**Fund**

**estimated funds**

in the discipline "Hospital surgery for LD"

Higher education level

SPECIALTY

Training area

31.05.01. - Russian Federation, 560001-KR medical business

*(code and name of the training area)*

Qualification

*Medical doctor*

*2026*

The Fund of Assessment Tools is intended to assess the knowledge of students enrolled in the General Medicine programme (specialty) for international students in the discipline:

Hospital surgery

(name of discipline)

The Fund of Assessment Tools was reviewed and approved at a meeting of the Department of

Hospital Surgery named after Kh. S. Bebezov

(name of department)

Minutes No. 1 dated 26 August 2026.

Head of the Department: Hospital Surgery named after Kh. S. Bebezov

Umetaliyev T. M.

Signature _____ Printed name _____

Agreed by the ROP

Prepared by:

| Position | Signature | Printed name |
|---|---|---|
| Head of the Department, Candidate of Medical Sciences, Associate Professor | | Umetaliyev T. M. |
| Candidate of Medical Sciences, Associate Professor | | Dvumarov A. A. |

| 1. THE STUDENT'S COMPETENCES FORMED AS A RESULT OF MASTERING THE LANGUAGE OF THE UNIVERSITY. DISCIPLINES (OF THE MODULE) | |
|---|---|
| PC-6: ability to identify patients ' main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Health - related Problems-X revision, adopted by the 43rd World Health Organization. General Assembly of Health, Geneva, 1989 | |
| Know: Level 1 | the main pathognomonic signs of a pathological condition and their significance in combination with general clinical symptoms |
| Level 2 | the main nosological forms of surgical diseases and the ability to determine the significance of the pathological condition |
| Level 3 | the main problems of surgical diseases and the analysis of their nosological forms reveal the meaning of health-related problems and present the dynamics of the development of the pathological condition. to compare various pathological conditions associated with health disorders , to determine the practical value of clinical symptoms and syndromes, on the basis of which the patient's pathological condition and health problems are built. skills of working with literature to identify priority sources of information skills of search, systematization and free presentation of material on surgical pathology |
| Be able to: Level 1 | and other nosological forms skills of identifying clinical symptoms, syndromes of nosological diseases, etc.their forms of surgical diseases with justification of the patient's own health position |
| 2 Level | |
| 3 Own: | |
| Level 1 | |
| Level 2 | |
| Level 3 | |

| PC-8: ability to determine management tactics for patients with various nosological disorders. forms | |
|---|---|
| Know: Level 1 | necessary methods and principles of management of patients with various nosological forms main directions and methods of management of patients with various nosological forms main directions and principles of therapeutic and diagnostic approaches in the management of patients with various nosological forms assess the condition of patients and determine the relationship with various nosological forms compare methods and tactics of management of patients with various nosological forms compare and choose effective methods of management of patients with various nosological forms the main sources of information in specialized literature methods of management of patients with various nosological forms skills of management and treatment of patients with various nosological forms |
| Level 2 | |
| Level 3 | |
| Be able to: Level 1 | |
| 2 Level | |
| 3 Own: | |
| Level 1 | |
| Level 2 | |
| Level 3 | |

| PC-9: readiness for management and treatment of patients with various nosological forms in the Russian Federation outpatient and day-care settings |
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| To know: |

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| Level 1 | basic therapeutic and diagnostic methods for managing patients with |
| Level 2 | various nosological forms performed in outpatient settings and day hospitals basic diagnostic and treatment methods for managing |
| Level 3 | patients with various nosological forms in outpatient settings and day hospitals basic therapeutic and diagnostic principles for managing patients with various nosological forms in outpatient settings and day hospitalsthe effectiveness of methods of examination |
| Be able to: Level 1 Level 2 Level 3 | of patients with various nosological forms compare methods of management and treatment of patients with various nosological forms in outpatient settings and day hospitals evaluate the practical value of therapeutic and diagnostic methods of patient management in outpatient settings and day hospitals skills of collecting literature sources on the management and treatment of patients with various nosological forms methods of searching and skills of management and treatment of patients with various nosological forms in outpatient settings and day hospitals |

As a result of mastering the discipline, the student must:

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| 3.1 Know: |
| 3.1.1-etiology and pathogenesis of the most common surgical diseases, traumatic injuries, malformations and critical conditions in patients with surgical pathology; 3.1.2-symptoms |
| and features of the clinical course of the most common surgical diseases; |
| 3.1.3-principles of their diagnostics (clinical, laboratory, instrumental) and differential diagnosis; |
| 3.1.4-surgical tactics, rational terms of treatment of the most frequently encountered diseases surgical diseases, traumatic injuries, malformations and critical conditions in patients with surgical pathology; 3.1.5-features of |
| providing emergency care and intensive care for surgical procedures. diseases and critical conditions; |
| 3.1.6-features of surgical treatment of children of different age groups with malformations, surgical diseases, traumatic injuries, etc.with minimal damage; |
| 3.1.7 - principles of rehabilitation and follow-up after surgical treatment; |
| 3.1.8 - principles of prevention of surgical diseases and traumatic injuries. |
| 3.2 Be able to: |
| 3.2.1-evaluate the etiopathogenesis and clinic of the most common surgical diseases. diseases; |
| 3.2.2-conduct a survey of the patient and his relatives, identify complaints, life history, medical history diseases; |
| 3.2.3-make a clinical examination plan; 3.2.4 - conduct an examination and physical examination of patients with a surgical disease; 3.2.5 - make a preliminary diagnosis and determine treatment tactics; 3.2.6-analyze the results of additional research methods with surgical 3.2.7 pathology; |

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| 3.2.8-provide emergency care for surgical diseases and critical conditions in patients with surgical patients; |
| 3.2.9-independently work with educational, scientific, regulatory and reference literature on |
| 3.2.10-keep medical records of patients with surgical diseases; 3.2.11 - be able |
| to use the acquired knowledge correctly and communicate freely with patients; |
| 3.3 Own: |
| 3.3.1 - methods of working with educational and methodical literature; |
| 3.3.2 - methods of general clinical examination of patients; 3.3.3 - methods of |
| analyzing the results of laboratory examination (clinical and biochemical tests). tests of blood, urine, bacteriological, histomorphological studies, X-ray studies: radiography, CT, MRI, |
| 3.3.4-an algorithm for making a preliminary diagnosis with subsequent referral of the patient to a doctor. etc.) and additional information about the condition of patients. to the appropriate specialist doctor; |
| 3.3.5 - implementation of basic medical diagnostic and therapeutic measures for the provision of medical services. first aid for emergency and life-threatening conditions. |

**Appendix 2.**

## TECHNOLOGICAL MAPS OF THE DISCIPLINE "HOSPITAL SURGERY"

### 9TH SEMESTER

| Name of the discipline modules according to RAPS | Control | Form of control | Credit minimum | Credit maximum | Control schedule (semester week) |
|---|---|---|---|---|---|
| **9TH SEMESTER** | | | | | |
| **Section 1 "Cardiovascular system surgery".** | Current Topic Control 1,2,3,4,5 | Activity and attendance are taken into account (1 point is deducted for each missed or unfulfilled lesson).<br>1) Front-end survey 2) Curation<br>3) Report | **4** | **9** | **3** |
| | Border control | Testing. | **6** | **9** | |
| | | | | | |
| **Section 2 " Thoracic surgery surgery ".** | Current Topic Control 6,7,8,9 | Activity and attendance are taken into account (1 point is deducted for each missed or unfulfilled lesson) .<br>Front End Survey 2) Curation 3) Report | **4** | **8** | **7** |
| | Border control | Testing | **6** | **9** | |
| | | | | | |
| **Section 3 "Purulent surgery".** | Current Topic Control 10,11,12,13,14 | Activity and attendance are taken into account (1 point is deducted for each missed or unfulfilled lesson) .<br>Front-end survey Curation 2) 3) Report | **4** | **9** | **11** |
| | Border control | Testing. | **6** | **9** | |
| | | | | | |
| **Section 4 " Abdominal surgery surgery".** | Current Topic Control 15,16,17,18 | Activity and attendance are taken into account (1 point is deducted for each missed or unfulfilled lesson).<br>Front-end Survey Curation 2) Report Testing. | **4** | **8** | |
| | Border control | Medical history. | **6** | **9** | |
| **In just one semester** | | | **40** | **70** | |
| **Intermediate control( CREDITED): Writing on tickets and solving a situational problem** | | | **20** | **30** | |
| **Semester rating by discipline** | | | **60** | **100** | |

**Note:**

1. For every missed and failed messagea given lecture or practical lesson is deducted 1 point if the student has not completed the lesson within two weeks. A student is not allowed to go to the intermediate control if there are no completed practical classes and lectures.
2. For active participation in the practical lesson, 1 point is added
3. For active participation in research projects - 1 point.
4. The medical history is submitted before the interim control.
5. If the student does not pass the tests after three times, then the minimum passing score is set later.

### 10TH SEMESTER

| Name of the discipline modules according to RAPS | Control | Form of control | Credit minimum | Credit maximum | Control schedule (semester week) |
|---|---|---|---|---|---|
| **10TH SEMESTER** | | | | | |
| **Section 5 "Surgical endocrinology"** | Current Topic Control 1,2,3,4 | Taken into account activity and traffic (for each a lesson that is missed or not completed is deducted 1 point). Front-end Survey Curation Report | **4** | **8** | |
| | Border control | Testing. | **6** | **9** | |
| **Section 6 "Coloproctology"** | Current Topic Control 5, 6,7,8,9 | Taken into account activity and traffic (for each a missed or unfilled lesson is removed 1 point) . Front-end Survey Curation Report | **4** | **9** | |
| | Border control | Testing. | **6** | **9** | |
| **Section 7 "Liver diseases and the pancreas glands"** | Current Topic Control 10,11,12,13,14 | Taken into account activity and traffic (for each a missed or unfilled lesson is removed 1 point) . Front-end Survey Curation Report | **4** | **9** | |
| | Border control | Testing. | **6** | **9** | |
| **Section 8 " Extrahepatic biliary tract disease"** | Current Topic Control 15,16,17,18 | Taken into account activity and traffic (for each a lesson that is missed or not completed is deducted 1 point). Front-end Survey Curation Report Testing. | **4** | **8** | |
| | Border control | Medical history. | **6** | **9** | |
| | | **In just one semester** | **40** | **70** | |
| | | **Intermediate control (EXAM) in writing with tickets and solving a situational problem.** | **20** | **30** | |
| | | **Semester rating by discipline** | **60** | **100** | |

**Note:**

1. 1 point is deducted for each missed and not completed lecture or practical lesson, if the student has not completed the lesson within two weeks. A student is not allowed to go to the intermediate control if there are no completed practical classes and lectures.
2. For active participation in the practical lesson, 1 point is added
3. For active participation in research projects - 1 point.
4. The medical history is submitted before the interim control.
5. If the student does not pass the tests after three times, then the minimum passing score is set later.

**Appendix # 3**

**Hospital Surgery Exam Questions**

**(current and intermediate controls)**

| **Section number** | **9th semester** |
|---|---|
| **1** | 1. Akhunbaev I. K. and its role in the development of surgery in Kyrgyzstan. 2. Varicose veins. Relative insufficiency venous systems valves. Etiology and pathogenesis.<br>3. Varicose veins. Virchow Triad, clinic, surgical treatment.<br>4. Congenital heart defects. DMJP: hemodynamic disorders, clinic, diagnosis and surgical treatment.<br>5. Congenital heart defects. DMPP: hemodynamic disorders, clinic, diagnosis and treatment.<br>6. Congenital heart disease. Aortic coarctation: hemodynamic disorders, clinic, diagnosis and treatment.<br>7. Closed injuries of the chest and its organs. Chest concussion, clinic, treatment. Chest contusion, clinic, treatment.<br>8. The importance of radiation diagnostic methods in surgery (X-ray, ultrasound, CT and MRI). 9. Ileofemoral syndrome: diagnosis and treatment. 10. Ileofemoral syndrome: etiopathogenesis, clinic.<br>11. Foreign bodies of the esophagus. Diagnosis and treatment.<br>12. Foreign bodies of the esophagus. Clinic.<br>13. Coronary heart disease. History of surgical treatment of coronary artery disease hearts.<br>14. Coronary heart disease. Clinic, diagnosis, and indications for surgery. Principles of surgical treatment.<br>15. Aortic caorctation. Definition. Hemodynamic parameters violations. Clinic. Methods of treatment.<br>16. Aortic caorctation. Definition. Hemodynamic parameters violations. Clinic. Methods of treatment.<br>17. Mediastinal cysts. Classification. Clinic, diagnostics, indications to operations.<br>18. Classification of mediastinal tumors and their topography. Clinical manifestations mediastinal tumors. Principles of diagnosis and treatment.<br>19. Clinic of cicatricial narrowing of the esophagus. Localization and forms constrictions. Diagnostics. Treatment with boujir.<br>20. Clinic of cicatricial narrowing the esophagus. Surgical treatment treatment. Types plastic replacement of the esophagus.<br>21. Coronary heart disease. Clinic, diagnosis, and indications for surgery.<br>22. Minimally invasive methods of treatment of coronary heart disease.<br>23. Mediastinitis: etiology, clinic, diagnosis, treatment. Prevention.<br>24. Mitral stenosis (classification according to B. V. Petrovsky and A. N. Bakulev), clinic, indications for surgery, types of operations.<br>25. Mitral valve insufficiency: causes, hemodynamic disorders, clinic, diagnosis, and treatment.<br>26. Insufficiency tricuspid the valve: reasons, hemodynamic parameters disorders, clinic, diagnosis, and treatment.<br>27. Open Batalov Bayou. Hemodynamic disorders, clinic, diagnosis, treatment.<br>28. Open Batalov the channel. Definition. Hemodinamic violations. |

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| | Clinic. Methods of treatment.<br>29. Pericarditis. Classification. Etiology, clinic, diagnostics, treatment various forms of pericarditis.<br>30. Pericarditis. Classification, indications and types of surgical treatment.<br>31. Post-infarction heart aneurysm, diagnosis, indications for surgical treatment treatment, types of surgery.<br>32. Post-infarction heart aneurysm. Classification of post-infarction heart aneurysms. Frequency.<br>33. Post-infarction aneurysm hearts. Clinic, diagnostics. Indications and contraindications to surgery. Principles of surgical treatment.<br>34. Post-thrombophlebitic syndrome: definition, classification. Etiopathogenesis. Clinic, diagnosis, and<br>treatment. Prevention. 35. Acquired heart defects. Insufficiency mitral the valve: hemodynamic disorders, clinic, diagnosis, treatment.<br>36. Acquired heart defects. Aortic valve malformation: hemodynamic violations, clinic.<br>37. Acquired vices hearts. Vice aortic the valve: diagnostics, surgical treatment.<br>38. Tetrad of Fallot: Etiopathogenesis, hemodynamic disorders, clinic, diagnosis and treatment.<br>39. Thrombophlebitis: definition, etiopathogenesis, classification, clinic, diagnosis and treatment.<br>40. Thrombophlebitis: definition, etiopathogenesis, classification.<br>41. Thrombophlebitis: definition, etiopathogenesis, classification.<br>42. Surgical treatment of coronary heart disease (indications for surgical treatment ) treatment, selection of the surgical aid method, immediate and<br>long-term results). 43. Endoscopic methods of diagnosis and treatment in surgery. |
| 2 | 1. Esophageal atresia: Differential diagnosis. The importance of early diagnosis.<br>2. Esophageal atresia: etiology, pathogenesis, forms of atresia. Klinica, diagnostics, principles of surgical treatment<br>3. Achalasia of the cardia (clinic, diagnosis, treatment, stages).<br>4. Femoral hernia: clinic, diagnosis, and surgical treatment.<br>5. Femoral hernias: topography of the femoral canal, diagnosis, clinic, treatment.<br>6. Types of operations for hernias of the esophageal<br>orifice of the diaphragm. 7. Types of esophageal plastic surgery for scar strictures.<br>8. Secondary acute mediastinitis<br>(etiology, clinic, diagnosis). 9. Gastroesophageal reflux disease (clinic, diagnosis, treatment).<br>10. Hernias<br>of weak areas of the diaphragm. 11. Hernias of the diaphragm proper.<br>12. Diaphragmatic hernias: etiology, classification, clinic, diagnostics, surgical treatment.<br>13. Esophageal diverticula.<br>14. Esophageal diverticula: classification, clinic, diagnosis<br>and treatment. 15. Retrosternal goiter (clinic, diagnosis,<br>treatment). 16. Cardiospasm (clinic, diagnosis,<br>treatment) 17. Mediastinal cysts (classification, etiology, clinic,<br>diagnosis, treatment). 18. Classification of mediastinites. |

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| | 19. Classification of mediastinal tumors.<br>20. Esophageal burn clinic.<br>21. Clinic of esophageal injuries.<br>22. Clinical and anatomical forms of lung cancer - central, peripheral, atypical forms. Features of their radiological and clinical manifestations. 23. Clinical stages of esophageal burn.<br>24. Combined burns of the esophagus (diagnosis and treatment). 25. Treatment of acute purulent mediastinitis.<br>26. Treatment of chemical burns of the esophagus in the acute period.<br>27. Mediastinal lymphogenic tumors (classification, clinic, diagnostics, treatment).<br>28. Mesenchial tumors (classification, clinic, diagnosis, treatment).<br>29. Methods of esophageal augmentation in chemical burns.<br>30. Methods of mediastinal drainage in purulent mediastinitis.<br>31. Neurogenic mediastinal tumors (classification, diagnosis, clinic, treatment).<br>32. Parasternal hernias<br>33. Primary acute mediastinitis (etiology, clinic).<br>34. Barrett's esophagus.<br>35. Causes of esophageal injuries and their prevention.<br>36. Lung cancer. Morbidity and mortality in the world. Morphological forms of lung cancer. Etiology, pathogenesis, precancerous diseases. Metastasis of lung cancer. Prevention.<br>37. Lung cancer. Modern methods of treatment. Early detection of lung cancer.<br>38. Lung cancer. Etiology, classification, clinic, diagnosis, differential diagnosis diagnostics.<br>39. Lung cancer: clinical manifestations-symptoms of the primary tumor, locally-common process, signs of distant metastases.<br>40. Esophageal cancer. Morbidity, etiology, classification, clinic, diagnosis, treatment and the forecast.<br>41. Early and late bougie of the esophagus in chemical burns. 42. Early and late bougie treatment for chemical burns of the esophagus. 43. Relaxation of the diaphragm. 44. Diaphragm relaxation: clinic, diagnosis. Indications to operational level treatment. Methods of diaphragm plastic surgery.<br>45. X-ray diagnostics of esophageal foreign bodies and varicose veins esophagus, post-burn narrowing of the esophagus.<br>46. Boerhave syndrome.<br>47. Dysphagia syndrome.<br>48. Sliding (axial) hernia of the esophageal orifice of the diaphragm. 49. Sliding hernias. Etiology, clinics, diagnosis, treatment. 50. Surgical tactics for esophageal injuries.<br>51. Thymoma (etiology, clinic, diagnosis, treatment).<br>52. Traumatic diaphragmatic hernias.<br>53. Halasia of the cardia.<br>54. Chemical burns of the esophagus. Pathogenesis. Acute period clinic. First aid and principles of treatment in the acute period. Early and late bougueing.<br>55. Chemical burns of the esophagus. Pathogenesis. Acute period clinic. First aid and principles of treatment in the acute period. Early and late bougueing. |

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| | 56. Chronic mediastinitis (etiology, clinic, treatment).<br>57. Coelomic cyst of the pericardium (etiology, clinic, diagnosis, treatment). differential<br>diagnostics. Principles of treatment. Indications for surgical treatment, methods of operations.<br>58. Esophagospasm of the esophagus. Definition. Clinic, diagnostics, differential<br>59. Esophagospasm of the esophagus. Definition. Clinic, diagnostics,<br>diagnostics. Principles of treatment. Indications for surgical treatment, methods of operations.<br>60. Mediastinal emphysema (etiology, clinic, treatment). |
| 3 | 1. Hernia Liter. Etiology, clinic, and methods of surgical treatment.<br>2. Hernia of the white line of the abdomen. Anatomical prerequisites for hernia formation.<br>Clinic, diagnosis, and differential diagnosis. Operation methods.<br>3. Dynamic intestinal obstruction. Classification. Etiology.<br>4. Dynamic intestinal obstruction. Clinic, diagnosis, and treatment.<br>5. Inversion of the sigmoid colon. Etiopathogenesis, clinic,<br>diagnosis, treatment. 6. Invagination: etiology, clinic, diagnosis and treatment.<br>7. Mechanical intestinal obstruction. Classification and etiology, pathogenesis,<br>pathological anatomy, clinic, diagnosis, treatment<br>8. External intestinal fistulas: etiology, classification, clinic, diagnosis, treatment.<br>9. Obturative intestinal obstruction clinic, diagnosis, differential diagnosis<br>diagnosis. Preoperative preparation and features of surgical treatment.<br>10. Obturation intestinal obstruction, causes, pathogenesis. A special persontypes of violations<br>water-electrolyte and acid-base state.<br>11. Complications of peptic ulcer of the stomach and duodenum 12. Penetration, clinic,<br>diagnosis and treatment.<br>12. Complications of gastric ulcer and duodenal ulcer. Perforation: phases<br>development, clinic, diagnosis, choice of surgical method.<br>13. Complications of gastric ulcer and duodenal ulcer. Scar deformity:<br>clinic, diagnosis, preoperative preparation and operative treatment.<br>14. Acute intestinal obstruction. Diagnostics. Differential diagnostics.<br>Principles of treatment.<br>15. Inguinal hernia: topography of the inguinal canal, types, clinic, diagnosis and surgical treatment<br>treatment.<br>16. Peritonitis: classification, etiology, pathogenesis, clinic, diagnosis, treatment.<br>Causes of hypovolemia, preparation of the patient for surgery.<br>17. Peritonitis: classification, etiology, pathogenesis.<br>18. Peritonitis: clinic, diagnosis, treatment. Causes of hypovolemia, preparation<br>patient's preparation for surgery.<br>19. Postoperative hernia of the anterior abdominal wall, pathogenesis, diagnosis,<br>clinic and surgical treatment.<br>20. Postoperative management of patients. Enteral, parenteral and enteral<br>probe feeding. Procedure for examination of patients on parenteral<br>nutrition.<br>21. Probodnaya street ulcer stomach and 12-fingertip guts. Classification perforations,<br>pathological anatomy. Clinic, stages of development. |

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| | 22. Perforated ulcer of the stomach and duodenum 12. Clinic. Differential diagnostics. Surgical treatment.<br>23. Perforated ulcer of the stomach and duodenum 12. Classification of perforation. Clinic, diagnosis and treatment.<br>24. Umbilical hernia. Etiology, clinic, and methods of surgical treatment.<br>25. Cicatricial and ulcerative pyloric stenosis: clinical stages, diagnoseska. Features preoperative preparation of patients. Tactics of surgical treatment.<br>26. Diabetic foot syndrome: classification, pathogenesis of neuropathic ulcers, principles treatment and rehabilitation.<br>27. Diabetic foot syndrome: the main risk factors for developing diabetic foot.<br>28. Adhesive disease of the abdominal cavity: etiology, pathogenesis. Clinical forms, diagnostics. Treatment.<br>29. Adhesive disease of the abdominal cavity: etiology, pathogenesis. Clinical forms, diagnostics. Treatment.<br>30. Strangulation intestinal obstruction. Definition of the concept. Classification by for etiological reasons. Features of pathogenesis. Diagnostics, differential diagnosis. Types of operations.<br>31. Strangulation intestinal obstruction. Definition of the concept. Clinic for various diseases types of strangulation bowel obstruction. Diagnostics.<br>32. Tactics of radiation examination in acute intestinal obstruction.<br>33. Small intestinal fistulas. Etiology, clinic, and diagnosis. Therapeutic tactics for high fistulas.<br>34. Colonic fistulas: etiology, classification, clinic, diagnostics, treatment.<br>35. Mesenteric vascular thrombosis: clinic, diagnosis and treatment.<br>36. Nodulation and inversion of the small intestine. Etiopathogenesis, clinic, diagnosis, treatment.<br>37. Pinched hernia: clinic, diagnosis. Types and mechanism of infringement. Principles of treatment of a |
| 4 | pinched hernia. 1. Spleen abscesses.<br>2. Diseases of the operated stomach. Hypoglycemic syndrome: etiopathogenesis, clinic, diagnosis, and treatment.<br>3. Diseases of the operated stomach. Dempin syndrome: etiopathogenesis, clinic, diagnosis and treatment.<br>4. Diseases of the operated stomach. Peptic ulcer of the anastomosis: etiopathogenesis, clinic, diagnosis, and treatment.<br>5. Diseases of the operated iudka. Gastric stump cancer: etiopathogenesis, clinic, diagnosis and treatment.<br>6. Diseases of the operated stomach. Adductor loop syndrome: etiopathogenesis, clinic, diagnosis, and treatment.<br>7. Wehrlhoff's disease (thrombocytopenic purpura): etiopathogenesis, clinic, diagnosis and treatment.<br>8. Disease of the operated stomach: Cancer of the stomach stump. Etiology, pathogenesis, clinic, diagnosis and treatment.<br>9. Disease of the operated stomach: adductor syndrome loops. Etiology, pathogenesis, clinic, diagnosis, treatment.<br>10. Biphasic rupture of the liver, spleen (clinic, diagnosis, treatment). |

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| | 11. Benign ones tumors and precancerous diseases stomach. Classification. Clinical picture. Diagnostics. Treatment tactics. 12. Spleen cysts. 13. Spleen injury: etiology, clinic, diagnosis, treatment. 14. Spleen injuries (clinic, diagnosis, and treatment). 15. Spleen injuries: diagnosis, treatment. Splenosis. 16. Spleen injuries: etiology, clinic. 17. Injuries, spleen infarction, spleen cysts. Clinic, diagnosis, and treatment. 18. Stomach cancer. Morbidity rate. Factors that contribute to the development of stomach cancer. Classification. Clinic, diagnostics. Pathways of metastasis. Treatment. Forecast. 19. Stomach cancer. Classification, histological forms. Clinical picture. Methods diagnostics. Treatment tactics. 20. Early complications after gastric resection. Treatment and prevention. 21. Early complications after gastric resection. Causes and clinic. 22. Splenomegaly and hypersplenism. 23. Surgical treatment of gastric ulcer and duodenal ulcer. Methods of gastric resection according to Billroth-1 and Billroth-2. Indications and techniques. |
| **10th semester** | |
| **5** | 1. Graves ' disease. definition, etiology, clinic, diagnosis and treatmenta research project. 2. Hypoparathyroidism, tetany. Pathogenesis, prevention, diagnosis, prognosis, treatment. 3. Diffuse toxic goiter. Conservative and operative treatment. 4. Diffuse toxic goiter. Preoperative preparation. Operation methods, complications of thyrotoxicosis. 5. Hashimoto's goiter. Definition of the concept, etiology, pathogenesis, clinic, diagnosis, differential diagnosis. Indications for medical and surgical treatment. 6. Hashimoto's goiter. Definition of the concept, etiology, pathogenesis, clinic, diagnostics, differential diagnosis. Indications for medical and surgical treatment. 7. Incidentaloma. Clinic, diagnosis, indications for surgical treatment. 8. Clinic and diagnosis of external, internal, and latent bleeding. Complications bleeding. 9. Tumors of the parathyroid glands. Clinic, diagnosis, and treatment. 10. Complications during and after thyroid surgery. Clinical features symptoms, treatment, and prevention. 11. Complications. Prevention and treatment of thyrotoxic crisis and acute cardiovascular insufficiency after surgery in patients with thyrotoxicosis. insufficiency 12. Prevention and treatment of thyrotoxic crisis and acute cardiovascular disease after surgery in patients with thyrotoxicosis. 13. Thyroid cancer. Classification is clinical and histological. Clinic, diagnosis and treatment. Outcomes and long-term outcomes. Forecast. Prevention. 14. Thyroid cancer. Scope of surgical intervention. Combined treatment - radiation, chemotherapy, hormone therapy, treatment with radioactive iodine. 15. Itsenko-Cushing's syndrome. Etiology and pathogenesis. Clinic, diagnosis, and treatment. |

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| | 16. Sporadic goiter: definition, classification, clinical information picture, diagnosis and treatmentchenie.<br>17. Mitral valve stenosis: causes, hemodynamic disorders, clinic, diagnosis and treatment.<br>18. Strumites. Definition of the concept. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis. Conservative and operative treatment.<br>19. Thyroiditis. Conservative and operative treatment.<br>20. Thyroiditis. Definition of the concept. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis.<br>21. Thyrotoxicosis. Classification, clinic, diagnosis, and surgical treatment.<br>22. Thyrotoxicosis. Clinic, diagnosis, and differential diagnosis.<br>23. Thyrotoxicosis. Definition of the concept. Etiology and pathogenesis. Classification.<br>24. Nodular goiter: definition, classification, clinical picture, diagnosis, and treatment. treatment.<br>25. Pheochromocytoma. Clinic, diagnosis, indications for surgical treatment.<br>26. Endemic goiter: Conservative and operative treatment. Prevention.<br>27. Endemic goiter: definition, clinical picture, diagnosis and treatment.<br>28. Endemic goiter: etiology, pathogenesis, clinic, diagnosis. |
| **6** | 1. Appendicular infiltrate. Definition. Clinic, diagnosis and treatment.<br>2. Hirschsprung's disease. Etiology. Pathogenesis, clinic, diagnosis, differential diagnosis diagnosis and treatment.<br>3. Hirschsprung's disease. Etiology. Pathogenesis, clinic, diagnosis, differential diagnosis diagnosis and treatment.<br>4. Crohn's disease. Definition of the concept, clinic, diagnosis, treatment. Complications and their consequences diagnosis and treatment.<br>5. Colon diverticula: clinic, diagnosis, indications for surgical treatment and types of operations.<br>6. Morbidity and mortality from colorectal cancer. Precancerous diseases the colon and rectum. Methods for the diagnosis of colorectal cancer. Ways to improve early diagnosis.<br>7. Ischemic colitis. Clinic, diagnosis, and treatment.<br>8. Clinic and diagnosis of external, internal, and latent bleeding. Risks and outcomes of bleeding.<br>9. Clinic for colorectal cancer. Groups of symptoms. Clinical forms colorectal cancer, association with localization.<br>10. Bleeding from dilated veins of the esophagus and cardia. Differential diagnostics. Conservative treatment. The Sengstecken-Blackmore probe.<br>11. Bleeding from dilated veins of the esophagus and cardia. Methods of surgical treatment. 12. Bleeding stomach and duodenal ulcer. Classification by severity bleeding. Pathogenesis violations. Clinic, diagnostics, differential diagnostics. Conservative and operative treatment.<br>13. Treatment of patients with colorectal cancer. Radical and palliative care operations. Radiation therapy and chemotherapy in the treatment of colorectal cancer. 14. Methods of stopping bleeding from varicose veins of the esophagus.<br>15. NYC. Definition of the concept, clinic, diagnosis, treatment. Complications and their diagnosis and treatment.<br>16. Complications of appendicitis. Appendicular abscess. Clinic, diagnostics and |

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| | treatment.<br>17. Complications of appendicitis. Pelvic and inter-loop abscess. Clinic, diagnostics and treatment.<br>18. Complications of acute appendicitis: classification, pathogenesis, clinic, diagnosis, treatment tactics.<br>19. Complications of acute appendicitis: classification, pathogenesis, clinic, diagnosis, treatment tactics.<br>20. Acute appendicitis in pregnant women: differential diagnosis, surgical treatment treatment.<br>21. Acute appendicitis in children: etiology, features of pathogenesis, clinic, diagnosis, features of the course in children under 3 years of age. Features of surgical treatment.<br>22. Acute appendicitis: the clinical picture depending on thedepending on the location of the wormlike the process. Diagnostics.<br>23. Acute appendicitis: etiology, pathogenesis, classification, differential diagnosis and surgical treatment.<br>24. Pileflebitis. Definition. Clinic, diagnosis and treatment.<br>25. Polyps of the rectum. Clinic, diagnosis, and treatment.<br>26. Colorectal cancer. Morbidity rate. Classification, clinic, diagnosis, and treatment.<br>Features of surgical treatment for colon obstruction of a cancerous nature.<br>27. Mallory-Weiss syndrome: etiology, clinic, diagnosis, treatment.<br>28. Chronic appendicitis. Classification. Clinic, diagnosis, differential diagnosis diagnostics. Indications and contraindications for surgical treatment.<br>29. Chronic non-specific ulcerative colitis. Conservative and operative methods treatment options.<br>30. Chronic non-specific ulcerative colitis. Etiology. Clinic, diagnostics.<br>31. Peptic ulcer of the stomach and duodenum, complicated by bleeding. Clinic, diagnostics and surgical tactics. |
| 7 | 1. Alveococcosis of the liver. Etiology, clinic, diagnosis and treatment.<br>2. Algorithm of personnel actions in the presence of a potential donor.<br>3. Ascites. Methods of conservative and surgical correction.<br>4. Types of rejection reactions during transplantation.<br>5. Possibilities of using modern minimally invasive technologies in treatment portal hypertension.<br>6. General information issues transplantology. History transplants. Terminology and classification. Legal aspects of transplantation. Immunosuppressive therapy<br>7. Questions of organ donation. Introduction. Organ donors. Techniques for removing donor organs. Methods of preserving donor organs. Principles of distribution of donor organs. Transplantation servicess of death the brain. Social aspects of organ use donations.<br>8. Diagnosis of pancreatic cancer. Methods of treatment. diseases. Clinical manifestations of cancer. Diagnostic methods and treatment.<br>9. Historical stages of development of transplantation.<br>10. Pancreatic cysts. Classification, clinic, and diagnosis. Principles surgical treatment. |

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| | 11. Classification of liver tumors. Etiology, risk factors and precancerous diseases 12. Classification of portal hypertension.<br>13. Classification of chronic pancreatitis.<br>14. Clinical picture of portal hypertension.<br>15. Minimally invasive interventions for focal liver lesions<br>16. Methods for the diagnosis of portal hypertension.<br>17. Methods of stopping bleeding from varicose veins of the esophagus. 18. Nonparasitic liver cysts. Etiology, clinic, diagnosis, treatment 19. Definition of "portal hypertension". Reasons and pathogenesis the occurrence of portal hypertension.<br>20. Klatzkin's tumor. Definition, classification, clinic, diagnosis and treatment. 21. Complications of portal hypertension.<br>22. Complications of organ transplantation (causes, prevention, treatment). 23. The main groups of surgical interventions for portal hypertension.<br>24. Basic terms of transplantology and types of transplantation.<br>25. Acute pancreatitis: definition, classification. Comprehensive treatment. Indications for surgical treatment.<br>26. Acute pancreatitis: etiology, pathogenesis, classification, clinic, diagnosis.<br>27. Subhepatic portal hypertension. Etiology. Classification. Clinic, diagnostics. Principles of surgical treatment, methods of operations.<br>28. Indications for surgical treatment of patients with chronic pancreatitis.<br>29. Concept and order of constasymptoms of brain death.<br>30. The concept of transplant immunity, pathogenesis of the development of an immune response to the transplant.<br>31. Portal hypertension. Etiology. Classification. Clinic, diagnostics. Principles of surgical treatment, methods of operations.<br>32. Portal hypertension: etiology, pathogenesis, classification, clinic, diagnostics. Surgical treatment. Methods of operations.<br>33. Principles of surgical treatment of portal hypertension. Types and methods bypass operations.<br>34. Liver cancer. Etiology, classification, clinic, diagnosis, treatment.<br>35. Pancreatic cancer. Morbidity, etiology, classification, clinic, diagnosis, treatment, and prognosis.<br>36. Pancreatic cancer. Etiology. Risk factors. Main clinical features manifestations depend on the location and extent of the tumor spread.<br>37. Results of organ and tissue transplantation. Prospects and directions development of transplantology.<br>38. Pancreatic fistulas. Classification, clinic, and diagnosis. Principles treatment options.<br>39. Fistulas Pancreatic glands. Classification, clinic, diagnostics. Surgical treatment.<br>40. Budd-Chiari syndrome. Clinic, diagnosis, and treatment.<br>41. Structure of the portal vascular system. Porto-systemic anastomoses.<br>42. Liver transplantation (indications, contraindications, types and stages of surgery).<br>43. Pancreatic transplantation (general information, indications for surgery, types operations).<br>44. Transplantation kidneys (indications, contraindications, principles search results donors, types and stages of the operation).<br>45. Heart transplantation (indications, contraindications, main methods and stages |

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| | operations).<br>46. Terms and procedure of transplantation.<br>47. Chronic pancreatitis: classification, etiopathogenesis, clinic, diagnostics, differential diagnosis. Conservative treatment. Indications for surgical treatment, methods of surgical treatment.<br>48. Liver echinococcosis: parasite biology, clinic, diagnosis, differential diagnosis diagnosis, treatment, and prevention.<br>49. Liver echinococcosis: parasite biology, clinic, diagnosis, differential diagnosis diagnosis, treatment, and prevention. |
| **8** | 1. Anomalies of the bile ducts and gallbladder. Diagnosis, treatment, and prognosis. 2. Pain-free mechanical jaundice (causes, diagnosis, treatment). 3. Karolyi's disease. Etiology, clinic, diagnosis and treatment. 4. Types of transhepatic drains (indications for use).<br>5. Secondary sclerosing cholangitis.<br>6. Distal strictures of the bile ducts (clinic, diagnosis, treatment).<br>7. Cholelithiasis. Etiology and pathogenesis of stone formation. Clinic, diagnostics. Treatment (extracorporeal lithotripsy, medical dissolution of stones), indications for surgery.<br>8. Cholelithiasis. Causes of development. Clinic. Diagnostics. Treatment.<br>9. Instrumental methods of examination for mechanical jaundice.<br>10. Classification of postcholecystectomy syndrome.<br>11. Methods of examination of patients with postcholecystectomy syndrome.<br>12. Methods of examination of patients with mechanical jaundice.<br>13. Mechanical jaundice: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis. Surgical treatment. Methods of operations.<br>14. Mechanical jaundice: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis. Surgical treatment. Methods of operations.<br>15. External biliary fistulas (causes, diagnosis, treatment).<br>16. Bile tumorsbladder and extrahepatic ducts. Etiology. Cancer Clinic gall bladder and extrahepatic ducts. Diagnosis and treatment.<br>17. Complications of cholelithiasis. Choledocholithiasis. Indications to choledochotomies and methods of completing it. Endoscopic papillotomy.<br>18. Complications after cholecystectomy. Causes of repeated operations on the biliary tract. Types of bile duct drainage.<br>19. Features of diagnosis and treatment of bile duct strictures.<br>20. Acute cholangitis.<br>21. Indications and methods of external and internal drainage of the bile ducts. 22. Indications for choledochotomy and ways to complete it.<br>23. Indications for endoscopic interventions in postcholecystectomy the syndrome.<br>24. Postcholecystectomy the syndrome: classification, clinic, diagnostics, treatment.<br>25. Causes of occlusions of the biliary system.<br>26. Reconstructive and reconstructive operations on the biliary tract in patients with postcholecystectomy syndrome.<br>27. Mirizi syndrome (classification, diagnosis, treatment).<br>28. Methods of intraoperative examination of the bile ducts. |

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| | 29. Stenosis of the large duodenal papilla (diagnosis, treatment). 30. Stricture of biliodigestive anastomoses. 31. Surgical tactics for bile duct injuries. 32. Surgical system anatomy of the gallbladder and bile ducts, pathoanatomical classification of cholecystitis.<br>33. Surgical tactics in acute cholecystitis: indications for emergency, urgent and early (delayed) surgery.<br>34. Cholangitis. Classification, clinic, diagnosis, and treatment.<br>35. Choledocholithiasis. Causes of development. Clinic and diagnostics. Treatment. Indications for choledochotomies and methods of completing it.<br>36. Chronic cholecystitis. Differential diagnosis and treatment.<br>37. Chronic cholecystitis. Etiology, classification, clinic, diagnosis.<br>38. Endoscopic interventions for mechanical jaundice. |

**Appendix # 4**

**Criteria for assessing students ' knowledge used in the Department for current monitoring academic performance:**

Students ' knowledge is monitored by evaluating the following parameters: 1) Front-end survey in practical classes, 2) Practical skills at the patient's bedside 3) Student's report

| Type of control | Evaluation criteria | Quantity points |
|---|---|---|
| 1. Front-end survey in practical classes | it is presented to the student who has discovered a training comprehensive, systematic and deep knowledge and program material, ability to perform tasks freely, provided by those who have mastered the main course and are familiar with the additional literature recommended by the program; as a interrelation of the main concepts of the discipline and their rule, the program scores "excellent" for those who have significance for the acquired mastered it<br>- issued to the student professions that have shown creative who has discovered full knowledge abilities in understanding, presenting, and using of the educational software of the material, educational program material.<br>- who performs the tasks provided for in the program and has successfully mastered the basic literature recommended in the program. As a rule, the grade "good to: their independent replenishment and updating in the course of further work educational program works and professional activities. | 85-100% |
| | issued by to the student, to the person who found it knowledge of the main educational and program material to the extent necessary for further study and pre-school education.a good job in the profession, coping with the tasks provided for in the program, and being familiar with the main literature recommended by the program. As a rule, the grade "satisfactory" is given to students who have made mistakes in the answer to the test and when performing the papers tasks, | 60-69% |

| | | | |
|---|---|---|---|
| | | have the necessary knowledge to eliminate them under | those who |
| | | the guidance of a teacher are issued to a student who has discovered gaps in knowledge of the main educational and program material, who has made fundamental mistakes in performing the tasks provided for in the program. As a rule, the assessment is given to students who cannot continue their studies or start their professional activities after graduation without additional classes in the following areas: discipline. the student has systematic | unsatisfactory<br>0<br>relevant |
| 2. | Practical skills at the patient's bedside | theoretical knowledge (knows the method of performing practical skills, indications and contraindications, possible complications, standards and etc.), demonstrates the implementation of | without errors by yourself<br>85-100% |
| | | practical skills; the student has theoretical knowledge the method of performing practical skills, indications and contraindications, possible standards, etc.), independently demonstrates the implementation of practical skills, allowing some inaccuracies that are independently detected and quickly corrected; the | (knows<br>complications,<br>(minor issues errors),<br>70-84% |
| | | student has satisfactory theoretical knowledge (knows the main provisions of the methodology for performing practical skills, indications contraindications, possible complications, standards etc.), demonstrates thatdevelopment of practical skills, making some mistakes that can be corrected by the teacher when correcting them; the student | and<br>60-69% |
| | | does not have sufficient experience in this area. theoretical knowledge (does not know the methods of performing practical skills, indications and contraindications, possible complications, standards, etc.) and/or does not can practical skills or performs them, making gross mistakes. | the level of<br>by yourself demonstrate<br>0 |
| 3. | Report with a presentation | see appendix # 8 | |

As a result, for each lesson, the student is awarded points, which are summed up at the end of the section , and the arithmetic mean of the student's rating is set.

**Appendix #5**

**SCHEME FOR WRITING A MEDICAL HISTORY**

**SURGICAL PATIENT:**

**I.** **GENERAL INFORMATION**

**ABOUT THE PATIENT:** 1.

Last name, first name, patronymic. 2.

Age (year, month, date of birth).

3. Gender. 4. Place of residence.

5. Place of work.

6. Current position. 7. Profession,
speciality.

8. Date and time of admission to
the clinic. 9. Date of discharge from
the clinic. 10. Number of bed days.

11. I was admitted on an emergency basis, as planned.
12. Diagnosis: a) of the sending medical institution.

b) upon admission to
the clinic. c) clinical: * underlying disease,

* complication of the
underlying disease, * concomitant disease.

d) final: * underlying disease, * complication of
the underlying disease, * concomitant disease.

13. Operation: name, date, time, duration, method of
anesthesia. 14. Blood type and rhesus affiliation. 15. Outcome of the disease
(recovery, improvement, no change, deterioration, death).

16. Ability to work (restored, temporarily lost, full loss, directed to

MSEC).

**II.** **complaints:** (all the patient's current complaints are
listed briefly and clearly .)

**III.** **Anamnesis OF THE DISEASE (Anamnesis morbi).**

Finds outI am the beginning of the disease. A detailed description of the course and development is given

this disease from its first manifestations to examination by the curator.

The symptoms and dynamics of the process are described in chronological order , indicating the suspected causes that caused the disease. The initial state (background) on which this disease developed is noted, and the subsequent course of the disease is determined, up to the moment when the patient seeks medical help. In chronic diseases, the duration of the disease, the frequency of exacerbations and their causes, and the patient's state of health during remission are determined. The nature and duration of treatment before admission to the clinic, as well as its effectiveness, are indicated. The nature and scope of surgical intervention, as well as the results of postoperative treatment, must be clarified in a previously operated patient. If the patient is transferred from another medical institution, it is advisable to get an extract from the medical history.

## IV. Anamnesis OF LIFE (Anamnesis vitae).

Previous illnesses, injuries, surgeries, blood transfusions and blood substitutes. Post-transfusion reactions and complications.

Heredity, diseases Tolerance to malignant neoplasms, medicinal products tuberculosis, substances. mental disorders diseases, viral hepatitis, virus carrier AIDS

## V. OBJECTIVE RESEARCH:

### A. Objective examination of the general condition (Status praesens communis).

It consists of consecutive examinations, palpation, percussion, and auscultation, the principles of which are described in detail in textbooks on propaedeutics of internal diseases. Objective research begins with an assessment of the general condition of the patient. General condition. It can be satisfactory, moderate, severe, or extremely severe. Body type: asthenic, hypersthenic and normosthenic. Position of the patient: active, passive, forced (on the side, back, with the legs brought to the stomach). Consciousness is clear (full), darkened, unconscious. The facial expression is normal, pained, masked. Pointed facial features. Facial expressions. Eyes: glitter, eyeball movement, eye symptoms. Height. Weight.

-

Skin and visible mucous membranes. Skin color: normal (pale pink), pale, cyanotic, jaundiced, gray (earthy). Pigmentation of the skin, its localization. Elasticity, turgor, dryness, moisture of the skin. Pathological formations and their localization: scars, warts, rashes, scratching, peeling, bedsores, tumors, etc. Mucous membranes: color, moisture, plaque, rashes, ulceration, etc. Hair and nails: color, baldness, loss, deformity of nails, etc . Subcutaneous tissue. Development: mild, moderate, excessive. Edema: localization, distribution, severity, conditions of occurrence and disappearance, elephantiasis. The lymphatic system. Palpation of submandibular, cervical,supraclavicular, subclavian, axillary, ulnar, femoral, and inguinal lymph nodes: size, shape, density, soreness, fusion between each other and surrounding tissues. Muscles. Hypertrophy, atrophy, tone, soreness, twitching, convulsions. Dice. Deformity of skeletal bones: skull, spine, chest, shoulder girdle, upper and lower limbs, pelvis. The length of the limbs. Joints. Configuration, crunch, soreness, mobility, range of motion. Neck. The presence of fistulas, tumors. Circumference b see Palpability and mobility of lymph nodes. Larynx: mobility, voice properties. Thyroid gland: displacement during swallowing, consistency and surface of the organ, diseasesfor example, increase in size by degrees. Chest, respiratory organs. Chest shape: normal, funnel-shaped, barrel-shaped, emphysematous. Condition of subcutaneous tissue: crepitation, puffiness. Condition of the supraclavicular and subclavian fossa, intercostal space. Chest circumference at the level of the nipples. Breathing type, rhythm, depth, frequency per minute, Chain-Stokes, Kusmaul, Biota. Dyspnea: inspiratory, breath
expiratory, mixed. Mammary gland: shape, size, volume, symmetry, condition of the nipple-areolar complex. Palpation: the presence of seals, tumors, nodes, their size and location in the quadrants, soreness, mobility, and skin adhesions. Condition of regional lymph nodes. Nipple discharge: color, quantity,

personality. Examination and palpation of the mammary glands is performed in the vertical and horizontal position of the patient, with lowered and raised hands. Chest percussion: comparative percussion, lung boundaries. Percussion sound over the lungs: clear pulmonary, boxy, metallic. Dulling of the pulmonary sound: boundaries, severity, localization. Auscultation: vesicular, bronchial, amphoric respiration, lack of respiration; dry and wet wheezes (small-, medium-, large-bubble). Pleural friction noise. Bronchophonia, vocal tremor.

Circulatory organs. Pulse: frequency per minute, rhythmicity, tension, fullness, severity in different areas. Comparison of pulse in symmetrical areas (for example, on both radial arteries). Pulsation of the iliac, femoral, popliteal, posterior tibial, and dorsal arteries of the foot. Heart: apical push, "heart hump". Pulsation in the epigastric region, "cat 's purr". For percussion, the boundaries of relative and absolute tuposty. Heart tones at typical points. Heart murmurs.

Veins: localization of dilated veins. Tightness, soreness of the veins, especially dilated ones. Symptoms of Troyanov, Tredelenburg, Gackenbruch, marching test with dilated veins of the lower extremities.

Digestive organs. Mouth, teeth, mucous membrane of the cheeks, palate, gums. Oral cavity: color, pigmentation, ulceration, scarring, plaque. Tongue: wet or dry, clean or coated (character), color, cracks, sores, etc. Pharynx, tonsils: color, condition of the mucous membrane, size, shape of the tonsils, presence of plaque, etc. Belly: shape, symmetry, protrusion of its individual parts. Mobility of the abdominal wall during breathing. Visible intestinal motility. Val's symptom.

Skin: dilated subcutaneous veins, pigmentation. Subcutaneous tissue: edema. State of the navel. Abdominal percussion: areas of tympanic sound, dullness, their localization, severity. Palpation of the abdomen: superficial and deep (sliding) along the Model Strazhesko. Sensitivity, tone, protective tension of abdominal wall muscles. Structure (defects, gaps) of the abdominal wall, borders and properties of palpable organs. Identification of characteristic objective factors

symptoms: Shchetkin-Blumberg, Voskresensky and others. Condition of inguinal, femoral, umbilical rings, divergence of rectus abdominis muscles. The area of the anus. The examination determines the condition of the skin, the presence of cracks, fistulas, external hemorrhoids, rectal prolapse. Finger examination determines the tone of the sphincter, soreness when inserting the finger, the presence of cracks, tumors, accumulation of fecal matter in the rectal ampoule, internal hemorrhoids, inflammatory infiltrates, the condition of the walls of the rectum, nearby organs (prostate, seminal vesicless). Genitourinary organs. Examination of the lower back. Pasternatsky's symptom (soreness and appearance of hematuria when tapping the lower back). Palpation of the kidneys in the position on the back, on the side and in an upright position: soreness, palpability, mobility, size. External genitalia in men: development, omission of the testicle. Bimanual examination in women (by a gynecologist). The nervous system. Pupils: reaction to light (direct and indirect). friendly). Skin sensitivity: hypo-, hyper -, anesthesia, dermographism (red, white, persistent, unstable). Pain along the peripheral nerves. Reflexes: corneal, pharyngeal, abdominal, cremaster, plantar, knee, achilles. Gait. Speech.

**B. Objective examination of the affected organ (system) - surgical (local, or local) status (Status localis).**

this section provides data from a detailed study localization In this pathological process, i.e. in this section, for example, when the main process is localized in the appendix (acute appendicitis) , an objective study of the entire digestive tract system is described in detail. To avoid unnecessary repetition, the relevant organ system is fully transferred to surgical status from section (A) of the general objective study. **LABORATORY AND ADDITIONAL METHODS VI. RESEARCH**

This section provides a brief description of the results of the conducted laboratory and additional research methods in chronological order. **VII. CLINICAL DIAGNOSIS**

Given by full formulation of the underlying disease, complications of the main one

diseases and concomitant diseases. The clinical diagnosis is made in emergency patients within the next few hours (up to 24 hours) from the moment of admission to the surgical clinic, and in planned patients it can be made on the day of admission, but can be clarified within the next 3 days.

## VIII. JUSTIFICATION OF THE CLINICAL DIAGNOSIS

Justification of the clinical diagnosis is carried out on the basis of the patient's complaints, medical history, life, characteristic objective symptoms in dynamics, the results of laboratory and other additional, special research methods. In this section, the curator gradually, stage by stage , develops the history of the disease, explaining each symptom of the disease, establishing a logical connection between them.

## IX. DIFFERENTIAL DIAGNOSIS

A differential diagnosis is made between the present disease and similar diseases in the clinical picture. At the same time, the differences between the appearance of the same subjective and objective signs in the present and similar diseases are analyzed and determined

## X. ETIOLOGY AND PATHOGENESIS

Speaking about the etiology of the disease, it is necessary to indicate only those reasons that led to the development of the disease in the patient. It should be remembered that the curator writes the medical history of this particular patient - he should not rewrite information about the etiology of a particular disease from textbooks, manuals and manuals. In the section pathogenesis, a general picture of the mechanism of disease development in this patient is given, indicating the main and secondary links of this mechanism, documenting the functional state of the physiological systems of the patient's body, indicating the mechanism of complications and the upcoming outcome of the disease.

## XI. PREOPERATIVE EPICRISIS

The preoperative epicrisis contains information such as a cratprovide the rationale, complete formulation of the clinical diagnosis, scope and name of the proposed surgical method of anesthesia interventions, usage (local, regional, intravenous anesthesia, intubation anesthesia). Indicate the blood type, Rh-belonging of the patient, whether autologous blood transfusion is expected,

donating blood or blood substitutes. It is also indicated that the patient was interviewed about the scope of the upcoming operation, possible outcomes, the method of anesthesia, that the patient then agreed to the operation and secured it with his signature. In case of an unconscious, inadequate condition of the patient, the decision on the operation is certified by the signature of accompanying relatives or a consultation of three doctors (three signatures). **XII. PROTOL OPERATIONS (scheme):**

OPERATION _____.

REPORT no . _____

Diagnosis _

Name of the operation _____

Surgeon (full name) Assistants _____

(full name) _____

Operating nurse (full name) _____

Anaesthetist (full name) Start Date _____

Description of the operation _____ _____Duration _____

progress:

## XIII. diary

The diary is written daily or several times a day, depending on the severity of the surgical patient's condition. It reflects in detail the dynamics of complaints, objective condition and local status of the patient during the day. Justification of the appointment of strong and narcotic drugs is carried out. **XIV. EPICRISIS**

Epicrisis can be preoperative (described above), staged, discharged, or postmortem. A staged epicrisis is issued every 10 days of the patient's stay in the surgical clinic, and it reflects the dynamics of the disease over these past days, change clinical diagnosis, indicates the need for conducting

additional services curative- diagnostic services events. If necessary

signed by the Deputy Chief Medical Examiner.

Upon discharge, a discharge epicrisis is issued with a

detailed indication of the clinical diagnosis, medical history, duration

of treatment in the clinic, results of diagnostic tests

events

of all medical measures performed, surgical intervention,

local and general status at discharge, recommendations.

A post-mortem epicrisis is issued in case of a fatal outcome.

**XV. FORECAST**

The prognosis for life, health and labor prognosis should be

based on the facts obtained by observing the course of the

disease, repeated laboratory and instrumental studies of the

patient during treatment. **XVI. OUTCOME OF THE DISEASE**

The outcome of the disease can be: recovery,

improvement, no changes, death. In case of death, indicate the

presumed cause of death. **XVII.REFERENCES**

The list of literature sources used in writing the

medical history is given: textbooks, manuals,

manuals, monographs, journal articles, lectures.

**Appendix # 6**

**Criteria for evaluating the medical history**

**85-100% -** in the medical history, all sections are fully presented, physical development and additional research methods are evaluated , the clinical diagnosis of the disease according to ICD X is justified and correctly formulated., the differential diagnosis was made taking into account the individual characteristics of the patient, the correct treatment was prescribed, and the medical history was submitted on time (in accordance with the curriculum).

**70-84% -** in the medical history, all sections are fully presented , the clinical diagnosis of the disease according to ICD X is justified and correctly formulated, or minor errors are made in the justification or formulation of the diagnosis, but some lib is not performedo one of the following requirements (assessment of physical development and additional research methods, differential diagnosis based on the individual characteristics of the patient, treatment), the medical history is submitted no later than the last day of the training cycle.

diagnosis **60-69% -** t

history does not fully include all sections, the clinical diagnosis is not formulated in accordance with the requirements of ICD X, errors were made in the justification or formulation of the diagnosis, any two of the following requirements were not met (assessment of physical development and additional methods research, differential diagnosis based on the individual characteristics of the patient, treatment), the medical history is submitted later than the last day of the training cycle.

**Not satisfactory** - the medical history does not include all sections, the clinical diagnosis of the disease is not formulated in accordance with the requirements of ICD X, errors were made in the justification or formulation of the diagnosis, three or more of the following requirements for physical development and additional methods were not met (rating research, differential diagnosis based on the individual characteristics of the patient, treatment), the medical history is submitted later than the last day of the training cycle.

**Appendix # 7**

**Situational tasks**
**in the discipline of hospital surgery**

TASK # 1

A 65-year-old man with a confirmed diagnosis of intestinal diverticulosis is admitted to the department with fever and intense abdominal pain. The abdomen is painful in all parts, the anterior abdominal wall is tense, there are no peristaltic noises. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

4. surgical tactics Selection treatment options Indications to proceed with the operation, of surgical interventionsTV?

TASK # 2

After 6 hours from the start of treatment, the pain persists, palpation in the right hypochondrium reveals a sharply painful bottom of the gallbladder 4x6 cm. Pulse 104 / min, body temperature 37.5 C. Blood test: the number of white blood cells is 12. 5x103/l, the leukocyte formula is not changed, ESR is 25 mm / hour. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan of additional examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options surgical interventions?

TASK # 3

Patient V., 58 years old, complains of repeated vomiting 2 times a day, weakness, weight loss of 12 kg in the last 4 months. On examination: moderate condition. Skin with an earthy tint. Reduced power supply. Turgor of the skin is reduced. Heart rate-88 beats per minute, blood pressure -110 / 60 mm Hg. The abdomen is retracted, palpation is soft, painless, a dense sedentary tumor with a diameter of 10 cm is palpated in the epigastric region. Palpation of the stomach area shows splashing noise. Total blood count: Er. 4,8 * 1012/l; HB -156 g/l; Leukocytes - 8,4*109/ l; ESR mm / hour. 1. Your preliminary diagnosis? 2. Choosing the tactics of examination of this patient

3. Plan for additional examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options for surgical interventions

TASK # 4

During percussion in the right hypochondrium, tympanitis is detected, a shortening of the percussion sound in the right lateral canal and right iliac region. On the X-ray survey image under the dome of the diaphragm , there is a crescent-shaped illumination - free gas. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgeryand, the options are surgical management tactics' surgical interventions.

TASK # 5

A 25-year-old woman is admitted with complaints of low-grade fever, weight loss, cramping pain in the left iliac region, diarrhea with blood, tenesmus. Colonoscopy revealed changes in the rectal mucosa: hyperemia, granularity and bleeding with minimal mechanical impact. Your diagnosis? 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgery, options surgical management tactics surgical interventions.

TASK # 6

During the operation for chronic calculous cholecystitis, an enlarged pancreas of a dense consistency was found, the choledochus expanded to 2 cm, and during surgical cholangiography, a cicatricial narrowing of its distal part was detected. Surgeon's tactics. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. surgical tactics and selection treatment options Indications to proceed with the operations, of surgical interventions.

TASK # 7

Patient N., 64 years old, complains of persistent epigastric pain outside of food intake, which first appeared 5 months ago. On examination: the condition is satisfactory. The skin is pale. Reduced power supply. The peripheral lymph nodes are not enlarged. Heart rate-88 beats per minute, blood pressure-150/90 mm Hg. The abdomen is soft and painless on palpation, a dense mobile tumor with a diameter of 7 cm is palpated in the epigastric region. On examination: on FGDS - on the small curvature and posterior wall of the stomach from the subcardial to prepiloric parts of the ulcer-infiltrative tumor. Histology - cricoid cell carcinoma of the stomach. Roentgenoscopy of the stomach - starting from the subcardial to the antral part along a small curvature, a filling defect with a barium depot in the center, gastric mobility is preserved, evacuation is not disrupted. No further data were obtained for distant metastases . 1. Your preliminary diagnosis? 2. Choosing the tactics of examination of this patient

3. Plan for additional examination of the patient?
4. Choice of surgical treatment tactics treatment options. Indications to proceed with the operation, contraindications, surgical interventions.

TASK # 8

A 51-year-old patient was admitted with complaints of a feeling of heaviness in the epigastric region, rapid satiety, rotten belching, and sharp weight loss. Three weeks before admission, there was periodic heavy vomiting with the remains of food eaten the day before. For 7 years, he has been suffering from stomach ulcers with annual exacerbations. Objectively: emaciated, the skin is dry, flabby, gathering in folds. The stomach is soft, "splashing noise" on an empty stomach below the level of the navel. Blood pressure is 90/75 mm Hg. Positive Khvostek syndrome. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

4. surgical tactics and selection treatment options. Indications to proceed with the operation, contraindications, of surgical interventions.

TASK # 9

Patient N., 64 years old, complains of epigastric pain before eating, which first appeared 5 months ago. On examination: the condition is satisfactory. The skin is pale. Reduced power supply. The peripheral lymph nodes are not enlarged. Heart rate-88 beats per minute, blood pressure-150/90 mm Hg. The abdomen is soft and painless on palpation, a dense mobile tumor with a diameter of 7 cm is palpated in the epigastric region. During the survey: on FGDS - on a small curvature and posterior wall of the stomach from the subcardial to prepiloric part of the ulcer-infiltrative tumor. Histology - cricoid cell carcinoma of the stomach. Roentgenoscopy of the stomach - starting from the subcardial to the antral part along a small curvature, a filling defect with a barium depot in the center, gastric mobility is preserved, evacuation is not disrupted. No further data were obtained for distant metastases .

1. Your preliminary diagnosis?
2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Selection surgical management tactics treatment options. Indications for surgery, options surgical interventions.

TASK # 10

During surgery for a tumor of the splenic angle of the colon , a 7x8cm pancreatic tail cyst was found, intimately soldered to the root of the spleen. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?
4. Choice of treatment. Indications for surgery, options surgical management tactics surgical interventions.

TASK # 11

A few months after the Billroth - 2 gastric resection performed for peptic ulcer disease, a 48-year-old woman complains of rapid heartbeat, sweating, diarrhea, and redness of the face that appears 30 minutes after eating. Make a diagnosis? 1. Your preliminary diagnosis? 2. Choosing the tactics of examination of this patient

3. Plan for additional examination of the patient?
4. Choice of surgical treatment tactics treatment options. Indications to proceed with the operation, surgical interventions.

TASK # 12

Patient E., 47 years old, was admitted to the clinic with complaints of intense pain in the upper abdomen, which suddenly appeared 2 hours ago. From the anamnesis, it is known that the patient suffers from ulcers for a long timehe suffers from a stomach ailment and has lost a lot of weight in recent months. On examination: the condition is relatively satisfactory. The pulse rate is 84 beats per minute. Blood pressure-110/70 mm Hg. The abdomen is not swollen, palpation is sharply tense, painful in all parts. Shchetkin's symptom is positive. X-ray examination revealed the presence of free gas in the abdominal cavity. An extra laparotomy revealed an ulcer of the prepiloric part of the stomach, along a small curvature, with whitish edges of cartilaginous density, in the center - a perforation hole with a diameter of 2 mm. In the small omentum enlarged to 1.5 cm dense lymph nodes. Your preliminary diagnosis?

1.2 . Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Selection tactics of surgical treatment options. Indications for surgery, options surgical interventions.

TASK # 13

A 60-year-old man complains of pain and numbness in his left leg that occurs when walking. After rest , the pain goes away. He has been suffering from impotence for several years. Examination revealed atrophy of the muscles of the left lower limb, normal reflexes and noise over the femoral artery. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of surgical management tactics. Indications for surgery, options surgical interventions.

TASK # 14

20- summer woman complains of pain in the lower abdomen, more on the right, nausea, weakness, dizziness that occurred after physical exertion, 6 hours before treatment. On examination , moderate pain in the lower abdomen was found; symptoms of peritoneal irritation are doubtful; blood pressure =95/65 mm Hg, pulse=100 beats per 1 min. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Complete the planобследования patient examinations?
4. surgical tactics and selection treatment options. Indications to proceed with the operation, of surgical interventions.

TASK # 15

A 24-year-old patient complains of nausea and vomiting, pain in the navel area lasting about 5 hours. During the last half hour, the pain has moved to the right iliac region, the body temperature is 37.6 C. 1. Your preliminary diagnosis? 2 3. Plan of additional Choice of examination tactics for this patient examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options

surgical interventions.

TASK # 16

A 52-year-old patient was admitted with complaints of severe pain in the right hypochondrium, which occurred after eating fatty foods. The attack lasted 12 hours and was stopped by an antispasmodic. Previously, the patient considered herself healthy. Ultrasound examination of the gallbladder revealed a single stone, 30 mm in diameter. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of surgical management tactics. Indications for surgery, options

surgical interventions.

TASK # 17

A 25-year-old patient was admitted to the emergency surgery department 20 minutes after a car accident with complaints of abdominal pain, weakness, nausea, and dizziness. On examination , the skin is pale, blood pressure is not detected, pulse 130 \ min; in the left hypochondrium - subcutaneous hemorrhage from impact. There are no signs of traumatic brain injury. Breathing is heard from both sides. 1. Your preliminary diagnosis? 2.3 . Plan of additional examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options

Choice of examination tactics for this patient

surgical interventions.

TASK # 18

A 65-year-old woman enters the emergency roomoops with complaints of cramping pains, bloating. During the day, no gases were released and there was no stool. A survey X-ray of the abdomen revealed swollen loops of the small intestine and Cloiber's bowls. 1.2 . Selection of the patient's examination tactics

Your preliminary diagnosis?

Plan for additional examination of the patient? 3.4 . Choice of surgical treatment tactics

treatment options Indications to proceed with the operations

surgical interventions.

TASK # 19

The patient underwent vagotomy due to a non-healing ulcer of the 12th colon. 6 months after the operation, the peptic ulcer relapsed. The examination revealed Zollinger- Ellison syndrome.

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1. Your preliminary diagnosis?
2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Selection

surgical management tactics

treatment options Indications to proceed with the operations

surgical interventions.

TASK # 20

Patient A., 56 years old, was admitted to the clinic with complaints of unbearable itching of the skin, aching pains in the right hypochondrium and epigastric region, weakness, loss of strength, lack of appetite, jaundice, which appeared 1.5 months ago and is rapidly increasing. Attacks of severe pain never occur

I marked it. On examination: the sclera and skin of the patient are olive in color, the turgor of the skin is sharply reduced; there are many combs on it. The belly is soft. The liver is enlarged. In the right hypochondrium, a slightly painful formation of a tight-elastic consistency, ovoid shape is palpated. The stool is acholic. 1. What is the preliminary diagnosis that can be made?

2. What methods of laboratory and instrumental diagnostics will help to establish the final diagnosis? 3. How can I help the patient? 4. Choice of surgical treatment tactics

TASK # 21

A 31-year-old man was admitted to the hospital with a sudden acute painpain in the epigastric region. X-ray shows free gas in the abdominal cavity. 1. Your preliminary diagnosis? 2.3 . Plan of additional

Choice of examination tactics for this patient

examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options

surgical interventions.

TASK # 22

A 65-year-old man suddenly developed abdominal pain, accompanied by flatulence and diarrhea with blood. Shchetkin Blumberg negative. Noises of intestinal peristalsis are not listened to. General blood test: leukocytosis with the formula shifted to the left. The content of amylase in the blood serum is increased. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

Symptom

4. surgical tactics and selection treatment options Indications to proceed with the operation, variants of surgical interventions.

TASK # 23

A 60-year-old patient has jaundice of the skin for 2 weeks. There was no history of abdominal pain. Ultrasound revealed a significant expansion of the gallbladder. 1. Your preliminary diagnosis? 2.3 . Plan of additional

Choice of examination tactics for this patient

examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options

surgical interventions.

TASK # 24

During esophagoscopy, the patient had a perforation of the esophagus. A barium contrast agent X-ray revealed that a small amount of contrast was flowing into the left pleural cavity. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgery, options

surgical management

surgical interventions.

TASK # 25

A 30-year-old man complains of severe pain in the right side of the abdomen, nausea, vomiting. He became acutely ill, 36 hours before hospitalization. On palpation, the abdomen is tense, sharply painful in the right iliac region

regions. Positive symptoms of Shchetkin-Blumberg, Voskresensky,

Razdolsky. Surgeon's tactics?

1. Your preliminary diagnosis?

2.3
Choice of examination tactics for this patient
. Plan of additional examination of the patient?

4. Choice of surgical treatment tactics. Indications for surgery, options

surgical interventions.

TASK # 26

Patient M., 52 years old, was taken to the clinic by an emergency medical team 12 hours after the moment of illness. Complaints on admission of severe weakness, dizziness, loose stools with black feces. The patient considers himself sick at about 12 o'clock, when weakness appeared, there was vomiting of coffee grounds , followed by 2-fold, abundant stool with black liquid feces. There is no ulcer history. Objectively: the patient is sluggish, drowsy. The skin and visible mucous membranes are pale in color. Blood pressure 90/40 mmHg, pulse 120 / min. weak filling. The abdomen on palpation is soft, painless, auscultation-enhanced peristaltic noises. Symptoms of peritoneal irritation are

Choice of examination tactics for this patient
negative. Your preliminary diagnosis? 1.2.3 . Plan of additional examination of the patient?

4. Choice of treatment. Indications for surgery, options

surgical management tactics

surgical interventions.

TASK # 27

A 55-year-old man was admitted to the emergency room with copious vomiting of blood. Examination revealed distension of the abdominal wall, displaced dullness in the abdomen, and telangiectasia on the face and chest. FGDS results: rapid accumulation of blood in the distal esophagus. 1. Your preliminary

Choice of examination tactics for this patient
diagnosis? 2. 3. Plan for additional examination of the patient?

4. Choice of treatment. Indications for surgery, options

surgical management tactics

surgical interventions.

TASK # 28

A 10-month-old boy who is in the hospital has a difficult discharge of stool and gases. In the last 3 months, the stool occurs only after an enema. Appetite is reduced. Objectively: the child is pale, moody, body weight 8 kg. The abdomen is enlarged in volume, expanded loops of intestines with fecal stones are palpated. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment, Indications for surgery, options

surgical management tactics

surgical interventions.

TASK # 29

A 3-day-old newborn was delivered to the pediatric surgery clinic. The child has vomiting after feeding, mucus discharge from the mouth and nose. Objectively: the patient's condition is severe, the skin is pale, breathing is carried out on both sides in the lungs, there is no wheezing; the abdomen is soft, painless. There was meconium, and the gases were escaping. When probing the esophagus: the tip of the probe comes out. On the P-gram - contrast delay in the 1st physiological constriction and gases in the

the intestines. Make a diagnosis? Surgeon's tactics?

Your preliminary diagnosis?
1.2 . Choice of examination
tactics for this patient 3.
Plan for additional examination
of the patient? 4. Selection surgical management tactics treatment options Indications to proceed with the operations
surgical interventions.

TASK # 30

A 43-year-old man became ill 3 months ago, when epigastric pain appeared when swallowing solid food, heartburn, periodic vomiting, weight loss by 4 kg. Radiologically in the lower third of the esophagus narrowing of its lumen is determined due to a defect in the napoesophagoscopy at a distance of 34 cm from the incisors - narrowing of the lumen due to an exophytic tumor with ulceration, morphologically-squamous cell carcinoma. No metastases were detected in distant organs. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. 4.
Plan for additional examination of the patient?
Choice of surgical treatment tactics. Indications for surgery, options
surgical interventions.

TASK # 31

A 6-month-old boy was admitted to the clinic. According to my mother, 3 hours ago the child became restless, refuses to eat, cries, knocks his legs. There was 2-fold vomiting, stool with an admixture of blood. Objectively: the general condition is relatively satisfactory. Lungs and heart without special features. The abdomen is soft, painless, and a tumor-like formation is palpated in the right iliac
Choice of examination tactics for this patient
region. Your preliminary diagnosis? 1.2.3 . Plan of additional examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options
surgical interventions.

TASK # 32

A 42-year-old man was admitted to the surgical hospital with complaints of a tumor -like formation in the left inguinal region, pain. According to the patient, for 3 years he has been suffering from an inguinal hernia, he set it on his own. When examined in the left groin area, there is a tumor -like formation of 4x8 cm, painful on palpation, not visible in the abdominal cavity. According to the patient, the formation appeared 2 hours ago.
Your preliminary diagnosis?
Make a diagnosis? Surgeon's tactics? 1.2 . Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options
surgical interventions.

TASK # 33

A 14-year-old girl was admitted from the district: in serious condition. Pronounced shortness of breath, breathing on the right is sharply weakened, the right half of the chest lags behind the left in the act of breathing. Percussion: a box sound is noted above the right lung. The P-gram is attached. Make a diagnosis? Surgeon's tactics? 1. Your preliminary diagnosis? 2. Choosing the tactics of examination of this patient

3. Plan for additional examination of the patient?
4. Choice of surgical treatment tactics treatment options Indications to proceed with the operation, variants, surgical interventions.

TASK # 34

A 10-year-old girl was admitted to the surgical clinic with complaints of coughing with thick sputum, more in the morning, general weakness, malaise. Objectively: there is a puffy face, changes in the fingers of the hand in the form of "drumsticks" and nails in the form of "watch glasses". Percussion: over the lungs, the pulmonary sound is dulled. Auscultation: in the lower parts, weakened breathing is heard, various-sized wet wheezes. A bronchogram is attached. Make a diagnosis? Surgeon's tactics? 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

4. surgical tactics and selection treatment options Indications to proceed with the operation, variants, of surgical interventions.

TASK # 35

A 9-month-old child was admitted with complaints (according to his mother) of nausea, vomiting, frequent loose stools, without pathological impurities, anxiety, weakness, and an increase in body temperature up to 38 degrees. Objectively: the abdomen is evenly swollen, there is a local tension of the abdominal wall more to the right, when palpating the right half of the abdomen, the child pushes your hand away. In the general blood test, the content of leukocytes is 22 thousand. Make a diagnosis? 1. Your preliminary diagnosis? 2.3 Choice of examination tactics for this patient . The plan will be supplemented byобследования patient examinations?

4. surgical tactics and selection treatment options Indications to proceed with the operation, variants, of surgical interventions.

TASK # 36

A 45-year-old woman went to the therapist with complaints of a deformity of the neck, creating cosmetic inconvenience. She noticed a bulky formation on the front surface of the neck about 6 months ago. Back. It cannot connect its occurrence with anything. Over the past time, the size of the formation has not changed. The patient feels well. A patient of normosthenic constitution. Pulse is rhythmic, 60 / min, blood pressure 120/80 mm Hg. Status localis: a clear-edged formation, about 40x30 mm in size, occupies the anterior and partly right lateral surface of the neck. Its lower border does not reach the jugular notch of the sternum by 1 cm. Palpation of the formation is soft, it shifts when swallowing, it is not soldered to the skin. The skin above it is not changed. The neck lymph nodes are not enlarged. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?
4. Choice of treatment. Indications for surgery, options surgical management tactics surgical interventions.

TASK # 37

A 7-year-old boy was admitted with complaints of chronic constipation, periodic abdominal pain, general weakness, and malaise. Objectively: the abdomen is enlarged in volume, painful along the colon; fecal stones are palpated, a positive symptom of "clay". In the blood test, anemia; on the ECG, a violation of the metabolic processes of the myocardium against the background of fecal intoxication. An irrigation chart is attached. 1. Your preliminary diagnosis? 2. Choosing the tactics of examination of this patient

3. Plan for additional examination of the patient?
4. Choice of surgical treatment tactics

treatment options. Indications to proceed with the operation, operatsurgical interventions.

TASK # 38

A 35-year-old man was admitted with complaints of a fistula in the pararectal area. Previously, 6 months ago, he was treated for acute paraproctitis. Locally: in the pararectal area at 3 o'clock there is a fistula with purulent discharge without signs of inflammation. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

4. surgical tactics and selection of surgical interventions.

treatment options. Indications to proceed with the operation,

TASK # 39

A 2-year-old child was admitted with complaints of intermittent vomiting after eating, which occurs suddenly, without previous nausea. The vomit contains unchanged food with no signs of gastric contents. The child is under-nourished, the abdomen is soft and painless on palpation. Esophagoscopy revealed an enlarged esophagus. 1.2 . Choice of examination tactics for this patient 3. Plan for additional examination of the patient?

Your preliminary diagnosis?

4. surgical tactics and selection of surgical interventions.

treatment options. Indications to proceed with the operation,

TASK # 40

A 30-year-old woman underwent laparoscopic cholecystectomy for chronic calculous cholecystitis. 72 hours after the end of the operation, she developed abdominal pain, nausea, repeated vomiting with bile, and weakness. On examination, the condition is moderate, the skin is pale, A/D 100/60 mm Hg, pulse 110 v min. Body temperature 38.2 deg. The abdomen is moderately swollen, soft on palpation, painful in all parts; positive symptoms of peritoneal irritation. Intestinal motility is not listened to. No gases escape. The bandage in the drainage area was soaked with light bile. 1. Your preliminary diagnosis? 2.3

Choice of examination tactics for this patient . Additional payment planfollow-up examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options surgical interventions.

TASK # 41

complaints about periodically, a 42-year-old patient presents paroxysmal dry cough, hemoptysis. She has been ill for 8 years. On tomograms in the lumen of the right main bronchus , a rounded shadow with a diameter of 1.2 cm with clear contours is determined. 1. Your preliminary diagnosis?

Choice of examination tactics for this patient 2.3.4 . Choice of surgical treatment tactics

Plan for additional examination of the patient?

treatment options. Indications for surgery, options surgical interventions.

TASK # 42

The patient underwent surgery: the right lobe of the thyroid gland was completely removed along with the isthmus, as well as the anteromedial part of the left lobe. On the second day after the intervention , the patient notes numbness of the lips and the appearance of a feeling of" crawling goosebumps " in the fingertips. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgery, options surgical management tactics

surgical interventions.

TASK # 43

A man was admitted to the clinic complaining of an infiltrate in the pararectal area, an increase in body temperature up to 38C. Objectively: in the pararectal area at 7 o'clock , an infiltrate of 3x3 cm is determined, the skin above it is hyperemic, sharply painful, and fluctuation is determined in the center. Make a diagnosis? Surgeon's tactics? 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgery, options surgical management tactics

surgical interventions.

TASK # 44

In the clinica man was admitted to the hospital complaining of an infiltrate in the pararectal area, an increase in body temperature up to 38C. Objectively: in the pararectal area at 7 o'clock , an infiltrate of 3x3 cm is determined, the skin above it is hyperemic, sharply painful, and fluctuation is determined in the center. 1. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Choice of treatment. Indications for surgery, options surgical management tactics

surgical interventions.

TASK # 45

On the 2nd day after surgery for diffuse toxic goiter, the patient suddenly developed motor and mental agitation, tachycardia of 130 beats / min, body temperature of 39.8 C. What is your diagnosis? 1. Your preliminary diagnosis? 2.3. Plan of additional Choice of examination tactics for this patient examination of the patient? 4. Choice of surgical treatment tactics. Indications for surgery, options

surgical interventions.

TASK # 46

A 30-year-old man complains of severe pain in the right side of the abdomen, nausea, vomiting. He became acutely ill, 36 hours before hospitalization. On palpation, the abdomen is tense, sharply painful in the right iliac region. Positive symptoms of Shchetkin Blumberg, Voskresensky, Razdolsky. 1

. Your preliminary diagnosis? 2. Choice of examination tactics for this patient 3. Plan for additional examination of the patient? 4. Selection tactics of surgical treatment options. Indications to proceed with the operation, options

surgical interventions.

**8applica**

**Evaluation criteria for solving a situational problem:**

**85-100%** It is assigned to a student who has discovered a systematic, deep knowledge of the program material necessary for solving professional problems, who speaks a scientific language, and who presents the program material in various languages.at all levels of its representation, who is proficient in modern standards of diagnosis, treatment, and prevention of diseases based on evidence-based medicine;

a student who shows full knowledge of the program material deserves points; **70-84%** deserves a student, who discovered it the main one **60-69%** program material, but made mistakes in its presentation; sufficient level of knowledge

**"0"** it is issued to a student who has made multiple errors of a fundamental nature when answering questions.

**Appendix No. 9**

List of hospital surgery test tasks

**1. [T017776] IN THE DIAGNOSIS OF CIRRHOSIS OF THE LIVER IS CRUCIAL**

A) Elastometry

B) ultrasound examination C) radiography

D) Irrigoscopy

**2. [T017777] A CHARACTERISTIC COMPLICATION OF LIVER CIRRHOSIS IS**

A) liver failure B) hemoptysis

C) violation of atrioventricular conduction D) hypertensive crisis

**3. [T017778] INDICATE THE PRESENCE OF CHOLESTASIS**

A) increased alkaline phosphatase, bilirubin, and cholesterol

B) increased aspartic and alanine transaminases,
glucose C) decreased prothrombin, hemoglobin, and fibrinogen

D) increase in amylase, total protein, creatinine

**4. [T017779] THE MAIN CLINICAL SIGN OF CHOLESTASIS IS**

A) pruritus of the skin

B) splenomegaly C) ascites

D) hepatomegaly

**5. [T017811] ARTERIAL HYPERTENSION IN PHEOCHROMOCYTOMA IS CAUSED BY**

A) increased catecholamine secretion B) increased renin secretion

C) excessive mineralocorticoid secretion D) increased angiotensin production

**6. [T011672] ARE MOST SUSCEPTIBLE TO MALIGNANCY ____STOMACH POLYPS**

A) adenomatous

B) hyperplastic C) hyperplasiogenic D) juvenile

**7. [T011673] THE INCIDENCE OF MALIGNANCY OF GASTRIC POLYPOSIS IS**

**%**

A) 50

B) 60

C) 25

D) 1

**8. [T011674] FREQUENCY OF CR MALIGNANCYACUTE GASTRIC ULCER IS**

**_____%**

A) 10

B) 15

C) 20

D) 30

**9. [T011686] RECTAL CANCER IS MOST LIKELY TO DEVELOP IN THE PRESENCE OF**

A) villous polyp B) constipation

C) hemorrhoids

D) Crohn's disease

**10. [T023233] WHEN RESEARCHING TRANSABDOMINAL WALL SENSOR THE GALLBLADDER NORMALLY LOOKS LIKE**

A) a single-layer isoechoic structure forming the contour of the gallbladder

B) a single-layer curved structure consisting of hypo - and hyperechoic layers C) a two-layer linear structure consisting of hypo - and hyperechoic layers

D) a two-layer hypoechoic structure forming the contour of the gallbladder

**11. [T023281] THE MOST COMMON SYMPTOM IN DIFFUSE**

**ESOPHAGOSPASM IS**

A) pain behind the sternum B) odynophagia

C) dysphagia

D) regurgitation

**12. [T024765] THE DRUG OF CHOICE FOR THE TREATMENT OF COHN'S SYNDROME IS**

A) aldosterone antagonist B) calcium antagonist

C) angiotensin II type 1 receptor antagonist D) beta-blocker

D) 1000 mcg of vitamin B12 once every six months

**13. [T024824] CHRONIC HEPATITIS C IS CHARACTERIZED BY**

A) ALT predominance over AST B) AST predominance over ALT

C) isolated increase in ALT D) isolated increase in AST

**PORTAL 14. [T024833] HYPERTENSION. DISEASES OF THE LIVER IS DIAGNOSED WHEN VARICOSE VEINS VEN**

**THE ESOPHAGUS**

A) with an increase in the spleen B) with a decrease in the spleen

C) with spleen echoneuniformity

D) with reduced spleen echo density

**15. [T024835] IS DIAGNOSTICALLY SIGNIFICANT FOR CHRONIC PANCREATITIS**

**IS THE PRESENCE OF**

A) calcifications in the pancreatic head B) increased activity of elastase in feces

C) reduced activity of urine diastase D) a large amount of fat in the stool

**16. [T024838] for evaluations VIOLATIONS EXTERNAL SECRET SERVICE functions**

**THE PANCREAS IS DEFINED AS AN ASSETNOST**

A) fecal elastases B) fecal lipases

C) Blood elastases D) blood lipases

**17. [T024866] EXTRA-INTESTINAL MANIFESTATIONS OF CROHN'S DISEASE INCLUDE**

A) Erythema nodosum

B) intestinal fistulas

C) pancreatogenic diabetes mellitus

D) generalized erosive psoriasis

**18. [T024871] WITH HEPATOCARCINOMA, THE BLOOD LEVEL INCREASES**

A) alphafetoprotein B) procalcitonin C) gamma globulin

D) Betafitosterol

**19. [T025367] PHEOCHROMOCYTOMA IS A TUMOR**

A) the adrenal medulla with hyperproduction of catecholamines

**20.** B) pituitary gland with hypersecretion of ACTH

C) adrenal cortex with aldosterone
overproduction D) adrenal cortex with cortisol overproduction

**21. [T025368] ISOLATED SYSTOLIC HYPERTENSION IS CHARACTERISTIC OF**

A) aortic insufficiency B) aortic stenosis

C) mitral insufficiency D) mitral stenosis

**22. [T025374] IN A PATIENT WITH HYPERTENSION WITH A 20 MM DIFFERENCE IN BLOOD PRESSURE ON THE LEFT AND RIGHT ARMS**

**Mercury FIRST OF ALL, YOU SHOULD SUSPECT**

A) Takayasu's disease B) Cushing's disease

C) atherosclerotic lesion of the brachial artery D) Addison's disease

**23. [T025622] PATIENTS WITH THYROTOXICOSIS ARE CHARACTERIZED BY COMPLAINTS OF**

A) tremor of the hands and eyelids, sweating, weight loss, palpitations

B) thickening of the fingers, increase in the lower jaw, increase in the size of the foot

C) flushing of the face, thinning of the skin, deposition of fat in the abdomen,
purple striae D) dry skin, hair loss, decreased body temperature

**24. [T025639] IN THE DIAGNOSIS OF PHEOCHROMOCYTOMA, IT IS BEST TO USE**

**analysis**

A) daily urine for metanephrine and normetanephrine

B) daily urine for vanillylmindalic acid (VMC) C) blood for electrolytes, renin activity

plasmas

D) blood tests for renin and aldosterone with determination of the aldosterone-renin ratio

**25. [T025641] FOR THE TREATMENT OF OVERT HYPOTHYROIDISM, DEVELOPEDENTERED IN**

**AT THE END OF AUTOIMMUNE THYROIDITIS, THE USE OF DRUGS IS INDICATED**

A) levothyroxine in a replacement dose B) levothyroxine in a
suppressive dose C) potassium iodide in a therapeutic dose

D) potassium iodide in a preventive dose

**26. [T025644] MOST INFORMATIVE IN THE DIAGNOSIS OF THYROID CANCER**

**THE GLAND IS**

A) fine needle aspiration biopsy B) scintigraphy with radioisotopes
of iodine 131 C) ultrasound examination

D) palpatory examination

**27. [T025699] INSULIN IS PRODUCED _____THE PANCREAS**

A) β-cells B) α-cells C) δ-cells D) PP-cells

**28. [T025717] PRIMARY MANIFEST HYPOTHYROIDISM IS CHARACTERIZED BY**

A) an increase in TSH and a decrease in T4.

B) an increase in TSH and a normal level of T4 free
C) an increase in TSH and an increase in T4 free

D) a decrease in TSH and a decrease in T4.

**29. [T025718] NORMAL THYROID VOLUME FOR ADULT WOMEN**

A) is up to 18 ml B) is up to 25 ml C) is up to 20 ml D) depends on age

**30. [T025719] THYROID ULTRASOUND IS SHOWN**

A) when a palpable formation is detected in the projection of the gland B) in all patients over 50 years of age

C) all pregnant women living in the region of moderate iodine deficiency.

D) all children living in the region of moderate iodine deficiency

**31. [T025722] VIRAL ETIOLOGY IS TYPICAL FOR**

A) subacute thyroiditis

B) cytokine-induced thyroiditis

C) postpartum thyroiditis D) acute purulent thyroiditis

**ACCORDING TO CLASSIFICATIONS WHO 2001 G., GOITER 2 DEGREES**

**32. [T025723] IS DIAGNOSED IF**

A) an enlarged thyroid gland is visible in the normal position of the neck

B) the volume of each lobe does not exceed the size of the distal phalanx of the subject's thumb

C) the thyroid gland is not visible in the normal position of the neck, but palpable in one of the lobes.oe formation with a diameter of about 1 cm

D) in the thyroid gland of normal volume, according to ultrasound data, multiple nodular formations are detected

**33. [T025724] TSH RECEPTOR ANTIBODIES ARE A SPECIFIC MARKER**

A) Graves ' Bazedov diseases

B) chronic autoimmune thyroiditis C) postpartum thyroiditis

D) cytokine-induced thyroiditis

**34. [T025901] THE REASON FOR THE INCREASED PRELOAD ON THE HEART MAY BE**

A) mitral valve insufficiency B) aortic stenosis C) arterial hypertension

D) hypertrophic cardiomyopathy

**35. [T025903] INCREASED PULSATION IN THE II INTERCOSTAL SPACE TO THE RIGHT OF THE STERNUM.**

**TOTAL INDICATES THAT**

A) expansion of the ascending part of the aorta B) expansion of the left ventricular cavity C) mitral valve stenosis

D) pulmonary hypertension

**36. [T025906] THE APEX OF THE HEART IS BEST SERVED BY SOUND PHENOMENA,**

**RELATED ACTIVITIES _____THE VALVE**

A) mitral B) aortic

C) the pulmonary artery D) the tricuspid

**37. [T025913] A NORMAL AORTIC VALVE IS CHARACTERIZED BY THE PRESENCE OF**

**SASHES**

A) three B) two

C) four

D) from three to five

**NORMAL MITRAL**

**_____VALVE AREA 38. [T025914] sq. cm**

**THE NUMBER OF HOLES IS**

A) 4-6

B) 2-4

C) 6-8

D) 3-5

**39. [T025915] SHAKING THE HEAD IN TIME WITH THE HEARTBEAT (MUSSET'S SYMPTOM)**

**TYPICAL FOR**

A) aortic valve insufficiency B) aortic mouth stenosis

C) mitral valve insufficiency D) mitral valve stenosis

**40. [T025919] A LATE COMPLICATION OF MYOCARDIAL INFARCTION IS**

A) left ventricular aneurysm

B) rupture of the left ventricular wall C) cardiogenic shock

D) ventricular fibrillation

**41. [T025944] AORTIC DISSECTION REQUIRES URGENT TREATMENT**

A) surgical intervention B) thrombolysis

C) MRI examinations

D) antibacterial treatment

**THE MOST CHARACTERISTIC A COMPLICATION FOR THE DISEASE CRONA**

**42. [T026100] IS**

A) intestinal obstruction B) bleeding

C) increased risk of malignancy D) development of toxic megacolon

**43. [T027086] LUNG CANCER IS MORE LIKELY TO METASTASIZE TO THE LYMPH NODES**

A) supraclavicular B) axillary C) posterior neck D) submandibular

**44. [T027094] SPONTANEOUS PNEUMOTHORAX IS OBSERVED MORE OFTEN AT THE AGE OF YEARS**

A) 30-40

B) 0-18

C) 18-30

D) 40-60

**45. [T027095] THE MOST COMMON SYMPTOM OF SPONTANEOUS PNEUMOTHORAX**

**is**

A) chest pain B) dry cough

C) vascular collapse D) pulmonary hemorrhage

**46. [T027096] WITH SPONTANEOUS PNEUMOTHORAX ON THE SIDE OF THE CHEST LESION**

**CELLS ARE DEFINED BY**

A) delay in breathing B) decrease in volume

C) dulling of percussion sound D) increased vocal tremor

**47. [T027097] IN CASE OF SPONTANEOUS PNEUMOTHORAX ON THE SIDE**

**CHEST LESIONS ARE DETERMINED BY AUSCULTATION**

A) weakened breathing B) bronchial breathing C)

increased bronchophonia D) pleural friction noise

**THE CHARACTERISTIC A COMPLICATION SPONTANEOUS PNEUMOTHORAX**

**48. [T027098] IS**

A) mediastinal emphysema B) vicar emphysema

C) air embolism

D) pulmonary hemorrhage

**49. [T027122] THE PATIENT RELEASES SPUTUM IN THE MORNING WITH A FULL MOUTH WHEN**

A) bronchiectasis

B) bronchial asthma C) croup pneumonia D) exudative pleurisy

**50. [T027123] HEMOPTYSIS AND PULMONARY HEMORRHAGE MAY OCCUR WHEN**

A) lung abscess B) bronchial asthma

C) cystic fibrosis

D) exudative pleurisy

**51. [T027124] PUNCTURE DURING PLEURAL PUNCTURE SHOULD BE PERFORMED**

A) along the upper edge of the edge B) along the lower edge of the edge

C) in the middle of the distance between the edges D) between the edges

**52. [T027126] BLOOD IS RELEASED DURING PULMONARY HEMORRHAGE**

A) scarlet, foamy

B) dark, with clots C) dark, frothy

D) coffee grounds colors

**53. [T027132] HYDROTHORAX IS CHARACTERIZED BY A CLUSTER In PLEURAL CAVITIES**

A) exudate B) blood

C) pus D) lymph

**54. [T031315] THE MAIN GOAL OF ANTI-HELICOBACTER THERAPY IN ULCERATIVE COLITIS IS TO THE DISEASE IS**

A) reduction in the recurrence rate of peptic ulcer disease B) decrease in hydrochloric acid secretion

C) reducing the severity of pain D) reducing the risk of ulcer perforation

**55. [T031318] IN DETERMINING THE SEVERITY OF CIRRHOSIS, PROGNOSTIC ANALYSIS IS PERFORMED. CHILD-PUGH INDEX, DOES NOT INCLUDE THE CLINICAL AND LABORATORY INDICATOR**

A) the number of platelets B) the presence of ascites

C) stages of hepatic encephalopathy D) prothrombin time / index

**56. [T031320] MAX. meaning INTERNAL DIAMETER OF THE PANCREATIC DUCT IN THE AREA OF THE PANCREATIC HEAD IN HEALTHY PEOPLE, IT IS _____mm**

A) 2

B) 5

C) 4

D) 3

**57. [T031321] by BY ULTRASOUND RESEARCH impossible DESCRIBE THE STUDIED ORGANS AND STRUCTURES**

A) microstructure (morphological structure) B) macrostructure

C) topographical and anatomical relationships

D) macrostructure and topographical-anatomical relationships

**58. [T031323] IS NOT A GASTROINTESTINAL COMPLICATION IN CROHN'S DISEASE.**

**is**

A) polyposis

B) perforation C) cholelithiasis

D) Intra-intestinal obstruction

**59. [T031327] ESOPHAGEAL IMPEDANCOMETRY IS A METHOD OF**

A) registration of liquid and gas refluxes, based on measuring the resistance that the contents entering the esophageal lumen provide to alternating electric current

B) X-ray examination of the esophagus with barium

C) measurement of resting pressure and assessment of relaxation of the lower esophageal sphincter when swallowing a small amount of water

D) refluxate spectrophotometry

**60. [T031328] CLINICAL meaning THE ESOPHAGUS BARRETA DEFINED BY INCREASED RISK OF DEVELOPING**

A) esophageal adenocarcinomas

B) bleeding from esophageal varicose veins C) esophageal squamous cell carcinoma D) esophageal leukoplakia

**61. [T031329] BARRETT'S ESOPHAGUS IS CHARACTERIZED BY METAPLASIA**

A) multilayered flat non-keratinizing epithelium of the esophagus with the development of cylindrical epithelium of the intestinal type

B) multilayered flat non-keratinizing epithelium of the esophagus with the development of cylindrical epithelium with cardiac-type glands

C) multilayered flat non-keratinizing epithelium of the esophagus with the development of cylindrical epithelium with fundal (gastric) glands

D) gastric epithelium by intestinal type

**62. [T031331] THE RISK OF ESOPHAGEAL ADENOCARCINOMA IS HIGHEST WHEN**

A) intestinal metaplasia of the esophageal epithelium with high-grade dysplasia

B) eosinophilic infiltration of the esophagus with the detection of more than 15 eosinophils in the field of vision C) cylindrical metaplasia with fundal glands

D) cylindrical metaplasia with cardiac-type glands

**63. [T031332] CENKER'S DIVERTICULUM IS _____DIVERTICULUM**

A) pharyngeal-esophageal

B) epibronchial C) bifurcation D) epiphrenic

**64. [T038589] CONGENITAL HEART DISEASES INCLUDE**

A) open ductus arteriosus B) open oval window

C) Atrial septal aneurysm D) Chiari network

**65. [T039294] BLOOD SUPPLY TO THE MYOCARDIUM IS CARRIED OUT DURING**

A) diastoles B) systoles

C) systoles and diastoles D) presystoles

**66. [T001162] TO A PATIENT WITH ROUNDED PERIPHERAL LUNG FORMATION**

**UNSPECIFIED ETIOLOGY SHOULD BE PERFORMED**

A) A lung biopsy

B) hormone therapy

C) Dynamic monitoring

D) anti-tuberculosis therapy

**67. [T001191] diagnosis "SYNDROME DIABETIC FEET" THEY PUT IT ON by**

**DETECTED IN A PATIENT WITH DIABETES MELLITUS**

A) ulcerative defect of the sole of the foot and sensory-motor neuropathy B) dry skin of the feet

C) severe deformity of the fingers

D) reduced sensitivity in the foot area

**68. [T001205] MANIFEST THYROTOXICOSIS IS CHARACTERIZED BY THE FOLLOWING:**

**CHANGES IN THYROID HORMONE AND TSH LEVELS**

A) T3 - increased; T4-increased; TSH-reduced B) T3 - normal; T4 -normal; TSH-reduced

C) T3 -increased; T4-normal; TSH-normal D) T3 - normal; T - reduced; TSH-increased 4

**69. [T001206] for PRIMARY MANIFEST NUMBER HYPOTHYROIDISM TYPICAL FEATURES**

**THE FOLLOWING CHANGES IN THYROID HORMONE AND TSH LEVELS:**

A) T4 - reduced; TSH-increased B) T4 - reduced; TSH-normal

C) T4 - reduced; TSH-reduced D) T4 - normal; TSH-increased

**70. [T001207] THE DRUG OF CHOICE FOR THE TREATMENT OF HYPOTHYROIDISM IS**

A) L-thyroxine B) Iodomarin C) Mercazolil D) dexamethasone

**71. [T001210] A FIRST-LEVEL TEST IN THE DIAGNOSIS OF PRIMARY HYPOTHYROIDISM**

**IS THE DEFINITION OF THE LEVEL**

A) TTG

B) total thyroxine C) free

thyroxine D) triiodothyronine

**72. [T001215] A DISEASE OF THE ADRENAL GLANDS THAT DEVELOPS WITH A TUMOR**

**DAMAGE TO THE CORTICAL SUBSTANCE, IS**

A) corticosteroma B) pheochromocytoma C) secondary

hyperaldosteronism D) somatotropinoma

**73. [T001216] research DAILY ALLOWANCE EXCRETA FRACTIONATED**

**METANEPHRINES (METHENEPHRINE AND NORMETANEPHRINE) IN THE URINE ALLOWS**

**CONFIRM OR DENY THE DIAGNOSIS**

A) Pheochromocytoma B) Cushing's disease C) primary

hyperaldosteronism D) primary

hypocorticism

**74. [T001218] THE CAUSE OF CUSHING'S DISEASE IS A TUMOR**

A) anterior pituitary gland

B) glomerular zone of the adrenal cortex C) bundle zone of the adrenal cortex

D) the reticular zone of the adrenal cortex D) glucagon secretion

**FOR THE DIFFERENTIAL DIAGNOSIS OF THE DISEASE And THE SYNDROME**

**75. [T001220] OF CUSHING, USE**

A) nocturnal suppressive test with 8 mg dexamethasone B) blood cortisol determination

C) Nocturnal suppressive test with 1 mg dexamethasone

D) determination of daily urinary cortisol excretion

**FOR DIFFERENTIAL 76. [T001221] DIAGNOSIS OF THE DISEASE And THE SYNDROME**

**CUSHING'S TEST IS PERFORMED WITH**

A) dexamethasone B) prednisone C) cortisol

D) ACTH

**77. [T001285] LONG-TERM COMPENSATION OF HEART DISEASE IN ORAL STENOSIS**

**THE AORTA IS ACHIEVED BY HYPERFUNCTION**

A) left ventricle B) right ventricle

C) left atrium D) right atrium

**78. [T001286] To HYPERTROPHY And DILATATIONS THE LEFT ONE THE VENTRICLE by**

**AORTIC VALVE INSUFFICIENCY LEADS TO**

A) left ventricular volume overload B) decreased coronary blood flow

C) left ventricular pressure overload D) decreased cardiac output

**79. [T001287] IN PATIENTS WITH SEVERE AORTIC STENOSIS, THE CHARACTERISTIC**

**THE CHANGE DETECTED BY ECHOCARDIOGRAPHY IS**

A) high pressure gradient left

ventricle/aorta B) increased stroke volume C) aortic regurgitation

D) zone of akinesia in the interventricular septum

**80. [T001288] "MITRALISATION" OF AN AORTIC DEFECT IS CALLED**

A) compensatory hyperfunction of the left atrium with a
decrease in the contractile function of the left ventricle

B) combination of aortic and mitral stenosis

C) the addition of mitral stenosis to an
existing aortic defect due to repeated rheumatic fever

D) combination of aortic stenosis and mitral prolapseabout the valve

**81. [T001313] AUSCULTATION PICTURE IN MITRAL STENOSIS OF THE HEART**

**INCLUDES**

A) amplification of the first tone and diastolic noise B) attenuation of the first tone and

systolic murmur

C) unchanged tones and "soft, blowing" systolic
murmur D) attenuation of the second tone and diastolic murmur

**82. [T001314] NOISE IN MITRAL INSUFFICIENCY**

A) is carried out in the left axillary

area B) is performed on the carotid arteries C) is not performed anywhere

D) is carried out in the jugular fossa

**83. [T001338] STAGNATION IN THE SMALL CIRCULATORY SYSTEM LEADS TO**

A) pulmonary edema B) renal failure

C) ascites D) leg edema

**84. [T001352] To ONCOLOGICAL SERVICES DISEASES, the most often COMPLICATING THE COURSE OF CHRONIC HEPATITIS C INCLUDE**

A) hepatocellular carcinoma B) stomach cancer

C) lung cancer D) lymphoma

**85. [T001354] TREATMENT OF AUTOIMMUNE HEPATITIS IS PERFORMED**

A) corticosteroids (sometimes in combination with cytostatics) B) antiviral therapy

C) categorical refusal of alcohol D) dynamic observation

**86. [T001357] HYPERSPLENISM IS**

A) intensification of elimination of shaped blood elements B) increase in the size of the spleen

C) dilation of the diameter of the splenic vein

D) intensification of blood supply to the spleen

**87. [T001361] IN CASE OF SUSPECTED CIRRHOSIS OF THE LIVER, THE DETERMINING FACTOR IS IDENTIFICATION**

A) dilated veins of the lower third of the esophagus

B) dilated subcutaneous veins of the lower extremities C) hepatomegaly

D) splenomegaly

**88. [T001363] THE DEVELOPMENT OF LIVER CANCER ON THE BACKGROUND OF CIRRHOSIS CAN BE SUSPECTED WHEN BLOOD SUGAR LEVELS**

A) alpha fetoprotein B) AST

C) immunoglobulin A D) cholinesterase

**89. [T001364] diagnosis CIRRHOSIS THE LIVER CONFIRMED by DETECTION In BIOPSY MATERIAL**

A) disturbed lobular structure B) stepwise necrosis of hepatocytes C) steatosis of hepatocytes

D) advanced portalsx paths

**90. [T005684] MORPHOLOGICAL SUBSTRATES OF NON-SPECIFIC ULCERATIVE COLITIS.**

**COLITIS SYMPTOMS ARE**

A) chronic erosion, ulcer, crypt-

abscesses B) specific granulomas C) lymphocytic granulomas

D) scarring of the intestine

**INFLAMMATION by NON-SPECIFIC ULCERATIVE COLITIS**

**91. [T005686] AFFECTS**

A) the mucous membrane B) all layers of the intestine

C) submucosa D) muscle membrane

**92. [T005687] IN REMISSION FROM ULCERATIVE COLITIS**

**ENDOSCOPICALLY DETECTED**

A) unchanged mucosa B) "cobblestone"
mucosa C) erosive mucosa

D) contact bleeding of the mucous membrane

**93. [T005689] CROHN'S DISEASE AFFECTS**

A) all layers of the intestine

B) mucosal and submucosal layers C) submucosal and muscular layers

D) muscle layer and serous membrane

**94. [T005724] CLINICAL SYMPTOMS OF THYROTOXICOSIS ARE NOT**

A) constipation B) excitability,irritability

C) weight loss D) increased appetite

**95. [T005725] CLINICAL MANIFESTATIONS OF HYPOTHYROIDISM ARE NOT TYPICAL**

A) palpitations B) drowsiness

C) constipation D) dry skin

**96. [T005727] IN A POLYCLINIC SETTING, THE MOST RELIABLE AND AFFORDABLE WAY TO**

**SCREENING SERVICES WITH A TEST NA IDENTIFICATION CLINICALLY SIGNIFICANT ONES And**

**SUBCLINICAL DISORDERS OF THYROID FUNCTION ARE**

A) determination of the level of thyroid-stimulating hormone B) ultrasound of the thyroid gland C) determination of antibodies to

d) palpation of the thyroid gland

**97. [T005728] THE MAIN ONE AS A SIGN, INDICATING NA availability SUBCLINICAL HYPERTHYROIDISM, IS**

A) decrease in thyroid-stimulating hormone B) increase in thyroid-stimulating hormone

C) increased thyroxine D) decreased thyroxine

**98. [T005733] INDICATES THE PRESENCE OF AORTIC STENOSIS TO A GREATER EXTENT**

A) reduction of pulse blood pressure

B) severe hypertrophyleft ventricular myocardial pathology

C) rough systolic murmur at the base of the heart with a
sharp weakening of the II tone and extensive irradiation

D) the occurrence of frequent attacks of tension
angina in a patient with systolic murmur over the aorta

**99. [T005767] CARCINOGENIC PROPERTIES AGAINST COLORECTAL CANCER**

**CANCERS MAY HAVE**

A) fried meat B) fish

C) milk D) bread

**100. [T005768] THE MOST COMMON CAUSE OF COLORECTAL CANCER**

A) intestinal polyps B) hemorrhoids

C) diverticular disease D) poor nutrition

**Appendix # 10**

**Evaluation criteria for solving test tasks:**

When conducting testing, we use the following evaluation criteria :the test consists of 25 questions, each correct answer is rated at 4%.

| № | Number of correct ones responses | Number of points |
|---|---|---|
| | 1. 25 correct answers | 100% |
| | 2. 24 correct answers | 96% |
| | 3. 23 correct answers | 92% |
| | 4. 22 correct answers | 88% |
| | 5. 21 correct answers | 84% |
| | 6. 20 correct answers | 80% |
| | 7. 19 correct answers | 76% |

| | | |
|---|---|---|
| | 18 correct answers | 72% |
| | 17 correct answers | 68% |
| | 16 correct answers | 64% |
| | 15 correct answers | 60% |
| | 14 correct answers (border control failed) | |

Assessment form for current classes in the hospital surgery discipline

The student's work on the hospital surgery cycle is estimated at 100 points. The cycle consists of 18 clinical and practical classes and 4 boundary controls. During the course, the student prepares a student's medical history of a surgical patient with the justification of the clinical diagnosis and the appointment of treatment, as well as prepares a report on an additional surgical topic. According to the work program on hospital surgery, each clinical and practical lesson is rated at 2 points. A total of 18 clinicsx classes correspond to 36 points. Preparation of the report is estimated at 5 points, writing a medical history-15 points. The score is estimated at 15 points, including 5 points - the final test in the discipline "hospital surgery" and 10 points - the score in clinical and practical skills. 10 points are allocated for rewards. A student with a total score of 80 points or more receives an automatic credit.

| № | Discipline Section | scores |
|---|---|---|
| 1. | clinical practice - classes | 45 |
| 2. | medical history | 15 |
| 3. | preparation of the report | 5 |
| 4. | monitoring independent of extracurricular activities **total** | 10<br>**75** |
| **5.** | **set-off** test control clinical and practical aspects skills | **15**<br>5<br>10 |
| **6.** | **promotions** | **10** |
| | total | 100 |

**APPENDIX 11**

**SCALE FOR EVALUATING A SITUATIONAL PROBLEM**

**(current and border controls)**

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Correct diagnosis | 0-30 |

| | | |
|---|---|---|
| 2 | Correct choice of action algorithm | 0-25 |
| 3 | Correct choice of additional diagnostic methods | 0-20 |
| 4 | Correct appointment of treatment tactics | 0-25 |
| | **Total points** | **Amount of points** |

**PATIENT CURATION ASSESSMENT SCALE READING IMAGES-**

**(current control)**

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Correct interpretation of X-ray survey | 0-20 |
| 2 | images Correct interpretation of computed tomography (MRI and | 0-40 |
| 3 | CT)images Correct interpretation of contrast-enhanced X-ray images Correct | 0-20 |
| 4 | interpretation of ultrasound images | 0-20 |
| | **Total points** | **Amount of points** |

**PATIENT SUPERVISION ASSESSMENT SCALE -**

**ANALYSIS OF LABORATORY TESTS (current control)**

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Preliminary assessment of the patient's condition based on | 0-30 |
| 2 | external signs. Correct reading of general search resultsabout blood tests, urine tests, and blood biochemistry. | 0-70 |
| | **Total points** | **Amount of points** |

| Evaluation | Evaluation criteria |
|---|---|
| 85-100% | the student has systematic theoretical knowledge (knows the method of performing practical skills, indications and contraindications, possible complications, standards, etc.), and independently demonstrates the implementation of practical skills without mistakes.; |
| 70-84% | the student has theoretical knowledge (knows the method of performing practical skills, indications and contraindications, possible complications, standards, etc.), independently demonstrates the implementation of practical skills, allowing some inaccuracies (minor errors), which he independently detects and quickly corrects; |
| 60-69% | the student has satisfactory theoretical knowledge (knows the main provisions of the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), demonstrates the implementation of practical skills, making some mistakes that can be corrected by the teacher; |
| "unsatisfactory" | the student does not have a sufficient level of theoretical knowledge (does not know the methods of performing practical skills, indications and contraindications, possible complications, standards, etc.) and/or cannot independently demonstrate practical skills or performs them, making gross mistakes. |

**PATIENT SUPERVISION ASSESSMENT SCALE -**

**PARTICIPATION IN DRESSING PROCEDURES (ongoing monitoring)**

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Compliance with infection control (medical uniforms, hand treatment, | 0-15 |
| 2 | etc.) Assessment of the wound condition | 0-20 |
| 3 | Wound treatment Fixation of | 0-25 |
| 4 | dressings with a band aid or bandage | 0-25 |
| 5 | Ability to use surgical instruments | 0-15 |
| **Total points** | | **Amount of points** |

## CRITERIA FOR ASSESSING THE DEVELOPMENT OF PRACTICAL SKILLS: SCALE

### FRONT-END SURVEY RATINGS

### (current control)

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Convincing response | 0-10 |
| 2 | Understanding the issues and adequacy of interpretation | 0-30 |
| 3 | Reasonable use of medical terminology (relevance and reliability of information) | 0-30 |
| 4 | Keywords (anatomy): their importance for the stated topic, competent use, and quantity. | 0-15 |
| 5 | Consistency and consistency of an oral statement | 0-10 |
| **Total points** | | **Amount of points** |

### RATING SCALE FOR A THEORETICAL TASK

### (interim control)

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1 | Question 1 | 0-100 |
| 2 | Question 2 | 0-100 |
| 3 | Question 3 | 0-100 |
| 4 | Question 4 | 0-100 |
| **Total points** | | **The arithmetic mean. (total points/4)** |

Each ticket question is

evaluated: "85-100%" deep and solid assimilation of the material of the topic or section;

complete, consistent, competent and logically stated answers;
demonstration of students ' knowledge to the extent of the
completed program and additionally recommended literature; reproduction
of educational material with the required degree of accuracy.

"75-84%"

availability non -essential items errors, assuredly corrected ones
for students after additional and leading questions;

demonstration of students ' knowledge to the extent of the
completed program; clear presentation of educational material.

"60-74%"

the presence of minor errors in the answer that are not corrected by the
student; demonstration of students ' insufficient knowledge of the
completed program; not the structure of the program itself.a structured,
non-coherent presentation of the training material in the answer.

"less than 60%"

lack of knowledge of the topic or section material;
serious errors occur in the response.

**TEST RATING SCALE**

**(border control)**

1. There are 25 closed questions in one test task. 2. Tasks are given ready-made answers to choose from, one correct and the rest wrong ones.

3. The student should remember: in each task with the choice of one correct answer, the student should answer the correct answer should be.

4. For each correct answer - points 4

5. The total score is defined as the sum of the points scored. 6. Mark (in%).

**RATING SCALE FOR A REPORT WITH A PRESENTATION**

**(current control)**

| № | Naming of the indicator | Mark |
|---|---|---|
| shape | | (in %) 10 |
| ~~Dividing the text into an introduction, a main part, and a conclusion~~ | | 0-5 |
| 2 | Provides a logical and understandable transition from | 0-5 |
| one part to another, as well as CONTENT within the parts | | 50 |
| 1 | Matching the topic | 0-10 |
| 2 | Presence of the main topic (thesis) in the introductory part and appeal | 0-10 |
| Development of the topic (thesis) in the main part (disclosure of the main points through a system of arguments supported by facts, 3 examples, etc.) | | 0-15 |
| Availability of conclusions that correspond to the topic and content of the | | 0-15 |
| main 4 part of the PRESENTATION | | 25 |
| 1 | Title page with the title | 0-2 |
| 2 | Slide design and use of additional effects | 0-5 |
| (changing slides, sound, graphics) The text of the presentation is written short, well-formed and well-formed ideas 3 are | | 0-10 |
| 4 | clearly stated and structured Slides are | 0-5 |
| 5 | presented in a logical sequence Slides are printed | 0-3 |
| out in the format of notes REPORT | | 15 |
| 1 | Correct and accurate speech during | 0-5 |
| 2 | the Broad Outlook defense (answers to questions) | 0-5 |
| 3 | Implementation of the regulations | 0-5 |
| **Total points** | | **Amount of points** |

**RATING SCALE OF THE BLOGMEDICAL HISTORY INFORMATION**

**(intermediate control)**

| № | Naming of the indicator | Mark (in %) |
|---|---|---|
| 1. | **GENERAL INFORMATION ABOUT THE PATIENT** | 0-2 |
| 2. | **complaints** (briefly and clearly list all the patient's complaints in the nast.time) | 0-7 |
| 3. **MEDICAL HISTORY** 4. **anamnesis of life** 5. | | 0-7 |
| | | 0-7 |
| | **OBJECTIVE RESEARCH:** | 0-8 |

| | | |
|---|---|---|
| 6. | **LABORATORY AND ADDITIONAL RESEARCH METHODS** | 0-7 |
| | **CLINICAL DIAGNOSIS AND JUSTIFICATION OF THE CLINICAL** 7. **DIAGNOSIS** | 0-10 |
| 8. | **DIFFERENTIAL DIAGNOSIS** | 0-7 |
| 9. | **ETIOLOGY AND PATHOGENESIS** | 0-8 |
| 10. | **treatment** | 0-9 |
| 11. | **PREOPERATIVE EPICRISIS** | 0-7 |
| 12. | **PROTOL OPERATIONS according to the scheme** | 0-7 |
| | **diary** 13. | 0-7 |
| 14. | **EPICRISIS AND FORECAST** | 0-7 |
| **Total points** | | **amount of points** |

**GENERAL KNOWLEDGE ASSESSMENT SCALE FOR THE DISCIPLINE**

**(final control of the discipline)**

**ORAL SURVEY ASSESSMENT SCALE (intermediate control**

**- "KNOW")** The following criteria are taken into account when evaluating oral responses to the radiation exposure test: :

1. Knowledge of the main processes of the subject area under study, depth and completeness disclosure of the issue.

2. Proficiency in terminology and its use in answering questions. 3. The ability to explain the essence of phenomena, events, processes, draw conclusions and generalizations, give reasoned answers.

4. Possession of monologue speech, logical and consistent response, ability to answer questions and express your opinion on the issue under discussion. With a placemark **(16-20 points)** an answer that shows strong knowledge of the following questions is evaluated:

- etiology, pathogenesis, and prevention measures of the most common diseases surgical diseases;
- modern classification of surgical diseases;
- the clinical picture, features of the course and possible complications of diseases in children of different age groups;
- basic principles of diagnosis of surgical diseases of children; - modern methods of clinical, laboratory, instrumental examination patients;
- treatment methods and indications for their use;
- fundamentals of organization of outpatient care for the population; - principles of medical examination and rehabilitation of patients; - ethical and deontological aspects in pediatric surgery
- terms of surgical treatment of congenital malformations in children;

*The student demonstrated a logical and consistent response.*

With a placemark **(10-15 points)** an answer that reveals solid knowledge is evaluated the following questions::

- etiology, pathogenesis and prevention measures of the most common surgical diseases;
- modern classification of surgical diseases;
- clinical picture, features of the course and possible complications of diseases in children of different age groups;
- basic principles of diagnostics of surgical diseases of children; modern methods of clinical, laboratory, and instrumental examination -
- patients;
- treatment methods and indications for their use;
- fundamentals of organization of outpatient care for the population;
- terms of surgical treatment of congenital malformations in children;

- principles of medical examination and rehabilitation of patients;
ethical and deontological aspects in pediatric surgery
-

*The student demonstrates the consistency and consistency of the answer. However, it is allowed*

*one or two inaccuracies in the response.*

With a placemark **(5-10 points)** the answer that indicates mainly knowledge is evaluated

the following questions::

- etiology, pathogenesis and prevention measures of the
most common surgical diseases; modern classification of surgical
- diseases in the Russian Federation.other diseases;
- clinical picture, features of the course and possible complications
of diseases in children of different age groups; basic
- principles of diagnosis of surgical diseases of childhood; modern
methods of clinical, laboratory, and instrumental examination
-
patients;
-
treatment methods and indications for their use;
-
fundamentals of organization of outpatient care for the
-
population; terms of surgical treatment of congenital malformations
in children; principles of medical examination and
rehabilitation of patients; ethical and deontological aspects in
pediatric surgery *There may be several errors in the response content.*

With a placemark **(1-4 points)** the answer that reveals ignorance of the theory is evaluated.

on all topics, inability to give reasoned answers, poor command
of monologue speech, lack of logic and consistency.

*Serious errors are allowed in the response content.*

With a placemark **(0 points)** the answer is evaluated if the student demonstrates incomprehension
problems or no response, and there was no attempt to solve the
problem. Previously, I filled out my medical history poorly. A student
can earn a maximum of 10 points for solving a situational problem -

100%.

For a scale for evaluating a situational task, see above.