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

Kyrgyz-Russian Slavic University
named after the first President of the Russian Federation B.N. Yeltsin

PROFESSIONAL CYCLE
Occupational diseases

Work program of the discipline (module)

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

Qualification **Doctor**

Form of study **Full-time**

Total labor intensity **2 ZET**

Hours according to the 72

including:

classroom classes 32

independent work 39,7

Types of control in semesters:

Test 6

Distribution of hours of the discipline by semesters

Semester (<Курс>.<Семестр на курсе>)	**6 (3.2)**		Total	
Weeks	18			
Type of classes	UP	WP	UP	WP
Lectures	8	8	8	8
Practical	24	24	24	24
Contact work during the period of theoretical training	0,3	0,3	0,3	0,3
Including int.	2	2	2	2
Total room.	32	32	32	32
Contact work	32,3	32,3	32,3	32,3
Himself. Work	39,7	39,7	39,7	39,7
Total	72	72	72	72

The program was compiled by:

Senior Lecturer Uvaidillaeva F.T.

Reviewer(s):

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Candidate of Medical Sciences, Associate Professor of the Department of Therapy2 of the LD specialty, Dzhailobaeva K.A. _

The program was compiled by:

Work program of the discipline

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

Federal State Educational Standard of Higher Education - Specialist in the Specialty 31.05.01
General Medicine (Order of the Ministry of Education and Science of Russia dated 21.09.2021 No 1578/1)

Compiled on the basis of the curriculum:

Specialty 560001 - KR General Medicine
(for international students)

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

The work program was approved at the meeting of the department

Minutes of 29.08.2025 No 1
Program duration: 2025-2030 academic year.
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council
__ _____ 2026

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

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

Approval of the RPD for execution in the next academic year

Chairman of the International Council
__ _____ 2027

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

Minutes of __ _____ 2027 № __
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council
__ _____ 2028

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

Minutes of __ _____ 2028 № __
Head. Head of the Department

Approval of the RPD for execution in the next academic year

Chairman of the International Council
__ _____ 2029

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

Minutes of __ _____ 2029 № __
Head. Head of the Department

1. OBJECTIVES OF MASTERING THE DISCIPLINE	
1.1	The purpose of the discipline "Occupational Diseases" is to form students' systematic knowledge about the causes, mechanisms of development, clinical manifestations and prevention of occupational diseases, to teach them to recognize harmful production factors and their impact on the body, to master the diagnosis and differential diagnosis of occupational pathology, the principles of treatment, rehabilitation and expertise to develop skills in the analysis of occupational risks, the application of sanitary and hygienic legislation and interdisciplinary interaction, as well as to cultivate professional responsibility for preserving the health of the working population.

2. THE PLACE OF THE DISCIPLINE IN THE STRUCTURE OF THE EDUCATIONAL PROGRAM	
Cycle (section) of the PLO:	B1.O.03
2.1	**Requirements for the preliminary training of the student:**
2.1.1	Anatomy
2.1.2	Pathological anatomy
2.1.3	Propaedeutics of Internal Diseases
2.1.4	Normal physiology
2.1.5	Normal physiology
2.1.6	Human Anatomy
2.1.7	Topographic Anatomy and Operative Surgery
2.1.8	Psychiatry and narcology
2.1.9	Biochemistry
2.2	**Disciplines and practices for which the development of this discipline (module) is necessary as a previous:**
2.2.1	Infectious diseases
2.2.2	Immunoprophylaxis of infectious diseases
2.2.3	Hospital surgery
2.2.4	Hospital Therapy
2.2.5	Family Medicine
2.2.6	Oncology, radiation therapy
2.2.7	Phthisiology
2.2.8	Faculty Therapy
2.2.9	Endocrinology
2.2.10	Faculty Therapy
2.2.11	Hospital Therapy
2.2.12	Outpatient therapy
2.2.13	Medical Rehabilitation
2.2.14	Clinical anatomy with practical skills

3. COMPETENCIES OF THE STUDENT FORMED AS A RESULT OF MASTERING THE DISCIPLINE (MODULE)	
PC-14: Able and ready to make a diagnosis based on the results of biochemical and clinical studies, taking into account the course of pathology in organs, systems and the body as a whole.	
Know:	
Level 1	is able and ready to make a diagnosis based on the results of biochemical organisms, clinical studies, taking into account the course of pathology by organs, systems and the body as a whole
Own:	
Level 1	work skills and methods of maintaining accounting and reporting documentation of various types in medical institutions;

PC-15: Able and ready to analyze the patterns of functioning of individual organs and systems, use knowledge of anatomical and physiological features, basic methods of clinical and laboratory examination and assessment of the functional state of the body of an adult and children, for timely diagnosis of diseases and pathological processes.	
Know:	
Level 1	is able and ready to analyze the patterns of functioning of individual organs and systems, use knowledge of anatomical and physiological features, basic methods of clinical and laboratory examination and assessment of the functional state of the body of an adult and children, for timely diagnosis of diseases and pathological processes;

Be able to:	
Level 1	analyze the functional state of organs and systems based on clinical and laboratory data.
Own:	
Level 1	skills in using methods of clinical and laboratory examination to diagnose diseases and assess the patient's condition.

PC-16: Able and ready to use the algorithm for making a diagnosis (main, concomitant, complications) taking into account the ICD, to perform basic diagnostic measures to identify urgent and life-threatening conditions.	
Know:	
Level 1	able and ready to use the algorithm for setting diarnosis (main, concomitant, complications) taking into account the ICD, to perform the main diagnostic measures to identify urgent and life-threatening conditions;
Be able to:	
Level 1	formulate and substantiate the diagnosis, taking into account the underlying disease, concomitant pathology and complications.
Own:	
Level 1	the skills of conducting diagnostic measures to identify urgent and life-threatening conditions.

PC-18: Able and ready to provide medical care for acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care.	
Know:	
Level 1	is able and ready to provide medical care for acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care
Be able to:	
Level 1	provide medical care to patients with diseases and conditions that do not require emergency medical intervention
Own:	
Level 1	skills in the selection and implementation of therapeutic and diagnostic measures for acute and chronic diseases.

As a result of mastering the discipline, the student must

3.1	**Know:**
3.1.1	- Etiology, pathogenesis, clinical picture of the most common forms of occupational diseases
3.1.2	- Features of the diagnosis of occupational diseases
3.1.3	- Differential diagnosis between occupational and non-occupational diseases that have a similar clinical picture
3.1.4	- Deontological norms, ethics of the doctor in the process of supervising patients
3.1.5	- Issues of treatment, prevention, examination of working capacity, medical and labor rehabilitation of occupational diseases.
3.1.6	- Know the principles of organization and provision of emergency medical care for acute occupational diseases (poisoning)
3.2	**Be able to:**
3.2.1	- Analyze the data of the patient's professional history to determine the possible impact of occupational factors on the state of health
3.2.2	- Be able to conduct preliminary and periodic medical examinations of employees
3.2.3	- To analyze the mechanisms of action of unfavorable factors of the working environment that caused the development of occupational disease
3.2.4	- To conduct a targeted examination of patients to identify clinical signs indicating the influence of unfavorable factors of the working environment
3.2.5	- To carry out a differential diagnosis between suspected occupational and non-occupational diseases that have a similar clinical picture
3.2.6	- To identify specific features of the course of this occupational disease
3.2.7	- To determine the degree and persistence of functional disorders of the affected organs and systems

3.2.8	- Correctly recommend the necessary therapeutic measures for patients with occupational diseases
3.2.9	- Provide emergency medical care in case of acute occupational diseases (poisoning)
3.2.10	- On the basis of the clinical picture, the degree of functional disorders, working conditions, profession of the patient, to decide on his ability to work and employment.
3.3	**Own:**
3.3.1	- skills of clinical examination, diagnosis and treatment of patients with occupational diseases, in carrying out rehabilitation, preventive measures, including preliminary and periodic medical examinations, mechanisms and localization of action and the possibility of substitution with drugs from other groups;
3.3.2	- skills of analysis and use of data on sanitary and hygienic conditions at the workplace to substantiate the connection between the disease and the working conditions of the patient;
3.3.3	- skills in determining the degree of disability in occupational diseases and intoxications,
3.3.4	selection of rational types of work for occupational patients whose ability to work is limited;
3.3.5	- skills of filling out the act of examination of the patient's VTEK with the justification of the expert opinion;
3.3.6	- skills in conducting a targeted examination of workers in industrial enterprises, agriculture , transport and construction to identify their occupational disease.

4. STRUCTURE AND CONTENT OF THE DISCIPLINE (MODULE)

Lesson code	Name of sections and topics /type of lesson/	Semester / Course	Hours	The competence	References	Inté Rakt.	Pr. podg.	Note
	Section 1. The subject of occupational pathology. Dust diseases							
1.1	Introduction to the Clinic occupational diseases and her tasks /Lek/	6	2	PK-16 PK-14 PK-15 PK-18	L1.1 L1.2 L1.3 L1.4 L1.5 L1.6			
1.2	The influence of new factors of the working environment on the condition of workers. /Wed/	6	3					
1.3	Acquaintance with the clinic of occupational diseases, features of supervision, examinations patients with occupational diseases . Patient supervision. Acquaintance with the medical care of workers. Preliminary and periodic medical examinations of workers. Issues of examination of working capacity and medical examination /Pr/	6	4		L1.1 L1.2 L1.4 L1.5 L1.6			
1.4	Historical aspects of the study of occupational diseases /Sr/	6	3		L1.1			
1.5	Organization and Conduct of Preliminary and Periodic Examinations of Persons Working in	6	3		L1.1			
1.6	Dust lung diseases. Pneumoconiosis /Lek/	6	2					
1.7	Pneumoconioses of dust. Silicosis. Silicotuberculosis. Silicisiderosis. Silixysilicatosis.Pneumoconiosis from weakly fibrogenic dust. Anthracosis.Asbestosis.Pneumoconioz electric welders /Pr/	6	4		L1.3 L1.4	2		

1.8	Modern ideas about the pathogenesis of pneumoconiosis. /Wed/	6	3		L1.3 L1.4			
1.9	Criteria for the etiological diagnosis of dust bronchitis. /Wed/	6	3		L1.3			
1.10	Differential diagnosis of asbestosis with other diseases. /Wed/	6	3		L1.1			
1.11	Pneumoconioses from aerosols allergenic toxico. Berylliosis. Farmer's lung. Dust bronchitis.Occupational bronchial asthma. Boundary control No1 /pr/	6	4		L1.3			
	Section 2. Occupational diseases from the impact of physical factors. Occupational diseases from the impact of toxicochemical factors.							
2.1	Vibration Sickness /Lek/	6	2					
2.2	Occupational diseases of the musculoskeletal system /PR/	6	2					
2.3	Modern Understanding of the Pathogenesis of Vibration Disease /Sr/	6	3					
2.4	Differential diagnosis of occupational vibration disease. /Sr/	6	3					
2.5	Lead intoxication and its compounds /Lek/	6	2					
2.6	Intoxication with lead and its compounds, mercury and its compounds, aromatic hydrocarbons /Pr/	6	2					
2.7	Differential diagnosis of lead intoxication. Effect of benzene and its homols on the body of women and children	6	3					
2.8	Historical aspects Study Explore Etiology, Clinical Presentation and Treatment Main chronic mercury methods	6	3					
2.9	Intoxication with irritating substances. Occupational intoxications Basic principles diagnostics and emergency medical assistance in acute occupational intoxications /Pr/	6	4					

2.10	Occupational diseases of workers in Exposure to Ionizing Radiation /Sr/	6	3					
2.11	Submission and defense of the medical history	6	0,3					
2.12	Basic principles diagnostics and emergency medical assistance with acute professional intoxications. Rubizhny Control No2 /Pr/	6	4					
2.13	Early Clinical Signs of Chemical Intoxication in the Workplace /Wr/	6	3					
2.14	The Influence of New Factors of the Production Environment on the health status of workers. Principles of VTE in occupational	6	3,7					

5. FUND OF ASSESSMENT TOOLS

5.1. Control questions and tasks

Questions to check the level of learning KNOW:
1. The main types of labor activity and duties of a shop doctor.
2. On the basis of what documents are mandatory preliminary and periodic
medical examinations of workers exposed to harmful and unfavorable working conditions carried out? Summary
of annexes to this document.
3. Which diseases are occupational and which are occupational injuries?
4. Documentation necessary to resolve the issue of the connection between the disease and the work performed (occupational
disease).
7. Which medical and preventive institutions are given the right to initially establish the diagnosis of chronic and acute
occupational diseases (intoxications)?
8. The purpose of preliminary (upon employment) and periodic medical examinations.
9. What directive documents (name and content) should be followed when organizing and
conducting preventive medical examinations of workers exposed to harmful factors of
the working environment?
10. What criteria should be used to assess the quality of preventive medical examinations?
11. List individual treatment, prevention and rehabilitation measures prescribed
for an occupational disease or if it is suspected.
12. Name the collective therapeutic and preventive sanitary and hygienic measures that need to
be carried out based on the results of preventive examinations.
13. The concept of working ability and types of its impairment.
14. The main tasks of VTE in the clinic of occupational diseases.
15. Benefits for persons with occupational diseases and intoxications.
16. The concept of a recourse claim in occupational diseases.
17. The concept of temporary disability and indications for its establishment.
18. The concept of a sick leave certificate, indications for its issuance and the maximum period of continuation.
19. The main functions of the VTEK.
20. The concept of disability group and criteria for their determination.
21Terms of re-examination of disabled persons I, II and III. In their cases, the disability group is established without
specifying the period of re-examination?
22. What cases of re-examination of disabled people are carried out in a shorter time?
23. Measures for the social, labor and medical rehabilitation of patients with occupational diseases.
24. What circumstances should be taken into account for the rational employment of patients with occupational
diseases?
25. The importance of concomitant non-occupational diseases in determining the groups of disability in persons with
occupational diseases.
26. In what areas of production are workers exposed to dust factors?
27. What properties of dust particles determine their fibrogenic effect? Which types of dust have the highest
fibrogenic activity?
28. What factors of the working environment and characteristics of the body determine the rate of development and progression

silicosis?
29. Basic theories of the pathogenesis of silicosis.
30. Describe the morphological structure of the silicotic nodule.
31. What complaints and objective data are characteristic of uncomplicated silicosis?
32. The main X-ray signs of silicosis.
33. List the main indicators of the function of external respiration and the nature of their changes in silicosis.
34. List the most common complications of silicosis and give their characteristics (on the basis of clinical, radiological, laboratory data).
35. What variants of the course of silicosis do you know?
36. What are the principles of the classification of pneumoconioses in our country?
37. With what occupational diseases is the differential diagnosis of silicosis carried out?
38. What are the basic principles of silicosis treatment? Why can't the irreversibility of far-reaching morphological changes justify the refusal of treatment?
39. Name the medical and physiotherapeutic methods of treating silicosis and its complications.
40. The main criteria for determining the working capacity of patients with silicosis.
41. What is the difference between the clinical picture of silicatoses and silicosis?
42. What is the difference between the clinical picture of carboconiasis and silicosis?
43. What is the difference between the clinical picture of metalloconiosis and silicosis?
44. What are the features of the clinical picture of pneumoconiosis caused by exposure to organic dust?
45. What clinical forms of occupational diseases can be observed when exposed to electric welding aerosol?
46. In what industries and professions are workers exposed to dust factors?
47. What properties of industrial dust determine its ability to cause chronic dust bronchitis?
48. List the complaints characteristic of patients with chronic dust bronchitis. Are there any complaints specific to dust bronchitis?
49. What are the objective symptoms of chronic dust bronchitis? Are there any specific ones among them?
50. Provide data on the main instrumental methods of research used to diagnose dust bronchitis.
51. List the criteria for the etiological diagnosis of chronic dust bronchitis (substantiate the relationship of the disease with exposure to industrial dust).
52. List the principles of treatment of patients with chronic dust bronchitis.
53. What are the rules of VTE for chronic dust bronchitis?
54. What are the directions of technical, sanitary, hygienic and medical prevention of dust bronchitis?
55. How do you imagine the role of an occupational health doctor in establishing a connection between chronic bronchitis and the profession and in the development and implementation of preventive measures?
56. What unfavorable production factors can cause the development of occupational bronchial asthma? Give examples of substances that have sensitizing, irritating and combined effects.
57. What is the clinical picture of bronchial asthma of mild, moderate and severe degrees?
58. List the main indicators of the function of external respiration and describe the nature of their changes in bronchial asthma.
59. The totality of what data provides the basis for the diagnosis of bronchial asthma of occupational origin?
60. What is the difference in the prognosis for occupational bronchial asthma in each case?
61. What are the basic principles of bronchial asthma treatment?
62. The main industries and technological processes in which berylliosis can occur.
63. Which beryllium compounds are the most toxic?
64. Pathogenesis of berylliosis. Ways of penetration of beryllium and its compounds into the body and ways of excretion. Influence of beryllium content in the air of working premises on the course and severity of clinical manifestations of the disease.
65. What beryllium compounds cause acute intoxication? List the clinical syndromes of acute beryllium intoxication.
66. Chronic berylliosis: main clinical syndromes, extrapulmonary lesions, features of gas exchange narration.
67. X-ray picture of lung lesions in stages I, II and III of chronic berylliosis. 68. Basic therapeutic and preventive measures for berylliosis.
69. Issues of VTE.
70. List the industries in which vibration is a factor of occupational hazard.
71.Name the main occupational groups of workers who may be exposed to
72. Name the main vibration parameters. What is their importance in the development of the disease?
73. What factors contribute to the development of vibration disease?
74. Describe the classification of vibration sickness.
75. What are the main clinical syndromes in vibration sickness in those working with hand-held mechanized tools?
76. Characterize the clinical syndromes of vibration sickness that develops from the impact of general vibration.
77. What are the features of the clinical manifestations of the early stages of vibration disease?
78. Describe the functional methods of diagnosing vibration sickness.
79. Describe the differential diagnosis of vibration sickness.
80. What are the main methods of treatment and features of medical and labor expertise in vibration disease?
81. List the main measures of medical and hygienic prevention of vibration disease.
82. What is the role of the hygienist in establishing the connection between the disease and the profession and carrying out activities,

aimed at preventing the development of vibration disease and restoring the ability to work?
83. Describe the conditions that may be the cause of occupational diseases of the musculoskeletal system. List the approximate professions in which they can occur.
84. What are the causes of autonomic polyneuropathy of an occupational nature?
85. Carry out a differential diagnosis of occupational vegetative polyneuropathy.
86. Describe the clinical picture of scapulohumeral periarthritis, methods of treatment and medical and labor expertise.
87. What is the diagnostic value of X-ray examinations in this disease?
88. Tell us about the pathogenesis of epicondylitis, make a differential diagnosis with arthritis and arthrosis of the elbow joint.
89. Describe the symptoms of Dawourn, Thomsen, Welsch, Elkin, Finkelstein. What diseases are they characteristic of?
90. Tell us about the clinical symptoms of occupational myositis, methods of their diagnosis. How are the issues of disability resolved ?
91. Describe the clinical picture of Dequervain's disease.
92. What are the clinics and methods of treatment of a "snapping" finger?
93. Name the main industries and occupational groups of workers who may be adversely exposed to lead compounds.
94. List the ways of entry of lead into the body.
95. What are the main pathogenetic mechanisms of the development of lead intoxication?
96. Describe the current classification of chronic lead intoxication.
97. List the main clinical symptoms and syndromes of lead intoxication caused by inorganic and organic lead compounds.
98. Give the criteria for the differential diagnosis of lead intoxication.
99. Describe the main methods of treatment and features of VTE in chronic lead intoxication.
100.What is the role of the hygienist and occupational pathologist in establishing the connection between the disease and the working conditions of the patient and carrying out preventive measures aimed at preventing lead intoxication, as well as restoring the patient's ability to work? 33.List industries and professions in which aromatic hydrocarbons are unfavorable production factors.
101. Describe the routes of entry, metabolism and excretion of benzene and its homologues from the body.
102. What organs and systems are affected by aromatic hydrocarbons? What do you know about the pathogenetic mechanisms of intoxication?
103. Describe the clinical picture of acute intoxication.
104. What qualitative and quantitative changes in peripheral blood are characteristic of intoxication with aromatic hydrocarbons?
105. What neurological syndromes are observed in the clinic of intoxication with aromatic hydrocarbons?
106. What therapeutic and preventive measures are taken in chronic intoxication with benzene and its homologues?
107. How are the issues of examination of working capacity for this disease resolved?
108. Name the industries where contact with mercury and its inorganic compounds is possible,
109. What additional unfavorable occupational factors can contribute to the development of mercury intoxication?
110. Routes of mercury intake into the body and their role in the development of intoxication.
111. In which organs is mercury deposited?
112. The main ways of excretion of mercury from the body.
113.What is meant by "carrying" mercury and can it be considered a disease?
114. What are the cardinal symptoms of micromercurialism and classical mercury intoxication?
115. What is the modern classification of chronic mercury intoxication?
116. What organs and systems are affected by chronic mercury intoxication? List the main clinical syndromes of the disease.
117.Name the main methods of functional and laboratory diagnostics that allow you to judge the degree of severity of chronic mercury intoxication.
118. Name the methods of treatment of mercury intoxication.
119. What is the scheme of administration of unitiol in acute and chronic mercury intoxication?
120.What are the most effective methods of preventing mercurialism?
121.List the medical contraindications that prevent employment in contact with mercury. What is demercurialization?
122. List the main toxic substances of irritant action and determine the role of their physical properties in the development of respiratory lesions.
123. Describe your ideas about the pathogenesis of respiratory lesions of toxic-chemical etiology.
124. What are the main clinical forms of respiratory lesions of toxic-chemical etiology?
125. Describe the clinical picture of poisoning with chlorine and its compounds.
126. What is the clinical picture of sulfur dioxide intoxication?
127. Describe the clinical picture of hydrogen sulfide poisoning.
128. What is the clinical picture of nitrogen oxide poisoning?
129. What are the principles of emergency care for acute toxic injuries of the respiratory system?
130. Describe a set of therapeutic measures for chronic respiratory diseases of toxic and chemical etiology.
131. How is the examination of the ability to work carried out in case of respiratory lesions of toxic-chemical etiology?

132. Prevention of respiratory injuries by irritating substances.
133.List the main work processes in which agricultural workers may be exposed to pesticides.
134. Name the pesticides that are most common in modern agriculture, and give their classification.
135. What are the main ways of entry of pesticides into the body?
136. What is the pathogenesis of chronic intoxication with pesticides of various chemical structures?
137. Describe the clinical picture of intoxication with organochlorine and mercury pesticides.
138. What is the clinical picture of intoxication with organophosphate pesticides?
139. Make a differential diagnosis between acute and chronic intoxication with toxic chemicals.
140. What are the main methods of laboratory and functional diagnosis of chronic intoxication with toxic chemicals?
141. What are the principles of antidote therapy for intoxication with pesticides of various chemical structures?
142. Describe your ideas about the basic principles of VTE in occupational intoxication with toxic chemicals.
List the methods of prevention of intoxication with pesticides in agriculture
143. Name the causes of acute intoxication in production conditions.
144. List the main ways of penetration of industrial poisons into the body.
145. Give a classification of acute occupational poisoning.
146.List the basic principles of diagnosing acute occupational poisoning.
147. Describe the clinical symptoms of acute intoxication with carbon monoxide.
148. Characterize the clinical symptoms of acute occupational intoxications with aromatic hydrocarbons.
149.Describe the clinical signs of acute occupational pesticide intoxication.
150. Name the special clinical and laboratory methods of research used in the diagnosis of the most common acute occupational intoxications.
151.Tell us about the basic principles of emergency medical care and treatment of acute occupational intoxications.
152. What is the role of the occupational health doctor in establishing a diagnosis and taking measures to prevent acute occupational poisoning and preserve the health of workers?
Tasks to check the level of learning to BE ABLE AND POSSESS are checked by solving situational problems.

5.2. Topics of term papers (projects)

Term papers are not provided.

5.3. Fund of Assessment Tools

1. THEORETICAL TASK. The list of questions in clause 5.1. according to the topic.
2. SUPERVISION OF THE PATIENT:
1) Each student receives one patient for supervision.
2) Using the example of a supervised patient, the student should do the following:
1) Get acquainted with the topic;
2) Establish a trusting contact;
3) Collect complaints. The complaints related to the disease are described;
4) To collect the patient's medical history (the onset of the disease, the course of the process, treatment in the past, the reasons why the patient associates his disease, the reasons for hospitalization);
5) To collect life history (diseases suffered in the past, family history);
6) Collect a professional anamnesis (professional route; conduct a sanitary and hygienic characteristic);
7) Examine and examine the patient;
8) Describe the clinical status;
9) To analyze the laboratory and instrumental data of the study;
10) Make a preliminary diagnosis;
11) To carry out a differential diagnosis;
12) To make a clinical diagnosis;
13) Determine the tactics of the proposed treatment;
14) Write diaries of the stage or discharge epicrisis in the educational medical history;
15) Briefly summarize the etiology, pathogenesis, clinical presentation and treatment.
16) Prognosis. Recommendations to the patient.
3. MEDICAL HISTORY.
4. TESTS A list of test questions, according to the subject of the section.
5. REPORT WITH PRESENTATION. The student independently chooses the topic of the report.
Presentation topics:
1. The influence of new factors of the working environment on the health of workers.
2. Principles of VTE in occupational diseases.
3. Modern ideas about the pathogenesis of pneumoconiosis.
4. Organization and conduct of preliminary and periodic examinations of persons working in conditions of exposure to dust.
5. Criteria for etiological diagnosis of dust bronchitis.
6. Differential diagnosis of asbestosis.
7. The modern idea of the pathogenesis of vibration disease.
8. Differential diagnosis of vibration disease.
9. Differential diagnosis of occupational diseases of the upper extremities.

10. Differential diagnosis of lead intoxication.
11. The effect of benzene and its homologues on the body of women and children.
12. Historical aspects of the study of the etiology, clinical picture and treatment of chronic mercury intoxication.
6. SITUATIONAL TASKS.
7. QUESTIONS FOR DIFFERENTIAL CREDIT.

5.4. List of types of assessment tools

1. Theoretical task.
2. Curation of the patient.
3. Medical history.
4. Tests.
5. Report with presentation.
6. Situational tasks.

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

6.1. Recommended Literature

6.1.1. References

	Authors, compilers	Title	Publisher, year
L1.1	Karapata P.P. Kiev, 1986	Occupational dust lung diseases.	
L1.2	Ordobaev B.S., Shabikova G.A.	Life Safety: A Textbook	DCMU 2016
L1.3	Artamonova V.G., Shatalov N.N.	Occupational Diseases: A Textbook	Moscow, Meditsina Publ., 1996
L1.4	Artamonova V.G., Mukhin N.A.	Occupational Diseases: Textbook	Moscow, Meditsina Publ., 2004
L1.5	Idirisov A.N., Ismailov A.A., Nurseitov T.A., Sartov N.M., Maliev Kh.A.	Life Safety: Educational and Methodological Manual	Bishkek: KSMA 2014
L1.6	V.V. Kosarev, V.S. Lotkov, S. A. Babakov	Occupational Diseases : Occupational Diseases	GEOTAR – Media 2008

6.3. List of Information and Educational Technologies

6.3.1 Competency-Oriented Educational Technologies

6.3.1.1	Traditional educational technologies: lectures, practical classes focused on the communication of knowledge and methods of action, taught to students in a ready-made form and intended for assimilation. Lectures provide for the use of multimedia equipment.
6.3.1.2	Innovative educational technologies: analysis of specific situations, preparation of reports by students with presentations on given topics are used. Innovative educational technologies: analysis of specific situations, preparation of reports by students with presentations on given topics are used.
6.3.1.3	Information Educational Technologies: independent use of computer equipment and Internet resources by students to perform practical tasks and independent work.

6.3.2 List of information reference systems and software

6.3.2.1	Electronic Library of the KRSU-(www.lib.krsu.edu.kg);
6.3.2.2	Electronic library system "Znanium"-(www.znanium.com).

7. MATERIAL AND TECHNICAL SUPPORT OF THE DISCIPLINE (MODULE)

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

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

MODULAR CONTROL IN THE DISCIPLINE INCLUDES:
1. Current control: assimilation of educational material in classroom classes (lectures, practical; attendance and activity are taken into account
), supervision of the patient, solving situational tasks and performing mandatory tasks for
independent work

2. Midterm control: checking the completeness of knowledge and skills on the material of the module as a whole. The implementation of modular
control tasks is carried out in writing, in the form of tests.
3. Intermediate control is a completed documented part of the academic discipline, carried out in the form
of summing up the medical history and solving situational problems.

BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL
When appearing for tests, students are required to have their grade books with them and present them to the teacher.
The teacher is given the right to give a credit without a survey to those students who scored more than 60 points for
the current and midterm control.
At the intermediate control, the student must correctly answer the theoretical questions of the ticket (know) and correctly
complete the situational task (be able, possess).
During the intermediate control, the teacher sums up the results of the patient's supervision by students during the
semester.

Assessment of intermediate control:
min 20 points — questions to check the level of learning "to know" (with the correct formulation of the basic concepts).
20–25 points — tasks for the level of "to be able" and "to possess" (with the correct formulation of the essence of the problem and recommendations).
25–30 points — tasks of the "Be Able" and "Master" levels (if the control task is fully completed).

I. BASIC REQUIREMENTS FOR ROUTINE CONTROL
When building a practical lesson, teachers adhere to the following indicative plan:
Organizational stage of the lesson (up to 2% of the time):
a) roll call;
b) giving homework;
c) motivation of the topic of the lesson;
d) familiarization of students with the goals and plan of the lesson.
Control and correction of the initial level of knowledge (up to 20%):
a) test variants of control;
b) correction of theoretical knowledge by the teacher.
The stage of demonstration of practical skills and/or thematic patients by the teacher (up to 15%).
Independent work of students at the bedside (up to 45%) or the performance of situational tasks in the absence
of a thematic patient.
Final stage of the lesson (up to 18%):
a) final control of practical skills in the analysis of patients;
b) final control of theoretical knowledge, including the solution of clinical problems;
c) summing up the results of the lesson and individual assessment of students.

II. RECOMMENDATIONS FOR THE ORGANIZATION OF INDEPENDENT WORK OF THE STUDENT
Time management.
Recommended time allocation:
studying the notes on the day of the lecture - 10-15 minutes;
repeating the notes before the next lecture – 10-15 minutes;
study of theoretical material from the textbook – 1 hour per week;
preparation for a practical lesson – 2 hours.
Total: 3 hours 30 minutes per week.

Sequence of actions for high-quality assimilation of the material:
after the lecture, review and think over the notes (10-15 minutes);
before the next lecture, repeat the previous one and suggest a new topic (10-15 minutes);
allocate 1 hour weekly for work with literature;
to study key concepts and approaches in preparation for practical classes;
when solving problems, determine the requirements, choose theoretical material and draw up a plan for implementation.
Use of the educational and methodological complex:
It is recommended to rely on the teacher's guidelines and lectures.

Work with literature:
The material becomes more understandable with a combination of lectures, notes and textbooks.
It is recommended to do the exercises after studying each paragraph and ask yourself the following questions:
What is the paragraph about?
What new concepts have been introduced?
What is the practical significance?

Preparation for midterm and intermediate control:
It is necessary to use the textbook, achieve understanding, perform exercises and tasks.
When preparing for intermediate control, know the definitions of all concepts and be able to solve typical problems.
Doing homework:
First, study the basic concepts, then determine the plan for solving the problem and draw a conclusion.

Preparation for controls:
study the theory and complete several typical tasks.

Making up for missed classes:
Assimilation control is carried out systematically and is reflected in the journal.
unsatisfactory grades must be worked out at an individual interview;
a lecture missed without a valid reason is worked out by oral questioning or essay within a month;
practical exercises missed without a valid reason are mandatory;
working out takes place according to the schedule of the department;
missed classes must be worked out within 10 days;
in case of a valid reason – working on thematic material without taking into account hours;
absences due to a long-term illness - according to an individual schedule;
In some cases (conferences, competitions, etc.), students may be exempted from part of the work-offs.

RECOMMENDATIONS FOR PREPARING A PRESENTATION
Multimedia presentation is a form of independent work of students to create visual information material using the PowerPoint program. The work requires the skills of searching, systematizing and formatting information.
Requirements:
The topic is chosen by the student from the list of FOS, agreed with the teacher and must correspond to the topic of the lesson.

Stages of presentation preparation:
drawing up a plan (goals, objectives);
Thinking through each slide:
• how it reveals the main idea;
• what content will be presented;
• what will be said orally;
• How the transition will be made.

Making a presentation:
slides should be verified in fonts and indents;
the title slide must be designed correctly;
the number of slides is no more than 30;
the use of figures, graphs, tables, formulas is encouraged;
the slide gives formal information, orally – its meaning;
switching speed: 1-2 minutes per slide;
when explaining tables, indicate what the rows and columns mean;
to avoid errors, it is recommended to type formulas in a Word object;
the main font is Arial or similar;
Formulas should have the same font size as the text.
The student is obliged to make a report at the set time.
Instructions for speakers:
communicate new information;
use technical means;
be well versed in the topic;
answer questions;
comply with the time limit: report – 10 minutes, discussion – 5 minutes.
Structure of the speech:
introduction (title, idea, relevance, questions);
the main part (revealing the essence of the topic, the use of visualization);
conclusion (brief conclusions).

RECOMMENDATIONS FOR WRITING AN ESSAY
The topic is chosen in agreement with the teacher. The abstract should reflect the scientific and social aspects of the problem, contain theoretical provisions and specific examples, and be based on several sources.

Additional literature: monographs, articles, popular science magazines ("Pediatric Surgery", "Bulletin of KRSU", "Health Care of Kyrgyzstan", "Bulletin of KSMA", etc.).
The outline of the abstract must be the author's. All borrowings must be accompanied by references. Quotations must be made in quotation marks indicating the source and page.
Design:
A4 format;
title page (name of the university, discipline, topic, surname of the student, group, year, city);
Table of contents;
text divided into chapters and subchapters;
use of graphs, tables, diagrams;
sections "Conclusion" and "References".

Example of bibliographic references:
Author: I.O. Title of the book. — Place of publication: Publisher, Year. - Number of pages.
Author I.O. Title of the article // Title of the journal. — A year. — Tom, No. — Pages.
Author I.O. Title of the article / Title of the collection. — Place of publication: Publisher, Year.