗачётСОц/	12		ОПК-7				
	Раздел 20. Differential diagnosis.							

20.1	Diagnostic algorithm for tuberculosis. Identification of changes in organs and tissues characteristic of TB. Indirect methods: medical history and physical examination; biochemical and functional studies. Direct methods: visualization of structural changes: in tissues – morphological diagnostics; in organs – radiographic diagnostics. Detection of the causative agent of tuberculosis. Indirect methods: tuberculin diagnostics, determination of anti-tuberculosis antibodies, etc. Direct methods: bacterioscopic, bacteriological diagnostics, molecular biological methods /Пр/	12	1	ОПК-7				
20.2	Methods for diagnosing respiratory tuberculosis. Initial patient examination: determining the degree of functional impairment and identifying underlying diseases. Pulmonary tuberculosis as a complication of treatment for other diseases: "steroid tuberculosis: tuberculosis developing during cytostatic therapy and hemodialysis." /Ср/	12	1	ОПК-7				
20.3	Principles of differential diagnosis and components of modern diagnosis. The leading radiographic syndrome as a determinant of the choice and sequence of diagnostic methods. The main diseases that should be included in the differential diagnosis. Disseminated, focal, and infiltrative lung lesions. Pathology of the pulmonary root and mediastinum. Clinical and morphological interpretation of tissue changes in lung diseases. /Пр/	12	1	ОПК-7				
20.4	Differential diagnosis of extrapulmonary tuberculosis. Nonspecific lesions of bones and joints, kidneys, and urinary tract. Lesions of the genital organs. Lesions of the peripheral lymph nodes. Abdominal tuberculosis and other diseases of the abdominal organs. Lesions of the eyes. Skin lesions. /Ср/	12	2	ОПК-7				
	Раздел 21. Treatment of tuberculosis.							

21.1	Organization of treatment under direct supervision. Registration and reporting systems and forms. Cohort analysis. Standard case definitions: new case, previously treated case. Case classification. General principles of tuberculosis treatment. Chemotherapy regimens. Treatment goals. Treatment effectiveness criteria. Components of comprehensive treatment. Chemotherapy (etiotropic anti-tuberculosis therapy) is the main component of patient treatment. Standard and individualized chemotherapy regimens. Monitoring treatment effectiveness. /Лек/	12	1	ОПК-7				
21.2	Patient types: new cases and previously treated patients (unfavorable outcomes, relapses, noncompliance). Treatment methods for newly diagnosed patients and previously treated patients. Treatment monitoring and monitoring timeframes. Treatment outcomes. Chemotherapy regimens for patients with multidrug-resistant pulmonary tuberculosis. Treatment of patients with HIV/ AIDS/TB co-infection. Brief characteristics of anti-tuberculosis drugs. /Пр/	12	1	ОПК-7				
21.3	Anti-tuberculosis drugs (WHO classification, 1998): mechanism of action of drug combinations on mycobacteria. Pharmacological characteristics of individual anti-tuberculosis drugs. Single and daily doses, frequency of administration, routes of administration. Adverse reactions. Combination (multicomponent) anti-tuberculosis drugs. /Ср/	12	2	ОПК-7				
	Раздел 22. Collapse therapy. Surgical treatments for respiratory tuberculosis.							
22.1	Surgical treatments. Indications: insufficient effectiveness of chemotherapy, especially in cases of multidrug-resistant mycobacteria; life-threatening complications and consequences of tuberculosis. Types of surgery: lung resections, pleurectomy, etc. Thoracoscopic surgeries. Indications for primary surgeries for pulmonary tuberculosis. Contraindications. /Лек/	12	1	ОПК-7				

22.2	Surgical treatments. Indications and contraindications. Preparation for surgery. Types of surgery: lung resections, pleurectomy, decortication, thoracoplasty, cavernotomy, bronchial and vascular ligation, empyema drainage, cavity drainage. Thoracoscopic surgeries. Indications for the main surgeries for pulmonary tuberculosis. /Пр/	12	1	ОПК-7				
22.3	The importance of artificial pneumothorax and pneumoperitoneum in modern conditions. Mechanism of therapeutic action. Indications and contraindications. Tactics and methods of collapse therapy. Factors influencing outcome. Complications and measures to prevent them. /Ср/	12	1	ОПК-7				
	Раздел 23. Surgical methods of treatment of tuberculosis of extrapulmonary localizations.							
23.1	Treatment methods and goals. Indications. Diagnostic, therapeutic, and therapeutic-diagnostic operations (manipulations). /Лек/	12	1	ОПК-7				
23.2	Diagnostic, therapeutic, and diagnostic-therapeutic surgeries (manipulations). Radical, restorative, organ-preserving, plastic, reconstructive, and auxiliary surgeries. Indications and contraindications for each type of surgical intervention. /Пр/	12	1	ОПК-7				
23.3	Classification of surgeries. Orthopedic treatment methods and approaches. The role of sanatorium treatment for patients with osteoarticular tuberculosis. /Ср/	12	1	ОПК-7				
	Раздел 24. Pathogenetic therapy. Outpatient and sanatorium treatment.							
24.1	Pathogenetic therapy methods. Rationale for use. Glucocorticoids. Antioxidants. Stimulating therapy (biogenic and pyrogenic stimulants, thymic hormones). Extracorporeal hemocorrection methods. Mechanisms of action. Methods of use. Indications and contraindications for use. /Пр/	12	1	ОПК-7				
24.2	Methodology for the sequential use of pathogenetic agents. Methods for monitoring the effectiveness of pathogenetic therapy, complications, and their prevention. Collapse therapy: pneumothorax apparatus: design, principle of operation. /Ср/	12	1	ОПК-7				

24.3	Outpatient treatment. Outpatient treatment as a stage – the maintenance phase of controlled chemotherapy. Types of outpatient treatment (day hospitals). The role of primary health care in organizing and implementing outpatient treatment. /Пр/	12	2	ОПК-7				
24.4	Sanatorium treatment. Indications and contraindications for sanatorium treatment. Sanatoriums in various climatic and geographic zones. /Ср/	12	1	ОПК-7				
	Раздел 25. Prevention of tuberculosis.							
25.1	Active specific tuberculosis prophylaxis. BCG and BCG-M vaccines. Timing, indications, and contraindications. Evaluation and recording of local vaccination reactions. Effectiveness of tuberculosis vaccinations. Vaccination complications, their causes, and treatment. Chemoprophylaxis and other forms of TB prevention. /Лек/	12	2	ОПК-7				
25.2	BCG and BCG-M vaccines. History of development, preparation methods, quality criteria, and suitability for use. Indications and contraindications. Vaccine administration technique. Characteristics of immunomorphological reactions. Monitoring the course of the vaccination reaction. Vaccination complications, their causes, and treatment. International classification of complications. BCG vaccination in other countries. Prospects for the development of new tuberculosis vaccines. /Пр/	12	2	ОПК-7		2		
25.3	Rationale for preventive chemotherapy. Sanitation measures: registration and isolation of bacteria carriers, disinfection, and public health education. Measures to prevent tuberculosis transmission from animals. Measures to prevent tuberculosis in healthcare workers. /Ср/	12	1	ОПК-7				
25.4	Tuberculosis chemoprophylaxis – primary and secondary. Drugs used, doses, methods, and timing of chemoprophylaxis. Groups of individuals requiring preventive therapy. /Пр/	12	2	ОПК-7		2		

25.5	Organization of preventive treatment for children and adolescents at risk for TB. Effectiveness of chemoprophylaxis and alternative regimens. Chemoprophylaxis in HIV-infected children and adolescents. /Ср/	12	1	ОПК-7				
25.6	Sanitary prevention of tuberculosis. Objective. Organizing the registration of bacteria excretors. Characteristics of tuberculosis infection foci. Grouping of tuberculosis foci in the Kyrgyz Republic and the Russian Federation. The scope and tactics of preventive measures in tuberculosis infection foci. Disinfection agents and methods for tuberculosis. /Пр/	12	2	ОПК-7		1		Joint activities of primary health care, sanitary and epidemiological surveillance authorities and anti-tuberculosis service.
25.7	Social prevention. Social measures necessary to improve health and promote a healthy lifestyle. The fight against tuberculosis in the Kyrgyz Republic and the Russian Federation is a matter of national importance. State legal documents provide the legislative framework for social prevention of tuberculosis. Sanitary awareness raising on tuberculosis. /Ср/	12	1	ОПК-7				
25.8	/ЗачётСОц/	12		ОПК-7				

5. ФОНД ОЦЕНОЧНЫХ СРЕДСТВ

5.1. Контрольные вопросы и задания

Test questions for the FIRST SEMESTER OF STUDY:

Know:

1. History of the development of phthisiology. Key stages in the development of phthisiology in Russia. The Soviet period in the development of phthisiology.
2. Development of the phthisiology service in Kyrgyzstan. The role of the National Phthisiology Center in organizing phthisiology care for the population.
3. International cooperation in the field of tuberculosis. The role of the World Health Organization, the International Union Against Tuberculosis, and the Global Fund to Fight TB, AIDS, and Malaria.
4. Policy documents for tuberculosis control in the Kyrgyz Republic.
5. International tuberculosis programs: DOTS and DOTS (+) strategies, the WHO Stop TB Strategy.
6. The 5 principles of the DOTS strategy.
7. National TB Control Programs in the Kyrgyz Republic "TB-1, 2, 3, 4"
8. Epidemiological Situation with Respect to Tuberculosis in Various Countries and Regions.
9. Definition - What is Tuberculosis?
10. Sources of Tuberculosis. Tuberculosis Reservoir. Susceptible Organism. The Role of Primary Infection, Endogenous Reactivation, and Exogenous Superinfection.
11. Measures to Prevent Tuberculosis Transmission.
12. Patterns of the Epidemiological Process. Airborne and Airborne Dust, Alimentary, Contact, and Intrauterine Routes of Infection.
13. Measures to Reduce the Number of Tuberculosis Sources and Prevent Tuberculosis Transmission.
14. Factors Increasing the Risk of Tuberculosis. Migration, Demographic, and Social Factors.
15. Population Groups at Increased Risk of Tuberculosis.
16. Social and medical-biological risk factors.
17. Measures to reduce the tuberculosis reservoir and increase population immunity to the disease.
18. Indicators characterizing the epidemic process. Intensive (mortality, morbidity, morbidity, etc.) and extensive (characteristics of the structure of the phenomenon) indicators.
19. Basic principles of anti-tuberculosis work in the Kyrgyz Republic and the Russian Federation. Prevention, detection, and treatment of tuberculosis.
20. Rehabilitation and social protection of TB patients.

21. Structure and organization of anti-tuberculosis services.
22. Anti-tuberculosis dispensary – TB control center. Main tasks: planning, organizing, and methodologically managing all anti-tuberculosis measures in the service area (timely and high-quality diagnosis of tuberculosis, qualified treatment of patients, analysis of epidemiological indicators, etc.).
23. Centralized control over the diagnosis of tuberculosis and the treatment of newly diagnosed patients. Registration and reporting.
24. Organization of the tuberculosis hospital.
25. Organization of the tuberculosis room. Duties of the tuberculosis room physician.
26. Medical documentation used for the registration and accounting of patients at the tuberculosis dispensary.
27. Basic reporting forms for tuberculosis institutions.
28. General principles of medical deontology and ethics, their role in phthisiology.
29. Organization of dispensary work. Dispensary observation groups and accounting of contingents of tuberculosis institutions in the Kyrgyz Republic and the Russian Federation.
30. Key indicators of dispensary performance. Analysis and forecasting of the epidemiological situation in the service area.
31. Infection control (IC) in healthcare organizations. IC levels and measures.
32. Implementation of Infection Control in Healthcare Organizations
33. The Main Goals and Objectives of TB Control Centers: Diagnostic confirmation of tuberculosis, registration of identified patients, and evaluation of treatment outcomes.
34. Conducting contact TB preventive measures (information and education, chemoprophylaxis, etc.)
35. Grouping dispensary contingents for observation and registration of adults.
36. Specifics of TB patient identification from the perspective of the DOTS strategy.
37. Patient identification upon presentation: patient-initiated method. The main symptoms of TB: intoxication and chest symptoms.
38. Physician's actions if tuberculosis is suspected at any location.
39. Microscopic examination of sputum according to Ziehl-Neelsen, the importance of the method.
40. Rules for collecting sputum or other pathological material and the place where it is collected.
41. Algorithm of physician actions based on the results of the method.
42. Indications for referral to a phthisiatrician for an accurate diagnosis.
43. The role of primary health care in the detection and treatment of TB. The scope of examination of patients suspected of having TB.
44. Active detection of TB patients: screening examination (fluorographic) of the population. Population groups subject to mandatory and systematic fluorographic examination for TB.
45. Risk groups subject to examination regardless of the presence or absence of signs of the disease (with an increased risk of relapse and tuberculosis, decreed contingents). Frequency of examination. Unscheduled medical examinations to detect tuberculosis.
46. Risk groups for extrapulmonary tuberculosis.
47. Methods for the timely detection of tuberculosis patients among urologists and gynecolog
Test Questions for the SECOND SEMESTER
Knowledge:
1. Principles of clinical examination.
2. Study of complaints (intoxication syndrome and chest symptoms) and anamnesis.
3. The importance of anamnesis, examination, percussion, and auscultation in the examination of a patient with respiratory tuberculosis. (Gender, age, marital status. Educational background. Previous illnesses. Presence of comorbidities (diabetes mellitus, alcoholism, COPD, etc.). Unfavorable working and living conditions, lifestyle, possible contact with a patient with tuberculosis.)
4. Methods and stages of examination of patients with tuberculosis (ODM, DMI-1, DMI-2, FMI).
5. Algorithm for detecting tuberculosis in drug-resistant institutions.
6. Methods of objective examination of the patient. Importance of examination data: (general condition, conformity of appearance with age, color of skin and mucous membranes, etc.). 7. Significance of palpation data: (chest deformation, tenderness); percussion, auscultation: (breathing pattern, presence of catarrhal symptoms, their location), examination of other organs.
8. Diagnostic features of limited and disseminated forms of pulmonary tuberculosis.
9. Clinical and biochemical blood tests. Study of the blood coagulation system.
10. Hormonal studies.
11. Use of biochemical research methods in extrapulmonary tuberculosis.
12. Microbiological studies. Objectives (identifying the most epidemiologically dangerous tuberculosis patients, verifying the diagnosis, determining treatment tactics, assessing treatment effectiveness and prognosis, for epidemic control) and objects (fluids (usually sputum) and tissues obtained during examination of various organs).
13. Classical methods: - sputum smear microscopy and culture (sowing) with identification of the mycobacterium species.
14. Ziehl-Neelsen sputum smear microscopy is a mandatory testing method in general healthcare facilities.
15. Quantitative analysis of microscopy results. Procedure for general healthcare physicians to evaluate the results. Advantages and disadvantages of the method.
16. Flotation and luminescence microscopy.
17. Material collection and microscopy in extrapulmonary tuberculosis.
18. Culture method. Advantages and disadvantages. Collection of diagnostic material. Principles of pre-culture processing of diagnostic material.
19. Sowing and incubation techniques. Nutrient media. Evaluation and recording of culture results.
Determination of drug susceptibility. Absolute concentration method. Proportion method. Resistance criteria. Clinical and epidemiological significance. Differentiation of mycobacteria.
20. Epidemiology of MDR-TB globally and in the Kyrgyz Republic. Detection and diagnosis of MDR-TB patients.
21. Basic principles of treatment of MDR-TB patients under the DOTS-Plus program.
22. Methods for accelerated determination of drug resistance – the automated BACTEC MGIT-960 system, immunogenetic methods.
23. Chest fluorography – screening, active detection of tuberculosis in the population.

24. Mass and group fluorography. Population groups subject to mandatory preventive examinations by fluorography. Disadvantages of the method.
25. Digital fluorography. Advantages of the method.
26. Immunological studies. Objectives of tuberculosis research. Identification of immune status disorders for treatment (immunocorrection) and assessment of its effectiveness. Determination of drug susceptibility.
27. Objectives and methods of immunological research in tuberculosis: determination of antigens, antibodies, T-lymphocyte reactions to MBT antigens, tuberculin skin tests. Determination of T- and B-cells, interleukins, etc.
28. Molecular biological research methods (PCR, Gene-Expert RIF/MBT, GenoTypeMTBDRsl (Hain test), Biochip-1 and Biochip-2), etc.
29. Principles and capabilities of the polymerase chain reaction method.
30. Basic requirements for the quality of molecular biological research. External quality control.
31. The history of the development of tuberculin. Methodological guidelines for tuberculin diagnostics.
32. Goals and objectives of tuberculin diagnostics.
33. Organization of early detection of tuberculosis in children and adolescents.
34. Types of tuberculin and tuberculin tests. "Turning Points" of the Tuberculin Reaction
35. Evaluation of Results. Significance of the Hyperergic Reaction to Tuberculin
36. Pediatricians' Actions Based on the Mantoux Test Results. Factors Affecting the Results
37. Alternative Methods. ELISA, Diaskintest
38. Indications for Prescribing Chemoprophylaxis Based on the Mantoux Test Results
39. Koch's Subcutaneous Skin Test. Objectives and Methodology. Responses of a Sensitized Organism. General, Local, and Focal Reactions
40. Objectives and Methodology of the Grinchar-Karpilovsky Graduated Skin Test. Method for Preparing Different Tuberculin Concentrations. Evaluation of Results
41. Use of Tuberculin Tests in Individuals at Risk for Extrapulmonary Tuberculosis
42. Radiation Diagnostic Methods for Respiratory Tuberculosis: Radiography, Linear Tomography, Electron-Optic Fluoroscopy

5.2. Темы курсовых работ (проектов)

Курсовая работа не предусмотрена

5.3. Фонд оценочных средств

FRONTAL SURVEY. See section 5.1 for a list of questions.

TESTS.
Sample Test Questions for Current Monitoring
Choose one correct answer

1. Key Epidemiological Indicators of Tuberculosis
1. Infection, morbidity, abacillation
2. Incidence, morbidity, mortality
3. Incidence, cavitation closure, morbidity
4. Morbidity, mortality, infection
5. Abacillation, cavitation closure, transfer from the active to the inactive group
end

2. The following are most often exposed to tuberculosis infection and disease through contact with a bacteria carrier:
1. Young children
2. Children aged 10-12 and adolescents
3. Young adults under 39
4. Middle-aged individuals (40-59 years)
5. Elderly individuals (60 years and older)

3. High incidence of tuberculosis in the population can be attributed to the detection of:
1,100 cases per 100,000 Population
2.60-90 cases per 100,000 population
3.30-50 cases per 100,000 population
4.20 cases per 100,000 population
5.10 cases per 100,000 population

4. What clinical forms of respiratory tuberculosis are included in the modern clinical classification?
1. Early tuberculosis intoxication
2. Cirrhotic pulmonary tuberculosis
3. Hematogenous disseminated pulmonary tuberculosis
4. Acute miliary pulmonary tuberculosis, caseous pneumonia
5. Lobar pneumonia, pleural empyema

5. Name one of the main methods for identifying patients with tuberculosis when visiting a general health care network.
1. Epidemiological history
2. Complete blood count

3. Sputum bacteriological examination for BK
4. Triple sputum bacterioscopy for BK
5. Chest X-ray

6. For the timely detection of tuberculosis, it is necessary to conduct
1. Mass preventive screening of the population for tuberculosis
2. Screening of patients for tuberculosis in general and specialized health care facilities
3. Regular and high-quality screening of risk groups for tuberculosis
4. Public health education
5. All of the above

7. Frequency Fluorographic screening of designated population groups for tuberculosis
1. At least twice a year
2. At least once a year
3. At least once every 2 years
4. At least once every 3 years
5. At least once per quarter

8. What are the advantages of bacterioscopy over radiographic diagnosis of respiratory tuberculosis?
1. The probability of a correct diagnosis with bacterioscopy is significantly higher (98% of cases).
2. Bacterioscopy identifies epidemiologically dangerous cases of tuberculosis.
3. Bacterioscopy allows for the correct prioritization of treatment for different cases of tuberculosis.
4. Bacterioscopy is the most objective method for monitoring treatment.
5. All of the above.

9. Mycobacteria in a patient's body can be found in the following populations:
1. Metabolically active mycobacteria
2. Mycobacteria phagocytosed by macrophages (intracellular)
3. Inactive (dormant, persistent, semidormant), producing spontaneous outbreaks of activity
4. Dormant (gradually dying) mycobacteria
5. All of the above

10. Name the main properties of L-forms of BK that have clinical and epidemiological significance
1. Avirulence
2. Drug resistance
3. Persistence and reversion
4. Polymorphism
5. Variability

11. Direct bacterioscopy is mandatory in the presence of
1. Prolonged low-grade fever
2. Prolonged fever
3. Cough for more than three months
4. Cough for more than two months
5. Cough for more than two to three weeks

12. Sputum examination for BK by bacterioscopy 2-3 times is indicated in the following patients:
1. With the following symptoms: cough with sputum production for 2-3 weeks or more, chest pain, Hemoptysis, fever, weight loss.
2. Those in contact with a patient with tuberculosis
3. Those with severe comorbidities
4. Those with a "turnaround" in tuberculin tests
5. Those with a history of tuberculosis

13. What inflammatory changes in organs and tissues are typical in tuberculosis?
1. Nonspecific
2. Paraspecific
3. Productive
4. Caseous
5. Exudative

14. What is the basic structure of a tuberculous nodule?
1. Alteration
2. Pirogov-Langhans giant cells
3. Macrophages
4. Lymphocytes
5. Caseation

15. Based on the nature of morphological manifestations, the following type of inflammation predominates in infiltrative tuberculosis

1. Alternative
2. Exudative
3. Productive
4. Mixed
5. Caseous

16. In caseous pneumonia, the following type of inflammatory reaction predominates morphologically
1. Exudative
2. Alternative
3. Proliferative
4. Dependent on location
5. Dependent on the type of tuberculosis

17. Mass tuberculin testing is a method...
1. Confirmation of active tuberculosis
2. Detection of residual post-tuberculous changes
3. Early diagnosis of tuberculosis
4. Diagnosis of chronic obstructive pulmonary disease
5. Immunoprophylaxis of tuberculosis

18. What is Tuberculin?
1. Killed Mycobacterium tuberculosis
2. Weakened Mycobacterium tuberculosis
3. A waste product of Mycobacterium tuberculosis
4. Broth with Mycobacterium tuberculosis
5. L-forms of Mycobacterium tuberculosis

19. The purpose of the Mantoux intradermal test with 2 TE?
1. To determine
Отправить отзыв
Чтобы увидеть весь перевод, нажимайте на стрелки.

5.4. Перечень видов оценочных средств

Frontal Survey
Tests
Situational Task
Report with Presentation
Patient Care, Examination, and Treatment

Patient Care and Management (Ongoing Monitoring)
1. Familiarize yourself with the clinical presentation of tuberculosis – 5%.
2. Comply with the rules established by the Republican Center for Phthisiology (RCP) – 5%.
3. Establish a trusting rapport with the patient – 5%.
4. Collect complaints, medical history, and the patient's lifestyle – 5%.
5. Conduct a therapeutic examination and examination of the patient's internal organ systems – 10%.
6. Describe the patient's phthisiological status – 15%.
7. Make a preliminary diagnosis – 5%.
8. Analyze laboratory data – 5%.
9. Conduct a differential diagnosis of tuberculosis – 10%. 10. Establish a clinical diagnosis – 15%.
11. Determine the proposed treatment strategy – 10%.
12. Write a stage-by-stage or discharge summary in the patient's medical record – 5%.
13. Briefly summarize the etiology, pathogenesis, clinical presentation, and treatment of tuberculosis according to protocol and literature sources – 5%.

Test grading scales are in APPENDIX 1
Presentation report grading scales are in APPENDIX 1
Oral quiz grading scales (interim assessment – "KNOW") are in APPENDIX 1
Analytical and practical assignment grading scales (interim assessment – "KNOW HOW and MASTER") are in APPENDIX 1
Situational problem grading scales are in APPENDIX 2
List of situational problems with sample answers is in APPENDIX 2
Discipline flow chart is in APPENDIX 3
Отправить отзыв

6. УЧЕБНО-МЕТОДИЧЕСКОЕ И ИНФОРМАЦИОННОЕ ОБЕСПЕЧЕНИЕ ДИСЦИПЛИНЫ (МОДУЛЯ)

6.1. Рекомендуемая литература

6.3. Перечень информационных и образовательных технологий

6.3.1 Компетентностно-ориентированные образовательные технологии

6.3.1.1	6.3.1.1 Traditional Educational Technologies: Reproductive educational technologies are used to organize the study of the discipline, including explanatory and illustrative lectures, explanatory and explanatory practical exercises, solving situational problems, and analyzing educational case histories by nosology

6.3.1.2	6.3.1.2 Innovative Educational Technologies: Interactive educational technologies – topics for study are provided, which are monitored through presentations and reports using multimedia. Professors and department instructors make rounds in clinical departments, demonstrating and analyzing patients.
6.3.1.3	6.3.1.3 Information Educational Technologies: Independent use of computers and internet resources by students to complete practical assignments and work independently.
6.3.2 Перечень информационных справочных систем и программного обеспечения	
6.3.2.1	6.3.2.1 Databases, information, reference, and search engines:
6.3.2.2	6.3.2.2. Information retrieval systems: Medline, PubMed, WebofScience
6.3.2.3	6.3.2.3 Problems of tuberculosis and lung diseases www.tibl-journal.com/
6.3.2.4	6.3.2.4 Scientific electronic library: http://elibrary.ru and other sources, including the university's Internet resources.
6.3.2.5	

7. МАТЕРИАЛЬНО-ТЕХНИЧЕСКОЕ ОБЕСПЕЧЕНИЕ ДИСЦИПЛИНЫ (МОДУЛЯ)	
7.1	1. A 30-seat lecture hall at the National Phthisiology Center (NPC) for lectures.
7.2	2. 2 classrooms for practical classes and seminars at the National Phthisiology Center (NPC).
7.3	3. ... (Based on the National Center for Phthisiology (NCPh).
7.4	4. Multimedia system (laptop, projector).
7.5	5. Educational and visual aids providing thematic illustrations.
7.6	6. A set of wall charts (posters) for each clinical form of tuberculosis;
7.7	7. A set of X-ray and tomographic images for pulmonary and extrapulmonary tuberculosis and other pulmonary pathologies.
7.8	8. A set of educational literature recommended by the WHO for the implementation of the DOTS strategy with treatment regimens and other visual aids on the topic.
7.9	9. Electronic library of the discipline (all lectures on the subject, a teaching aid, and teaching and methodological recommendations for classes are available in an electronic version);
7.10	10. A testing system facilitating the training of residents.
7.11	11. Case histories and other medical forms.
7.12	12. Illustrative material (extracts from case histories), including X-ray and tomographic images of inpatients with tuberculosis.

8. МЕТОДИЧЕСКИЕ УКАЗАНИЯ ДЛЯ ОБУЧАЮЩИХСЯ ПО ОСВОЕНИЮ ДИСЦИПЛИНЫ (МОДУЛЯ)

The technological map of the discipline is in APPENDIX 3
ODULAR ASSEMBLY FOR THE DISCIPLINE INCLUDES:
1. Current Assessment: Assimilation of the course material in classroom sessions (lectures, practical exercises, etc.) (including attendance and activity) and completion of mandatory assignments for independent work.
2. Midterm Assessment: Verification of the completeness of knowledge and skills on the module material as a whole. Completion of modular assessments is conducted in writing and is a mandatory component of the modular assessment.
3. Midterm Assessment: The completed, documented portion of the academic course – a set of closely related credit modules.

MAIN REQUIREMENTS FOR THE INTERIM TEST
Residents are required to have their grade books with them when attending the test, which they present to the examiner at the beginning of the test.
The instructor has the right to award a pass without questioning the grade book to residents who have scored more than 60 points on the current and final assessments.
During the interim assessment, residents must correctly answer the theoretical questions on the grade book and complete situational tasks.
Residents may use technical equipment, reference and regulatory literature, visual aids, and curricula. Midterm Assessment Assessment:
- min 20 points - Questions to test the KNOW level of knowledge (if the resident correctly formulates the basic concepts when answering the questions)
- 20-25 points - Tasks to test the BE ABLE to and MASTER the knowledge (if the resident correctly formulates the essence of the problem posed in the ticket and provides recommendations for its solution)
- 25-30 points - Tasks to test the BE ABLE to and MASTER the knowledge (if the assessment task is fully completed)

METHODOLOGICAL GUIDELINES FOR ORGANIZING THE STUDY OF THE DISCIPLINE:
The course consists of 600 hours of classroom instruction, including lectures and practical exercises, and 264 hours of independent work. 36 hours are allocated for exams. The majority of class time is allocated to practical work on specific nosological entities in phthisiological pathology. Studying tuberculosis requires extensive use of patient care, clinical case studies, and the development of practical skills for working with patients. Practical classes include oral interviews, bedside work, demonstrations of thematic videos and other visual aids, solving situational problems, taking tests, analyzing clinical examples, and conducting business role-playing games.
When analyzing tuberculosis nosological entities, it is recommended to adhere to the following sequence:
- definition;

- relevance of the nosological entity being studied and the history of the issue being studied;
- Epidemiology;
- Etiology;
- Pathogenesis, the role of exogenous and endogenous factors, including genetic factors, in the development of the disease, the presence of comorbidities, pathomorphology;
- Clinical presentation;
- Criteria for assessing the severity of the disease at different stages;
- Complications;
- Possible outcomes, criteria for recovery, development of a chronic course, causes of death;
- Laboratory diagnostics;
- Criteria for establishing a diagnosis at different stages of the disease;
- Differential diagnosis;
- Treatment - etiological, pathogenetic, symptomatic, taking into account the age and severity of the disease, provision of emergency medical care in emergency situations in phthisiological pathology, treatment of severe forms of the disease, treatment and prevention of possible complications, inpatient and outpatient treatment;
- Clinical examination, rehabilitation;
- measures in the center of tuberculosis infection
- prevention.

In accordance with the requirements of the Federal State Educational Standard of Higher Professional Education, the extensive use of active learning methods in the educational process (analysis of specific clinical situations, completion of research assignments using online resources, etc.) is required. The proportion of interactive lessons should be at least 10% of classroom time.

INDEPENDENT WORK OF RESIDENTS
involves preparation for practical lessons and includes studying specialized literature on the topic (recommended textbooks, teaching aids, familiarization with materials published in monographs, specialized journals, and recommended medical websites); completing research assignments using online resources; preparing notes, seminar presentations, essays, and multimedia presentations; and conducting business games.
Independent work is considered a type of academic work in the discipline and is completed within the time allotted for independent work. Each student is provided with access to the department's teaching and methodological office and the university's library collections.
The department has developed methodological recommendations for residents for each section, as well as methodological guidelines for instructors. In preparation for practical classes, residents thoroughly study the main clinical forms of tuberculosis, as well as its clinical and radiographic manifestations. By the end of this section, residents should have a comprehensive understanding of tuberculosis as an infectious, socially significant disease with a long, fluctuating course affecting various organs and systems.

Working in a group fosters a sense of teamwork, personal responsibility, and communication skills. Attention should be paid to developing communication skills with patients.
Working with patients promotes ethical behavior, accuracy, and discipline.
The initial level of residents' knowledge is determined during the final class by testing on all topics covered, either computer-based or on paper, and by oral questioning on all topics covered in the "phthisiology" series. Ongoing assessment of subject matter learning is determined during practical classes using a comprehensive approach, including oral interviews, clinical case studies, and standard case studies, photo problems, and test assignments.
Questions on phthisiology are included in the Final State Certification of Graduates in the Phthisiology specialty.

CASE PROBLEM. A sample of the completed project is provided in APPENDIX 1

REPORT WITH PRESENTATION. Guidelines for preparation and writing:
An oral presentation should not be a retelling of someone else's thoughts, but rather an attempt to independently problematize and conceptualize a specific, fairly narrow, and concrete topic. All footnotes in the work are carefully verified and provided with "addresses." It is unacceptable to include excerpts from other authors' works without acknowledging them, to paraphrase another's work closely without citing it, or to use another person's ideas without citing the original source. This also applies to sources.