MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION
MINISTRY OF SCIENCE, HIGHER EDUCATION AND INNOVATION OF THE KYRGYZ REPUBLIC

Interstate Educational Organization of Higher Education
Kyrgyz-Russian Slavic University named after the first President of the Russian Federation B.N. Yeltsin

ENDORSED by
Dean of the Faculty
Filova S.S.
20/11/2025

Infectious diseases

Course outline (Module)

Assigned to **Department of Infectious Diseases**

Academic curriculum 31050151_21_56 LD ин.plx
Specialty 31.05.01. - RF, 560001 - KG General medicine
(for foreign students)

Mode of study **intramural**

Total credit value **9 credit points**

Course hours	324
including:	
In-class learning	176
Individual work	111,7
exams	35,5

Scope of testing semester:
exams 10
credits 9

Course hours scheduling (per semester)

Semester Academic Year	9 (5.1)		10 (5.2)		Total	
Weeks	16		16			
Type of training	AC	CO	AC	CO	AC	CO
Lectures	16	16	32	32	48	48
Practical sessions	64	64	64	64	128	128
Contact work during theoretical training	0,3	0,3			0,3	0,3
Contact work during the examination session			0,5	0,5	0,5	0,5
Including interactive sessions	4	4	5	5	9	9
Total in-class sessions	80	80	96	96	176	176
Face-to-face learning	80,3	80,3	96,5	96,5	176,8	176,8
Student's individual work	63,7	63,7	48	48	111,7	111,7
Tests			35,5	35,5	35,5	35,5
Total	144	144	180	180	324	324

The course outline was compiled by:

PhD, associate professor, head of department Kuvatova D. O. _____

PhD, associate professor Radchenko E.A. _____

Reviewers:

PhD, associate professor, head of department Dzhumagulova A.Sh. _____

Ph.D., professor, head of department Baltabaev M.K. _____

The course outline

Infectious diseases

Developed in full compliance with EFES 3+:

Federal state educational standard of higher professional education for students trained for the specialty 31.05.01 GENERAL MEDICINE (the Ministry of Education and Science of the Russian Federation Order of 09/02/2016 No95)

in accordance with the Academic curriculum:

31.05.01. - RF, 560001 - KG General medicine
(for foreign students)
confirmed by KRSU Board of Academics in 30/06/2025 record No 13

The course outline endorsed by **Infectious diseases** department meeting

Record of 27/08/2025 No 1
Valid for 2021-2027 academic year
head of department: PhD, associate professor Kuvatova D.O. _____

The course outline endorsed for the following academic year

Chairman of the educational and methodological board

_____ __________ ______

The course outline has been revised, considered and endorsed for implementation
in the ______-______ academic year at a staff meeting of **Infectious Diseases** Department

Record of ____ __________ _______ No____
head of department: PhD, associate professor Kuvatova D.O. _____________

The course outline endorsed for the following academic year

Chairman of the educational and methodological board

_____ __________ ______

The course outline has been revised, considered and endorsed for implementation
in the ______-______ academic year at a staff meeting of **Infectious Diseases** Department

Record of ____ __________ _______ No____
head of department: PhD, associate professor Kuvatova D.O. _____________

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The course outline has been revised, considered and endorsed for implementation
in the ______-______ academic year at a staff meeting of **Infectious Diseases** Department

Record of ____ __________ _______ No____
head of department: PhD, associate professor Kuvatova D.O. _____________

The course outline endorsed for the following academic year

Chairman of the educational and methodological board

_____ __________ ______

The course outline has been revised, considered and endorsed for implementation
in the ______-______ academic year at a staff meeting of **Infectious Diseases** Department

Record of ____ __________ _______ No____
head of department: PhD, associate professor Kuvatova D.O. _____________

1. COURSE OUTLINE OBJECTIVES	
1.1	Formation of knowledge, experiences and practical skills required for early diagnosis of infectious diseases, carrying out of a complex of therapeutic and preventive measures, diagnosis of urgent conditions at the pre- and hospital stages of medical care.

2. THE PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAMM	
Educational program units:	
2.1	**Students' preliminary training requirements:**
2.1.1	Microbiology, virology
2.1.2	Immunology
2.1.3	Pharmacology
2.1.4	Pathophysiology, clinical pathophysiology
2.1.5	Epidemiology
2.1.6	Propaedeutics of internal diseases
2.2	**Course units and practical sessions imposing prior Proficiency:**
2.2.1	Practice of a general medical profile (Doctor's assistant of an outpatient clinic)
2.2.2	Emergency Medicine Practice (Emergency Physician Assistant)
2.2.3	Therapy
2.2.4	Surgery
2.2.5	Preparation for passing and passing the state exam

3. STUDENT'S COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)	
GPC-7: Able to prescribe treatment and monitor its effectiveness and safety	
Knowledge:	
Level 1	Methods of drug and non-drug treatment, indications for the use of medical devices for the most common diseases.
Level 2	Groups of drugs used to provide medical care in the treatment of the most common diseases; their mechanism of action, medical indications and contraindications for use.
Level 3	compatibility, possible complications, side effects, adverse reactions, including serious and unexpected ones; features of providing medical care in emergency situations.
Skills:	
Level 1	Develop a treatment plan for children and adults with the most common diseases in accordance with the procedures for providing medical care.
Level 2	Follow clinical guidelines, considering standards of medical care.
Level 3	To prevent or eliminate complications, side effects, adverse reactions, including unexpected ones, arising because of diagnostic or therapeutic manipulations, the use of drugs and/or medical devices, non-drug treatment.
Expertise:	
Level 1	Experience in developing a treatment plan for children and adults with the most common diseases in accordance with current procedures for providing medical care, clinical guidelines, and considering standards of medical care.
Level 2	Skills in providing emergency and urgent medical care to patients with the most common diseases, in accordance with current procedures for providing medical care, clinical guidelines, considering standards of medical care;
Level 3	Selection and prescription of medications, medical devices for the most common diseases for the treatment of the most common diseases in children and adults in accordance with current procedures for providing medical care, clinical guidelines, considering standards of medical care.

PC-4: Readiness to collect and analyze patient complaints, medical history data, examination results, laboratory, instrumental, pathological and other studies in order to recognize the condition or establish the presence or absence of a disease	
Knowledge:	
Level 1	Methods of collecting and analyzing patient complaints, patient history data, indications and contraindications for additional clinical and paraclinical methods of examining the patient; Etiology and pathogenesis, clinical manifestations and diagnosis of major infectious diseases;
Skills:	
Level 1	Collect and analyze patient complaints, data from his anamnesis; prescribe laboratory, instrumental, pathological and other studies to recognize the condition or establish the presence or absence of an infectious disease.

Expertise:	
Level 1	Skills for critically assessing the results of laboratory and pathological studies to recognize a condition or establish the presence or absence of an infectious disease, principles of medical ethics and deontology when interacting with patients.

PC-5: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosologies in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th revision.	
Knowledge:	
Level 1	The main methods of examination of pathological conditions, symptoms and syndromes of various nosology forms.
Level 2	Specificity of detection of various pathological conditions, symptoms, syndromes of diseases, nosology forms in accordance with ICD-10 (international classification of diseases-10).
Level 3	The main syndromes of organs and systems damage and their specificity at various nosology forms in accordance with ICD-10.
Skills:	
Level 1	Interpret the results of the examination of various infections;
Level 2	Analyze various types of pathological conditions, symptoms, syndromes in various infections in accordance with ICD-10;
Level 3	Differentiate symptoms and syndromes with similar pathological conditions.
Expertise:	
Level 1	Common clinical examination methods (history taking, examination, palpation, percussion, auscultation);
Level 2	Skills to identify various symptoms, syndromes and pathological conditions in various infections in accordance with ICD-10;
Level 3	Skills to substantiate clinical diagnosis in accordance with ICD-10.

PC-7: Capable of determining the method of managing patients with various ontologies	
Knowledge:	
Level 1	The specifics of collecting an anamnesis of an infectious patient;
Level 2	The main clinical manifestations of oncologic forms of infectious pathology;
Level 3	The basic principles of treatment and rehabilitation in infectious pathology.
Skills:	
Level 1	Take anamnesis and plan of laboratory and instrumental examination;
Level 2	Interpret the results of the examination of the infectious patient;
Level 3	Develop a plan for the treatment and rehabilitation of the infectious patient.
Expertise:	
Level 1	Physical examination methods (history taking, examination, palpation, percussion, auscultation) of the infectious patient;
Level 2	Skill of a substantiation of the clinical diagnosis of the infectious patient;
Level 3	Skills of etiotropic, pathogenetic and specific therapy in infectious diseases.

PC-8: Readiness to manage and treat patients with various nosologies in outpatient and day hospital settings	
Knowledge:	
Level 1	Structural organization of the infectious disease service, principles of the structure and operation of infectious disease hospitals, departments, and boxes.
Level 2	The main issues of pathogenesis and clinical manifestations (symptoms, syndromes) of infectious diseases
Level 3	Basic principles of treatment and rehabilitation in infectious pathology.
Skills:	
Level 1	Assess the severity of an infectious disease and be able to predict its course and outcome.
Level 2	To diagnose emergency conditions in an infectious patient, as well as to determine follow-up medical support in life-threatening conditions.
Level 3	Formulate a diagnosis in accordance with the requirements of the ICD.
Expertise:	
Level 1	Skills in providing a range of therapeutic and preventive measures at the pre- and hospital stages.
Level 2	Skill in providing emergency (urgent) and first medical aid for infectious diseases.
Level 3	In methods of examining a patient with infectious pathology (inspection, palpation, percussion, auscultation).
PC-11: Ready to participate in providing emergency medical care in conditions requiring urgent medical intervention	
Knowledge:	
Level 1	Types of emergency care for infectious diseases.
Level 2	Algorithm for providing emergency care for infectious diseases.

Level 3	Features of treatment of emergency conditions in infectious pathology.
Skills:	
Level 1	Determine the tactics of emergency care in infectious pathology.
Level 2	Use the algorithm for providing emergency care in infectious pathology.
Level 3	Treat emergency conditions in infectious diseases.
Expertise:	
Level 1	Principles of providing emergency care in infectious pathology.
Level 2	Algorithm for providing emergency care in infectious pathology.
Level 3	Skills in providing emergency care in urgent conditions of infectious pathology.

PC-14: Ability to maintain medical records.	
Knowledge:	
Level 1	List of accounting and reporting medical documentation in medical organizations.
Level 2	Characteristics of accounting and reporting medical documentation in infectious disease medical organizations.
Level 3	Regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and effectiveness of medical organizations.
Skills:	
Level 1	To navigate the current regulatory legal acts on labor and apply labor legislation in specific practical situations
Level 2	Prepare medical documentation in accordance with regulatory acts
Level 3	Maintain medical records of various types in medical organizations.
Expertise:	
Level 1	Skills in working with accounting and reporting documentation of various types in medical institutions.
Level 2	Skills in comparative characterization of medical documentation of various types in medical institutions.
Level 3	Methods of maintaining medical records of various types in outpatient and inpatient institutions.

Final student's competences

3.1	**Knowledge:**
3.1.1	The structure of the infectious service, organization and work principles of infectious diseases hospitals, departments, wards;
3.1.2	The main issues of the pathogenesis of infectious diseases;
3.1.3	The main clinical manifestations (symptoms, syndromes) of studied infectious diseases;
3.1.4	The main methods of laboratory and instrumental diagnostics used in infectiology (indications, theoretical basis of the method, interpretation of results);
3.1.5	Rules for the collection of pathological materials from an infectious patient;
3.1.6	The main principles of treatment of infectious diseases;
3.1.7	Indications for hospitalization of an infectious patient;
3.1.8	Specific and nonspecific prevention of studied infectious diseases.
3.2	**Skills:**
3.2.1	Take diseases and life history (including epidemiological history) of an infectious patient;
3.2.2	Create an algorithm for diagnosis, laboratory and instrumental examination plan;
3.2.3	Interpret the results of laboratory and instrumental examination of the patient;
3.2.4	Highlight leading clinical and clinical laboratory syndromes;
3.2.5	To make a differential diagnosis between various diseases with similar clinical symptoms;
3.2.6	Assess the severity of an infectious disease;
3.2.7	Predict the course and outcome of an infectious disease;
3.2.8	To diagnose emergency conditions in infectious patients, as well as to determine further medical care in life-threatening conditions;
3.2.9	Formulate a diagnosis in accordance with the ICD-10.
3.3	**Expertise:**
3.3.1	Methods of examination of the infectious patient (examination, palpation, percussion, auscultation);
3.3.2	Skills of differential diagnosis of symptoms and syndromes characteristic of infectious diseases;
3.3.3	Helping skills of medical and preventive measures at the pre- and hospital stages of caring;
3.3.4	Skills in providing urgent (emergency) and first aid in case of infectious pathology;

4. COURSE (MODULE) STRUCTURE AND CONTENT								
Class code	**Subject name /type of class/**	**Semester / Academic year**	**Hours**	**Competencies**	**Literature**	**Interactive session**	**practice**	**Notes**
Section 1. Gastrointestinal infections								
1.1	Shigellosis. / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.2	Cholera / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.3	Food-borne poisoning / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.4	Typhoid fever. Non typhoidal salmonellosis. E. coli infection. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.5	Cholera. Food-borne toxic infection (poisoning). Rotavirus. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.6	Schigellosis. Amebiasis. Intestinal yersiniosis. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.7	Boundary control-1 /Prac/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.8	Staphylococcal lesions of the gastrointestinal tract. /SIW/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.9	Acute intestinal infections caused by commensal Enterobacteriaceae genus. / SIW /	9	7	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.10	Dehydration with toxicosis in acute intestinal infections in children. /SIW /	9	6	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
1.11	Differential diagnosis of gastrointestinal syndrome. / SIW /	9	5	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 2. Viral hepatitis								
2.1	Acute viral hepatitis. /Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
2.2	Viral hepatitis in the acute stage. /Prac/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
2.3	Viral hepatitis in the chronic stage. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
2.4	Fulminant viral hepatitis. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
2.5	Differential diagnosis of ictericsyndrome. / SIW /	9	5	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
2.6	Boundary control - 2 /Prac/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
2.7	Fulminant and chronic viral hepatitis. / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			

Section 3. Vector-borne infections								
3.1	North Asian tick-borne Rickettsiosis (spotted fever) /Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
3.2	Malaria. Typhus fever (epidemic typhus+Brill's disease). / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
3.3	North Asian tick-borne Rickettsiosis (spotted fever). Borreliosis (lice-borne relapsing fever, tick-borne relapsing fever). / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
3.4	Q-fever. Cat scratch disease. /Prac/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
3.5	Boundary control - 3 / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
3.6	Spirochetosis (Lime disease). /SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 4. Highly contagious and conventional infection								
4.1	Anthrax. / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.2	Hemorrhagic fever with renal syndrome. / Lec /	9	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.3	Anthrax. Tularemia. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
4.4	Plague. Hemorrhagic fever with renal syndrome. / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
4.5	Boundary control - 4 / Prac /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.6	Hemorrhagic fevers Ebola, Marburg / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.7	Dengue hemorrhagic fever. /SIW/	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.8	Lassa hemorrhagic fever. / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.9	Yellow hemorrhagic fever / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.10	Omsk hemorrhagic fever. / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.11	Congo Crimean hemorrhagic fever. / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.12	Smallpox. / SIW /	9	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			

4.13	Leprosy / SIW /	9	4,7	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
4.14	Intermediate control (Credit class). /Пр/	9	4					
4.15	consultation / Control /	9	0,3					
Section 5. Infection with neurologic disorders.								
5.1	Meningococcal infection / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.2	Tick-borne encephalitis / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.3	Botulism / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.4	Meningococcal infection. Serous meningitis (primary and secondary) / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
5.5	Tick-borne encephalitis. Poliomyelitis. Botulism. / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.6	Tetanus. Rabies. / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.7	Boundary control - 5 / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
5.9	Prion lesions of the central nervous system. / SIW /	10	8	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 6. Airborne and respiratory manifestation infections								
6.1	Influenza. Influenza emergencies. /Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.2	Coronavirus infection. / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.3	Adenovirus infection. Whooping cough (Pertussis) / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.4	Diphtheria. Mumps. / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.5	Flu. Parainfluenza. Coronavirus. Adenoviruses. Rhino- and respiratory syncytial viruses. /Prac/	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
6.6	Whooping cough, parapertussis. Enterovirus infection. Diphtheria. Mumps. / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
6.7	Mycoplasma infection. / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.8	Boundary control - 6 / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			

6.9	Legionellosis. / SIW /	10	8	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
6.10	Felinosis. Sodoku. / SIW /	10	8	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 7. Infection with skin lesion								
7.1	Measles / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
7.2	Zoster infection. / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
7.3	Scarlet fever / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
7.4	Erysepelas / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
7.5	Measles. Rubella. Parvovirus, Zoster infections. / Prac /	10	3	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
7.6	Scarlet fever. Pseudotuberculosis. Erysipelas. / Prac /	10	3	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3	1		
7.7	Boundary control - 7 / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
7.8	Foot and mouth disease (murrain). Erysipeloid. / SIW /	10	5	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 8. Infections with multiple organ damage and lymphadenopathy syndrome								
8.1	Brucellosis / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.2	Toxoplasmosis / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.3	Infectious mononucleosis / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.4	HIV infection / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.5	Brucellosis. Leptospirosis. Toxoplasmosis / Prac /	10	3	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.6	Cytomegalovirus infection. Infectious mononucleosis. HIV infection. / Prac /	10	3	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
8.7	Boundary control - 8 / Prac /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
Section 9. Helmintes								
9.1	Nematodes. Trematodes. / Lec /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			

9.2	Ascariasis. Enterobiasis. Toxocariasis. / Prac /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.3	Trichinellosis. Opisthorchiasis. Fascioliasis. / Prac /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.4	Boundary control. Credit class / Prac /	10	2	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.5	Cestodes / SIW /	10	8	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.6	Schistosomiasis / Prac /	10	4	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.7	Leishmaniasis. Tropical non-venereal treponematoses. / SIW /	10	11	GPC-7 PC-4 PC-5 PC-7 PC-8 PC-11 PC-14	L1.2 L1.3 L2.1 L2.2 E1 E2 E3			
9.8	Control	10	0,5					
9.9	Exam	10	35,5					

5. ASSESSMENT FUND

5.1. Advancement questions and assignments

Questions to check the level of training on Knowledge, Skills and Expertise in the relevant applications located in the department.

5.2. Course paper's themes

Coursework is not included in the curriculum.

5.3. Assessment Fund

Examples of MCQs

1. The combination of "rice water" stools, adynamia, sunken eyeballs, oliguria, muscle cramps of the extremities, subfebrile temperature and hypotension are characteristic of:
   a) Rotavirus infection;
   b) Salmonellosis;
   c) Food poisoning;
   d) Cholera;
   e) Atypical dysentery

2. What salmonella is most significant in the epidemiology of non-typhoidal salmonellosis?
   a) Salmonella paratyphi A;
   b) Salmonella typhi;
   c) Salmonella enteritidis;
   d) Salmonella bareilly;
   e) Salmonella anatum.

3. What combination of symptoms is characteristic of cholera?
   a) Copious, odorless, watery stools, lack of intoxication and abdominal pain;
   b) Nausea, vomiting, copious watery stools, abdominal pain, intoxication;
   c) Watery, fetid stools, pain around the navel, repeated vomiting;
   d) Loose, greenish stools with mucus, diffuse abdominal pain.
   e) Scanty stools with mucus and blood, cramping pains, intoxication.

4. The pathogenesis of malaria is based on:
   a) Parasitaemia
   b) Electrolyte disorders
   c) Anemia
   d) Hemodynamic disorders
   e) All of the above

5. An incorrect statement regarding the pathogenesis of malaria is:
   a) malarial paroxysms occur when parasitemia reaches a pyrogenic level;
   b) the occurrence of paroxysm is due to the lysis of erythrocytes and the entry into the blood of the pathogen and its metabolic products;
   c) with a high intensity of tissue schizogony, the development of seizures is also possible;
   d) with all forms of malaria, the development of early relapses is possible;
   e) immunity against malaria is unstable, non-sterile

6. Leptospirosis is characterized by:
   a) Facial hyperemia, scleral vascular injection, conjunctival hyperemia
   b) Enlargement of the liver from 2-3 days of illness
   c) Enlargement of the spleen in less than 50% of patients
   d) Low blood pressure
   e) All of the above

8. A 28-year-old man turned to the district doctor with complaints of fever up to 38^0C, chills, sweating, general weakness, an ulcer on the skin of his right forearm. Sick for 10 days. Epidemiological data: participated in the slaughter of a neighbor's cow a week before the illness. Physical findings - on the skin of the lower third of the right forearm there is an ulcer with a black scab in the center, with pronounced edema around it, reddening of the skin around the scab. An examination of the internal organs did not reveal any abnormalities. The district doctor made a preliminary diagnosis: anthrax, cutaneous form. Which of the following medications is the most effective?
   a) Penicillin;
   b) Rifampicin;
   c) Erythromycin;
   d) Doxycycline;
   e) Gentamicin

9. An incorrect statement regarding anthrax is:
   a) The source of infection are animals;
   b) A sick person is contagious;
   c) Foodborne infection is possible;
   d) The air-dust transmission path has a certain value;
   e) The contact route of transmission is more common

10. With primary pneumonic plague, there is no:
   a) Severe intoxicatio;
   b) Bubo;
   c) Cough;
   d) Dyspnea;
   e) Bloody sputum

CLINICAL CHALLENGE
Clinical challenge example for module #1:
A 42-year-old patient, applied to the medical center of the airport terminal. Delivered by comrades - members of the tourist group returning from India, where they were for 10 days. He fell ill at night on the plane - there was a rumbling in the stomach and loose watery stools. Before going to the doctor, he had defecated more than 20 times, three times - profuse vomiting with watery contents. There was dizziness, and weakness increased. After 12 hours from the onset of the disease, the condition is extremely severe. Cyanosis of the skin, dry mucous membranes, speaks in a whisper. The eyeballs are sunken; the face is pointed. Skin turgor is sharply reduced, a symptom of the "washerwoman's hand". The skin is cold, covered with sticky sweat. Body temperature 35.4ºC. Periodically, the patient becomes agitated, there are cramps in the limbs. Tongue dry, covered with brown coating. Shortness of breath - 34 per minute. The pulse is threadlike; the heart rate is 130 beats/min. BP 30/0 mmHg The abdomen is painless on palpation. Conscious. There are no meningeal phenomena.

TASK:
1) Make and substantiate the diagnosis and determine the degree of dehydration.
2) What measures should be taken when identifying a patient with cholera?
3) Assign rehydration therapy (the weight of the patient before the disease is 70 kg).
4) What tests should be performed in the intensive care unit to clarify the diagnosis, assess the severity of the disease?

An example of an answer to a clinical challenge #1:
1. Diagnosis: Cholera with IV degree of dehydration. The diagnosis was made based on an epidemiological history - the patient returned from India (an endemic region for cholera); medical history - fell ill at night, acutely, with rumbling in the stomach and liquid watery stools more than 20 times, profuse vomiting of watery contents. Rapid increase in weakness and symptoms of dehydration; physical findings - an extremely serious condition, cyanosis of the skin, sunken eyeballs, sharpened facial features, a symptom of "washerwoman's hands", the skin is cold, covered with sticky sweat, body temperature is 35.4ºC, cramps of the extremities, shortness of breath - 34 per minute, thready pulse, heart rate 130 beats/min. BP 30/0 mmHg
2. When cholera is detected, it is necessary to take measures to localize and eliminate the focus: isolate the patient and those who have been in contact with him in an infectious hospital, treat the patient and carry out preventive treatment of contact persons, impose a quarantine for 5 days, carry out current and final disinfection.
3. Rehydration therapy: for 1.5 hours, any polyionic solution is injected warmly into several veins at a rate of 150 ml per minute for 30 minutes, and then at a rate of 70 ml per minute in a volume of 7 liters. Then, every 2 hours, the volume of ongoing fluid losses is determined, compensating for it with intravenous drip infusion of saline solutions with correction of losses of potassium ions and considering laboratory indicators of acid-base balance, electrolytes, and hematocrit. In parallel, etiotropic treatment is prescribed - Ciprox 500 mg intravenously 2 times a day for 5 days or doxycycline 200 mg per day for 5 days.
4. To clarify the diagnosis, vomit and feces should be cultured.

EXAMPLE OF INTERPRETATION OF LABORATORY DATA:
IMMUNOASSAY FOR MARKERS OF VIRAL HEPATITIS
   anti-HAV-IgM – negative
   anti-HEV-IgM – negative
   HBsAg – positive
   HBeAg – positive
   anti-HBc-IgM – positive
   anti-HCV (total) – negative
   anti-HDV-IgG – negative
   anti-HDV-IgM – negative

Conclusion: Acute viral hepatitis B.

CURATION OF THE PATIENT
1. Each student receives one patient with an infectious pathology for supervision.
2. The curator conducts a survey and examination of the patient according to the proposed scheme, studies the results of the available laboratory data, images, makes a preliminary diagnosis, conducts differential diagnostics, suggests a treatment regimen, additional examination methods.

Curation scheme:
1. Passport data: Last name, first name, patronymic, age, marital status, education, profession, place of work, address, time and date of admission, diagnosis upon admission.
2. Complaints related to the disease that caused hospitalization, then other complaints.
3. Medical history, epidemiological history, life history.
4. Objective data, characteristics of the general condition.
5. Interpretation of available laboratory data and images.

Self-study topics are evaluated according to the submitted reports with presentations.

MEDICAL HISTORY The student independently writes the case history of an infectious patient according to the scheme presented in the APPENDIX.

THEORETICAL TASK (current control) includes:
- oral analysis of the topic;
- examination of patients;
- analysis of clinical cases; -
demonstration of training videos.

CONTROL tests (boundary control)
Students write a MCQs at the completion of each module.

5.4. List of evaluation tools

MCQ;
Clinical challenge;
Interpretation of laboratory data;
Self-study:
Report with presentation;
Curation of the patient;
Theoretical task;
Medical history

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1. Recommended reading

6.1.1. Required reading list

	Authors, Compilers	*Title*	*Book publisher, year*
L1.1	Dennis L. Kasper, Anthony S. Fauci	HARRISON'S Infectious diseases. Textbook	17th ed. New York, McGraw- Hill, 2008

6.1.2. Advanced reading

	Authors, Compilers	*Title*	*Book publisher, year*
L2.1	Robert M. Kliegman, Bonita F. Stanton, Joseph W. St Geme III et.al	Nelson textbook of pediatrics	Copyright © 2016 by Elsevier, Inc
L2.2	Frederick S.Southwick	Infectious diseases: A clinical short course	Copyright © 2007 by The McGraw-Hill Companies

6.1.3 Guidance Papers

	Authors, Compilers	*Title*	*Book publisher, year*
L.3.1	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et.	Acute respiratory infections in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2016
L.3.2	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et.	Exanthems in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2013
L.3.3	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et.	Acute intestinal infections in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2009
L.3.4	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et.	Acute viral hepatitis in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2017

6.2 Online Resources		
E1	Library KRSU	http://www.lib. krsu.edu.kg
E2	Educational activities of the department	https://infec.krsu.edu.kg/index.php/obrazovatelnaya-deyatelnost
E3	UpToDate	http://www.wolterskluwer.com

6.3. List of Information and Education Technologies	
6.3.1 Competence-based Educational Technologies	
6.3.1.1	Traditional educational technologies include lectures; theoretical and practical classes focused on the formation of a student's knowledge and practical skills. Educational material, intended for adoption, is provided to students in completed form. Practical classes are held based on the infectious diseases' hospital with mandatory curation of thematic patients.
6.3.1.2	Innovative educational technologies consist in classes that form systemic thinking and the ability to generate ideas when solving various creative tasks, such as role-games, classes in a simulation center.
6.3.1.3	Digital educational technologies are used in the form of independent use of Internet resources by students to perform practical tasks and self-study, familiarize themselves with photo and video materials from Internet sources in the relevant modules.
6.3.2 List of Information Reference Systems and Software	
6.3.2.1	Library KRSU - http://www.lib. krsu.edu.kg
6.3.2.2	Educational activities of the department - https://infec.krsu.edu.kg/index.php/obrazovatelnaya-deyatelnost
6.3.2.3	UpToDate - http://www.wolterskluwer.com

7. COURSE (MODULE) LOGISTICS	
7.1	Theoretical and practical study of the infectious diseases program is carried out at the infectious diseases department located at the Republican infectious diseases' hospital, which is designed for 600 beds, has 18 departments, clinical and bacteriological laboratories, an ultrasound room, an X-ray room, and a fibroelastometry room.
7.2	The department has 5 classrooms, each with 10-14 seats, and a laboratory assistant. All classrooms are equipped with furniture, light sources, and thematic sets of tabular material.
7.3	Technical equipment: 1 laptop, 1 MFP (printer, scanner, copier).
7.4	Visual aids: educational stands, educational tables, slides, videos, educational case histories.
7.5	Presentations of lectures on all topics of the lecture course (Power Point)
7.6	For interactive training, students have access to the simulation center - the Center for Integrative and Practical Training of KRSU, equipped with simulators, mannequins, resuscitation equipment, etc.

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

Technological maps of the discipline in the appendix.

MODULAR CONTROL FOR THE DISCIPLINE INCLUDES:
1. Current control: assimilation of the educational material in the classroom (lectures, practical, including attendance and activity) and completion of mandatory assignments for independent work;
2. Midterm control: checking the completeness of knowledge and skills on the material of the module. Completion of modular control assignments is carried out in writing and is a mandatory component of modular control;
3. Intermediate control - a complete documented part of the academic discipline (9^{th} semester - test, 10^{th} semester - exam) - a set of closely related test modules.
MAIN REQUIREMENTS FOR INTERIM CONTROL
When attending exams and tests, students are required to have their record books with them, which they present to the examiner at the beginning of the exam or to the teacher during the test. The teacher has the right to give a pass without questioning to those students who have scored more than 60 points for the current and midterm controls. During the interim control, the student must correctly answer the theoretical questions of the ticket - (know), correctly complete the situational task and interpret laboratory data (be able, possess). During the interim control, the teacher summarizes the results of the students' supervision of the patient during the semester.
Evaluation of the interim control:
- min 20 points - Questions to check the level of proficiency KNOW (if the student correctly formulates the basic concepts when answering the questions asked);

- 20-25 points - Tasks to check the level of training TO BE ABLE to do and TO OWN (if the student correctly formulates the essence of the problem specified in the ticket and gives recommendations for its solution);
- 25-30 points - Tasks to check the level of training TO BE ABLE to do and TO OWN (if the test task is fully completed).

MAIN REQUIREMENTS TO CURRENT CONTROL.
I. When planning a practical lesson, teachers adhere to the following general outline:
1) Organizational stage of the lesson (time - up to 2%):
a) roll call;
b) homework for the next topic;
c) motivation for the topic of this practical lesson;
d) familiarizing students with the objectives and plan of the lesson;
2) Monitoring and correction of the initial level of knowledge (time - up to 20%):
a) test control options of levels I and III;
b) correction of students' theoretical knowledge by the teacher;
3) Stage of demonstration of practical skills and/or case studies by the teacher (time - up to 15%);
4) Stage of independent work of students at the patient's bedside (time - up to 45%);
5) Final stage of the lesson (time – up to 18%):
a) final final control of the developed practical skills and abilities in analyzing patients examined by students
b) final final control of the developed theoretical knowledge and skills, including through solving situational clinical problems;
c) summing up the practical lesson (the teacher’s description of the students’ fulfillment of all the objectives of the lesson and individual assessment of knowledge and skills).

II. RECOMMENDATIONS FOR ORGANIZING STUDENTS’ INDEPENDENT WORK
1. Tips for planning and organizing the time required to study the discipline. It is recommended to organize
the time required to study the discipline as follows:
Studying the lecture notes on the same day, after the lecture – 10-15 minutes. Studying the lecture notes the day before the next lecture – 10-15 minutes. Studying the theoretical material from the textbook and notes – 1 hour per week. Preparation for the practical lesson – 2 hours. Total per week - 3 hours 30 minutes.
2. Description of the sequence of student actions
To understand the material and assimilate it efficiently, the following sequence of actions is recommended:
After listening to the lecture and finishing the classes, when preparing for the next day's classes, you must first review and think about the text of the lecture was listened to today (10-15 minutes). When preparing for the next day's lecture, you need to review the text of the previous lecture, think about what the topic of the next lecture might be (10-15 minutes). During the week, select time (1 hour) to work with the Recommended literature in the library. When preparing for the next day's practical lessons, you must first read the basic concepts and approaches to the topic of the homework. When doing an exercise or task, you must first understand what is required in the task, what theoretical material needs to be used, and outline a plan for solving the problem.
3. Recommendations for using the materials of the educational and methodological complex. It is recommended to use the course guidelines and the teacher's lecture text.
4. Recommendations for working with literature. The theoretical material of the course becomes more understandable when, in addition to listening to the lecture and studying the notes, you also study books. It is easier to master the course by sticking to one textbook and notes. It is recommended, in addition to "memorizing" the material, to achieve a state of understanding of the topic of the discipline being studied. For this purpose, it is recommended that after studying the next paragraph you complete several simple exercises on this topic. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about, what new concepts are introduced, what is their meaning, what will this give in practice?
5. When preparing for midterm and final assessments, you need to study the theory: definitions of all concepts and approaches to assessment to a state of understanding of the material and independently complete several typical tasks.

Making up for missed classes. The control over the assimilation of the material of the curriculum of the discipline by students is carried out systematically by the teacher of the department and is reflected in the teacher's journal and in points. A student who received an unsatisfactory grade on the current material is obliged to prepare this section and answer the teacher on it at an individual interview. A missed lecture without a valid reason must be worked through by the method of oral questioning by the lecturer or preparation of an abstract on the materials of the missed lecture within a month of absence. Other methods of working through missed lectures are also possible (questioning at practical classes, test control, etc.).
Working through practical classes. Each class missed by a student without a valid reason is necessarily worked through by being on duty in the admissions department of the RKIB, then the theoretical part of the class is worked through according to the schedule of the department, agreed upon with the dean's office. Missed classes must be worked through within 10 days from the date of absence.
Classes missed for a valid reason (due to illness, absences with permission

RECOMMENDATIONS FOR PREPARING A REPORT WITH A PRESENTATION.
Multimedia presentations are a type of independent work of students on creating visual information aids, made using the multimedia computer program PowerPoint. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, presenting it in the form of a selection of materials briefly reflecting 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, forms students' computer skills. Presentation materials are prepared by the student in the form of slides using the Microsoft Power Point program.
Requirements 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 preparing a presentation:
Drawing up a presentation plan (statement of the problem; goals of this work);

Thinking through each slide (at first, this can be done manually on paper), while it is important to answer the questions:
- how does the slide content 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. Making a presentation using MS PowerPoint:
- Slides should be in a single style, in the same font, numbered.
- 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 is best if detailed information (definitions, formulas) is written on the slide, and their substantive meaning is conveyed in words. The information on the slide can be more formal and strictly stated than in speech.
- The optimal switching speed is one slide per 1–2 minutes. - It is encouraged to use more pictures, images, formulas, graphs, and tables in your presentation. You can use animation effects.
- When explaining tables, you need to say what the rows correspond to and what the columns correspond to.
- Introduce only those designations and concepts that are essential for understanding the main ideas of the report.
- In a short presentation, you cannot repeat the same idea, even in different words — time is precious.
- Every phrase should be said for a reason. Then the presentation will be coherent and will leave a good impression.
- The last slide with conclusions in short presentations does not need to be spoken.
- If there are a lot of formulas on the slide, it is recommended to type it entirely in MS Word (otherwise, the formulas will have to be placed and aligned on the slide manually). For this, it is convenient to make a blank — an empty slide with one large Word object “Insert / Object / Microsoft Word Document”, select its dimensions once and duplicate it for the required number of slides. It is recommended to change the main font in the text and formulas to Arial or similar; the Times font does not look good from afar. Be sure to set the main font size in MathType equal to the main font size in the text. Never adjust the size of a formula manually by pulling it out by the 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.
- communicate 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 follow the established schedule: speaker - 10 min.; discussion - 5 min.;
It is important to remember that a speech consists of three parts: introduction, main part and conclusion. The introduction helps to ensure the success of a speech on any topic.
The introduction should contain:
- the title of the presentation;
- the message of the main idea;
- a modern assessment of the subject of presentation;
- a brief list of the issues under consideration;
- a lively interesting form of presentation;
The main part, in which the speaker must deeply reveal the essence of the topic touched upon, is usually built on the principle of a report. The task of the main part is to present enough data so that the audience becomes interested in the topic and wants 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.
The conclusion is a clear, concise generalization and brief conclusions that the audience is always waiting for.

CLINICAL TASK.
When solving a situational task, it is necessary to pay attention to the patient's gender, age, place of residence and profession.
Identify syndromes in clinical symptoms, identify causal factors, life factors that contribute to the development of this disease.
Objective signs. Results of laboratory and instrumental examination. Using knowledge of the disease qualification and diagnostic criteria, it is necessary to solve the first question: make a diagnosis according to the classification. Based on the above, it is necessary to draw up an examination plan with the expected results. After that, decide on the final question: prescribing treatment, considering the doses and course of treatment.
PATIENT CURATING. Curating is carried out according to the scheme specified in paragraph 5.3. In the process of curating, the student must master the following practical skills:
1. purposefully collect anamnesis of life and disease, focusing on the epidemiological anamnesis.
2. conduct an objective examination of the patient and evaluate the obtained data in accordance with the age norm (heart rate, respiratory rate, blood pressure, etc.)
3. identify the leading clinical syndromes.
4. Evaluate the available laboratory data (complete blood count, bleeding and clotting time, prothrombin index, total bilirubin and its fractions, AST/ALT, total protein, blood albumin, residual nitrogen, urea, creatinine, complete urine analysis, cerebrospinal fluid, bacteriological cultures and serological reactions, as well as chest X-ray, etc.).
5. draw up a plan for additional laboratory and instrumental examination to confirm the suspected diagnosis;
6. formulate a detailed clinical diagnosis based on the classification of the disease; 7. prescribe adequate oral and infusion therapy, calculate the volume of administered solutions, prescribe adequate etiotropic therapy, determine single, daily and course doses of antibiotics; determine the prognosis of the disease in a specific patient.
8. provide the necessary medical care at the prehospital stage in case of hypovolemic shock, infectious-toxic shock, botulism, ASLT, bronchial obstruction syndrome, hyperthermic syndrome, convulsive syndrome, acute allergic reactions.

1. Appendix

2. Test questions on infectious diseases

3. What is the etiologic agent of typhoid fever?
4. Describe the major routes of transmission of typhoid fever.
5. What is the key clinical stages of typhoid fever?
6. What is “rose spot” and when does it appear?
7. What laboratory tests are used to confirm typhoid fever?
8. What complications are most common in untreated typhoid fever?
9. What are the principles of antibiotic therapy for typhoid fever?
10. How does chronic carriage of *S. Typhi* develop?
11. What preventive measures are effective against typhoid fever?
12. How do typhoid vaccines differ in type and indications?
13. What species cause nontyphoidal salmonellosis?
14. What are the major sources of nontyphoidal salmonellosis?
15. What is the usual incubation period of nontyphoidal salmonellosis?
16. What are typical gastrointestinal symptoms of nontyphoidal salmonellosis?
17. How is dehydration assessed in salmonellosis?
18. When is antibiotic therapy indicated for nontyphoidal Salmonella?
19. What complications can develop in immunocompromised patients in nontyphoidal salmonellosis?
20. What laboratory tests confirm the diagnosis of nontyphoidal salmonellosis?
21. Why are antimotility drugs contraindicated in nontyphoidal salmonellosis?
22. What preventive measures reduce salmonellosis outbreaks?
23. What pathogens cause cholera?
24. What is the mechanism of cholera toxin?
25. What are the pathognomonic signs of severe cholera?
26. Describe classification of dehydration severity in cholera.
27. What types of rehydration solutions are used in cholera?
28. When is antibiotic therapy recommended in cholera?
29. What distinguishes classical and El Tor biotypes of V.Cholera?
30. What complications occur in untreated patients in cholera?
31. How is cholera prevented during outbreaks?
32. What vaccines exist for cholera and how effective are they?
33. What distinguishes food poisoning from infectious gastroenteritis?
34. What toxins are commonly implicated in S. aureus food poisoning?
35. What is the typical incubation period for staphylococcal intoxication?
36. What foods are most associated with C. perfringens foodborne illness?
37. What is the key clinical manifestations of Bacillus cereus poisoning?
38. Which laboratory tests support diagnosis of food poisoning?
39. What prevention strategies reduce foodborne intoxications (poisoning)?
40. Why are antibiotics not indicated in most toxic infections (poisoning)?
41. What species of Shigella are most pathogenic?
42. What is the infectious dose of Shigella?
43. What clinical features define bacillary dysentery?
44. How is severity of shigellosis classified?
45. What complications can develop in severe cases of shigellosis?
46. What laboratory tests confirm the diagnosis of shigellosis?
47. What is the treatment of choice in shigellosis?
48. Why do Shigella strains develop antibiotic resistance quickly?
49. What supportive therapies are recommended in shigellosis?
50. How is shigellosis prevented in childcare institutions?
51. What pathogens cause amebiasis?

52. Describe the life cycle of *Entamoeba histolytica*.
53. What are typical symptoms of intestinal amebiasis?
54. What is amebic dysentery?
55. What is the most common extraintestinal manifestation of amebiasis?
56. How is amebic liver abscess diagnosed?
57. Which drugs eradicate tissue forms of *Entamoeba histolytica*?
58. Which drugs eliminate luminal cysts of *Entamoeba histolytica*?
59. How is amebiasis transmitted?
60. What preventive measures reduce incidence of amebiasis?
61. What pathogens cause intestinal yersiniosis?
62. What animal reservoirs are involved in epidemiology of intestinal yersiniosis?
63. What are the main gastrointestinal symptoms of intestinal yersiniosis?
64. What is “pseudoappendicitis” and why does it occur in intestinal yersiniosis?
65. What complications of intestinal yersiniosis can develop in children?
66. What lab tests confirm diagnosis of intestinal yersiniosis?
67. When is antibiotic therapy needed in intestinal yersiniosis?
68. What conditions favor Yersinia growth in food?
69. How do chronic and reactive forms of intestinal yersiniosis manifest?
70. How can outbreaks of intestinal yersiniosis be prevented?
71. What virus causes hepatitis A?
72. What is the primary mode of transmission hepatitis A virus (HAV)?
73. What are the clinical stages of HAV-infection?
74. What laboratory markers confirm acute HAV-infection?
75. Why does HAV not cause chronic infection?
76. What are typical complications of HAV-infection?
77. What is the treatment approach in HAV-infection?
78. What groups should be vaccinated in HAV-infection?
79. How effective is post-exposure prophylaxis of HAV-infection?
80. What public health measures reduce HAV outbreaks?
81. What type of virus is hepatitis B virus (HBV)?
82. What are the major routes of transmission of HBV?
83. What HBV markers indicate acute infection?
84. What markers indicate chronic HBV-infection?
85. What factors influence chronicity in HBV-infection?
86. What complications may develop in HBV-infection?
87. What drugs are used for chronic HBV-infection?
88. Who should receive HBV vaccine?
89. What defines inactive HBV carrier state?
90. What is the role of HBIG in prevention?
91. What virus causes hepatitis C?
92. How is hepatitis C virus (HCV) primarily transmitted?
93. Why is HCV often asymptomatic initially?
94. Which markers diagnose acute and chronic HCV-infection?
95. What genotypes are clinically important in HCV-infection?
96. What are the major complications of chronic HCV-infection?
97. What classes of direct-acting antivirals exist in treatment of HCV-infection?
98. What factor determines treatment duration in HCV-infection?
99. Why is no vaccine available in HCV-infection?
100. What harm-reduction strategies prevent HCV spread?
101. What is the unique feature of hepatitis D virus (HDV) replication?
102. What is the difference between co-infection and superinfection in HDV-infection?
103. Which markers diagnose HDV-infection?

104. What clinical forms are most severe in HDV-infection?
105. What complications occur more frequently in HDV-infection?
106. How does HBV vaccination prevent HDV-infection?
107. What drugs are used in HDV-infection management?
108. What is the role of interferons in treatment of HDV-infection?
109. What factors worsen prognosis of HDV-infection?
110. How is HDV transmitted?
111. What virus causes hepatitis E?
112. What are the main transmission routes of hepatitis E virus (HEV)?
113. Why is HEV-infection severe in pregnancy?
114. What genotypes of HEV infect humans?
115. How is HEV-infection diagnosed?
116. Can HEV-infection become chronic?
117. What complications can occur in HEV-infection?
118. What is the recommended treatment of HEV-infection?
119. Are vaccines available in HEV-infection?
120. How can HEV-infection outbreaks be prevented?
121. What defines fulminant liver failure?
122. Which viral hepatitis types most commonly cause fulminant liver failure?
123. What are early clinical signs of fulminant liver failure?
124. What are the stages of hepatic encephalopathy?
125. What lab findings indicate severe liver injury?
126. What is the role of coagulopathy in diagnosis of fulminant liver failure?
127. What complications of fulminant liver failure threaten life?
128. What prognostic scoring systems are used in fulminant liver failure?
129. What pathogen causes North Asian tick-borne rickettsiosis?
130. What tick species transmit the North Asian tick-borne rickettsiosis?
131. What is the typical clinical triad of North Asian tick-borne rickettsiosis?
132. What is “eschar” and how is it identified in North Asian tick-borne rickettsiosis?
133. What laboratory tests help confirm diagnosis of North Asian tick-borne rickettsiosis?
134. What is the characteristic rash distribution in North Asian tick-borne rickettsiosis?
135. What is the treatment of choice on North Asian tick-borne rickettsiosis?
136. What complications may occur in North Asian tick-borne rickettsiosis?
137. How is differential diagnosis performed in North Asian tick-borne rickettsiosis?
138. How can North Asian tick-borne rickettsiosis be prevented?
139. What Plasmodium species infect humans?
140. What mosquito transmits malaria?
141. What is the life cycle of Plasmodium?
142. What are clinical signs of severe malaria?
143. Why is P. falciparum most dangerous?
144. What tests confirm malaria?
145. What drugs treat falciparum malaria?
146. What drugs prevent relapse of vivax/ovale malaria?
147. What resistance issues exist in malaria?
148. How can malaria be prevented?
149. What pathogen causes epidemic typhus?
150. How is Rickettsia Prowazekii transmitted?
151. What is the pathogenesis of vascular injury in epidemic typhus?
152. What are the clinical features of epidemic typhus?
153. What tests confirm diagnosis of epidemic typhus?
154. What is the typical rash progression in epidemic typhus?
155. What complications may develop in epidemic typhus?

156. What antibiotic is first-line in treatment of epidemic typhus?
157. How does epidemic typhus differ from murine typhus?
158. How can outbreaks of epidemic typhus be prevented?
159. What is Brill–Zinsser disease?
160. How does Brill–Zinsser disease relate to epidemic typhus?
161. Why does recurrence of Brill–Zinsser disease occur years later?
162. What are the typical symptoms of Brill–Zinsser disease?
163. What laboratory tests support diagnosis of Brill–Zinsser disease?
164. How does severity compare of Brill–Zinsser disease to primary infection?
165. What complications may occur in Brill–Zinsser disease?
166. What is the treatment of choice in Brill–Zinsser disease?
167. How is differential diagnosis performed in Brill–Zinsser disease?
168. Why is Brill–Zinsser disease important epidemiologically?
169. What organism causes Q fever?
170. What animal reservoirs transmit Q fever?
171. What is the most common transmission route of Q fever?
172. What are acute clinical forms of Q fever?
173. What is chronic Q fever?
174. What laboratory tests confirm Coxiella infection?
175. What complications may occur in Q fever?
176. What is the recommended treatment for acute Q fever?
177. What is the treatment for chronic Q fever endocarditis?
178. How can Q fever be prevented?
179. What pathogen causes cat-scratch disease?
180. How is *Bartonella henselae* transmitted?
181. What is the typical clinical presentation of cat-scratch disease?
182. What is the inoculation papule in cat-scratch disease?
183. What complications of cat-scratch disease occur in immuno-compromised patients?
184. What laboratory tests support diagnosis of cat-scratch disease?
185. When is antibiotic therapy indicated in cat-scratch disease?
186. What is the treatment of choice in cat-scratch disease?
187. What is Parinaud oculoglandular syndrome?
188. How can cat-scratch disease be prevented?
189. What bacterium causes plague?
190. What are the main clinical forms of plague?
191. How is bubonic plague transmitted?
192. What are the characteristic signs of bubonic plague?
193. What differentiates pneumonic plague from bubonic plague?
194. What laboratory tests confirm plague?
195. What complications may develop in plague?
196. What antibiotics are recommended for treatment of plague?
197. How is plague prevented in endemic regions?
198. What public health measures are necessary during plague outbreaks?
199. What pathogen causes tularemia?
200. What are the main routes of infection in tularemia?
201. What clinical forms of tularemia exist?
202. What is the typical ulceroglandular presentation of tularemia?
203. What diagnostic tests are used in tularemia?
204. What complications can develop in tularemia?
205. What antibiotics are first line for treatment of tularemia?
206. What is the role of serology in diagnosis of tularemia?
207. How can tularemia be prevented?

208. What animal reservoirs play a major role in tularemia?
209. What organism causes anthrax?
210. What forms of anthrax exist?
211. What is the pathogenesis of anthrax toxin?
212. What are the signs of cutaneous anthrax?
213. How does inhalational anthrax present clinically?
214. What laboratory methods confirm diagnosis of anthrax?
215. What antibiotics are used for treatment of anthrax?
216. What is the role of antitoxin therapy in anthrax?
217. How is anthrax prevented in high-risk groups?
218. What are the risks of bioterrorism in anthrax?
219. What viruses cause Hemorrhagic Fever with Renal Syndrome (HFRS)?
220. What rodent reservoirs are involved in HFRS?
221. What are the main stages of HFRS?
222. What laboratory findings indicate kidney involvement in HFRS?
223. What complications can develop in HFRS?
224. How is shock prevented in HFRS?
225. What therapies are used to manage renal failure in HFRS?
226. What are the typical clinical features of severe forms of HFRS?
227. How is HFRS diagnosed?
228. What preventive strategies reduce infection risk in HFRS?
229. What pathogen causes meningococcal infection?
230. What serogroups are most clinically important in meningococcal infection?
231. What are early signs of meningococcemia?
232. What is Waterhouse–Friderichsen syndrome?
233. What clinical features indicate meningococcal meningitis?
234. What laboratory tests confirm diagnosis of meningococcal infection?
235. What antibiotics are used for treatment of meningococcal infection?
236. What are the principles of chemoprophylaxis in meningococcal infection?
237. Who should receive vaccination against meningococcal infection?
238. What complications of meningococcal infection may occur?
239. What causes primary serous meningitis?
240. What infections commonly lead to secondary serous meningitis?
241. What are key clinical symptoms of serous meningitis?
242. What CSF findings characterize serous meningitis?
243. How does viral meningitis differ from bacterial meningitis?
244. What complications of serous meningitis can occur?
245. What supportive treatments are recommended in serous meningitis?
246. When are antiviral therapies indicated in serous meningitis?
247. What imaging methods are used in diagnosis of serous meningitis?
248. What preventive measures reduce incidence of serous meningitis?
249. What virus causes tick-borne encephalitis (TBE)?
250. How is TBE transmitted?
251. What are typical biphasic clinical features of TBE?
252. What neurological symptoms indicate CNS involvement in TBE?
253. How is TBE diagnosed?
254. What complications can develop in TBE?
255. What supportive therapies of TBE are recommended?
256. Who is at highest risk in TBE?
257. What is the role of TBE vaccination?
258. How can tick bites be prevented?
259. What virus causes poliomyelitis?

260. What are the routes of transmission of poliomyelitis?
261. What clinical forms of polio exist?
262. What are symptoms of paralytic polio?
263. What is the pathogenesis of motor neuron damage in poliomyelitis?
264. What tests confirm diagnosis of poliomyelitis?
265. How is paralytic polio managed?
266. What is post-polio syndrome?
267. What vaccines are used for polio prevention?
268. What factors influence eradication of poliomyelitis efforts?
269. What bacterium produces botulinum toxin?
270. What foods are typically associated with botulism?
271. What is the mechanism of botulinum toxin?
272. What are early neurological symptoms of botulism?
273. How is botulism diagnosed?
274. What is the role of antitoxin therapy in botulism?
275. What complications of botulism may develop?
276. How is mechanical ventilation used in severe cases of botulism?
277. How can botulism be prevented?
278. What organism causes tetanus?
279. What is the mechanism of tetanospasmin?
280. What are characteristic symptoms of generalized tetanus?
281. What is trismus and why does it occur in tetanus?
282. How is tetanus diagnosed clinically?
283. What is the role of human tetanus immune globulin?
284. What antibiotics are used for treatment of tetanus?
285. What supportive care is required in tetanus?
286. What complications of tetanus threaten life?
287. How is tetanus prevented?
288. What virus causes rabies?
289. How is rabies transmitted?
290. What are early clinical manifestations of rabies?
291. What is hydrophobia and why does it occur in rabies?
292. How is rabies diagnosed?
293. Why is rabies almost always fatal once symptoms appear?
294. What is the protocol for post-exposure prophylaxis of rabies?
295. What is the role of rabies immunoglobulin?
296. How are animals monitored after bites in rabies?
297. What strategies prevent rabies in endemic regions?
298. What viruses cause influenza?
299. What is antigenic drift of influenza virus?
300. What is antigenic shift influenza virus?
301. How does influenza typically present?
302. What complications of influenza occur in high-risk groups?
303. What laboratory tests are used in diagnosis of influenza?
304. What antivirals treat influenza?
305. Who should be vaccinated annually against influenza virus?
306. How does influenza pneumonia differ from secondary bacterial pneumonia?
307. What public health measures reduce transmission of influenza?
308. What viruses cause parainfluenza infection?
309. What are common clinical presentations of parainfluenza infection?
310. What is croup and how is it treated?
311. What age groups are most affected by croup?

312. What lab methods confirm diagnosis of parainfluenza infection?
313. What complications can arise in parainfluenza infection?
314. How is parainfluenza managed?
315. Are vaccines available in parainfluenza infection?
316. What is the mechanism of airway obstruction in parainfluenza infection?
317. How is transmission of parainfluenza infection prevented?
318. What viruses belong to the coronavirus family?
319. What are the main transmission routes of coronavirus?
320. What are common symptoms of coronavirus infection?
321. What complications of coronavirus infection occur in severe cases?
322. How is diagnosis of coronavirus infection confirmed?
323. What treatments are recommended in coronavirus infection?
324. What preventive measures reduce spread of coronavirus infection?
325. What groups are at highest risk in coronavirus infection?
326. What viruses cause adenoviral disease?
327. What clinical syndromes are associated with adenoviruses?
328. How is adenovirus transmitted?
329. What lab tests confirm diagnosis of adenoviral infection?
330. What are features of adenoviral pharyngoconjunctival fever?
331. What complications of adenoviral infection can occur?
332. What treatments are recommended in adenoviral infection?
333. Who is most susceptible to adenoviral infection?
334. Are vaccines available in adenoviral infection?
335. How is transmission of adenoviral infection prevented?
336. What viruses cause the Rhinovirus Infection **(**common cold)?
337. What are typical symptoms of common cold?
338. Why are rhinoviruses so highly transmissible?
339. What complications of common cold may occur?
340. How is diagnosis of common cold made?
341. What treatments relieve symptoms of Rhinovirus Infection?
342. Why is no vaccine available in Rhinovirus Infection?
343. How long is a person contagious in Rhinovirus Infection?
344. What preventive measures reduce risk of Rhinovirus Infection?
345. What pathogen causes Respiratory Syncytial infection?
346. What age group is most affected by RSV?
347. What are clinical signs of bronchiolitis in RS-infection?
348. How is RS-infection diagnosed?
349. What complications of RS-infection can develop?
350. What supportive treatment is recommended in RS-infection?
351. What drugs or antibodies are used for prevention of RS-infection?
352. How is RSV transmitted?
353. What infection-control measures reduce spread of RS-infection?
354. What organism causes pertussis?
355. What are the catarrhal, paroxysmal, and convalescent stages in pertussis?
356. What is the characteristic "whoop" in pertussis?
357. What complications of pertussis may occur?
358. How is pertussis diagnosed?
359. What antibiotics are used in pertussis?
360. What groups are at highest risk for severe pertussis?
361. What are typical lab findings in pertussis?
362. How is pertussis prevented?
363. What is preventive strategy in pertussis?

364. What viruses belong to the enterovirus group?
365. What diseases do enteroviruses cause?
366. What routes of transmission are common enteroviral infection?
367. What are key features of herpangina?
368. What is hand-foot-and-mouth disease?
369. What neurological complications of enteroviral infection may develop?
370. How is diagnosis of enteroviral infection confirmed?
371. What treatments are recommended in enteroviral infection?
372. What complications of enteroviral infection occur in neonates?
373. How is transmission of enteroviruses prevented?
374. What organism causes diphtheria?
375. What is the mechanism of diphtheria toxin?
376. What are characteristic symptoms of respiratory diphtheria?
377. What are pseudomembranes and how are they formed in diphtheria?
378. What complications may develop in diphtheria?
379. How is diagnosis of diphtheria confirmed?
380. What is the role of antitoxin therapy on diphtheria?
381. What antibiotics are used in diphtheria?
382. How are contacts managed in diphtheria?
383. How is diphtheria prevented?
384. What virus causes mumps?
385. What are typical clinical signs of mumps?
386. What complications are associated with mumps?
387. How is mumps diagnosed?
388. How is orchitis managed in mumps?
389. What neurologic complications may occur?
390. How is mumps treated?
391. What is the role of MMR vaccine in mumps?
392. How does mumps spread?
393. What preventive measures reduce transmission of mumps?
394. What pathogen most commonly causes Mycoplasma pneumonia?
395. What are typical symptoms of atypical pneumonia?
396. How is Mycoplasma transmitted?
397. What laboratory methods confirm Mycoplasma infection?
398. What complications of Mycoplasma infection may develop?
399. What antibiotics are effective in Mycoplasma infection?
400. Why are β-lactams ineffective in Mycoplasma infection?
401. What extrapulmonary manifestations of Mycoplasma infection occur?
402. What age groups are most affected by Mycoplasma infection?
403. What preventive strategies of Mycoplasma infection exist?
404. What virus causes measles, and to which family does it belong?
405. How is measles transmitted?
406. What are the characteristic early symptoms of measles?
407. What are Koplik spots, and when do they appear in measles?
408. What is the typical progression of the measles rash?
409. What laboratory findings help confirm measles infection?
410. What complications are associated with measles?
411. What is subacute sclerosing panencephalitis (SSPE) in measles?
412. What supportive treatment measures are recommended for measles?
413. How can measles be prevented?
414. What virus causes rubella, and how is it transmitted?
415. What are the common clinical features of rubella?

416. What is the significance of postauricular and occipital lymphadenopathy in rubella?
417. How does the rash of rubella differ from that of measles?
418. What tests are used to confirm rubella infection?
419. What are the risks of rubella infection during pregnancy?
420. What congenital anomalies are associated with congenital rubella syndrome?
421. How long is a patient with rubella usually contagious?
422. What preventive measures reduce rubella transmission?
423. What role does vaccination play in rubella control?
424. What virus causes erythema infectiosum (fifth disease)?
425. What is the characteristic rash associated with parvovirus B19?
426. How is parvovirus B19 transmitted?
427. How does parvovirus B19 affect erythropoiesis?
428. What clinical complications occur in patients with hemolytic anemia in parvovirus infection?
429. What risks does infection pose by parvovirus B19 during pregnancy?
430. How is parvovirus B19 diagnosed?
431. What is the typical course of parvovirus infection in immunocompromised individuals?
432. What treatment options exist for severe or chronic parvovirus infection?
433. What preventive measures can reduce transmission of parvovirus?
434. What virus causes varicella and herpes zoster?
435. What are the characteristic stages of the varicella rash?
436. How is varicella transmitted?
437. What complications can occur in varicella infection?
438. What triggers reactivation of latent varicella-zoster virus?
439. What clinical features are typical of herpes zoster?
440. How is the diagnosis of varicella or herpes zoster confirmed?
441. What antiviral medications are used in treatment of varicella-zoster virus?
442. What is postherpetic neuralgia?
443. How can varicella and zoster infections be prevented?
444. What pathogen causes scarlet fever?
445. What is the role of erythrogenic toxins in scarlet fever manifestation?
446. What are the typical clinical features of scarlet fever?
447. What is "strawberry tongue," and in which stage does it appear in scarlet fever?
448. How does the rash of scarlet fever differ from viral exanthems?
449. What laboratory findings confirm streptococcal infection?
450. What complications can arise from untreated scarlet fever?
451. What antibiotics are recommended for treatment of scarlet fever?
452. How long is a patient with scarlet fever contagious?
453. What preventive measures can reduce transmission of streptococcal infection?
454. What microorganism causes pseudotuberculosis?
455. How is pseudotuberculosis transmitted?
456. What are the main clinical manifestations of pseudotuberculosis?
457. What is mesenteric adenitis, and why is it commonly associated with pseudotuberculosis?
458. What laboratory tests assist in diagnosis of pseudotuberculosis?
459. What features differentiate pseudotuberculosis from appendicitis?
460. What complications of pseudotuberculosis may develop?
461. What antibiotics are used in treatment of pseudotuberculosis?
462. What food products are commonly associated with outbreaks of pseudotuberculosis?
463. What preventive measures help reduce pseudotuberculosis transmission?
464. What pathogen most commonly causes erysipelas?
465. What are the typical clinical signs of erysipelas?
466. What risk factors predispose individuals to erysipelas?
467. How does erysipelas differ from cellulitis?

468. What laboratory findings may support the diagnosis of erysipelas?
469. What complications of erysipelas can occur?
470. What antibiotics are recommended for treatment of erysipelas?
471. How does recurrence of erysipelas occur?
472. What preventive strategies reduce the risk of erysipelas recurrence?
473. What are the key principles of patient care for erysipelas?
474. What species of *Brucella* most commonly cause human brucellosis?
475. What are the main routes of transmission of brucellosis?
476. What occupational groups are at highest risk in brucellosis?
477. What are the common acute symptoms of brucellosis?
478. What is undulant fever, and why is it characteristic of brucellosis?
479. What laboratory methods are used to diagnose brucellosis?
480. What complications can develop in chronic brucellosis?
481. What antibiotics are used in combination therapy for brucellosis?
482. Why is monotherapy for brucellosis not recommended?
483. What preventive measures reduce transmission of brucellosis from animals?
484. What parasite causes toxoplasmosis?
485. What are the primary sources of *Toxoplasma gondii* of human infection?
486. How does toxoplasmosis affect pregnant women and fetuses?
487. What clinical manifestations of toxoplasmosis occur in immunocompetent individuals?
488. What symptoms indicate reactivation of toxoplasmosis in immunocompromised patients?
489. How is toxoplasmosis diagnosed serologically?
490. What imaging findings are typical in cerebral toxoplasmosis?
491. What drugs are used for treatment of toxoplasmosis?
492. What preventive measures of toxoplasmosis are recommended for pregnant women?
493. Why should immunocompromised patients avoid undercooked meat?
494. What pathogen causes leptospirosis?
495. How is leptospirosis transmitted to humans?
496. What occupational and environmental risk factors exist in leptospirosis?
497. What are the early clinical symptoms of leptospirosis?
498. What is Weil’s disease, and what organs does it affect?
499. What laboratory tests confirm leptospirosis?
500. What complications of leptospirosis may develop in severe cases?
501. What antibiotics are recommended for treatment of leptospirosis?
502. How is renal involvement managed in leptospirosis?
503. What preventive strategies reduce the risk of infection by leptospirosis?
504. What virus causes CMV infection, and to which family does it belong?
505. What are the main routes of CMV transmission?
506. What clinical manifestations of CMV-infection occur in immunocompetent adults?
507. What symptoms indicate congenital CMV infection?
508. What complications of CMV-infection arise in immunocompromised patients?
509. What laboratory methods confirm CMV infection?
510. What is the significance of CMV IgM and IgG antibodies?
511. What antiviral drugs are used to treat severe CMV infection?
512. How can CMV be prevented in transplant recipients?
513. What measures reduce the risk of congenital CMV?
514. What virus causes infectious mononucleosis?
515. What are common clinical symptoms of infectious mononucleosis?
516. What is the role of atypical lymphocytes in diagnosis of infectious mononucleosis?
517. What laboratory tests help confirm infectious mononucleosis?
518. What complications of infectious mononucleosis can occur, particularly involving spleen?
519. How long does lymphadenopathy typically persist in infectious mononucleosis?

520. Why are antibiotics like ampicillin not recommended in infectious mononucleosis?
521. What supportive treatments are used in infectious mononucleosis?
522. How is EBV transmitted?
523. What preventive measures help reduce transmission of EBV?
524. What virus causes HIV infection, and what cells do it primarily target?
525. What are the main modes of HIV transmission?
526. What clinical features characterize acute HIV infection?
527. What laboratory tests are used for HIV screening and confirmation?
528. What is the significance of CD4 cell counts in management?
529. How is the viral load used to monitor treatment effectiveness in HIV infection?
530. What are the main classes of antiretroviral drugs in HIV infection?
531. What opportunistic infections are common in advanced HIV?
532. What strategies help prevent HIV transmission?
533. What is pre-exposure prophylaxis (PrEP), and who should receive it in HIV infection?
534. Which parasites are intestinal nematodes?
535. Routes of infection with ascariasis and enterobiasis.
536. Clinical manifestations of enterobiasis in children.
537. Characteristics of the migratory stage of ascariasis.
538. Laboratory diagnosis of nematodosis.
539. Pathogenesis of anemia in ancylostomiasis.
540. Complications of severe ascariasis.
541. Principles of treatment of nematodosis.
542. Routes of infection with trematodes.
543. Pathogenesis of liver damage in trematodes.
544. Clinical forms of opisthorchiasis.
545. Diagnosis of opisthorchiasis: microscopy of stool and duodenal contents.
546. The role of ultrasound in the diagnosis of trematodiases.
547. Complications of chronic trematodiases.
548. Drugs of choice for the treatment of trematodiases (praziquantel, etc.).
549. Prevention of opisthorchiasis and other trematodiases.

TECHNOLOGICAL MAPS OF THE DISCIPLINE

"INFECTIOUS DISEASES "

Course 5, semester 9, reporting – Credit

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
Section 1					
Gastrointestinal infections	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	5	11	4
	Boundary	MCQ	5	11	
Section 2					
Viral hepatitis	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	5	8	7
	Boundary	MCQ	5	8	
Section 3					
Vector-borne infections	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	5	8	11
	Boundary	MCQ	5	8	
Section 4					
Highly contagious and conventional infection	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	5	8	13
	Boundary	MCQ	5	8	
Total per semester			***40***	***70***	
Intermediate Control (credit)		MCQ; Clinical challenge. Interpretation of laboratory data.	**20**	**30**	16
Semester rating by discipline			**60**	**100**	

Course 5, semester 10, reporting – exam

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
Section 5					
Infection with neurological disorders	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	4	7	28
	Boundary	MCQ	4	7	
Section 6					
Airborne and respiratory manifestation infections	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	4	7	32
	Boundary	MCQ	4	7	
Section 7					
Infection with skin lesion	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	4	7	36
	Boundary	MCQ	4	7	
Section 8					
Infections with multiple organ dysfunction and lymphadenopathy syndrome	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	4	7	39
	Boundary	MCQ	4	7	
Section 9					
Helmintes	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson.	4	7	40
	Boundary	MCQ	4	7	
Total per semester			***40***	***70***	
Intermediate Control (exam)		MCQ; Clinical challenge. Interpretation of laboratory data.	**20**	**30**	41
Semester rating by discipline			**60**	**100**	

RATING SCALES

CLINICAL CASE ASSESSMENT SCALE
(current and boundary controls)

№	Indicator	Point (%)
1	Correctness of diagnosis	0-30
2	The correctness of the choice of the management algorithm	0-25
3	The correct choice of additional diagnostic methods	0-20
4	Correctness of treatment	0-25
	Total	60-100

LABORATORY TEST INTERPRETATION ASSESSMENT SCALE
(boundary control)

№	Indicator	Point (%)
1	Correctness of the choice of laboratory test	0-10
2	Knowledge of the normal ranges of laboratory test	0-20
3	Correct interpretation of laboratory test results	0-70
	Total	60-100

PATIENT CARE ASSESSMENT SCALE
(*current control*)

№	Indicator	Point (%)
1	Compliance with infection control (medical uniform, hand sanitization, etc.)	0-5
2	Assessment of communication skills	0-10
3	Anamnesis collection skills (epidemiological, life, disease)	0-20
4	Conducting a physical examination of the patient	0-20
5	Skills to establish a preliminary diagnosis	0-15
6	Skills to prescribe the required laboratory and instrumental methods of diagnosis	0-15
7	Evaluation of the therapeutic approach	0-15
	Total	60-100

ASSESSMENT SCALE FOR THEORETICAL ASSIGNMENTS AND TESTS
(boundary, intermediate controls)

№	Indicator	Point (%)
1	Question 1	0-100
2	Question 2	0-100
3	Question 3	0-100
4	Question 4	0-100
	Total	Arithmetic mean (total score /4)

Each question on the examination card is assessed:

«85-100%»

- deep and lasting mastery of the topics or section's material;
- complete, consistent, literate and logically presented answers;
- demonstration of knowledge within the scope of the studied program and additional recommended literature;
- reproduction of educational material with the required degree of accuracy.

«75-84%»

- the presence of minor errors that are confidently corrected by the student after additional and leading questions;
- demonstration of knowledge within the scope of the studied program;
- clear presentation of educational material.

«60-74%»

- the presence of minor errors in the answer that are not corrected by the student;
- demonstration to students of incomplete knowledge of the completed program;
- unstructured, unclear presentation of educational material.

«менее 60%»

- lack of knowledge of the topic or section material;
- makes serious mistakes in his answer.

MCQ ASSESSMENT SCALE
(current control)

1. One MCQ task contains 10 closed questions.
2. The tasks contain multiple choice answers, one of which is correct, and the rest are incorrect.
3. The student must remember in each task, only one correct answer must be selected.
4. For each correct answer the student receives 10 points.
5. The total score is determined as the sum of the points scored.
6. Mark (в %).

REPORT WITH PRESENTATION ASSESSMENT SCALE
(current control)

№	Indicator	Point (%)
	LOGIC	10
1	Structuring the text into an introduction, hard core, and conclusion	0-5
2	Logical and clear conversion from one part to another, as well as within parts	0-5
	CONTENT	50
1	Topic relevance	0-10
2	The presence of the main idea (thesis) in the introduction and the focus of the topic on the audience	0-10
3	Development of the theme (thesis) in the hard core (disclosure of the main provisions through a system of arguments supported by facts, examples, etc.)	0-15
4	The presence of conclusions that correspond to the topic and content of the hard core	0-15
	STRUCTURE	25
1	Topic title	0-2
2	Slide design and use of effects (slide transitions, sound, graphics)	0-5
3	The presentation text is short and well written; the ideas are presented clearly and structured.	0-10
4	The slides are presented in a logical sequence.	0-5
5	The slides are printed in notes format.	0-3
	PRESENTATION	15
1	Correctness and precision of speech during a presentation	0-5
2	Breadth of horizons (answers to questions)	0-5
3	Compliance with the speaking time regulations	0-5
	Total	60-100

MEDICAL HISTORY MASTERY ASSESSMENT SCALE
(*current control*)

№	Indicator	Point (%)
1	General information about the patient	0-2
2	Complaints (a brief and clear list of all the patient's current complaints)	0-7
3	Anamnesis morbi	0-7
4	Anamnesis vitae	0-7
5	Epidemiological anamnesis	0-7
6	Status praesens objectivus	0-8
7	Preliminary diagnosis and its rationale	0-7
8	Laboratory and other additional methods of examining the patient	0-7
9	Final diagnosis and its rationale	0-10

10	Differential diagnosis	0-7
11	Etiology and pathogenesis of the diagnosed disease	0-8
12	Treatment	0-9
13	Two diaries in the dynamics of patient care	0-7
14	Epicrisis and prognosis	0-7
	Total	60-100

FINAL KNOWLEDGE ON THE DISCIPLINE ASSESSMENT SCALE
(final assessment of the discipline)

ORAL SURVEY ASSESSMENT SCALE
(intermediate control – «KNOWLEDGE»)
When evaluating oral responses to KNOWLEDGE proficiency, the following criteria are considered:

1) Knowledge of the main processes of the studied area, depth and completeness of disclosure of the issue.
2) Familiarity with terminology and its use in answers.
3) Ability to explain the essence of phenomena, events, and processes; to draw conclusions and generalizations; and to provide well-reasoned answers.
4) Mastery of the monological speech, logic and consistency of response, ability to answer questions, express one's own opinion on the discussed issue.

A score (16-20 points) is given to the answer, which demonstrates a solid knowledge of the following questions:
— etiology, pathogenesis, and preventive measures for the most common infectious diseases.
— the current classification of infectious diseases.
— clinical presentation, specific features, and possible complications of diseases in different age groups.
— the main principles of diagnosing infectious diseases.
— modern clinical, laboratory, and instrumental diagnostic methods.
— treatment methods and indications for their use.
— the fundamentals of organizing outpatient and primary healthcare services.
— indications for hospitalization in various infectious diseases.
— principles of patient follow-up (dispensary supervision).
The student demonstrated logical and well-structured answers.

A score (10-15 points) is given to the answer, which demonstrates a solid knowledge of the following questions:
— etiology, pathogenesis, and preventive measures for the most common infectious diseases.
— the current classification of infectious diseases.
— clinical presentation, specific features, and possible complications of diseases in different age groups.
— the main principles of diagnosing infectious diseases.
— modern clinical, laboratory, and instrumental diagnostic methods.
— treatment methods and indications for their use.
— the fundamentals of organizing outpatient and primary healthcare services.
— indications for hospitalization in various infectious diseases.
— principles of patient follow-up (dispensary supervision).
The student demonstrates a logical and consistent answer. However, there are one or two inaccuracies in the answer.

A score (5-10 points) is given to the answer, that indicates knowledge of the following questions:
— etiology, pathogenesis, and preventive measures for the most common infectious diseases.
— the current classification of infectious diseases.
— clinical presentation, specific features, and possible complications of diseases in different age groups.
— the main principles of diagnosing infectious diseases.
— modern clinical, laboratory, and instrumental diagnostic methods.
— treatment methods and indications for their use.
— the fundamentals of organizing outpatient and primary healthcare services.
— indications for hospitalization in various infectious diseases.
— principles of patient follow-up (dispensary supervision).

Several errors are allowed in the content of the answer.

A score (1-4 points) is given to an answer that reveals a lack of knowledge of theory on almost all topics, an inability to give reasoned answers, weak monologue speech, and a lack of logic and consistency.
There are serious errors in the content of the answer.

ASSESSMENT SCALE FOR MASTERY TASKS
(intermediate control – «SKILLS» and EXPERTISE»)

The following criteria are considered when evaluating responses to SKILLS and *EXPERTISE* (clinical task and interpretation of laboratory tests):

A score (8-10 points) is given, when student:
- — demonstrates proficiency in medical terminology and the ability to analyze various medical facts.
- — quickly identifies epidemiological data in an infectious patient.
- — independently identifies the key clinical syndromes based on the patient's physical findings.
- — interprets the results of studies (laboratory, x-ray, instrumental) and knows the physiological norm.
- — accurately formulates a clinical diagnosis in accordance with the accepted classification.
- — correctly selects additional laboratory and instrumental diagnostic methods.
- — appropriately determines the treatment strategy.

All requirements of the assignment are fully met.

A score (4-7 points) is given, when student:
- — can formulate the problem in their own words.
- — does not have sufficient knowledge of medical terminology, the ability to analyze various medical facts.
- — does not identify epidemiological data in an infectious disease case quickly enough.
- — fails to identify all key clinical syndromes based on the patient's physical findings.
- — shows weak interpretation of laboratory, radiological, and instrumental test results and provides an inadequate clinical diagnosis.
- — does not fully correctly select additional laboratory and instrumental diagnostic methods.
- — appropriately chooses the treatment strategy.

Most of the assignment requirements are met.

A score (1-3 points) is given, when student:
- — is unable to formulate the problem in their own words and does not consider alternative solutions.
- — has poor command of medical terminology and lacks the skills required to analyze medical facts.
- — is slow in identifying epidemiological data in a case involving an infectious disease.
- — does not adequately identify the key clinical syndromes based on physical findings.
- — demonstrates very weak interpretation of laboratory, radiological, and instrumental test results and does not formulate a clinical diagnosis.
- — does not correctly select additional laboratory and instrumental diagnostic methods.
- — incorrectly determines the treatment strategy.

Many of the assignment requirements are not met.

A score of (0 points) is given when the student demonstrates a lack of understanding of the problem or provides no answer and makes no attempt to solve the task or interpret the laboratory findings.

HEALTH MINISTRY OF THE KYRGYZ REPUBLIC

KYRGYZ-RUSSIAN SLAVIC UNIVERSITY

Department of Infectious Diseases named after Professor A.I. Romanenko

MEDICAL HISTORY

COMPLETED: _____

(Full name of the student, group, year, faculty, semester)

CHECKED: _____

(Full name of the teacher, position, academic degree)

BISHKEK 20__

I. GENERAL INFORMATION (PASSPORT SECTION)

Full name _____

Age _____
(date of birth (day, month, year for children under 6 years old)

Gender _____

Citizenship _____

Home address _____

_____

Occupation, position (study) _____

_____

Date and time of admission to hospital (hospitalization) _____

Date and time of discharge from hospital _____

Diagnosis:

on admission _____

_____

clinic _____

_____

Outcome of the disease _____
(recovery/improvement/unchanged/worsening/death)

II. PATIENT'S COMPLAINTS UPON ADMISSION

COMPLAINTS: _____

(a clear listing of the patient's complaints before and during hospitalization)

_____

_____

_____

III. HISTORY OF THE PRESENT DISEASE (ANAMNESIS MORBI)

1. _____

(state of health before the current disease)

_____

2. _____

(reasons that caused the current disease)

_____

_____

3. _____

(Time, conditions of appearance and first symptoms of the present disease,

_____

chronologically sequential presentation of the appearance of new symptoms, the time of their appearance, strengthening/weakening /

_____

disappearance; conditions under which the symptoms of the disease appeared and changed before the patient was admitted to hospital)

_____

_____

_____

_____

_____

_____

4. _____

(the therapeutic measures that the patient used and the impact of these measures on the course of the disease)

_____

_____

_____

_____

_____

_____

_____

IV. EPIDEMIOLOGICAL ANAMNESIS (HISTORIA EPIDEMILOGICA)

_____

(describe possible contacts with infectious patients, the likelihood of infection at work/school,,

_____

visiting other regions/countries and other probable sources of infection)

_____

_____

_____

V. ANAMNESIS VITAE

1. _____

(ante- and early postnatal period – describe the number of pregnancy and birth the child was born from,

_____

how the pregnancy proceeded, whether the child was born on time, what method of delivery was used, how the child was fed,

_____

when he/she started walking and talking, a chronicle of the preschool and school periods)

_____

_____

_____

2. _____

(labor activity, working conditions)

_____

_____

_____

3. _____

(social and living conditions, marital status)

_____

_____

4. _____

(Family history and heredity - illnesses of the father and mother, close relatives, spouses, contacts, whether there are similar illnesses

_____

o the given or concomitant illnesses of the patient, whether there were any mental illnesses, malignant neoplasms,

_____

metabolic diseases, etc. in the family.)

_____

_____

_____

5. _____

(vaccination history - whether vaccinated according to schedule, if not vaccinated - find out the reason)

_____

_____

VI. STATUS PRAESENS OBJECTIVUS

Temperature _____

Weight _____

Height _____

Patient's condition _____

(satisfactory/moderate/severe)

_____

(what leading syndromes determine the severity of the condition: toxic/neurological/dehydration, etc..,

_____

respiratory and cardiovascular disorders, dyspeptic and dysuric phenomena)

_____

Consciousness _____

(complete/confused (stupor)/indifferent (sopor)/unconscious (coma))

Body constitution _____

(asthenic/normosthenic/hypersthenic)

Patient's posture _____

(active, active-forced, passive)

Nervous system _____

(psychoneurological state - adequate/excited/inhibited, neurological development is appropriate/not appropriate for age

_____

Meningeal symptoms – neck stiffness, Kernig's, Brudzinski's, Lesage's. Convulsions, their characteristics

_____

Paresthesia, paralysis, paresis, reflexes (pupillary, pharyngeal, knee, Achilles).

_____

Ocular symptoms – diplopia/nystagmus/exophthalmos/ptosis/accommodation disorder/gaze paresis/strabismus/miosis/mydriasis/anisocoria.

_____

Dermographism – white/red, persistent/non-persistent. Taste, smell, hearing – impaired/not impaired.

_____

Focal symptoms – yes/no, their characteristics

_____

_____

_____

Skin and mucous membranes _____

(skin and mucous membrane color. Skin tension and elasticity (turgor).

_____

Humidity/sweating/scratching/rash, spider veins/butterfly veins/angiomas/scars/bedsores/subcutaneous hemorrhages/pigmentation

_____

Hair _____

(hair type - male/female; hair loss)

Nails _____

(shape, fragility, striation, cyanosis), in the form of "watch glasses" shaped, "spoon-shaped", etc.)

Subcutaneous tissue _____

(Subcutaneous fat layer expression – normal/weak/excessive.

_____

Places of greatest fat deposition. Weight loss. Cachexia. Edema, pastosity and their localization – extremities/face/eyelids/abdomen.

_____

Lymph nodes _____

(localization of palpable lymph nodes, their size, shape,

_____

consistency – hard/soft, painful/painless, adherence to surrounding tissue)

_____

Muscles _____

(Development – normal/weak/atrophy. Tonus – normal/increased (rigidity)/decreased.

_____

Muscle pain when palpated/moved. Muscle strength)

Bones _____

(Deformations, periostitis, curvatures, pain when tapping)

Joints _____

(Mobility – active/passive, range of motion, contractures, ankylosis.

_____

Configuration changes – swelling/thickening/nodularity/curvature.

_____

Pain when palpating, with passive and active movements, rust)

Respiratory system:

Nose _____

(external examination and palpation, smell from the nose, bleeding)

Larynx/pharynx _____

(pain, voice, examination of larynx/pharynx, hyperemia, hypertrophy of tonsils, presence/absence

_____

plaques and their characteristics)

Chest shape _____

(deformation, asymmetry, curvature of the spine, prolapse of the supraclavicular, subclavian

_____

and intercostal spaces)

Breathing type _____

(Depth and rhythm of breathing, lag in breathing of one or another half of the chest.

_____

Number of breaths per minute, dyspnea - inspiratory/expiratory/mixed)

Hemoptysis _____

(No/Yes, sputum examination and description)

Comparative percussion _____

(percussion sound - pulmonary/tympanic/shortening/dullness of pulmonary sound)

Topographic percussion _____

(determination of pulmonary edge mobility)

The tops of the lungs protrude above the collarbones in front _____ cm, back on level _____ vertebra.

Lower borders of the lungs:

Percussion lines	*Right lung*	*Left lung*
Linea parasternalis		–
Linea axillaris anterior		–
Linea axillaris media		
Linea axillaris posterior		
Linea scapularis		
Linea paravertebralis		

Auscultation of the lungs _____

(breathing pattern, wheezing - dry/wet, weakening of breathing, crepitation,

_____

pleural friction rub)

_____

The circulatory system (cardiovascular system):

Bulging and pulsation around the heart ("heart hump") and large vessels _____

(yes/abs.)

Palpation of the apex beat _____

(position, width (area), height and strength)

Границы сердца:

Right _____

(indicate where the border of cardiac dullness was determined, in which intercostal space)

Left _____

(indicate where the border of cardiac dullness was determined, in which intercostal space)

Heart dimensions (diameter) _____ cm

(along the first and second perpendiculars)

Width of the anterior projection of the aorta _____ cm

(along the second intercostal space)

Heart sounds:

Listening points	*sound*	*Characteristics (clarity (loudness)/amplification/weakening (dullness), rhythm, tones (metallic, clapping, cannon), bifurcation/splitting/gallop tone, noises)*
Bicuspid valve	I sound	
	II sound	
Pulmonary artery	I sound	
	II sound	
Aorta	I sound	
	II sound	
Tricuspid valve	I sound	
	II sound	
Botkin's point	I sound	
	II sound	

Arteries and veins _____

(elasticity, pulsation, swelling, varicose veins)

Pulse _____

(localization, rhythm, tension, filling)

Digestive organs (gastrointestinal tract)

Oral odor _____

(normal/sour/putrid/fecal/ammonia/"baked apples"/alcohol etc.)

Lips _____

(color, moisture, rashes, ulcerations of the corners of the mouth (cheilosis), cracks, deformities (harelip)

Tongue _____

(color, dry/wet, coated/clean, "geographical", inflamed (glossitis),

_____

«polished" - (atrophic "varnish"), cracks, ulcers, teeth marks)

Oral mucosa _____

(color, pigmentation, ulceration, cracks, deformities - cleft palate)

Teeth and gums _____

(absence of teeth, presence of dentures and caries. Color of gums, looseness, bleeding, ulceration)

Abdomen _____

(shape, bloating /indentation, subcutaneous fat deposits, visible peristalsis, visible pulsation,

_____

dilation of the subcutaneous veins "caput medusa", flatulence, ascites, tension of the muscles of the anterior abdominal wall,

_____

navel, abdominal muscle separation, painful palpation, symptoms of peritoneal irritation)

_____

(auscultation - intestinal peristalsis, peritoneal noise)

_____

Perianal area _____

(fissures, external hemorrhoids, rectal prolapse or not examined)

Vomit and feces _____

(inspection and characterization of contents)

Liver _____

(character of the anterior-inferior edge (sharp/rounded/soft/dense/uneven, painful)

Liver sizes according to Kurlov:

Right midclavicular line _____ cm.

Middle line _____ cm.

Left costal margin _____ cm.

Gallbladder _____

(palpable/not palpable, shape, size, mobility, soreness, Courvoisier's symptom, Frenicus phenomenon)

Spleen _____

(dimensions, when increasing - the length of the protruding part from the hypochondrium, pain, mobility during palpation)

Urogenital system

Kidneys _____

(pain on palpation, mobility, Pasternatsky's symptom)

Urine _____

(quantity, characteristics - color/transparency)

VII. PRELIMINARY DIAGNOSIS

_____

(formulation of a preliminary diagnosis in accordance with the classification and its justification considering complaints and anamnesis of

_____

the present disease, epidemiological data and objective examination (highlight the main syndromes, combination

_____

of which allows you to diagnose (suspect) this disease (infection))

_____

_____

_____

_____

VIII. EXAMINATION PLAN

(list the volume of laboratory and instrumental methods that are necessary to confirm (exclude) your preliminary diagnosis)

IX. MAIN DIAGNOSIS

(formulation of a diagnosis in accordance with the classification and justifying it considering the complaints of the anamnesis

of the current disease, data from the epidemiological anamnesis physical and laboratory findings, instrumental methods

(highlight the main syndromes, the combination of which allows justifying the diagnosis))

X. ETIOLOGY

(brief description of the pathogen, describe the pathogenic properties of the microorganism that play a decisive role in the development of this disease, its outcomes and used in the diagnosis of this pathology)

XI. PATHOGENESIS

(describe the pathogenesis of the development of the main symptoms and syndromes of the diagnosed disease)

XII. DIFFERENTIAL DIAGNOSIS

(List at least two (three) infectious diseases that have the same clinical manifestations)

XIII. TREATMENT

(prescribe treatment with indication of dosages and routes of administration, with justification of medications)

*XIV. DAILY RECORD **

Date _____

Temperature _____

respiratory rate _____

Heart rate _____

BP _____

The patient's condition _____

(satisfactory, moderate, severe, due to what syndrome)

_____

(complaints at the time of inspection)

_____

_____

Consciousness _____

(complete, confused (stupor), indifferent (sopor), unconscious (coma))

Neurological status _____

(by the same criteria as in Status praesens objectivus)

_____

_____

_____

_____

_____

_____

_____

Patient's posture _____

(active, forced, passive)

Skin and mucous membranes _____

(color of skin and visible mucous membranes. Skin tension and elasticity (turgor).

_____

Humidity, sweating, scratching, rash, "spider veins"

_____

Lymph nodes _____

(localization of palpable lymph nodes, their size, shape – oval/round/irregular,

_____

consistency – hard/soft, painful/painless, adherence to surrounding tissue)

_____

Larynx/pharynx _____

(pain, voice, hyperemia, hypertrophy of the tonsils, presence/absence of plaque and their characteristics)

_____

Breathing type _____

(Depth and rhythm of breathing, lag in breathing of one or another half of the chest.

_____

respiratory rate/min, dyspnea – inspiratory/expiratory/mixed)

Comparative percussion _____

(percussion sound - pulmonary/tympanic/shortening/dullness of pulmonary sound.

Auscultation of the lungs _____

(character of breathing, wheezing - dry/wet, weakening of breathing, crepitations, pleural noise)

_____

Heart sounds: _____

(clarity (loudness)/gain/weakening (dullness), rhythm, tones (metallic, clapping,

_____

cannon), splitting/splitting/gallop tone, noises)

Pulse _____

(localization, rhythm, tension, filling)

Lips _____

(color, moisture, rashes, ulcerations of the corners of the mouth (cheilosis), cracks, deformities (harelip)

Tongue _____

(color, dry/wet, coated/clean, "geographical", inflamed, "polished", cracks, ulcers, teeth marks)

Oral mucosa _____

(color, pigmentation, ulceration, cracks, deformities - cleft palate)

Abdomen _____

(shape, bloating/indentation, subcutaneous fat deposits, visible peristalsis, visible pulsation,

_____

dilation of the subcutaneous veins (caput medusa) (flatulence, ascites, tension of the muscles of the anterior abdominal wall,

_____

navel, divergence of the rectus abdominis muscles, painful palpation, symptoms of peritoneal irritation)

_____

(auscultation - intestinal peristalsis, peritoneal noise)

_____

Liver _____

(character of the anterior-inferior edge (sharp/rounded/soft/dense/uneven, painful)

Liver sizes according to Kurlov:

on the right midclavicular line _____ cm.

on the midline _____ cm.

Along the left costal margin _____ cm.

Gallbladder _____

(palpable/not palpable, shape, size, mobility, soreness, Courvoisier's symptom, Frenicus phenomenon)

Spleen _____

(size, when increasing - the length of the protruding part from the hypochondrium, pain, mobility during palpation)

Kidneys _____

(size, shape, consistency, roughness, soreness, mobility, Pasternatsky's symptom)

Urine _____

(quantity, characteristics)

_____

(interpretation of current laboratory data and justification for treatment adjustments and patient management)

_____

_____

daily record - 2

Date _____

Temperature _____

respiratory rate _____

Heart rate _____

BP _____

The patient's condition _____

(satisfactory, moderate, severe, due to what syndrome)

_____

(complaints at the time of inspection)

_____

_____

Consciousness _____

(complete, confused (stupor), indifferent (sopor), unconscious (coma))

Neurological status _____

(by the same criteria as in Status praesens objectivus)

_____

_____

_____

_____

_____

_____

_____

Patient's posture _____

(active, forced, passive)

Skin and mucous membranes _____

(color of skin and visible mucous membranes. Skin tension and elasticity (turgor).

_____

Humidity, sweating, scratching, rash, "spider veins"

_____

Lymph nodes _____

(localization of palpable lymph nodes, their size, shape – oval/round/irregular,

_____

consistency – hard/soft, painful/painless, adherence to surrounding tissue)

_____

Larynx/pharynx _____

(pain, voice, hyperemia, hypertrophy of the tonsils, presence/absence of plaque and their characteristics)

_____

Breathing type _____

(Depth and rhythm of breathing, lag in breathing of one or another half of the chest.

_____

respiratory rate/min, dyspnea – inspiratory/expiratory/mixed)

Comparative percussion _____

(percussion sound - pulmonary/tympanic/shortening/dullness of pulmonary sound.

Auscultation of the lungs _____

(character of breathing, wheezing - dry/wet, weakening of breathing, crepitations, pleural noise)

_____

Heart sounds: _____

(clarity (loudness)/gain/weakening (dullness), rhythm, tones (metallic, clapping,

_____

cannon), splitting/splitting/gallop tone, noises)

Pulse _____

(localization, rhythm, tension, filling)

Lips _____

(color, moisture, rashes, ulcerations of the corners of the mouth (cheilosis), cracks, deformities (harelip)

Tongue _____

(color, dry/wet, coated/clean, "geographical", inflamed, "polished", cracks, ulcers, teeth marks)

Oral mucosa _____

(color, pigmentation, ulceration, cracks, deformities - cleft palate)

Abdomen _____

(shape, bloating/indentation, subcutaneous fat deposits, visible peristalsis, visible pulsation,

_____

dilation of the subcutaneous veins (caput medusa) (flatulence, ascites, tension of the muscles of the anterior abdominal wall,

_____

navel, divergence of the rectus abdominis muscles, painful palpation, symptoms of peritoneal irritation)

_____

(auscultation - intestinal peristalsis, peritoneal noise)

_____

Liver _____

(character of the anterior-inferior edge (sharp/rounded/soft/dense/uneven, painful)

Liver sizes according to Kurlov:

on the right midclavicular line _____ cm.

on the midline _____ cm.

Along the left costal margin _____ cm.

Gallbladder _____

(palpable/not palpable, shape, size, mobility, soreness, Courvoisier's symptom, Frenicus phenomenon)

Spleen _____

(size, when increasing - the length of the protruding part from the hypochondrium, pain, mobility during palpation)

Kidneys _____

(size, shape, consistency, roughness, soreness, mobility, Pasternatsky's symptom)

Urine _____

(quantity, characteristics)

_____

(interpretation of current laboratory data and justification for treatment adjustments and patient management)

_____

_____

**(The diary in the educational medical history is written by the student in accordance with the class schedule. It reflects in detail the dynamics of complaints and the patient's condition between curations. At the end of each diary there should be a brief conclusion on the dynamics of the disease, if there are results of additional tests - their interpretation, if necessary - justification for changes in the treatment and management of the patient. The medical history should contain 2 diaries)*

XV. EPICRISIS

(write the patient's full name, clinical diagnosis, dates of admission and discharge from the hospital.

Provide a brief description of the disease from the moment of admission, indicating the main symptoms of the disease with laboratory and

instrumental studies that substantiate the clinical diagnosis. Briefly describe the results of treatment (write the prescriptions with dosages and duration)

Reflect the dynamics of the condition as a result of treatment, the patient's condition at the time of discharge, prognosis. Write out recommendations)

XVI. REFERENCES