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 амбулаторно-поликлинического учреждения)
Clinical (Doctor's assistant in ambulatory)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok

2019

1. ABSTRACT

Производственная практика «Клиническая практика (Помощник врача амбулаторно-поликлинического учреждения) Clinical (Doctor's assistant in ambulatory)» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 5th course in the 10th semester, as a basic discipline. The total complexity of the discipline is 216 hours, 6 credits.

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” (level of specialization) from 09.02.2016 №95, 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.

Purpose of the Professional Medical Training (Doctor's assistant in ambulatory) is mastering special knowledge for the development of scientific outlook among students and the logic of clinical thinking necessary for diagnostics of the most frequently occurring therapeutic diseases, features of their course, treatment, primary and secondary prophylaxis, and examination of the ability to work, which are necessary for the subsequent practical activities of a physician in the conditions of primary health care.

Objectives of the Professional Medical Training (Doctor's assistant in ambulatory):

- familiarization of students with the principles of organization and work of the district therapist;

- the acquisition by students of knowledge of the features of diagnosis and treatment of therapeutic diseases at the outpatient stage in various age groups and in pregnant women;

- familiarization of students with the most important methods of clinical and laboratory diagnosis, allowing to identify the most common diseases of internal organs in the early stages of the outpatient stage,

- teaching students the ability to identify the leading clinical symptoms, syndromes in the most common diseases of internal organs, to formulate a clinical diagnosis corresponding to the functional state of the patient, according to the Fundamentals of legislation on the protection of public health, modern clinical classifications and ICD-10; determine the severity of the disease and the indications for hospitalization;

- training of students to choose the best methods of examination for internal diseases for differential diagnosis at the outpatient stage;

- training to conduct a full range of medical, rehabilitation and preventive measures in patients with various nosological forms of diseases in accordance with the procedures and standards of management of patients in the outpatient stage;

- analyze biochemical and general clinical tests, read ECG, radiographs and the results of other paraclinical studies;

- training of students to provide first medical aid to patients in case of emergence of emergency conditions at the prehospital stage;

- training of students in the basics of examination of temporary and permanent disability, determination of indications for referral to the IC and ITU;

- teaching students how to choose the optimal schemes for the formation of a healthy lifestyle for children and teenagers;

- training students in methods of primary and secondary prevention, clinical examination;

- training students in the ability to issue a list of disability, documents on the ITU, sanatorium-resort treatment, write out prescriptions, draw up the accounting and

reporting documentation of the local doctor, medical card of the outpatient, statistical coupon, etc.;

- formation of communication skills with patients and their relatives, taking into account ethics and deontology depending on, long-term treatment tactics at the outpatient stage depending on the revealed pathology and psychological characteristics of the patients;

- the formation of the skills of studying scientific literature and official statistical reviews;

- the formation of students' skills in the team.

Because of studying the discipline, the students form following special professional competences:

Code and formulation of competence.	**Stages of formation of competence**	
PC-2 - the ability and willingness to conduct of preventive medical examinations, clinical examinations and dispensary observations.	Knows	methods of researching the health of the adult and child population with the aim of preserving, strengthening and restoring it. Methods of collecting, statistical processing and analysis of information about the health of the adult population, children and adolescents. Main indicators of the medical organization.
	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 indicators characterizing the activities of medical organizations.
	Possesses	skills of calculation and assessment of the main demographic indicators characterizing the state of health of the population. Skills of calculation and assessment of the level and structure of morbidity, mortality. Methods of calculation and evaluation of indicators characterizing the activities of medical organizations.
PC-7 readiness for the examination of temporary disability, participation in the conduction of medical and social expert reviews, detection of human biological death	Knows	the main risk factors affecting health. Chronic noninfected diseases that contribute most to the structure of mortality.
	Able to	collect statistic and analytic information about the health of the adult population,

		children and adolescents
	Possesses	skills of formation of the population motivation for the preservation and strengthening of their health and the health of others, medical and social expertise.
PC-12 the willingness to realize a prenatal care as well as child delivery	Knows	the physiology of pregnancy,
	Able to	lead a physiological pregnancy and take delivery.
	Possesses	the skills of leading physiological pregnancy and childbirth.
PC-17 the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions	Knows	the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.
	Able to	Apply basic principles of organization and management in the field of public health, in medical organizations and their structural subdivisions,
	Possesses	Skills of applying basic principles of organization and management in the field of public health
PC-18 the willingness to participate in the evaluation of the quality of medical care using basic health statistics	Knows	regulatory legal acts of the Russian Federation in the field of health quality assessment.
	Able to	organize the activities of medical organizations and their structural divisions, including in emergency situations.
	Possesses	Skills of planning activities of structural units and medical organizations in general, in accordance with the changing legal and regulatory framework of health.
PC-19 the ability to organize medical aid in case of emergencies, including medical evacuations	Knows	sanitary-hygienic and anti-epidemic measures during the evacuation
	Able to	make management decisions on the organization of the phasing of medical care in emergency situations.
	Possesses	the skills of organizing and conducting basic measures for sanitary and special treatment of medical personnel, patients, territory, food, water and medical equipment in medical institutions in case of emergency

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.

STRUCTURE AND CONTENT OF PRACTICAL PART OF THE PRACTICE

n/ №	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**	+		
10	**Policlinic therapy**	+	+	+

Sections (stages) of practice	**Types of production work in practice, including independent work of students**	**Labor input (hours)**	**Forms of current control**
Preparatory	Safety Instructions. Distribution of jobs	2	Teachers control
Main	1) accompaniment of patients in the clinic and at home, filling in documentation. 2) Clinical examination of the patient: collection of anamnesis, assessment of the general condition, objective status of the organs, provision of a preliminary diagnosis, appointment of an additional examination, substantiation of the clinical diagnosis, prescription of drug and non-drug treatment. 3) Filling out an outpatient medical card, issuing an outpatient coupon, a dispensary card, referral for hospitalization and examination, a messenger list for the ICU, a certificate from a student. 4) The purpose of clinical, laboratory and instrumental examinations and analysis of the results. 5) The development of paraclinical methods (presence in instrumental studies: ultrasound, FGDS, bronchoscopy, spirography. ECG, echoCG). 6) Acquaintance with the work of doctors of therapeutic specialties (infectious diseases specialist, endocrinologist, cardiologist, rheumatologist, clinical expert,	40 32 30 24 28 10	Control of head of the clinic, the district doctor and teacher

	pulmonologist, commission), exercise therapy; 7) Work in the day hospital (examination of patients, emergency care, documentation). 8) Propaganda of medical knowledge (conducting conversations, lectures, writing and reading patients, releasing a sanitary bulletin). Performing ERSW (collection and analysis of the material, under the guidance of a teacher, to produce abstracts and a report at the final student conference).	36 12	
Final stage	Report preparation, interview, practical skills on dummies, testing	2	Control, testing Assessment teacher
Total		216	

LIST OF EDUCATIONAL LITERATURE AND INFORMATIONAL-METHODICAL REQUIREMENTS FOR THE DISCIPLINE

a) Main literature

1. What Every Medical Writer Needs to Know [Electronic resource] / Robert B. Taylor // Springer International Publishing, 2015.- 237p.// http://link.springer.com/openurl?genre=book&isbn=978-3-319-20264-8
2. Mindful Medical Practice [Electronic resource] / Patricia Lynn Dobkin // Springer International Publishing, 2015. – 169p. https://link.springer.com/book/10.1007%2F978-3-319-15777-1
3. Handbook of Clinical Psychology in Medical Settings [Electronic resource] / Christine M. Hunter, Christopher L. Hunter, Rodger Kessler / Springer New York, 2014.- 772p. / https://link.springer.com/book/10.1007%2F978-0-387-09817-3
4. Strategic Scientific and Medical Writing [Electronic resource] / Pieter H. Joubert, Silvia M. Rogers // Springer Berlin Heidelberg, 2015/- 147 p. / https://link.springer.com/book/10.1007%2F978-3-662-48316-9

b) Further Reading

Sheryl L. Fairchild BS PT. Pierson and Fairchild's Principles & Techniques of Patient Care., ISBN: 9781455749843, P. 416 https://www.amazon.com/Fairchilds-Principles-Techniques-Elsevier-VitalSource/dp/1455749842

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:

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 School of Biomedicine 690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510	Medical couch (1 pc.) Simulator for auscultation with an interactive board (1 pc.) 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.)

Guidelines on preparation and holding of practice

1. Practical training is carried out on the main clinical bases.
2. Department staff supervises and work experience.
3. The practical training begins with conducting of seminars in the direction of the practice, ending exam.
4. Diary is the main obligatory document of practical training.
5. During the practical training the students of 5 course in the direction of training "General Medicine" 31.05.01 learn universal and professional competence.
6. The head of the practice is the assistant of the department responsible for carrying out work experience, the responsible worker for carrying out practical training on the clinical base is appointed by head of the medical organization (a nurse, a senior nurse, chief nurse).

Appendix 1

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
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SCHOOL OF BIOMEDICINE

METHODOLOGICAL SUPPORT OF INDEPENDENT WORK OF STUDENTS

Клиническая практика (Помощник врача амбулаторно-поликлинического учреждения)
Clinical (Doctor's assistant in ambulatory)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok
2018

Methodological recommendations for preparation and performance of a practical training

Guidelines for the preparation and conduct of practice

The total duration of **Clinical (Doctor's assistant in ambulatory)** for the 5th course is 216 hours: 2 weeks - work in the clinic, 2 weeks in admission department of the hospital, 3-and 16-hour duty as doctor’s assistent. 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.

Students undergo practical training strictly according to the list of distribution of educational groups in the outpatient 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 do not have the right 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 medical organizations (MO) conducts 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 work schedule of the clinics.

Professors 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, conduct briefings and monitor production practices in accordance with the approved program.

Each student must complete the list of practical skills at the PP. If there is no opportunity to get acquainted with any skills in the clinic where the student works, he should visit another clinic and paraclinical rooms of the medical organization.

Students attending a vocational school in Vladivostok are obliged to pass a vocational test for a teacher to the head of a vocational school from FEFU. Students traveling to the PP outside the city of Vladivostok must submit to the PP department the right part of the referral to the PP, signed by the head of the medical organization and sealed with the official seal of the medical organization. Students traveling to the PP outside the city of Vladivostok, must pass the test of PP strictly in accordance with the schedule.

On the last day of the practice, the direct supervisor 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 internship supervisors who supervise the internship at the relevant clinic, in the last days of the practice, check the diaries and the URI, 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 (course and practice cycle) is assessed. At the end of the practice, the head of the practice at FEFU 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 the immediate supervisors, 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.

From practice no one can be released. It is forbidden to send students due to the time of practice to other activities (sports, recreation, labor camps, etc.). In case of not going through the internship, the student, on the recommendation of the head of the educational program and the instruction of the director of the School of Biomedicine, is dismissed from FEFU.

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 internship the student performs educational research work (ERWS). The choice of topics is determined by the specifics of the department of a medical organization, the problems of caring for patients 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 an actual sanitary and educational topic. The definition of the subject is conducted by the employee of the basic medical organization responsible for sanitary education.

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

- A student's 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 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 CPC section). Each student is provided with access to the FEFU library funds and the department. 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 Professional practice the intermediate control of knowledge is conducted using test control, testing practical skills and solving situational problems.

Methodical recommendations on the organization of Clinical (Doctor's assistant in ambulatory)

Work experience consists of independent work of students under the supervision of a teacher. Most of the time is allocated for practical work on mastering the skills of the doctor of an outpatient clinic.

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

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.

In accordance with the requirements of the Federal State Educational Standards of Higher Education in the educational process, active and interactive

forms of production practice are widely used (situational case-technologies, trainings in the simulation center, performance of scientific work, keeping a diary of production practices). 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 polyclinic.

Work with educational literature is considered as a type of educational work on industrial practice and is performed within the hours devoted to its study.

Each student is provided with access to library funds of the FEFU and the department. On practical work "Clinical practice" (Assistant doctor of ambulatory) developed guidelines for students "Sample diary of practical training", "Card of Scientific work".

During the practice, students independently conduct ERWS 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, arrange "Card of Scientific work". (5 for each student), internship diaries and provide a brief report on the "Scientific work". data, forms of sanitary-educational work with an indication of the topic of sanitary bulletins or conversations with patients filled diaries of Practice/

Making a diary of work practice and a short report on the "Card of Scientific work" data helps to form the skills to fill in medical records, to carry out preventive measures at all stages of the work of a doctor of the specified profile, research and sanitary - educational work.

The work of the student in the clinic under the supervision of the teacher and the medical staff creates a sense of teamwork and interpersonal skills.

The reporting document of the student’s practice 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 work hours of the out-patient clinic, work at the reception, calls, day hospital. After

that, you should proceed to the description of the outpatient clinic, where students note the number of attached population, the capacity of the clinic, a description of the main medical departments and ancillary offices. 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 daily reflects all the work done by him, describes in detail the most important clinical observations, the result of treatment, gives an analysis of the work of the departments. The diary must give a clear idea of the degree of independence of the student 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 justification of the diagnosis, the most important data (results of additional studies, indications for hospitalization, day hospital, hospital at home, etc.).

2. The method of performing all the manipulations that the students themselves performed or were present during their execution, with an indication of the diagnosis, indications for this or that manipulation.

3. Reflect the work done during the provision of emergency assistance for emergency assistance.

4. Mark the filling in of the documentation with indication of the registration form of the document being filled out.

5. To describe in detail the patient presented with commission and indication of the purpose of the direction and results of commission

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. When taking a test, a student who has completed the practice must submit to the examiner a diary of practical training with a characteristic and assessment 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 practitioners who supervise the internship at the relevant clinic check diaries and scientific 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 FEFU internship leader conducts a test for students for questions, tests, situational tasks.

Evaluation of the practice is carried out taking into account the characteristics of the immediate supervisors, 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 on the basis of 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 those or pathological syndromes, documentation. The module of the discipline includes:

2. The theoretical part of the control includes 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 using elements of computer or other types of programmed control in the form of tests and clinical tasks.

Sample diary for manufacturing practice

date	The content of the work
01.07.16	Work at the reception 1. Goncharova MT, 45 years old. Works. Diagnosis: ARI . Issued a sheet of disability (primary) 2. Gipanina A.K. ., 42 years old. Works. D-accounting. Diagnosis: Hypertension. stage II, arterial hypertension 2 degrees, 3 risk. CHF Stage 1, 1 FC. Analyzed ECG data, fundus description, analyzes blood and urine, wrote a prescription for arithon. 3. Vetrova S.O., 64 years old Retired. Does not work. D-accounting. Diagnosis: Chronic cholecystitis in the stage aggravations? The patient was appointed to clarify the diagnosis. examination: complete blood count, ultrasound of the liver and gallbladder, biochemical analysis of blood: bilirubin, transaminases.
06.07.16	1. Karenin PA, 32 years old. Works. D-account. Diagnosis: Chronic gastritis with reduced secretory function in remission. I issued a sanatorium card to the sanatorium "Builder". 2. Zhukov AI, 53 years old. Does not work. Invalid 3gruppy. D-accounting. Diagnosis: ischemic heart disease: lap stenocardia of FC III, post-infarction cardiosclerosis. CHF PA stage, 2FC. Sent to commision for addressing the issue of raising the group

9. FORMS OF CERTIFICATION (ACCORDING TO PRACTICE)

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

The main criteria for evaluating industrial practice

- 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 interview on the results of practical training.

Appendix 2

THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
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SCHOOL OF BIOMEDICINE

FUND OF ASSESSMENT TOOLS

Клиническая практика (Помощник врача амбулаторно-поликлинического учреждения)
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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.

Table 1

Code and formulation of competence.	**Stages of formation of competence**	
PC-2 - the ability and willingness to conduct of preventive medical examinations, clinical examinations and dispensary observations.	Knows	methods of researching the health of the adult and child population with the aim of preserving, strengthening and restoring it. Methods of collecting, statistical processing and analysis of information about the health of the adult population, children and adolescents. Main indicators of the medical organization.
	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 indicators characterizing the activities of medical organizations.
	Possesses	skills of calculation and assessment of the main demographic indicators characterizing the state of health of the population. Skills of calculation and assessment of the level and structure of morbidity, mortality. Methods of calculation and evaluation of indicators characterizing the activities of medical organizations.
PC-7 readiness for the examination of temporary disability, participation in the conduction of medical and social expert reviews, detection of human biological death	Knows	the main risk factors affecting health. Chronic noninfected diseases that contribute most to the structure of mortality.
	Able to	collect statistic and analytic information about the health of the adult population, children and adolescents
	Possesses	skills of formation of the population motivation for the preservation and strengthening of their health and the health of others, medical and social expertise.
PC-12 the willingness to realize a prenatal care as well as child delivery	Knows	the physiology of pregnancy,
	Able to	lead a physiological pregnancy and take delivery.
	Possesses	the skills of leading physiological

		pregnancy and childbirth.
PC-17 the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions	Knows	the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.
	Able to	Apply basic principles of organization and management in the field of public health, in medical organizations and their structural subdivisions,
	Possesses	Skills of applying basic principles of organization and management in the field of public health
PC-18 the willingness to participate in the evaluation of the quality of medical care using basic health statistics	Knows	regulatory legal acts of the Russian Federation in the field of health quality assessment.
	Able to	organize the activities of medical organizations and their structural divisions, including in emergency situations.
	Possesses	Skills of planning activities of structural units and medical organizations in general, in accordance with the changing legal and regulatory framework of health.
PC-19 the ability to organize medical aid in case of emergencies, including medical evacuations	Knows	sanitary-hygienic and anti-epidemic measures during the evacuation
	Able to	make management decisions on the organization of the phasing of medical care in emergency situations.
	Possesses	the skills of organizing and conducting basic measures for sanitary and special treatment of medical personnel, patients, territory, food, water and medical equipment in medical institutions in case of emergency

The scale of assessment of the formation of competencies

The scale of assessment the level of formation of competences

Code and formulation of competence	Stages of the formation of competencies		Criteria	Indicators	Points
PC-2 - the ability and willingness to conduct of preventive medical examinations,	Knows (threshold level)	methods researching the health of the adult and child population with the aim of preserving, strengthening and	Knowledge of methods researching the health of the adult and child population with the aim of preserving,	Formed and structured systematic knowledge of methods researching the health of the adult and child population	65-71

clinical examinations and dispensary observations.		restoring it; methods of collecting, statistical processing and analysis of information about the health of the adult population, children and adolescents; main indicators of the medical organization.	strengthening and restoring it; methods of collecting, statistical processing and analysis of information about the health of the adult population, children and adolescents; main indicators of the medical organization	with the aim of preserving, strengthening and restoring it; methods of collecting, statistical processing and analysis of information about the health of the adult population, children and adolescents; main indicators of the medical organization	
	Is able to (advanced)	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 indicators characterizing the activities of medical organizations.	Ability 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 indicators characterizing the activities of medical organizations	Ready and can 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 indicators characterizing the activities of medical organizations	71-84
	Possesses (high)	skills of calculation and assessment of the main demographic indicators characterizing the state of health of the population; calculation and assessment of the level and structure of morbidity, mortality; methods of calculation and evaluation of indicators characterizing the activities of medical organizations.	Formed skills of calculation and assessment of the main demographic indicators characterizing the state of health of the population; calculation and assessment of the level and structure of morbidity, mortality; methods of calculation and evaluation of indicators characterizing the activities of medical organizations	Skills surely to calculate and assess the main demographic indicators characterizing the state of health of the population; calculate and assess the level and structure of morbidity, mortality; calculate and evaluate indicators characterizing the activities of medical organizations	85-100
PC-7 readiness for the examination of temporary disability, participation in the conduction of medical and social expert reviews, detection of human biological death	Knows (threshold level)	the main risk factors affecting health. Chronic noninfected diseases that contribute most to the structure of mortality.	Knowledge of main risk factors affecting health; chronic noninfected diseases that contribute most to the structure of mortality	Formed and structured systematic knowledge of main risk factors affecting health; chronic noninfected diseases that contribute most to the structure of mortality	65-71
	Is able to (advanced)	collect statistic and analytic information about the health of the adult population, children and	Ability to collect statistic and analytic information about the health of the adult population, children	Ready and can to collect statistic and analytic information about the health of the adult population,	71-84

		adolescents	and adolescents	children and adolescents	
	Possesses (high)	skills of formation of the population motivation for the preservation and strengthening of their health and the health of others, medical and social expertise.	Formed skills of formation of the population motivation for the preservation and strengthening of their health and the health of others, medical and social expertise	Skills surely to form the population motivation for the preservation and strengthening of their health and the health of others, medical and social expertise	85-100
PC-12 the willingness to realize a prenatal care as well as child delivery	Knows (threshold level)	the physiology of pregnancy,	Knowledge of the physiology of pregnancy	Formed and structured systematic knowledge of the physiology of pregnancy	
	Is able to (advanced)	lead a physiological pregnancy and take delivery.	Ability to lead a physiological pregnancy and take delivery	Ready and can to lead a physiological pregnancy and take delivery	
	Possesses (high)	the skills of leading physiological pregnancy and childbirth.	Formed skills of leading physiological pregnancy and childbirth.	Skills surely to lead physiological pregnancy and childbirth.	
PC-17 the ability to use the basic principles of organization and management in the field of public health protection, at medical institutions and their structural divisions	Knows (threshold level)	the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	Knowledge of the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	Formed and structured systematic knowledge of the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	65-71
	Is able to (advanced)	Apply basic principles of organization and management in the field of public health, in medical organizations and their structural subdivisions,	Ability to apply basic principles of organization and management in the field of public health, in medical organizations and their structural subdivisions,	Ready and can to apply basic principles of organization and management in the field of public health, in medical organizations and their structural subdivisions,	71-84
	Possesses (high)	Skills of applying basic principles of organization and management in the field of public health	Formed skills of applying basic principles of organization and management in the field of public health	Skills surely to of apply basic principles of organization and management in the field of public health	85-100
PC-18 the willingness to participate in the evaluation of the quality of medical care using basic health statistics	Knows (threshold level)	regulatory legal acts of the Russian Federation in the field of health quality assessment.	Knowledge of regulatory legal acts of the Russian Federation in the field of health quality assessment.	Formed and structured systematic knowledge of regulatory legal acts of the Russian Federation in the field of health quality assessment.	
	Is able to (advanced)	organize the activities of medical organizations and their structural	Ability to organize the activities of medical organizations and their structural	Ready and can to organize the activities of medical organizations and	

		divisions, including in emergency situations.	divisions, including in emergency situations.	their structural divisions, including in emergency situations.	
	Possesses (high)	Skills of planning activities of structural units and medical organizations in general, in accordance with the changing legal and regulatory framework of health.	Formed skills of planning activities of structural units and medical organizations in general, in accordance with the changing legal and regulatory framework of health.	Skills surely to plan activities of structural units and medical organizations in general, in accordance with the changing legal and regulatory framework of health.	
PC-19 the ability to organize medical aid in case of emergencies, including medical evacuations	Knows (threshold level)	sanitary-hygienic and anti-epidemic measures during the evacuation	Knowledge of sanitary-hygienic and anti-epidemic measures during the evacuation	Formed and structured systematic knowledge of sanitary-hygienic and anti-epidemic measures during the evacuation	
	Is able to (advanced)	make management decisions on the organization of the phasing of medical care in emergency situations.	Ability to make management decisions on the organization of the phasing of medical care in emergency situations.	Ready and can to make management decisions on the organization of the phasing of medical care in emergency situations.	
	Possesses (high)	the skills of organizing and conducting basic measures for sanitary and special treatment of medical personnel, patients, territory, food, water and medical equipment in medical institutions in case of emergency	Formed skills of organizing and conducting basic measures for sanitary and special treatment of medical personnel, patients, territory, food, water and medical equipment in medical institutions in case of emergency	Skills surely to organize and conduct basic measures for sanitary and special treatment of medical personnel, patients, territory, food, water and medical equipment in medical institutions in case of emergency	

The grading scale in case 5 indicators are selected:

if positively evaluated indicators are 3 out of 5 (60%), the mark is “satisfactory”,

if 4 out of 5 (80%) is “good,”

if 5 out of 5 (100%) is “excellent”,

if 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).

Test control

Tests are necessary for the control of knowledge in the process of current and intermediate certification, and to assess the knowledge, the result of which can be set off.

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

The results of the test tasks are evaluated by the teacher on a five-point scale for certification or on a system of "credit" - "no credit". The "excellent" score is set with the correct answer to more than 90% of the tests offered by the teacher. Score "good" - with the correct answer to more than 70% of the tests. Assessment "satisfactory" - with the correct answer to 50% of the proposed student tests.

Choose one correct answer:

01. Specify the definition of health given by WHO.

a) health is a state of optimal functioning of the body, allowing it to best fulfill its species-specific social functions;

+ b) health is a state of complete physical, spiritual and social well-being, and not only the absence of diseases and physical defects;

c) health is a state of the body in which it functions optimally without signs of disease or any kind of disorder.

02. Accessibility and quality of medical care is provided

a) the organization of medical care according to the principle of proximity to the place of residence, place of work or training

b) availability of the necessary number of medical workers and their level of qualification

c) application of medical care procedures and standards of medical care

+ d) a, b, c

e) a, b

003. Primary medical care is provided

a) cardiologists

b) precinct general practitioners

c) general practitioners (family doctors)

d) a, b

+ e) b, c

004. The procedure for providing medical care includes

a) the stages of medical care

b) rules for organizing the activities of a medical organization

c) medical services

+ d) a, b

e) a, b

005. The standard of medical care for medical services includes average indicators of the frequency of provision and frequency of use.

a) medical services

b) medicinal products registered in the Russian Federation

c) types of medical nutrition, including specialized medical nutrition products

d) a, b

+ e) a, b, c

006. The tasks of the department (cabinet) of prevention include all of the above, except

a) participation in the organization and conduct of clinical examination;

+ b) organizing and conducting preventive vaccinations for adults and adolescents

c) participation in the organization and conduct of preventive medical examinations;

d) early detection of diseases and persons with risk factors for the development of diseases;

e) control and accounting of annual medical examination of the population;

f) sanitary education and promotion of a healthy lifestyle

007. The leading risk factors for the occurrence and adverse course of cardiovascular diseases are all of the above, except

a) alcohol abuse

+ b) hardening

c) low physical activity

d) smoking

e) overweight

008. The tasks of the district physician is not included.

a) providing the population of the site with qualified assistance at admission to clinics and at home

b) participation in the hospitalization of patients in clinics, in day hospitals of polyclinics

c) the organization and conduct of preventive measures among the population of the site

d) conducting of medical labor examination

+ e) medical and social expertise.

009. The tasks of the day hospital include everything except

a) laboratory and diagnostic examination

b) drug and non-drug therapy

+ c) referral for medical and social expertise

d) rehabilitation treatment

010. Which patients are not referred for treatment in a day hospital?

a) exacerbation of somatic diseases of mild and moderate severity, not requiring round-the-clock observation by medical workers

+ b) severe exacerbations of chronic diseases of internal organs requiring specialized medical care.

c) patients who developed an uncomplicated hypertensive crisis during treatment at the clinic

d) patients who developed an attack of bronchial asthma during treatment at the clinic

011. Clinical examination is

+ a) a set of measures, including examination by doctors of several specialties and the use of necessary examination methods

b) a set of measures, including the examination by doctors of several specialties and the use of the necessary examination methods

c) a set of measures, including examination by doctors of several specialties

d) a set of measures, including the examination by doctors of narrow specialties and the use of the necessary examination methods

e) a set of measures, including the examination by doctors of therapeutic specialties and the use of the necessary examination methods

012. Clinical examination of the adult population is carried out in order to

a) early detection of chronic non-communicable diseases, the main risk factors for their development

b) early detection of chronic non-communicable diseases, the main risk factors for their development, determination of the group of health conditions

c) early detection of chronic non-communicable diseases, the main risk factors for their development, determination of the group of health status, conducting brief preventive counseling for citizens

+ d) early detection of chronic non-communicable diseases, the main risk factors for their development, determination of the group of health status, conducting preventive counseling, determining the group of follow-up observation of citizens.

013. The process of developing a healthy lifestyle includes all of the above, except for one

a) informing the public about risk factors

b) the formation of conviction in the need to preserve health

+ c) increase in material well-being

d) education of healthy lifestyle skills

014. Intervention in the field of human health can be

+ a) based on the free, informed and informed consent of the patient;

b) on the basis of medical indications;

c) on the basis of the rarity of the picture of the disease and its cognitive value;

d) based on the requirements of relatives;

e) on the basis of financial gain.

015. The prerequisites for medical intervention are all of the above, except

a) informed voluntary consent of an adult patient

b) the consent of the parents of the child under the age of 15 years

+ c) the decision of the medical commission on the need for medical intervention

016. Rehabilitation at the outpatient stage after myocardial infarction should be carried out

a) only in complicated course

b) patients under 50 years of age

+ c) all according to an individual program, taking into account the functional state of the myocardium

d) in case of unfavorable labor prognosis

017. The concept of "informed consent" includes everything except

a) information on the purpose of the intended intervention

b) information on the nature of the proposed intervention

c) information on possible negative consequences

d) information on the risk of intervention

+ e) information on the undoubted priority of the benefit of the intervention compared to the possible risk

018. The main forms of primary medical records of outpatient clinics do not apply

a) a medical record of a patient receiving medical care on an outpatient basis (form 025 / y)

+ b) control card of the infectious patient (form 058 / y)

c) coupon of a patient receiving medical care on an outpatient basis (form 025-1 / y)

d) control card dispensary observation (form № 030 / y)

e) passport of the medical site of citizens entitled to receive a set of social services (form No. 030-13 / y)

019. Tactics of a polyclinic doctor in detecting acute viral hepatitis at home

a) observation at home

+ b) emergency hospitalization, notification to the Center for Hygiene and Epidemiology form 058 / y

c) urgently conduct a biochemical blood test

d) hospitalization in a planned manner.

e) treatment in the day hospital

020. The cause of temporary disability is not

a) disease

b) injury

c) quarantine

+ d) examination

e) maternity leave

021. Disability certificate is not issued

a) to insured persons who are citizens of the Russian Federation

b) foreign citizens and stateless persons to persons working under labor contracts

c) to persons whose illness or injury occurred within 30 calendar days from the date of termination of work under an employment contract

+ d) to persons whose temporary incapacity for work occurred during the period of leave without pay, maternity leave, leave to care for a child until he reaches the age of 3 years

e) citizens, directed by court decision for a forensic or forensic psychiatric examination and recognized as disabled

022. Doctors have the right to issue a disability certificate

a) ambulance organizations

b) blood transfusion organizations

+ c) outpatient clinics

d) admission departments of hospitals

e) balneological clinics and mud baths

023. For what maximum period does a doctor have the right to issue a certificate of incapacity for work alone

a) 7 days

b) 10 days

+ c) 15 days

d) 30 days

024. Which of the following is not a violation of the treatment and protection regime?

+ a) refusal of hospitalization

b) the late appearance in the institution of medical and social expertise

c) late attendance at the doctor's office

d) non-compliance with the prescribed mode

025. A doctor of a medical institution has no right to issue a certificate of incapacity for work.

a) hospital

b) clinics

+ c) ambulance

d) the attending physician of the narcological dispensary

e) a private practice doctor (in the presence of a license to issue a disability certificate)

026. A hospital employee addressed the emergency room with a high temperature and sore throat. The doctor diagnosed SARS. Sheet disability can be issued

a) a doctor of the emergency department

b) doctor of the therapeutic department

+ c) physician clinic by place of residence

d) ambulance doctor

027. A student who suffers from acute respiratory viral infections with fever, undergoing unpaid work practice and at the same time working at night as a guard at the guard turned to the local doctor which document certifying his temporary disability will be issued

a) certificate of temporary disability student (095 / y)

b) disability certificate

+ c) certificate of temporary disability of the student and the sheet of disability

d) certificate of arbitrary form in two places

028. Sheet Disability Function

a) legal

b) statistical

c) financial

+ d) a, b, c

e) a, b

029. Functions of a certificate certifying temporary disability

a) legal

b) statistical

c) financial

d) a, b, c

+ e) a, b

030. How to issue a list of disability in violation of the regime

a) immediately close

b) make a mark of violation of the regime and continue treatment until recovery

c) make an oral suggestion

+ d) make an entry in the medical record, make a note about the violation of the regime in the disability list and continue the treatment until recovery

031. The patient has a sheet of disability with SARS from March 18 to March 22. He arrived at the reception on March 26 with objective symptoms of pneumonia. How should issue a disability certificate

a) renew from 23 March until recovery

b) the same, but additionally, make a note about violation of the regime 27

+ c) extend from March 26 until recovery, making a mark of violation of the regime

d) issue a new disability certificate, and close the old one from March 23

e) there is no right answer

032. Approximate terms of temporary disability in patients with SARS

a) 14-21 days

b) 15-16 days

+ c) 4-8 days

d) 8-10 days

e) 10-12 days

033. Is it possible to issue a disability certificate from yesterday

a) you can, if the patient inspires confidence

b) if signs of disability persist

c) it is impossible

+ d) yes, if the fact of incapacity for work is confirmed the day before, by the decision of the medical commission

e) there is no right answer

034. Sheet disability in diseases and injuries issued from the day

+ a) establishment of disability during medical examination

b) the onset of the disease

c) referral to a doctor in a medical institution

d) not issued

e) there is no right answer

035. Spa treatment is not contraindicated in patients with a diagnosis

a) first-time angina

+ b) sinus arrhythmia

c) progressive angina

d) heart failure II B Art.

e) hypertension stage II with frequent crises

036. Who in a medical organization decides on the need for referral for medical and social expertise

a) the attending physician alone

b) head of department

c) medical commission

+ d) medical commission as advised by the attending physician

e) patient

037. For what maximum period does the clinical expert committee have the right to extend the disability certificate for an unfavorable disease

a) up to 1 month

b) up to 2 months

c) up to 3 months

+ d) up to 4 months.

e) up to 5 months

038. Rehabilitation prognosis is assessed as unfavorable, if any.

a) partial restoration of impaired categories of vital activity

b) there is a decrease in the degree of their limitations

+ c) it is impossible to even partially restore the disturbed categories of vital activity and reduce the degree of their restriction

039. There are several degrees of dysfunction of the body.

a) 3

+ b) 4

c) 5

d) 2

040. With ARVI with high temperature application is shown

a) amoxicillin

b) paracetamol

c) antiviral drugs

+ d) correct b, c

d) there is no right answer

041. Which of these methods of examination is final for establishing the diagnosis of pneumonia

a) physical examination

b) clinical blood test

+ c) X-ray examination of the chest organs

d) sputum analysis

e) spirography

042. After what period of time is the initial assessment of the effectiveness of antibiotic therapy in the treatment of community-acquired pneumonia

+ a) 48-72 hours

b) 24 hours

c) 72-96 hours

d) 10-12 hours

e) there is no right answer

043. Specify the criteria for the adequacy of antibiotic therapy in the treatment of community-acquired pneumonia.

a) body temperature <37.5 C

b) lack of intoxication

c) the number of leukocytes <10 109 / l

d) a, b

+ e) a, b, c

044. The indications for hospitalization of patients with community-acquired pneumonia are the following laboratory data

a) the number of leukocytes <4,0 10^9 / l

b) the number of leukocytes> 10.0 10^9 / l

c) the number of leukocytes <2.0 10^9 / l

d) correctly a, b

+ e) correct b, c

045. In the treatment of non-severe community-acquired pneumonia in patients over 60 years old without comorbidity, which antibacterial drug should be chosen

a) levofloxacin

+ b) amoxicillin / clavulonate

c) moxifloxacin

d) doxacycline

e) correctly c, d

046. What are the features characteristic of the course of pneumonia in the elderly and the elderly?

a) acute onset

b) high fever

+ c) protracted course of the disease

d) sharply enhanced ESR

e) high leukocytosis

047. In the treatment of community-acquired pneumonia of mild severity in persons under the age of 60 years without comorbidity, the appointment is preferable

+ a) aminopenicillins

b) cephalosporins

c) macrolides

d) aminoglycosides

e) fluoroquinolones

048. The causative agent of community-acquired pneumonia is most often

+ a) pneumococcus

b) streptococcus

c) staphylococcus

d) E. coli

049. The criterion for stopping antibiotic therapy for pneumonia is

a) normalization of body temperature

+ b) normalization of body temperature for 3-4 days with positive dynamics of other symptoms.

c) normalization of body temperature for 8-10 days with positive dynamics of other symptoms

d) resorption of pneumonic infiltration

050. Patient W., 60 years old, a library employee complained of constant shortness of breath, dry, unproductive cough. He is Smoking for 30 years. On examination: cyanosis of the lips, respiratory rate of 26 per minute, percussion

of the lungs boxed sound, heart rate 110 per minute. HELL 145/80 mm. Hg Art. Make a preliminary diagnosis

+ a) COPD

b) bronchial asthma

c) lung cancer

d) ARVI

e) there is no right answer

051. What are the external risk factors for developing COPD?

a) smoking

b) industrial dust

c) dysplasia of lung tissue

+ d) correct a, b

e) there is no right answer

052. What are the internal risk factors for COPD?

a) airway hyperreactivity

b) dysplasia of lung tissue

c) smoking

+ d) correct a, b

e) correctly a, c

053. The most significant indicator of respiratory function indicating obstructive changes in the lungs is

a) increase in OOL

b) increase in VC

c) FEV reduction in 1 second

+ d) decrease in FEV1 / VC

054. Drug administration is a medical treatment for COPD.

a) prolonged B2 agonists

b) prolonged anticholinergics

c) inhaled glucocorticosteroids

d) right a, b

+ e) true a, b, c

055. Of the listed products, indicate the two most rarely causing food allergies

a) nuts, strawberries

b) tomatoes, tangerines

+ c) meat, bread

d) fish, shrimp

e) honey, chocolate

056. In case of bronchial asthma

a) shortness of breath often inspiratory, cough often accompanied by shortness of breath, sputum pink, frothy

+ b) dyspnea more often expiratory, cough appears at the end of an attack, phlegm is vitreous, during an attack dispersed dry rales

c) dyspnea often inspiratory, cough appears at the end of the attack, glassy sputum, moist fine bubbling rales

d) dyspnea often expiratory, cough often accompanied by shortness of breath, sputum pink, frothy

e) there is no right answer

057. What side effects may develop more often with regular use of inhaled corticosteroids

a) dysphonia

b) oropharyngeal candidiasis

c) allergic dermatitis

d) urinary retention

+ e) correct answer a, b

058. A sign of stress angina is not

a) pain of pressure or contraction

b) the occurrence of pain during physical activity

+ c) the occurrence of pain in the position on the left side

d) irradiation of pain to the left along the medial surface left hand

e) quick effect of nitroglycerin

059. Unstable angina is prognostically unfavorable in terms of

+ a) the development of myocardial infarction

b) cerebral vascular thromboembolism

c) the development of fatal heart rhythm disturbances

d) development of pulmonary hypertension

e) development of venous insufficiency

060. Ortopnea is shortness of breath, which

+ a) occurs when lying down and decreases in a sitting position

b) occurs when lying down and does not decrease when sitting

c) occurs when sitting and decreases when lying down

d) occurs in a horizontal position, decreases lying down

e) occurs regardless of the position of the body

061. To confirm the final diagnosis of chronic gastritis, everything is needed except

a) physical examination

b) clinical laboratory

c) EFGDS

+ d) x-ray

e) biopsy of the gastric mucosa

062. Not peptic ulcer disease with localization in the duodenal bulb

+ a) the appearance of pain after 30 minutes. after eating

b) the appearance of pain after 1.5-2 hours after a meal

c) the appearance of pain at night

d) reduction of pain after eating

e) reduction of pain after taking antacids

063. In the treatment of peptic ulcer disease with localization in the duodenal bulb most often prescribed

+ a) omeprazole, clarithromycin, amoxicillin

b) omeprazole, levofloxacin, denol

c) famotidine, ampicillin, tetracycline

d) famotidine, almagel, denol

e) omeprazole, denol, metronidazole, amoxicillin

064. Everything is characteristic of acute pyelonephritis, except

a) temperature increase

b) pain in the lumbar region

+ c) swelling

d) dysuric phenomena

e) nausea

065. Among the above statements, fair with respect to iron deficiency anemia is not

a) iron deficiency anemia - the most frequent hematological disorder

b) increased iron loss - the main cause of iron deficiency

c) gastrointestinal bleeding - the leading cause of iron deficiency in men

+ d) atrophic gastritis leads to iron deficiency

066. Signs of unstable angina are

+ a) change in the duration and intensity of painful attacks

b) rhythm and conduction disorder

c) lowering blood pressure without antihypertensive therapy

d) the appearance of a pathological Q wave on the ECG

067. The equivalent of angina can be the following symptom

+ a) heartburn when walking fast

b) dizziness when going to orthostasis

c) increase in blood pressure during exercise

d) stabbing pains in the heart when the body bends

068. When assisting on an outpatient basis with a prolonged anginal attack, everything is valid except

a) nitroglycerin 0.5 mg under the tongue (under the control of blood pressure), acetylsalicylic acid 0.25 chew and dissolve in the mouth

b) anesthesia (morphine 1 ml of 1% solution in 20 ml of 0.9% sodium chloride solution intravenously fractionally to achieve the effect or the appearance of side effects - hypotension, vomiting

c) nitroglycerin 10 ml of 0.1% solution in 200 ml of 0.9% sodium chloride solution in / in drip from 5 to 20 drops per minute under the control of blood pressure (with CAD ≤ 90 mmHg. Infusion stops).

d) heparin in a bolus of 4,000-5,000 IU per 10 ml of 0.9% sodium chloride solution or high molecular weight heparins (nadroparin 0.6 ml (5700 IU) subcutaneously)

+ e) hospitalization in day hospital

069. What form of ARVI is rinofaringokonyunktival fever

a) flu

b) parainfluenza

+ c) adenoviral infection

d) rhinovirus infection

070. At which acute respiratory viral infections most often develop hyperthermic and convulsive syndromes

+ a) flu

b) parainfluenza

c) adenoviral infection

d) rhinovirus infection

071. The most reliable ECG criteria for myocardial infarction are

a) ST segment elevation

b) ST segment depression

+ c) the appearance of teeth Q with a width of more than 30 ms and a depth of more than 2 mm in two leads and more

d) appearance of elevation or depression of the ST segment more than 1 mm after 20 ms from point J in two adjacent leads

072. The most effective analgesic in the acute stage of myocardial infarction

a) promedol

+ b) morphine

c) droperidol

d) nitrous oxide

e) nalbuphine

073. A 38-year-old patient suffering from hypertension in a polyclinic for 5 years has had compressive pain behind the sternum. On ECG suspected myocardial infarction. Your actions

a) call the emergency medical care for emergency hospitalization in the cardiology department

b) start to stop pain and cause SMP

c) hospitalize in the day hospital of the polyclinic and begin to provide emergency care

+ d) to be hospitalized in the emergency department of an outpatient clinic, to begin the provision of emergency care, to call the emergency medical center for hospitalization.

c) hospitalize an emergency clinic in a day hospital

074. The most common complication of acute heart attack in the first hours

a) pulmonary edema

+ b) rhythm disturbance

c) cardiogenic shock

d) heart failure

c) hospitalize in an outpatient clinic emergency.

e) Dressler's syndrome

075. A sudden onset of an attack with unpleasant sensations in the heart, palpitations with a heart rate of more than 180 in 1 minute, dizziness, sweating, detection of frequent correct rhythm on an ECG, unchanged QRS complex, and

a) sinus tachycardia

b) frequent extrasystole

+ c) supraventricular paroxysmal tachycardia

d) paroxysmal atrial fibrillation

076. With atrial fibrillation, the following statement is incorrect.

a) the frequency of atrial contractions of more than 300 per minute

b) different R-R intervals are recorded on the ECG

+ c) vagal tests are used to reduce atrial contractions

d) intravenous administration of cordarone is effective for stopping paroxysms.

077. When stopping ventricular fibrillation, everything can be used except

a) lidocaine 2% solution 4-6 ml

b) amiodarone 5% solution 6 ml (then 3 ml (150 mg) IV slowly

+ c) cardiostimulation

d) defibrillation

e) procainamide 10% solution 10 ml

078. When stopping paroxysms of supraventricular tachycardia, all of the listed drugs are used, except

+ a) lidocaine

b) novokinamida

c) verapamil

d) ATP

079. When a sudden death on the ECG is most often recorded

a) slow idioventricular rhythm

+ b) ventricular fibrillation

c) complete atrioventricular block with slow idioventricular rhythm

d) severe sinus bradycardia (less than 20 per minute)

e) asystole

080. In acute bradyarrhythmias (heart rate less than 20 per minute), accompanied by an unstable condition of the patient: hypotension, acute heart failure, ACS, acute mental disorder, it is necessary to carry out all activities except

a) atropine 1 mg (0.1% - 1 ml) i.v., if necessary, repeated administration after 5 minutes, but not more than 3 times

+ b) defibrillation

c) temporary cardiac pacing

d) delivery to the hospital according to the profile of the underlying disease

081. The characteristic signs of cardiogenic shock are all but

a) cold, pale, wet skin

b) heart rate more than 100 in 1 min.

c) oliguria

+ d) polyuria

e) systolic blood pressure less than 90 mm Hg. Art.

082. Emergency care for cardiogenic shock includes everything except

a) put the patient with raised legs

b) oxygen therapy with 100% oxygen

c) the introduction of 400 ml of 0.9% sodium chloride solution or 5% glucose solution

d) the introduction of dopamine 200 mg / drip

+ e) the introduction of 250 mg of dobutamine in 200 ml of 0.9% sodium chloride solution

083. For the clinic of acute interstitial pulmonary edema (cardiac asthma) is not typical

a) orthopnea

b) tachypnea up to 40-30 in 1 minute

c) diffuse cyanosis

+ d) mixed wet rales over the entire surface of the lungs

e) the appearance of dry wheezing

084. In pulmonary edema, which develops on the background of normal or elevated arterial pressure, it is recommended to use the following measures, except

a) provide oxygen therapy with 100% oxygen with a 70% solution of ethyl alcohol.

b) seat the patient with the legs down

+ c) lay down the patient with raised legs

d) nitroglycerin 1 tablet (0.5 mg) under the tongue every 7-10 minutes, adjust intravenously drip injections of 3 ml of 1% solution of nitroglycerin

e) enter 1 ml of 1% solution of morphine in / in slowly fractionally in 10-20 ml of 0.9% solution of sodium chloride, enter the solution of furosemide in / in the jet 40 mg or 80 mg

085. Which of the following means would you prefer in the treatment of an uncomplicated hypertensive crisis?

a) metoprolol succinate

+ b) captopril

c) sodium nitroprusside

d) corinfar (nifedipine)

e) nitroglycerin

086. The drugs of choice in the treatment of hypertensive crisis complicated by pulmonary edema are

a) enalaprilat, Lasix

b) lasixa, metoprolol succinate

c) metoprolol succinate, enalaprilat

+ d) nitroglycerin, Lasix

e) captopril, lasix

087. Among the listed antihypertensive agents, the orthostatic effect most often causes

a) metaprolol

b) captopril

c) nifedipine

+ d) clonidine

088. In what emergency condition there is a headache, dizziness, staggering when walking, blurred vision, dysarthria, hemiparesis

a) migraine

b) hypertensive crisis

+ c) ischemic stroke

d) brain tumor

e) transient ischemic brainstorming

089. With the development of fainting in a stuffy unventilated room, everything is necessary, except

a) apply means that have a reflex effect - cold water, ammonia, etc.

+ b) make the patient sit on the chair

c) give the patient a horizontal position with raised legs

d) measure the pulse, respiratory rate, measure blood pressure

090. The sudden development of fainting, accompanied by hyperemia of the face, respiratory failure, convulsive syndrome, suggests first of all that the patient has

a) epilepsy

+ b) hypoglycemia in the presence of diabetes

c) pulmonary embolism

d) sick sinus syndrome

091. The presence at the time of a sudden fainting, cyanosis, shortness of breath, pallor of the skin, swollen neck veins makes it possible to suspect the patient first

a) cardiogenic shock

b) primary failure of the autonomic nervous system

c) diabetic coma

+ d) pulmonary thromboembolism

e) pneumothorax

092. To pulmonary thromboembolism predisposes everything except

a) deep vein thrombophlebitis of the lower extremities

b) early postoperative period

c) use of oral contraceptives

+ d) mitral stenosis

e) early activation in the post-infarction period

093. About the development of a severe asthma attack in bronchial asthma, everything testifies, except

+ a) abundant sputum

b) the appearance of "silent" lung

c) lack of effect from bronchodilators

d) loss of consciousness

094. Priority measures in severe attacks of asthma are

a) inhalation of salbutamol, inhalation of beclomethasone, the introduction of aminophylline

+ b) salbutamol inhalation through a nebulizer, intravenous prednisone administration

c) the introduction of prednisolone, the introduction of aminophylline

d) the introduction of prednisolone, the introduction of prednisolone

e) inhalation of tiotropium bromide, administration of aminophylline

095. The method of timely detection of tuberculosis in the adult population is

a) tuberculin diagnosis

+ b) fluorography

c) sputum test for tuberculosis pathogen

d) enzyme immunoassay

d) polymerase chain reaction

096. Acute angioedema of the skin of the face, lips, tongue is an indication for

a) lasixa

+ b) prednisone

c) histaglobulin

d) gemodeza or reopoliglyukina

097. A 50-year-old woman suffering from obesity suddenly had an attack of intense pain in the right hypochondrium, radiating to the right supraclavicular region. The patient is restless, tossing about in bed. On examination: normal skin color, tenderness to palpation at the gallbladder point, Ortner positive symptom, body temperature is normal, blood test without pathology, it is most likely that the patient has

a) acute cholecysto-cholangitis

b) exacerbation of chronic cholecystitis

+ c) cholelithiasis, gallbladder colic

d) exacerbation of chronic calculous cholecystitis

e) the penetration of gastric ulcers in the round ligament of the liver

098. For the relief of pain in acute cholecystitis, it is advisable to prescribe all the following drugs, except

a) metacin

b) baralgina

c) no-shpa

+ d) morphine

e) atropine

099. Challenge to the house to the patient, who for the first time in his life developed a convulsive fit. According to relatives, it is known that during the last three days the patient's body temperature has increased to 39-40 ° C, there is persistent headache, photophobia. What is the most likely diagnosis?

a) brain tumor

+ b) meningoencephalitis

c) polyradiculoneuritis

d) chronic subdural hematoma

e) brain tumor

100. What signs are characteristic of perforated gastric ulcer, except

a) acute "dagger" pain in the epigastric region

b) a sharp tension of the abdominal wall, especially in the epigastric region, in the upper quadrant

c) the disappearance of hepatic dullness

+ d) repeated vomiting

e) free gas in the abdominal cavity according to fluoroscopy

3. Type tasks

Types of control and certification, forms of evaluation tools

№ p/p	Semester	Types of control	Name of the industrial practice section B2.P.5 "" Clinical (Doctor's assistant in ambulatory)	Evaluation tools		
				The form	Number of questions in the task	Number of independent options
1	2	3	4	5	6	7
1.	4	input control	production practice B2.P.5	testing	30	5
2.	4	input control	production practice B2.P.5	situational tasks	1	15
3.	4	current control	production practice B2.P.5	situational tasks	1	15

4.	4	current control	production practice B2.P.5	testing	15	15
5.	4	current control	production practice B2.P.5	interview	2	with each student
6.	4	for intermediate control	production practice B2.P.5	testing	30	5
7.	4	for intermediate control	production practice B2.P.5	SW cards	5	for each student
8.	4	for intermediate control	production practice B2.P.5	interview	practice diary	With each student

Examples of evaluation tools:

for introductory control (IC) **Test control.**	1. Respiratory volume is: a) the maximum amount of air inhaled after the end of a normal breath; b) the maximum volume of air exhaled after the termination of a normal exhalation; c) the volume of inhaled or exhaled air; d) the volume of air remaining in the lungs after maximum expiration The answer is **b**
	2. Electrocardiographic evidence of myocardial ischemia when performing a physical exercise test is: a) transient horizontal displacement of the ST segment by 1 mm or more b) the formation of a negative T wave c) the appearance of blockade of the bundle branch block d) appearance of extrasystole The answer is **a**
	3. The course of pneumonia is determined by: 1. the causative agent of pneumonia; 2. the time of initiation of etiotropic therapy; 3. condition of the bronchi; 4. the presence or absence of diseases that reduce the reactivity of the organism. a) if the correct answer is 1,2 and 3; b) if the correct answer is 1 and 3; c) if the correct answer is 2 and 4; + d) if the correct answer is 1,2,3 and 4.
for current control (CC)	Task 1 The patient, 43 years old, complains of shortness of breath with little exertion, epigastric pain, an increase in the abdomen, moderate leg swelling. In childhood, she often had sore throats, sore joints. 5 years ago there was shortness of breath with significant physical exertion, 3 years ago - with little exertion, as well as interruptions in the work of the heart, atrial fibrillation was detected. Objectively: acrocyanosis, “mitral butterfly”, positive venous pulse on the neck, epigastric pulsation. Arrhythmic pulse, 82 beats / min, without deficiency, satisfactory filling and voltage. BP - 1 G / 90 mm Hg The left border of the absolute dullness of the heart is 2 cm to the left of the mid-clavicle line in the 5 intercostal space, the upper edge is along the upper edge of 3 ribs, the right edge is 2 cm to the right from the edge of the sternum. 1 tone at the apex of the heart is enhanced, “quail rhythm”, mesodiastolic noise.

	Above the pulmonary artery, 2 tone accent. Above the tricuspid valve is a coarse systolic murmur, with amplification during inhalation and drawn to the right. Vesicular breathing, crepitus in the lower sections. The abdomen is moderately enlarged due to ascites, the liver is 6 cm below the costal arch, densely elastic. Swelling of the legs and feet. ECG: irregular rhythm, atrial fibrillation, deviation of the electrical axis of the heart to the right, RV1-3 increased, TV 1-3 negative. QUESTIONS: 1. Formulate a preliminary diagnosis. Specify the etiology of the disease. 2. Give an assessment of the ECG. 3. Explain the mechanism of epigastric pulsation. 4. Assign the examination needed to establish the diagnosis. 5. Whether there are indications for hospitalization in the round-the-clock hospital, for the organization of an in-patient hospital at home. 6. Indicate the estimated duration of temporary disability. 7. Are there any signs of permanent disability in a patient? 8. Specify the group and plan of follow-up. 9. Rehabilitation plan. 10. There are indications for spa treatment. Answer:
	Task 2 Sick, 52 years old, geologist. 4 months a year working in the field, the rest of the time - working in the office conditions. I turned to the district doctor complaining of pain in the epigastric region 2-2.5 hours after eating and at night, heartburn, sour belching, constipation. The condition worsened a week ago after errors in the diet. A similar condition was last spring, lasted about 3 weeks, but then did not go to the doctor. Objectively: the state is satisfactory. Pulse 62 beats per minute, satisfactory filling and voltage. HELL - 115/70 mm Hg Heart and lungs without features. The tongue is coated with white bloom at the root. On palpation of the abdomen is determined by local pain in the projection of the duodenal bulb. The liver is not enlarged. The gallbladder area is painless. Blood test: Hb - 156g / l, leukocytes - 6, 7g / l, ESR - 6 mm / hour. Analysis of gastric juice: acidity 98-52-16 i. Gregersen's reaction is negative. EGD: on the back of the bulb 12 p. ulcer defect 0.5x1.3 cm QUESTIONS: 1. Specify the diagnosis. 2. What additional research can be performed on a patient? 3. Determine the indications for hospitalization in the hospital, hospital at home, day hospital clinics 4. Evaluate the data of the study of gastric secretion, which drugs are shown to the patient. 5. Assign treatment 6. Evaluate the patient's ability to work. 7. Recommendations for rational employment of the patient 8. Plan of follow-up 9. Patient Rehabilitation Plan 10. Identify the indications for spa treatment. Answer:
	Task 3

	Patient 18 years old, student, lives in a dormitory. Appealed to the local doctor with complaints of swelling of the face, legs, abdominal wall, headaches, nausea, weakness. Ill 3 weeks ago. Initially, he suffered an acute respiratory illness (sore throat, runny nose, subfebrile condition). A week after that, I noticed the appearance of edema on the face, then headaches, nausea, weakness appeared. On examination: pasty face, anterior abdominal wall, legs. HELL - 150/100 mm Hg Pulse - rhythmic, satisfactory filling and voltage 92 beats / min. The apical impulse is determined in the 5th intercostal space medially from the mid-clavicular line. Borders of relative dullness of the heart: right - in 4 intercostal space 1 cm to the right of the edge of the sternum, upper - in 2 intercostal space on the left along the circumferential line, left - 5 intercostal space medially. Heart sounds are rhythmic, 1 tone at the top is muted. A slight systolic murmur is detected at the apex. The abdomen is soft, the liver and spleen are not enlarged. Blood test: Hb - 100g / l, er. - 3,2x10 / l, lake. - 9.8x10 / l, ESR - 42 mm / hour. Urine analysis: relative density - 1013. Protein -3.3% o. In the sediment red blood cells - 10-20 in the field of view, predominantly altered erythrocytes, leukocytes - 2-3 in the field of view, erythrocyte cylinders - 3-4 and hyaline 1-2 in the field of view. Serum creatinine - 130 μmol / L. QUESTIONS: 1. Highlight the main syndromes of the disease. Formulate preliminary diagnosis. 2. What diseases should be used for differential diagnosis? 3. What studies need to be conducted to establish the diagnosis 4. The likely cause of anemia in a patient. What research is needed hold to clarify anemia 5. Determine the indications for hospitalization. 6. The average period of temporary disability 7. Medical examination plan 8. Ways of rehabilitation 9. Recommendations on the regime, diet. 10. Determine the indications for spa treatment. Answer:
for intermediate control (IC)	Clinic and diagnosis of chronic pancreatitis on an outpatient basis. Features of the management of patients of elderly and senile age.
	Classification and formulation of the diagnosis of chronic pancreatitis. Differential diagnosis. Indications for hospitalization.
	Day hospital, indications and order of direction. Hospital at home.

Approximate topics of abstracts

In order to deepen knowledge and acquire additional practical skills during practical training, the student performs educational and research work (scientific work). The choice of topics is determined by the specifics of the department of a medical organization, the problems of caring for patients and the provision of

qualified medical care, the principles of the scientific organization of the work of medical personnel acceptable to this department.

The following forms of scientific works are recommended:

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

2. Compilation of the text of popular science lectures and conversations 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, video recordings of therapeutic and diagnostic procedures, etc.

5. Creation of training videos and electronic training atlases.

Topics for scientific work

1. Arterial hypertension: primary prevention, effective clinical examination.

2. Ischemic heart disease: rehabilitation of patients after myocardial infarction.

3. Ischemic heart disease: the comparative effectiveness of drug and surgical treatment methods.

4. Pneumonia: the comparative effectiveness of clinical examination after pneumonia.

5. COPD: rehabilitation in the clinic.

6. Analysis of the causes of temporary disability in the clinic (for therapeutic pathology).

7. Analysis of the causes of persistent disability in the clinic (for therapeutic pathology).

Test questions to offset

1. The structure of the clinic, therapeutic department.

2. Functional duties of the district physician.

3. Records in the work of the local doctor in the clinic.

4. Rules for filling out an outpatient medical record.

5. Rules of writing prescriptions for preferential means.

6. Rules for disability certificate.

7. Rules for issuing a dispensary card.

8. Rules for issuing a messenger sheet for ITU.

9. The order of registration of the patient for sanatorium treatment

10. Indications for hospitalization.

11. Indications for referral of the patient to the day hospital.

12. Organization of an in-patient hospital at home: indications, case management.

13. Types of prophylaxis and its conduct in a polyclinic.

13. Types of rehabilitation and prescription for chronic diseases.

14. ARVI: diagnosis, treatment, examination of temporary disability.

15. Angina: clinical forms, diagnosis, management tactics in the clinic.

16. Acute bronchitis: diagnosis, treatment, examination of temporary disability.

17. Indications for hospitalization for acute respiratory infections, angina, acute bronchitis. Features of the elderly patients.

18. Criteria for the diagnosis of pneumonia, tactics and treatment in the clinic. Examination of temporary disability for pneumonia. Clinical observation of patients with pneumonia.

20. Criteria for the diagnosis of bronchial asthma. Differential diagnosis of asthma attacks with cardiac asthma. Providing emergency care in the prehospital during an attack of bronchial asthma.

21. Differential diagnosis of arterial hypertension in polyclinic conditions. Drug treatment of hypertension. Emergency care for patients with hypertensive crisis at home and in the clinic.

22. Acute coronary syndrome, diagnosis and management of the patient in the clinic. Emergency care in the clinic and at home.

23. Rehabilitation of patients after myocardial infarction at the polyclinic stage.

24. Prevention of chronic gastritis and peptic ulcer disease on an outpatient basis.

25. Treatment of acute gastric ulcer and duodenal ulcer on an outpatient basis, examination of temporary disability. Clinical supervision, spa treatment for peptic ulcer disease.

26. Chronic obstructive pulmonary disease: criteria for diagnosis, prevention, rehabilitation, indications for referral to ITU.

27. Chronic kidney disease. Classification. Diagnostics. Conducting a local therapist. Clinical examination. Rehabilitation.

SKILLS ACQUIRED IN THE PROCESS OF INDUSTRIAL PRACTICE B2.P.5

Clinical (Doctor's assistant in ambulatory)

After completing the internship "Practice in obtaining professional skills and experience in organizational and management activities" "the student must possess the ability and willingness to:

Examine the patient when the patient applies for outpatient care:

- collection history
- external examination of the patient
- palpation of the chest
- lymph nodes
- lung percussion
- auscultation of the lungs
- examination and palpation of the heart and blood vessels
- determination of the borders of the heart
- auscultation of the heart
- pulse study
- examination and palpation of the abdomen
- percussion and palpation of the liver, gallbladder and spleen
- kidney palpation

To be able to supervise patients in the clinic:

- filling out an outpatient medical record
- statement of the individual diagnosis and its justification
- purpose of examination and treatment of patients with various diseases of internal organs
- documentation (outpatient coupon, referral for examination and hospitalization, disability certificate, messenger for ITU, certificates and sanatorium-resort card
- extract of prescriptions, including preferential ones

Master the diagnostic methods:

- ECG recording ECG decoding
- recording and decoding of spirogram

Interpret data from instrumental examinations:

- echocardiography (presence, evaluation description)
- FGDS, FKS, FBS, ultrasound of the abdominal organs
- Interpret laboratory tests:
- urinalysis
- blood count
- analysis of gastric contents
- analysis of duodenal contents
- test Zimnitsky, Reberg
- blood test for lipids and lipid spectrum
- blood test for bilirubin
- blood test for immunological tests
- samples on the activity of the inflammatory process
- urea, blood creatinine
- urine analysis for bile pigments, diastase, urobilin

- blood enzymes
- hemostasiogram
- thrombolastogram (familiarity)
- blood electrolytes
- pH, alkaline blood reserve, ketone bodies
- 17-COP, 17-ACS urine
- coprocytogram, bacteriological examination of feces
- sputum analysis (clinical, cytological, bacteriological)

To assess radiological data and computed tomography data of patients with diseases:

- lung
- hearts
- abdominal organs
- musculoskeletal system

General therapeutic procedures:

- puncture of the abdominal cavity
- pleural puncture
- joint puncture

Assist in emergency situations:

- hypertensive crisis
- cardiac asthma
- pulmonary edema
- paroxysmal rhythm disturbance
- acute coronary syndrome
- cardiogenic shock
- anaphylactic shock
- asthma attack

Spontaneous pneumothorax

- diabetic coma (ketoacidotic, hyperosmolar)
- hypoglycemic coma
- gastrointestinal bleeding

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 in ambulatory)

Student_____

3 course _____group_____faculty

Place of practice_____

from _____till_____

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

Final attestation _____
(credited/not credited)

20 /20 year

Vladivostok

Performing and acquiring the practical skills during the training.

Work Content / Date	Required minimum														Total
Filling out medical records	24														
Patient survey	20														
General examination of the patient	20														
Counting respiratory movements	20														
Pulse Examination	20														
BP measurement	20														
Intramuscular injections	50														
Subcutaneous and intradermal injections	30														
Venipuncture	20														
IV injection of drugs	20														
Intravenous Drug Administration	20														
Processing Medical Instruments	20														
Reception and delivery of duty	10														
Work with medical prescriptions	20														
Registration of undesirable side effects	10														
Monitoring the work of nurses	10														
Performing medical appointments for postoperative patients	10														
Evaluation of the results of	4														

laboratory blood tests (clinical and biochemical analysis)															
Evaluation of urine test results	4														
Evaluation of ECG results	5														
Evaluation of the results of spirography	5														
Blood transfusion and compatibility assessment	4														
Staff hygiene measures	10														
Sanitary bulletin	1														
Conversations with patients on medical topics	2														
Nurse Signature															

Describe the methodology

- determining the blood transfusion compatibility

Analyze two electrocardiograms and give an opinion

Analyze two spirograms and give an opinion

Sanitary topic:

Topics of conversations with patients:

Department	Date	Topic of the conversation	Number of listeners

CHARACTERISTIC

student _____

Head of practice (teacher)_____

Date_____

The offset on medical practice

1. Keeping a diary _____
2. Test control_____
3. Certification of practical skills and abilities_____
4. Interview_____
5. Health educational work_____
6. ERWS_____

Final attestation _____
(credited/not credited)
Head of practice (teacher)_____

Date_____

ERWS LOG

"The prevalence of excess body mass in patients with increased blood pressure"

Full Name_____

Age_____

Sex_____

Family Status_____

The highest blood pressure recorded_____

Smoking_____

Number of cigarettes smoked in a day _____

Diagnosis_____

ANTHROPOMETRIC MEASUREMENTS

Height_____

Weight_____

Waist circumference_____

Shoulder circumference_____

Thigh circumference_____

Chest circumference_____

Body mass index_____

HEMODYNAMIC PARAMETERS

Arterial pressure (mm Hg)_____

Pulse: frequency_____

rhythm_____