MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

«AGREED»

Head of education program
«General medicine»

_____ Khotimchenko Yu.S.
(signature) (Full name)
«09» of July 2019

«APPROVED»

Director of the Department of Clinical Medicine

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«09» of July 2019

WORKING PROGRAM OF PRACTICAL TRAINING (WPPT)
Клиническая практика (Помощник врача хирургического, терапевтического и акушерско-гинекологического стационара) (Doctor's assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok

2019

ANNOTATION

The practical training “Клиническая практика (Помощник врача хирургического, терапевтического и акушерско-гинекологического стационара) (Doctor's assistant)” is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 4th course in the 8th semesters, is a basic discipline. The total complexity of the discipline is 144 hours, 4 credits.

The course program is based on the basic knowledge gained by students:

- the ability to abstract thinking, analysis, synthesis (GCC -1)
- the willingness to solve common tasks of professional activity with the use of information and bibliographic resources, biomedical terminology, information and communication technologies, taking into account the main requirements for information security (GPC – 1)

In developing the work program of the practical training there were used: the Federal State Educational Standard of Higher Education in the specialty 31.05.01 “General Medicine” , student training curriculum, regulations on the procedure for the practice of students studying at the Federal State Autonomous Educational Institution of Higher Professional Education "Far Eastern Federal University" in higher education programs (for undergraduate programs, specialties, graduate programs), approved by order of October 23, 2015, regulations on the funds of evaluation tools of educational programs of higher education - undergraduate programs, specialties, magistracies of FEFU, approved by the order of the rector of 12.05.2015 No. 12-13-850.

Purposes of professional practice “Клиническая практика (Помощник врача хирургического, терапевтического и акушерско-гинекологического стационара) (Doctor's assistant)”**:**

1) Achieving basic competence - the ability (ability) to solve typical professional tasks (organizational, therapeutic and diagnostic, preventive) within the framework of the list of practical skills, including first aid, according to the level of training.

2) Consolidation and continuation of the formation of manipulation skills (knowledge, skills) and clinical thinking, obtained in practical classes in therapy, surgery, obstetrics, necessary for the professional and job activity of a doctor in the specialty 31.05.01 Medical business.

Objectives of professional practice "Clinical practical training" (doctor's assistant)

- To consolidate the knowledge gained by students in the study of theoretical and clinical disciplines.

- Improve and expand the practical skills acquired in the process of learning at the School of Biomedicine FEFU.

- To master the main stages of medical and diagnostic work at the bedside of the patient in the process of independent medical practice with constant monitoring and correction by her teacher.

- Learn to self-design medical records.

- To be acquainted with the organization of medical and preventive care for the population and the working conditions of doctors.

- Improve the skills of educational and research work and sanitary-educational activities.

Because of studying this discipline, students form the following general professional and professional competencies:

Code and the wording of competence	**Stages of competence**	
- the ability and willingness to conduct epidemiological protection, to organize the protection of public health in the focal points of especially dangerous infections, in case of degradation of the radiation situation, natural disasters and other emergency situations (PC – 3)	Knows	Methods of conducting epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
	Is able to	Conduct epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
	Possesses	Skills of conducting epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
the ability and willingness to use social methods of data collection and analysis	Knows	Methods of data collection and analysis of medical and statistical information on health indicators of population

of medical and statistical information on health indicators of population (PC – 4)	Is able to	Use methods of data collection and analysis of medical and statistical information on health indicators of population
	Possesses	Skills of using social methods of data collection and analysis of medical and statistical information on health indicators of population
the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	How to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
	Is able to	Collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
	Possesses	Skills to collecting and to analyzing patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
the ability of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health , the 10th review. (PC – 6)	Knows	Methods of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review.
	Is able to	Determine the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review.
	Possesses	Skills of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review.
the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	Basics of management of patients with various nosological forms
	Is able to	Use educational and scientific literature to address the issues of determining the tactics of managing patients with various nosological forms
	Possesses	The ability to determine the tactics of managing patients with various nosological forms on the basis of scientific and educational medical literature
the willingness to treat patients with different nosological entities in the outpatient settings and a day hospitals (PC – 9)	Knows	Basics of treatment patients with different nosological entities in the outpatient settings and a day hospitals
	Is able to	Treat patients with different nosological entities in the outpatient settings and a day hospitals
	Possesses	Skills to give first aid to patients with different nosological entities in the outpatient settings and a day hospitals
the readiness for determining the need to use natural healing factors, the	Knows	Basics of using natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and

drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment (PC – 14)		sanatorium treatment
	Is able to	Use natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment
	Possesses	Skills of using any natural healing factors, some drugs, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment

Jobs for people with disabilities are equipped with:

- Braille displays and printers;
- portable devices for reading flat-print texts, scanning and reading machines with a video enlarger with the ability to adjust color spectra;
- magnifying electronic loops and ultrasonic markers.

The discipline of the internship "Clinical Practice" (Physician Assistant) includes training modules:

1. TERAPY (work as an assistant doctor in a hospital therapeutic profile)
2. SURGERY (work as a doctor's assistant in a surgical hospital)
3. OBSTETRICS AND GYNECOLOGY (work as an assistant doctor in the hospital obstetrician-gynecological profile).

To study this academic discipline (module) the following knowledge, skills and abilities, formed by previous disciplines are required:

Основные знания, необходимые для изучения дисциплины формируются при изучении следующих дисциплин на предшествующих курсах:

1. **Биология (Biology), Философия (Philosophy), История медицины, биоэтика (Medical history, Bioethics), Деонтология (Deontology).**

Know: the impact of the environment on human health, an understanding of medical systems and medical schools; the study of a healthy lifestyle, the doctor-patient relationship, moral and ethical norms, the rules and principles of professional medical behavior, the rights of the patient and the doctor, the ethical foundations of modern medical legislation; duties, rights, place of a doctor in society; the main ethical documents of international organizations, basic medical and pharmaceutical terminology in Latin and foreign languages; the main

directions of psychology, the general and individual characteristics of the psyche of an adult, the psychology of the individual and small groups.

To be able to: competently and independently analyze and assess the social situation in Russia and abroad and carry out its activities taking into account the results of this analysis; to be guided in the existing normative legal acts on labor, to apply the norms of labor legislation in specific practical situations; protect the civil rights of doctors and patients of different ages; build and maintain working relationships with other team members; analyze economic problems and social processes, be an active subject of economic activity.

To possess: the skills of presenting an independent point of view, analysis and logical thinking, public speech, moral and ethical argumentation, discussion and round tables, principles of medical ethics and medical ethics; reading and writing skills in Latin of clinical and pharmaceutical terms and prescriptions; skills of informing patients and their relatives in accordance with the requirements of the rules of "informed consent"; foreign language to the extent necessary for communication and information from foreign sources**.**

2. Биохимия (Biochemistry), Медицинская физика (Medical Physics), Анатомия человека (Human Anatomy), Гистология, цитология, эмбриология (Histology, Cytology, Embryology), Нормальная физиология (Normal Physiology), Микробиология, вирусология (Microbiology, Virology), Патологическая анатомия (Pathological Anatomy), Патологическая физиология (Pathophysiology).

Know: the basic laws of physics, physical phenomena and the laws underlying the processes occurring in the human body; characteristics and biophysical mechanisms of the impact of physical factors on the body; the physic and chemical nature of the processes occurring in a living organism at the molecular, cellular, tissue and organ levels; the structure and chemical properties of the main classes of biologically important organic compounds; the main metabolic pathways for the conversion of carbohydrates, lipids, amino acids, purine and pyrimidine bases, the role of cell membranes and their transport

systems in metabolism; the role of biogenic elements and their compounds in living organisms, the use of their compounds in medical practice; classification and main characteristics of drugs, pharmacodynamics and pharmacokinetics, indications and contraindications to the use of drugs, side effects; general principles for the formulation of prescriptions and preparation of prescription formulations of medicines; the laws of genetics its importance for medicine, the patterns of heredity and variability in individual development as the basis for understanding the pathogenesis and etiology of human hereditary and multifactorial diseases; classification, morphology and physiology of microorganisms and viruses, their impact on human health, methods of microbiological diagnostics, the use of basic antibacterial, antiviral and biological preparations; the basic laws of development and vital activity of the organism on the basis of the structural organization of cells, tissues and organs; structure, topography and development of cells, tissues, organs and systems of the body in conjunction with their normal function and pathology, especially the organismic and population levels of life organization; anatomical, physiological, age-sex and individual characteristics of the structure and development of a healthy and sick body; concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis, nosology, principles of disease classification, basic concepts of general nosology; functional systems of the human body, their regulation and self-regulation when exposed to the external environment in normal and pathological conditions; structural and functional bases of diseases and pathological processes, causes, basic mechanisms of development and outcomes of typical pathological processes, disorders of the functions of organs and systems; the structure and functions of the human immune system, its age characteristics, cellular and molecular mechanisms of development and functioning of the immune system, the main stages, types, genetic control of the immune response, methods of immunodiagnostics; methods for assessing the immune status, indications and principles for its assessment, immunopathogenesis, methods for diagnosing the main diseases of the human immune system, types and indications for the use of immunotropic therapy;

theoretical foundations of computer science, the collection, storage, search, processing, transformation, dissemination of information in medical and biological systems, the use of information computer systems in medicine and health care.

To be able to: analyze the effect of drugs on the basis of their pharmacological properties and the possibility of their use for therapeutic treatment; write prescriptions of medicines, use different dosage forms in the treatment of certain pathological conditions, based on the characteristics of their pharmacodynamics and pharmacokinetics; use basic antibacterial, antiviral and biological products; to evaluate the possible manifestations of overdose of drugs and how to eliminate them; give a histophysiological assessment of the state of various cellular, tissue and organ structures; to palpate on the person the main bone landmarks, to describe the topographic contours of the organs and the main vascular and nerve trunks; interpret the results of the most common methods of functional diagnostics used to identify the pathology of the blood, heart and blood vessels, lungs, kidneys, liver and other organs and systems; determine and evaluate the results of electrocardiography; spirography; thermometry; hematological parameters; to distinguish normal serum levels of metabolites (glucose, urea, bilirubin, uric acid, lactic and pyruvic acid, etc.) from pathologically altered in serum, read the proteinogram and explain the reasons for the differences; to interpret the data of enzymological studies of blood serum; analyze the issues of general pathology and modern theoretical concepts and directions in medicine; substantiate the principles of pathogenetic therapy of the most common diseases; characterize and assess the levels of organization of the human immune system, evaluate the mediator role of cytokines; to justify the need for a clinical and immunological examination of the patient, to interpret the results of the assessment of the immune status according to tests of the 1st level.

Possess: the concept of limitations in the reliability and specifics of the most common laboratory tests; medico-anatomical conceptual apparatus; skills in microscopy and analysis of histological specimens and electron micrographs; skills of making a preliminary diagnosis based on the results of biochemical studies of

human biological fluids; the skill of comparing morphological and clinical manifestations of diseases; the basics of medical diagnostic and therapeutic measures to provide first medical aid in urgent and life-threatening conditions with immune disorders; skills in the use of drugs in the treatment, rehabilitation and prevention of various diseases and pathological conditions.

3. Общественное здоровье и здравоохранение, экономика здравоохранения (Public Health, Health Economics). Пропедевтика внутренних болезней (Propaedeutics in Internal Medicine). Общая хирургия (General Surgery. Факультетская хирургия, урология (Faculty Surgery, Urology). Факультетская терапия, профессиональные болезни (Internal Therapy, Occupational Diseases). Клиническая фармакология (Clinical Pharmacology).

Know: the basic principles of management and organization of medical care; fundamentals of legislation on the sanitary and epidemiological well-being of the population, the main official documents regulating the anti-epidemiological service of the population in case of infectious and parasitic diseases; regulatory documents on the prevention of nosocomial infections, the legal basis of the state policy in the field of immunoprophylaxis; clinical picture, features of the course and possible complications of the most common diseases occurring in typical form in different age groups; diagnostic methods, diagnostic methods for direct examination of a patient of a therapeutic, surgical and infectious profile, modern methods of clinical, laboratory, instrumental examination of patients (including endoscopic, x-ray methods of ultrasound diagnostics); criteria for the diagnosis of various diseases; clinical manifestations of major surgical syndromes; types and methods of modern general anesthesia (mask, endotracheal, intravenous), methods and methods for the prevention of postoperative pulmonary complications, especially the management of patients who are in a comatose state, intensive therapy for patients undergoing a critical condition; organization of obstetric and gynecological care for the population, diagnosis of gynecological diseases, diagnosis of pregnancy, methods of management of pregnancy and delivery of childbirth.

To be able to: participate in the organization and provision of treatment-and-prophylactic and sanitary-anti-epidemic assistance to the population, taking into account its social and professional (including professional sports activities) and age-sex structure; determine the patient's status: collect anamnesis, conduct a survey of the patient and / or his relatives, conduct a physical examination of the patient (examination, palpation, auscultation, blood pressure measurement, determine the properties of arterial pulses, etc.); assess the patient's condition to make a decision about the need to provide him with medical care; conduct a primary examination of the systems and organs of the nervous, endocrine, immune, respiratory, cardiovascular, blood and blood-forming organs, the digestive, urinary, reproductive, musculoskeletal and joints, eyes, ears, throats, and nose; formulate a clinical diagnosis; develop a plan of therapeutic (surgical) actions, taking into account the course of the disease and its treatment; to formulate indications for the chosen method of treatment taking into account etiotropic and pathogenetic means, to justify pharmacotherapy in a particular patient with the main pathological syndromes and emergency conditions, to determine the route of administration, regimen and dose of drugs, to evaluate the effectiveness and safety of the treatment; apply different methods of drug administration; make a preliminary diagnosis - synthesize information about the patient in order to determine the pathology and the reasons for it; outline the amount of additional research in accordance with the prognosis of the disease, to clarify the diagnosis and obtain a reliable result; use in the therapeutic activities methods of primary and secondary prevention (based on evidence-based medicine), establish cause-and-effect relationships of changes in health status from exposure to environmental factors; conduct a physiological pregnancy; assist with obstetrics; before the operation and surgical procedures, process the hands, the operative field, put on a sterile surgical mask, put on or change sterile gloves, a sterile gown independently and with the help of an operating sister; monitor hemodynamic and respiratory rates; carry out resuscitation in case of clinical Possess: proper maintenance of medical records; public health assessments; methods of clinical examination; interpretation of the

results of laboratory, instrumental diagnostic methods; algorithm of the developed clinical diagnosis; an algorithm for making a preliminary diagnosis with the subsequent referral of the patient to the appropriate specialist doctor; basic medical diagnostic and therapeutic measures to provide first medical aid in emergency and life-threatening conditions.

The sections of professional practice B2.P4 "Clinical practice" (Assistant doctor of surgical, therapeutic and obstetric and gynecological hospital) and interdisciplinary links with subsequent disciplines

п/№	**The name of the subsequent disciplines**	**Sections (modules) of this discipline, necessary for the study of subsequent disciplines**		
		1	2	3
1	Hospital therapy, endocrinology	+		
2	Infectious diseases	+	+	+
3	Anesthesiology, resuscitation, intensive care	+	+	+
4	Hospital Surgery, Pediatric Surgery		+	
5	Oncology, radiation therapy	+	+	+
6	Traumatology, orthopedics		+	
7	Regenerative medicine	+	+	+
9	Phthisiatry	+	+	+
10	Outpatient therapy	+		

7. STRUCTURE AND CONTENT OF "CLINICAL PRACTICE" (DOCTOR'S ASSISTANT)

Sections (stages) of practice	**Types of industrial work in practice, including independent work of students**	**Labor input (hours)**	**Forms of current control**
“Clinical practice” (doctor's assistant) Module 1 Therapy			
Preparatory	Safety Instructions. Distribution of jobs	2	Teacher control
Main	1) Curation of patients, filling in documentation. 2) Participation in the daily morning conference. 3) Clinical examination of the patient: collection of anamnesis, assessment of the general condition, objective status of the	44	Control of the head of the department, teacher. Computer testing; practice diary; Simulation Center

	organs, provision of a preliminary diagnosis, appointment of an additional examination, substantiation of the clinical diagnosis, prescription of drug and non-drug treatment. 4) Filling out medical records, writing a medical history with a justification of the diagnosis. 5) The purpose of the survey and treatment and preventive measures. 6) Work as a doctor's assistant (under the guidance of a doctor) with a report (examination of the patient, rendering necessary assistance, writing in the history of the disease). 7) The development of paraclinical methods (the presence of instrumental examinations: sternal puncture, paracentesis, pleural puncture, ultrasound, FGDS, CT, X-ray examination). 8) Interpretation of laboratory and instrumental methods of research. 9) Acquaintance with the work of auxiliary medical departments (X-ray, functional therapy, exercise therapy, extracorporeal methods, etc.); 10) Work in the treatment room (in / in, v / m injection, puncture of the joints, pleura. 11) Propaganda of medical knowledge (conducting conversations, lectures, writing and reading patients, releasing a sanitary bulletin). Implementation of Student Research Work (collection and analysis of the material, under the guidance of a teacher to produce abstracts and a report at the final student conference).		
Final stage	Preparation of the report, interview, execution of practical skills in models, testing	2	Control, testing Assessment of Teacher.
Total		48	
“Clinical practice” (doctor's assistant)			

Module 2 Surgery			
Preparatory	Safety Instructions. Distribution of jobs	2	Teacher control
Main	1) Filling out the case histories. 2) Applying fixing bandages (for students in trauma units) 3) Performing tire bandages (for students in trauma units) 4) The imposition of skeletal traction at fractures (for students in trauma units) 5) Identify blood type. 6) Perform subcutaneous, intramuscular, intravenous injections. 7) Perform intravenous infusions. 8) Perform blood transfusion. 9) Perform gastric lavage. 10) Perform siphon enemas. 11) Perform bladder catheterization. 12) Perform local anesthesia and novocainic blockade. 13) Perform minor operations under the guidance of a doctor. 14) Assist in operations. 15) Attend operations. 16) Perform work in a purulent dressing room. 17) Participate in ultrasound studies. 18) Participate in radiological examinations. 19) Participate in endoscopic examinations. 20) Conduct health education conversations with patients (staff). 21) Implementation of Student Research Work (collection and analysis of material, under the guidance of a teacher to prepare abstracts and reports to the student conference).	44	Preparation of the report, interview, execution of practical skills in models, testing
Final stage	Preparation of the report, interview, execution of practical skills in models, testing	2	Control, testing, Assessment of teacher
Total		48	
“Clinical practice” (doctor's assistant) Module 3 Gynecology and Obstetrics			

Preparatory	Safety Instructions. Distribution of jobs	2	Teacher control
Main	1) Performing swabs for cytological and bacteriological examination 2) Filling out a disability certificate for maternity 3) Perform colposcopy 4) Fulfillment in taking delivery (phantom) 5) To conduct the first toilet of the newborn 6) Carry out the patronage of pregnant women at home. 7) Performing the determination of the estimated mass of the fetus 8) Completing the timing of delivery 9) Perform treatment of the vagina in pregnant women. 10) Determine the readiness of the cervix for childbirth (phantom, w / c) 11) Do work in a small operating room. 12) Present during electrocoagulation 13) Present with cervical biopsy 14) Present at mini abortion 15) Assist on operations: obstetric and gynecological 16) Assess the newborn by Apgar. 17) Determining the integrity of the afterbirth 18) Participation in the resuscitation of the newborn (phantom) 19) Assist in stitching the ruptures of the cervix and perineum. 20) Perform a manual examination of the uterus (phantom) 21) Participate with the removal of sutures from the perineum after childbirth. 22) Participate when applying obstetric forceps, vacuum extraction of the fetus for the head (phantom) 23) Participate in activities to combat uterine bleeding. 24) Participate in the provision of emergency care for severe forms of gestosis. Perform Student Research Work	44	Preparation of the report, interview, execution of practical skills in models, testing

Final stage	Preparation of the report, interview, execution of practical skills in models, testing	2	Control, testing Assessment of Teacher.
Total		48	
TOTAL		144	

8. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF INDEPENDENT WORK OF STUDENTS

Guidelines for the preparation and conduct of the practical training

The total complexity of the Clinical Practice (Doctor's Assistant) on the 4th course is 144 hours: for 2 weeks - work in the therapeutic, surgical departments of the hospital and 2/3 weeks in the antenatal clinic or maternity hospital. The working day of work practice is 6 hours with a 6-day working week.

While undergoing practical training, the knowledge and knowledge gained by students in studying basic clinical and theoretical disciplines, further deepening and improvement of practical skills acquired at the university, familiarization with the organization of the medical case and the working conditions of the doctor, as well as the fundamentals of the organization of health care and anti-epidemic activity.

Practically all students undergo practical training at the bases of large medical institutions in Vladivostok. In this situation, there are a number of advantages. City hospitals are clinical bases with powerful scientific and technical potential, modern methods of examination and treatment. Clinics are constantly conducting scientific development and introduction of new technologies. Work in a multidisciplinary hospital where patients with various pathologies are located allows students to familiarize themselves with the main clinical pathology and to acquire skills that are more practical.

Students undergo practical training strictly according to the list of distribution of educational groups in the bases of medical organizations. Students, who have a contract for targeted training, undergo practical training in medical

organizations in the region that sent the student to study at FEFU or at FEFU clinical bases.

Students are not allowed to independently change the place and time of practice.

Work practice begins with an introductory lecture on the organization and features of this course of practice, the requirements for students. Each student receives a formalized internship diary with a list of practical skills necessary for mastering, a sample of filling in an internship diary.

The directors of the practice are the heads of the departments to which the students are attached. The head of the practice of health facilities carries out safety instructions, distributes students to work places, draws up the work schedule of students, keeps records of work and evaluates it. The student in practice obeys the working schedule of the hospital department.

Faculty members of the FEFU Biomedicine School who supervise the students 'practice compile the schedule of students' work in coordination with the management of the medical organization, provide methodological guidance for the practice, instruct and control the production practice in accordance with the approved program.

Each student must complete the list of practical skills at the CP. If in the department where the student works there is no opportunity to learn any skills, he should visit other departments and paraclinical rooms of the hospital.

Students attending a vocational school in Vladivostok are required to pass a test of vocational education to a teacher - the head of a vocational school from FEFU. Students traveling to CP outside the city of Vladivostok must submit to the Bureaus Department the right part of the direction to CP, signed by the head of the medical organization and sealed with the official seal of the medical organization. Students traveling to CP outside the city of Vladivostok, must pass the test on CP strictly in accordance with the schedule.

On the last day of practice, the immediate head of the practice from the medical organization writes a characteristic in the student diary. The characteristics

should reflect a) the level of theoretical training; b) mastering practical skills; c) the implementation of the foundations of deontology (students' authority among patients, relatives), a final assessment is made. The diary is sealed by a medical organization.

The FEFU practitioners who supervise the internship at the relevant clinic, in the last days of the practice, check the diaries and the Student Research Work, conduct a preliminary interview and determine the degree of readiness of each student for the test. Characteristics of direct managers of the practice are taken into account.

The test is carried out as an assessment of the student's ability (ability) to perform professional activities introduced into the internship program (according to the list), and the student's ability to solve typical professional tasks (according to the course and practice cycle) is assessed. At the end of the practice, the head of the FEFU practice conducts a test for students on questions, tests, other materials developed in advance by the basic department and famous students before the beginning of the PP.

Evaluation of the practice is carried out taking into account the characteristics of direct managers, the quality of the diary design and demonstration of the mastered skill on the simulator. The grade is entered into the student's record book.

No one can be released from practical training. It is forbidden to send students due to the time of practice to other activities (sports, recreation, labor camps, etc.). When not practicing, the student is dismissed from the FEFU according to the presentation of the head of the educational program and the order of the director of the School of Biomedicine.

The transfer of the term of practice may be allowed to individual students in exceptional cases (illness, pregnancy) with a medical opinion and in agreement with the head of the educational program. Students who have not completed the practice program for a good reason are sent to practice again in their free time.

During the practice the student performs Student Research Work. The choice

of the topic for the Student Research Work is predetermined by the specifics of the medical organization department, the problems of patient care and the provision of qualified medical care, the principles of the scientific organization of the work of medical personnel acceptable to this department. During the period of practical training, students perform sanitary and educational work in the amount of 4 hours in the form of a sanitary bulletin and patient interviews on a relevant sanitary and educational topic. The definition of the subject is carried out by an employee of the basic medical organization responsible for sanitary education.

Forms of work that form the general cultural and professional competences of a student:

- Student work in a group creates a sense of collectivism and sociability.
- Independent work with patients contributes to the formation of deontological behavior, accuracy, discipline.
- Independent work with literature, writing case histories and writing and defending abstracts, accepting patients form the ability to analyze medical and social problems, the ability to use in practice natural sciences, biomedical and clinical sciences in various types of professional and social activities.
- Various types of work in work experience, including independent work of a student, contribute to mastering the culture of thinking, the ability to formulate its results logically and correctly in written and oral speech; willingness to form a systematic approach to the analysis of medical information, the perception of innovation; form the ability and willingness to self-improvement, self-realization, personal and objective reflection.
- Different types of educational activities form the ability to reassess accumulated experience, analyze their capabilities, acquire new knowledge, use various forms of education, information and educational technologies in the conditions of the development of science and practice.

Work with educational literature is considered as a type of educational work on the discipline and is performed within the hours devoted to its study (in the

SRW section). Each student is provided with access to the library funds of FEFU and the School of Biomedicine.

Practical training helps students develop communication skills with patients, taking into account the ethical and deontological features of pathology and patients.

At the end of the Clinical Practice (Doctor's Assistant), an intermediate control of knowledge is carried out using test control, testing of practical skills and solving situational problems.

Methodical recommendations on the organization of the Clinical practice (Doctor's Assistant):

Work experience consists of independent work of students under the supervision of a teacher and classroom activities, including practical exercises provided for in the curriculum. Most of the time is allocated to practical work on mastering the skills of a therapeutic, surgical and obstetrician-gynecological doctor.

Work practice begins with a seminar in the direction of practice, ends with the test.

Types of Independent Student's Work

Module1 THERAPY

№ п/п	**Name of the section of the discipline (module)**	**Types of ISW**	**Total (hours)**
1	2	3	4
VIII semester			
1.	**Clinical practice (Doctor's Assistant of the therapeutic hospital)**	Presence and participation in the morning conference	2
2.		Curation and clinical examination of the patient	12
3.		Writing a case history	8
4.		Verification of the diagnosis	4
5.		Purpose of examination and treatment of therapeutic patients	4
6.		Acquaintance with practical methods of work of the general practitioner	2

7.		Interpretation of paraclinical data	2
8.		Acquaintance with the work of subsidiary offices	2
9.		Work in the treatment room	2
10.		Sanitary-educational work	2
11.		Performance of Student Research Work (material gathering)	2
12.		Completing a practice practice diary	2
13.		Training Center (ETC)	4
14.		Pass-fail exam	
	Total (hours)		**48**

Module 2 SURGERY

№ п/п	**Name of the section of the discipline (module)**	**Types of ISW**	**Total (hours)**
1	2	3	4
VIII semester			
1.	**Clinical practice (Doctor's Assistant of the surgical hospital)**	Curation and clinical examination of the patient	10
2.		Filling out case histories.	4
3.		Performing the imposition of fixing bandages (for students in trauma units	2
4.		Performing tire bandages (for students in trauma units)	
5.		Determination of blood type.	2
6.		Performing subcutaneous, intramuscular, intravenous injections. Perform blood transfusion.	4
7.			
8.			
9.		Perform gastric lavage.	2
10.		Perform siphon enemas.	2
11.		Performing a bladder catheterization.	2
12.		Perform simple operations under the guidance of a doctor.	*2*
13.		Assist in operations.	*2*
14.		Attend operations.	*4*
15.		Perform work in a septic dressing room.	*2*
16.		Participate in ultrasound research. Participate in radiological studies. Participate in endoscopic studies.	*2*
17.			
18.			
19.		Sanitary-educational work	*2*
20.		Performance of Student Research Work (material gathering)	2
21.		Lesson at the training center	2

22.		Pass-fail exam	2
	Total (hours)		**48**

Module 3 OBSTETRICS AND GYNECOLOGY

№ п/п	**Name of the section of the discipline (module)**	**Types of ISW**	**Total (hours)**
1	2	3	4
VIII semester			
1.	**Clinical practice (Doctor's Assistant of obstetric and gynecological hospital)**	Introductory briefing, familiarization with the structure of work in the maternity hospital	1
2.		Filling and maintaining case histories	12
3.		Performance: a) external obstetric examination b) internal obstetric examination c) examination of the cervix in the mirrors d) bimanual research	2
4.		Issuance of a disability certificate for maternity	2
5.		Issuance of a disability certificate for maternity	2
6.		Colposcopy	1
7.		Births (phantom)	2
8.		The first toilet of the newborn	1
9.		Patronage of pregnant women at home	2
10.		Determination of the estimated mass of the fetus	1
11.		Definition of terms of delivery	2
12.		Electrocoagulation (presence)	1
13.		Biopsy of the cervix (presence)	2
14.		Work in a small operating room Electrocoagulation (presence) Biopsy of the cervix (presence) Mini abortion (presence)	2
15.			
16.			
17.			
18.		Assistance on operations: Obstetric Gynecological	2
19.		Evaluation of a newborn by Apgar.	1
20.		Determining the integrity of the placenta	1

21.		Participation in the resuscitation of the newborn (phantom)	1
22.		Assistance in stitching ruptures of the cervix and perineum.	1
23.		Manual examination of the uterus (phantom)	
24.		Removal of sutures from the perineum after childbirth.	
25.		Ability to impose obstetric forceps, vacuum extraction of the fetus per head (phantom)	1
26.		Participation in activities to combat uterine bleeding.	2
27.		Participation in the provision of emergency care for severe forms of gestosis.	
28.		Sanitary-educational work	2
29.		Pass-fail exam	2
	Total (hours)		**48**

The main mandatory document of practical training is a diary.

The head of the practice is the head of the educational program; the curator is the employee of the department responsible for the practice.

When conducting the practice of Clinical practice (**Doctor's Assistant** of surgical, therapeutic and obstetric-gynecological hospital), it is necessary to use the capabilities of the departments of a multidisciplinary hospital and master the practical skills described above.

In accordance with the requirements of the Federal State Educational Standards of Higher Vocational Education, active and interactive forms of conducting practical training (situational case technologies, training in a simulation center, performing UIRS, keeping a diary of practical training) are widely used in the educational process. The proportion of classes conducted in interactive forms, is not less than 5% of the classroom.

Independent work of students during practical training is carried out in the departments under the supervision of the teacher and the medical staff of the hospital.

Work with educational literature is considered as a type of educational work

on industrial practice and is carried out within the hours devoted to its study.

Each student is provided with access to library funds of the FEFU and the department.

On Clinical practice (Assistant doctor of surgical, therapeutic and obstetric-gynecological hospital) developed guidelines for students "Sample diary of clinical practice", Student Research Work Card.

During the internship, students independently conduct a Student Research Work on the topic “Prevalence of overweight in patients with high blood pressure”, health education activities in the form of health bulletins or health education conversations with patients, issue a Student Research Work Card (5 per each student), practical work diaries and present a brief report on the Student Research Work, a form of health education, indicating the topic of health newsletters or conversations with patients (with number of trainees), completed diaries of the Clinical Practice (Assistant doctor of surgical, therapeutic and obstetric-gynecological hospital).

Making a practical practice diary and a short report on the Student Research Work data helps to develop the skills to fill in medical records, to carry out preventive measures at all stages of the work of a doctor of this profile, research and sanitary work.

Student work in the departments of a multidisciplinary hospital under the supervision of a teacher and medical staff creates a sense of collectivism and interpersonal skills.

The reporting document of the student’s internship is a diary, which should reflect all the work done. On the first page should be marked the date of commencement and termination of production practice, the sequence and schedule of working time of the hospital, the dates of duty. After that, one should proceed to the description of the production base, where students note the number of beds in the department, the volume of planned and emergency care, the contingent of patients undergoing treatment. Here you need to indicate responsible for the practice, the name of the head of the department and the head of production practice from FEFU.

The student keeps a diary in which he reflects on a daily basis all the work done by him, describes in detail the most important clinical observations, surgeries, results of treatment, and analyzes the work of the departments. The diary must give a clear idea of the degree of student autonomy in the performance of this or that work (I saw, participated, did independently).

The following points should be reflected in the diary:

1. A brief description of patients (in the form of an epicrisis), which the student conducted with the substantiation of the diagnosis, the most important data (results of additional studies, indications for surgery and the nature of surgery, etc.).

2. The method of performing all the manipulations that the students themselves performed or were present when they were performed, indicating the diagnosis, indications for a particular manipulation (pleural puncture, blood transfusion, bladder catheterization, etc.)

3. Reflect the work done during the daily work and on duty in the department with a description of the medical history of patients admitted to emergency care.

The correctness of the work done by students and diary entries is daily confirmed by the signature of the head of the department or responsible for the work experience.

At the end of the diary a digital report is compiled, in which the practical skills recorded in the diaries reflecting the nature of the work done are entered. The students' diary is certified by the head of the department and the head of the practice, which characterizes the student.

Students undergoing medical practice, as a reporting document present a diary of practical training and a map with the results of the Student Research Work.

The diary of CP is an important reporting document reflecting the student’s work. The internship diary is the student’s main reporting document and remains in custody for 5 years. It must be correctly filled out and contain the characteristics of

the student. A diary is attached to a notebook with entries for every day CP, certified daily by the head of the CP from the hospital department and weekly by the teacher-leader of the CP.

The diary should briefly and clearly describe the essence and dynamics of the pathological process in supervised patients, give an analysis of the causes of the disease and the complications that have arisen, the particular course of the disease in each particular case, describe in detail the treatment being performed and evaluate its effectiveness, give an opinion about the prognosis for life. for recovery and disability.

At the beginning of the diary, a brief description of the department where the student works is given. All completed work is described by the hour. On the first day of supervision, a detailed description of each patient in the ward is given. The description should be carried out according to all the rules for registering a medical history: last name, age, main complaints, anamnesis, examination data, the diagnosis and its brief justification, the treatment being carried out. The description of the patients entering the ward should also be complete. In the following days, the observation diaries are filled in: last name, brief diagnosis, and state dynamics. The diaries also indicate the methods of examination that are conducted by the patient (the student must substantiate the indications for the purpose of these methods), and the results of the study; reported on changes in treatment and the reasons for such changes.

Sample of diary for manufacturing practice

Date	**Content of the performed work**
01.07.2018	1st day supervision.
9.00 – 9.20	Morning Conference. Report of the doctor on duty. Special attention deserves the provision of emergency care to the patient S., 56 years old, with a diagnosis of IHD. Repeated transmural myocardial infarction of the anterior wall of the left ventricle, complicated by pulmonary edema, received at 2 am. Emergency activities: humidified oxygen, Sol. Morphini hidrochloridi, 1% - 0, 25 ml intravenously, Nitroglycerini 0.0005, under the tongue every 10 minutes (twice), strands on the lower and upper extremities, the patient is seated. Pulmonary edema is completely stopped 15 minutes after the start of treatment. The patient is in the intensive care unit.
9.20 – 10.20	Bypassing patients supervised by the chamber. Inspection of a new patient K., 54 years old, delivered from the station by

10.20 – 11.20	ambulance. Complaints of difficulty wheezing, heard at a distance, arising the night before on the train. Suffering from asthma for 3 years. He received basic therapy with becotid at a daily dose of 1000 mcg, then gradually, during the year, reduced the dose to a maintenance one - 250 mcg / s. He considered himself completely healthy, so he stopped treatment 2 months ago. After ARVI, asthma symptoms recurred. Since yesterday, seizures began to occur up to 6 times a day, 1-2 times per night. The state of moderate severity. The patient is sitting in bed. Whistling rattles are heard in the distance. In the lungs, a large number of dry, mostly highly tonal rattles are heard. Breathing is carried out on all departments. The exhalation is lengthened. The number of breaths in 1 min. - 26. Pulse -105, rhythmic, satisfactory filling and voltage. BP - 135/85 mm Hg Art. Heart sounds are clean, rhythmic. The abdomen is soft, painless on palpation. The chair and diuresis are not changed. The patient urgently held peak flowmetry. PAS - 350 l / min., Which corresponds to 58% of the proper values (the best patient indicators correspond to 600 l / min.). Diagnosis: Bronchial asthma. Aggravation, moderate severity. URGENTLY: - INSIDE - PRE-DENYSOLON, 6 TABLETS (30MG) - SALBUTAMOL INHALATION ON 3 DOSES (300 MCH) THROUGH EVERY 20 MIN. THROUGH SPACER.
11.20 – 11.50	PAS - 480 l / min. (80%). The patient's condition has improved. Asphyxiation stopped. A small amount of viscous sputum has gone. In the lungs, they began to hear medium and low tonal rales. Assigned to: observation. Monitor PSV using peak flow meter hourly. Salbutamol inhalation 200 mcg every 4 hours. Basic therapy: budesinide 400 mcg 2 times a day through a spacer. In the next two to three days, oral prednisone 30-25 mg with rapid withdrawal. Work in the treatment room. Made three intravenous fluids. 5c / muscle injections
11.50 - 12.30	Work with case histories: design of a new case history for an incoming patient K., 54 years old (see above), filling in the diaries of supervised patients, 1
12.30 – 13.30	discharge report and 2 extracts from the case history. Completion of the practice practice diary and digital report for the past day
13.30 – 14.00	

During the test, a student who has completed the practice must submit to the examiner a diary of practical training with a characteristic and evaluation by the basic manager of the level of training, discipline and interest in medical practice. The characteristic is certified by the signature of the base manager and the seal of the medical organization.

Intermediate control on the basis of mastering the discipline

The FEFU internship supervisors who supervise the internship at the relevant clinic check diaries and Student Research Work, conduct a preliminary

interview and determine the degree of readiness of each student for the test. Characteristics of direct managers of the practice are taken into account.

Evaluation of the practice is carried out taking into account the characteristics of direct managers, the quality of the diary design and demonstration of the mastered skill on the simulator. The grade is entered into the student's record book.

Intermediate control based on the development of the module of the discipline includes:

1. The control of practical skills, which is carried out by teachers of the department. The control of practical skills includes work in the simulation center and the skills of direct examination of the patient, as well as some theoretical issues related to the diagnosis of these or pathological syndromes.

2. The theoretical part of the control includes a test-programmed control of knowledge, an interview on situational tasks. When conducting the theoretical part, the combined form of control is most preferable - both in the form of a traditional oral survey of students on questions to offset, and with the use of elements of computer or other types of programmed control in the form of tests and clinical tasks.

Training students contributes to the development of their communication skills with the patient, taking into account the ethical and deontological features of the pathology and the patients themselves. Independent work with patients contributes to the formation of professional behavior, accuracy, discipline.

The initial level of students' knowledge is determined by testing, the current control of mastering the subject is determined by an oral survey during the course of classes, when solving typical situational tasks and answers to test tasks, during the interview on the basis of work experience with an assessment of keeping a work practice diary.

At the end of practical training, an intermediate knowledge control is carried out using test control, testing practical skills and solving situational problems.

The issues covered in the course of the clinical practice (Doctor's Assistant) are included in the Final State Attestation of Graduates.

Sanitary-educational work is carried out in the form of conversations, the release of sanitation; its content, place and time should be reflected in the diary and certified by the signature of the immediate supervisor of the practice.

All students during practical training perform Student Research Work in the form of an essay or fill out Student Research Work cards, which they pass along with a diary to check for the assistant supervisor of the practice.

Independent work of a student - practical training is carried out in the form of independent work of students under the guidance of a teacher.

9. FORM OF CERTIFICATION (ACCORDING TO THE PRACTICE)

At the end of the internship, the student hands over the completed diary, UIRS cards (5 pieces or abstract) to the internship leader. The head of internship from the Department of the FEFU School of Biomedicine conducts an interview on the practice documents. According to the results of a successful interview, computer testing and the implementation of all tasks on internship, the student receives a credit that can be scored.

The main criteria for evaluating industrial practices

• all the necessary documents are correctly and clearly drawn up;

• positive characteristic of the direct manager of the practice from the medical organization;

• clear and competent answers to questions, the head of practice from the department at the stage of an interview on the results of practical training.

10. EDUCATIONAL-METHODICAL AND INFORMATION SUPPORT OF CLINICAL PRACTICE (DOCTOR'S ASSISTANT)

Основная литература

1. 1 Levaggi R., Montefiori M. Health Care Provision and Patient Mobility// Springer Milan, 2014 . – 253p.

/https://link.springer.com/content/pdf/10.1007%2F978-88-470-5480-6.pdf: DOI 10.1007/978-88-470-5480-6

2. Perioperative Care of the Orthopedic Patient [Electronic resource] / C. Ronald MacKenzie, Charles N. Cornell, Stavros G. Memtsoudis //Springer New York, 2014. – 403p. / http://link.springer.com/openurl?genre=book&isbn=978-1-4614-0100-1
3. Patient Safety [Electronic resource] / Abha Agrawal // Springer New York, 2014. – 413p. /http://link.springer.com/openurl?genre=book&isbn=978-1-4614-7419-7
4. Optimizing Hospital-wide Patient Scheduling [Electronic resource] / Daniel Gartner / Springer International Publishing, 2014.- 132 p // http://link.springer.com/openurl?genre=book&isbn=978-3-319-04066-0

LIST OF INFORMATION TECHNOLOGIES AND SOFTWARE

The location of the computer equipment on which the software is installed, the number of jobs	**List of licensed software**
Multimedia auditorium Vladivostok Russian island, Ayaks 10, building 25.1, RM. M723 Area of 80.3 m2 (Room for independent work)	Windows Seven enterprice SP3x64 Operating System Microsoft Office Professional Plus 2010 office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - a program for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - software package for creating and viewing electronic publications in PDF; WinDjView 2.0.2 - a program for recognizing and viewing files with the same format DJV and DjVu.

For persons with disabilities and people with disabilities, the choice of places of practice is consistent with the requirement of their accessibility for these students and the practice is carried out taking into account the characteristics of their psychophysical development, individual abilities and health status.

LOGISTICS OF PRACTICAL TRAINING

1. For practical work, as well as for the organization of independent work, students have access to the following laboratory equipment and specialized

classrooms that meet the current sanitary and fire regulations, as well as safety requirements during training and scientific and industrial works:

MODULE 1 THERAPY

Name of the equipped rooms and rooms for independent work	**List of main equipment**
Computer class of the School of Biomedicine aud. M723, 15 jobs	Screen with an electric drive 236 * 147 cm Trim Screen Line; DLP Projector, 3000 ANSI Lm, WXGA 1280x800, 2000: 1 EW330U Mitsubishi; The subsystem of specialized fixing equipment CORSA-2007 Tuarex; Video switching subsystem: DVI DXP 44 DVI Pro Extron matrix switcher; DVI extension cable for twisted pair DVI 201 Tx / Rx Extron; Audio switching and sound reinforcement subsystem; ceiling speaker system SI 3CT LP Extron; DMP 44 LC Extron digital audio processor; extension for the control controller IPL T CR48; Wireless LANs for students are provided with a system based on 802.11a / b / g / n access points 2x2 MIMO (2SS). Monoblock HP RgoOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD +/- RW, GigEth, Wi-Fi, BT, usb kbd / mse, Win7Pro (64-bit) + Win8.1Pro (64-bit), 1-1-1 Wty
690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 422 Multimedia audience	Multimedia audience: Monoblock HP ProOne 400 G1 AiO 19.5 "Intel Core i3-4130T 4GB DDR3-1600 SODIMM (1x4GB) 500GB; Projection Screen Projecta Elpro Electrol, 300x173 cm; Multimedia Projector, 4000 Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedding, 4000 Embedded Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded, Embedded, Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded, Embedded, Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded; TLS TAM 201 Stan cables; Avervision CP355AF Document Camera; Sennheiser EW 122 G3 Microphone UHF-band microphone system as part of a wireless microphone and receiver; LifeSizeExpress 220-Codeconly-Non-AES video conferencing codec; Multipix MP-HD718 Network Video Camera; Dual LCD Panels 47 ", Full HD, LG M4716CCBA; Audio switching and sound reinforcement subsystem; central uninterrupted power supply
Reading rooms of the FEFU Scientific Library with open access to the Foundation (Building A - Level 10)	Monoblock HP RgoOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD +/- RW, GigEth, Wi-Fi, BT, usb kbd / mse, Win7Pro (64-bit) + Win8.1Pro (64-bit), 1-1-1 Wty Internet access speed 500 Mbit / s. Jobs for people with disabilities are equipped with braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines with a video optimizer with adjustable color spectra; magnifying electronic loops and ultrasonic markers
Accreditation and Simulation Center of the	Medical couch (1 pc.) Simulator for auscultation with an interactive board (1 pc.)

School of Biomedicine 690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510	Dummy for testing SLS and auscultation (1 pc.) Sam II (1 pc.) Tonometer (2 pcs.) Simulator for auscultation (1 pc.) Spirometer portable (1 pc.) Electrocardiograph (1 pc.) Spirograph (1 pc.) Tonometer (2 pcs.) Set with dotted electrodes for recording EEG in the system 10-20 "MCScap-26" (1 pc.) Medical couch (2 pcs.)

MODULE 2 SURGERY

Name of the equipped rooms and rooms for independent work	**List of main equipment**
690922, Primorsky Krai, Vladivostok, island Russian, the Saperny Peninsula, the Ajax Village, 10, RM. M 516	Class of topographic anatomy and operative surgery Set of surgical large (1 PC.) Package d / disposal CL. B (yellow) with screed, 50*60 cm Needles W 204/3 DS 70 (130) Disposable robe (sleeve: knitted cuff) Disposable gloves, non-sterile (size M) Disposable, non-sterile gloves (size S) Disposable, non-sterile gloves (size L) Pointed scissors (2 PCs.) Spatula neurosurgical 2-sided small (2 PCs) Suture Polyester braided M 3.5 (0) a coil of 10 meters PR-VA Russia Dacron braided white M 3 (2/0) 200 meters' tape, PR-VA Russia Functional model of the knee joint "luxury" (1 PC) Model of knee joint, 12 parts (1 PC) Posters of the abdominal cavity – plastic) - laminated Chest posters (plastic) - laminated Fake hernia (1 PC) Dummy brush (collapsible) (1 PC) Laryngoscope intubation (1 PC)
690922, Primorsky Krai, Vladivostok, island Russian, the Saperny Peninsula, Saperny Peninsula, Ajax Village 10, RM. M 421	Multimedia audience: Monoblock Lenovo C360G-i34164G500UDK; projection Screen Projecta Elpro Electrol, 300x173 cm; Multimedia projector, Mitsubishi FD630U, 4000 ANSI Lumen 1920 x 1080; Flush interface with automatic retracting cables TLS TAM 201 Stan; Avervision CP355AF; lavalier Microphone system UHF band Sennheiser EW 122 G3 composed of a wireless microphone and receiver; Codec of videoconferencing LifeSizeExpress 220 - Codeconly - Non-AES; Network camera Multipix MP-HD718; Two LCD panel, 47", Full HD, LG M4716CCBA; Subsystem of audiocommentary and sound reinforcement; centralized uninterrupted power supply

Reading rooms of the Scientific library of the University open access Fund (building a - 10)	Monoblock HP Loope 400 All-in-One 19.5 in (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW,GigEth,wifi,BT,usb kbd/mse,Win7Pro (64-bit)+Win8.1Pro(64-bit),1-1-1 Wty Speed Internet access 500 Mbps. Jobs for people with disabilities equipped with displays and Braille printers.; equipped with: portable reading devices flatbed texts, scanning and reading machines videovelocity with adjustable color spectrums; increasing electronic loops and ultrasonic marker

MODULE 3 OBSETRICS AND GYNECOLOGY

Name of the equipped rooms and rooms for independent work	**List of main equipment**
Computer class of the School of Biomedicine aud. M723, 15 jobs	Screen with an electric drive 236 * 147 cm Trim Screen Line; DLP Projector, 3000 ANSI Lm, WXGA 1280x800, 2000: 1 EW330U Mitsubishi; The subsystem of specialized fixing equipment CORSA-2007 Tuarex; Video switching subsystem: DVI DXP 44 DVI Pro Extron matrix switcher; DVI extension cable for twisted pair DVI 201 Tx / Rx Extron; Audio switching and sound reinforcement subsystem; ceiling speaker system SI 3CT LP Extron; DMP 44 LC Extron digital audio processor; extension for the control controller IPL T CR48; Wireless LANs for students are provided with a system based on 802.11a / b / g / n access points 2x2 MIMO (2SS). Monoblock HP RgoOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD +/- RW, GigEth, Wi-Fi, BT, usb kbd / mse, Win7Pro (64-bit) + Win8.1Pro (64-bit), 1-1-1 Wty
690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 422 Multimedia audience	Multimedia audience: Monoblock HP ProOne 400 G1 AiO 19.5 "Intel Core i3-4130T 4GB DDR3-1600 SODIMM (1x4GB) 500GB; Projection Screen Projecta Elpro Electrol, 300x173 cm; Multimedia Projector, 4000 Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedding, 4000 Embedded Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded, Embedded, Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded, Embedded, Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Embedded; TLS TAM 201 Stan cables; Avervision CP355AF Document Camera; Sennheiser EW 122 G3 Microphone UHF-band microphone system as part of a wireless microphone and receiver; LifeSizeExpress 220-Codeconly-Non-AES video conferencing codec; Multipix MP-HD718 Network Video Camera; Dual LCD Panels 47 ", Full HD, LG M4716CCBA; Audio switching and sound reinforcement subsystem; central uninterrupted power supply
Reading rooms of the	Monoblock HP RgoOpe 400 All-in-One 19.5 (1600x900), Core

FEFU Scientific Library with open access to the Foundation (Building A - Level 10)	i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD +/- RW, GigEth, Wi-Fi, BT, usb kbd / mse, Win7Pro (64-bit) + Win8.1Pro (64-bit), 1-1-1 Wty Internet access speed 500 Mbit / s. Jobs for people with disabilities are equipped with braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines with a video optimizer with adjustable color spectra; magnifying electronic loops and ultrasonic markers
Accreditation and Simulation Center of the School of Biomedicine 690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510	Medical couch (1 pc.) Training model of the female pelvis for demonstration and development of childbirth skills, complete with accessories Training model of the female pelvis for demonstration and testing of obstetric skills

2.

Appendix 1

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal State autonomous education institution of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

FUND ASSESSMENT TOOLS

TRAINING COMPLEX OF DISCIPLINE

CLINICAL PRACTICE (DOCTOR'S ASSISTANT)

Educational program
Preparation for 31.05.01. General Medicine
Form of training full-time

Vladivostok
2018

Passport of the Fund Assessment Tools is filled in accordance with the Regulations on the Funds of Evaluation Tools of Educational Programs of Higher Education - Bachelor's Programs, Specialties, FEFU Magistrates, approved by order of the Rector on 12/05/2015 No. 12-13-850.

Code and the wording of competence	**Stages of competence**	
- the ability and willingness to conduct epidemiological protection, to organize the protection of public health in the focal points of especially dangerous infections, in case of degradation of the radiation situation, natural disasters and other emergency situations (PC – 3)	Knows	Methods of conducting epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
	Is able to	Conduct epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
	Possesses	Skills of conducting epidemiological protection in the focal points of infectious diseases, in case of degradation of the radiation situation, natural disasters and other emergency situations
the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Knows	Methods of data collection and analysis of medical and statistical information on health indicators of population
	Is able to	Use methods of data collection and analysis of medical and statistical information on health indicators of population
	Possesses	Skills of using social methods of data collection and analysis of medical and statistical information on health indicators of population
the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	How to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
	Is able to	Collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
	Possesses	Skills to collecting and to analyzing patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases
the ability of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases	Knows	Methods of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review.
	Is able to	Determine the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the

and problems related to health, the 10th review. (PC – 6)		International Statistical Classification of Diseases and problems related to health, the 10th review.
	Possesses	Skills of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review.
the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	Basics of management of patients with various nosological forms
	Is able to	Use educational and scientific literature to address the issues of determining the tactics of managing patients with various nosological forms
	Possesses	The ability to determine the tactics of managing patients with various nosological forms on the basis of scientific and educational medical literature
the willingness to treat patients with different nosological entities in the outpatient settings and a day hospitals (PC – 9)	Knows	Basics of treatment patients with different nosological entities in the outpatient settings and a day hospitals
	Is able to	Treat patients with different nosological entities in the outpatient settings and a day hospitals
	Possesses	Skills to give first aid to patients with different nosological entities in the outpatient settings and a day hospitals
the readiness for determining the need to use natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment (PC – 14)	Knows	Basics of using natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment
	Is able to	Use natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment
	Possesses	Skills of using any natural healing factors, some drugs, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment

The scale of assessment the level of formation of competences

Code and formulation of competence	Stages of the formation of competencies		Criteria	Indicators	Points
- the ability and willingness to conduct epidemiological protection, to organize the protection of public health in the focal points of especially dangerous infections, in case of degradation of	Knows (threshold level)	Methods of data collection and analysis of medical and statistical information on health indicators of population	Knowledge of methodology for studying the health of the adult and child populations for the purpose of preserving, strengthening and restoring it; methods of collecting, statistical	Formed structured systematic knowledge of studying the health of the adult and child populations for the purpose of preserving, strengthening and restoring it; methods of collecting,	

the radiation situation, natural disasters and other emergency situations (PC – 3)			processing and analysis of information about the health of the adult population, children and adolescents; The main indicators of the medical organization.	statistical processing and analysis of information about the health of the adult population, children and adolescents; The main indicators of the medical organization	
	Is able to (advanced)	Use methods of data collection and analysis of medical and statistical information on health indicators of population	Calculate and evaluate the main demographic indicators characterizing the state of health of the population; calculate and evaluate the level and structure of morbidity, mortality; calculate and evaluate the indicators characterizing the activity medical organizations.	Ready and able to calculate and evaluate the main demographic indicators characterizing the state of health of the population; calculate and evaluate the level and structure of morbidity, mortality; calculate and evaluate the indicators characterizing the activity medical organizations.	
	Possesses (high)	Skills of using social methods of data collection and analysis of medical and statistical information on health indicators of population	Skills of calculating and evaluating the main demographic indicators characterizing the state of health of the population; skills to calculate and assess the level and structure of morbidity and mortality; methods of calculation and evaluation of indicators characterizing the activities of medical organizations.	Skills surely to calculate and evaluate the main demographic indicators characterizing the state of health of the population; skills to calculate and assess the level and structure of morbidity and mortality; methods of calculation and evaluation of indicators characterizing the activities of medical organizations.	
the ability and willingness to use social methods of data collection and analysis of medical and statistical information on health indicators of population (PC – 4)	Knows (threshold level)	Methods of data collection and analysis of medical and statistical information on health indicators of population	Knowledge of major risk factors affecting health; chronic noncommunicable diseases that contribute most to the structure of mortality**.**	Formed structured systematic knowledge of major risk factors affecting health; chronic noncommunicable diseases that contribute most to the structure of mortality**.**	
	Is able to (advanced)	Use methods of data collection and analysis of medical and	Analyze the significance of various factors in	Ready and able to analyze the significance of	

		statistical information on health indicators of population	the formation of individual human health and the population of a country, city, village, explain the influence of various factors on human health; to establish the relationship between individual human health and the health of the population of a city, country.	various factors in the formation of individual human health and the population of a country, city, village, explain the influence of various factors on human health; to establish the relationship between individual human health and the health of the population of a city, country	
	Possesses (high)	Skills of using social methods of data collection and analysis of medical and statistical information on health indicators of population	Skills of the main methods of formation of the population motivation for the preservation and strengthening of their health and the health of others.	Ability to use the main methods of formation of the population motivation for the preservation and strengthening of their health and the health of others.	
(the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows (threshold level)	Blood components and products, blood substitutes and other means of infusion-transfusion therapy, indications, contraindications to their use, methods of administration, criteria of effectiveness, possible complications, methods of prevention and treatment of complications of ITT	Knowledge of drugs prescribed in the treatment of surgical pathology, indications for their purpose and routes of administration.	Formed structured systematic knowledge of drugs prescribed in the treatment of surgical pathology, indications for their purpose and routes of administration.	
	Is able to (advanced)	To apply means of infusion-transfusion therapy to correct circulatory disorders, acid-base balance and water-salt metabolism.	The ability to determine the indications for prescribing drugs for surgical diseases, make appointments based on the dose and route of administration	Ready and able to determine the indications for prescribing drugs for surgical diseases, make appointments based on the dose and route of administration	
	Possesses (high)	Methods of infusion-transfusion therapy for the correction of circulatory disorders, acid-base balance and water-salt metabolism.	The skill of using drugs for various surgical diseases	Able to prescribe drugs for various surgical diseases, based on the pathogenesis and stage of the pathological process	

(PC – 6) the ability of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review	Knows (threshold level)	The physiological signs of major pathological conditions, symptoms, syndromes, diseases, clinical entities, in accordance with the International Statistical Classification of Diseases and Related Health X review	The knowledge of physiological signs of major pathological conditions, symptoms, syndromes, diseases, clinical entities, in accordance with the International Statistical Classification of Diseases and Related Health X review	The capacity and willingness to learn a foreign language at the level of everyday communication, to the written and oral communication in the official language	65-71
	Is able to (advanced)	to verify and determine the normal basic pathological conditions of the human body, as well as to diagnose the symptoms and syndromes of diseases, clinical entities, in accordance with the International Statistical Classification of Diseases and Related Health X review	The ability to verify and determine the normal basic pathological conditions of the human body, as well as to diagnose the symptoms and syndromes of diseases, clinical entities, in accordance with the International Statistical Classification of Diseases and Related Health X review	The capacity to verify and determine the normal basic pathological conditions of the human body, as well as to diagnose the symptoms and syndromes of diseases, clinical entities, in accordance with the International Statistical Classification of Diseases and Related Health X review	71-84
	Possesses (high)	The basic skills of diagnosing pathological conditions, symptoms, syndromes, diseases, clinical entities	Possession the s basic skills of diagnosing pathological conditions, symptoms, syndromes, diseases, clinical entities	The capacity to basic skills of diagnosing pathological conditions, symptoms, syndromes, diseases, clinical entities	85-100
PC – 8) the ability to determining the tactics of patient surveillance with different nosological entities.	Knows (threshold level)	Fundamentals of management of patients who need infusion-transfusion therapy	Knowledge of fundamentals of management of patients who need infusion-transfusion therapy	Formed and structured systematic knowledge of the fundamentals of management of patients who need infusion-transfusion therapy	65-71
	Is able to (advanced)	Draw up a program of infusion-transfusion therapy in various pathological conditions. Determine the indications for infusion-transfusion therapy.	Ability to draw up a program of infusion-transfusion therapy in various pathological conditions. Determine the indications for infusion-transfusion	Ready and can to draw up a program of infusion-transfusion therapy in various pathological conditions. Determine the indications for	71-84

			therapy	infusion-transfusion therapy	
	Possesses (high)	Skills of establishing the diagnosis, prescribing and carrying out the necessary infusion-transfusion therapy in various pathological conditions;	Formed skills of establishing the diagnosis, prescribing and carrying out the necessary infusion-transfusion therapy in various pathological conditions	Skills surely to establish the diagnose, prescribe and conduct the necessary infusion-transfusion therapy in various pathological conditions;	85-100
(PC – 9) the willingness to treat patients with different nosological entities in the outpatient settings and a day hospitals	Knows (threshold level)	The principles of the organization of surgical care in the country, the organization of work in the outpatient setting and the conditions of the day hospital	Knowledge of the principles of the organization of surgical care in the country, the organization of work in the outpatient setting and the conditions of the day hospital	Formed structured systematic knowledge of the principles of the organization of surgical care in the country, the organization of work in the outpatient setting and the conditions of the day hospital	
	Is able to (advanced)	Provide the necessary assistance to outpatient and day hospital conditions	Ability to provide the necessary surgical assistance to outpatient and day hospital conditions	Ready and able to provide the necessary surgical assistance in outpatient and day hospital conditions	
	Possesses (high)	Skill allowing diagnosing and providing outpatient care for various surgical diseases.	Skill to diagnose and provide outpatient care for various surgical diseases	Able to confidently diagnose and provide the necessary surgical assistance in the ambulatory and day hospital settings	
the readiness for determining the need to use natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment (PC – 14)	Knows (threshold level)	Basics of using natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment	Knowledge of legislation in the field of public health, in matters of medical rehabilitation and sanatorium-resort treatment. Patient rights and basic legal mechanisms to ensure them.	Formed structured systematic knowledge of legislation in the field of public health, in matters of medical rehabilitation and sanatorium-resort treatment. Patient rights and basic legal mechanisms to ensure them.	
	Is able to (advanced)	Use natural healing factors, the drug, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment	Work with regulatory and methodological literature regulating legal relations in the field of health protection, including in matters of medical rehabilitation and	Ready and able to work with regulatory and methodological literature regulating legal relations in the field of health protection, including in matters of medical	

			sanatorium-resort treatment.	rehabilitation and sanatorium-resort treatment.	
	Possesses (high)	Skills of using any natural healing factors, some drugs, non-drug therapy and other methods of treatment in patients who are in need of medical rehabilitation and sanatorium treatment	Skills of perception and analysis of regulatory documents governing health issues, including in matters of medical rehabilitation and sanatorium-resort treatment.	Skills surely of perception and analysis of regulatory documents governing health issues, including in matters of medical rehabilitation and sanatorium-resort treatment.	

The grading scale in case 5 indicators are selected:

- positively evaluated indicators are 3 out of 5 (60%), the mark is "satisfactory",
- 4 out of 5 (80%) is "good,"
- 5 out of 5 (100%) is "excellent",
- less than 3 out of 5 (less than 60%) - "unsatisfactory".

The total mark can be derived as the arithmetic average of the marks for all assessed competencies (elements of competencies).

2. Evaluation funds

TEST CONTROL

Tests of the final control on the clinical practice (Doctor's assistant of the therapeutic hospital)

1. Patient Z., 67 years old, appealed to the district therapist with complaints of discomfort after exercise, unmotivated weakness, rapid fatigue. The doctor suspected myocardial infarction and conducted the following studies. What of them was inappropriate:

a) complete blood count;

+ b) urinalysis;

c) biochemical blood tests for enzyme activity and acute phase indicators;

d) ECG;

e) Ultrasound of the heart.

2. Patient V., 57 years old, developed anginous status. The ECG is determined by the depression of the interval ST and V2-5. A blood test revealed moderate neutrophilic leukocytosis. Other indicators are not changed. Which diagnostic method from among the following is not advisable to confirm the diagnosis of myocardial infarction:

+ a) Radiography of the chest;

b) echocardiography;

c) myocardial scintigraphy;

d) dynamic ECG monitoring.

3. Beta-blockers for myocardial infarction, it is advisable to appoint all of the listed patients, except for patients:

a) With arterial hypertension in the first 4-6 hours after myocardial infarction and later periods;

+ b) with a history of bronchial asthma;

c) with heart rate> 80 per min. In the absence of heart failure;

d) with early post-infarction angina.

4. From the above statements about the advisability of using thrombolytic agents in the first 4 to 6 hours of myocardial infarction exclude one wrong:

a) contribute to the rapid resolution of ischemic changes in the myocardium, affecting the ECG;

b) dissolve the coronary thrombus;

c) eliminate painful attack;

d) reduce the severity of hemodynamic disorders characteristic of myocardial infarction;

+ e) prevent further progression of angina.

5. For stage II asthmatic status is most characteristic:

a) development of tachycardia and hypotension;

b) the occurrence of cyanosis;

+ c) the beginning of the formation of the "mute lung" syndrome;

d) the development of hypoglycemic coma;

e) development of respiratory alkalosis.

6. The most rational in the treatment of stage II of asthmatic status is:

a) prescription of prednisolone orally> 100 mg;

b) administration of large doses of aminophylline;

+ c) the introduction of prednisone in / in 90 - 120 mg;

d) prescription of aminophylline and verapamil;

e) the appointment of sympathomimetics and anticholinergics**.**

7. Elimination of an anginal attack is one of the main tasks in the treatment of acute myocardial infarction, since the pain causes all of the following, except:

a) enhancement of sympatho-adrenal activity;

b) increased general peripheral vascular resistance;

c) heart rhythm disorders;

+ d) reduction in myocardial oxygen demand.

8. The most life-threatening complication of pneumonia:

a) lung abscess;

b) pleurisy;

c) myocarditis;

d) pericarditis;

+ e) toxic shock.

9. Approximate dates of prescription of antibiotics for pneumonia:

a) until the temperature normalizes;

b) until complete resorption of infiltrate in the lung;

c) until ESR is normalized;

+ d) up to 4–5 days withstand normal body temperature;

10. What method of application of diuretics is preferable with a stable course of hypertensive disease:

a) one-time appointment;

+ b) long-term use;

c) short course treatment.

11. What diuretic is preferable for long-term use in hypertension:

a) diacarb;

b) furosemide;

+ c) hypothiazide;

d) veroshpiron.

12. Criteria for hypertensive crisis are:

a) increase in blood pressure> 159/94 mm Hg;

+ b) sudden rise in blood pressure;

c) the appearance of headaches in combination with an increase in blood pressure;

d) signs of encephalopathy.

13. In a hypertensive crisis complicated by acute left ventricular failure, the drugs of choice are:

+ a) droperidol i/v;

+ b) nitroglycerin i/v;

+ c) lasix;

d) Droperidol + Pentamine i/v.

14. Is it necessary for every hypertensive patient to have 2 tbsp. achieve full normalization of blood pressure:

+ a) yes, it is necessary, to BP no more than 135/80 mm Hg. Art.

b) no, the main thing is to achieve such a blood pressure in which the patient maintains efficiency;

c) a reduction in blood pressure to 140/90 mm Hg is desirable.

15. Which of the listed drugs should first be recommended to a patient with coronary artery disease, in whom the attacks of stable angina pectoris become more frequent and require more and more nitroglycerin, the blood pressure rises to 150 - 160/90 - 100 mm Hg and heart rate is 90 - 100 beats per min a) prolonged nitrates;

b) Ca antagonists;

+ c) beta-blockers;

d) aspirin;

e) heparin**.**

16. Which of the above can be attributed to the basic treatment of acute myocardial infarction:

a) neuroleptic algesia;

b) nitroglycerin and prolonged nitrates;

c) aspirin;

d) beta-blockers or clonidine;

e) heparin;

+ f) low ocular dextrans;

g) contouring or pride;

h) all of the above**.**

Tests of the final control on the clinical practice (Doctor's assistant of the therapeutic hospital)

001.Mechanical jaundice cannot be caused

a) stone of the common bile duct

b) a tumor of a large duodenal papilla

c) pancreatic head cancer

+ d) stone of the cystic duct

002. Fibro-gastroduodenoscopy in patients with acute pancreatitis allows

+ a) assess the condition e of the major duodenal papilla

b) to clarify the prevalence of lesions of the gland

c) determine the form of acute pancreatitis

d) clarify the process localization in the pancreas

003. The diagnosis of gastric cancer becomes reliable with

+ a) fibrogastroscopy with targeted biopsy and histological examination

b) ultrasound examination

c) X-ray examination of the stomach

d) computed tomography

004. The form of limited peritonitis is

+ a) appendicular infiltrate

b) diffuse peritonitis

c) diffuse peritonitis

005. Stressful gastric ulcer is most often manifested.

a) gastric perforation

+ b) gastric bleeding

c) malignancy

d) does not manifest itself

e) penetration

006. To diagnose the abscess Douglas's space, you choose

a) sigmoidoscopy

+ b) digital examination of the rectum

c) laparoscopy

d) radiography of the abdominal cavity

d) percussion and auscultation of the abdomen

007. For perforation of the gallbladder, the most common

+ a) increased pain, the occurrence of the symptom Shchyotkin-Blumberg, the irradiation of pain in the right shoulder

b) increased painful and tense gallbladder, symptoms of Ortner, Obraztsov's

008. With a large duodenal papilla swelling jaundice

+ a) expressed

b) not expressed

c) absent

009. In Mallory-Weiss syndrome manifests itself

a) pyloric stenosis

b) persistent cardiac sphincter spasm

+ c) fissure of the cardiac gastric mucosa

d) pyloric stenosis

e) multiple duodenal ulcers

010. Gas in the abdominal cavity with peritonitis is a consequence

+ a) perforation of the hollow organs of the abdomen

b) ectopic pregnancy

c) acute intestinal obstruction

g) damage of the permeability of the wall of the small intestine

011. Among the malignant tumors of the esophagus is more common

+ a) esophageal cancer

b) leiomyosarcoma

c) melanoma

012. Before gastric bleeding, pain is often exacerbated, and since the onset of bleeding, it diminishes or disappears. This is a symptom.

+ a) Bergman

b) Shchyotkina-Blumberg

c) Ortner

d) Murphy

013. Intestinal volvulus is an acute intestinal obstruction.

+ a) strangulation

b) paralytic

c) spastic

d) mixed

014. Stone formation in the gallbladder contribute

a) infection, stagnation of bile

+ b) inflammation of the bladder wall, stagnation of bile, metabolic disorders, gender, constitution

c) smoking, gender

015. Symptom Shchyotkin-Blumberg

a) percussion soreness in the right side

b) painful palpation of the cecum in the patient's position on the left side

+ c) abdominal pain with abrupt tearing of the palpating hand

g) increased pain in the position of the patient on the left side

016. The accumulation of gas above the horizontal level of fluid in the small intestine (a symptom of the Kloyber bowl) is characteristic of

a) acute appendicitis

b) acute cholecystitis

+ c) acute intestinal obstruction

d) adnexitis

e) gastric bleeding

017. Family diffuse polyposis refers to obligate crayfish

+ a) yes

b) no

018. A patient with gangrenous cholecystitis is indicated

+ a) emergency operation

b) conservative treatment

c) the decision depends on the age of the patient

d) operation with no effect from conservative treatment

019. A 66-year-old patient in the last 2-3 months had bleeding at the beginning of a bowel movement, a feeling of incomplete emptying of the rectum, and

unmotivated weakness. According to the ultrasound metastases were not detected. It should be assumed diagnosis

+ a) rectal cancer

b) hemorrhoids

c) gastric ulcer complicated by bleeding

d) prostate cancer

020. For acute pancreatitis characteristic

a) abdominal pain, vomiting with streaks of blood

+ b) persistent pain in the epigastrium, surrounding character, repeated vomiting, not bringing relief

c) heartburn, abdominal pain, worse 2-3 hours after eating

021. The most common operation for cholelithiasis

+ a) cholecystectomy

b) choledochoduodenoanastomosis

c) cholecystotomy

g) gallbladder drainage

022. In the differential diagnosis of acute appendicitis and acute gynecological pathology matter

+ a) gynecological history, puncture of the posterior free, clinical blood analysis, vaginal examination

b) a survey radiography of the abdomen

c) computed tomography

023. A 32-year-old patient was drunk with complaints of vomiting like “coffee grounds”, weakness, dizziness. On the eve of admission was repeated vomiting with fresh blood in vomit. You guess

a) esophageal varicose veins

b) bleeding from stomach ulcers

+ c) Mallory-Weiss syndrome

d) erosive hemorrhagic gastritis

Tests of the final control on the clinical practice (Doctor's assistant of the obstetrical and gynecological hospital)

001. What is the presentation of the fetus?

+ 1. The relation to the plane of the entrance to the small pelvis of that part of the fetus, which in labor first falls into the cavity of the small pelvis.

2. The ratio of a particular part of the fetus to the cavity of the entrance to the small pelvis.

3. The location of the fetal head in the pelvic cavity.

4. The ratio of the pelvic end to the entrance to the pelvis.

002. How to measure the outer conjugate?

+ 1. Pelvimeter.

2. Radiographically.

3. For vaginal examination with the fingers.

4. For rectal examination.

003. What is a diagonal conjugate?

+ 1. The distance from the upper edge of the vault to the cape.

2. The distance from the middle of the heart to the cape.

3. The distance from the lower edge of the womb to the cape.

4. The distance from the bottom of the womb to the tailbone.

004. What is a fruit type?

1. A certain ratio of the back of the fetus to the frontal plane of the uterus.

+ 2. The ratio of the back of the fetus to the anterior or posterior wall of the uterus.

3. The ratio of the back of the fetus to the edge of the uterus.

4. The ratio of the back of the fetus to the anterior surface of the uterus.

005. What is the second position of the fetus?

+ 1. The back of the fetus is facing right.

2. The back of the fetus is facing left.

3. The back of the fetus is facing to the right and several anteriorly.

4. The back of the fetus facing the front.

006. What is the position of the fetus?

1. The ratio of the back to the edge of the uterus.

2. The ratio of the head to the entrance to the pelvis.

+ 3. A certain ratio of the longitudinal fruit to the longitudinal axis of the mother's body.

4. The coincidence of the longitudinal axis of the fetus and uterus.

007. What is the correct position of the fetus?

1. The normal position of the fetus.

+ 2. Its longitudinal position.

3. The position of the fetus, in which the chin is close to the chest.

4. Head previa.

008. What is an objective criterion of the nature of labor in the first stage of labor?

1. The duration of the fight.

2. The ratio of the duration of the fight and the duration of the gap between contractions.

3. The tone of the uterus during labor.

+ 4. The rate of cervical dilatation.

009. By what size is determined by the degree of narrowing of the pelvis?

1. By external conjugate.

2. By horizontal conjugate.

+ 3. By anatomical conjugate.

4. By the direct size of the entrance to the small pelvis.

010. What are the oblique dimensions of the entrance to the small pelvis?

+ 1. 12 cm

2. 12.5 cm

3. 16 cm

4. 9 cm

011. What is the wire axis of the pelvis?

+ 1. An imaginary line connecting the midpoints of the direct dimensions of all the planes of the pelvis.

2. Mentally drawn line connecting the centers of the oblique sizes of the pelvis.

3. Line connecting the middle of all sizes of the pelvis.

4. The line connecting the centers of all planes of the transverse dimensions of the pelvis.

012. Where is the bottom of the uterus at 40 weeks of pregnancy?

1. At the navel level.

+2. In the xiphoid process.

3. Midway between the navel and the xiphoid process.

4. 2-3 fingers above the navel.

013. Sagittal suture in left oblique size. Small fontanel right and front. Fetal position diagnosis?

+ 1. Occipitoanterior presentation

2. Occipitoposterior presentation.

3. Anterior cephalic presentation

4. Posterior cephalic presentation

014. What are the indicators most often carried out the operation of the internal rotation of the fetus on the leg?

1. Cephalic presentation.

2. Breech presentation.

+ 3. The transverse and oblique position of the fetus.

4. Prolapse of the umbilical cord with the head previa.

015. What kind of operations is obstetric turn?

1. genus-producing.

2. fetus-destroying

+ 3. correcting the position of the fetus.

4. preparing the birth canal.

Control tests are designed for students for Clinical practice (Doctor's assistant of surgical, therapeutic and obstetric-gynecological hospital).

Tests are necessary both for the control of knowledge in the process of current and intermediate attestation, and for the assessment of knowledge, the result of which can be a test.

When working with tests, the student is invited to choose one answer from three to four proposed. Tests are designed for both individual and collective decision. They can be used in the process and classroom, and independent work. The selection of tests is necessary for each; teacher carries out the control of knowledge in the process of intermediate certification individually.

The teacher on a five-point scale for issuing attestation or on the "test" system - "no test", assesses the results of the test tasks. The mark "excellent" is set with the correct answer to more than 90% of the tests proposed by the teacher. A rating of "good" - with the correct answer to more than 70% of tests. A rating of "satisfactory" - with the correct answer to 50% of the tests proposed by the student.

Approximate topics of essays

In order to deepen knowledge and acquire additional practical skills during practical training, the student performs educational and research work (RWS). The choice of RWC themes is predetermined by the specifics of the department of a medical institution, the problems of caring for patients and the provision of qualified medical care, the principles of the scientific organization of labor of medical staff acceptable to this department.

The following forms of Research Work of Students are recommended:

1. Drawing up essays on the materials of the latest medical literature.

2. Compilation of the text of popular science lectures and discussions for the public on the prevention of diseases of internal organs and the promotion of a healthy lifestyle.

3. Issue sanitary bulletins.

4. Design of stands, albums and other visual aids, videotapes of medical and diagnostic procedures, etc.

5. Creation of training videos and electronic training atlases.

Themes of Research Work of Students

Therapy module

1. Iron deficiency states: prevalence, prevention issues, difficulties in diagnosis and treatment.
2. Chronic kidney disease: current state of the problem. Diagnosis of CKD and approaches to therapy.
3. Analysis of the effectiveness of the use of new drugs or treatment methods for various diseases of internal organs.
4. Nephrotic syndrome. Kidney damage in diabetes, systemic diseases of the connective tissue. Features of the course and treatment of the underlying disease when joining kidney damage. Diagnosis and treatment of nephrotic syndrome. Treatment.
5. Diagnosis and treatment of acute and chronic heart failure. Features of the treatment of pulmonary edema on the background of arterial hypo- and hypertension, with a combination of cardiac and bronchial asthma.
6. Diagnosis and treatment of broncho-obstructive syndrome. The main clinical symptoms of bronchitis, bronchial asthma.
7. Principles of BA treatment: basic and symptomatic BA therapy, indications for glucocorticoid therapy, therapy regimen.
8. Asthmatic status and severe forms of asthma: definition, criteria for diagnosis, stages, types, clinical presentation, treatment.

Surgery Module

1. Prevention of thromboembolic complications in abdominal surgery
2. Modern surgical tactics in acute cholecystitis

3. Radiofrequency ablation of liver metastases, as an alternative to large-scale surgical interventions on the liver
4. Appendicular infiltration. Modern views, types of treatment, diagnosis and surgical tactics
5. Modern methods of diagnosis in abdominal surgery
6. Types of surgical treatment of acute cholecystitis
7. Modern approaches to the surgical treatment of acute obstructive intestinal obstruction
8. Gastrointestinal bleeding. Diagnosis, treatment at the present stage.
9. Surgical tactics for injuries of the chest
10. Pulmonary hemorrhage. Modern approaches to surgical treatment.
11. Modern radiological methods of diagnosis in surgery.
12. The advantages of robotics in abdominal surgery
13. Video Endoscope Surgery. Advantages and disadvantages compared with traditional surgery.
14. Surgical approaches to the treatment of low rectal tumors.
15. Stoma-rooms, as factors that improve the quality of life of patients.
16. Surgical rehabilitation after gastrointestinal surgery.
17. Surgical treatment of coronary heart disease. Types, advantages and disadvantages.
18. Thrombosis and embolism of great vessels. The type of surgical intervention and modern surgical approaches.
19. Efficiency of complex preoperative preparation at volumetric surgical operations.
20. Prevention of nosocomial infection in surgery.

Obstetrics and gynecology module

1. Prevention of abortion and modern methods of contraception
2. Advantages of breastfeeding and contraception “lactational amenorrhea”
3. HIV infection, modes of transmission and prevention
4. Sexually transmitted infections, ways of infection and prevention

5. Ureaplasmosis and pregnancy
6. Assessment of the course of pregnancy and childbirth in age primiparas

Контрольные вопросы к зачету

Модуль ТЕРАПИЯ

1. Test questions to offset
2. Therapy module
3. Basics of electrocardiography. ECG lead systems. Method of ECG analysis.
4. ECG signs with paroxysmal rhythm disturbances, blockages of the bundle of the His, sinoatrial and AV blockade.
5. ECG signs of myocardial infarction.
6. ECG - changes during overload and hypertrophy of various parts of the heart.
7. Method of conducting an indirect heart massage
8. Changes in the general analysis of blood and biochemical parameters in AMI.
9. The role of atherogenic factors in the development of coronary artery disease, atherosclerosis. Evaluation of lipid metabolism and their changes in coronary artery disease.
10. Changes in percussion and auscultation of the heart in acquired and congenital defects.
11. Laboratory criteria for rheumatic activity.
12. Methods of measuring blood pressure and interpretation of the indicators.
13. Clinical and laboratory and instrumental criteria for the diagnosis of pneumonia.
14. Evaluation of the results of the study of respiratory function (NPV, VC, maximum expiratory rate, FEV1, peak expiratory rate during the use of bronchodilators, hormones)

15. Methods of conducting pleural puncture. Evaluation of the results of the study of pleural fluid.
16. Assessment of general and bacteriological analysis of sputum.
17. Laboratory criteria and differential diagnosis of jaundice.
18. Laboratory criteria for cholestasis syndrome.
19. Laboratory criteria of hepatocellular failure.
20. Methods and indications for performing abdominal paracentesis
21. Characteristics of urinary syndrome, biochemical indicators of kidney function (total protein, protein fractions, cholesterol, urea, residual nitrogen, filtration rate and urine reabsorption) in patients with acute and chronic diffuse glomerulonephritis
22. Clinical, laboratory and instrumental signs of CRF. Evaluation of electrolyte and acid-base indicators.
23. Evaluation of urinalysis in general, according to Nechiporenko, Zimnitsky, Reberg test. Diagnostic value.
24. Assessment of leukocyte formula in health and disease.
25. Assessment of the complete blood count in acute and chronic myeloid leukemia.
26. Laboratory criteria for latent and true iron deficiency in the body.

SURGERY Module

1. 1Blood grouping (monoclonal antibodies). The order of blood transfusion.
2. Primary surgical treatment of wounds.
3. Clinical expert commission, Medical and social expertise, tasks, paperwork. Duration of stay on the sick-list. Renewal procedure
4. Possible sources of gastrointestinal bleeding, diagnostic methods. Surgical tactics.
5. Classification and methods for determining blood loss.
6. 6. Hemostatic therapy, physical and medical ways to stop bleeding.

7. Differential diagnosis of acute appendicitis with other diseases. Clinical and instrumental methods of differential diagnosis.
8. Diseases of the arteries of the lower extremities, diagnostic methods, methods of surgical and conservative treatment.
9. Thromboembolism in the femoral artery, surgical tactics.
10. Diabetic angiopathy of the lower extremities, methods of conservative treatment.
11. Concepts: clean, infected, granulating wounds. Primary and secondary seams. Methods of treating wounds depending on the stage of the wound process. Bandages and remedies for the treatment of purulent wounds.
12. Local anesthesia, its types. Methods of anesthesia, which are used for the treatment of felon, abscess boils, cellulitis.
13. Tactics in the treatment of acute pancreatitis. Conservative treatment of acute pancreatitis.
14. Legal issues of modern medicine. The rights of patients in a surgical hospital.
15. Peritonitis. Classification of peritonitis in stages. Types of drainage of the abdominal cavity. Open ways of managing the abdominal cavity.
16. Evaluation of pain syndrome in surgery depending on the disease. Pain in the inflammatory process in the abdominal cavity, obstructive intestinal obstruction, colic.
17. Dynamic intestinal obstruction. Fight against intestinal paresis.
18. Phlebothrombosis, thrombophlebitis. The clinical picture, methods of treatment. Phlebitis postiffusive, causes, treatment.
19. Methods of treatment of proctological patients. Early diagnosis of cancer in proctology.
20. Mastitis, etiology, prevention. Classification. Methods of conservative and surgical treatment.

The provision of medical care in full at the prehospital stage in the following conditions:

 closed fractures and dislocations of the extremities;

 fractures of the chest ribs, accompanied by pneumothorax and subcutaneous emphysema;

 purulent diseases of soft tissues;

 for bleeding: gastrointestinal, from varicose veins food, outside;

 shocks: traumatic, burn, anaphylactic, hemorrhagic.

Module OBSTETRICS AND GYNECOLOGY

1. The system of clinical examination of pregnant women at risk in the conditions of female consultation.
2. Features of the course of pregnancy and childbirth in diabetes mellitus. Effect on the fetus and newborn.
3. Toxic shock in obstetrics. Etiology, diagnosis, clinic, treatment, prevention.
4. Assessment of the afterbirth.
5. Blood supply and innervation of the female genital organs.
6. Placental insufficiency. Etiology, classification, diagnosis, treatment.
7. Premature detachment of a normally located placenta. Etiology, clinic, diagnosis, treatment.
8. Assessment of the newborn on the Apgar scale.
9. Diagnosis of early pregnancy.
10. During pregnancy and childbirth with hypertension. Doing. Impact on the fetus.
11. Preterm labor. Etiology, clinic, management. Prevention of miscarriage.
12. Principles of breastfeeding.
13. The concept of the readiness of the body for childbirth (precursors, preliminary period). Evaluation methods.

14. Dropsy of pregnant women. Etiology, assessment of severity, clinical course, treatment, prevention.
15. Disorders of the process of separation of the placenta and the allocation of the placenta. Etiology, clinic, doctor's tactics.
16. Technique suturing at perineal rupture of degree I-II degree.
17. Anatomical and physiological features of the neonatal period.
18. Pelvic presentation. Etiology, diagnosis, classification. Tactic doctor. Impact on the fetus.
19. Immuno-conflict pregnancy Causes, diagnosis, treatment.
20. The first toilet of the newborn.
21. Functional assessment of the pelvis.
22. During pregnancy and childbirth in diseases of the thyroid gland. Impact on the fetus.
23. Wrong fetal position. Etiology, diagnosis, management of pregnancy, childbirth.
24. Vaginal hematomas. Causes, diagnosis, treatment.
25. Neuro-humoral regulation of labor forces. The mechanism of development of labor.
26. Combined gestosis. Intensive therapy of severe forms of gestosis. Impact on the fetus.
27. Features of labor in the pelvic presentation of the fetus in modern obstetrics.
28. Obstetric benefits with head presentation. (Purpose, moment of birth, technology).
29. Tasks of perinatal medicine, organization issues.
30. Features of pregnancy and childbirth in diseases of the kidneys. Impact on the fetus.
31. Mastitis. Diagnosis, treatment, prevention, rehabilitation.
32. Ways to reduce the number of medical abortions. Contraceptive methods.
33. The main quality indicators of the obstetric hospital.
34. Diagnostics of late terms of pregnancy, maternity leave, terms of childbirth.

35. Congenital heart defects and pregnancy. Impact on the fetus.
36. Anatomical forms of pelvic contraction. Conducting childbirth with a generalized pelvis.
37. The doctrine of the critical periods and its role in the antenatal protection of the fetus.
38. Female pelvis from an obstetric point of view.
39. Postpartum septic diseases. Frequency, etiology, pathogenesis, classification.
40. Birth injury to newborns. Clinic, diagnosis, treatment, prevention. Care for injured newborns.
41. Causes of childbirth. Changes in the neuro-endocrine, humoral and other body systems.
42. Childbirth in age primiparas, especially the course and management of labor.
43. Extensible insertions of the head. Causes, classification, tactics of the doctor.
44. Methods of anesthesia during obstetric operations.
45. Specialized assistance in the conditions of female consultation.
46. Uterine rupture. The reasons. Clinic, diagnosis, tactics of the doctor, prevention.
47. Differential diagnosis between a detachment of a normally located placenta and placenta previa.
48. Perineotomy and episiotomy. Indications, technique, complications.
49. Physiology and regulation of the menstrual cycle.
50. Pain relief childbirth in modern conditions. The effect of pain on the condition of the fetus.
51. Coagulopathic bleeding in obstetrics. Causes, diagnosis, clinic, treatment, rehabilitation.
52. Cervical tears. Classification, clinic, diagnostics, recovery technique.
53. Physiological afterbirth, management. Signs of separation of the placenta. Ways to highlight the placenta.
54. Gestosis. Diagnosis, classification, assessment of severity, treatment, rehabilitation.

55. Suppurative septic diseases of newborns. Etiology, clinic, treatment, prevention. Events in the maternity hospital during the outbreak of these diseases.
56. Manual manual for pelvic abnormal presentations (classical, according to Tsovyanov).
57. Changes in the body of a woman during pregnancy.
58. The first period of labor. Clinic, management.
59. Placenta previa. Etiology, clinical presentation, diagnosis, treatment, management of labor.
60. Indications for cesarean section in modern obstetrics, conditions.
61. Aseptic and antiseptic in obstetrics.
62. Acute and chronic infections during pregnancy. Their effect on the fetus and the newborn.
63. Bleeding in the first half of pregnancy. Etiology, pathogenesis, clinic, diagnosis, tactics of the doctor.
64. Resuscitation of newborns born with severe asphyxia.
65. Etiopathogenesis of gestosis of the second half of pregnancy.
66. Biomechanism of childbirth at the front and rear views of the occipital insertion.
67. Anomalies of labor. Etiology, classification.
68. Urogenital and intestinal obstetric fistula. Etiology, clinical presentation, diagnosis, treatment, prevention.
69. The structure of the female pelvis. Sex and age differences of the pelvis.
70. Methods of diagnosis of the fetus during childbirth.
71. Inflammatory diseases in the postpartum period of stage I. Clinic, diagnosis, treatment.
72. Manual control of the uterus. Indications, anesthesia, technique, outcomes.
73. Topography of the female pelvic organs.
74. Hygiene and diet of pregnant women.
75. Anemia and pregnancy. Conducting pregnancy and childbirth.

76. High water. Clinic, diagnosis, management of labor, complications, effects on the fetus.

77. Organization of work and the main tasks of female consultation. Key quality indicators.

78. Placenta and its function.

79. Conducting pregnancy and childbirth in women with rheumatic heart disease.

80. Obstetric forceps. Indications, conditions, anesthesia, technique, complications.

PROVIDING EMERGENCY CARE:

1. Relief of pain in acute myocardial infarction.

2. Providing emergency care for cardiogenic shock.

3. Providing emergency care to a patient with pulmonary edema on the background of acute myocardial infarction.

4. Emergency treatment of clinical death: asystole and ventricular fibrillation.

5. Providing emergency care for atrioventricular block, Morgagni-Adams-Stokes syndrome.

6. Providing emergency care for paroxysmal tachycardia.

7. Providing emergency care for paroxysmal atrial fibrillation.

8. Providing emergency care for hypertensive crisis.

9. Emergency treatment of cardiac asthma and pulmonary edema in a patient with arterial hypertension.

10. Providing emergency care: with allergic reactions (angioedema, anaphylactic shock).

11. Providing emergency care for asthmatic status.

12. Providing emergency care in an attack of bronchial asthma.

13. Providing emergency care for spontaneous pneumothorax.

14. Providing emergency care for pulmonary hemorrhage.

15. Providing emergency care for gastric bleeding.

16. Providing emergency care in infectious and toxic shock.

17. Providing emergency care for uremic coma.

18. Providing emergency care for hepatic coma.
19. Providing emergency care for anemic coma.

Appendix 3

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal State autonomous education institution of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

DIARY OF the MEDICAL PRACTICE
(Doctor's assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Student_____

4 course _____group_____faculty

Place of internship_____

from _____till_____

Head of practice(teacher)_____ from FEFU (Name)

Final attestation _____
(credited/not credited)

20 /20 year

Vladivostok

CHARACTERISTIC

Hospital's Head of Practice

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Signature of the Hospital's Head of Practice ……

Signature of FEFU teacher-supervisor

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«_____» _____ 20____ year

Seal of hospital

MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION

Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

DIARY

FOR ON-THE-JOB TRAINING "CLINICAL PRACTICE" MODULE " DOCTOR'S ASSISTANT OF THE THERAPEUTIC HOSPITAL"

COURSE IV

Name of student _____

Group_____ EP "General Medicine"

Place of practice _____

_____

City _____ District _____

Region (State) _____

Terms of on-the-job training:

from «_____» _____ 20____ year

to «_____» _____ 20____ year

FEFU teacher-supervisor _____ Name, position

Hospital's Head of Practice _____ Name, position

Final grade_____

20_____/20_____academic year

VLADIVOSTOK

HOSPITAL HYGIENE ISSUES,

which should be covered during the practice:

a. hygienic assessment of the hospital site;

b. hospital water supply, heating, ventilation;

c. collection, storage and disposal of sewage and garbage;

d. y sanitary characteristic of hospital buildings, main departments and outpatient clinics;

e. state of sanitary inspection rooms, treatment system for newly arriving patients;

e. measures to combat nosocomial infection;

g. nutrition organization of patients, sanitary characteristic of the food block.

During the supervision of a therapeutic patient should:

a. calculates the area and cubage per bed in the ward where the patient is supervised;

b. to assess the natural and artificial illumination of the chamber (angle of incidence, angle holes, SC, window orientation);

c. makes the necessary recommendations for improving the conditions of stay of patients in the ward.

NOTE: Very short, specific answers to the above questions should be given on the first page of the therapy diary, along with an assessment of the nutrition of the supervised patient in terms of calories, protein, fat, carbohydrates, vitamins.

Summary of the practice program of the assistant to the doctor of the therapeutic hospital

The work of a student in the therapeutic department consists in supervision of at least 5-8 patients under the supervision of the head of the department. Mandatory attendance at the morning conference gives you the opportunity to learn from the report of the duty doctor and nurses about the admitted and severe patients, to outline a work plan for the day ahead.

Curation of patients implies the consolidation of the following practical skills:

- examination of patients upon admission to the emergency or therapeutic department;

- statement of the individual diagnosis;

- drawing up a treatment and examination plan;

- daily rounds of supervised patients with the consolidation of practical skills obtained in the clinic according to the methods of examination of the patient

- participation in the radiological examination of patients and discussion

received data;

- removal and interpretation of ECG and PCG;

On the last day of the practice the test is held.

Student's work is evaluated by the following parameters:

1. Theoretical knowledge of the issues of emergency assistance in matters of set-off (estimated on the 5-point system).

2. Assessment of the completeness of mastering practical skills according to the report on Practical skills.

3. Evaluation of the student's work in the department by the practice manager from

Practical health care (head of the department or another appointed instead of head of the doctor's department).

4. Evaluation of work under the SRW program.

5. Assessment of sanitary and educational work.

6. Evaluation of keeping a diary.

The score for each item is set on a 5-point scale, then the average mark for bob is given.

On-the-job training "Clinical practice "Module " Doctor's assistant"

credited with rating

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Signature of the Hospital's Head of Practice

Signature of the FEFU Hospital's Head of Practice

Numeral Practical Skills Report

Student (name)…….

group …… …. EP "General Medicine" School of Biomedicine

Skills	Due minimum	Supervision Day												
		1	2	3	4	5	6	7	8	9	10	11	12	**Total**
The number of examined sick people	*5-8*													
Filling out medical records	*10*													
Examined patients on duty	*5-10*													
Duty in Department	*2*													
Made presentations at morning conferences	*2*													
Written justificated diagnoses	*5*													
Written discharge epicrises	*5*													
Participation in scientific, practical and clinical-anatomical conferences	*1-2*													
ECG recording and decoding	*10*													
Work in the Ro-office, the description of radiographs	*5*													
Participation in conducting PBS, FGDs, abdominal ultrasound, echocardiography	*5*													
Participation in the conduct of laser therapy	*5*													
Participation: in pleural, sternal, intra-articular puncture	*1*													
In blood transfusion														
Participation in resuscitation														
Mechanical ventilation														
Arrest: pulmonary edema														
bronchial asthma attack														
hypertensive crises														
arrhythmia														
Conducted sanitary and educational. conversations														

Signature of student …….

Signature of the Head of Department ……

- - participation in the ultrasound examination of patients (ultrasound of the abdominal cavity, kidneys, heart);

- - participation in endoscopic examination (fibrogastroduodenoscopy, fibrocoloscopy, sigmoidoscopy, FBS)
- - participation in the removal and decoding of spirograms, conducting and evaluating the results of peak flow measurement, counting daily and weekly fluctuations in the PSV (peak expiratory flow rate);
- - carrying out gastric and duodenal sounding;
- - performance of pleural puncture, active participation during the sternal, abdominal puncture, puncture of the joints;
- - the ability to conduct gastric lavage;
- - holding a closed heart massage and artificial respiration;
- - participation in the laboratory (determination of blood group and Rh
- factor, prothrombin index, blood clotting time);
- - filling in the medical history of the admitted patients;
- - registration of discharge discharge on supervised patients;
-

- Simultaneously with the supervision of patients, the required sections of the student's work are:

the development of the necessary skills to provide emergency assistance in the following conditions:

hypertensive crisis	sudden death
myocardial infarction	pulmonary edema
cardiogenic shock	septic shock
asthma attack	anaphylactic shock
paroxysmal tachycardia	urticaria, angioedema
pulmonary hemorrhage	bouts of Morgagni-Adams-Stokes
hepatic colic	acute poisoning
diabetic coma	renal colic
bleeding from the gastrointestinal tract	hypoglycemic coma

Student Research Work

Also during practice, it is necessary:

1) to get acquainted with the organization of the work of the therapeutic department and its special rooms, with the order of keeping medical documents, with the discharge and storage of medicines;

2) participate in rounds with the head. department, to participate in clinical, clinical and anatomical conferences and production meetings, clinical analysis, attend autopsy examinations;

3) to carry out sanitary and educational work on the separation plan - from conversations in the wards to lectures in the departments;

4) to actively participate in the conduct of routine inspections for the purpose of early detection of tuberculosis, cancer.

DIARY OF ON-THE-JOB TRAINING

It is the main reporting document of the student. It should be very briefly and clearly describe (in the form of epicrisis) the essence and dynamics of the pathological process in supervised patients, give an analysis of the causes of the disease and complications, complications, features of the disease in each case, evaluate the effectiveness of treatment, give an opinion about the prognosis for life, for recovery and disability. Pay special attention to the description of night duty, focusing on emergency conditions and their treatment.

Diary Fill Sample

Date	Content of the performed work
01.07.2018	1st day supervision.
9.00-9.20	Morning Conference. Report of the doctor on duty. Special attention deserves the provision of emergency care to a patient K, 56 years old, admitted at 2 am with a diagnosis of coronary artery disease, repeated transmural myocardial infarction of the anterior wall of the left ventricle, complicated by pulmonary edema. Emergency measures: humidified oxygen, Sol. Morphini hydrochloridi, 1% 0.25 ml intravenous, Nitroglycerlni 0.0005 under the tongue every 10 minutes (twice), plaits on the lower and upper limbs, the patient's sitting position. Pulmonary edema completely stopped 15 minutes after the start of treatment. The patient is in the intensive care unit.
	Inspection of patients supervised by the chamber.
09.20-10.20 10.20-11.20	Inspection of a new patient S., 54 years old, delivered by ambulance. Complaints of difficulty breathing, heard at a distance, arising the night before. Suffering from asthma for 3 years. He received basic therapy with becotid at a daily dose of 1000 mcg, then gradually over a year, reduced the dose to maintenance - 250 mcg per day. He considered himself completely healthy, so he stopped treatment 2 months ago. After ARVI, asthma symptoms recurred. Since yesterday, seizures began to occur up to 6 times a day, 1-2 times per night. The state of moderate severity. The patient is sitting in bed. Whistling rattles are heard in the distance. In the lungs, a large number of dry, mostly highly tonal rattles are heard. Breathing is carried out on all departments. The exhalation is lengthened. RR per minute, HR 105 per minute, rhythmic, satisfactory filling and tension. AP - 135 and 85 mm Hg. Heart sounds are clean, rhythmic. The abdomen is soft, painless on palpation. The stool and diuresis are not changed
	The patient urgently held peak flowmetry. PRR 350 l / min, which corresponds to 58% of the proper values (the best patient indicators correspond to 600 l / min).
	Diagnosis: Bronchial asthma, exacerbation, moderate severity.
	RGENTLY: INSIDE - PRESENTED, 6 TABLETS (30 MG) INHALATION OF SALBUTAMOL IN 3 DOSES (300 MCH) IN EVERY 20 MINUTES THROUGH SPACE
	PRR 480 l / min (80%). The patient's condition has improved. Asphyxiation stopped. A small amount of viscous sputum has gone. In the lungs they began to listen to medium and low tonal rattles. Assigned: monitoring of PRR using peak flow meter hourly, inhalation of salbutamol 200 mcg every 4 hours. Basic therapy with budesonide 400 mcg 2 times a day through a spacer. In the next 2-3 days, prednisone oral 30-25 mg, followed by cancellation.
11.20-11.50	Work in the treatment room. Work with case histories: design of a new case history for an incoming patient S., 56 years old (see above), filling in the diaries of supervised patients, 1 discharge report and 2 extracts from the case histories. Completing a practice diary and a digital report for the past day.

11.50-12.30 12.30-13.30 13.30-14.30	

2. Plan a rational examination of the patient.

3. To diagnose in accordance with the existing classifications.

4. Identify causal, provoking and contributing factors.

5. Make a treatment plan for the patient, taking into account the individual diagnosis, indications

contraindications for each treatment method.

6. Assess the effectiveness of treatment, establish the possible manifestations of undesirable side effects of drugs and measures for their prevention and elimination.

7. Formulate the nearest and distant forecast. Make recommendations for outpatient treatment.

STUDENT SHOULD BE ABLE TO:

1. To conduct a clinical examination of the patient.

CHARACTERISTIC

Hospital's Head of Practice

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Signature of the Hospital's Head of Practice

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Signature of FEFU teacher-supervisor

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«_____» _____ 20____ year

Seal of hospital

MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION

Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

DIARY
FOR ON-THE-JOB TRAINING "CLINICAL PRACTICE"
MODULE " DOCTOR'S ASSISTANT OF THE SURGICAL HOSPITAL"

Name of student _____
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Group_____ EP "General Medicine"
Place of practice _____
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City _____ District _____
Region (State) _____
Terms of on-the-job training:
from «_____» _____ 20____ year
to «_____» _____ 20____ year
FEFU teacher-supervisor _____ Name, position
Hospital's Head of Practice _____ Name, position
Final grade_____

20_____/20_____academic year

VLADIVOSTOK

Practical training in surgery for IV year students is designed for 6 working days (36 hours) from 9-00 to 15-00 hours.

During the practical training, students submit to the head of the department and their immediate supervisor - the attending physician appointed by the head.

During the time of work in the department, students obey all the internal regulations of the institution, timely arrival and departure from work is mandatory for students along with staff members. The student is obliged to show an example of sensitive attitude towards patients, polite relations with the supervisor and service personnel.

Students work in the hospital as a doctor's assistant, conduct 6-8 patients, do daily rounds, examine patients, fill in medical records, participate in special examinations, in dressings and operations. The student must learn to use in his work special reference books, to accustom himself to independent thinking, to be able to make a diagnosis, carry out differential diagnostics, determine the plan for examination and treatment.

During the cycle, a student must consolidate and master the methods of examination of surgical patients, familiarize himself with the operation of the surgical unit and the nature of surgical interventions, take an active part in endoscopic radiological, ultrasound methods of research, in conducting preoperative preparation and postoperative patient management. The student must finally master the rules of asepsis and antisepsis.

Student (name)…….

group …… …. EP "General Medicine" School of Biomedicine

Skills	Due minimum	Supervision Day												
		1	2	3	4	5	6	7	8	9	10	11	12	**Total**
Work days in	*5-8*													
Conducted hospital patients	*10*													
Filled with case histories	*5-*													
Duty at the surgical department	*2*													
Overlay tire dressings	*2*													
Blood type determination	*5*													
Subcutaneous, intravenous, intramuscular injections	*5*													
Intravenous infusions	*1-2*													
Blood transfusions	*10*													
Gastric lavage	*5*													
Siphon enemas	*5*													
Bladder catheterization	*5*													
Performed minor operations under the supervision of a physician	*1*													
Work in a septic dressing room (patients)														
Participation in ultrasound examinations (patients)														
Participation in X-ray studies (patients)														
Participation in endoscopic studies (patients)														
Conducted interviews with patients														

Signature of student ……

Signature of the Head of Department ……

Diary Fill Sample

Numeral Practical Skills Report

Date	Content of the performed work
01.07.2018 9.00-9.20	1st day supervision.
09.20-10.20	
10.20-11.20	

11.20-11.50	

11.50-12.30 12.30-13.30 13.30-14.30	

2. Plan a rational examination of the patient.

3. To diagnose in accordance with the existing classifications.

4. Identify causal, provoking and contributing factors.

5. Make a treatment plan for the patient, taking into account the individual diagnosis, indications

contraindications for each treatment method.

6. Assess the effectiveness of treatment, establish the possible manifestations of undesirable side effects of drugs and measures for their prevention and elimination.

7. Formulate the nearest and distant forecast. Make recommendations for outpatient treatment.

STUDENT SHOULD BE ABLE TO:

1. To conduct a clinical examination of the patient.

In a dressing room, under the supervision of a doctor, students independently perform dressings, remove sutures, assess wounds, probe and drain them, perform novocaine blockades, punctures of abscesses, joint cavities, pleural cavity, laparocentesis, application of gypsum bandages, splints, skeletal extension.

In the operating room, students work only with a doctor. Students must assist with planned and emergency surgical interventions, assist in the conduct of anesthesia, master the infiltration and conduction anesthesia, as well as minor surgical interventions: primary surgical treatment of wounds, opening of superficial abscesses, venesection, imposition of extensions for fractures.

In some cases, the most active and knowledgeable students may be entrusted with carrying out other small operations with the assistance of the head of the department.

During the cycle of surgery, students participate in one-night duty as an assistant doctor on duty. While on duty, they inspect incoming and severe patients, they are necessarily involved in the implementation of all diagnostic and therapeutic measures. While on duty, students should be prepared to provide first aid and emergency assistance in case of acute surgical diseases and accidents, to participate in resuscitation.

The reporting document of the student’s internship is a diary, which should reflect all the work done. On the first page should be marked the date of commencement and termination of the practical work in surgery, the sequence and schedule of working hours of the hospital, the dates of duty. After that, one should proceed to the description of the production base, where students mark the number of beds in the surgical department, the volume of planned and emergency care, the contingent of patients undergoing treatment. Here you need to specify the person responsible for the practice, the name of the head of the department, his work experience.

The diary is recorded daily, it is necessary to reflect in it the work done, all that the student has done in person, in which he participated.

The following points should be reflected in the diary:

1. The method of performing all surgical procedures that students themselves performed or were present when they were performed, indicating the diagnosis, indications for a particular manipulation (pleural puncture, blood transfusion, bladder catheterization, etc.)
2. A brief description of patients (in the form of an epicrisis), which the student conducted with the justification of the diagnosis, the indication for surgery and the nature of the surgical intervention.
3. Reflect the work done while on duty in the department with a description of the medical history of patients admitted for emergency surgery, indications for surgery and methods of surgical treatment. The correctness of the work done by the students and the diary entries is confirmed by the signature of the head of the department or responsible for the work experience.

At the end of the diary a digital report is compiled, in which the practical skills recorded in the diaries and reflecting the true nature of the work done are entered.

The students' diary is certified by the head of the department and the head of the practice, which characterizes the student.

The final control - certification at the end of the practice is carried out jointly by the assistant department and head. surgical department of health facilities.

Certification consists of:

1. Characteristics of the head of practice from hospital
2. Evaluation for keeping a diary
3. Evaluation for the completeness of the implementation of practical skills in accordance with the level of correct answers: ex. -90-100%, good 80-89%, satisfactory. -70-79%
4. Evaluation for sanitary and educational work
5. Evaluation for RSW
6. Answers to interview questions

CHARACTERISTIC

Hospital's Head of Practice

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Signature of the Hospital's Head of Practice ……

Signature of FEFU teacher-supervisor

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«_____» _____ 20____ year

Seal of hospital

MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)

SCHOOL OF BIOMEDICINE

DIARY

FOR ON-THE-JOB TRAINING "CLINICAL PRACTICE"
MODULE " DOCTOR'S ASSISTANT OF THE OBSTETRICIAN HOSPITAL"
COURSE IV

Name of student _____
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Group_____ EP "General Medicine"
Place of practice _____
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City _____ District _____
Region (State) _____
Terms of on-the-job training:
from «_____» _____ 20____ year
to «_____» _____ 20____ year

FEFU teacher-supervisor _____ Name, position

Hospital's Head of Practice _____ Name, position

Final grade_____

20_____/20_____academic year

VLADIVOSTOK

Practical training in surgery for IV year students is designed for 6 working days (36 hours) from 9-00 to 15-00 hours.

During the practical training, students submit to the head of the department and their immediate supervisor - the attending physician appointed by the head.

During the time of work in the department, students obey all the internal regulations of the institution, timely arrival and departure from work is mandatory for students along with staff members. The student is obliged to show an example of sensitive attitude towards patients, polite relations with the supervisor and service personnel.

Students work in the hospital as a doctor's assistant, conduct 6-8 patients, do daily rounds, examine patients, fill in medical records, participate in special examinations, in dressings and operations. The student must learn to use in his work special reference books, to accustom himself to independent thinking, to be able to make a diagnosis, carry out differential diagnostics, determine the plan for examination and treatment.

During the cycle, a student must consolidate and master the methods of examination of surgical patients, familiarize himself with the operation of the surgical unit and the nature of surgical interventions, take an active part in endoscopic radiological, ultrasound methods of research, in conducting preoperative preparation and postoperative patient management. The student must finally master the rules of asepsis and antisepsis.

Practical skills	Minimum of practical skills	Done
1. Filling and maintaining case histories	15	
2. Perform external obstetric examination	15	
3. Taking smears for cytological and bacteriological examination	10	
4. Passed childbirth (phantom)	10	
5. The first toilet of the newborn	2	
6. Determination of the estimated mass of the fetus	2	
7. Definition of terms of delivery	2	
8. determination of cervical readiness for childbirth (phantom, w / c)	2	
9. Work in a small operating room	2	
10.Electrocoagulation (presence)	2	
11.Cervical biopsy (presence)	2	
12.Mini abortion (presence)	2	
13.Obstetric Assistants	2	
14.Evaluation of a newborn by Apgar.	2	
15.Determining the integrity of the placenta	2	
16.Participation in the resuscitation of the newborn (phantom)	2	
17.Assistance in stitching ruptures of the cervix and perineum.	2	
18.Manual examination of the uterus (phantom)	2	
19.Removal of sutures from the perineum after childbirth.	5	
20.the ability to impose obstetric forceps, vacuum extraction of the fetus for the head (phantom)	2	
21.Participation in activities to combat uterine bleeding.	2	
22.Sanitary-educational work	1	

Diary Fill Sample

Date	Content of the performed work
01.07.2018 9.00-9.20	1st day supervision.
09.20-10.20	
10.20-11.20	
11.20-11.50	

11.50-12.30 12.30-13.30 13.30-14.30	

The diary is recorded daily, it is necessary to reflect in it the work done, all that the student has done in person, in which he participated.

The following points should be reflected in the diary:

1. The method of performing all surgical procedures that students themselves performed or were present when they were performed, indicating the diagnosis, indications for a particular manipulation (pleural puncture, blood transfusion, bladder catheterization, etc.)
2. A brief description of patients (in the form of an epicrisis), which the student conducted with the justification of the diagnosis, the indication for surgery and the nature of the surgical intervention.
3. Reflect the work done while on duty in the department with a description of the medical history of patients admitted for emergency surgery, indications for surgery and methods of surgical treatment. The correctness of the work done by the students and the diary entries is confirmed by the signature of the head of the department or responsible for the work experience.

At the end of the diary a digital report is compiled, in which the practical skills recorded in the diaries and reflecting the true nature of the work done are entered.

The students' diary is certified by the head of the department and the head of the practice, which characterizes the student.

The final control - certification at the end of the practice is carried out jointly by the assistant department and head. surgical department of health facilities.

Certification consists of:

3. Characteristics of the head of practice from hospital
4. Evaluation for keeping a diary

3. Evaluation for the completeness of the implementation of practical skills in accordance with the level of correct answers: ex. -90-100%, good - 80-89%, satisfactory -70-79%
4. Evaluation for sanitary and educational work
5. Evaluation for RSW
6. Answers to interview questions