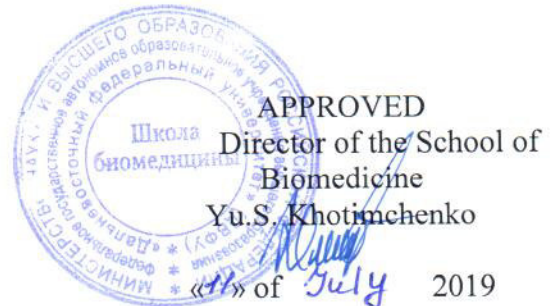




MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal state autonomous educational institution
of higher education
«Far Eastern Federal University»
(FEFU)
School of Biomedicine



WORKING PROGRAMS OF THE EDUCATIONAL AND PROFESSIONAL PRACTICAL TRAININGS

Specialty
31.05.01 General Medicine

Form of study: *full time*
Standard term of study
(full time study) *6 years*

Vladivostok
2019



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»


(signature)


Khotimchenko Yu.S.

(Full name)

«09» of July 2019

«APPROVED»

Director of the Department of Clinical
Medicine


(signature)

Geltser B.I.

(Full name)

«09» of July 2019



WORKING PROGRAM OF PRACTICAL TRAINING (WPPT)

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности**

(Помощник младшего медицинского персонала)

Professional Medical Training (Assistant Junior Medical Staff)

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

Vladivostok

2019

ABSTRACT

Производственная практика «Практика по получению профессиональных умений и опыта в профессиональной деятельности (Помощник младшего медицинского персонала) - Professional Medical Training (Assistant Junior Medical Staff)» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 1st course in the 2nd semesters, is a basic discipline. The total complexity of the discipline is 108 hours, 3 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", 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 (Assistant Junior Medical Staff) the acquisition professional skills of junior medical personnel in a multidisciplinary hospital.

Objectives of the Professional Medical Training (Assistant Junior Medical Staff) »

- Getting and improvement of practical knowledge and skills in carry giving the sick, providing of medical care to patients, knowledge getting about organization and working conditions of nurses and doctors;
- Consolidation and deepening of knowledge about the main stages (maintenance) work, especially monitoring and carry giving patients with various diseases from the standpoint of nurses;

- Formation of abilities for the organization of the medical staff working in health care organizations, the definition of functional responsibilities and optimal algorithm implementation;
- Formation of abilities to organize events on labor and safety, prevention of occupational diseases, monitoring compliance and ensuring ecological safety;
- Examination of ethical and ethical behavior with patients, family, and colleagues;
- Strict adherence to regulations on compliance with medical ethics and deontology;
- Formation of skills in communicating with the staff.
- Formation of a humanistic position and outlook.

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

Code and formulation of competence.	Stages of formation of competence	
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease , which are not life-threatening and do not require emergency medical assistance	Knows	<ul style="list-style-type: none"> - Duties of junior medical personnel; - Modern methods of care giving in severe condition;
	Able to	<ul style="list-style-type: none"> - Carry out the work of junior medical personnel. - Explore indicators of cardiac activity and respiratory function in patients
	Possesses	<ul style="list-style-type: none"> - Skills of the primary pre-hospital care - Skills of researching indicators of cardiac activity and respiratory function in patients
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows	<ul style="list-style-type: none"> - Methods for providing first aid in the collapse, fainting, respiratory arrest
	Able to	<ul style="list-style-type: none"> - Provide first aid in the collapse, fainting, respiratory arrest
	Possesses	<ul style="list-style-type: none"> - Skills of first aid in conditions requiring urgent medical intervention
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	<ul style="list-style-type: none"> - Principles of medical care in emergency situations
	Able to	<ul style="list-style-type: none"> - Perform medical assistance in emergency situations
	Possesses	<ul style="list-style-type: none"> - Skills to overlay dressings and transport immobilization in victims in emergencies
PC – 15 - the willingness to help patients and their relatives to get basic health habits, to get abilities of self-	Knows	<ul style="list-style-type: none"> - Basics of psychology for communicating health care professionals with patients and their relatives
	Able to	<ul style="list-style-type: none"> - Select the most significant risk factors for the

control of basic physiological features, which contribute to the prevention of diseases and health promotion		patient and carry out health educational work.
	Possesses	- Skills of educational activities among the population
PC – 16 - the readiness for educational activities to eliminate the risk factors and promote healthy lifestyles	Knows	- Basics of a healthy lifestyle
	Able to	- Converse with the aim of promoting a healthy lifestyle among patients and their relatives
	Possesses	- Methods and tools promoting a healthy lifestyle

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

№	Sections of subject-matter SM	Types of work	Workload, hours	Forms of in-process assessment
1	Preparatory	Safety Instructions Distribution of jobs	2	Teacher control
2	Practical	- Perform wet cleaning of chambers; - Check the sanitary condition of chambers; - Perform UV irradiation of chambers; - perform sanitary processing of the patient at admission and during hospital stay; - perform daily patient toilet: washing, hygienic bath, rub the skin, bedsore prevention; - give the bedpan, the urine bag, remove a urinary catheter, a nasogastric tube; - change underwear and bedclothes of patient; - to take care of: hair (washing of the head), eyes (washing, put drops), ears and nose (cleaning, put drops) - control drainages, catheters and dressings;	74	Control of a senior nurse and teacher

		<ul style="list-style-type: none"> - measure body temperature and record it graphically; - put a compress (heating, cold); - conduct inhalation and oxygen therapy; - transporting patients on stretchers, chair and wheelchair; shift of patient; - measure daily urine output collect biological material from of patients for laboratory tests; - give out food and feed patients; carry out anthropometry, count the respiratory rate, pulse and blood pressure measured; - prepare a gauze pad, a gauze sponge, a napkin; - carry out disinfection and presterilizing preparation of medical instruments, materials and tools for patient care. 		
3	Exam	The interview, the performing practical skills on models, testing	2	Monitoring and evaluation of the teacher
4.	Independent work		30	
	Total		108	

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

a) Main literature

1. Nursing Student Book Collection (Cheat Sheet, Priorities, MedSurg, Case Studies), CreateSpace Independent Publishing Platform, 2015), 358 p.

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

2. Nursing School Study Pack (Drug Reference, Labs, Mnemonics, EKG) 4 books for nursing students Kindle Edition, [Jon Haws](#), NRSNG.com | NursingStudentBooks.com , 2015, 598 p.

<https://linksmedicus.com/medicalspecialties/?gclid>

3. Cambridge English for Nursing Pre-intermediate Student's Book with Audio CD (Cambridge Professional English) Cambridge University Press; 1

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 enterprise 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;

	<p>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).</p> <p>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</p>
<p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, Multimedia audience</p>	<p>Multimedia audience:</p> <p>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</p>
<p>Reading rooms of the FEFU Scientific Library with open access to the Foundation (Building A - Level 10)</p>	<p>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</p>
<p>Accreditation and Simulation Center of the School of Biomedicine</p> <p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510</p>	<p>Medical couch (1 pc.)</p> <p>Simulator for auscultation with an interactive board (1 pc.)</p> <p>Dummy for testing SLS and auscultation (1 pc.)</p> <p>Sam II (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Simulator for auscultation (1 pc.)</p> <p>Spirometer portable (1 pc.)</p> <p>Electrocardiograph (1 pc.)</p> <p>Spirograph (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Set with dotted electrodes for recording EEG in the system 10-20 "MCScap-26" (1 pc.)</p> <p>Medical couch (2 pcs.)</p>

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 1 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).



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

**METHODOLOGICAL SUPPORT OF
INDEPENDENT WORK OF STUDENTS**

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности**

(Помощник младшего медицинского персонала)

Professional Medical Training (Assistant Junior Medical Staff)

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

**Vladivostok
2018**

STUDENTS' INDIVIDUAL WORK

Methodological recommendations for preparation and performance of a practical training

1. A practical training shall be carried out during the course of training at the main clinical sites.
2. The course of a practical training shall be supervised by the department's staff.
3. A practical training shall begin with a seminar in the field of the practical training and end with a test.
4. The main mandatory document of the practical training performance shall be the Journal.
5. During the course of a practical training first year students of EP 31.05.01 "Medical care" shall be mastering the professional competences.
6. The practical training supervisor shall be a department's teaching assistant in charge of practical training; the officer in charge of practical training at a clinical site shall be designated from among its personnel by the head of the healthcare organization (a nurse, head nurse, matron).

Methodical support for organizational activities in practical training

Practical training is a mandatory section. It is an independent professional activity in volume of work of nurses under the supervision of nurses having a professional certificate.

During practical training in medical departments, students reinforce theoretical knowledge acquired in practical classes, develop practical skills in nursing, observe and care for patients with acute and chronic therapeutic and surgical diseases and injuries. Students perform simple medical procedures, have activities complying with the rules of aseptic and antiseptic, conditions of tools and materials sterilization.

During practical training, each student keeps a diary, which reflects the amount of performed work and mastered skills.

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

Working with educational literature is regarded as a kind of academic work in the production practice and executed within hours devoted to its study.

Each student is provided with access to FEFU library collections

At the end of the practical training intermediate control of knowledge is conducted using test control, checking practical skills with the evaluation journaling practical training.

Types of control and certification, forms of assessment tools

NN	N semester	Types of control	Name of subject (module) section	Assessment tools		
				Form	Number of questions in the task	Number of independent versions
1	2	3	4	5	6	7
1.	2	Exam	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	1. Testing 2. Interview and control of practical skills	30 3	
2.	2	Sanitary and educational work	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	Report on interviews and issued sanitary bulletins		
3.	2	ERWS	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	Providing a report		

Practical Training Diary keeping rules

1. The Diary is an official document of the practical training passed. The writing in it must be intelligible, literate, in the medical parlance.

2. Records in the Diary must be put daily at the end of the working day summarizing all the work done in the hospital's divisions.

3. The record of work done shall be certified by a nurse's signature (the desk nurse, procedure room nurse, dressing room nurse, etc.).

4. In the beginning of a Practical Training Summary a brief description of the unit should be given, viz. the specialization of the unit, the number of beds, the unit's staffing, availability of auxiliary rooms, etc.).

5. Upon the completion of the practical training, the student must fill out an End of Assignment Consolidated Numeric Report.

6. The health educative work shall be carried out by means of talking, making health letters; scope, place and time of the work carried out shall be recorded in the Journal and certified by the immediate practical training supervisor's signature.

7. In the course of the practical training all the students shall conduct STRA preparing the corresponding essay or fill out STRA Cards that should be presented to the supervising teaching assistant for check along with the Journal.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Students' individual work including research activities

Rules for keeping practical training journal

1. Journal is the official document on practical training. It must be written legibly, correctly, in medical terms.

2. Records are done every day at the end of the working day and should reflect all the performed work in the hospital departments.

3. Every day the performed work shall be signed by a nurse (nurse unit, procedure room, dressing room and so on.).

4. At the beginning of the report on the practice, given a brief description of department: department profile, number of beds, staff department, the presence of auxiliary cabinets and so on.

5. After the practice, the student, based on journal records, must complete a consolidated numeric progress report.

6. Sanitary and educational work to be carried out in the form of interviews, issue of sanitary and educational bulletin. Its content, time and place to be reflected in the journal and certified by the signature of the supervisor of practice.

7. All students during practical training carried out ERWS in abstract form or fill UIRS cards that are dealt with the journal to check-assistant supervisor of practice.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Students' individual work including research activities

№ п/п	Name of job	Number of days
1.	Introducing to the staff and organizational structure of the division of surgical hospital and functional duties. Instruction in safety.	1 day
2.	Doing activities for the care of surgical patients in the division of the medical organization provided by the program of practical training	16 days
3.	Checking keeping journals (Appendix 2) and summarizing the results of practical training	1 day
4.	Sanitary and educational work Drawing text of conversations with patients on the most topical issues of prevention of common diseases, seasonal infectious diseases. Issue of sanitary bulletins on prevention and regime for common medical and surgical diseases	During practice
5.	Educational - research work of students (Appendix 3) Work with patients and completing ERWS cards with the report	During practice

Schedule of practical training

Work in divisions of hospital	Effort hours (days / hours)
Nurse unit	12 / 72
Admitting Office	4 / 24
Laboratory	2/12

1. Work at nurse unit.

Preparation of working solutions of disinfectants. Wet cleaning. Processing medical equipment and equipment. Giving food to patients, feeding the critically ill. The thermometry and completing the temperature sheet. Moving the patient, using functional beds. Measuring blood pressure, heart rate, registering research results. Change underwear and bedclothes of severe patient; give the bedpan, the urine bag, remove a urinary catheter, a nasogastric tube; to take care of: hair (washing of the head), eyes (washing, put drops), ears, nose and mouth (cleaning, put drops), skin, daily toilet, bed sore prevention. Perform simple procedures: rubbing, lubrication skin medicines, posing compresses, mustard plasters. Control bedside tables sanitary conditions. Monitoring visits to patients. Gastric lavage thick probe. Preparing the patient for X-ray examination of the gastrointestinal tract. Enema, the introduction of gas discharging tube.

2. Working in admission department. Anthropometry of incoming patients. Sanitization of incoming patients, desinsection in pediculosis. Transporting a patient to division, moving the patient. Providing first aid to patients in case of emergency.

3. Job in laboratory. Sanitization of rooms and equipment. Preparation of material and equipment to work. Delivery of biological fluids for research. Observation of blood, urine, feces researches. Completing medical records.

ERWS topics for 1 course students:

1. Transporting patients. Types of transportation.
2. The sanitary maintenance of the medical organization premises, and equipment.
3. Sanitization of Chambers, bathrooms.
4. Technology of processing and modes of air disinfection.
5. Special clothes and personal protection in medical organizations.
6. Requirements for the personal hygiene of patients.
7. Pediculosis. Treatment of patients with head lice.

8. Caring for unconscious patient.
9. Care of patients with respiratory diseases.
10. Care of patients with diseases of the cardiovascular system.
11. Care of patients with digestive diseases.
12. Types of enemas.
13. Caring for heavy and moribund patients, for patients who are unconscious. Individual carry giving.



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SCHOOL OF BIOMEDICINE

FUND ASSESSMENT TOOLS

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности
(Помощник младшего медицинского персонала)
Professional Medical Training (Assistant Junior Medical Staff)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time**

**Vladivostok
2018**

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

Code and formulation of competence.	Stages of formation of competence	
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance	Knows	- Duties of junior medical personnel; - Modern methods of care giving in severe condition;
	Able to	- Carry out the work of junior medical personnel. - Explore indicators of cardiac activity and respiratory function in patients
	Possesses	- Skills of the primary pre-hospital care - Skills of researching indicators of cardiac activity and respiratory function in patients
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows	- Methods for providing first aid in the collapse, fainting, respiratory arrest
	Able to	- Provide first aid in the collapse, fainting, respiratory arrest
	Possesses	- Skills of first aid in conditions requiring urgent medical intervention
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	- Principles of medical care in emergency situations
	Able to	- Perform medical assistance in emergency situations
	Possesses	- Skills to overlay dressings and transport immobilization in victims in emergencies
PC – 15 - the willingness to help patients and their relatives to get basic health habits, to get abilities of self-control of basic physiological features, which contribute to the prevention of diseases and health promotion	Knows	- Basics of psychology for communicating health care professionals with patients and their relatives
	Able to	- Select the most significant risk factors for the patient and carry out health educational work.
	Possesses	- Skills of educational activities among the population
PC – 16 - the readiness for educational activities to eliminate the risk factors and promote healthy lifestyles	Knows	- Basics of a healthy lifestyle
	Able to	- Converse with the aim of promoting a healthy lifestyle among patients and their relatives
	Possesses	- Methods and tools promoting a healthy lifestyle

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-10 - the willingness to deliver medical first	Knows (threshold level)	Duties of junior medical personnel; Modern methods of	Knowledge of duties of junior medical personnel;	Formed and structured systematic	65-71

aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance		care giving in severe condition;	modern methods of care giving in severe condition;	knowledge of duties of junior medical personnel; modern methods of care giving in severe condition;	
	Is able to (advanced)	Carry out the work of junior medical personnel. Explore indicators of cardiac activity and respiratory function in patients	Ability to carry out the work of junior medical personnel; explore indicators of cardiac activity and respiratory function in patients	Ready and can to carry out the work of junior medical personnel; explore indicators of cardiac activity and respiratory function in patients	71-84
	Possesses (high)	Skills of the primary pre-hospital care Skills of researching indicators of cardiac activity and respiratory function in patients	Formed skills of the primary pre-hospital care Formed skills of researching indicators of cardiac activity and respiratory function in patients	Skills surely to provide primary pre-hospital care; research indicators of cardiac activity and respiratory function in patients	85-100
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows (threshold level)	Methods for providing first aid in the collapse, fainting, respiratory arrest	Knowledge of methods for providing first aid in the collapse, fainting, respiratory arrest	Formed and structured systematic knowledge of methods for providing first aid in the collapse, fainting, respiratory arrest	65-71
	Is able to (advanced)	Provide first aid in the collapse, fainting, respiratory arrest	Ability to provide first aid in the collapse, fainting, respiratory arrest	Ready and can to provide first aid in the collapse, fainting, respiratory arrest	71-84
	Possesses (high)	Skills of first aid in conditions requiring urgent medical intervention	Formed skills to perform first aid in conditions requiring urgent medical intervention	Skills surely to perform first aid in conditions requiring urgent medical intervention	85-100
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows (threshold level)	Principles of medical care in emergency situations	Knowledge of principles of medical care in emergency situations	Formed and structured systematic knowledge of principles of medical care in emergency situations	65-71
	Is able to (advanced)	Perform medical assistance in emergency situations	Ability to perform medical assistance in emergency situations	Ready and can to perform medical assistance in emergency situations	71-84
	Possesses (high)	Skills to overlay dressings and transport immobilization in victims in emergencies	Formed skills to overlay dressings and transport immobilization in victims in emergencies	Skills surely to overlay dressings and transport immobilization in victims in emergencies	85-100

PC – 15 - the willingness to help patients and their relatives to get basic health habits, to get abilities of self-control of basic physiological features, which contribute to the prevention of diseases and health promotion	Knows (threshold level)	Basics of psychology for communicating health care professionals with patients and their relatives	Knowledge of basics of psychology for communicating health care professionals with patients and their relatives	Formed and structured systematic knowledge of basics of psychology for communicating health care professionals with patients and their relatives	65-71
	Is able to (advanced)	Select the most significant risk factors for the patient and carry out health educational work.	Ability to select the most significant risk factors for the patient and carry out health educational work.	Ready and can to select the most significant risk factors for the patient and carry out health educational work	71-84
	Possesses (high)	Skills of educational activities among the population	Formed skills of educational activities among the population	Skills surely to carry out educational activities among the population	85-100
PC – 16 - the readiness for educational activities to eliminate the risk factors and promote healthy lifestyles	Knows (threshold level)	Basics of a healthy lifestyle	Knowledge of basics of a healthy lifestyle	Formed and structured systematic knowledge of basics of a healthy lifestyle	65-71
	Is able to (advanced)	Converse with the aim of promoting a healthy lifestyle among patients and their relatives	Ability to converse with the aim of promoting a healthy lifestyle among patients and their relatives	Ready and can to converse with the aim of promoting a healthy lifestyle among patients and their relatives	71-84
	Possesses (high)	Methods and tools promoting a healthy lifestyle	Formed skills to apply methods and tools promoting a healthy lifestyle	Skills surely to apply methods and tools promoting a healthy lifestyle	85-100

ATTESTATION OF ACTIVITY (BY THE RESULTS OF PRACTICE)

After the practical training the students to give the head of the practice filled journal, ERWS cards (5 pcs. or abstract). Head of Students Practices from the Department of FEFU conducts an interview on the results of practical training. Because of successful interview and perform all tasks on practical training, the student to receive credit, which can be evaluated in marks.

The main criteria for evaluation of practical training

- all necessary documents are prepared correctly and clearly;

- a positive characteristic of the immediate supervisor of the medical practice of the organization;
- clear and competent answers on questions in the interview on the results of practical training.

Questions to exam:

1. Duties of younger nurses.
2. Personal Care of nurses in the hospital.
3. Rules of medical wearing. Rules and safety of work with biological materials, personal protective measures of medical personnel during invasive procedures. Emergency measures to prevent HIV infection and hepatitis while working with bodily fluids.
4. Admitting Office: its main tasks, the structural units of sanitary-hygienic regime. Transporting patients.
5. Medical curing department: hygiene principles of prevention of nosocomial infections. Medical and protective regime of department.
6. Direct and special preparation of patients for research and operations.
7. Caring for operating wound, drains, gastric probe and the bladder catheter. Prevention of thrombosis and thromboembolism.
8. Diet therapy. Nutrition of patients in pre- and post-operative period. Tube feeding. Parenteral nutrition.
9. Features of care for severe patients, care for patients with a tracheostomy tube, with fistulas of the gastrointestinal tract.
10. The organization caring for trauma patients and patients with thermal lesions. Basics of desmurgy.
11. The intensive care unit: its main tasks, the structural units, sanitary-hygienic regime. Features of care for critically ill patients.
12. Change of underwear and bed linen.
13. Giving the bedpan and the urine collection bag.
14. The simplest physiotherapy procedures.
15. Methods of taking remedies.

16. Observation and care for patients with diseases of the respiratory and circulatory.

17. Observation and care for patients with diseases of the digestive system and kidneys.

Control questions of the final computer testing.

Questions to exam:

Features of the organization of work in surgical clinic:

- a. Features of the organization and regime of surgical department
- b. Features of the organization of work and sanitary-epidemiological regime in the dressing room and the operating unit.
- c. Definition of "aseptic" and "antiseptic".
- d. The daily working and cleaning in the surgical department.
- e. Features of hygiene of personal belongings of the patient.
- f. The main methods of transporting of patients in a surgical hospital.

Deontological aspects of nursing:

- a. Features of medical ethics and deontology in the care for surgical patients. Subordination of staff in the surgical department.
- b. Features of the relationship between the nursing staff and the relatives of the patient.
- c. Features of psychosomatic status in elderly patients and associated features of care.
- d. d. The rules of conduct of medical staff with patients with advanced forms of cancer diseases and their relatives.
- e. Actions of nursing staff in the ward with the moribund patients. Course of action of medical staff after the patient's death

Personal Care of surgical patient:

- a. Activities aimed at maintaining clean skin of the patient covers. Features of hygienic skin care and hair care in severely ill patients. Change of bed linen in the bed patient.
- b. Common features of observation and care for immobile patients. Measures for the prevention of bedsores. Adverse reactions of the respiratory, cardiovascular, urinary and nervous systems in long lying of patients and their prevention methods.

- c. Personal safety measures in caring for patients.

Preparing patients for surgical intervention:

- a. The main objectives of preparing the patient for surgery. Psycho-emotional training. Features of the medical staff to communicate with the patient and his relatives in the preoperative period.
- b. Direct preparation of the patient for surgery. Hygiene measures carried out on the eve and the day of surgery. Rules of patient transportation to the operating room.

Caring for patients in the postoperative period:

- a. What is the postoperative period? Features of regime, monitoring and care for the patients in the postoperative period. The mechanism of appearance of bedsores and measures for their prevention
- b. Complications of the surgical wounds. Observation drainage and tampons from the field of surgery
- c. Features nursing after operation on thoracic and abdominal organs, biliary ducts, the colon, for breast cancer. Organization of care for patients with artificial fistulas: tracheostomy, gastrostomy, colostomy.
- d. The most common postoperative complications of the respiratory, cardiovascular and urinary systems, of the abdominal organs. Typical signs of these complications; their prevention.

Principles of rehabilitation of patients in the postoperative period:

- a. Exercising in the postoperative rehabilitation of patients.
- b. Requirements for feeding patients in the postoperative period.
- c. Hygienic regime a medical institution.
- d. Disinfection of premises and medical equipment
- e. Classification of medical waste. Recycling.
- f. Rules of collecting and disposing of injection needles.

- g. Rules of the anthropometry.
- h. Rules of transportation of the seriously ill patients.
- i. Preparing the patient for planned operation - mode (intake of food and water) before and during the day of surgery, enema, shaving of the surgical field.
- j. Care and performing hygiene in severe ill and weakened patients (oral care, nose, genitals, washing of the head).
- k. Features of care for patients with disorders of consciousness, tube feeding, safe position.

Basic medical and diagnostic manipulations performed by junior medical staff:

- a. Body temperature measurement, registration of results in the temperature sheet.
- b. Taking urine for research, accounting daily urine output,
- c. Feeding moistened oxygen,
- d. The use of functional beds,
- e. Inhalations, expectoration collection for the study,
- f. Assisting during gastric tube entering and gastric lavage, help during vomiting
- g. Measurement of blood pressure and heart rate,
- h. Counting the number of breaths,
- i. Conducting cleansing enemas,
- j. Preparation of the patient to X-ray examination of the gastrointestinal tract
- k. The use of functional beds and other accessories to create a comfortable position the patient.

Practical skills:

Clinical hygiene of medical personnel in the surgical department and providing of hygiene of his own body:

- a. Proper hand hygiene maintenance, including the nail plate.
- b. Processing hands by disinfectant solutions.
- c. The correct choice and wearing of personal work clothes.
- d. Proper wearing of medical sanitary clothing (coat, hat, shoes).
- e. Proper donning and wearing of surgical masks disinfected or sterilized.
- f. Proper wearing shoe covers.
- g. Proper using individual dressing packets.

Clinical environmental hygiene in the surgery:

- a. Preparation of various working solutions of disinfectants.
- b. Disinfection of medical instruments and means of care.
- c. Processing with disinfectant external surfaces of medical equipment.
- d. Preoperative preparation of the surgical field.
- e. Air disinfection by source of ultraviolet radiation.
- f. Carrying out a daily and current cleaning of surgical hospital

Clinical hygiene of patients in the surgical division

- a. Monitoring hygiene of the patient's body with a free and bed rest.
 - b. Sanitary processing patient on admission to hospital.
 - c. Sanitary processing patient with bed rest, in a severe and unconscious state.
 - d. Prevention of bedsores.
 - e. Nail clippers in severely ill patients.
 - f. Change of underwear in patients with bed rest, including patients in an unconscious state.
- a. Hygienic cleaning the patients.
 - b. The gas withdrawn from the colon.
 - c. Distribution of food to patients with a free regime.
 - d. Feeding the patients in the ward.
 - e. Feeding patients through the probe, through the gastrostomy.

- f. Processing, washing, disinfection, storage and drying of foodware.
- g. Cleaning dining area.
- h. Imposing and removal of stoma bags.
- i. Imposing and removal of bandages.
- j. Collecting human secretions: sputum, mucus from the nose, urine, feces.
- k. Help the patients while urinating in a urine collection bag in bed.
- l. Help the patients during defecation in a bedpan in bed.
- m. Help the patients at vomiting.

Transportation of patients:

- a. Processing gurneys and their preparation for transportation of patients.
- b. Moving patient with bed rest from bed o gurney and back.
- c. -Moving patient with the system for continuous intravenous infusion, drainage, etc.
- d. Moving patient from gurney to the operating table and back, and his transportation.
- e. Transportation of patients with external drainages from abdominal and thoracic cavities.

Safety Information:

- a. Identification of accidental poisoning (and first aid for them) disinfectants in contact of these substance with the skin, mucous membranes, and entering the digestive tract.

Test control

1. What is studying medical deontology:

- a) the relationship between doctor and patient
- + b) problems of duty, morality and professional ethics of medical workers
- c) iatrogenic disease
- g) measures for nursing

2. What is the relationship between the concept of "care" and "treatment":

- a) care and treatment - different concepts; doctor treats, and the middle and younger medical staff provide care
- b) care and treatment - identical concepts, because their aim is patient's recovery
- + c) care is an integral part of treatment
- d) care is not a prerequisite of adequate medical measures

3. What is iatrogenic disease:

- + a) a painful condition caused by the activities of health workers
- b) a painful condition caused by the fear of a disease
- c) a painful condition caused by the influence of the family
- g) a painful condition caused by the need to perform therapeutic and diagnostic measures

4. With what disease the patient can be hospitalized without medical documents:

- + a) myocardial infarction
- b) a planned hospitalization
- c) examination
- r) presence of chronic diseases of the digestive system

5. What assistance should be provided to the patient at a pulmonary edema:

- a) give a semi-sitting position
- b) to give a mixture of oxygen inhalation and ethyl alcohol
- c) to invite the doctor on duty
- + d) all of the above

6. What are the symptoms manifested gastric bleeding:

- a) vomiting "coffee grounds" color, black tarry stools (melena)
- b) decrease in blood pressure, abnormal sweating
- c) pale skin
- +d) all of the above

7. What features are characteristic for chest pain associated with a lesion of the pleura:

- + a) increasing pain during deep breathing and coughing;
- b) pale skin
- c) reduction of blood pressure
- d) increase in temperature

8. What is tachycardia:

- a) the pulse frequency of 60-80 beats per minute
- +b) increased frequency of heart rate over 80 beats per minute
- c) slowing heart rate less than 60 beats per minute
- d) arrhythmic pulse

9. What should be the percentage of oxygen during oxygen therapy:

- a) 100%
- b) 20%
- + c) 40-60%
- d) less than 40%

10. What is negative diuresis?

- + a) patient excretes urine per day significantly less than the consumption of liquid
- b) the patient per day excretes urine about 70-80% of fluid intake
- c) the patient per day excretes urine greater than fluid intake
- g) the amount of fluid intake and urine output is approximately the same

11. What is proctosigmoidoscopy?

- + a) examination of the mucous membrane of rectum and sigmoid
- b) bowel contrast study
- c) the digital examination of the rectum
- g) X-ray study of the intestine

12. What a way to administrate drugs called enteral:

- a) topical application of drugs
- b) application of drugs via injections
- + c) the administration of drugs through the mouth, under the tongue, through the rectum
- d) an inhalation drug administration

13. What polyuria:

- a) frequent urination
- + b) increase the daily amount of urine more than 2 liters
- c) reduction of the daily amount of urine less than 500 ml
- d) difficulty urinating

14. What is the bradycardia?

- a) the pulse frequency 60-80 beats per minute
- b) the acceleration of heart rate over 80 beats per minute+
- +c) slowing heart rate less than 60 beats per minute
- d) arrhythmic pulse

15. What are the symptoms most characteristic of renal colic?

- + a) acute pain in the lumbar region, spreading along the ureter and into the groin
- b) The patient lies on his back
- c) lack of urination
- d) polyuria

16. What signs indicate pulmonary hemorrhage?

- + a) scarlet blood, frothy
- b) the blood is dark, clotted
- c) the type of "coffee grounds"
- d) streaks of blood

17. During oxygen therapy the humidification of oxygen is performed for:

- a) compliance with safety regulations
- + B) preventing oxygen toxicity in the body

c) to prevent its excessive loss

g) preventing nasal dryness

18. In some cases, medication is prescribed inside after food intake:

+ a) in their irritating effect on the gastric mucosa

b) if they are involved in digestive processes

c) if the destructive action of gastric enzymes on the drug

d) in diseases of the digestive system



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

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности**

**(Помощник младшего медицинского персонала)
Professional Medical Training (Assistant Junior Medical Staff)**

Education program
Specialty 31.05.01 «General medicine»

Form of study: full time

Student _____
I year _____ group _____ major _____
Practical training place _____
from _____ till _____

Head of practical training (teacher) _____

Grade of practice _____

20 /20 year

Vladivostok

Performing practical skills during practical training

Work content / date	Necessary minimum																			Total
Filling medical records	4																			
Measurement of height, weighing	20																			
Anthropometric measurements	20																			
Measuring body temperature	20																			
Counting respiratory movements	20																			
Pulse measurement	10																			
Blood pressure measurement	10																			
Preparation of patient bed	10																			
Changing bed linen	10																			
Change underwear	5																			
Transportation of patient	20																			
Control over the bedside tables condition	20																			
Wet cleaning of the wards	20																			
Wet cleaning of another rooms	10																			
Daily toilet of patient	10																			
Cleaning hairs, eyes and ears	3																			
Cleaning mouth cavity	5																			
Feeding patients	20																			
Monitoring patients after operation	5																			
Humidified oxygen giving	10																			
Using a handheld inhaler	5																			
Disinfecting bedpan, urine collection bag	10																			
Measurement of daily diuresis	5																			
Collecting for analyzing																				
- urine	5																			
- feces	5																			
- sputum	3																			
Overlaying rubber plait	10																			
Preparation of dressings for sterilization	5																			
Hygienic personnel activities	10																			
Sanitary bulletin	1																			
Conversations with	2																			

patients on medical topics															
Teacher Signature															

Describe the procedure:

- Disinfection of bedpan
- The oral cavity treatment procedure in seriously ill patients
- Procedure of performing first aid at vomiting

Topic of sanitary bulletin:

Topics of conversations with patients:

Division	Date	Topic	Number of listeners

CHARACTERISTIC

Student _____ group № _____ Medical care
Far Easter Federal University, take practical training from _____ till _____
201__г. hospital _____

During pass Educational practice “Clinical practical training (Medical & Surgical Patient Care)”

Signature _____

Seal Date _____

Pass/fail practical training exam

1. Schedule _____
2. Test _____
3. Practical training _____
4. Oral interview _____
5. Personal, social and health education _____
6. ERWS _____

FINAL GRADE

Teacher _____

Date _____

Safety induction & emergency training course:

Nurse signature

Exam on an industrial practice

7. Keeping a journal _____
8. Test control _____
9. Evaluation of practical skills and abilities of _____
10. Interview _____
11. The sanitary - educational work _____
12. ERWS _____

FINAL EVALUATION

Teacher _____

Date _____

INDIVIDUAL SCHEDULE OF PRACTICE

Working in the hospital units	The complexity (days / hours)
Nursing unit	12 / 72
Admission department	4 / 24
Department of laboratory diagnostics	2/12

Instructing on safety precautions:

Signature of nurse

ERWS CARD "STUDY OF BODY WEIGHT IN DIFFERENT TYPES OF
THERAPEUTIC AND SURGICAL PATHOLOGY"

Full name _____

Age _____

Sex _____

Family status _____

Diagnosis _____

ANTHROPOMETRIC MEASUREMENTS

Height _____

Weight _____

Waist circumference (WC) _____

Shoulder circumference (SC) _____

Hip circumference (HC) _____

Chest circumference (CC) _____

Body mass index (BMI) _____

HEMODYNAMIC PARAMETERS

Blood pressure (mmHg) _____

Pulse: Frequency _____

Rhythm _____



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
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of higher education
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SCHOOL OF BIOMEDICINE

«AGREED»

Head of education program
«General medicine»



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

«APPROVED»

Director of the Department of Clinical
Medicine



(signature) Geltser B.I.
(Full name)
«09» of July 2019



WORKING PROGRAM OF PRACTICAL TRAINING (WPPT)

Практика по получению профессиональных умений и опыта в профессиональной деятельности (Помощник палатной медицинской сестры)

Professional Medical Training (Ward nurse assistant)

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

Vladivostok

2019

ABSTRACT

Производственная практика «Практика по получению профессиональных умений и опыта в профессиональной деятельности (Помощник палатной медицинской сестры) - Professional Medical Training (Ward nurse assistant)» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 2nd course in 4th the semesters, as a basic discipline. The total complexity of the discipline is 108 hours, 3 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 (Ward nurse assistant) the acquisition professional skills of junior medical personnel in a multidisciplinary hospital.

Objectives of the Professional Medical Training (Ward nurse assistant):

- consolidation and deepening of knowledge about the main stages of work of the ward nurse, duties and responsibility in work with patients with diseases of various bodies and systems from positions of the average medical personnel in different offices of a multi-profile hospital;

- development of principles of care for patients of different degrees severity and rules of sanitary treatment; organization of work of the nurse's post of therapeutic, surgical, intensive care, reception departments; duties of the nurse;

- formation of abilities on the organization of work of medical personnel in medical organizations, the definition of functional responsibilities and the optimal algorithm of their implementation;

- formation of abilities for the organization of measures for occupational safety and health, prevention of occupational diseases, monitoring of compliance and environmental safety;

- mastering the basic principles of medical ethics and deontology, conducting sanitary and educational work among patients, familiarization with the basics of organization and work at the nursing post, the development of duties of Junior medical staff;

- mastering the methods of drug administration (intramuscular, subcutaneous injections);

- formation of the student's communication skills with 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-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and (or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health	Knows	the rules of patient hygiene, the basics of preventing nosocomial infections, the basics of medical ethics and deontology.
	Able to	carry out hygienic procedures in a patient, carry out measures for the prevention of nosocomial infections, follow the principles of medical ethics and deontology.
	Possesses	Skills of carrying out hygienic procedures in a patient, measures for the prevention of nosocomial infections, keeping the principles of medical ethics and deontology.
PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases	Knows	major signs of serious illness and complications in patients
	Able to	identify the main signs of serious illnesses and complications in patients, to register indicators of basic physiological functions in medical records.
	Possesses	skill of identifying the main signs of severe diseases and complications in patients, filling in medical records
PC-11 – the willingness to assist at the delivering emergency medical	Knows	- Methods for providing first aid in the collapse, fainting, respiratory arrest

care for the patients in the conditions, requiring urgent medical participation;	Able to	- Provide first aid in the collapse, fainting, respiratory arrest
	Possesses	- Skills of first aid in conditions requiring urgent medical intervention

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

Sections (stages) of practice	Types of production work in practice	Labor intensity (hours)	Forms of current control
Preparatory	Safety instructions.	2	The control of the teacher
Main	Distribution of jobs	44	Nurse and teacher control
		50	
		42	
		40	
The final stage	- Examination of the patient: measurement of body temperature, blood pressure, heart rate and registration of measurement results.	2	The control, testing and mark of the teacher
Total		180	

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

a) Main literature

1. Nursing Student Book Collection (Cheat Sheet, Priorities, MedSurg, Case Studies), CreateSpace Independent Publishing Platform, 2015), 358 p.

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

2. Nursing School Study Pack (Drug Reference, Labs, Mnemonics, EKG) 4 books for nursing students Kindle Edition, [Jon Haws](#), NRSNG.com | NursingStudentBooks.com , 2015, 598 p.

<https://linksmedicus.com/medicalspecialties/?gclid>

3. Cambridge English for Nursing Pre-intermediate Student's Book with Audio CD (Cambridge Professional English) Cambridge University Press; 1 Pap/Com edition (April 12, 2010)

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

b) Further Reading

1. 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 enterprise 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 -	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

Level 10)	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 1 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).



THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal State autonomous education institution of higher education
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SCHOOL OF BIOMEDICINE

**METHODOLOGICAL SUPPORT OF
INDEPENDENT WORK OF STUDENTS**

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности (Помощник палатной медицинской сестры)
Professional Medical Training (Ward nurse assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time**

**Vladivostok
2018**

STUDENTS' INDIVIDUAL WORK

Methodological recommendations for preparation and performance of a practical training

Guidelines for the preparation and conduct of practice

1. Industrial practice is carried out during teaching on the major clinical sites.
2. Employees of the Department manage the production practice.
3. Production practice begins with a seminar in the direction of practice, ends with the delivery of the test.
4. The main mandatory document of practical training is a diary.
5. During the internship students 2 course by specialty 31.05.01 «General Medicine» mastered the universal and professional competences.
6. The head of the practice is the assistant of the Department responsible for the production practice, responsible for the production practice on the clinical basis is appointed by the head of the medical organization employee (nurse, older nurse, chief nurse).

Guidelines for the organization of practical training

Medical practice consists of independent work of students under the supervision of a teacher and classroom (20 hours.), including practical classes provided by the curriculum. The main time is allocated for practical work on the development of skills of the ward nurse.

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

The main mandatory document of practical training is a diary.

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

When conducting an industrial practice "the Practice of vocational skills and professional experience" (Assistant ward nurse) you must use the departments of General hospital and to develop practical skills:

- Reception and registration of incoming patients, performance of medical

appointments, to carry out their performance in part of the duties provided by the work of the ward nurse, anthropometry and weighing of patients, monitoring the collection of biological material for laboratory research.

- Thermometry and filling temperature of the sheet, journals, ward nurses, the control of hemodynamic parameters, respiration, measurement of daily diuresis, method of oxygen therapy.

- Monitoring of patients with diseases of various organs and systems, first aid in case of emergency - a statement of biological death.

Methodical support for organizational activities in practical training

Practical training is mandatory section. It is an independent professional activity in volume of work of nurses under the supervision of nurses having professional certificate.

During practical training in medical departments, students reinforce theoretical knowledge acquired in practical classes, develop practical skills in nursing, observe and care for patients with acute and chronic therapeutic and surgical diseases and injuries. Students perform simple medical procedures; have activities complying with the rules of aseptic and antiseptic, conditions of tools and materials sterilization.

During practical training, each student keeps a diary, which reflects the amount of performed work and mastered skills.

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

Working with educational literature is regarded as a kind of academic work in the production practice and executed within hours devoted to its study.

Each student is provided with access to FEFU library collections

At the end of the practical training intermediate control of knowledge is conducted using test control, checking practical skills with the evaluation journaling practical training.

Types of control and certification, forms of assessment tools

NN	N semester	Types of control	Name of subject (module) section	Assessment tools		
				Form	Number of questions in the task	Number of independent versions
1	2	3	4	5	6	7
1.	2	Exam	Practical Training B2.P1. «Practice for getting of professional skills and professional experience” (Assistant of junior medical staff)	1. Testing 2. Interview and control of practical skills	30 3	
2.	2	Sanitary and educational work	Practical Training B2.P1. «Practice for getting of professional skills and professional experience” (Assistant of junior medical staff)	Report on interviews and issued sanitary bulletins		
3.	2	ERWS	Practical Training B2.P1. «Practice for getting of professional skills and professional experience” (Assistant of junior medical staff)	Providing a report		

Practical classes are held in the form of classroom and independent work, demonstration of practical skills and the use of visual AIDS, solving situational problems, answers to test tasks, trainings.

In accordance with the requirements of the GEF HPE in the educational process are widely used active and interactive forms of industrial practice (case study technology, training in the UTC, the implementation of the RWS, keeping a diary of practical training). The share of classes conducted in interactive forms is not less than 5% of classroom lessons.

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

Work with educational literature is considered as a kind of educational work on practical training and is performed within the hours allotted for its study.

Each student is provided with access to the library collections of FEFU and the Department.

On the work practice B2.P. 2 "Practice on obtaining professional skills and experience in medical activities" (Assistant ward nurse) developed guidelines for students "sample diary of work practice", "Card ERWS".

During the practical training, students independently carry out ERWS on the topic "the Prevalence of overweight in patients with increased blood pressure", sanitary and educational work in the form of sanitary bulletins or sanitary - educational conversations with patients, process maps ERWS (5 per student), diaries manufacturing practices and submit a brief report according to the ERWS, forms of sanitary-educational work, setting the topic of interviews with patients (with indication of number of listeners), completed diaries manufacturing practices "Practices for acquiring vocational skills and professional experience".

Making a diary of work practice and a brief report on the data of the ERWS contribute to the formation of skills of filling in the reporting of medical documentation, preventive measures at all stages of the work of the ward nurse, research and health education.

The work of the student in the departments of a multi-disciplinary hospital under the supervision of the teacher and medical staff forms a sense of collectivism and sociability.

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

The initial level of knowledge of students is determined by testing, the current control of mastering the subject is determined by an oral survey during classes, when solving typical situational problems and answers to test tasks, when interviewing the results of practical training with the assessment of keeping a diary of practical training.

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

The issues covered during the practical training "Practice on obtaining professional skills and experience of professional activity" are included in the Final state certification of graduates.

Practical Training Diary keeping rules

1. The Diary is an official document of the practical training passed. The writing in it must be intelligible, literate, in the medical parlance.

2. Records in the Diary must be put daily at the end of the working day summarizing all the work done in the hospital's divisions.

3. The record of work done shall be certified by a nurse's signature (the desk nurse, procedure room nurse, dressing room nurse, etc.).

4. In the beginning of a Practical Training Summary a brief description of the unit should be given, viz. the specialization of the unit, the number of beds, the unit's staffing, availability of auxiliary rooms, etc.).

5. Upon the completion of the practical training, the student must fill out an End of Assignment Consolidated Numeric Report.

6. The health educative work shall be carried out by means of talking, making health letters; scope, place and time of the work carried out shall be recorded in the Journal and certified by the immediate practical training supervisor's signature.

7. In the course of the practical training all the students shall conduct STRA preparing the corresponding essay or fill out STRA Cards that should be presented to the supervising teaching assistant for check along with the Journal.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Rules for keeping practical training journal

1. Journal is the official document on practical training. It must be written legibly, correctly, in medical terms.

2. Records are done every day at the end of the working day and should reflect all the performed work in the hospital departments.

3. Every day the performed work shall be signed by a nurse (nurse unit, procedure room, dressing room and so on.).

4. At the beginning of the report on the practice, given a brief description of department: department profile, number of beds, staff department, the presence of auxiliary cabinets and so on.

5. After the practice, the student, based on journal records, must complete a consolidated numeric progress report.

6. Sanitary and educational work to be carried out in the form of interviews, issue of sanitary and educational bulletin. Its content, time and place to be reflected in the journal and certified by the signature of the supervisor of practice.

7. All students during practical training carried out ERWS in abstract form or fill UIRS cards that are dealt with the journal to check-assistant supervisor of practice.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Students' individual work including research activities

№ п/п	Name of job	Number of days
1.	Introducing to the staff and organizational structure of the division of hospital and functional duties. Instruction in safety.	1 day
2.	Doing activities for the care of patients in the division of the medical organization provided by the program of practical training	16 days
3.	Checking keeping journals (Appendix 2) and summarizing the results of practical training	1 day
4.	Sanitary and educational work Drawing text of conversations with patients on the most topical issues of prevention of common diseases, seasonal infectious diseases. Issue of sanitary bulletins on prevention and regime for common medical and surgical diseases	During practice
5.	Educational - research work of students (Appendix 3) Work with patients and completing ERWS cards with the report	During practice

Schedule of practical training

Work in hospital units	Laboriousness (days / hours)
Nursing post	9 / 54
Admission department	2 / 12
Treatment room	1/6
Intensive Care Unit	1/6
Operating room, familiarity with anesthetic equipment	1/6
Autoclave (CSO)	1/6
Department of functional diagnostics, ECG room	1/6
Department of ultrasound examination (ultrasound room)	1/6
Dressing, plaster	1/6

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

Approximate themes of abstracts:

1. The types of hospitals. Structure and functions of the reception Department. Organization work nursing post medical or surgical wards. Types of medical records.
2. Rules of treatment of hands of medical personnel and skin of the patient.
3. Medical nutrition of patients.
4. Requirements for patient nutrition.

5. Sputum collection technique for different types of research.
6. The method of measuring blood pressure and pulse.
7. The technique of stomach sounding with a thick and thin probe. Check the position of the gastric probe.
8. Preparation of the patient for x-ray examination of the gastrointestinal tract.
9. Care for unconscious patients.
10. The method of urine collection for various types of laboratory research. Methods of bladder catheterization in men and women.
11. Preparation of the patient for x-ray and endoscopic examination of the gastrointestinal tract. Method of research
12. Complications of drug therapy. Emergency care for allergic reactions and anaphylactic shock.
13. Nursing care for postoperative patients.
14. Basic algorithm of cardiopulmonary resuscitation.

1. THE FORM OF APPRAISAL (AT THE END OF PRACTICE)

At the end of the training the student takes the internship supervisor completed a diary card **ERWS** (5 pieces or abstract). Head of practice from the Department of FEFU conducts an interview on the documents of practical training. According to the results of a successful interview and all the tasks on practical training, the student receives a credit that can be assessed in points.

The main criteria for assessing the production practice

- * all the necessary documents are properly and clearly drawn up;
- * positive characteristics of the direct head of the practice from the medical organization;
- * clear and competent answers to questions, the head of the Department at the interview stage based on the results of practical training.



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

SCHOOL OF BIOMEDICINE

FUND ASSESSMENT TOOLS

**Практика по получению профессиональных умений и опыта в профессиональной
деятельности (Помощник палатной медицинской сестры)
Professional Medical Training (Ward nurse assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time**

**Vladivostok
2018**

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

Code and formulation of competence.	Stages of formation of competence	
PC-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and (or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health	Knows	the rules of patient hygiene, the basics of preventing nosocomial infections, the basics of medical ethics and deontology.
	Able to	carry out hygienic procedures in a patient, carry out measures for the prevention of nosocomial infections, follow the principles of medical ethics and deontology.
	Possesses	Skills of carrying out hygienic procedures in a patient, measures for the prevention of nosocomial infections, keeping the principles of medical ethics and deontology.
PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases	Knows	major signs of serious illness and complications in patients
	Able to	identify the main signs of serious illnesses and complications in patients, to register indicators of basic physiological functions in medical records.
	Possesses	skill of identifying the main signs of severe diseases and complications in patients, filling in medical records
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows	- Methods for providing first aid in the collapse, fainting, respiratory arrest
	Able to	- Provide first aid in the collapse, fainting, respiratory arrest
	Possesses	- Skills of first aid in conditions requiring urgent medical intervention

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-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and	Knows (threshold level)	the rules of patient hygiene, the basics of preventing nosocomial infections, the basics of medical ethics and deontology.	Knowledge of the rules of patient hygiene, the basics of preventing nosocomial infections, the basics of medical ethics and deontology.	Formed and structured systematic knowledge of the rules of patient hygiene, the basics of preventing nosocomial infections, the basics of medical ethics and deontology. ;	65-71
	Is able to (advanced)	carry out hygienic procedures in a	Ability to carry out hygienic procedures	Ready and can to carry out hygienic procedures	71-84

(or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health		patient, carry out measures for the prevention of nosocomial infections, follow the principles of medical ethics and deontology.	in a patient, carry out measures for the prevention of nosocomial infections, follow the principles of medical ethics and deontology.	in a patient, carry out measures for the prevention of nosocomial infections, follow the principles of medical ethics and deontology.	
	Possesses (high)	Skills of carrying out hygienic procedures in a patient, measures for the prevention of nosocomial infections, keeping the principles of medical ethics and deontology.	Formed skills of carrying out hygienic procedures in a patient, measures for the prevention of nosocomial infections, keeping the principles of medical ethics and deontology.	Skills surely to carry out hygienic procedures in a patient, measures for the prevention of nosocomial infections, keeping the principles of medical ethics and deontology.	85-100
PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases	Knows (threshold level)	major signs of serious illness and complications in patients	Knowledge of major signs of serious illness and complications in patients	Formed and structured systematic knowledge of major signs of serious illness and complications in patients;	65-71
	Is able to (advanced)	identify the main signs of serious illnesses and complications in patients, to register indicators of basic physiological functions in medical records.	Ability to identify the main signs of serious illnesses and complications in patients, to register indicators of basic physiological functions in medical records	Ready and can to identify the main signs of serious illnesses and complications in patients, to register indicators of basic physiological functions in medical records	71-84
	Possesses (high)	skill of identifying the main signs of severe diseases and complications in patients, filling in medical records	Formed skills of identifying the main signs of severe diseases and complications in patients, filling in medical records	Skills surely to identify the main signs of severe diseases and complications in patients, filling in medical records	85-100
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows (threshold level)	Methods for providing first aid in the collapse, fainting, respiratory arrest	Knowledge of methods for providing first aid in the collapse, fainting, respiratory arrest	Formed and structured systematic knowledge of methods for providing first aid in the collapse, fainting, respiratory arrest;	65-71
	Is able to (advanced)	Provide first aid in the collapse, fainting, respiratory arrest	Ability to provide first aid in the collapse, fainting, respiratory arrest	Ready and can to provide first aid in the collapse, fainting, respiratory arrest	71-84
	Possesses (high)	Skills of first aid in conditions requiring urgent medical intervention	Formed skills of first aid in conditions requiring urgent medical intervention	Skills surely to provide first aid in conditions requiring urgent medical intervention	85-100

Scale of evaluation if 5 indicators are selected:

if 3 out of 5 (60%) indicators are positively estimated, the mark "satisfactory»,

if 4 of 5 (80%)- "good»,

if 5 of 5 (100%) - "excellent»,

if less than 3 of 5 (less than 60%) – "unsatisfactory".

The final mark can be displayed as the arithmetic mean of the marks for all the evaluated 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

1. What studies medical deontology?

(a) the relationship between the physician and the patient.

+b) a wide range of issues of duty, morality and professional ethics of medical workers;

C) iatrogenic diseases

d) measures for the care of patients

2. How do the concepts of "care" and "treatment" relate to each other»

- a) care and treatment-different concepts; treatment is carried out by a doctor, care-middle and Junior medical staff
- +b) care and treatment-identical concepts, as both set out to achieving recovery of the patient
- C) care is an integral part of treatment
- d) care is not a necessary condition for adequate treatment events'

3. What are the goals of the ward nurse

- (a) monitoring of patients
- b) implementation of measures for the care of patients
- C) performance of medical appointments
- +d) all of the above

4. The duties of the ward nurse are not included

- +a) blood sampling for research
- b) performance of medical appointments
- C) catering for patients
- d) monitoring of patients

5. With what disease the patient can be hospitalized without medical records?

- +a) myocardial infarction
- b) planned hospitalization in the survey
- d) the presence of chronic diseases of the digestive system

6. What medical documentation is not maintained by the ward nurse

- a) log of reception and delivery of duty
- +b) journal of accounting of narcotic, potent and poisonous drugs
- C) patients ' movement journal
- d) journal of medical appointments

7. What kind of help should be provided to the patient with pulmonary edema?

- a) give a semi-sitting position;
- b) give an inhalation of a mixture of oxygen and ethyl alcohol vapors;
- C) invite the doctor on duty

+d) all of the above

8. What is a test of General?

+a) study of the daily amount of urine and specific weight in 8 portions (every 3 hours);

b) examination of the minute volume of urine;

C) determination of glucose in the daily volume of urine

d) quantification of formed elements in the urine

9. What is the number of diet for Pevzner should the patient follow when ulcer.

+a) №1

b) №7

C) No. 10

d) №9

10. In the patient for 2 weeks the morning temperature persists within 38,0-38,5°C With evening – in the range of 36,5-36,9°C. What type fever in a patient?

a) relaxing, remitting

b) debilitating, hectic;

+C) perverted, wrong;

d) intermittent

11. What are the symptoms of gastric bleeding?

a) coffee grounds vomit, black tar-shaped stool (melena));

b) lowering of blood pressure, pathological sweating;

C) pale skin;

+d) all of the above.

12. What is the preparation of the patient for irrigation

a) in the morning on the day of the study do not have Breakfast, cleansing enema in the morning;

b) the night before the study, cleansing enema, on the morning studies do not to eat Breakfast;

+C) compliance with a special diet 3-5 days before the study, the day before studies do not dine, make a cleansing enema; a day studies do not have Breakfast, make a second cleansing enema.

d) no special training is required

13. What are the signs characteristic of chest pain associated with the defeat of the pleura?

+a) increased pain in deep breathing and coughing;

b) pale skin

C) lowering blood pressure

d) temperature rise

14. What is not a contraindication for the use of heating compress's

+a) local inflammatory processes in the skin and subcutaneous tissue

b) high fever

C) pustular rash on the skin

d) violation of the integrity of the skin

15. The duties of the ward nurse include

a) catering for patients

b) thermometry and filling of temperature sheets

C) periodic weighing of patients

+d) all of the above

16. What are the rules for using a pocket inhaler

a) holding the can at a distance, press the bottom and then take a breath

+b) take a breath and simultaneously press the bottom of the can, hold breath for a few seconds

C) exhale, hold your breath for a few seconds, then do breath

d) exhale, press the bottom of the can and take a breath

17. How much washing liquid should be prepared for a siphon enema?

a) 1-1.5 litres;

b) 50-100 ml;

C) 5-6 liters;

+g) 10-12 liters.

18. What is tachycardia

- a) heart rate 60-80 beats per minute
- +b) heart rate more than 80 beats per minute
- C) slowing heart rate less than 60 beats per minute
- d) non-rhythmic pulse

19. What should be the percentage of oxygen at oxygenotherapies

- a) 100%
- b) 20%
- +C) 40-60%
- d) less than 40%

20. What is negative diuresis

- +a) the patient for a day allocates urine much less than it consumes liquids
- b) the patient during the day with urine allocates 70-80% of the consumed liquid
- C) the patient for the day urine emits more than consumes fluid
- d) the amount of fluid consumed and urine excreted approximately equally

21. While on duty ward nurse recorded the temperature increase in the patient. In what journal it must enter the information?

- a) patients ' movement journal
- b) the journal of accounting of narcotic, strong and poisonous means
- +C) journal of reception and delivery of duty
- d) journal of medical appointments

22. What activities should be carried out in the postoperative the period to reduce the negative effects of anesthesia?

- +a) oxygen therapy
- b) drinking plenty of fluids
- C) bladder catheterization
- d) siphon enema

23. The duties of the nurse do not include

- +a) parenteral administration of drugs
- b) distribution of medicines prescribed by a doctor
- C) ensuring the accounting and storage of medicines
- d) provision of emergency first aid in life-threatening situations conditions

24. What should be the ratio of pressing the sternum and breaths, if indirect heart massage and artificial ventilation conducted by one person

- a) every 10-12 breaths two breaths
- b) every 4-5 breaths, one breath
- C) after each press one breath
- +d) after 15 one breaths

25. What should be the ratio of pressing the sternum and breaths, if indirect heart massage and artificial ventilation carried out by two people

- +a) every 10-12 breaths two
- b) every 4-5 breaths, one breath
- C) after each press one breath
- d) after 15 strokes one breath

. What dietary table according to Pevzner should be appointed patient with diabetes

- (a) No. 3
- +b) №9
- C) No. 8
- d) №1

27. How to collect urine for research on the method of Nechiporenko?

- a) during the day every 3 hours;
- b) for 10 hours (from evening to morning);
- C) once in 3 hours;
- +g) the average portion of morning urine.

28. What is sigmoidoscopy?

- +a) examination of the mucous membrane of the rectum and sigmoid;

- b) contrast examination of the intestine;
- C) finger examination of the rectum
- d) x-ray examination of the intestine

29. In the patient for 2 weeks the morning temperature persists within 36,0-36,5 °C, evening within 37,5-38,0 °C. What type fever in a patient?

- +a) relaxing, remitting.
- b) debilitating, hectic;
- C) perverted, wrong;
- d) intermittent.

30. What is the method of administration of drugs called enteral

- (a) external use of medicines
- b) use of drugs by injection
- +C) introduction of drugs through the mouth, under the tongue, through the direct gut
- d) inhalation administration of drugs

31. Can be ulcers when stimulated sedentary the patients?

- a) can not, because bedsores are formed only at the position of a patient on his back, on his stomach or on his side;
- +b) can, in the area of sciatic hills;
- C) can not, because when sitting between the bones the projections and the mattress remain a large layer of subcutaneous fat fiber and muscle tissue
- d) may, in the area of heel bones

32. What help should be given to the patient with the attack bronchial asthma

- a) to measure the temperature
- +b) give a semi-sitting position and provide fresh air

C) provide fresh air

d) put the patient

33. What are the numbers of normal blood pressure

+a) less than 139 and 89 mm Hg. V.

b) 145 and 90 mm Hg. V.

C) 155 and 95 mm Hg. St

d) 140 and 90 mm Hg St

34. What help should be given to the patient with pain in the area hearts

a) seat or lay the patient, providing him complete rest

b) lay the harness out on a limb

+C) give the patient 1 tablet of nitroglycerin under the tongue and 30-40 drops Corvalolum's

g) put hot-water bottles to the extremities

35. How to properly examine the pulse of the radial artery

+a) cover the area of the wrist joint so that I finger

located on the back of the forearm, and II-IV grope

radial artery and press it to the radius, first on two hands

b) cover the area of the wrist joint so that the II-IV fingers

located on the back of the forearm, and I felt the radiation

artery and pressed it to the radius

C) place the hand so that I finger groped the radial artery and

pressed her to the radius.

d) place your hand at random

36. What are the contraindications for gastric lavage:

(a) poisoning

+b) myocardial infarction

C) narrowing the output of the stomach

g) low-grade fever

37. What is polyuria

- (a) increased urination
- +b) increase in the daily amount of urine more than 2 liters
- C) reduction of the daily amount of urine less than 500 ml
- d) difficulty urinating

38. Records of newly admitted patients are entered in the Department.

- +a) log of the movement of patients
- b) the journal of accounting of narcotic, strong and poisonous means
- C) log of reception and delivery of duty
- d) journal of medical appointments

39. What are the contraindications for the use of warmers on the area belly?

- a) pain during exacerbation of peptic ulcer disease;
- b) intestinal colic;
- C) low-grade fever;
- +d) suspicion of acute surgical disease of the abdominal organs cavities

40. Records of diagnostic tests required by the patient are made in

- a) patients ' movement journal
- +b) journal of medical appointments
- C) log of reception and delivery of duty
- d) the journal of accounting of narcotic, strong and poisonous means.

41. How to prepare a patient for endoscopic examination stomach's

- +a) on the day of the study do not have Breakfast, the last meal on the eve of not later than 21 hours, it is necessary to remove dentures and appear in endoscopic office with towel
- b) in the evening and in the morning 2 hours before the study to put a cleaning agent enema, the last meal should be the day before no later than 21 hours
- C) compliance with a special diet 3-5 days before the study, per day studies do not have Breakfast, make a cleansing enema
- d) no special training is required

42. What are the products prohibited for use in the appointment patient diet number 10

- (a) pasta
- +b) boiled chicken eggs
- C) celery
- d) fresh apples

43. What are the main ways of transmission of hospital-acquired infection

- +a) airborne
- b) parenteral
- C) contact
- d) enteral

44. How to prepare a patient for the study of fecal occult blood

- +a) for three days to eliminate the food and drug preparations containing iron, with bleeding gums during this time not to brush your teeth
- b) within three days to appoint a patient to a strict diet with a known chemical composition of food and cleansing enemas
- C) no special training is required
- d) cleansing enema and laxatives

45. What dietary table according to Pevzner should be appointed patient with chronic glomerulonephritis

- +(a) No. 7
- b) №8
- C) No. 5
- d) №9

46. What is stranguria

- (a) difficulty in urinating
- b) increased frequency of urination
- C) a decrease in urine output
- +d) painful urination

47. In the patient for 2 weeks the morning temperature persists

within 36,0-36,5 □ With evening – in the range of 39.5 to 40.0 □ C. What type fever in a patient?

- a) relaxing, remitting.
- +b) debilitating, hectic;
- C) perverted, wrong;
- d) intermittent

48. Whether it is necessary to recommend nasal bleeding to the patient throw your head back?

- a) Yes, because it will stop the bleeding faster;
- b) should only be recommended for very strong nasal bleeding;
- +C) it is not necessary, as the bleeding will not stop; blood will flow down the back wall of the nasopharynx, which will make it difficult to properly assess the dynamics bleedings
- d) Yes, as this will alleviate the condition of the patient

49. Why artificial respiration is necessary throw back the patient's head?

- a) to make it easier to put the mouth to the nose or mouth resuscitator, or mouth patient;
- b) to ensure airway permeability;
- +C) to create a good sealing between the mouth of the resuscitator and the nose (or mouth) of the victim during artificial inhalation
- d) to ensure maximum air intake

50. What complaints are characteristic of diseases of the organs breaths

- (a) fever
- b) chest pain, nitroglycerin stoped
- +C) cough
- d) dizziness

Answers:

№ question	Answers	№ question	Answers
1	B	26	B

2	A	27	D
3	D	28	A
4	A	29	C
5	A	30	C
6	B	31	B
7	D	32	B
8	A	33	A
9	A	34	C
10	A	35	A
11	D	36	B
12	C	37	B
13	A	38	A
14	A	39	D
15	D	40	B
16	B	41	A
17	D	42	B
18	B	43	A
19	C	44	A
20	A	45	A
21	C	46	B
22	A	47	C
23	A	48	C
24	D	49	C
25	A	50	C

The types of monitoring and assessment, forms of assessment tools

№	№ semester	Types of control	Name of the section industrial practice B 2.Item 2 "Practice on obtaining professional skills and experience of professional activity»	Evaluation tools		
				Form	number of questions in the task	number of independent options
1	2	3	4	5	6	7
4.	4	incoming control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	test	30	5
5.	4	incoming control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	situational task	1	15
6.	4	current control	medical practice B 2.Item 2 "Practice on obtaining	situational task	1	15

			professional skills and experience in medical activity" (the Assistant to the ward nurse)			
7.	4	current control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	test	15	15
8.	4	current control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	interview	2	Every students
9.	4	intermediate control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	test	30	5
10.	4	intermediate control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	Card ERWS	5	5 on each students
11.	4	intermediate control	medical practice B 2.Item 2 "Practice on obtaining professional skills and experience in medical activity" (the Assistant to the ward nurse)	interview	Dairy of medical practice	Every students

Examples of test tasks for the entrance control

1. What studies medical deontology?

(a) the relationship between the physician and the patient.

+b) a wide range of issues of duty, morality and professional ethics of medical workers;

C) iatrogenic diseases

d) measures for the care of patients

2. What is iatrogenic disease

+a) a painful condition caused by the activities of health workers

b) a painful condition caused by fear of a disease

C) a painful condition caused by the influence of relatives

d) a painful condition caused by the need to perform medical and diagnostic measures

3. In the emergency Department of the hospital, the patient turned without directional medical documents, suddenly feeling bad. What will Be your tactics?

+a) examine the patient, provide him with the necessary medical care and decide on further tactics

b) call an ambulance

C) send the patient for the guiding medical documents

d) leave the patient and call a doctor

4. The patient was taken to the emergency room in an unconscious state, without documents and without relatives. What should a nurse do in addition to filling out all the documentation

a) report to the clinic, stating the diagnosis

+b) give a telephone message to the police, describing the signs and clothes

C) inform relatives

d) take no further action

5. What kind of help should be provided to the patient with pulmonary edema?

a) give a semi-sitting position;

+b) give an inhalation of a mixture of oxygen and ethyl alcohol vapors;

C) invite the doctor on duty

d) all of the above

6. What are the symptoms of gastric bleeding?

a) coffee grounds vomit, black tar-shaped stool (melena))

b) lowering of blood pressure, pathological sweating

C) pale skin

+ d) all of the above

7. What activities should be carried out in the initial stage of the formation of bedsores

a) use a variety of biologically active ointments

b) perform surgical treatment

+C) treat the skin with 1% solution of green diamond, a strong solution of potassium permanganate, 5-10% solution of iodine

d) apply oxygen therapy

8. Patient frequent venepuncture of the same vein there was pain, hyperemia, infiltration in the course of the veins, low-grade fever. What complication developed in the patient

(a) hematomas

b) embolism

+C) thrombophlebitis

d) infiltration

9. Inspection of the skin and measuring the temperature of incoming patients to avoid infection in order to comply with the epidemiological regime

(a) doctor of admissions

+b) medical nurse of the receiving rest

C) nurse of the hospital Department

d) Junior medical staff

10. How to collect urine for research on the method of Nechiporenko?

a) during the day every 3 hours

b) for 10 hours (from evening to morning)

C) once in 3 hours

+d) the average portion of morning urine

11. What is sigmoidoscopy?

+a) examination of the mucous membrane of the rectum and sigmoid

b) contrast examination of the intestine

C) finger examination of the rectum

d) x-ray examination of the intestine

12. What help should be given to the patient with an attack of bronchial asthma

a) to measure the temperature

+b) give a semi-sitting position and provide fresh air

C) provide fresh air

d) put the patient

13. What care measures should be used in the 3 period of fever with a critical decrease in temperature

a) lift the foot end of the bed

b) put a cold compress on the forehead, wipe the mouth or irrigate with water

+C) the patient should not be covered with heat, wipe and wash the patient, ventilate the room, not arranging drafts

d) to impose the patient with warmers, give a strong sweet tea

14. How often should I change the wet cold compress?

a) after 2-3 minutes

+b) once it is dry

C) after 10-15 minutes

d) leave for 1-1.5 hours

15. What dietary table by Pevsner, you must assign the patient with chronic glomerulonephritis

+a) No. 7

b) No. 8

C) No. 5

d) No. 9

16. What care measures should be used in the second stage of fever (the stage of maintaining maximum temperature)

a) to warm the patient, to impose warmers

+b) monitor the pulse rate and respiration, blood pressure level

C) monitor the state of the Central nervous system

d) take care of the oral cavity

17. What complications are associated with violation of the rules of asepsis and antiseptics during injections?

(a) air and fat embolism

b) allergic reactions

+C) development of post-injection infiltrates and abscesses

d) temperature rise

18. Why can't you inflate the lining too much?

a) it will quickly fail

b) it will be difficult to give him a stable position in bed

+C) it must change its shape when the patient moves

d) it takes too much time

19. What are the measures necessary to combat intestinal paresis in the postoperative period:

- (a) oxygenotherapy
- b) bladder catheterization
- C) the patient's relapse
- +d) siphon enema

20. Choose a syringe and a needle for subcutaneous administration of 1.5 ml solution:

- a) syringe capacity 20 ml, needle length 15mm
- b) syringe capacity 2 ml, needle length 30mm
- +C) syringe capacity 2 ml, needle length 15 mm
- d) syringe capacity 10 ml, needle length 15mm

21. What is the correct order of cleaning chambers

a) removal of dust from window sills, furniture; cleaning of bedside tables; wet cleaning of the floor

b) wet floor cleaning; removal of dust from window sills and furniture; cleaning of bedside tables

+C) cleaning of bedside tables; removal of dust from window sills, furniture; wet cleaning of the floor

d) wet floor cleaning; cleaning of bedside tables; removal of dust from window sills and furniture

22. What care measures should be used in the first stage of fever (stage of fever)?

- a) drink hot tea
- b) to cover warmly, to impose warmers
- +C) put a cold compress on the forehead
- d) change your underwear and bed linen

23. What is the purpose of a functional bed?

- +a) allows you to give the patient the most favorable and convenient position

- b) it can be moved easily and quickly
- C) facilitates the work of medical staff
- d) allows to carry out measures for oral care

24. The main measures for the care of patients in the postoperative period are aimed at:

- (a) prevention of complications from anesthesia
- b) prevention of intestinal paresis
- C) prevention of pulmonary complications
- +d) all of the above

25. The concept of the hospital regime does not include

- (a) timely and proper nutrition
- b) appointment of additional examination
- C) sanitary and hygienic regime
- +d) necessary treatment

Response standards:

1 - b	2 – a	3- a	4- c	5-b	6-d	7- c	8- c	9- d	10-a
11-b	12- c	13-b	14- b	15- a	16-b	17-c	18-c	19-d	20-c
21- c	22-c	23-a	24-d	25-d					

Interview questions:

- duties of the ward nurse;
- ethics and deontology in the work of the nurse's ward;
- medical documentation in the work of the ward nurse;
- methods of oxygenotherapy;
- thermometry and rules of filling the temperature sheet;
- therapeutic nutrition, nutrition control;
- rules of storage and distribution of medicines;

- rules of collection of biological materials for research;
- rules of preparation of patients for instrumental studies of the digestive system;
- the technique of spirometry;
- rules for the use of inhalation medicines;
- rules of transportation of patients;
- rules of transportation of patients with limb injuries; chest;
- first aid for emergency conditions in diseases of the circulatory system;
- first aid for emergency conditions in diseases of the respiratory system;
- first aid for emergency conditions in diseases of the digestive system;
- features of observation of postoperative patients;
- features monitoring of heavy and agenerous sick;
- methods of indirect heart massage;
- method beseparate artificial lung ventilation.

Educational technology

examples of interactive forms and methods of training:

situational tasks on the main theoretical issues of b2 work practice.p. 2
 "practice on obtaining professional skills and experience in medical activities"
 (assistant ward nurse) with discussion; training with demonstration of practical skills.

Examples for the situation tasks:

1. The nurse was invited to the ward to the patient, who suddenly appeared compressing pain behind the sternum with irradiation in the left hand. What's sick? What's the nurse's tactic?

Answers:

- patient with angina attack
- it is necessary to give a tablet of nitroglycerin under the tongue
- invite the duty or the attending physician.

2.The patient is assigned to a study of feces for hidden blood. The nurse

found out that during the cleaning of his teeth he had bleeding gums. How to prepare a patient for the study?

Answers:

- it is necessary to prohibit brushing your teeth for a few days before and all days of the study, as the feces collection is made within 3 days, it is allowed to rinse the mouth with rinsing balms;

- do not eat foods containing iron.

3. The nurse was called to the ward to the patient, who began vomiting, which has the form of "coffee grounds". What about sick? What tactics nurses?

Answers:

- in a patient with gastric bleeding

- it is necessary to ensure the free discharge of vomit

- invite the attending or the doctor on duty.

4. During the collection of urine samples in General, the patient was not urinating from 3 to 6 hours. In what capacity needs to be collected urine in the urine in 7 hours.

Answers:

- urine should be collected in a container marked for urine collection from 6 to 9 hours.

5. The patient with severe edema relatives brought the transfer: juice, red caviar, carrot cutlets. Which of the brought products can be resolved to the patient?

Answers:

- nothing can be allowed, as the patient with edema should have a salt-free diet, with limited consumption of liquid, as well as fatty and fried food.



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
(assistant of ward nurses)

Student _____

2 course _____ group _____ faculty

Place of internship _____

from _____ till _____

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

Final attestation _____
(credited/not credited)

20 /20 year

Vladivostok

Implementation of practical skills during practical training

The contents of work/date	mini mum																			t o t a l
Filling out medical documentation	24																			
Growth measurement, weighing	20																			
The measurement of body temperature	20																			
Counting of respiratory movements	20																			
The study of the pulse	20																			
Measurement of blood pressure	20																			
Preparation of the patient for the study of blood circulation	10																			
The preparation of patients for studies of the digestive system	10																			
Preparation of patients for studies of urinary organs	5																			
Patient transportation	10																			
Monitoring the work of Junior medical staff	20																			
Registration of incoming patients	10																			
Reception and delivery of duty	10																			
Work with sheets of medical appointments	20																			
Filling of temperature sheets	20																			
Preparation of medicines for distribution	15																			
Distribution of medicines	15																			
Observation of the patient after surgery	5																			
The use of warmers	4																			
Application of ice bubble	4																			
Supply of humidified oxygen	10																			
Use of a pocket inhaler	5																			
Measurement of daily diuresis	5																			
Hygienic measures of the	10																			

personnel															
Sanbyulleten	1														
Conversations with patients on medical topics	2														
Nurse's signature															

Describe the method:

- rules of storage and distribution of medicines
- filling the temperature sheet
- the procedure for the nurse's ward in case of suspected pulmonary bleeding

Topics of conversations with patients:

Department	Data	Term of conversation	Number of participant

ERWS report: give a brief description of the results:

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 _____

**CARD ERWS "THE PREVALENCE OF OVERWEIGHT PATIENTS
WITH HIGH BLOOD PRESSURE»**

Name _____

Age _____

F/M _____

Marital status _____

The highest figures of blood pressure recorded in the patient _____

Smoking _____

Number of cigarettes smoked per day _____

Diagnosis _____

ANTHROPOMETRIC MEASUREMENT

Growth _____

Weight _____

Waist circumference _____

Shoulder circumference _____

Hip circumference _____

Chest circumference _____

Body mass index _____

HEMODYNAMIC PARAMETERS

Blood pressure _____

Pulse: frequency _____

rhythm _____



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»


(signature)


Khotimchenko Yu.S.

(Full name)

«09» of July 2019

«APPROVED»

Director of the Department of Clinical
Medicine


(signature)

Geltser B.I.

(Full name)

«09» of July 2019



WORKING PROGRAM OF PRACTICAL TRAINING (WPPT)
Клиническая практика (Помощник процедурной медсестры)
Clinical (Treatment nurse assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok

2019

ABSTRACT

Производственная практика «Клиническая практика (Помощник процедурной медицинской сестры) - Professional Medical Training (Treatment nurse assistant)» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 3rd course in the 6th semesters, as a basic discipline. The total complexity of the discipline is 108 hours, 3 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 (Treatment nurse assistant)

Consolidation and deepening of the theoretical learning, the acquisition of skills necessary in the work of a procedural nurse, the use of medical equipment and tools, the experience of independent professional activity in the scope of work of a procedural nurse through a direct participation in the activities of a hospital, as well as the development of competencies necessary to work in the professional medical environment.

Objectives of the Professional Medical Training (Treatment nurse assistant)

- the consolidation and deepening of knowledge related to the main parts of the work of a procedural nurse, duties and responsibilities in working with patients with diseases of various organs and systems from the perspective of nursing staff in different departments of a multidisciplinary hospital;

- the formation of abilities in the organization of labor of medical personnel in medical organizations, the definition of functional duties and the optimal algorithm for their implementation;

- the formation of abilities to organize activities for labor protection and safety, prevention of occupational diseases, monitoring compliance with and ensuring environmental safety;

- the development of communication skills with patients and their relatives using the principles of ethics and medical deontology;

- mastering the methods of drug administration (intramuscular, subcutaneous injections, intravenous, etc.);

- the formation of teamwork and communication skills.

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

Code and formulation of competence.	Stages of formation of competence	
PC-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and (or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health	Knows	The basics of preventive medicine, the organization of preventive measures aimed at improving the health of the population. Diseases associated with the adverse effects of climatic and social factors. The main clinical manifestations of skin diseases (scabies, pediculosis), HIV infection. Hygienic aspects of nutrition, hygiene of medical organizations, hygienic problems of health care for the working population.
	Able to	Perform preventive, hygienic and anti-epidemic measures.
	Possesses	The main measures for the provision of first aid in emergency situations. Sanitized patient. Preparation of disinfectant solutions. Disinfecting patient care items. Pre-sterilization cleaning tools. Hand disinfection (social and hygienic level). Preparing the bed for the patient. Change of underwear and bed linen. Technique of carrying out a toilet to the patient.

		Hygiene measures for patient care in bed. By setting the venting tube. Staging all types of enemas. Catheterization of the bladder. Use of an inhaler. Wear protective clothing (bathrobe, mask, gloves, glasses).
PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases	Knows	The concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis. The role of morphological research in modern clinical medicine.
	Able to	Justify the nature of a typical pathological process and its clinical manifestations in dynamics; the development of various etiologies and pathogenesis of diseases - destructive, inflammatory, immunopathological, neoplastic, etc.
	Possesses	Skills of comparison of morphological and clinical manifestations of the disease.
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease , which are not life-threatening and do not require emergency medical assistance	Knows	effective hygiene and sanitary treatment of patients; basics of patient safety and personal safety; ways of moving and transporting patients. Features of nutrition of patients, has the concept of artificial nutrition; principles of palliative care. Types of fevers and features of care for febrile patients; patient regimens; real and potential problems of the patient with the most common therapeutic diseases; criteria for monitoring the patient's condition.
	Able to	Sanitize the patient upon admission to the hospital and during his stay; carry out the change of underwear and bed linen, process bedsores; to collect information about the patient (questioning, inspection) and to identify the real, potential and priority problems of the patient due to illness.
	Possesses	Skills of sanitary treatment of patients; feeding technique, bedding processing technique.
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows	Principles of emergency medical care in therapeutic practice; the main tasks of nursing care to solve patient problems in the most common therapeutic diseases; methods of using drugs, to have an understanding of allergic reactions and the provision of first aid.
	Able to	Evaluate potential and priority patient problems caused by the disease; care for patients of different ages and types of

		therapeutic pathology; formulate a nursing diagnosis, the tasks of care and draw up a plan for their implementation, with the implementation of all principles of treatment and nursing care.
	Possesses	Skills of using the items of care for patients requiring urgent medical intervention; The skills of disinfection of materials and means of medical care.
PC-13 - the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	Rules for the provision of medical assistance in emergency situations, including participation in medical evacuation and its types
	Able to	Perform the work of nursing staff in accordance with the legal aspects of the activities, to carry out medical evacuation of patients
	Possesses	Skills of the provision of primary medical care and types of medical evacuation of victims

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

Sections (stages) of training	Types of industrial work during training, including independent work of students	Workload (hours)	Forms of control / assessment
Preparatory	Safety Instructions. Distribution of jobs	2	Teaching Assistant observations
Main	- Examination of the patient: measurement of body temperature, blood pressure, pulse rate counting and registration of measurement results; registration of undesirable side reactions.	24	Head Nurse and Teaching Assistant observations
	- Nursing and sanitization. Perform medical appointments postoperative patients. Evaluation of the results of laboratory blood	24	

	tests. Evaluation of the results of urine, ECG, spirometry.		
	- Conducting subcutaneous and intramuscular intravenous and jet injection. Blood transfusion and compatibility assessment	24	
	- Organization of the work of the medical procedural nurses.	30	
Final, Pass / Fail	Report preparation, interview, practical skills on dummies, testing	4	Pass / Fail test/exam
Total		108	

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

a) Main literature

1. Nursing Student Book Collection (Cheat Sheet, Priorities, MedSurg, Case Studies), CreateSpace Independent Publishing Platform, 2015), 358 p.

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

2. Nursing School Study Pack (Drug Reference, Labs, Mnemonics, EKG) 4 books for nursing students Kindle Edition, [Jon Haws](#), NRSNG.com | NursingStudentBooks.com , 2015, 598 p.

<https://linksmedicus.com/medicalspecialties/?gclid>

3. Cambridge English for Nursing Pre-intermediate Student's Book with Audio CD (Cambridge Professional English) Cambridge University Press; 1 Pap/Com edition (April 12, 2010)

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

b) Further Reading

1. 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 enterprise 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 3 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).



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

**METHODOLOGICAL SUPPORT OF
INDEPENDENT WORK OF STUDENTS**

Клиническая практика (Помощник процедурной медсестры)
Clinical (Treatment nurse assistant)
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

1. Professional practice is carried out during teaching on the major clinical sites.
2. Employees of the Department manage the production practice.
3. Production practice begins with a seminar in the direction of practice, ends with the delivery of the test.
4. The main mandatory document of practical training is a diary.
5. During the internship students 2 course by specialty 31.05.01 «General Medicine» mastered the universal and professional competences.
6. The head of the practice is the assistant of the Department responsible for the production practice, responsible for the production practice on the clinical basis is appointed by the head of the medical organization employee (nurse, older nurse, chief nurse).

Guidelines for the organization of practical training

Medical practice consists of independent work of students under the supervision of a teacher and classroom (20 hours.), including practical classes provided by the curriculum. The main time is allocated for practical work on the development of skills of the ward nurse.

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

The main mandatory document of practical training is a diary.

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

When conducting an industrial practice "the Practice of vocational skills and professional experience" (Assistant ward nurse) you must use the departments of General hospital and to develop practical skills:

- Reception and registration of incoming patients, performance of medical appointments, to carry out their performance in part of the duties provided by the

work of the ward nurse, anthropometry and weighing of patients, monitoring the collection of biological material for laboratory research.

- Thermometry and filling temperature of the sheet, journals, ward nurses, the control of hemodynamic parameters, respiration, measurement of daily diuresis, method of oxygen therapy.

- Monitoring of patients with diseases of various organs and systems, first aid in case of emergency - a statement of biological death.

Methodical support for organizational activities in practical training

Practical training is mandatory section. It is an independent professional activity in volume of work of nurses under the supervision of nurses having professional certificate.

During practical training in medical departments, students reinforce theoretical knowledge acquired in practical classes, develop practical skills in nursing, observe and care for patients with acute and chronic therapeutic and surgical diseases and injuries. Students perform simple medical procedures; have activities complying with the rules of aseptic and antiseptic, conditions of tools and materials sterilization.

During practical training, each student keeps a diary, which reflects the amount of performed work and mastered skills.

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

Working with educational literature is regarded as a kind of academic work in the production practice and executed within hours devoted to its study.

Each student is provided with access to FEFU library collections

At the end of the practical training intermediate control of knowledge is conducted using test control, checking practical skills with the evaluation journaling practical training.

Types of control and certification, forms of assessment tools

NN	N semester	Types of control	Name of subject (module) section	Assessment tools		
				Form	Number of questions in the task	Number of independent versions
1	2	3	4	5	6	7
1.	2	Exam	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	1. Testing 2. Interview and control of practical skills	30 3	
2.	2	Sanitary and educational work	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	Report on interviews and issued sanitary bulletins		
3.	2	ERWS	Practical Training B2.P1. «Practice for getting of professional skills and professional experience» (Assistant of junior medical staff)	Providing a report		

Practical classes are held in the form of classroom and independent work, demonstration of practical skills and the use of visual AIDS, solving situational problems, answers to test tasks, trainings.

In accordance with the requirements of the Federal Educational Standard in the educational process there are widely used active and interactive forms of industrial practice (case study technology, training in the UTC, the implementation of the RWS, keeping a diary of practical training). The share of classes conducted in interactive forms is not less than 5% of classroom lessons.

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

Work with educational literature is considered as a kind of educational work on practical training and is performed within the hours allotted for its study.

Each student is provided with access to the library collections of FEFU and the Department.

On the **Professional Medical Training (Treatment nurse assistant)** there are developed guidelines for students "Sample diary of work practice", "Card ERWS".

During the practical training, students independently carry out ERWS on the topic "the Prevalence of overweight in patients with increased blood pressure", sanitary and educational work in the form of sanitary bulletins or sanitary - educational conversations with patients, process maps ERWS (5 per student), diaries manufacturing practices and submit a brief report according to the ERWS, forms of sanitary-educational work, setting the topic of interviews with patients (with indication of number of listeners), completed diaries manufacturing practices "Practices for acquiring vocational skills and professional experience".

Making a diary of work practice and a brief report on the data of the ERWS contribute to the formation of skills of filling in the reporting of medical documentation, preventive measures at all stages of the work of the ward nurse, research and health education.

The work of the student in the departments of a multi-disciplinary hospital under the supervision of the teacher and medical staff forms a sense of collectivism and sociability.

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

The initial level of knowledge of students is determined by testing, the current control of mastering the subject is determined by an oral survey during classes, when solving typical situational problems and answers to test tasks, when interviewing the results of practical training with the assessment of keeping a diary of practical training.

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

The issues covered during the practical training "Practice on obtaining professional skills and experience of professional activity" are included in the Final state certification of graduates.

Practical Training Diary keeping rules

1. The Diary is an official document of the practical training passed. The writing in it must be intelligible, literate, in the medical parlance.

2. Records in the Diary must be put daily at the end of the working day summarizing all the work done in the hospital's divisions.

3. The record of work done shall be certified by a nurse's signature (the desk nurse, procedure room nurse, dressing room nurse, etc.).

4. In the beginning of a Practical Training Summary a brief description of the unit should be given, viz. the specialization of the unit, the number of beds, the unit's staffing, availability of auxiliary rooms, etc.).

5. Upon the completion of the practical training, the student must fill out an End of Assignment Consolidated Numeric Report.

6. The health educative work shall be carried out by means of talking, making health letters; scope, place and time of the work carried out shall be recorded in the Journal and certified by the immediate practical training supervisor's signature.

7. In the course of the practical training all the students shall conduct STRA preparing the corresponding essay or fill out STRA Cards that should be presented to the supervising teaching assistant for check along with the Journal.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Rules for keeping practical training journal

1. Journal is the official document on practical training. It must be written legibly, correctly, in medical terms.

2. Records are done every day at the end of the working day and should reflect all the performed work in the hospital departments.

3. Every day the performed work shall be signed by a nurse (nurse unit, procedure room, dressing room and so on.).

4. At the beginning of the report on the practice, given a brief description of department: department profile, number of beds, staff department, the presence of auxiliary cabinets and so on.

5. After the practice, the student, based on journal records, must complete a consolidated numeric progress report.

6. Sanitary and educational work to be carried out in the form of interviews, issue of sanitary and educational bulletin. Its content, time and place to be reflected in the journal and certified by the signature of the supervisor of practice.

7. All students during practical training carried out ERWS in abstract form or fill ERWS cards that are dealt with the journal to check-assistant supervisor of practice.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Students' individual work including research activities

№ п/п	Name of job	Number of days
1.	Introducing to the staff and organizational structure of the division of hospital and functional duties. Instruction in safety.	1 day
2.	Doing activities for the care of patients in the division of the medical organization provided by the program of practical training	16 days
3.	Checking keeping journals (Appendix 2) and summarizing the results of practical training	1 day
4.	Sanitary and educational work Drawing text of conversations with patients on the most topical issues of prevention of common diseases, seasonal infectious diseases. Issue of sanitary bulletins on prevention and regime for common medical and surgical diseases	During practice
5.	Educational - research work of students (Appendix 3) Work with patients and completing ERWS cards with the report	During practice

Schedule of practical training

Work in hospital units	Laboriousness (days / hours)
Nursing post	9 / 54
Admission department	2 / 12
Treatment room	1/6
Intensive Care Unit	1/6
Operating room, familiarity with anesthetic equipment	1/6
Autoclave (CSO)	1/6
Department of functional diagnostics, ECG room	1/6
Department of ultrasound examination (ultrasound room)	1/6
Dressing, plaster	1/6

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

Approximate themes of abstracts:

1. The types of hospitals. Structure and functions of the reception Department. Organization work nursing post medical or surgical wards. Types of medical records.
2. Rules of treatment of hands of medical personnel and skin of the patient.
3. Medical nutrition of patients.
4. Requirements for patient nutrition.

5. Sputum collection technique for different types of research.
6. The method of measuring blood pressure and pulse.
7. The technique of stomach sounding with a thick and thin probe. Check the position of the gastric probe.
8. Preparation of the patient for x-ray examination of the gastrointestinal tract.
9. Care for unconscious patients.
10. The method of urine collection for various types of laboratory research. Methods of bladder catheterization in men and women.
11. Preparation of the patient for x-ray and endoscopic examination of the gastrointestinal tract. Method of research
12. Complications of drug therapy. Emergency care for allergic reactions and anaphylactic shock.
13. Nursing care for postoperative patients.
14. Basic algorithm of cardiopulmonary resuscitation.

1. THE FORM OF APPRAISAL (AT THE END OF PRACTICE)

At the end of the training the student takes the internship supervisor completed a diary card **ERWS** (5 pieces or abstract). Head of practice from the Department of FEFU conducts an interview on the documents of practical training. According to the results of a successful interview and all the tasks on practical training, the student receives a credit that can be assessed in points.

The main criteria for assessing the production practice

- * all the necessary documents are properly and clearly drawn up;
- * positive characteristics of the direct head of the practice from the medical organization;
- * clear and competent answers to questions, the head of the Department at the interview stage based on the results of practical training.



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

SCHOOL OF BIOMEDICINE

FUND ASSESSMENT TOOLS

Клиническая практика (Помощник процедурной медсестры)
Clinical (Treatment nurse assistant)
Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok
2018

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

Code and formulation of competence.	Stages of formation of competence	
<p>PC-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and (or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health</p>	Knows	<p>The basics of preventive medicine, the organization of preventive measures aimed at improving the health of the population. Diseases associated with the adverse effects of climatic and social factors. The main clinical manifestations of skin diseases (scabies, pediculosis), HIV infection. Hygienic aspects of nutrition, hygiene of medical organizations, hygienic problems of health care for the working population.</p>
	Able to	Perform preventive, hygienic and anti-epidemic measures.
	Possesses	<p>The main measures for the provision of first aid in emergency situations. Sanitized patient. Preparation of disinfectant solutions. Disinfecting patient care items. Pre-sterilization cleaning tools. Hand disinfection (social and hygienic level). Preparing the bed for the patient. Change of underwear and bed linen. Technique of carrying out a toilet to the patient. Hygiene measures for patient care in bed. By setting the venting tube. Staging all types of enemas. Catheterization of the bladder. Use of an inhaler. Wear protective clothing (bathrobe, mask, gloves, glasses).</p>
<p>PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases</p>	Knows	<p>The concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis. The role of morphological research in modern clinical medicine.</p>
	Able to	Justify the nature of a typical pathological process and its clinical manifestations in dynamics; the development of various etiologies and pathogenesis of diseases - destructive, inflammatory, immunopathological, neoplastic, etc.
	Possesses	Skills of comparison of morphological and clinical manifestations of the disease.
<p>PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance</p>	Knows	<p>effective hygiene and sanitary treatment of patients; basics of patient safety and personal safety; ways of moving and transporting patients. Features of nutrition of patients, has the concept of artificial nutrition; principles of palliative care. Types of fevers and features of care for febrile patients; patient regimens; real and potential problems of the patient with the most common therapeutic diseases; criteria for monitoring the patient's condition.</p>
	Able to	Sanitize the patient upon admission to the hospital and during his stay; carry out the change of underwear and bed linen, process bedsores; to collect information about the patient (questioning, inspection) and to identify the real, potential and

		priority problems of the patient due to illness.
	Possesses	Skills of sanitary treatment of patients; feeding technique, bedding processing technique.
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;;	Knows	Principles of emergency medical care in therapeutic practice; the main tasks of nursing care to solve patient problems in the most common therapeutic diseases; methods of using drugs, to have an understanding of allergic reactions and the provision of first aid.
	Able to	Evaluate potential and priority patient problems caused by the disease; care for patients of different ages and types of therapeutic pathology; formulate a nursing diagnosis, the tasks of care and draw up a plan for their implementation, with the implementation of all principles of treatment and nursing care.
	Possesses	Skills of using the items of care for patients requiring urgent medical intervention; The skills of disinfection of materials and means of medical care.
PC-13 - the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	Rules for the provision of medical assistance in emergency situations, including participation in medical evacuation and its types
	Able to	Perform the work of nursing staff in accordance with the legal aspects of the activities, to carry out medical evacuation of patients
	Possesses	Skills of the provision of primary medical care and types of medical evacuation of victims

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-1 - the ability and willingness to implement a set of measures aimed at the preservation and promotion of health. It includes the formation of a healthy lifestyle, the prevention of occurrence and (or) the spread of diseases, their early diagnosis, the identification of their causes, as well as this set is aimed at elimination of harmful effects of environmental factors on human health	Knows (threshold level)	The basics of preventive medicine, the organization of preventive measures aimed at improving the health of the population. Diseases associated with the adverse effects of climatic and social factors. The main clinical manifestations of skin diseases (scabies, pediculosis), HIV infection. Hygienic aspects of nutrition, hygiene of medical organizations, hygienic problems of health care for the working population.	Knowledge of the basics of preventive medicine, the organization of preventive measures aimed at improving the health of the population; diseases associated with the adverse effects of climatic and social factors; the main clinical manifestations of skin diseases (scabies, pediculosis), HIV infection; hygienic aspects of nutrition, hygiene of medical organizations, hygienic problems of health care for the working population	Formed and structured systematic knowledge of the basics of preventive medicine, the organization of preventive measures aimed at improving the health of the population; diseases associated with the adverse effects of climatic and social factors; the main clinical manifestations of skin diseases (scabies, pediculosis), HIV infection; hygienic aspects of nutrition, hygiene of medical organizations, hygienic problems of health care for the working population	65-71

	Is able to (advanced)	Perform preventive, hygienic and anti-epidemic measures.	Ability to perform preventive, hygienic and anti-epidemic measures	Ready and can to perform preventive, hygienic and anti-epidemic measures	71-84
	Possesses (high)	The main measures for the provision of first aid in emergency situations. Sanitized patient. Preparation of disinfectant solutions. Hand disinfection (social and hygienic level). Preparing the bed for the patient. Change of underwear and bed linen. Technique of carrying out a toilet to the patient. Hygiene measures for patient care in bed. By setting the venting tube. Staging all types of enemas. Catheterization of the bladder. Use of an inhaler. Wear protective clothing (bathrobe, mask, gloves, glasses).	Formed skills of aid in emergency situations. Sanitized patient. Preparation of disinfectant solutions. Hand disinfection (social and hygienic level). Preparing the bed for the patient. Change of underwear and bed linen. Technique of carrying out a toilet to the patient. Hygiene measures for patient care in bed. By setting the venting tube. Staging all types of enemas. Catheterization of the bladder. Use of an inhaler. Wear protective clothing (bathrobe, mask, gloves, glasses).	Skills surely to provide aid in emergency situations; sanitize patient; Prepare disinfectant solutions. Hand disinfection (social and hygienic level). Preparing the bed for the patient. Change of underwear and bed linen. Technique of carrying out a toilet to the patient. Hygiene measures for patient care in bed. By setting the venting tube. Staging all types of enemas. Catheterization of the bladder. Use of an inhaler. Wear protective clothing (bathrobe, mask, gloves, glasses).	85-100
PC-5 - the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases	Knows (threshold level)	The concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis. The role of morphological research in modern clinical medicine.	Knowledge of concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis. The role of morphological research in modern clinical medicine	Formed and structured systematic knowledge of concepts of etiology, pathogenesis, morphogenesis, disease patomorphosis. The role of morphological research in modern clinical medicine	65-71
	Is able to (advanced)	Justify the nature of a typical pathological process and its clinical manifestations in dynamics; the development of various etiologies and pathogenesis of diseases - destructive, inflammatory, immunopathological, neoplastic, etc.	Ability to justify the nature of a typical pathological process and its clinical manifestations in dynamics; the development of various etiologies and pathogenesis of diseases - destructive, inflammatory, immunopathologica l, neoplastic, etc.	Ready and can to justify the nature of a typical pathological process and its clinical manifestations in dynamics; the development of various etiologies and pathogenesis of diseases - destructive, inflammatory, immunopathological, neoplastic, etc.	71-84

	Possesses (high)	Skills of comparison of morphological and clinical manifestations of the disease.	Formed skills of	Skills surely to	85-100
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease , which are not life-threatening and do not require emergency medical assistance	Knows (threshold level)	effective hygiene and sanitary treatment of patients; basics of patient safety and personal safety; ways of moving and transporting patients. Features of nutrition of patients, has the concept of artificial nutrition; principles of palliative care. Types of fevers and features of care for febrile patients; patient regimens; real and potential problems of the patient with the most common therapeutic diseases; criteria for monitoring the patient's condition.	Knowledge of effective hygiene and sanitary treatment of patients; basics of patient safety and personal safety; ways of moving and transporting patients. Features of nutrition of patients, has the concept of artificial nutrition; principles of palliative care. Types of fevers and features of care for febrile patients; patient regimens; real and potential problems of the patient with the most common therapeutic diseases; criteria for monitoring the patient's condition	Formed and structured systematic knowledge of effective hygiene and sanitary treatment of patients; basics of patient safety and personal safety; ways of moving and transporting patients. Features of nutrition of patients, has the concept of artificial nutrition; principles of palliative care. Types of fevers and features of care for febrile patients; patient regimens; real and potential problems of the patient with the most common therapeutic diseases; criteria for monitoring the patient's condition	
	Is able to (advanced)	Sanitize the patient upon admission to the hospital and during his stay; carry out the change of underwear and bed linen, process bedsores; to collect information about the patient (questioning, inspection) and to identify the real, potential and priority problems of the patient due to illness.	Ability to sanitize the patient upon admission to the hospital and during his stay; carry out the change of underwear and bed linen, process bedsores; to collect information about the patient (questioning, inspection) and to identify the real, potential and priority problems of the patient due to illness	Ready and can to sanitize the patient upon admission to the hospital and during his stay; carry out the change of underwear and bed linen, process bedsores; to collect information about the patient (questioning, inspection) and to identify the real, potential and priority problems of the patient due to illness	
	Possesses (high)	Skills of sanitary treatment of patients; feeding technique, bedding processing technique.	Formed skills of sanitary treatment of patients; feeding technique, bedding processing technique.	Skills surely to provide sanitary treatment of patients; feeding technique, bedding processing technique.	
PC-11 – the willingness to assist at the delivering emergency medical care for	Knows (threshold level)	Principles of emergency medical care in therapeutic practice; the main tasks of nursing care to solve	Knowledge of principles of emergency medical care in therapeutic practice; the main tasks of	Formed and structured systematic knowledge of principles of emergency medical care in therapeutic practice;	65-71

the patients in the conditions, requiring urgent medical participation;;		patient problems in the most common therapeutic diseases; methods of using drugs, to have an understanding of allergic reactions and the provision of first aid.	nursing care to solve patient problems in the most common therapeutic diseases; methods of using drugs, to have an understanding of allergic reactions and the provision of first aid.	the main tasks of nursing care to solve patient problems in the most common therapeutic diseases; methods of using drugs, to have an understanding of allergic reactions and the provision of first aid.	
	Is able to (advanced)	Evaluate potential and priority patient problems caused by the disease; care for patients of different ages and types of therapeutic pathology; formulate a nursing diagnosis, the tasks of care and draw up a plan for their implementation, with the implementation of all principles of treatment and nursing care.	Ability to evaluate potential and priority patient problems caused by the disease; care for patients of different ages and types of therapeutic pathology; formulate a nursing diagnosis, the tasks of care and draw up a plan for their implementation, with the implementation of all principles of treatment and nursing care.	Ready and can to evaluate potential and priority patient problems caused by the disease; care for patients of different ages and types of therapeutic pathology; formulate a nursing diagnosis, the tasks of care and draw up a plan for their implementation, with the implementation of all principles of treatment and nursing care.	71-84
	Possesses (high)	Skills of using the items of care for patients requiring urgent medical intervention; The skills of disinfection of materials and means of medical care.	Formed skills of using the items of care for patients requiring urgent medical intervention; The skills of disinfection of materials and means of medical care	Skills surely to use the items of care for patients requiring urgent medical intervention; conduct of disinfection of materials and means of medical care	85-100
PC-13 - the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows (threshold level)	Rules for the provision of medical assistance in emergency situations, including participation in medical evacuation and its types	Knowledge of rules for the provision of medical assistance in emergency situations, including participation in medical evacuation and its types	Formed and structured systematic knowledge of the provision of medical assistance in emergency situations, including participation in medical evacuation and its types	
	Is able to (advanced)	Perform the work of nursing staff in accordance with the legal aspects of the activities, to carry out medical evacuation of patients	Ability to Perform the work of nursing staff in accordance with the legal aspects of the activities, to carry out medical evacuation of patients	Ready and can to Perform the work of nursing staff in accordance with the legal aspects of the activities, to carry out medical evacuation of patients	

	Possesses (high)	Skills of provision of primary medical care and types of medical evacuation of victims	Formed skills of provision of primary medical care and types of medical evacuation of victims	Skills surely to provide of primary medical care and types of medical evacuation of victims	
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Scale of evaluation if 5 indicators are selected:

if 3 out of 5 (60%) indicators are positively estimated, the mark "satisfactory»,

if 4 of 5 (80%)- "good»,

if 5 of 5 (100%) - "excellent»,

if less than 3 of 5 (less than 60%) – "unsatisfactory".

The final mark can be displayed as the arithmetic mean of the marks for all the evaluated 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.

1. Medical deontology is a study of ...?

a) doctor-patient relationship.

b) a wide range of issues of duty, morality and professional ethics of medical workers

c) iatrogenic diseases

d) care arrangements

2. What is the relationship between the concepts of "care" and "treatment"?

a) care and treatment - are different concepts; the treatment is carried out by a doctor, care - middle and junior medical staff

b) care and treatment are identical concepts, since both aim at achieving recovery of the patient

c) care is an integral part of treatment

d) care is not a prerequisite for adequate treatment

3. What are the responsibilities of the ward nurse?

a) patient monitoring

b) taking care of the patients

c) execution of medical assignments

+d) all of the above

4. The duties of the ward nurse do not include:

+a) taking blood samples for research

b) execution of medical assignments

c) nutrition organization of patients

d) patient monitoring

5. With what disease can a patient be hospitalized without medical documents?

+a) myocardial infarction

b) planned hospitalization

- c) examination
- d) the presence of chronic diseases of the digestive system

6. What medical records are not kept by the ward nurse

- a) duty log
- +b) register of narcotic, potent and poisonous means
- c) journal of movement of patients
- d) medical assignments log

7. How should a patient with pulmonary edema be treated?

- a) put them in a semi-sitting position;
- b) provide inhalation of a mixture of oxygen and ethyl alcohol vapor;
- c) invite the doctor on duty
- + d) all of the above

8. What is a Zimnitsky sample?

- + a) study of the daily amount of urine and specific gravity in 8 portions (every 3 hours);
- b) study of the minute volume of urine;
- C) determination of glucose in the daily volume of urine
- g) quantitative determination of uniform elements in the urine

9. What number of Pevzner diets should the patient with peptic ulcer disease follow?

- + a) №1
- b) №7
- c) №10
- d) №9

10. A patient has had a morning temperature of within 38.0-38.5-3 degrees C, evening - within 36.5-36.9 degrees C for 2 weeks. What type of fever does the patient have?

- a) laxative, remittent
- b) exhausting, hectic;
- + c) perverted, wrong;
- d) intermittent

11. What are the symptoms of gastric bleeding?

- a) vomiting color of “coffee grounds”, black tarry stools (melena);
- b) lowering of blood pressure, abnormal sweating;
- c) pallor of the skin;
- + d) all of the above.

12. What is included in the preparation of a patient for irrigation?

- a) no breakfast in the morning of the irrigation; cleansing enema in the morning;
- b) in the evening before, a cleansing enema; no breakfast in the morning;
- + c) adherence to a special diet for 3-5 days prior to the irrigation; no supper and a cleansing enema the evening before; on the day, no breakfast and a second cleansing enema.
- d) does not require special preparation

13. What signs are characterised with the chest pain associated with pleural lesions?

- + a) increased pain during deep breathing and coughing;
- b) pallor of the skin
- c) lowering of the blood pressure
- d) temperature increase

14. What is not a contraindication for the use of warming compress?

- + a) local inflammatory processes in the skin and subcutaneous tissue
- b) high fever
- c) pustular rash on the skin
- d) violation of the integrity of the skin

15. The responsibilities of a ward nurse include:

- a) nutrition organization for patients
- b) thermometry and filling temperature sheets
- c) periodic patient weighing
- + d) all of the above

16. What are the rules for using a pocket inhaler?

- a) holding the can at a distance, click on the bottom and then inhale
- + b) inhale and simultaneously press the bottom of the cartridge, hold the breath for a few seconds.
- c) exhale, hold your breath for a few seconds, then inhale
- d) exhale, press the bottom of the can and inhale

17. What amount of wash liquid must be prepared for a siphon enema?

- a) 1-1.5 liters;
- b) 50-100 ml;
- c) 5-6 liters;
- + d) 10-12 liters.

18. What is tachycardia?

- a) heart rate 60-80 beats per minute
- + b) increased heart rate over 80 beats per minute
- c) slower heart rate of less than 60 beats per minute
- d) irregular pulse

19. What should be the percentage of oxygen at an oxygen therapy?

- a) 100%
- b) 20%
- + c) 40-60%
- d) less than 40%

20. What is negative diuresis?

- + a) the patient releases urine significantly less per day than it consumes liquids
- b) the patient excretes 70-80% of the fluid intake with urine
- c) the patient excretes more urine per day than consumes fluids
- g) the amount of fluid consumed and urine released approximately equally

21. While on duty, a ward nurse recorded a temperature increase in the patient. Which log / journal should they enter this information in?

- a) journal of movement of patients
- b) register of narcotic, potent and toxic means
- + c) log of reception and delivery of duty
- d) journal of medical appointments/medical assignments

22. What activities need to be carried out in the postoperative period to reduce the negative effects of anesthesia?

- + a) oxygen therapy
- b) heavy drinking
- c) bladder catheterization
- d) siphon enema

23. The duties of the ward nurse do not include:

- + a) parenteral administration of drugs
- b) distribution of medicines prescribed by the doctor
- c) ensuring the accounting and storage of medicines
- d) provision of emergency first aid with life-threatening states

24. What should be the ratio of pressing on the sternum and breaths, if an indirect heart massage and artificial ventilation of the lungs is performed by one person?

- a) for every 10-12, two breaths
- b) for every 4-5 presses, one breath
- c) for every press, one breath
- + d) for every 15 presses, one breath

25. What should be the ratio of pressure on the sternum and breaths, if an indirect heart massage and artificial ventilation of the lungs are carried out by two people?

- + a) for every 10-12 presses, two breaths
- b) for every 4-5 presses, one breath
- c) for every press, one breath
- d) for every 15 presses, one breath

26. What diet table according to Pevzner should be assigned to a patient with diabetes mellitus?

- a) №3
- +b) №9
- c) №8
- d) №1

27. How to collect urine for research under the method of Nechyporenko?

- a) during the day every 3 hours;
- b) within 10 hours (from evening to morning);
- c) once per 3 hours;
- + g) the average portion of morning urine.

28. What is sigmoidoscopy?

- + a) examination of the mucous membrane of the rectum and sigmoid colon;
- b) a contrast study of the intestine;
- c) digital rectal examination
- d) X-ray examination of the intestine

29. A patient has had a morning temperature of within 36.0-36.5-3 degrees C, evening - within 37.5-38 degrees C for 2 weeks. What type of fever does the patient have?

- + a) laxative, remittent.
- b) exhausting, hectic;
- c) perverted, wrong;
- d) intermittent.

30. What method of administration of drugs is called enteral?

- a) external use of drugs
- b) the use of drugs by injection
- + c) the introduction of drugs through the mouth, under the tongue, through a straight line bowel
- g) inhalation administration of drugs

31. Can there be pressure sores under the forced sitting position of patients?

- a) NO, because the bedsores are formed only when the patient is on their back, abdomen or side;

- + b) YES, in the field of sciatic tubercles;
- c) NO, because when sitting, a large layer of subcutaneous fat and muscle tissue remains between the protrusions of the bones and the mattress.
- g) YES, in the heel bones

32. What help should be provided to the patient during an attack of bronchial asthma?

- a) measure the temperature
- + b) put them in a semi-sitting position and provide fresh air
- c) provide fresh air
- d) lay the patient down

33. What are the figures of normal blood pressure?

- + a) less than 139 and 89 mm Hg
- b) 145 and 90 mm Hg
- c) 155 and 95 mm Hg
- d) 140 and 90 mm Hg

34. How should a patient be treated when they have pain in the heart?

- a) to sit or lay down the patient, ensuring complete rest
- b) put the wiring on the limbs
- + c) give the patient 1 pill of nitroglycerin under the tongue and 30-40 drops of Corvalol
- d) put the heaters to the limbs

35. How to properly examine the pulse in the radial artery?

- + a) cover the area of the wrist joint so that the first finger is located on the back of the forearm, and II-IV gropes the radial artery and presses it to the radial bone, first on two hands

b) to cover the area of the wrist joint so that the II-IV fingers are located on the back of the forearm, and I felt the radial artery and pressed it to the radial bone

c) position the arm so that I finger feels for the radial artery and presses it against the radius

d) randomly position your hand

36. What are contraindications for gastric lavage?

a) poisoning

+ b) myocardial infarction

c) narrowing of the output section of the stomach

d) subfebrile temperature

37. What is polyuria?

a) increased urination

+ b) an increase in the daily amount of urine for more than 2 liters

c) a decrease in the daily amount of urine for less than 500 ml

g) difficulty urinating

38. Records of new patients entering the department are made in

+ a) journal of movement of patients

b) register of narcotic, potent and toxic means

c) log of reception and delivery of duties

d) journal of medical appointments/assignments

39. What are the contraindications for the use of hot water bottles on the abdomen?

a) pain during exacerbation of peptic ulcer;

b) intestinal colic;

c) subfebrile temperature;

+ d) suspicion of acute surgical disease of the abdominal organs

40. Records of diagnostic studies required for the patient are logged into:

- a) journal of movement of patients
- + b) journal of medical appointments/assignments
- c) log of reception and delivery of duties
- d) register of narcotic, potent and poisonous means

41. How to prepare a patient for endoscopic examination of the stomach?

+ a) on the day of the study, no breakfast; the last meal on the eve no later than 21 hours; it is necessary to remove dentures and come to the endoscopy room with a towel

b) in the evening before and in the morning 2 hours before the examination, put a cleansing enema; the last meal should be on the eve of no later than 21 hours

c) adherence to a special diet for 3-5 days before the study, do not eat breakfast on the day of the study, do a cleansing enema

d) does not require special preparation

42. What are the products that are prohibited to use when prescribing the patient diet number 10?

a) pasta

+ b) boiled chicken eggs

c) celery

d) fresh apples

43. What are the main ways of nosocomial transmission?

+ a) airborne

b) parenteral

c) contact

d) enteral

44. How to prepare a patient for the examination of occult blood?

- + a) for three days, exclude products and medicines containing iron, if the gums are bleeding during this time, do not brush your teeth
- b) for three days, prescribe to the patient a strict diet with a known chemical composition of food and cleansing enemas
- c) special preparation is not required
- d) cleansing enema and laxatives

45. What dietary table according to Pevzner should be assigned to a patient with chronic glomerulonephritis?

- +a) №7
- b) №8
- c) №5
- d) №9

46. What is stranguria?

- a) difficulty urinating
- b) increased urination
- c) reduction of urine excretion
- + d) painful urination

47. A patient has had a morning temperature of within 36.0-36.5-3 degrees C, evening - within 39.5-40 degrees C for 2 weeks. What type of fever does the patient have?

- a) laxative, remittent.
- + b) exhausting, hectic;
- c) perverted, wrong;
- d) intermittent

48. Is it necessary to recommend to a patient with nosebleeds to tilt their head back?

- a) yes, because this will stop the bleeding faster;
- b) should be recommended only with a very strong nasal bleeding;
- + c) not necessary, since the bleeding will not stop; blood will flow down the back of the nasopharynx, making it difficult to correctly assess the dynamics of bleeding
- d) yes, because it will ease the patient's condition

49. Why is it necessary to tilt the patient's head when carrying out artificial respiration?

- a) to make it more convenient to attach the resuscitator's mouth to the nose or mouth of the patient;
- b) to ensure the airway is passable;
- + c) to create a good seal between the mouth of the resuscitator and nose (or mouth) of the victim during the artificial inhalation
- d) to ensure maximum air intake

50. What complaints are characteristic of the respiratory diseases?

- a) fever
- b) sternum pain, stopped by nitroglycerin
- + c) cough
- d) dizziness

Answers:

№	Answer	№	Answer
1	B	26	B
2	A	27	D
3	D	28	A
4	A	29	C
5	A	30	C
6	B	31	B
7	D	32	B

8	A	33	A
9	A	34	C
10	A	35	A
11	D	36	B
12	C	37	B
13	A	38	A
14	A	39	D
15	D	40	B
16	B	41	A
17	D	42	B
18	B	43	A
19	C	44	A
20	A	45	A
21	C	46	B
22	A	47	C
23	A	48	C
24	D	49	C
25	A	50	C

Control tests are designed for students of practical training "Clinical Training" (Assistant procedural nurse). Tests are necessary both for the control of knowledge in the process of current and intermediate certification, and for the assessment of knowledge, the result of which can be the setting of credit.

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

The results of the test tasks are assessed by the teacher on a five-point scale for issuing attestation or according to the "pass" - "fail" system. The mark "excellent" is set with the correct answer to more than 90% of the tests proposed by the teacher. A rating of "good" - with the correct answer to more than 70% of tests. A rating of "satisfactory" - with the correct answer to 50% of the tests proposed by the student.

3. Typical questions

Types of control and certification, forms of evaluation tools

№	Semester №	Type of assessment	Name of the industrial practical training section (B2.P.3) "Clinical Training" (Assistant procedural nurse)	Evaluation/assessment tools		
				Type	Number of questions	Number of independent options
4.	4	entry	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	test	30	5
5.	4	entry	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	Situational questions	1	15
6.	4	current	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	Situational questions	1	15
7.	4	current	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	test	15	15
8.	4	current	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	interview	2	With every student
9.	4	intermediate	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	test	30	5
10.	4	intermediate	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	UIRS logs	5	5 for every student
11.	4	intermediate	Industrial practical training B2.P.3 «Clinical Training» (Procedural Nurse Assistant)	interview	Practical training diary	With every student

Exemplar test questions for the entry assessment

1. What does medical deontology study?

a) the relationship between the doctor and the patient.

+ b) a wide range of issues of responsibility, morality and professional ethics of medical workers;

- c) iatrogenic diseases
- d) measures to care for the sick

2. What is iatrogenic disease?

- + a) a painful condition caused by the nature of activities of medical workers
- b) a painful condition caused by the fear of a disease
- c) a painful condition caused by the influence of relatives
- d) a painful condition caused by the need to perform therapeutic and diagnostic measures

3. A patient turned to the emergency department of the hospital without medical documents, suddenly feeling unwell. What will be your tactic?

- +a) examine the patient, provide them with the necessary medical care and decide on further tactics
- b) call an ambulance
- c) send the patient for the guiding medical documents
- d) leave the patient and call a doctor

4. The patient was taken to the emergency room in an unconscious state, without documents and without accompanying relatives. What should a nurse do in addition to filling out all the documentation?

- a) report to the clinic, indicating the diagnosis
- + b) give a telephone message to the police, describing signs and clothes
- c) inform relatives
- d) take no further action

5. How should a patient be treated for pulmonary edema?

- a) give a semi-sitting position;
- + b) give inhalation of a mixture of oxygen and ethyl alcohol vapor;
- c) invite the doctor on duty

d) all of the above

6. What are the symptoms of gastric bleeding?

a) vomiting color of “coffee grounds”, black tarry stools (melena)

b) lowering blood pressure, abnormal sweating

c) pallor of the skin

+ d) all of the above

7. What activities should be carried out in the initial stage of the formation of pressure sores?

a) use various biologically active ointments

b) conduct surgical treatment

+ c) treat the skin with a 1% brilliant green solution, a strong solution of potassium permanganate, 5-10% iodine solution

d) apply oxygen therapy

8. The patient after frequent venipunctures of the same vein feels pain, hyperemia, infiltration along the vein, low-grade fever. What complication was developed in the patient?

a) hematoma

b) embolism

+ c) thrombophlebitis

d) infiltrate

9. Examination of the skin and temperature measurement in incoming patients to exclude infection in order to comply with the epidemiological regime is done by:

a) the doctor of the emergency room

+ b) nurse of the emergency room

c) hospital nurse

d) junior medical staff

10. How to collect urine for research under the method of Nechyporenko?

- a) during the day every 3 hours
- b) within 10 hours (from evening to morning)
- c) once per 3 hours
- + g) the average portion of morning urine

11. What is sigmoidoscopy?

- + a) examination of the mucous membrane of the rectum and sigmoid colon
- b) contrast examination of the intestine
- c) digital rectal examination
- d) X-ray examination of the intestine

12. What help should be given to a patient during an attack of bronchial asthma?

- a) measure the temperature
- + b) put the patient in a semi-sitting position and provide fresh air
- c) provide fresh air
- d) lay the patient down

13. What kind of patient care measures should be taken in the 3 rd period of fever during a critical decrease in temperature?

- a) lift the foot end of the bed
- b) put a cold compress on the forehead, wipe the mouth or irrigate with water
- + c) the patient should not be warmly covered, the patient should be rubbed and washed, the chamber should be aired without drafts
- d) overheat the patient with hot-water bottles, give strong sweet tea

14. How often should a wet cold compress be changed?

- a) every 2-3 minutes
- + b) as soon as it dries
- c) every 10-15 minutes
- d) leave it for 1-1.5 hours

15. What diet table according to Pevzner should be assigned to a patient with chronic glomerulonephritis?

- + a) No. 7
- b) No. 1
- c) No. 5
- d) No. 9

16. What kind of patient care measures should be applied in the second stage of fever (stage of maintaining the maximum temperature)?

- a) warm the patient, to impose heaters/hot water bottles
- + b) monitor the pulse rate and respiration, blood pressure level
- c) monitor the state of the central nervous system
- d) carry out oral care

17. What complications are associated with violation of the rules of asepsis and antisepsis during the injection?

- a) air and fat embolism
- b) allergic reactions
- + c) development of post-injection infiltrates and abscesses
- d) temperature increase

18. Why can't the cushion be inflated too much?

- a) it will quickly fail
- b) it will be difficult to put it in a stable position in bed

- + c) it must change its shape when the patient moves
- d) it takes too much time

19. Name the measures necessary to combat intestinal paresis in the postoperative period:

- a) oxygen therapy
- b) bladder catheterization
- c) reshaping the patient
- + g) siphon enema

20. Choose a syringe and needle for subcutaneous injection of 1.5 ml solution:

- a) syringe capacity 20 ml, needle length 15mm
- b) syringe capacity 2 ml, needle length 30mm
- + c) syringe capacity 2 ml, needle length 15 mm
- d) syringe capacity 10 ml, needle length 15mm

Answers:

1	2	3	4	5	6	7	8	9	1
- Б	- А	- А	- Б	-Б	-Г	- Б	- Б	- Г	0-А
1	1	1	1	1	1	1	1	1	2
1- Б	2- Б	3- Б	4- Б	5- А	6-Б	7-Б	8-Б	9-Г	0-Б

An example of situational questions:

1. A nurse was invited to the ward for a patient, who suddenly had compressive pain behind the sternum radiating to his left arm. What is wrong with the patient? What should the nurse's tactic be?

Answers:

- the patient has angina pectoris

- it is necessary to give a nitroglycerin tablet under the tongue
- Invite the doctor on duty or the attending physician.

Exemplar Interview Questions:

- procedure nurse duties and responsibilities;
- medical records in the work of a procedural nurse;
- oxygen therapy technique;
- thermometry and temperature sheet filling rules;
- medical food, nutrition control;
- rules of storage and distribution of medicines;
- rules for collecting biological materials for research.



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
(treatment nurse assistant)

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 spirometry	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 spirometry tests 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 _____

ANNOTATION

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

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

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

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

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

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

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

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

- To consolidate the knowledge gained by students in the study of theoretical and clinical disciplines.
- Improve and expand the practical skills acquired in the process of learning at the School of Biomedicine FEFU.
- To master the main stages of medical and diagnostic work at the bedside of the patient in the process of independent medical practice with constant monitoring and correction by her teacher.
- Learn to self-design medical records.
- To be acquainted with the organization of medical and preventive care for the population and the working conditions of doctors.
- Improve the skills of educational and research work and sanitary-educational activities.

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

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

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

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

Jobs for people with disabilities are equipped with:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	+		
2	Infectious diseases	+	+	+
3	Anesthesiology, resuscitation, intensive care	+	+	+
4	Hospital Surgery, Pediatric Surgery		+	
5	Oncology, radiation therapy	+	+	+
6	Traumatology, orthopedics		+	
7	Regenerative medicine	+	+	+
9	Phthisiatry	+	+	+
10	Outpatient therapy	+		

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

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

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

Module 2 Surgery			
Preparatory	Safety Instructions. Distribution of jobs	2	Teacher control
Main	<ol style="list-style-type: none"> 1) Filling out the case histories. 2) Applying fixing bandages (for students in trauma units) 3) Performing tire bandages (for students in trauma units) 4) The imposition of skeletal traction at fractures (for students in trauma units) 5) Identify blood type. 6) Perform subcutaneous, intramuscular, intravenous injections. 7) Perform intravenous infusions. 8) Perform blood transfusion. 9) Perform gastric lavage. 10) Perform siphon enemas. 11) Perform bladder catheterization. 12) Perform local anesthesia and novocainic blockade. 13) Perform minor operations under the guidance of a doctor. 14) Assist in operations. 15) Attend operations. 16) Perform work in a purulent dressing room. 17) Participate in ultrasound studies. 18) Participate in radiological examinations. 19) Participate in endoscopic examinations. 20) Conduct health education conversations with patients (staff). 21) Implementation of Student Research Work (collection and analysis of material, under the guidance of a teacher to prepare abstracts and reports to the student conference). 	44	Preparation of the report, interview, execution of practical skills in models, testing
Final stage	Preparation of the report, interview, execution of practical skills in models, testing	2	Control, testing, Assessment of teacher
Total		48	
“Clinical practice” (doctor's assistant) Module 3 Gynecology and Obstetrics			

Preparatory	Safety Instructions. Distribution of jobs	2	Teacher control
Main	<ol style="list-style-type: none"> 1) Performing swabs for cytological and bacteriological examination 2) Filling out a disability certificate for maternity 3) Perform colposcopy 4) Fulfillment in taking delivery (phantom) 5) To conduct the first toilet of the newborn 6) Carry out the patronage of pregnant women at home. 7) Performing the determination of the estimated mass of the fetus 8) Completing the timing of delivery 9) Perform treatment of the vagina in pregnant women. 10) Determine the readiness of the cervix for childbirth (phantom, w / c) 11) Do work in a small operating room. 12) Present during electrocoagulation 13) Present with cervical biopsy 14) Present at mini abortion 15) Assist on operations: obstetric and gynecological 16) Assess the newborn by Apgar. 17) Determining the integrity of the afterbirth 18) Participation in the resuscitation of the newborn (phantom) 19) Assist in stitching the ruptures of the cervix and perineum. 20) Perform a manual examination of the uterus (phantom) 21) Participate with the removal of sutures from the perineum after childbirth. 22) Participate when applying obstetric forceps, vacuum extraction of the fetus for the head (phantom) 23) Participate in activities to combat uterine bleeding. 24) Participate in the provision of emergency care for severe forms of gestosis. <p>Perform Student Research Work</p>	44	Preparation of the report, interview, execution of practical skills in models, testing

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

8. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF INDEPENDENT WORK OF STUDENTS

Guidelines for the preparation and conduct of the practical training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Types of Independent Student's Work

Module1 THERAPY

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

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

Module 2 SURGERY

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

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

Module 3 OBSTETRICS AND GYNECOLOGY

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

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

The main mandatory document of practical training is a diary.

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

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

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

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

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

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

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

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

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

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

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

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

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

The following points should be reflected in the diary:

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

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

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

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

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

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

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

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

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

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

Sample of diary for manufacturing practice

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

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

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

Intermediate control on the basis of mastering the discipline

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

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

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

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

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

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

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

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

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

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

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

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

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

9. FORM OF CERTIFICATION (ACCORDING TO THE PRACTICE)

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

The main criteria for evaluating industrial practices

- all the necessary documents are correctly and clearly drawn up;
- positive characteristic of the direct manager of the practice from the medical organization;
- clear and competent answers to questions, the head of practice from the department at the stage of an interview on the results of practical training.

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

Основная литература

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

[/https://link.springer.com/content/pdf/10.1007%2F978-88-470-5480-6.pdf](https://link.springer.com/content/pdf/10.1007%2F978-88-470-5480-6.pdf):

DOI 10.1007/978-88-470-5480-6

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

LIST OF INFORMATION TECHNOLOGIES AND SOFTWARE

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

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

LOGISTICS OF PRACTICAL TRAINING

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

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

MODULE 1 THERAPY

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

<p>School of Biomedicine</p> <p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510</p>	<p>Dummy for testing SLS and auscultation (1 pc.) Sam II (1 pc.) Tonometer (2 pcs.) Simulator for auscultation (1 pc.)</p> <p>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.)</p>
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MODULE 2 SURGERY

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

Reading rooms of the Scientific library of the University open access Fund (building a - 10)	Monoblock HP Loope 400 All-in-One 19.5 in (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, wifi, BT, usb kbd/mse, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty Speed Internet access 500 Mbps. Jobs for people with disabilities equipped with displays and Braille printers.; equipped with: portable reading devices flatbed texts, scanning and reading machines videovelocity with adjustable color spectrums; increasing electronic loops and ultrasonic marker
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MODULE 3 OBSETRICS AND GYNECOLOGY

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

<p>FEFU Scientific Library with open access to the Foundation (Building A - Level 10)</p>	<p>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</p>
<p>Accreditation and Simulation Center of the School of Biomedicine</p> <p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510</p>	<p>Medical couch (1 pc.) Training model of the female pelvis for demonstration and development of childbirth skills, complete with accessories Training model of the female pelvis for demonstration and testing of obstetric skills</p>

2.



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

SCHOOL OF BIOMEDICINE

FUND ASSESSMENT TOOLS

TRAINING COMPLEX OF DISCIPLINE

CLINICAL PRACTICE (DOCTOR'S ASSISTANT)

Educational program

Preparation for 31.05.01. General Medicine

Form of training full-time

**Vladivostok
2018**

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

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

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

The scale of assessment the level of formation of competences

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

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

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

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

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

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

The grading scale in case 5 indicators are selected:

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

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

2. Evaluation funds

TEST CONTROL

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

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

- a) complete blood count;
- + b) urinalysis;
- c) biochemical blood tests for enzyme activity and acute phase indicators;
- d) ECG;
- e) Ultrasound of the heart.

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

- + a) Radiography of the chest;
- b) echocardiography;
- c) myocardial scintigraphy;
- d) dynamic ECG monitoring.

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

- a) With arterial hypertension in the first 4-6 hours after myocardial infarction and later periods;
- + b) with a history of bronchial asthma;
- c) with heart rate > 80 per min. In the absence of heart failure;
- d) with early post-infarction angina.

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

- a) contribute to the rapid resolution of ischemic changes in the myocardium, affecting the ECG;
- b) dissolve the coronary thrombus;
- c) eliminate painful attack;
- d) reduce the severity of hemodynamic disorders characteristic of myocardial infarction;
- + e) prevent further progression of angina.

5. For stage II asthmatic status is most characteristic:

- a) development of tachycardia and hypotension;
- b) the occurrence of cyanosis;
- + c) the beginning of the formation of the “mute lung” syndrome;
- d) the development of hypoglycemic coma;
- e) development of respiratory alkalosis.

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

- a) prescription of prednisolone orally > 100 mg;
- b) administration of large doses of aminophylline;
- + c) the introduction of prednisone in / in 90 - 120 mg;
- d) prescription of aminophylline and verapamil;
- e) the appointment of sympathomimetics and anticholinergics.

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

- a) enhancement of sympatho-adrenal activity;
- b) increased general peripheral vascular resistance;
- c) heart rhythm disorders;
- + d) reduction in myocardial oxygen demand.

8. The most life-threatening complication of pneumonia:

- a) lung abscess;
- b) pleurisy;

- c) myocarditis;
- d) pericarditis;
- + e) toxic shock.

9. Approximate dates of prescription of antibiotics for pneumonia:

- a) until the temperature normalizes;
- b) until complete resorption of infiltrate in the lung;
- c) until ESR is normalized;
- + d) up to 4–5 days withstand normal body temperature;

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

- a) one-time appointment;
- + b) long-term use;
- c) short course treatment.

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

- a) diacarb;
- b) furosemide;
- + c) hypothiazide;
- d) veroshpiron.

12. Criteria for hypertensive crisis are:

- a) increase in blood pressure > 159/94 mm Hg;
- + b) sudden rise in blood pressure;
- c) the appearance of headaches in combination with an increase in blood pressure;
- d) signs of encephalopathy.

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

- + a) droperidol i/v;
- + b) nitroglycerin i/v;
- + c) lasix;
- d) Droperidol + Pentamine i/v.

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

- + a) yes, it is necessary, to BP no more than 135/80 mm Hg. Art.
- b) no, the main thing is to achieve such a blood pressure in which the patient maintains efficiency;
- c) a reduction in blood pressure to 140/90 mm Hg is desirable.

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

- a) prolonged nitrates;
- b) Ca antagonists;
- + c) beta-blockers;
- d) aspirin;
- e) heparin.

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

- a) neuroleptic analgesia;
- b) nitroglycerin and prolonged nitrates;
- c) aspirin;
- d) beta-blockers or clonidine;
- e) heparin;
- + f) low molecular dextran;
- g) morphine or piritol;
- h) all of the above.

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

001. Mechanical jaundice cannot be caused

- a) stone of the common bile duct

- b) a tumor of a large duodenal papilla
- c) pancreatic head cancer
- + d) stone of the cystic duct

002. Fibro-gastroduodenoscopy in patients with acute pancreatitis allows

- + a) assess the condition of the major duodenal papilla
- b) to clarify the prevalence of lesions of the gland
- c) determine the form of acute pancreatitis
- d) clarify the process localization in the pancreas

003. The diagnosis of gastric cancer becomes reliable with

- + a) fibrogastroscopy with targeted biopsy and histological examination
- b) ultrasound examination
- c) X-ray examination of the stomach
- d) computed tomography

004. The form of limited peritonitis is

- + a) appendicular infiltrate
- b) diffuse peritonitis
- c) diffuse peritonitis

005. Stressful gastric ulcer is most often manifested.

- a) gastric perforation
- + b) gastric bleeding
- c) malignancy
- d) does not manifest itself
- e) penetration

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

- a) sigmoidoscopy**
- + b) digital examination of the rectum
- c) laparoscopy
- d) radiography of the abdominal cavity
- d) percussion and auscultation of the abdomen

007. For perforation of the gallbladder, the most common

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

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

008. With a large duodenal papilla swelling jaundice

+ a) expressed

b) not expressed

c) absent

009. In Mallory-Weiss syndrome manifests itself

a) pyloric stenosis

b) persistent cardiac sphincter spasm

+ c) fissure of the cardiac gastric mucosa

d) pyloric stenosis

e) multiple duodenal ulcers

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

+ a) perforation of the hollow organs of the abdomen

b) ectopic pregnancy

c) acute intestinal obstruction

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

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

+ a) esophageal cancer

b) leiomyosarcoma

c) melanoma

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

+ a) Bergman

b) Shchyotkina-Blumberg

c) Ortner

d) Murphy

013. Intestinal volvulus is an acute intestinal obstruction.

+ a) strangulation

- b) paralytic
- c) spastic
- d) mixed

014. Stone formation in the gallbladder contribute

- a) infection, stagnation of bile
- + b) inflammation of the bladder wall, stagnation of bile, metabolic disorders, gender, constitution
- c) smoking, gender

015. Symptom Shchyotkin-Blumberg

- a) percussion soreness in the right side
- b) painful palpation of the cecum in the patient's position on the left side
- + c) abdominal pain with abrupt tearing of the palpating hand
- g) increased pain in the position of the patient on the left side

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

- a) acute appendicitis
- b) acute cholecystitis
- + c) acute intestinal obstruction
- d) adnexitis
- e) gastric bleeding

017. Family diffuse polyposis refers to obligate crayfish

- + a) yes
- b) no

018. A patient with gangrenous cholecystitis is indicated

- + a) emergency operation
- b) conservative treatment
- c) the decision depends on the age of the patient
- d) operation with no effect from conservative treatment

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

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

- + a) rectal cancer
- b) hemorrhoids
- c) gastric ulcer complicated by bleeding
- d) prostate cancer

020. For acute pancreatitis characteristic

- a) abdominal pain, vomiting with streaks of blood
- + b) persistent pain in the epigastrium, surrounding character, repeated vomiting, not bringing relief
- c) heartburn, abdominal pain, worse 2-3 hours after eating

021. The most common operation for cholelithiasis

- + a) cholecystectomy
- b) choledochoduodenostomosis
- c) cholecystotomy
- g) gallbladder drainage

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

- + a) gynecological history, puncture of the posterior free, clinical blood analysis, vaginal examination
- b) a survey radiography of the abdomen
- c) computed tomography

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

- a) esophageal varicose veins
- b) bleeding from stomach ulcers
- + c) Mallory-Weiss syndrome
- d) erosive hemorrhagic gastritis

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

001. What is the presentation of the fetus?

- + 1. The relation to the plane of the entrance to the small pelvis of that part of the fetus, which in labor first falls into the cavity of the small pelvis.
- 2. The ratio of a particular part of the fetus to the cavity of the entrance to the small pelvis.
- 3. The location of the fetal head in the pelvic cavity.
- 4. The ratio of the pelvic end to the entrance to the pelvis.

002. How to measure the outer conjugate?

- + 1. Pelvimeter.
- 2. Radiographically.
- 3. For vaginal examination with the fingers.
- 4. For rectal examination.

003. What is a diagonal conjugate?

- + 1. The distance from the upper edge of the vault to the cape.
- 2. The distance from the middle of the heart to the cape.
- 3. The distance from the lower edge of the womb to the cape.
- 4. The distance from the bottom of the womb to the tailbone.

004. What is a fruit type?

- 1. A certain ratio of the back of the fetus to the frontal plane of the uterus.
- + 2. The ratio of the back of the fetus to the anterior or posterior wall of the uterus.
- 3. The ratio of the back of the fetus to the edge of the uterus.
- 4. The ratio of the back of the fetus to the anterior surface of the uterus.

005. What is the second position of the fetus?

- + 1. The back of the fetus is facing right.
- 2. The back of the fetus is facing left.
- 3. The back of the fetus is facing to the right and several anteriorly.

4. The back of the fetus facing the front.

006. What is the position of the fetus?

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

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

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

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

007. What is the correct position of the fetus?

1. The normal position of the fetus.

+ 2. Its longitudinal position.

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

4. Head previa.

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

1. The duration of the fight.

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

3. The tone of the uterus during labor.

+ 4. The rate of cervical dilatation.

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

1. By external conjugate.

2. By horizontal conjugate.

+ 3. By anatomical conjugate.

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

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

+ 1. 12 cm

2. 12.5 cm

3. 16 cm

4. 9 cm

011. What is the wire axis of the pelvis?

- + 1. An imaginary line connecting the midpoints of the direct dimensions of all the planes of the pelvis.
- 2. Mentally drawn line connecting the centers of the oblique sizes of the pelvis.
- 3. Line connecting the middle of all sizes of the pelvis.
- 4. The line connecting the centers of all planes of the transverse dimensions of the pelvis.

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

- 1. At the navel level.
- +2. In the xiphoid process.
- 3. Midway between the navel and the xiphoid process.
- 4. 2-3 fingers above the navel.

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

- + 1. Occipitoanterior presentation
- 2. Occipitoposterior presentation.
- 3. Anterior cephalic presentation
- 4. Posterior cephalic presentation

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

- 1. Cephalic presentation.
- 2. Breech presentation.
- + 3. The transverse and oblique position of the fetus.
- 4. Prolapse of the umbilical cord with the head previa.

015. What kind of operations is obstetric turn?

- 1. genus-producing.
- 2. fetus-destroying
- + 3. correcting the position of the fetus.
- 4. preparing the birth canal.

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

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

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

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

Approximate topics of essays

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

The following forms of Research Work of Students are recommended:

1. Drawing up essays on the materials of the latest medical literature.
2. Compilation of the text of popular science lectures and discussions for the public on the prevention of diseases of internal organs and the promotion of a healthy lifestyle.
3. Issue sanitary bulletins.

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

5. Creation of training videos and electronic training atlases.

Themes of Research Work of Students

Therapy module

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

Surgery Module

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

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

Obstetrics and gynecology module

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

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

Контрольные вопросы к зачету

Модуль ТЕРАПИЯ

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

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

SURGERY Module

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

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

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

- closed fractures and dislocations of the extremities;
- fractures of the chest ribs, accompanied by pneumothorax and subcutaneous emphysema;
- purulent diseases of soft tissues;
- for bleeding: gastrointestinal, from varicose veins food, outside;
- shocks: traumatic, burn, anaphylactic, hemorrhagic.

Module OBSTETRICS AND GYNECOLOGY

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

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

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

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

76. High water. Clinic, diagnosis, management of labor, complications, effects on the fetus.
77. Organization of work and the main tasks of female consultation. Key quality indicators.
78. Placenta and its function.
79. Conducting pregnancy and childbirth in women with rheumatic heart disease.
80. Obstetric forceps. Indications, conditions, anesthesia, technique, complications.

PROVIDING EMERGENCY CARE:

1. Relief of pain in acute myocardial infarction.
2. Providing emergency care for cardiogenic shock.
3. Providing emergency care to a patient with pulmonary edema on the background of acute myocardial infarction.
4. Emergency treatment of clinical death: asystole and ventricular fibrillation.
5. Providing emergency care for atrioventricular block, Morgagni-Adams-Stokes syndrome.
6. Providing emergency care for paroxysmal tachycardia.
7. Providing emergency care for paroxysmal atrial fibrillation.
8. Providing emergency care for hypertensive crisis.
9. Emergency treatment of cardiac asthma and pulmonary edema in a patient with arterial hypertension.
10. Providing emergency care: with allergic reactions (angioedema, anaphylactic shock).
11. Providing emergency care for asthmatic status.
12. Providing emergency care in an attack of bronchial asthma.
13. Providing emergency care for spontaneous pneumothorax.
14. Providing emergency care for pulmonary hemorrhage.
15. Providing emergency care for gastric bleeding.
16. Providing emergency care in infectious and toxic shock.
17. Providing emergency care for uremic coma.

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



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SCHOOL OF BIOMEDICINE

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

Student _____

4 course _____ group _____ faculty

Place of internship _____

from _____ till _____

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

Final attestation _____
(credited/not credited)

20 /20 year

Vladivostok

CHARACTERISTIC

Hospital's Head of Practice

Signature of the Hospital's Head of Practice

Signature of FEFU teacher-supervisor

.....

« _____ » _____ 20 ____ year

Seal of hospital



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN
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 «Far Eastern Federal University»
 (FEFU)

SCHOOL OF BIOMEDICINE

DIARY

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

Name of student _____

Group _____ EP "General Medicine"

Place of practice _____

City _____ District _____

Region (State) _____

Terms of on-the-job training:

from « _____ » _____ 20 ____ year

to « _____ » _____ 20 ____ year

FEFU teacher-supervisor _____ Name, position

Hospital's Head of Practice _____ Name, position

Final grade _____

20 ____ /20 ____ academic year

VLADIVOSTOK

HOSPITAL HYGIENE ISSUES,

which should be covered during the practice:

- a. hygienic assessment of the hospital site;
- b. hospital water supply, heating, ventilation;
- c. collection, storage and disposal of sewage and garbage;
- d. sanitary characteristic of hospital buildings, main departments and outpatient clinics;
- e. state of sanitary inspection rooms, treatment system for newly arriving patients;
- e. measures to combat nosocomial infection;
- g. nutrition organization of patients, sanitary characteristic of the food block.

During the supervision of a therapeutic patient should:

- a. calculates the area and cubage per bed in the ward where the patient is supervised;
- b. to assess the natural and artificial illumination of the chamber (angle of incidence, angle holes, SC, window orientation);
- c. makes the necessary recommendations for improving the conditions of stay of patients in the ward.

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

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

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

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

- examination of patients upon admission to the emergency or therapeutic department;
- statement of the individual diagnosis;
- drawing up a treatment and examination plan;
- daily rounds of supervised patients with the consolidation of practical skills obtained in the clinic according to the methods of examination of the patient
- participation in the radiological examination of patients and discussion received data;
- removal and interpretation of ECG and PCG;

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

Student's work is evaluated by the following parameters:

1. Theoretical knowledge of the issues of emergency assistance in matters of set-off (estimated on the 5-point system).
2. Assessment of the completeness of mastering practical skills according to the report on Practical skills.
3. Evaluation of the student's work in the department by the practice manager from Practical health care (head of the department or another appointed instead of head of the doctor's department).
4. Evaluation of work under the SRW program.
5. Assessment of sanitary and educational work.
6. Evaluation of keeping a diary.

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

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

Signature of the Hospital's Head of Practice

Signature of the FEFU Hospital's Head of Practice

Numeral Practical Skills Report

Student (name).....

group EP "General Medicine" School of Biomedicine

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

Signature of student

Signature of the Head of Department

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

- - participation in endoscopic examination (fibrogastroduodenoscopy, fibrocoloscopy, sigmoidoscopy, FBS)
 - - participation in the removal and decoding of spiograms, conducting and evaluating the results of peak flow measurement, counting daily and weekly fluctuations in the PSV (peak expiratory flow rate);
 - - carrying out gastric and duodenal sounding;
 - - performance of pleural puncture, active participation during the sternal, abdominal puncture, puncture of the joints;
 - - the ability to conduct gastric lavage;
 - - holding a closed heart massage and artificial respiration;
 - - participation in the laboratory (determination of blood group and Rh factor, prothrombin index, blood clotting time);
 - - filling in the medical history of the admitted patients;
 - - registration of discharge on supervised patients;
 -
- Simultaneously with the supervision of patients, the required sections of the student's work are:
the development of the necessary skills to provide emergency assistance in the following conditions:

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

Student Research Work

Also during practice, it is necessary:

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

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

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

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

DIARY OF ON-THE-JOB TRAINING

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

Diary Fill Sample

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

11.20-11.50	<p>began to listen to medium and low tonal rattles. Assigned: monitoring of PRR using peak flow meter hourly, inhalation of salbutamol 200 mcg every 4 hours. Basic therapy with budesonide 400 mcg 2 times a day through a spacer. In the next 2-3 days, prednisone oral 30-25 mg, followed by cancellation.</p> <p>Work in the treatment room.</p> <p>Work with case histories: design of a new case history for an incoming patient S., 56 years old (see above), filling in the diaries of supervised patients, 1 discharge report and 2 extracts from the case histories.</p> <p>Completing a practice diary and a digital report for the past day.</p>
-------------	--

11.50-12.30	
12.30-13.30	
13.30-14.30	

2. Plan a rational examination of the patient.
3. To diagnose in accordance with the existing classifications.
4. Identify causal, provoking and contributing factors.
5. Make a treatment plan for the patient, taking into account the individual diagnosis, indications
contraindications for each treatment method.
6. Assess the effectiveness of treatment, establish the possible manifestations of undesirable side effects of drugs and measures for their prevention and elimination.
7. Formulate the nearest and distant forecast. Make recommendations for outpatient treatment.

STUDENT SHOULD BE ABLE TO:

1. To conduct a clinical examination of the patient.

CHARACTERISTIC

Hospital's Head of Practice

Signature of the Hospital's Head of Practice

.....

Signature of FEFU teacher-supervisor

.....

«_____» _____ 20____ year

Seal of hospital



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN
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SCHOOL OF BIOMEDICINE

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

Name of student _____

Group _____ EP "General Medicine"

Place of practice _____

City _____ District _____

Region (State) _____

Terms of on-the-job training:

from «_____» _____ 20____ year

to «_____» _____ 20____ year

FEFU teacher-supervisor _____ Name, position

Hospital's Head of Practice _____ Name, position

Final grade _____

20____ /20____ academic year

VLADIVOSTOK

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

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

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

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

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

Student (name).....

group EP "General Medicine" School of Biomedicine

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

Signature of student

Signature of the Head of Department

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

11.20-11.50	
-------------	--

11.50-12.30	
12.30-13.30	
13.30-14.30	

2. Plan a rational examination of the patient.
3. To diagnose in accordance with the existing classifications.
4. Identify causal, provoking and contributing factors.
5. Make a treatment plan for the patient, taking into account the individual diagnosis, indications
contraindications for each treatment method.
6. Assess the effectiveness of treatment, establish the possible manifestations of undesirable side effects of drugs and measures for their prevention and elimination.
7. Formulate the nearest and distant forecast. Make recommendations for outpatient treatment.

STUDENT SHOULD BE ABLE TO:

1. To conduct a clinical examination of the patient.

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

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

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

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

The reporting document of the student's internship is a diary, which should reflect all the work done. On the first page should be marked the date of commencement and termination of the practical work in surgery, the sequence and schedule of working hours of the hospital, the dates of duty. After that, one should proceed to the description of the production base, where students mark the number of beds in the surgical department, the

volume of planned and emergency care, the contingent of patients undergoing treatment. Here you need to specify the person responsible for the practice, the name of the head of the department, his work experience.

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

The following points should be reflected in the diary:

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

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

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

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

Certification consists of:

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

CHARACTERISTIC

Hospital's Head of Practice

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

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

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

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

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

Diary Fill Sample

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

11.20-11.50	

11.50-12.30	
12.30-13.30	
13.30-14.30	

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

The following points should be reflected in the diary:

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

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

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

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

Certification consists of:

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



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of higher education
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SCHOOL OF BIOMEDICINE

«AGREED»

Head of education program
«General medicine»

Khotimchenko Yu.S.

(signature)

(Full name)

«09» of July 2019

«APPROVED»

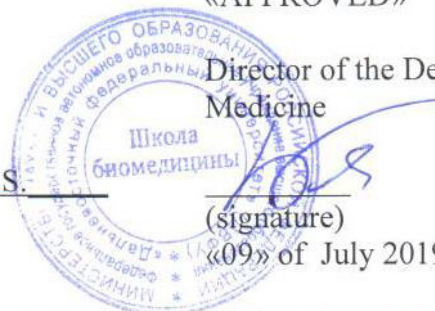
Director of the Department of Clinical
Medicine

Geltser B.I.

(signature)

(Full name)

«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	Polyclinic 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.	40	Control of head of the clinic, the district doctor and teacher
	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.	32	
	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.	30	
	4) The purpose of clinical, laboratory and instrumental examinations and analysis of the results.	24	
	5) The development of paraclinical methods (presence in instrumental studies: ultrasound, FGDS, bronchoscopy, spirometry. ECG, echoCG).	28	
	6) Acquaintance with the work of doctors of therapeutic specialties (infectious diseases specialist, endocrinologist, cardiologist, rheumatologist, clinical expert,	10	

	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](http://link.springer.com/openurl?genre=book&isbn=978-3-319-20264-8), 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](https://link.springer.com/book/10.1007%2F978-3-319-15777-1), 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](https://link.springer.com/book/10.1007%2F978-0-387-09817-3), 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](https://link.springer.com/book/10.1007%2F978-3-662-48316-9), 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

	<p>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).</p> <p>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</p>
<p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 422</p> <p>Multimedia audience</p>	<p>Multimedia audience:</p> <p>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-Codeonly-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</p>
<p>Reading rooms of the FEFU Scientific Library with open access to the Foundation (Building A - Level 10)</p>	<p>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</p>
<p>Accreditation and Simulation Center of the School of Biomedicine</p> <p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510</p>	<p>Medical couch (1 pc.)</p> <p>Simulator for auscultation with an interactive board (1 pc.)</p> <p>Dummy for testing SLS and auscultation (1 pc.)</p> <p>Sam II (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Simulator for auscultation (1 pc.)</p> <p>Spirometer portable (1 pc.)</p> <p>Electrocardiograph (1 pc.)</p> <p>Spirograph (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Set with dotted electrodes for recording EEG in the system 10-20 "MCScap-26" (1 pc.)</p> <p>Medical couch (2 pcs.)</p>

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).



THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal State autonomous education institution of higher education
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(FEFU)

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 assistant. 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	<p>Work at the reception</p> <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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.



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SCHOOL OF BIOMEDICINE

FUND OF ASSESSMENT TOOLS

**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**

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) spirometry

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 $<37.5\text{ C}$
- b) lack of intoxication
- c) the number of leukocytes $<10 \cdot 10^9 / l$
- 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 $<4,0 \cdot 10^9 / l$
- b) the number of leukocytes $> 10,0 \cdot 10^9 / l$
- c) the number of leukocytes $<2,0 \cdot 10^9 / l$
- 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 \leq 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.	<p>1. Respiratory volume is:</p> <ul style="list-style-type: none"> 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 <p>The answer is b</p>
	<p>2. Electrocardiographic evidence of myocardial ischemia when performing a physical exercise test is:</p> <ul style="list-style-type: none"> 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 <p>The answer is a</p>
	<p>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.</p> <ul style="list-style-type: none"> 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)	<p>Task 1</p> <p>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.</p>

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. BELL - 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

	<p>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. BELL - 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.</p> <p>Blood test: Hb - 100g / l, er. - $3,2 \times 10^9 / l$, lake. - $9,8 \times 10^9 / l$, 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 $\mu\text{mol} / \text{L}$.</p> <p>QUESTIONS:</p> <ol style="list-style-type: none"> 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. <p>Answer:</p>
for intermediate control (IC)	<p>Clinic and diagnosis of chronic pancreatitis on an outpatient basis. Features of the management of patients of elderly and senile age.</p> <p>Classification and formulation of the diagnosis of chronic pancreatitis. Differential diagnosis. Indications for hospitalization.</p> <p>Day hospital, indications and order of direction. Hospital at home.</p>

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



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 spirometry	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 spirometry tests 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 _____

ABSTRACT

Производственная практика «**Научно-исследовательская работа (Research)**» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 6th course in the A and B semesters, as a basic discipline. The total complexity of the discipline is 216 hours, 3 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 Research Practice: mastering special knowledge for the development of scientific outlook among students simultaneously with the development of the clinical logic thinking necessary for implementation in primary health care, including early diagnosis of the most common chronic non-infectious diseases, primary and secondary prevention of major chronic non-infectious diseases, and disability expertise , and other practical skills necessary for the subsequent practical activities of the doctor.

Objectives of the Professional Research Practice:

- consolidation and development of professional theoretical knowledge obtained in the study of disciplines provided by the curriculum in the direction of study 31.05.01. – General medicine;

- mastering the necessary professional research competences in the field of training;
 - the formation of the skills of studying and analyzing scientific literature, statistical collections and regulations;
 - the mastery of individual methods of research relevant to the topic of the research work being carried out;
 - obtaining skills of independent recruitment of factual material on the subject of scientific research;
 - improvement of existing skills and skills of independent research activities;
 - the use of the research results in working practice;
 - the formation of student skills in the team;
 - improvement of the personality of the future graduate in the field of study
- 31.05.01. – General medicine.

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

Code and formulation of competence.	Stages of formation of competence	
PC-20 - the readiness to analysis and public presentation of medical information based on evidence-based medicine	Knows	basic and special basics of natural science and professional knowledge for solving applied problems; principles of evidence-based medicine.
	Able to	conduct a search of theoretical, scientific information; present materials of their own research; study independently and continuously improve their qualifications throughout the entire period of professional activity.
	Possesses	ways of obtaining professional knowledge from original sources, incl. electronic; skills of writing a scientific text, skills of scientific public speaking and conducting scientific discussions.
PC-21 - the ability to participate in researches	Knows	Methods of studying scientific, medical and paramedical information.
	Able to	work effectively individually and in a group, be responsible for the results of the work; analyze domestic and foreign experience on research topics.
	Possesses	opportunity to plan a scientific work, to organize the search of the necessary

		information to choose the best methods of investigation, to conduct a study on research and development.
PC-22 - the willingness to participate in implementation of new methods and techniques aimed at protection of public health	Knows	basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.
	Able to	apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions;
	Possesses	Skills of organization and management in the field of public health, in medical organizations and their structural divisions.

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

Sections (stages) of practice	Types of practical work in practice, including independent work of students	Workload (hours)	Forms of current control
Preparatory	Safety instructions. Distribution to working places.	2	Teacher control
Main	- Conducting literary information search, compiling a list of references on the problem of research, designed in accordance with STST;	26	Teacher control
	- Work with literature, regulations, other sources of information on the topic of research work (including the selection of sources, their study and critical analysis);	22	
	- Participation in preparation of the plan, organization and conduct of scientific research on the topic;	12	
	- Participation in selection of current methods and research approaches that meet the goals and objectives of the study;	18	
	- Independent collection of	40	

	<p>research material using general clinical and special research methods in accordance with the theme of the student's research work;</p> <p>- Definition of methods for mathematical processing of the results: criteria for the selection of non-parametric and parametric methods of statistical processing;</p> <p>- Systematization and analysis of primary data obtained in the course of the study using statistical methods</p> <p>- Analysis and description of the results obtained in the course of the study based on statistics, literature data, legal aspects of regulation;</p> <p>- Preparation and execution of research materials for publication (presentation)</p>	<p>14</p> <p>18</p> <p>30</p> <p>18</p>	
Final stage	- Preparation and execution of a report on practical training "Scientific research studies" in the approved form. Interview.	16	Teacher control and grade
Total		216	

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

a) Main literature

1. 1. What Every Medical Writer Needs to Know [Electronic resource] / Robert B. Taylor // [Springer International Publishing](http://link.springer.com/openurl?genre=book&isbn=978-3-319-20264-8), 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](https://link.springer.com/book/10.1007%2F978-3-319-15777-1), 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](https://link.springer.com/book/10.1007%2F978-0-387-09817-3), 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](https://link.springer.com/book/10.1007%2F978-3-662-48316-9), 2015/- 147 p. / <https://link.springer.com/book/10.1007%2F978-3-662-48316-9>

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 enterprise 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

	<p>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).</p> <p>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</p>
<p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 422</p> <p>Multimedia audience</p>	<p>Multimedia audience:</p> <p>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</p>
<p>Reading rooms of the FEFU Scientific Library with open access to the Foundation (Building A - Level 10)</p>	<p>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</p>
<p>Accreditation and Simulation Center of the School of Biomedicine</p> <p>690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, aud. M 508a, 510</p>	<p>Medical couch (1 pc.)</p> <p>Simulator for auscultation with an interactive board (1 pc.)</p> <p>Dummy for testing SLS and auscultation (1 pc.)</p> <p>Sam II (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Simulator for auscultation (1 pc.)</p> <p>Spirometer portable (1 pc.)</p> <p>Electrocardiograph (1 pc.)</p> <p>Spirograph (1 pc.)</p> <p>Tonometer (2 pcs.)</p> <p>Set with dotted electrodes for recording EEG in the system 10-20 "MCScap-26" (1 pc.)</p> <p>Medical couch (2 pcs.)</p>

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 3 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).



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

WORKING PROGRAM OF ON-THE-JOB PRACTICE
Independent work
Научно-исследовательская работа (Research)
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 studying of the module:

List of references

STST R 7.0.5-2008. System of standards for information, librarianship and publishing. Bibliography link. General requirements and drafting rules

Methods of the material location in the list of references: alphabetic, systematic and in order of mention in the text.

Rules of the scientific publication writing

Scientific publication is one of the main results of researcher. The main goal of publication is to make the work of the author available to other researchers and to designate his priority in the chosen field of research. In order to clearly navigate the variety of types of publications and choose the right one, you need to know the typology of scientific publications. According to STST 7.60–2003 “SIBID. Editions. The main types. Terms and definitions” there are several options for the textual presentation of scientific results:

A monograph is a scientific or popular science publication containing a complete and comprehensive study of one problem or topic and belonging to one or several authors.

Collection of scientific papers - a set containing research materials of scientific institutions, educational institutions or societies.

Conference materials (congress, symposium) - a non-periodical collection containing the results of the conference (reports, recommendations, decisions).

A preprint is a scientific publication containing materials of a preliminary nature, published prior to the publication of a publication in which they can be placed.

Abstracts of reports / messages of a scientific conference (congress, symposium) are a scientific non-periodical collection containing preliminary materials published before the conference (abstracts, abstracts of reports and (or)

messages). Often, abstracts with a volume of 1–2 pages of text are not counted as publications at all. Of greatest interest to researchers are scientific articles in scientific peer-reviewed journals and proceedings (or materials) of conferences.

A scientific article is a complete and logically complete work covering a topic that is part of the problems associated with the topic of the thesis.

A scientific journal is a journal containing articles and materials on theoretical studies, as well as articles and materials of an applied nature intended for researchers.

As a rule, scientific articles are presented in several varieties: a brief report on the research work results; actual scientific article, in which the results of the work are presented in sufficient details; historical and scientific review article; discussion article; advertising article.

Scientific style of presentation

The scientific style is characterized by the use of special scientific terms and definitions, and recently international terminology has been increasingly used. Also in scientific works it is customary to use abstract vocabulary as compared with concrete (for example, abstract vocabulary is when no concrete image is associated with a given word in consciousness: genius, substance, phenomenon, matter, feeling, movement, substance, etc., and specific vocabulary - these are words that are associated with figurative ideas about real-life material objects, for example, a cat, a glass, a bird or about the properties and manifestations of material objects perceived by the senses, for example, green, hot, etc.). The lexical composition of the scientific style is characterized by relative homogeneity and isolation, and this is expressed, in particular, in less use of synonyms. The volume of text in the scientific style increases not so much due to the use of different words, but rather due to the repeated repetition of the same. In the scientific style there should not be present vocabulary with colloquial coloration, which is not peculiar evaluative. Evaluation in scientific papers is used to clarify the author's thoughts of attracting attention and is rational in nature. Scientific speech is distinguished by the accuracy and logic of thought, its consistent presentation and

objectivity of presentation. In order to make the logical structure of the article more visual, you can use various introductory words and phrases: first, second, third, besides, finally, at the same time, therefore, thus summing up, in conclusion, so, therefore, etc. However, it is not necessary to begin each sentence with introductory words. Also, in order to make a logical presentation of the material in scientific speech, it is recommended to use complex union sentences, introductory words and phrases, implications and additional participles, common definitions, etc. The scientific style is characterized by informational saturation of the sentence, for example: "Individualization is a dynamic process that consistently includes a conscious refusal to follow the norm - isolation, or deobjectification, comprehension - appeal to individually or deobjectivation, reflection - appeal to individual unassigned knowledge, or intuition and, finally, the designation of the image with the purpose of its transmission, inclusion in social knowledge - exteriorization, that is, if in the preschool age an individual first experience signifying a social value, then a teenager, on the contrary, social experience is related to the individual sense. Thus, in adolescence, the personifying activity associated with modeling, playing back many scenarios of future adult life against the background of individualization becomes the dominant form of activity." Texts using the scientific style are characterized by the author's detachment, the objectivity of the information presented. This is expressed in the use of generalized-personal and impersonal constructions instead of the first person: there is reason to believe, it is believed, it is known, presumably, it can be said, it should be emphasized, one should pay attention, etc. Also, scientific texts may contain various formulas, diagrams, symbols, tables, etc. Almost any scientific text may contain graphic information - this is one of the features of the scientific style of speech.

Use of terms

The author should strive to be clearly understood. To do this, it needs to follow certain rules:

- use only the most clear and unambiguous terms;

- not to use a word that has two meanings, without defining in which of them it will be applied;

- Do not use one word in two meanings and different words in one meaning.

Foreign language terms should not be abused. As a rule, they are not synonymous with native words, there are usually semantic shades between them. Foreign language terms should not be abused. As a rule, they are not synonymous with native words, there are usually semantic shades between them.

Rules for abbreviations of words and phrases

The use of abbreviated phrases is governed by STST 7.12-93 "Bibliographic record. Abbreviation of words in Russian."

The basic principle used in the abbreviation of words - abbreviations should not contradict the purpose (reading and social-functional) of the work. Thus, in the scientific and reference literature, with repeated use of the source word or phrases, abbreviations of words are even advisable, since they are intended for a specialist reader

When shortening words, it is necessary to observe 1) uniformity of abbreviation forms and 2) rules for writing abbreviated words and phrases.

Thus, when shortening words by truncating the end part of a word, the rest of the word should:

1) allow to correctly restore the complete word; eg: filos., filol., but not: fil.;

2) end with a consonant (excluding single letter abbreviations); eg: arch.; not: archite .;

3) with concatenation at the end of two identical consonants to end at one of them; eg: il.; rather than: ill .; but as an exception: Ott .;

4) with concatenation at the end of several different consonants, end at the last one; eg: geogr.; rather than: geog.

When the plural number of abbreviated words change form in the pl. should include:

1) single letter abbreviations are doubled, for example: in 1976-1980, XIX - XX centuries; pp 1, 5 and 6. But for the bibliographic description, where volumes

and sheets were once written in the form of vol. regardless of the number;

2) abbreviations with a hyphen, replacing the middle part of the word; eg: p-t, p-ts; n-ty, n-ties;

But there is a need to pay attention to the fact that they do not change the form in the plural:

1) abbreviations of the words volume, sheets, pages, columns, adopted in the bibliographic description: p. 1-10, 10 fig., 250 p., 1040 clm.;

2) all non-single-letter graphic abbreviations with a dot at the end: in the t. 10 and 11; on fig. 85, 91 and 101; in the Kaluga, Oryol and Tula reg.

It is not recommended in non-reference editions to use abbreviations, etc., etc., etc., in the middle of a phrase, if the word followed by the abbreviation follows.

All abbreviations, except see and comp., are used only in combination with numbers or letters; ex.: in ch. 22, in sub. 5a; according to clause 10; in section one; according to Sec. A; on fig. 8, in t. 2, p. 8–9. Instead of abbreviation p. (page), it is recommended to use abbreviation p., since it is fixed by STST 7.12-93, and two forms of abbreviation of one word violate the principle of uniformity. Million, billion, thousand is recommended to be used instead of zeros in round numbers; eg: 45 million copies; 10 billion p.; 10 thousand copies The abbreviation of phrases is not allowed: “so-called” (s.-c.), “at though” (a.t.), “for example” (eg.), “about” (approx.), “formula” (f-la).

Requirements for the author text originals

In the process of preparing a manuscript for publication, the author must adhere to the rules for manuscript design adopted in the same edition of the journal (or publishing house) in which its publication is intended. According to STST 7-89-2005 "Original test copyright and publishing," the text should be executed in compliance with the following rules:

- paragraphs are separated from each other by a single paragraph end marker (it is not allowed to separate paragraphs by points);
- all words within a paragraph are separated by only one space;

- there are no spaces before the punctuation mark, one space after the punctuation mark;

- a space should be left between the last digit of the number and the unit designation (352 MPa, 30 °C, 10 %)

- when typing, the dash (–) (Alt + 0150 or Ctrl + Num-) and hyphens (-) must be different;

- italics, bold, upper case are provided with Word.

Not allowed:

- underline text fragments as selections;

- autonumbering (numbered and bulleted) in chapters and paragraphs.

Everything is typed by hand.

- manual hyphenation.

When typing, you need to set automatic word wrap (Service → Language → Hyphenation → Automatic) and text alignment in width and prohibit hanging lines (Format → Paragraph → Indents and spacing and further, respectively, Position on page).

According to STST 7-89-2005, the tables should be placed in the text after the paragraph, in which the reference to them was first given. It is allowed to place the tables on the next page after the link. Notes and footnotes to the tables should be placed directly under the table. At first references must be given, and then notes. Footnotes to the numbers in the table are denoted as asterisks (*).

The link should organically enter the text, and not stand out in an independent phrase that repeats the thematic title of the table. The link is given in abbreviated form: (Table 1) or according to the text “In Table. 1.3 are presented ...”

The word "table" and its ordering number (in arabic numerals) are placed above the heading in the upper right corner, making it in italic, bold or discharged. The name is placed on the next line in the center. If there is only one table in the text, then a number is not assigned to it, the word “table” is not written. All columns in the table should be entitled. The lines of each header are centered,

avoiding hyphenation and abbreviations.

When moving the table to the next page, the header is not repeated. In this case, the columns are numbered and their numbering is repeated on the next page, and instead of the subject heading they write "Continued table. 1.3 ". If the table continues on three or more pages, on the last page write "The end of the table. 1.3". Illustrations are closely related to the text, so they are placed immediately after the link. In special cases, we allow the transfer of the illustration to the next turn. Placement of illustrations in each edition should be uniform. It is not allowed to place the heading directly in front of the illustration and the illustration immediately in front of the heading (must not complete the text). All illustrations must be numbered. Usually, pass-through or index (subprime) numbering is used. If the drawing is one - it is not numbered, the reference to it is made by the word "drawing" without abbreviations, and nothing is written under the drawing itself.

The footnote for the figure consists of:

- 1) from the conditional name and serial number with the necessary context, speech circulation, for example: "As can be seen from fig. 1.3 ... ";
- 2) the conditional name of the illustration, the serial number and the letter or word designation of its part, for example: fig. 1, a; rice 2, top, etc.

The abbreviation see is used when re-referring to the figure, for example: (see Figure 1.4); Also in the text you can make a link to the picture in parentheses: (Fig. 1.5). It is desirable to submit figures in the format * .jpg or * .bmp.

Duplication of the same results in the text, in tables and graphs should be avoided.

Preparation of abstract of research work

Writing abstracts is an integral part of research practice. Theses are the statement of your vision of the problem in the form of a small analytical work. To successfully complete the work, the following rules must be observed: Times New Roman, 12-14, one and a half spacers, justified alignment.

The amount of work should not exceed the recommended publisher.

Abstracts should consist of three parts: the introduction, the main part and

conclusion.

All ideas must be reasoned and supported by examples.

This abstract is written to test your knowledge of the problem posed. Now for the content recommendations:

Avoid listing facts.

Give specific suggestions for solving the problem.

In the main part, state and argue your point of view on the problem. Do not be afraid to express your own opinion. You can imagine other points of view, but show why you disagree with them. The introduction and conclusion should be approximately equal in volume, the main part should consist of at least two paragraphs. Be sure to pay attention to the logical connection of the text.

Brief recommendations on the design of the content of the student's research report

A report on research and development is made on one side of a sheet of white single-grade standard A4 paper (210x297 mm) at 1.5 line spacing. Allowable font height: size 12-14, recommended size - size 14. The number of characters per line is 60-65. Report pages should have margins: top - 20 mm, bottom - 20 mm, right - 10 mm, left - 25-30 mm. Paragraph indent size - 5 characters; Header should be done after 1-3 intervals.

Page numbering should be transparent and include a title page and appendices. Pages are numbered in Arabic numerals; page number is not indicated on the title page.

Report sections:

Title page,

Introduction (relevance, goals and objectives),

The main part (description of the research base, research methods, the volume of completed studies, tables with analysis of research results, possibly graphs and illustrations),

Conclusion (a brief summary of the research, conclusions)

List of sources and literature (literature, regulations, other sources of information on the subject of research, decorated in accordance with the current GOST).

Applications (completed study maps).

The report on the production practice "Research work" is submitted to the head of the research and is evaluated by a mark.

The substantive part of the Reports on industrial practice "Research work" is stored in the department.

Forms of certification (according to the practical training)

At the end of the practical training, student submits to the head of practice a completed journal and completed research, abstract, theses, article for publication. The head of internship from department at the FEFU School of Biomedicine conducts an interview on work experience documents. According to the results of a successful interview and the implementation of all tasks on internship, the student receives a credit that can be scored.

The main criteria for evaluating research practice

- all the necessary documents are correctly and clearly filled up;
- positive characteristic of the direct manager of the practice from the medical organization;
- clear and competent answers to questions, the head of practice from the department at the stage of an interview on the results of production practices.

Education and Science of the Ministry of Education and Science of Russia on the practical training of students.



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SCHOOL OF BIOMEDICINE

WORKING PROGRAM OF ON-THE-JOB PRACTICE

Fund of assessment tools

Научно-исследовательская работа (Research)

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

Vladivostok
2018

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

Code and formulation of competence.	Stages of formation of competence	
PC-20 - the readiness to analysis and public presentation of medical information based on evidence-based medicine	Knows	basic and special basics of natural science and professional knowledge for solving applied problems; principles of evidence-based medicine.
	Able to	study independently and continuously improve their qualifications throughout the entire period of professional activity.
	Possesses	skills of writing a scientific text, skills of scientific public speaking and conducting scientific discussions.
PC-21 - the ability to participate in researches	Knows	Methods of studying scientific, medical and paramedical information.
	Able to	work effectively individually and in a group, be responsible for the results of the work; analyze domestic and foreign experience on research topics.
	Possesses	opportunity to plan a scientific work, to organize the search of the necessary information to choose the best methods of investigation, to conduct a study on research and development.
PC-22 - the willingness to participate in implementation of new methods and techniques aimed at protection of public health	Knows	basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.
	Able to	apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions;
	Possesses	Skills of organization and management in the field of public health, in medical organizations and their structural divisions.

The scale of assessment of the competency formation

Code and formulation of competence	Stages of the formation of competencies		Criteria	Indicators	Points
PC-20 - the readiness to analysis and public presentation of medical information based on evidence-based medicine	Knows (threshold level)	basic and special basics of natural science and professional knowledge for solving applied problems; principles of evidence-based medicine.	Knowledge of basic and special basics of natural science and professional knowledge for solving applied problems; principles of evidence-based medicine.	Formed and structured systematic knowledge of basic and special basics of natural science and professional knowledge for solving applied problems; principles of evidence-based medicine.	65-71
	Is able to (advanced)	study independently and continuously improve their qualifications throughout the entire period of professional activity.	Ability to study independently and continuously improve their qualifications throughout the entire period of professional activity.	Ready and can to study independently and continuously improve their qualifications throughout the entire period of professional activity.	71-84
	Possesses (high)	skills of writing a scientific text, skills of scientific public speaking and conducting scientific discussions.	Formed skills of writing a scientific text, skills of scientific public speaking and conducting scientific discussions.	Skills surely to write a scientific text, skills of scientific public speaking and conducting scientific discussions.	85-100
PC-21 - the ability to participate in researches	Knows (threshold level)	Methods of studying scientific, medical and paramedical information.	Knowledge of methods of studying scientific, medical and paramedical information	Formed and structured systematic knowledge of methods of studying scientific, medical and paramedical information	65-71
	Is able to (advanced)	work effectively individually and in a group, be responsible for the results of the work; analyze domestic and foreign experience on research topics.	Ability to work effectively individually and in a group, be responsible for the results of the work; analyze domestic and foreign experience on research topics	Ready and can to work effectively individually and in a group, be responsible for the results of the work; analyze domestic and foreign experience on research topics	71-84
	Possesses (high)	opportunity to plan a scientific work, to organize the search of the necessary information to choose the best methods of investigation, to conduct a study on research and development.	Formed skills of planning a scientific work, to organize the search of the necessary information to choose the best methods of investigation, to conduct a study on research and development	Skills surely to plan a scientific work, to organize the search of the necessary information to choose the best methods of investigation, to conduct a study on research and development	85-100
PC-22 - the	Knows	basic principles of	Knowledge of	Formed and structured	

willingness to participate in implementation of new methods and techniques aimed at protection of public health	(threshold level)	organization and management in the field of public health, in medical organizations and their structural divisions.	basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	systematic knowledge of basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.	
	Is able to (advanced)	apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions;	Ability to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions;	Ready and can to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions;	
	Possesses (high)	Skills of organization and management in the field of public health, in medical organizations and their structural divisions.	Formed skills of organization and management in the field of public health, in medical organizations and their structural divisions.	Skills surely to organize and manage in the field of public health, in medical organizations and their structural divisions.	

Evaluation tools to monitor the results of the development of Professional Research Practice:

The main result and form of reporting on the results of the student's mastery of the research practice module "Scientific research work" is the Practical training journal and "Research report".

In those cases if a student participated in student scientific societies with performing individual research work during the school year, a copy of the student's publication from the collection, a copy of the conference program with the student's performance, the winner's certificate are attached to the research paper research practice or participant of a scientific competition.

Typical tasks of Approximate topics of Professional Research Practice:

1. Analysis of the prevalence of individual risk factors among the attached population of an ambulatory according to clinical examination.
2. Arterial hypertension as a risk factor: detection efficiency during medical examination, routing of patients with identified arterial hypertension.

3. Early diagnostics of risk factors "dyslipidemia" and "hyperglycemia" in the process of clinical examination. Diagnostics frequency, patient routing tactics.
4. The prevalence of smoking as a risk factor among the attached population according to the medical organization, coverage of measures to quit smoking, effectiveness.
5. Characteristics of hypodynamic and poor nutrition as risk factors according to the survey in the course of clinical examination, methods of correction.
6. Analysis of the effectiveness of clinical examination of population according to the clinic, on the basis of which the study is conducted.
7. Comprehensiveness of clinical examination of the adult population according to the medical organization on the basis of which the study is conducted. Problems of attracting people to undergo medical examination.
8. Rehabilitation of patients after myocardial infarction in the clinics, analysis of coverage, effectiveness methodologies.
9. Analysis of the health status of the attached population according to the results of clinical examination (group of health).
10. Individual in-depth preventive counseling for citizens with health groups II and IIIa, coverage according to polyclinics, methodology.
11. Group preventive counseling (patient's school) for people with chronic diseases, people with a high total cardiovascular risk, analysis of coverage according to polyclinic, methodology
12. Characteristics of the work on the implementation of palliative care to the population of Vladivostok, attached to the therapeutic site.
13. Analysis of the effectiveness of the correction of modifiable risk factors in persons under dispensary observation.
14. Evaluation of the effectiveness of follow-up observation of persons at therapeutic sites according to individual criteria.
15. Analysis of the achievement of target values of blood pressure in persons under medical observation.
16. Analysis of the causes of temporary disability in an outpatient clinic (for

therapeutic pathology).

17. Analysis of the causes of permanent disability in the outpatient clinic (for therapeutic pathology).

And other topics whose content is aimed at analyzing the actual problems of temporary health care.

The implementation of one research topic can be carried out both individually and in group format (as a rule).

The subject of R&D studies is chosen individually together with the supervisor immediately before the start of the production practice "Scientific research studies".



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SCHOOL OF BIOMEDICINE

**A JOURNAL OF
Professional Research Practice:**

Student _____
Full name

6 year _____ group specialty – General medicine

Place of practical training execution _____
Name of medical institution

Period of practical training

since _____ 201__ till _____ 201__.

Grade for training _____

Head of practical training
in FEFU of Russian ministry of education _____
Full name Signature

Head of practical training
in institution _____
Full name Signature

Vladivostok 20__/20__ year

Theme of the scientific research studies:

The list of practical skills mastered by the student during Professional Research

Practice:

№	Practical skills, proficiencies	Necessary quantity	Actually done
1	Skills of carrying out literary information search, compiling a list of references on the problem of research, design in accordance with STST	1	
2	Skills of work with literature, regulations, other sources of information on the subject of research (study and critical analysis)	1	
3	Skills of participating in developing a plan and organizing and conducting research on the subject	1	
4	Skills of participation in the selection of relevant methods and research techniques that meet the goals and objectives of the study	1	
5	Skills of research materials using general clinical and special research methods in accordance with the theme of the student's research	1	
6	Skills of a choice of methods of processing of the received results, skills of mathematical and statistical data processing	1	
7	Skills of systematization and analysis of primary data obtained in the course of research using statistical methods	1	
8	Skills of analyzing and describing the results obtained in the course of the study based on statistics, literature data, legal documents	1	
9	Skills of preparation and execution of research materials for publication (presentation)	1	

**Review
of the head of practical training from a medical organization**

Signature of the head of practical training from a medical organization

Stamp



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

**REPORT
ON SCIENTIFIC RESEARCH STUDY**

Student _____

6 year _____ group

specialty –

Full name

General medicine

Research theme: _____

Vladivostok, 2016

Summary of the report on student research:

The list of practical skills mastered by the student in the framework of the industrial practice B2.P.6 " Scientific research studies "

№	Practical skills, proficiencies	Necessary quantity	Actually done
1	Skills of carrying out literary information search, compiling a list of references on the problem of research, design in accordance with STST	1	
2	Skills of work with literature, regulations, other sources of information on the subject of research (study and critical analysis)	1	
3	Skills of participating in developing a plan and organizing and conducting research on the subject	1	
4	Skills of participation in the selection of relevant methods and research techniques that meet the goals and objectives of the study	1	
5	Skills of research materials using general clinical and special research methods in accordance with the theme of the student's research	1	
6	Skills of a choice of methods of processing of the received results, skills of mathematical and statistical data processing	1	
7	Skills of systematization and analysis of primary data obtained in the course of research using statistical methods	1	
8	Skills of analyzing and describing the results obtained in the course of the study based on statistics, literature data, legal documents	1	
9	Skills of preparation and execution of research materials for publication (presentation)	1	

The main part of the report on the **Professional Research Practice** is stored at the department.

If available, a copy of the student's publication from the collection, a copy of the conference program with the student's performance, certificate of the winner or participant of the scientific competition are attached to the summary report.



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»



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

«APPROVED»

Director of the Department of Clinical
Medicine



(signature) Geltser B.I.
(Full name)
«09» of July 2019



WORKING PROGRAM OF EDUCATIONAL PRACTICE (WPET)

**Учебная практика «Практика по получению первичных профессиональных умений
и навыков, в том числе первичных умений и навыков научно-исследовательской
деятельности»**

Educational practice «Primary professional and research training»

Education program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok

2019

ABSTRACT

Учебная практика «Практика по получению первичных профессиональных умений и навыков, в том числе первичных умений и навыков научно-исследовательской деятельности» - Educational practice «Primary professional and research training» is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 1st course in the 1st semesters, is a basic discipline. The total complexity of the discipline is 108 hours, 3 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”, student training curriculum, regulations on the procedure for the practice of students studying at the Federal State Autonomous Educational Institution of Higher Professional Education "Far Eastern Federal University" in higher education programs (for undergraduate programs, specialties, graduate programs), approved by order of October 23, 2015, regulations on the funds of evaluation tools of educational programs of higher education - undergraduate programs, specialties, magistracies of FEFU, approved by the order of the rector of 12.05.2015 No. 12-13-850.

Purposes of the “Educational practice «Primary professional and research training» Mastering knowledge and skills in care for patients in order to acquire practical skills and competences in the sphere of professional physician’s activity, as well as preparation for prophylactic, therapeutic and organizational-management activities with acquiring the primary professional knowledge and skills in care for therapeutic patients.

Objectives of the “Educational practice «Primary professional and research training»

- to stimulate interest in the selected profession;
- to develop practical skills in the area of prophylactic and epidemiological measures aimed at the prevention of infectious diseases, carrying out of basic

manipulations and procedures for care for therapeutic patients of different age and with different diseases when they are in hospital, job arrangement and determination of functional responsibilities of paramedical personnel of healthcare organizations;

- to teach the methods of fulfillment of a hospital hygiene and infection control in healthcare organizations and care for therapeutic patients;
- acquiring the practical skills by students in care for surgical patients;
- to study of activity management of paramedical personnel and medical attendants;
- to study and acquiring of skills to carry out various types of patient decontamination;
- to study of principles of storage and use of pharmaceuticals;
- teaching students to deliver premedical care;
- familiarization of students with principles of arrangement and work of treatment sections of clinical hospitals;
- formation of skills of communication with patients with due account for ethical and deontological peculiarities of surgical pathology;
- formation of a creative approach to the treatment process and its participants (patients, their relatives, paramedical personnel and medical attendants, physicians);
- formation of student's skills of communication in a team;
- formation of a holistic idea of nursing as a component of the treatment process.
- formation of a humanistic position and world outlook.

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

Competence code and wording	Competence formation stages	
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions,	Knows	How to provide first aid in case of accidents and injuries
	Able to	provide first aid in case of accidents and injuries

Competence code and wording	Competence formation stages	
exacerbation of a chronic disease , which are not life-threatening and do not require emergency medical assistance	Possesses	Skills to provide first aid in case of accidents and injuries
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows	How to assist at the delivering emergency medical care in case of accidents and injuries
	Able to	Assist at the delivering emergency medical care in case of accidents and injuries
	Possesses	Skills to assist at the delivering emergency medical care in case of accidents and injuries
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	Basics of providing medical assistance in emergency situations
	Able to	Provide medical assistance in emergency situations
	Possesses	Use means for first aid in emergencies
PC-19 - the ability to organize medical aid in case of emergencies, including medical evacuations	Knows	How to organize first aid in case of accidents and injuries
	Able to	Organize first aid in case of accidents and injuries
	Possesses	Skills to organize first aid in case of accidents and injuries
PC-21 - the ability to participate in researches	Knows	Basics of providing medical research
	Able to	Collect information for medical research
	Possesses	collecting information for medical research under the supervision of a teacher

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 THEORETICAL AND PRACTICAL PARTS OF THE PRACTICE

Module “Fundamentals of care for therapeutic patients”

№	Lecture theme	Hours
1.	Significance of general care for patients. Basic principles of medical deontology, ethics, bioethics. Fundamentals of nutritional therapy of patients.	2
2.	Follow-up and care for patients with respiratory impairment. Care for patients being in a fever.	2
3.	Follow-up and care for patients with impaired circulation.	2
4.	Follow-up and care for patients with digestive disorders.	2
5.	Follow-up and care for patients with urinary disorders.	2
6.	Peculiarities of care for elderly and seriously ill patients.	2

№	Sections of subject-matter SM	Types of work	Workload, hours	Forms of in-process assessment
1.	Fundamentals of general care for patients in a therapeutics unit. Therapeutic and protective regimen. Transportation of patients.	Introductory practical study Students' individual work in units under a teacher's control.	10	Test check
2.	Feeding of patients. Concept of dietary therapy. Thermometry: types, methods, importance. Fever types. Simplest physiotherapeutic procedures.	Practical study, feeding of patients. Students' individual work under a teacher's control.	10	Case study
3.	Fundamentals of care for seriously ill patients in a therapeutics unit Hemodynamic parameters monitoring. Hair, nails, oral and nasal cavity care. Change of undergarments and bed linen. Prevention of bed-sores.	Practical study. Students' individual work in units under a teacher's control. Procedures for postoperative care.	10	Demonstration of practical skills

Module “Fundamentals of care for surgical patients”

№	Lecture theme	Hours
1.	Concept of surgery and surgical treatment methods. Achievements of present-day surgery.	2
2.	Concept of hospital infection, infecting ways and sources. Hospital infection prevention: aseptic method in surgery.	2
3.	Arrangement of work of a surgical block and surgical department. Aseptics.	2
4.	Clinical hygiene of a patient's environment.	2
5.	Arrangement of and care for patients after scheduled and emergency operations.	2

№	Sections of subject-matter	Types of work	Workload, hours	Forms of in-process assessment
1.	Concept of general care in surgery and its elements. Structure of a	Introductory practical study Students'	12	Test check

	surgical hospital. Clinical hygiene and functions of medical personnel of every rank in caring for patients. Arrangement of and care in an admission and diagnostic department of a surgical hospital. Transportation of surgical patients. Clinical hygiene of a patient's environment in a surgical hospital.	individual work in units under a teacher's control.		
2.	Clinical hygiene and arrangement, sanitary provision of a surgical patient with food. Clinical hygiene of environment in a surgical department.	Practical study, feeding of patients. Students' individual work under a teacher's control.	10	Case study
3.	Surgical block and principles job arrangement in a surgical block. Sanitary and hygienic regime in a surgical block. Arrangement of and care for patients in a resuscitation and intensive care unit. Arrangement of and care for unconscious patients. Resuscitation fundamentals. Arrangement of and care for patients after scheduled and emergency abdominal operations. Arrangement of and care for patients after thoracic operations.	Practical study. Students' individual work in units under a teacher's control. Procedures for postoperative care.	10	Demonstration of practical skills

VOLUME OF PRACTICAL TRAINING B2.U.1 «Primary professional and research training»:

Form of training activity	Hours / credits	
	Module №1 «Base general duty nursing therapeutic patient»	Module №2 «Base general duty nursing surgical patient»
Classroom studies (total), include:	42	42
- lectures	12	10
- practice	30	32
Students' Individual Work (SIW), include:	12	12
- training to lessons	8	8
- training to current control	4	4

Amount: Total hours:	54	54
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LIST OF EDUCATIONAL LITERATURE AND INFORMATIONAL-METHODICAL REQUIREMENTS FOR THE DISCIPLINE

a) Main literature

1. Nursing Student Book Collection (Cheat Sheet, Priorities, MedSurg, Case Studies), CreateSpace Independent Publishing Platform, 2015), 358 p.

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

2. Nursing School Study Pack (Drug Reference, Labs, Mnemonics, EKG) 4 books for nursing students Kindle Edition, [Jon Haws](#), NRSNG.com | NursingStudentBooks.com , 2015, 598 p.

<https://linksmedicus.com/medicalspecialties/?gclid>

3. Cambridge English for Nursing Pre-intermediate Student's Book with Audio CD (Cambridge Professional English) Cambridge University Press; 1 Pap/Com edition (April 12, 2010)

<http://www.studmedlib.ru/book/ISBN9785970428856.html>

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 enterprise 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

- For practical work, as well as for the organization of independent work, students have access to the following laboratory equipment and specialized classrooms that meet the current sanitary and fire regulations, as well as safety requirements during training and scientific and industrial works:

MODULE 1 THERAPY

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

	braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines with a video optimizer with adjustable color spectra; magnifying electronic loops and ultrasonic markers
Accreditation and Simulation Center of the 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.)

MODULE 2 SURGERY

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

	<p>composed of a wireless microphone and receiver; Codec of videoconferencing LifeSizeExpress 220 - Codeconly - Non-AES; Network camera Multipix MP-HD718; Two LCD panel, 47", Full HD, LG M4716CCBA; Subsystem of audiocommentary and sound reinforcement; centralized uninterrupted power supply</p>
<p>Reading rooms of the Scientific library of the University open access Fund (building a - 10)</p>	<p>Monoblock HP Loope 400 All-in-One 19.5 in (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW,GigEth,wifi,BT,usb kbd/mse,Win7Pro (64-bit)+Win8.1Pro(64-bit),1-1-1 Wty Speed Internet access 500 Mbps. Jobs for people with disabilities equipped with displays and Braille printers.; equipped with: portable reading devices flatbed texts, scanning and reading machines videovelocity with adjustable color spectrums; increasing electronic loops and ultrasonic marker</p>



THE MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION
Federal State autonomous education institution of higher education
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SCHOOL OF BIOMEDICINE

**METHODOLOGICAL SUPPORT OF
INDEPENDENT WORK OF STUDENTS**

**Учебная практика «Практика по получению первичных профессиональных умений
и навыков, в том числе первичных умений и навыков научно-исследовательской
деятельности»**

Educational practice «Primary professional and research training»

Education program

Specialty 31.05.01 «General medicine»

Form of study: full time

**Vladivostok
2018**

STUDENTS' INDIVIDUAL WORK

Methodological recommendations for preparation and performance of a practical training

1. A practical training shall be carried out during the course of training at the main clinical sites.
2. The course of a practical training shall be supervised by the department's staff.
3. A practical training shall begin with a seminar in the field of the practical training and end with a test.
4. The main mandatory document of the practical training performance shall be the Journal.
5. During the course of a practical training first year students of EP 31.05.01 "Medical care" shall be mastering the professional competences.
6. The practical training supervisor shall be a department's teaching assistant in charge of practical training; the officer in charge of practical training at a clinical site shall be designated from among its personnel by the head of the healthcare organization (a nurse, head nurse, matron).

Methodological recommendations on organizing the practical training «Primary professional and research training»

In the course of practical training at the units the students strengthen their theoretical knowledge acquired at the practical studies, master practical skills of patient care, carry out the observation and care of patients with acute and chronic therapeutic and surgical conditions and injuries. They perform simple medical procedures (apply suction cups, mustard plasters, compresses), implement tasks insuring the observance of aseptic and antiseptic rules, requirements for instrument and material sterilization.

During the course of a practical training each student shall keep a journal recording the amount of work completed and practical skills mastered.

Students' individual work in the course of a practical training shall be performed at the units under supervision of the teacher and hospital's medical

personnel.

Studying the course books is deemed a kind of training activity within the practical training and shall be done in the allotted number of hours.

Each student has access to the library stock of the Federal State Autonomous Educational Institution of Higher Professional Education “Far East Federal University” and the department.

There have been some methodological recommendations developed on the practical training «Clinical» (Medical and surgical patient care) for the students: Diary of Practical Training which includes viz. “Practical Training Journal Template”, “Student’s Training and Research Activity (STRA) Card”.

In the course of a practical training the students shall conduct a self-reliant STRA on the subject of “The incidence of overweight among high blood pressure patients”, health educative activities in the form of health letters or health educative talks with the patients, fill out the STRA Cards (5 per each student), Practical Training Journals and submit an STRA Summary, the letters on health educative activity conducted specifying the subjects of the health letters or talks with patients (the size of audience specified), filled-out Practical Training Journals of **«Primary professional and research training»/**

The task of preparing a Practical Training Journal and STRA Summary promotes the skills of filling out medical reporting documents, of arranging preventive measures at all work stages of the medical attendants, and of research and health educative activities.

Working at the units of a multi-faceted hospital supervised by a teacher and medical personnel a student develops his/her sense of community and social skills.

The training promotes the students’ patient interaction skills with due regard to ethical and deontological peculiarities of the medical condition and patients themselves. The individual work with patients promotes the professional manner of conduct, carefulness, and diligence.

In the end of the course of practical training intermediate knowledge assessment shall be carried out by means of testing, checking of the practical

aptitudes, interviewing about the results of the practical training with assessment of the Practical Training Journal kept.

The problems touched upon during the practical training «**Primary professional and research training**» are included in the Final State Examination.

Practical Training Diary keeping rules

1. The Diary is an official document of the practical training passed. The writing in it must be intelligible, literate, in the medical parlance.

2. Records in the Diary must be put daily at the end of the working day summarizing all the work done in the hospital's divisions.

3. The record of work done shall be certified by a nurse's signature (the desk nurse, procedure room nurse, dressing room nurse, etc.).

4. In the beginning of a Practical Training Summary a brief description of the unit should be given, viz. the specialization of the unit, the number of beds, the unit's staffing, availability of auxiliary rooms, etc.).

5. Upon the completion of the practical training, the student must fill out an End of Assignment Consolidated Numeric Report.

6. The health educative work shall be carried out by means of talking, making health letters; scope, place and time of the work carried out shall be recorded in the Journal and certified by the immediate practical training supervisor's signature.

7. In the course of the practical training all the students shall conduct STRA preparing the corresponding essay or fill out STRA Cards that should be presented to the supervising teaching assistant for check along with the Journal.

The student's individual work is a practical training in the form of student's individual work supervised by a teacher.

Students' individual work including research activities

Pos. No.	Title of the section, subject topics	Form of students' individual work	Hours	Means of performance rating	The result of training, competences established
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Section 1. The operation management principles for hospitals specialized in therapy			6		
1.	Operation management of healthcare institutions.	Studying the educational materials (basing on the notes of the content of course and research books) and preparing seminar and practical study essays for participation in (discussion sessions and professional simulation games)	4	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
2.	Rules of patient sanitization.	Making notes of the content of course books. Individual work with tests	1 1	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
II. Section 2. Care for an in-patient			16		
3.	The difficulties of a therapeutic patient and the constituents of care. The notion of nursing process.	Studying the educational materials (basing on the notes of the content of course and research books) and preparing seminar and practical study for participation in discussion sessions and professional simulation games	4	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
4.	Basic rules of nursing care. Feeding of patients.	Studying the educational materials (basing on the notes of the content of course and research books) and preparing seminar and practical study essays for participation in discussion sessions and professional simulation games	4	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
5.	Rules of patient sanitization.	Making notes of the content of course books.	2	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
Studying the educational materials (basing on the notes of the content of course and research books)			2		

6.	The principles and rules of patient safe relocation	Studying the educational materials (basing on the notes of the content of course and research books)	2	Recitation, test	PC-10, PC -11, PC -13, PC -19, PC -21
Simulation and analysis of specific difficult situations			2		
7.	Preparation to the pass/fail examination	Keeping the Practical Training Journal	1		PC-10, PC -11, PC -13, PC -19, PC -21
Work with tests and self-evaluation questionnaire			1		
Total:			24		



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FUND ASSESSMENT TOOLS

**Учебная практика «Практика по получению первичных профессиональных умений
и навыков, в том числе первичных умений и навыков научно-исследовательской
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Educational practice «Primary professional and research training»

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2018**

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

Competence code and wording	Competence formation stages	
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease , which are not life-threatening and do not require emergency medical assistance	Knows	How to provide first aid in case of accidents and injuries
	Able to	provide first aid in case of accidents and injuries
	Possesses	Skills to provide first aid in case of accidents and injuries
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows	How to assist at the delivering emergency medical care in case of accidents and injuries
	Able to	Assist at the delivering emergency medical care in case of accidents and injuries
	Possesses	Skills to assist at the delivering emergency medical care in case of accidents and injuries
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows	Basics of providing medical assistance in emergency situations
	Able to	Provide medical assistance in emergency situations
	Possesses	Use means for first aid in emergencies
PC-19 - the ability to organize medical aid in case of emergencies, including medical evacuations	Knows	How to organize first aid in case of accidents and injuries
	Able to	Organize first aid in case of accidents and injuries
	Possesses	Skills to organize first aid in case of accidents and injuries
PC-21 - the ability to participate in researches	Knows	Basics of providing medical research
	Able to	Collect information for medical research
	Possesses	collecting information for medical research under the supervision of a teacher

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-10 – the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance	Knows (threshold level)	How to provide first aid in case of accidents and injuries	Knowledge of providing first aid in case of accidents and injuries	Formed and structured systematic knowledge of providing first aid in case of accidents and injuries	65-71
	Is able to (advanced)	provide first aid in case of accidents and injuries	Ability to provide first aid in case of accidents and injuries	Ready and can to provide first aid in case of accidents and injuries	71-84
	Possesses (high)	Skills to provide first aid in case of accidents and injuries	Formed skills to provide first aid in case of accidents and injuries	Skills surely to provide first aid in case of accidents and injuries	85-100
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows (threshold level)	How to assist at the delivering emergency medical care in case of accidents and injuries	Knowledge of how to assist at the delivering emergency medical care in case of accidents and injuries	Formed and structured systematic knowledge of how to assist at the delivering emergency medical care in case of accidents and injuries	65-71
	Is able to (advanced)	Assist at the delivering emergency medical care in case of accidents and injuries	Ability to assist at the delivering emergency medical care in case of accidents and injuries	Ready and can to assist at the delivering emergency medical care in case of accidents and injuries	71-84
	Possesses (high)	Skills to assist at the delivering emergency medical care in case of accidents and injuries	Formed skills to assist at the delivering emergency medical care in case of accidents and injuries	Skills surely to assist at the delivering emergency medical care in case of accidents and injuries	85-100
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows (threshold level)	Basics of providing medical assistance in emergency situations	Knowledge of basics of providing medical assistance in emergency situations	Formed and structured systematic knowledge	65-71
	Is able to (advanced)	Provide medical assistance in emergency situations	Ability to provide medical assistance in emergency situations	Ready and can to provide medical assistance in emergency situations	71-84
	Possesses (high)	Use means for first aid in emergencies	Formed skills to use means for first aid in emergencies	Skills surely to use means for first aid in emergencies	85-100

PC-19 - the ability to organize medical aid in case of emergencies, including medical evacuations	Knows (threshold level)	How to organize first aid in case of accidents and injuries	Knowledge of organization of first aid in case of accidents and injuries	Formed and structured systematic knowledge of organization of first aid in case of accidents and injuries	65-71
	Is able to (advanced)	Organize first aid in case of accidents and injuries	Ability to organize first aid in case of accidents and injuries	Ready and can to organize first aid in case of accidents and injuries	71-84
	Possesses (high)	Skills to organize first aid in case of accidents and injuries	Formed skills to organize first aid in case of accidents and injuries	Skills surely to organize first aid in case of accidents and injuries	85-100
PC-21 - the ability to participate in researches	Knows (threshold level)	Basics of providing medical research	Knowledge of basics of providing medical research	Formed and structured systematic knowledge of basics of providing medical research	65-71
	Is able to (advanced)	Collect information for medical research	Ability to collect information for medical research	Ready and can to collect information for medical research	71-84
	Possesses (high)	collecting information for medical research under the supervision of a teacher	Formed skills for collecting information for medical research under the supervision of a teacher	Skills surely for collecting information for medical research under the supervision of a teacher	85-100

Description of the final performance rating procedure specifying all the requirements imposed on a student.

1. The in-process students' performance rating shall be carried out during the class. The teacher gives a test evaluating the initial and final level of the students' knowledge, asks them to recite on the topic of the class. The teacher evaluates each student's individual performance with respect to the purpose and objectives of the practical study.
2. The intermediate performance rating shall be carried out during the final monitoring classes in care for patient with diseases of different organs and systems.
3. The monitoring of the students' individual extramural work shall be carried out during the final classes and the pass/fail examination.

4. At the end of the therapeutic patient care course there shall be the pass/fail examination, which includes a test of the final level of the students' knowledge, a test of practical skills and theoretical knowledge.

The resulting evaluation at the pass/fail examination shall be made with due regard to the level of mastering the practical skills, the level of theoretical knowledge and aptitudes.

The criteria of test results evaluation:

1. *excellent* –90% -100% answers correct;
2. *good* –80% -89% answers correct;
3. *satisfactory* –70% -79% answers correct

A list of questions for preparation to the pass/fail examination

(the full extent):

1. The history of nursing in Europe and Russia. The role of F. Nightingale as the founder of nursing. Pioneer Sisters of Mercy in Russia.
2. The philosophy of nursing. The basics of medical ethics and deontology.
3. The nursing process and its stages.
4. The safe hospital environment. The main terms and notions. The statutory regulation of safe hospital environment. Infection control and infection safety. Hospital-acquired infection (HAI) agents. Diseases pertaining to HAI. HAI transmission factors and routes. Monitoring and safety measures in HAI prevention.
5. The levels of hand hygiene for a healthcare practitioner. The directions for gloves use.
6. HAI prevention. Disinfection and sterilization. Their types and methods. The levels of disinfection.
7. Disinfectants. The directions for use. The disinfectant classes. Description of the main disinfectants. The safe handling of disinfectants instructions. Medical first aid when disinfectant poisoning.
8. Disinfection regimes. Glassware, dressing, janitorial supplies disinfection.
9. The special aspects of sanitary ware disinfection. Treatment of different

surfaces. Disinfection of medical appliances.

10. Disinfectant suitability inspection. Requirements as to disinfection equipment, storage and preparation of chlorine-containing agents and solutions. Disinfecting solution preparation techniques.

11. The peculiarities of hospital rooms sanitary cleaning. The procedure room overall cleaning.

12. Sanitary and hygienic cleaning of the hospital's dietetic department and diners.

13. Hospital linen service regime. Patient's personal hygiene. Prophylactic disinfection at medical and preventive treatment institutions (MPTIs). Monitoring the quality of the concurrent and terminal disinfection.

14. Disinfection of items of patient care, its types.

15. Prevention of occupational contagion at the procedure room.

16. MPTI waste collection, storage and disposal. The classes of waste. The waste collection and disposal system. The directions for use of waste containers.

17. The stages of treatment of medical appliances. Disinfection of medical instruments, syringes.

18. Pre-sterilization cleaning. The manual method.

19. Pre-sterilization cleaning quality monitoring. Phenolphthalein and azopiramide test.

20. The notion of sterilization. The methods and means of sterilization.

21. The notion of autoclaving. The air sterilizer operation procedure.

22. Monitoring sterility. The methods of sterility monitoring. Sterility indication.

23. Preparing and laying up the dressing materials for sterilization.

24. The specific lay-up for covering the sterile work surface. Putting on the sterile scrubs.

25. Covering the sterile work surface. Preparation of the sterile dish for the use of the sterile work surface.

26. The safe environment for the patient and personnel. The main terms and notions. Therapeutic and protective regimen, its constituents and significance. Types of motion behavior regimens and positioning in bed. The tilting bed.
27. Safely transporting patients in critical condition inside the healthcare institution. The basics of ergonomics and biomechanics.
28. Safely transporting patients in critical condition inside the healthcare institution. Methods of repositioning patients in critical condition.
29. Safely transporting patients in critical condition inside the healthcare institution. Holding a patient in critical condition, helping him/her to walk and positioning him/her in bed.
30. Patient intake. The main terms and notions. Hospital anti-pediculosis arrangements.
31. Types of manual anti-pediculosis scalp treatment.
32. Performing hygienic bath or shower.
33. Anthropometry. Measuring the patient's body weight.
34. Measuring the patient's height. Measuring the chest circumference.
35. Patient's personal hygiene. The main notions. Preparing and changing the linen for a patient in critical condition by means of the lengthwise and crosswise methods. Changing the underwear and clothes of a patient in critical condition.
36. The special aspects of skin care of a patient in critical condition. Prevention of pressure ulcers. Pressure ulcer risk assessment. The daily food ration for prevention of pressure ulcers.
37. Oral, ocular, nasal, otic care.
38. Hair care for patients in critical condition by traditional means and using modern techniques.
39. Perineal and genital care for patients in critical condition.
40. The main terms and notions of pharmacotherapy. Arranging medicine supply to the treatment division of an MPTI.
41. The principles of care for cardiovascular, respiratory, digestive, urinary

patients.

42. The principles of urgent premedical care. The rules of cardiopulmonary resuscitation.

Testing items for the preliminary assessment (examples):

Please, choose the right answer:

1. What is the correlation between the notions of “patient care” and “patient treatment”?

- a) the care and the treatment are different things; the treatment is done by a doctor; and the care – by the paramedical personal and medical attendants;
- b) the care and the treatment are one and the same thing, as both treatment and care aim at recovery of the patient.
- c) the care is an indispensable part of the treatment

2. What does the notion of “special care” mean?

- a) the care that is done with special attention;
- b) the care that is done within a special environment;
- c) the care that is done at presence of certain specialists;
- d) the care that suggests additional measures dictated by the specificity of the condition.

3. Who is in charge of the general patient care?

- a) the patient’s relatives;
- b) the paramedical personnel and medical attendants;
- c) all the medical personnel and the patient’s relatives, each one executing certain functions in the process of care.

4. What is the subject of medical deontology?

- a) the relationship between the doctor and the patient;
- b) a wide range of issues pertaining to the duty, morality and professional ethics of healthcare practitioners;
- c) iatrogenic conditions.

5. A nurse misrecognized two look-alike vials and instead of heparin injected

a large dose of insulin (which can quickly lower the blood sugar), which resulted in extreme deterioration of the patient's condition (hypoglycemic coma). What should the nurse's action be considered as?

- a) a medical misdeed (recklessness, negligence);
- b) a medical error;
- c) an accidental blunder.

6. A diseased with no appointment or referral medical documents came at the hospital's admission office, as he sullenly started to feel unwell. What should be done?

- a) the patient should be examined, given any necessary medical aid and further actions should be outlined;
- b) you should call an ambulance;
- c) direct the patient to get the appointment or referral medical documents.

7. A patient that has been referred to hospital admission is found to have clothes lice at the admission office. What steps should you take?

- a) deny admission to the patient;
- b) provide for a second soap bathing of the patient, send the patient's clothes and underwear to the disinsector;
- c) provide for sanitation that should include haircut, greasing the hair with a disinsectant followed up by hairwash with 10% solution of table vinegar.

8. A diseased came at the admission office ailed by stomach aches. His overall condition is satisfactory. May he take a hygienic bath?

- a) yes;
- b) no;
- c) yes – after assuring that he has no acute surgical disease.

9. A patient suspected to have gastrointestinal bleeding is brought at the admission office (3 hours ago he experienced coffee-grounds vomiting). In the emergency department patient is delivered with suspected gastrointestinal bleeding (3 hours ago vomited the contents of "coffee grounds"). Subjectively,

he is feeling fine, can move on his own. How should this patient be transported into the division?

- a) on foot, attended by a nurse;
- b) in a wheel-chair;
- c) by a wheelbarrow only.

10. What are the duties of the division's head nurse?

- a) performance of the most demanding nursing operations;
- b) supervision of ward nurses, indenting required medicines;
- c) control over the division's supply in hard and soft goods, linen.

Intermediate assessment test tasks (examples):

1. What promotes a spread of nosocomial infections:

- a) infringement of aseptics antiseptics rules in a hospital;
- b) entry of cockroaches and bugs in hospital departments;
- c) presence of lousy patients in hospital department;
- d) visiting patients by their relatives.

2. What disinfection solution is used for moist mopping:

- a) 10% bleaching powder solution;
- b) 1% chloramines solution;
- c) 3% hydrogen peroxide solution;
- d) potassium permanganate solution.

3. Frequency of moist mopping of wards:

- a) every day;
- b) as may be required from time to time;
- c) as may be required from time to time, but at least two time a day.

4. What promotes entry of cockroaches in a hospital department:

- a) untimely removal of food waste and poor cleaning of a nutrition department;
- b) hospital-acquired infections;
- c) insufficient patient decontamination.

5. Why cardiovascular patients suffering from severe respiratory distress are recommended to take a semi-sitting position in bed:

- a) it is convenient to feed in such position;
- b) blood congestion in pulmonary circulation decreases;
- c) reduction of a risk of bed-sores.

6. What is the basic usage of a tilting bed:

- a) enables to provide a patient with the most beneficial and comfortable position;
- b) it can be easily and readily moved;
- c) helps medical personnel to perform their treatment and nursing functions.

7. Frequency of change of patients' undergarment and bed linen:

- a) 1 time every 10 days;
- b) weekly, after taking a bath or a shower;
- c) as the same becomes dirty, but at least 1 time every 10 days.

8. Can bed sores appear in a forced patient's position:

- a) no, as far as bed sores appear only when a patient is in supine, prone or lateral position;
- b) eyes, within sitting bones;
- c) no, as far as in a sitting position there is a great layer of subcutaneous fat and muscular tissue between bony prominence and bedding.

9. Why a toilet seat cover cannot be inflated over much:

- a) otherwise it will go out of service quickly;
- b) otherwise it will be too light so to make it steady in a bed;
- c) it should change its shape when a patient moves.

10. What measures should be taken in the initial stage of bed sore formation:

- a) to enhance all preventive measures (bed maintenance, change of a patient's position, careful skin cleaning, treatment of affected areas with 1% brilliant green solution)
- b) to use different biologically active ointments
- c) surgical treatment

11. What is parenteral nutrition:

- a) nutrition carried out artificially
- b) administration of fixed-composition mixtures for feeding
- c) administration of different substances for feeding, passing the gastrointestinal tract

12. Why it is recommended to wipe the axilla dry before taking temperature:

- a) for hygienic reasons
- b) to place a thermometer in a more steady position
- c) to avoid understated measurements results

13. Body temperature measured in a patient's axilla is 37,5 C. How such body temperature can be characterized:

- a) as normal
- b) as moderately high fever
- c) as subfebrile temperature

14. What hospital departments should keep medical thermometers:

- a) in cases at the nurse's station
- b) in a container with cotton on the bottom and disinfection solution added
- c) every patient personally.

15. What is represented in a temperature sheet:

- a) graphic representation of a temperature curve
- b) graphic representation of a temperature curve, pulse, breathing rate curves, blood pressure, weight, diuresis
- c) graphic representation of temperature curves, pulse, breathing rate curves, results of doctor's rounds.

16. What patient care measures should be taken at the first stage of fever - shivering:

- a) to give hot tea and cover a patient with a blanket
- b) to lay with hot-water bags
- c) to change bed linen
- d) to plate a cold pack on a patient's head

17. Frequency of change of a wet cold pack:

- a) in 3-5 minutes
- b) as soon as it becomes dry
- c) in 15-20 minutes.

18. When an icepack is used:

- a) internal bleeding
- b) severe headaches and peak-fever delirium
- c) renal colic
- d) for resolution of post-injection infiltrates.

Clinical cases (examples):

1. You are a nurse in admission office. A patient is routinely admitted in a therapeutics department. Receiver and register the patient. Determine the body weight, measure the height and chest circumference of the patient.
2. You are a nurse in admission office. A physician prescribed a full decontamination for the patient. While giving a hygienic bath you see that the patient became pale. Your actions. Giving a hygienic bath.
3. Patient A. complains of a strong itch of the hairy part of her head. You found out lice on examination. The patient is upset and ask you tell nobody of her problems. Your actions.

List of themes of abstracts:

1. Medical ethics and deontology in present conditions (biomedical ethics).
2. Healthy lifestyle – base of disease prevention.
3. First aid in emergencies.
4. Peculiarities of care for patients with different pathology.
5. Drug-free treatment methods.
6. Preventive medicine.
7. Prevention of acute allergic diseases.
8. Care for elderly and senile patients.
9. Reasons and factors of premature ageing risk.
10. Peculiarities of responses to a disease and stress of elderly and senile patients.
11. Basic methods of determination of human biological age.

12. Teaching patients and their relatives self-control technique.
13. Teaching patients and their relative self-help.
14. Peculiarities of communication, information collection and fulfillment of stages of nursing process in elderly and senile patients.
15. Peculiarities of work of nurses in nursing departments.
16. Peculiarities of work of nurses in hospices.
17. Operation, storage and safety regulations when handling instruments and electrical equipment

Themes educational and research activities for 1-year students:

1. Transportation of patients. Types of transportation.
2. Sanitary maintenance of healthcare facilities, equipment, implements.
Sanitation of wards, toilet facilities
3. Air processing technologies and disinfection modes.
4. Special clothes and personal protection equipment for personnel in healthcare facilities.
5. Requirements for patient personal hygiene.
6. Lice infestation. Decontamination of lice-infested patients.
7. Care for unconscious patients.
8. Care for patients with respiratory diseases.
9. Care for patients with cardiovascular diseases.
10. Care for patients with digestive disorders.
11. Enema types.
12. Care for serious and agonizing patients, for unconscious patients. Individual constant nursing.

9. FORMS OF ASSESSMENT (BASED ON TRAINING RESULTS)

Upon completion of the practical training a student provide a training manager with a completed report card and charts of students educational and research activities (5 pcs or an abstract). The training manager from the FEFU department holds an interview based on results of the practical training. Based on

results of a successful interview and performance of all tasks related to the practical training, the student gets a credit which can be assessed by points.

Basic assessment criteria of practical training

- Proper and correct execution of all necessary documents;
- Positive reference given by the immediate training manager from a healthcare organization;
- Clear-cut and competent answers to questions of the training manager from the department at the stage of interviewing based on practical training results.

Test questions of final computer testing (addendume 1)

TEST CHECK OF EDUCATIONAL TRAINING

«Primary professional and research training»

for specialty 31.05.01 “General Medicine”

1. Medical deontology studies:

- a) relations between a physician and a patient
- +b) wide range of issue of duty, morality and professional ethics of medical specialists
- c) iatrogenic diseases
- d) patient care measures

2. Relation of the notion “care” and “treatment” to each other:

- a) care and treatment are different notions; treatment is carried out by a physician, care is carried out by paramedical personnel and medical attendants
- b) care and treatment are identical notions, because the both notions set sights on achievement of recovery of a patient
- +c) care is an integral component part of treatment
- r) care is not necessary condition for adequate treating measures

3. Iatrogenic diseases are:

- +a) sick condition stipulated by activity of healthcare workers
- b) sick condition stipulated by fear of one or another disease
- c) sick condition stipulated by relatives' influence
- d) sick condition stipulated by a need to perform medical and diagnostic procedure

4. A patient without referral documents visited the admission office, suddenly felt badly. What are your actions:

- +a) to examine a patient, provide a patient with a necessary medical aid and decide on further actions
- b) to call an ambulance
- c) to send a patient for referral documents
- d) to leave a patient and call a doctor

5. With what diseases a patient can be admitted without medical documents:

- +a) myocardial infarction
- b) scheduled admission
- c) examination
- d) presence of chronic diseases of digestive system

6. Patient is brought to an admission office being unconscious , without documents , not accompanied by relatives. What a nurse should do in addition to completion of all documentation:

- a) to notify a polyclinic stating a diagnosis
- +b) to send a telephonogram to a police office, describing a patient's appearance and clothes
- c) inform his relatives
- d) not to take any actions

7. What aid should be given to a patient in pulmonary edema:

- a) to put in a semi-sitting position
- b) to provide inhalation of oxygen and ethyl alcohol vapor mix
- c) to call a doctor on duty
- +d) all the above listed

8. What is Zimnitsky test:

- +a) study of daily urine amount and specific gravity in 8 portions (every 3 hours)
- b) study of urine minute volume
- c) determination of glucose in urine daily volume
- d) quantitative test of formed elements in urine

9. What Pevzner diet number should be observed by a patient in ulcer:

- +a) №1
- b) №7
- c) №10
- d) №9

10. A morning temperature in a patient has been being maintained within 38.0-38.5 °C for 2 weeks, and evening one - within 36.5-36.9 °C. What kind of fever has the patient:

- +a) remittent
- b) hectic
- c) inverse, atypical
- d) intermittent

11. What are symptoms of gastric bleeding:

- a) “coffee ground” vomiting, black tarry stool (melena)
- b) decrease of blood pressure, abnormal sweating
- c) skin pallor
- +d) all the above listed

12. Preparation of a patient for irrigoradiography:

- a) in the morning at the day of examination, not to have breakfast, cleansing enema in the morning
- b) in the evening on the day before examination - cleansing enema, in the morning at the day of examination not to have breakfast
- +c) to keep a special diet for 3-5 days before examination, not to have dinner on the day before examination, to administer a cleansing enema; not to have breakfast at the day of examination, to administer a second cleansing enema
- d) special preparation is not required

13. What signs are typical for chest pain associated with pleura damage:

- +a) increased pains in deep breathing and cough;
- b) skin pallor
- c) decrease of blood pressure
- d) increase of temperature

14. What is not contradiction for using a hot compress:

- +a) local inflammatory processes in skin and subcutaneous fiber
- b) high fever
- c) empyesis

d) skin disintegration

15. What measure should be taken in the initial stage of bed sores formation:

a) to use difference biologically active ointments

b) to perform surgical treatment

+c) to treat the skin with 1% brilliant green solution, strong potassium permanganate solution, 5-10% iodine solution

d) to use oxygen therapy

16. List the rules of using a pocket inhalation device:

a) keeping a can at a distance to press its bottom and then to inhale

+b) to inhale and simultaneously press the can bottom, to hold breathing for some second

c) to inhale, hold breathing for some seconds, then to inhale

d) to inhale, press the can bottom and inhale

17. What amount of washing fluid should be prepared for administration of a siphon enema:

a) 1-1,5 L

b) 50-100 ml

c) 5-6 L

+d) 10-12 L

18. What is tachycardia:

a) pulse rate 60-80 beats/minute

+b) increase of cardiac beats more than 80 beats/minute

c) decrease of cardiac beats less than 60 beats/minute

d) non-rhythmic pulse

19. What is a oxygen percentage in oxygen therapy:

a) 100%

b) 20%

+c) 40-60%

d) less 40%

20. What is negative diuresis:

- +a) patient discharges urine for a day much less than he consumes liquid
- b) patient discharges for a day with urine 70-80% of consumed liquid
- c) patient discharges urine for a day more than consumed liquid
- d) amount of consumed and discharged urine is approximate equal

21. Patient, after frequent venous punctures of the same vein, developed a pain, redness, infiltration along the vein, subfebrile temperature. What is a patient's complication:

- a) hematoma
- b) embolia
- +c) thrombophlebitis
- d) infiltrate

22. What measures should be taken in postoperative period to reduce negative aftereffects of narcosis:

- +a) oxygen therapy
- b) abundant drinking
- c) catheterization of urinary bladder
- d) siphon enema

23. Examination of skin and taking temperature of admitted patients in order to rule out an infection with the purpose of observing the epidemiological regime is carried out by:

- +a) physician of reception ward
- b) nurse of reception ward
- c) nurse of hospital department
- d) medical attendants

24. What is a relation of presses to the chest and inhalations if closed-chest cardiac massage and artificial lung ventilation are performed by one person:

- a) in every 10-12 presses - two inhalations
- b) in every 4-5 presses - one inhalation
- c) in every press - one inhalation

+d) in every 15 presses - one inhalation

25. What is a relation of presses to the chest and inhalations if closed-chest cardiac massage and artificial lung ventilation are performed by two persons:

+a) in every 10-12 presses - two inhalations

b) in every 4-5 presses - one inhalation

c) in every press - one inhalation

d) in every 15 presses - one inhalation

26. What Pevzner diet should be prescribed to diabetic patient:

a) №3

+b) №9

c) №8

d) №1

27. How urine should be collected for Nechiporenko test:

a) within a day in every 3 hours

b) within 10 hours (from evening till morning)

c) singly for 3 hours

+d) average morning urine portion

28. What is proctosigmoidoscope:

+a) examination of mucosa of rectum and sigmoid

b) contrast study of bowel

c) digital rectal examination

d) X-Ray of bowel

29. A morning temperature in a patient has been being maintained within 36.0-36.5 °C for 2 weeks, and evening one - within 37.5-38.0 °C. What kind of fever has the patient:

a) remittent

b) hectic

c) inverse, atypical

+d) intermittent

30. What method of administration of medicines is enteral:

- a) external use of medicines
- b) use of medicines with the aid of injections
- +c) administration of medicines perorally, under tongue, rectally
- d) inhalation administration of medicines

31. Can bed sores appear in a patient's forced sitting position:

- a) no, as far as bed sores appear only when a patient is in supine, prone or lateral position;
- +b) yes, within sitting bones;
- c) no, as far as in a sitting position there is a great layer of subcutaneous fat and muscular tissue between bony prominence and bedding.
- d) yes, within heel bones

32. What aid should be given to a patient in case of bronchial asthma attack:

- a) to take temperature
- +b) to put in a semi-sitting position and provide a flow of fresh air
- c) to provide a flow of fresh air
- d) to bring a patient in bed

33. List the figure of normal arterial pressure:

- +a) less than 139 and 89 mmHg
- b) 145 and 90 mmHg
- c) 155 and 95 mmHg
- г) 140 и 90 мм рт ст

34. What kind of aid to the patient should be administered when he/she is having precordialgia?

- a) the patient should be seated or laid down giving him/her complete rest;
- b) applying tourniquets to the extremities;
- +c) ordering him/her to take 1 pill of nitroglycerine sublingually and 30 – 40 drops of Corvalol;
- d) laying some hot-water bags by his/her extremities.

35. Which is the right way to measure the pulse at the radial artery?

- +a) embracing the region of the radiocarpal joint so that the finger I rest on the dorsal side of the forearm, and the fingers II – IV feel the radial artery pushing it to the radial bone, first – on both arms;
- b) embracing the region of the radiocarpal joint so that the fingers II – IV rest on the dorsal side of the forearm, and the finger I feel the radial artery pushing it to the radial bone;
- c) positioning the arm in such a way so that the finger I feel the radial artery pushing it to the radial bone;
- d) positioning the arm in any way.

36. List contradictions to gastric lavage:

- a) poisoning
- +b) myocardial infarction
- c) narrowing of exit portion of stomach
- d) subfebrile temperature

37. What is polyuria:

- a) frequent urination
- +b) increase of daily urine amount more than 2 liters
- c) decrease of daily urine amount less than 500 ml
- d) difficult urination

38. What measures of patient care should be taken in the third stage of fever when critical dropping of body temperature is experienced?

- a) lifting the footboard;
- b) applying cold compress to the forehead, sponging or lavaging the mouth cavity with water;
- c) the patient should not be covered with a warm blanket, sponged or bathed, the ward – aired so that no draught is created;
- +d) laying hot-water bags round the patient, giving him/her some strong sweet tea.

39. What are the contraindications for hot-water bag application to the abdominal region?

- a) the active ulcer pains;

- b) the intestinal colic;
- c) the low-grade fever;
- +d) suspect of an acute surgical abdominal disease.

40. Which of the following is an adverse effect of the intravenous injection?

- a) the abscess;
- +b) the thrombophlebitis;
- c) the low-grade fever;
- d) the infiltration.

41. How should the patient be prepared for an endoscopic examination of the stomach?

- +a) no breakfast the day of the examination, the latest meal the day before – no later than 9 pm, the dental prostheses removed, showing at the endoscopy room with a towel;
- b) a cleansing enema in the evening and morning 2 hours before the examination, the latest meal the day before – no later than 9 pm;
- c) keeping to a special diet for 3 – 5 days prior to the examination, the day of the examination – no breakfast, a cleansing enema;
- d) no special preparation required.

42. How often must the cold wet compress be changed?

- a) every 2 – 3 minutes;
- +b) as it dries up;
- c) every 10 – 15 minutes;
- d) it should be left for 1 – 1.5 hour.

43. Name the main transmission routes of a hospital-acquired infection.

- +a) the airborne route;
- b) the parenteral route;
- c) the direct contact;
- d) the oral route.

44. How should a patient be prepared for a fecal occult blood test?

- +a) omitting ferrous food and medicines for three days, if there is gum bleeding within this period – no cleaning of the teeth with a brush;
- b) keeping to a strict diet for three days so that the chemical makeup of the food is known, cleansing enemata;
- c) no special preparation required;
- d) a cleansing enema and laxative administration;

45. Which Pevzner diet should be prescribed to a patient with chronic glomerunephritis?

- +a) No. 7
- b) No. 8
- c) No. 5
- d) No. 9

46. What is stranguria?

- a) the urinary difficulty;
- b) the frequent urination;
- c) the low output of urine;
- +d) the painful urination.

47. For 2 weeks the patient's body temperature in the morning persists within 36.0 – 36.5 °C, in the evening – within 39.5 – 40.0 °C. What type of fever does the patient have?

- a) the remittent fever;
- +b) the hectic fever;
- c) the inverse fever;
- d) the intermittent fever.

48. Should the patient with nosebleed be recommended to throw back his/her head?

- a) yes, as this helps stop bleeding;
- b) this should be recommended in the case of a very intensive nosebleed;

+c) no, as this will not stop the bleeding; the blood will run down the nasopharynx's posterior wall, which will hinder the correct assessment of the dynamics of bleeding;

d) yes, as this will alleviate the patient's condition.

49. Why when performing expired air ventilation one should hold the patient's head back?

a) so that the resuscitator's mouth could easily access the patient's nose or mouth;

b) to facilitate the clear airway;

+c) to create well-sealed connection of the resuscitator's mouth and the patient's nose (or mouth) when performing the ventilation;

d) to enable maximal air intake.

50. What are the typical complaints when affected by a respiratory condition?

a) fever;

b) retrosternal pains relieved by nitroglycerin;

+c) cough

d) vertigo.

51. What kind of aid should be administered to a patient in gastric hemorrhage:

a) to lay a patient down into a bed with a foot board perched

b) to give a cold drinking

+c) to put an ice bag on upper abdomen

d) to wash a ventricle

52. A patient has occipital headache, seeing dark spots in his (her) vision, sicchasia, head noises. What are your actions:

+a) to measure an arterial tension

b) to lay a patient down into a bed with a foot board perched

c) to lay a patient down into a bed with a headboard perched

d) to give a nitroglycerine sublingually

53. What nursing measures should be taken in the second stage of febris (the stage of maximum temperature maintenance):

- a) to warm a patient, to cover him (her) with hot-water bags
- +b) to keep watch over the pulse frequency, breathing rhythm and arterial tension state
- c) to keep watch over the central nervous system state
- d) to perform oral care

54. What is a bradycardia:

- a) a pulse frequency of 60-80 beats per minute
- b) increase of cardiac beat frequency to more than 80 beats per minute
- +c) deceleration of cardiac beat to less than 60 beats per minute
- d) unrhythmic pulse

55. What complications are connected with the violation of aseptic and antiseptic regulations in carrying out of injections:

- a) air and fat embolism
- b) allergic reactions
- +c) progression of post-injection infiltrates and apostems
- d) temperature rise

56. For semilying patient it is allowed:

- a) to seat on a chair near the bed
- b) to walk upstairs
- c) to walk along the hallway
- +d) to get up and walk around the ward

57. What is not a counterindication to a cleansing enema from among the following:

- +a) coprostitia
- b) enterorrhagia
- c) malignant neoplasms of a straight intestine
- d) roentgen examination of urinary organs

58. How to count the breathing rhythm correctly:

- a) ask a patient to breath deep and count the number of movements

+b) to take a patient by the hand like for the sphygmomanometry (in order to divert the patient's attention), and to put the other hand on a breast or upper abdomen and count the number of breath intakes per minute

c) to put the hand on a breast or upper abdomen and count the number of breath intakes per minute

d) performed at random

59. Why is it prohibited to blow up a toilet seat cover too much:

a) it will be broken down quickly

b) it will be difficult to give a steady position to this in the bed

+c) it must change its form when the patient is moving

d) it takes too much time

60. What symptoms are the most common to the renal colic:

+a) sharp pain in lumbar area running along the renal duct to the pelvic area

b) a patient lies on his (her) back

c) lack of urination

d) polyuria

61. Name the measures necessary to control the enteroplegia in postoperative period:

a) oxygenotherapy

b) urinary catheterization

c) change of underwear and bedclothes of a patient

+d) carrying out of a siphon enema

62. Determine the states in which a physiological temperature rise may occur:

+a) food intake

b) psychoemotional stress

c) sleeping

d) virulent diseases

63. Give a nutritional advice to a patient with circulatory deficiency:

a) decrease of the meal taken

+b) restriction of salt intake

- c) mechanical sparing of food
- d) increase of the meal taken

64. Choose a medical syringe and acus for subcutaneous introduction of 1.5 ml of solution:

- a) medical syringe volume - 20 ml, acus length -15 mm
- b) medical syringe volume - 2 ml, acus length - 30 mm
- +c) medical syringe volume - 2 ml, acus length - 15 mm
- d) medical syringe volume - 10 ml, acus length - 15mm

65. What characteristics of hemorrhage are indicative of its pulmonic nature:

- +a) the blood is blood-red and foamy
- b) the blood is dark and caked
- c) such as “spent coffee grounds”
- d) streaks of blood

66. What is the purpose of oxygen watering in oxygen therapy:

- a) compliance with the safety regulations
- +b) prevention of toxic oxygen impact on the organism
- c) prevention of its excessive loss
- d) prevention of pharyngonasal cavity dryness

67. Describe the signs of anginal attack:

- a) pressing and constricting pain
- b) substernal distribution
- c) disappear upon the nitroglycerine administration
- +d) all the signs listed

68. What are the symptoms of gastrointestinal hemorrhage:

- a) vomiting with cakes of dark-cherry blood
- +b) black melanorrhea
- c) light-colored feces
- d) subfebrile temperature

69. What diuresis disorder is called nycturia:

- a) increase of urination frequency

- b) increase of volume of daily urine by more than 2 l
- +c) preponderance of night-time diuresis over daytime diuresis
- d) decrease of volume of daily urine by less than 500 ml

70. The first aid in the sun stroke:

- +a) to carry the injuree to a cool place
- b) measure a temperature
- c) hot drinking
- d) nitroglycerine intake

71. What dietary menu according to Pevsner is administered in hepatic and bile passages disorders:

- a) No. 1
- b) No. 2
- +c) No. 5
- d) No. 9

72. Specified procedure established in a medical institution, the main goal of which is the formation of conducive environment for physical and psychic quietness is:

- +a) therapeutic and protective regimen
- b) hospital regimen
- c) ward regimen
- d) open ward regimen

73. Specify a correct procedure for wards cleaning-up:

- +a) removal of dust from window stools and furniture; cleaning-up of bedside tables; damp sweeping
- b) damp sweeping; removal of dust from window stools and furniture; cleaning-up of bedside tables
- c) cleaning-up of bedside tables; removal of dust from window stools and furniture; damp sweeping
- d) damp sweeping; cleaning-up of bedside tables; removal of dust from window stools and furniture

74. What measures should be taken in urine retention in postoperative period:

- a) oxygenotherapy
- +b) urinary catheterization
- c) siphon enema
- d) change of underwear and bedclothes of a patient

75. When is a nutritional support through the PEG tube being used:

- a) after esophagus operation
- b) in inoperable tumors of the esophagus
- c) in case of food refusal in mental illnesses
- +d) all the cases listed

76. A morning temperature in a patient has been being maintained within 37.5-38.0 °C for 2 weeks, and evening one - within 39.0-39.5 °C. What kind of fever has the patient:

- a) remittent
- b) hectic
- c) misdirected
- +d) continued

77. How to prepare a patient for ultrasonic investigation of organs of the digestive system:

- a) a diet with exclusion of the products causing the aerogenesis, administration of the activated carbon during 2-3 days, investigation is carried out in the fasted state
- b) cleansing enemas should be carried out on the eve and on the day of investigation, a patient should be fasted
- c) special preparation is not required
- +d) investigation is carried out in the fasted state

78. In order to eliminate the acute urinary retention the following is used:

- a) urinary catheterization
- +b) cystostomy
- c) ablution of externalias with warm water
- d) administration of spasmolytics (drotaverine, baralgin)

79. When are the medicinal products being administered per os after meal:

- +a) in their irritant effect on the gastric mucosa
- b) if these medicinal products contribute to digestion
- c) in destructive effect of the gastric acid and ferments on the medicinal product
- d) in diseases of the digestive system

80. What is a forced patient's position:

- a) a patient may easily perform any voluntary movements
- b) active movements are impossible
- +c) position taken by the patient with the purpose of pain feelings reduction
- d) alterations of consciousness

81. Determine the measures necessary for prevention of pulmonic complications in postoperative period:

- a) change of underwear and bedclothes of a patient
- b) siphon enema
- +c) giving a semisitting position
- d) urinary catheterization

82. What nursing measures should be taken in the first stage of febris (the stage of temperature rise):

- a) to give the hot tea
- b) to warm a patient, to cover him (her) with hot-water bags
- +c) to put a cold compress on the forehead
- d) to change an underwear and bedclothes

83. Give a nutritional advice to a patient with recrudescence of the gastric ulcer:

- a) frequent and split meals
- b) organization of fasting days
- +c) mechanical and chemical sparing
- d) restriction of salt intake

84. What are the symptoms of gastrointestinal hemorrhage:

- a) external administration of medicinal products

- b) administration of medicinal products through injections
- +c) any method of administration of medicinal products bypassing the gastrointestinal tract
- d) pulmonary administration of medicinal products

85. What diseases are characterized by the progression of acute respiratory failure:

- a) pulmonary emphysema
- b) gastrointestinal hemorrhage
- +c) blockage of trachea and large bronchi by foreign object
- d) myocardial infarction

86. What is the purpose of pleural puncture:

- a) removal of liquid for medical purpose
- b) removal of liquid for exploratory purpose
- c) administration of medicinal products into pleural cavity
- +d) all the purposes listed

87. What is important in care for a patient with the congestive heart failure:

- +a) control over the dynamics of oedemata
- b) measure a temperature
- c) frequent change of underwear and bedclothes
- d) dietary intervention

88. Medicinal enemas:

- +a) are used for local effect on the straight and sigmoid intestine
- b) are used for treatment of the intestinal obstruction
- c) are at most the small enemas
- d) are used for elimination of coprostasia

89. In pulmonary hemorrhage it is necessary to:

- +a) give the cold drinking
- b) measure the arterial tension
- c) ventilate a room
- d) put an ice bag on abdominal area

90. Criteria for efficacy of closed-chest cardiac massage:

- +a) appearance of pulse on carotid arteries
- b) myosis
- c) decrease of arterial tension
- d) increase of arterial tension

91. What is the purpose of a surgical bed:

- +a) allows to give a patient the most favorable and comfortable position
- b) it may be moved easily and quickly
- c) eases the labor of a medical staff
- d) allows to perform measures on the oral care

92. Intramuscular injections are administered:

- a) into the middle third of the outer side of a hip
- +b) into the upper external quadrant of a breech
- c) into abdominal area
- d) into the upper third of the outer surface of the upper arm

93. What diseases are characterized by the chronic respiratory failure:

- +a) pulmonary emphysema
- b) blockage of trachea by foreign object
- c) thromboembolia of the pulmonary artery
- d) gastrointestinal diseases

94. Transient increase of arterial tension may be observed:

- +a) in physical activities
- b) during meals
- c) during sleeping
- d) in execution of nursing measures

95. What is specific to the chronic cardiac insufficiency:

- a) shortness of breath
- b) oedemata
- c) cyanosis
- +d) all the signs listed

96. What kind of aid should be administered to a patient in syncope:

- a) to give a position with headboard elevated
- +b) to give a position with headboard lowered
- c) to measure a temperature
- d) to measure an arterial tension

97. To prevent the complications after anesthesia in the early postoperative period it is necessary:

- +a) a constant presence of medical staff near the patient's bed
- b) frequent temperature measuring
- c) change of underwear and bedclothes of a patient
- d) oxygenotherapy

98. Main nursing measures in postoperative period are aimed at:

- a) prevention of complications after anesthesia
- b) prevention of enteroplegia
- c) prevention of pulmonary complications
- +d) all the measures listed

99. Subfebrile temperature is characterized by the temperature rise within:

- a) 39-41°
- b) not higher than 38°
- +c) 38-39°
- d) higher than 41°

100. A hospital regimen does not include:

- a) timely and healthy eating
- b) prescription of additional examination
- c) sanitary and hygiene regimen
- +d) necessary treatment

Answer keys

№	Answer	№	Answer	№	Answer	№	Answer	№	Answer
1	B	21	C	41	A	61	D	81	C
2	C	22	A	42	B	62	A	82	C
3	A	23	A	43	A	63	B	83	C

4	A	24	D	44	A	64	C	84	C
5	A	25	A	45	A	65	A	85	C
6	C	26	B	46	D	66	B	86	D
7	D	27	D	47	B	67	D	87	A
8	A	28	A	48	C	68	B	88	A
9	A	29	C	49	C	69	C	89	A
10	A	30	C	50	C	70	A	90	A
11	D	31	B	51	C	71	C	91	A
12	C	32	C	52	A	72	A	92	B
13	A	33	A	53	B	73	A	93	A
14	A	34	C	54	C	74	B	94	A
15	D	35	A	55	C	75	D	95	D
16	B	36	B	56	D	76	D	96	B
17	D	37	B	57	A	77	D	97	A
18	B	38	D	58	B	78	B	98	D
19	C	39	D	59	C	79	A	99	C
20	A	40	C	60	A	80	C	100	D



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

Educational practice «Primary professional and research training»

Educational program

Specialty 31.05.01 «General medicine»

Form of study: full time

Student _____

I year _____ group _____ major _____

Practical training place _____

from _____ till _____

Head of practical training (teacher) _____

Grade of practice _____

20 /20 year

Vladivostok

Goal of the practical training – mastering knowledge and skills in care for patients in order to acquire practical skills and competences in the sphere of professional physician's activity, as well as preparation for prophylactic, therapeutic and organizational-management activities with acquiring the primary professional knowledge and skills in care for therapeutic patients

When doing the educational practice, a student should

Know:

- Principles of organization of work of medical treatment facilities, arrangement and equipment of hospital treatment sections;
- theoretical framework and present-day concept of nursing, arrangement of work of medical attendants and paramedical personnel;
- principles of infectious safety assurance in medical treatment facilities;
- types of sanitation and ways of transportation of patients;
- types of fever;
- principles of use of medicines;
- peculiarities of follow-up and care for patients with diseases of different systems;
- signs of emergencies;
- peculiarities of follow-up and care for elderly and senile patients;
- principles of teaching the patients and their relatives to know the elements of care, self-care and self-control.

Be able:

- to perform sanitation of a patient on admission in hospital and during stay in hospital;
- to change a patient's undergarment and bed linen, to treat bed sores;
- to perform anthropometry, transportation and feeding of patients;
- to control hemodynamics and breathing parameters, to measure daily diuresis and body temperature;
- to collect patients' biological materials for laboratory studies;
- to use various methods of administration of medicines (in manikins);
- to care for patients of different age with diseases of organs and systems;

- to follow up and care for patients in pre- and postoperative period;
- to provide first aid in emergencies;
- to perform cardiopulmonary resuscitation (in manikins);
- to perform oxygen therapy, gastric lavage, to administer different enemas, to perform catheterization of the urinary bladder using an elastic catheter (in manikins);
- to carry out disinfection and pre-sterilization preparation of medical instruments, materials and means for patient care;
- to wash hands with disinfection solutions;
- to collect, process and systematize literature data.

Possess:

- skills of care for patients with an allowance for their age, nature and severity of disease;
- skills of care for serious and agonizing patients.

4. Grade on training is entered in a student's record-book by a teacher based on results of final test check, results of assessment of practical aptitudes and skills, on the ground of description of a student's work and results of credit interviewing with a teacher.

To describe methods:

- bedpan disinfection
- sanitation of seriously ill patients' oral cavity
- procedure of first aid in vomiting

Theme of sanitary bulletin:

Department	Data	Discussion theme	Listeners

Report on educational and research work of students (ERWS): give brief description educt

CHARACTERISTIC

Student _____ group № _____ Medical care

Far Easter Federal University, take practical training from _____ till _____
201__г. hospital _____

During pass Educational practice «Primary professional and research training»

Signature _____

Seal Date _____

Pass/fail practical training exam

1. Schedule _____
2. Test _____
3. Practical training _____
4. Oral interview _____
5. Personal, social and health education _____
6. ERWS _____

FINAL GRADE

Teacher _____

Date _____

Safety induction & emergency training course:

Nurse signature

Recommended scope of works and level of mastering

№	Training sections and their content	Mastering level	Recommended scope	Actually performed
1.	Work on nurse's station			
	Preparation of working disinfection solutions	3	daily	
	Wet cleaning of premises	3	2-3 hours/day	
	Treatment of medical equipment and implements	3	daily	
	Distribution of meal to patients, feeding of seriously ill patients	3	10-12	
	Thermometry, completion of temperature sheet	3	daily	
	Shift of patient, use of tilting bed	3	5-6	
	Measurements of arterial pressure, detection of pulse, recording of examination results	3	daily	
	Change of undergarment of serous patient, intimate washing, giving of bedpan	3	5-6	
	Fulfillment of hygienic manipulations: oral and nasal cleaning, patient intimate washing, change of undergarment and bed linen	3	5-6	
	Fulfillment of simplest procedures: rubbing, dubbing of skin with medicaments, application of compresses	3	8-10	
	Control of sanitary conditions of bed-side chests	3	daily	
	Control of patients' visits	3	daily	
	Gastric lavage with thick probe	2-3	2-3	
	Preparation of a patient for X-Ray examination of gastrointestinal tract	3	2-3	
	Administration of enemas, colonic tube	3	5-6	
2.	Work in admission office			
	Sanitation of patients in admission office	3	5-6	
	Anthropometry of admitted patients	3	10-12	
	Transportation, transfer of a patient	3	5-6	
3	Work in laboratory division:			
	Sanitation of premises and implements	3	According to schedule	
	Preparation of equipment and implements for study	2-3	According to schedule	
	Delivery of biological fluids for research	3	According to schedule	
	Observation of study of blood, urine, stool	2	10-12	
	Completion of medical documentation	2-3	According to schedule	
4	Work in centralized sterilization room:	2-3		
	Preparation of materials for sterilization	3	1 shift	
	Placement of sterilizing dressing boxes	3	1 shift	
	Post-sterilization control	2-3	1 shift	
	Completion of medical documentation	2-3	1 shift	
	Sanitation of	3	1 shift	

Compliance with participation levels: 1 – to know theoretically, 2 – to participate, 3- to fulfill independently

Signature of direct training manager

ERWS CARD «STUDY BODY WEIGHT IN DIFFERENT TYPES OF
THERAPUTIC AND SURGICAL PATOLOGY»

Name. _____

Age _____

Sex _____

Marital status _____

Diagnosis _____

ANTHROPOMORPHIC MEASUREMENT

Growth _____

Weight _____

Waist circumference (WC) _____

Arm circumference (AC) _____

Hip circumference (HC) _____

Chest circumference (CC) _____

Index of Mass Corporal (IMC) _____

HEMODYNAMIC PARAMETER

Blood pressure (мм Т ст) _____

Pulse: frequency _____

rhythmicity _____



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»



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

«APPROVED»

Director of the Department of Clinical
Medicine



(signature) Geltser B.I.
(Full name)
«09» of July 2019



WORKING PROGRAM OF EDUCATIONAL PRACTICE (WPET)

Учебная практика «Клиническая практика (Уход за больными хирургического и терапевтического профиля)»

Educational practice “Clinical practical training (Medical & Surgical Patient Care)”

Educational program

Specialty 31.05.01 «General medicine»

Form of study: full time

Vladivostok

2019

ABSTRACT

Учебная практика «Клиническая практика (Уход за больными хирургического и терапевтического профиля)» Educational practice “Clinical practical training (Medical & Surgical Patient Care)” is intended for students enrolled in the educational program 31.05.01 "General Medicine". Discipline is implemented in 1st course in the 2^{sd} semesters, is a basic discipline. The total complexity of the discipline is 108 hours, 3 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” , 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 Educational practice “Clinical practical training (Medical & Surgical Patient Care)”:

Introducing students to the work of LPU surgical hospitals, consolidate knowledge and skills acquired in the classroom during the training period, the development of practical skills of general care of surgical patients. Synthesis of knowledge and practical skills acquired in the classroom and in the course of practical training, allows you to get a clear idea about the main directions of surgical activity and becomes the basis for the study of clinical surgery on subsequent courses.

Objectives of Educational practice “Clinical practical training (Medical & Surgical Patient Care)”

1. Stimulate interest in their chosen profession;
2. The development of practical skills;
3. The formation of a holistic understanding of the care of surgical patients;
4. Training receptions:
 - Transportation of patients;
 - Health medical staff in surgical clinic,
 - The rules of medical wearing,
 - The rules of work with biological materials, measures of individual protection of medical personnel for invasive procedures,
 - Emergency measures to prevent HIV infection and hepatitis while working with biological fluids,
 - The prevention of nosocomial infections,
 - Immediate and special preparation of patients for routine and emergency operations,
 - Cleaning department, processing equipment,
 - Organization and conduct of nursing in the postoperative period,
 - Care for operating wound, drains, gastric probe and the bladder catheter,
 - Prevention of thrombosis and thromboembolism.
 - Supply of surgical patients in pre- and postoperative period,
 - Enteral, parenteral nutrition,
 - Care for patients after abdominal, thoracic, urological surgery,
 - Care for patients with a tracheostomy tube, with fistulas of the gastrointestinal tract.
 - Organizing and conducting care for trauma patients and patients with thermal lesions,
 - Caring for critically ill patients.
5. The development of skills:
 - Medical wearing,

- Work with biological materials,
- Treatment of hands and donning the medical staff,
- The level of sanitary hand processing, hygienic treatment of hands (disinfection), the level of surgical treatment of hands,
- Surgical clinical care to the patient's body and the common bed rest at different stages of hospital treatment,
- Change of underwear and bed linen,
- Control and sanitization of personal belongings of the patient,
- Sanitary preparation of the patient for surgery,
- Preparation and shaving of the surgical field,
- Statement of cleansing enemas,
- Gastric lavage,
- Bladder catheterization,
- Transporting patients to the operating room and transportation after the surgery ward or intensive care unit,
- Shifting the patient from the operating table onto a gurney and rolling on the bed,
- Prevention of complications and care of the skin, eyes, ears, nose and mouth in critically ill patients,
- Care of the operating wound, drains, gastric probe and the bladder catheter,
- Prevention of pressure ulcers, thrombosis and thromboembolism,
- First aid in emergency and life-threatening conditions (in shock, bleeding, breathing problems, vomiting)
- Environmental protection in the surgical department
- Of the daily and general cleaning of premises surgical hospital (wards, dressing, operational)
- Feeding critical patients,
- Principles of enteral and parenteral nutrition.

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

Competence code and wording	Competence formation stages	
<p>PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance</p>	Knows	<p>Personal hygiene and types of patient decontamination; fundamentals of safety of patients and own safety; methods of movement and transportation of patients. Dietary habits of patients, has an idea of artificial feeding; principles of delivering a palliative care. Types of fevers and peculiarities of care for patients being in a fever; regimes of a patient; current and potential problems of a patient in the most common therapeutic diseases; control criteria of a patient's state.</p>
	Able	<p>To do patient decontamination on admission to hospital and during a patient's stay in hospital; to change undergarment and bed linen, treat bed sores; collect information on a patients (questioning, examination) and reveal a patient's current, potential and priority problems associated with a disease</p>
	Possesses	<p>Technique of patient decontamination; Feeding technique, bed items sanitation technique</p>
<p>PC-11 -the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;</p>	Knows	<p>Principles of delivering an emergency medical care in therapeutic practice; Basic nursing tasks to settle a patient's problems in the most common therapeutic diseases; methods of use of medicines, has an idea of allergic responses and delivering the first premedical care;</p>
	Able	<p>To assess a patient's potential and priority problems associated with a disease; to care for patients of different age and with different therapeutic pathologies; to formulate a nursing diagnosis, care tasks and to make up a plan of their fulfillment, with implementation of all treatment principles and nursing care;</p>
	Possesses	<p>Skills to use the items of care for patients which are required urgent medical interference; skills of disinfection of medical care materials and items.</p>
<p>PC-13 - the willingness to do a medical assistance in emergency situations, as well as in medical evacuation</p>	Knows	<p>Rules of delivering medical care in emergencies, including medical evacuation of patients and type of evacuation</p>
	Able	<p>To do work of medical attendants in accordance with legal aspects of activity, to carry out medical evacuation of patients</p>
	Possesses	<p>Skills of delivering a primary premedical health care and types of medical evacuation of injured persons</p>

Competence code and wording	Competence formation stages	
PC-22 - the willingness to participate in implementation of new methods and techniques aimed at protection of public health	Knows	New methods and techniques aimed at public health care, including Russian laws as well as the documents for assessment of quality and efficiency of work of healthcare organizations
	Able	To use new methods and techniques aimed at public health care
	Possesses	Basic methods and techniques aimed at public health care

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

№	Sections of subject-matter	Types of work	Workload, hours
1	Theme 1. Introduction. to students in a surgical hospital requirement. Organization of the surgical clinic. The concept of aseptic and antiseptic. General questions of ethics in surgery	The survey, testing, reports	6
2	Theme 2. Organization of work in a doctor's surgery receptionist. Transportation of patients from the receiving department to the surgery. Shifting the patient to a wheelchair to the bed. Features of care of elderly and senile age. Moribund for Nursing.	The survey, testing, reports, case studies	6
3	Theme 3. Features sanitary preparation of patients for surgery. Features of patient care in the operating room and dressing room. The methods of care aimed at reducing the risk of wound infections in surgical patients.	The survey, testing, reports, case studies	6
4	Theme 4. Features care and transportation of surgical patients who are in critical condition after anesthesia and surgery. First aid in the event of a collapse, fainting, apparent death.	The survey, testing, reports, case studies	6
5	Theme 5. General care for surgical patients in the postoperative period, bedsore prevention. The methods of care aimed at preventing complications of the respiratory system.	The survey, testing, reports, case studies	6
6	Theme 6. First aid in the event of complications in surgical patients: bleeding from the surgical wound, weakening bandages, vomiting after anesthesia.	The survey, testing, reports, case	6

Fundamentals of bandages.	studies	
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LIST OF EDUCATIONAL LITERATURE AND INFORMATIONAL-METHODICAL REQUIREMENTS FOR THE DISCIPLINE

a) Main literature

1. Nursing Student Book Collection (Cheat Sheet, Priorities, MedSurg, Case Studies), CreateSpace Independent Publishing Platform, 2015), 358 p.
<http://www.studmedlib.ru/book/ISBN9785970428856.html>
2. Nursing School Study Pack (Drug Reference, Labs, Mnemonics, EKG) 4 books for nursing students Kindle Edition, [Jon Haws](#), NRSNG.com | NursingStudentBooks.com , 2015, 598 p.
<https://linksmedicus.com/medicalspecialties/?gclid>
3. Cambridge English for Nursing Pre-intermediate Student's Book with Audio CD (Cambridge Professional English) Cambridge University Press; 1 Pap/Com edition (April 12, 2010)
<http://www.studmedlib.ru/book/ISBN9785970428856.html>

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 enterprise 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-Codeonly-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 -	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

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



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

**METHODOLOGICAL SUPPORT OF
INDEPENDENT WORK OF STUDENTS**

**Учебная практика «Клиническая практика (Уход за больными хирургического и
терапевтического профиля)»**
Educational practice “Clinical practical training (Medical & Surgical Patient Care)”
Educational program
Specialty 31.05.01 «General medicine»
Form of study: full time

**Vladivostok
2018**

STUDENTS' INDIVIDUAL WORK

Methodological recommendations for preparation and performance of a practical training

1. A practical training shall be carried out during the course of training at the main clinical sites.
2. The course of a practical training shall be supervised by the department's staff.
3. A practical training shall begin with a seminar in the field of the practical training and end with a test.
4. The main mandatory document of the practical training performance shall be the Journal.
5. During the course of a practical training first year students of major 31.05.01 "Medical care" shall be mastering the professional competences.
6. The practical training supervisor shall be a department's teaching assistant in charge of practical training; the officer in charge of practical training at a clinical site shall be designated from among its personnel by the head of the healthcare organization (a nurse, head nurse, matron).

Methodological recommendations on organizing the practical training

In the course of practical training at the units the students strengthen their theoretical knowledge acquired at the practical studies, master practical skills of patient care, carry out the observation and care of patients with acute and chronic therapeutic and surgical conditions and injuries. They perform simple medical procedures (apply suction cups, mustard plasters, compresses), implement tasks insuring the observance of aseptic and antiseptic rules, requirements for instrument and material sterilization.

During the course of a practical training, each student shall keep a journal recording the amount of work completed and practical skills mastered.

Students' individual work in the course of a practical training shall be performed at the units under supervision of the teacher and hospital's medical personnel.

Studying the course books is deemed a kind of training activity within the practical training and shall be done in the allotted number of hours.

Each student has access to the library stock of the Federal State Autonomous Educational Institution of Higher Professional Education “Far East Federal University” and the department.

There have been some methodological recommendations developed on the practical training «Clinical» (Medical and surgical patient care) for the students: Diary of Practical Training which includes viz. “Practical Training Journal Template”, “Student’s Training and Research Activity (STRA) Card”.

In the course of a practical training the students shall conduct a self-reliant STRA on the subject of “The incidence of overweight among high blood pressure patients”, health educative activities in the form of health letters or health educative talks with the patients, fill out the STRA Cards (5 per each student), Practical Training Journals and submit an STRA Summary, the letters on health educative activity conducted specifying the subjects of the health letters or talks with patients (the size of audience specified), filled-out Practical Training Journals of “Medical and surgical patient care”.

The task of preparing a Practical Training Journal and STRA Summary promotes the skills of filling out medical reporting documents, of arranging preventive measures at all work stages of the medical attendants, and of research and health educative activities.

Working at the units of a multi-faceted hospital supervised by a teacher and medical personnel a student develops his/her sense of community and social skills.

The training promotes the students’ patient interaction skills with due regard to ethical and deontological peculiarities of the medical condition and patients themselves. The individual work with patients promotes the professional manner of conduct, carefulness, and diligence.

In the end of the course of practical training intermediate knowledge assessment shall be carried out by means of testing, checking of the practical aptitudes, interviewing about the results of the practical training with assessment of

the Practical Training Journal kept.

The problems touched upon during the practical training “Medical and surgical patient care” are included in the Final State Examination.

Practical Training Diary keeping rules

1. The Diary is an official document of the practical training passed. The writing in it must be intelligible, literate, in the medical parlance.

2. Records in the Diary must be put daily at the end of the working day summarizing all the work done in the hospital’s divisions.

3. The record of work done shall be certified by a nurse’s signature (the desk nurse, procedure room nurse, dressing room nurse, etc.).

4. In the beginning of a Practical Training Summary a brief description of the unit should be given, viz. the specialization of the unit, the number of beds, the unit’s staffing, availability of auxiliary rooms, etc.).

5. Upon the completion of the practical training, the student must fill out an End of Assignment Consolidated Numeric Report.

6. The health educative work shall be carried out by means of talking, making health letters; scope, place and time of the work carried out shall be recorded in the Journal and certified by the immediate practical training supervisor’s signature.

7. In the course of the practical training all the students shall conduct STRA preparing the corresponding essay or fill out STRA Cards that should be presented to the supervising teaching assistant for check along with the Journal.

The student’s individual work is a practical training in the form of student’s individual work supervised by a teacher.

List of themes of essays:

1. Definition of the care of surgical patients.
2. The importance of nursing in surgery.
3. Basic principles of ethics of care in the surgical clinic.
4. Therapeutic and protective regime surgical departments.
5. Body Health medical staff.

6. Hair care, oral, nasal.
7. Hand Care medical staff.
8. Health personal clothing of medical personnel in the surgical clinic.
9. Wearing apparel and Medical Care: medical gown, cap, spare shoes.
10. Rules and hygiene of wearing a gauze mask.
11. Rules of conduct of medical staff in the dressing, handling, operation unit.
12. Nosocomial (hospital) infection.
13. Equipment receiving-diagnostic department.
14. Sanitization of the surgical department.
15. The surgical patient transport to the station.
16. Disinfection air sources of ultraviolet radiation.
17. Treatment and disinfection of medical equipment, medical diagnostic equipment, racks, cabinets, dressing tables, couches, wheelchairs.
18. The surgical patient's body Health with the free mode.
19. The surgical patient's body Health with bed rest.
20. Sanitization of the oral cavity in surgical patients with bed rest.
21. Rubbing or washing the patient in bed.
22. Integrated prevention of pressure ulcers in patients with bed rest.
23. Sanitation and disinfection baths and bathroom facilities.
24. Shift in patients with a free mode.
25. Change of underwear in patients with bed rest.
26. Treatment and disinfection of mattresses, blankets and pillows.
27. Nutrition of surgical patients.
28. Features of care after abdominal surgery.
29. Care of patients with lesions of the musculoskeletal system.
30. Features of care for patients with gastrostomy, cystostomy, tracheostomy.
31. Care of patients in critical condition.
32. Features of care for patients with burns and frostbite.
33. Features of care for patients with injuries of the thorax.
34. Features of care for urological patients.
35. Features of care for cancer patients.



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

FUND ASSESSMENT TOOLS

**Учебная практика «Клиническая практика (Уход за больными хирургического и
терапевтического профиля)»**
Educational practice “Clinical practical training (Medical & Surgical Patient Care)”
Educational program
Specialty 31.05.01 «General medicine»
Form of study: full time

Vladivostok 2018

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

Competence code and wording	Competence formation stages	
PC-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance	Knows	Personal hygiene and types of patient decontamination; fundamentals of safety of patients and own safety; methods of movement and transportation of patients. Dietary habits of patients, has an idea of artificial feeding; principles of delivering a palliative care. Types of fevers and peculiarities of care for patients being in a fever; regimes of a patient; current and potential problems of a patient in the most common therapeutic diseases; control criteria of a patient's state.
	Able to	To do patient decontamination on admission to hospital and during a patient's stay in hospital; to change undergarment and bed linen, treat bed sores; collect information on a patients (questioning, examination) and reveal a patient's current, potential and priority problems associated with a disease
	Possesses	Technique of patient decontamination; Feeding technique, bed items sanitation technique
PC-11 -the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows	Principles of delivering an emergency medical care in therapeutic practice; Basic nursing tasks to settle a patient's problems in the most common therapeutic diseases; methods of use of medicines, has an idea of allergic responses and delivering the first premedical care;
	Able to	To assess a patient's potential and priority problems associated with a disease; to care for patients of different age and with different therapeutic pathologies; to formulate a nursing diagnosis, care tasks and to make up a plan of their fulfillment, with implementation of all treatment principles and nursing care;
	Possesses	Skills to use the items of care for patients which are required urgent medical interference; skills of disinfection of medical care materials and items.
PC-13 - the willingness to do a medical assistance in emergency situations, as	Knows	Rules of delivering medical care in emergencies, including medical evacuation of patients and type of evacuation

Competence code and wording	Competence formation stages	
well as in medical evacuation	Able to	To do work of medical attendants in accordance with legal aspects of activity, to carry out medical evacuation of patients
	Possesses	Skills of delivering a primary premedical health care and types of medical evacuation of injured persons
PC-22 - the willingness to participate in implementation of new methods and techniques aimed at protection of public health	Knows	New methods and techniques aimed at public health care, including Russian laws as well as the documents for assessment of quality and efficiency of work of healthcare organizations
	Able to	To use new methods and techniques aimed at public health care
	Possesses	Basic methods and techniques aimed at public health care

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-10 - the willingness to deliver medical first aid in case of sudden acute diseases and conditions, exacerbation of a chronic disease, which are not life-threatening and do not require emergency medical assistance	Knows (threshold level)	Personal hygiene and types of patient decontamination; fundamentals of safety of patients and own safety; methods of movement and transportation of patients. Dietary habits of patients, has an idea of artificial feeding; principles of delivering a palliative care. Types of fevers and peculiarities of care for patients being in a fever; regimes of a patient; current and potential problems of a patient in the most common therapeutic diseases; control criteria of a patient's state.	Knowledge of personal hygiene and types of patient decontamination; fundamentals of safety of patients and own safety; methods of movement and transportation of patients; dietary habits of patients, has an idea of artificial feeding; principles of delivering a palliative care; types of fevers and peculiarities of care for patients being in a fever; regimes of a patient; current and potential problems of a patient in the most common therapeutic diseases; control criteria of a patient's state.	Formed and structured systematic knowledge of personal hygiene and types of patient decontamination; fundamentals of safety of patients and own safety; methods of movement and transportation of patients; dietary habits of patients, has an idea of artificial feeding; principles of delivering a palliative care; types of fevers and peculiarities of care for patients being in a fever; regimes of a patient; current and potential problems of a patient in the most common therapeutic diseases; control criteria of a patient's state.	65-71

	Is able to (advanced)	To do patient decontamination on admission to hospital and during a patient's stay in hospital; to change undergarment and bed linen, treat bed sores; collect information on a patients (questioning, examination) and reveal a patient's current, potential and priority problems associated with a disease	Ability to do patient decontamination on admission to hospital and during a patient's stay in hospital; to change undergarment and bed linen, treat bed sores; collect information on a patients (questioning, examination) and reveal a patient's current, potential and priority problems associated with a disease	Ready and can to do patient decontamination on admission to hospital and during a patient's stay in hospital; to change undergarment and bed linen, treat bed sores; collect information on a patients (questioning, examination) and reveal a patient's current, potential and priority problems associated with a disease	71-84
	Possesses (high)	Technique of patient decontamination; Feeding technique, bed items sanitation technique	Formed skills of patient decontamination; feeding, bed items sanitation	Skills surely to perform patient decontamination; feeding, bed items sanitation	85-100
PC-11 – the willingness to assist at the delivering emergency medical care for the patients in the conditions, requiring urgent medical participation;	Knows (threshold level)	Principles of delivering an emergency medical care in therapeutic practice; basic nursing tasks to settle a patient's problems in the most common therapeutic diseases; methods of use of medicines, has an idea of allergic responses and delivering the first premedical care;	Knowledge of principles of delivering an emergency medical care in therapeutic practice; basic nursing tasks to settle a patient's problems in the most common therapeutic diseases; methods of use of medicines, has an idea of allergic responses and delivering the first premedical care;	Formed and structured systematic knowledge of principles of delivering an emergency medical care in therapeutic practice; basic nursing tasks to settle a patient's problems in the most common therapeutic diseases; methods of use of medicines, has an idea of allergic responses and delivering the first premedical care;	65-71
	Is able to (advanced)	To assess a patient's potential and priority problems associated with a disease; to care for patients of different age and with different therapeutic pathologies; to formulate a nursing diagnosis, care tasks and to make up a plan of their fulfillment, with implementation of all treatment principles and nursing care;	Ability to assess a patient's potential and priority problems associated with a disease; to care for patients of different age and with different therapeutic pathologies; to formulate a nursing diagnosis, care tasks and to make up a plan of their fulfillment, with implementation of all treatment principles and nursing care;	Ready and can to assess a patient's potential and priority problems associated with a disease; to care for patients of different age and with different therapeutic pathologies; to formulate a nursing diagnosis, care tasks and to make up a plan of their fulfillment, with implementation of all treatment principles and	71-84

				nursing care;	
	Possesses (high)	Skills to use the items of care for patients which are required urgent medical interference; skills of disinfection of medical care materials and items.	Formed skills to use the items of care for patients which are required urgent medical interference; skills of disinfection of medical care materials and items.	Skills surely to use the items of care for patients which are required urgent medical interference; skills of disinfection of medical care materials and items.	85-100
PC-13 – the willingness to do a medical assistance in emergency situations, as well as in medical evacuation	Knows (threshold level)	Rules of delivering medical care in emergencies, including medical evacuation of patients and type of evacuation	Knowledge of rules of delivering medical care in emergencies, including medical evacuation of patients and type of evacuation	Formed and structured systematic knowledge of rules of delivering medical care in emergencies, including medical evacuation of patients and type of evacuation	65-71
	Is able to (advanced)	To do work of medical attendants in accordance with legal aspects of activity, to carry out medical evacuation of patients	Ability to do work of medical attendants in accordance with legal aspects of activity, to carry out medical evacuation of patients	Ready and can to do work of medical attendants in accordance with legal aspects of activity, to carry out medical evacuation of patients	71-84
	Possesses (high)	Skills of delivering a primary premedical health care and types of medical evacuation of injured persons	Formed skills to deliver a primary premedical health care and types of medical evacuation of injured persons	Skills surely to deliver a primary premedical health care and types of medical evacuation of injured persons	85-100
PC-22 - the willingness to participate in implementation of new methods and techniques aimed at protection of public health	Knows (threshold level)	New methods and techniques aimed at public health care, including Russian laws as well as the documents for assessment of quality and efficiency of work of healthcare organizations	Knowledge of new methods and techniques aimed at public health care	Formed and structured systematic knowledge of new methods and techniques aimed at public health care	65-71
	Is able to (advanced)	To use new methods and techniques aimed at public health care	Ability to use new methods and techniques aimed at public health care	Ready and can to use new methods and techniques aimed at public health care	71-84
	Possesses (high)	Basic methods and techniques aimed at public health care	Formed skills for use new methods and techniques aimed at public health care	Skills surely for use new methods and techniques aimed at public health care	85-100

Description of the final performance rating procedure specifying all the requirements imposed on a student.

1. The in-process students' performance rating shall be carried out during the class. The teacher gives a test evaluating the initial and final level of the students' knowledge, asks them to recite on the topic of the class. The teacher evaluates each student's individual performance with respect to the purpose and objectives of the practical study.
2. The intermediate performance rating shall be carried out during the final monitoring classes in care for patient with diseases of different organs and systems.
3. The monitoring of the students' individual extramural work shall be carried out during the final classes and the pass/fail examination.
4. At the end of the therapeutic patient care course there shall be the pass/fail examination, which includes a test of the final level of the students' knowledge, a test of practical skills and theoretical knowledge.

The resulting evaluation at the pass/fail examination shall be made with due regard to the level of mastering the practical skills, the level of theoretical knowledge and aptitudes.

The criteria of test results evaluation:

1. *excellent* –90% -100% answers correct;
2. *good* –80% -89% answers correct;
3. *satisfactory* –70% -79% answers correct

A list of questions for preparation to the pass/fail examination

(the full extent):

1. Types of medical care.
2. The concept of patient care.
3. Active, passive and forced position of the patient
4. Events nursing.
5. Measurement of the body temperature.
6. Oral Care
7. Skin Care.
8. Assessment of respiratory and sputum.

9. Assessment of the cardiovascular system.
10. Blood pressure and its measurement.
11. Assessment of the digestive system.
12. Post-operative care of patients.
13. Hygiene treatment arms.
14. Gastric lavage: technology, reading.
15. Enema. Definition. Cleansing enema.
16. Laxative enema.
17. Siphon enema.
18. Medicinal and nutritional drip enema.
19. Prevention of airborne infection.
20. Dressing material, its properties.
21. Signs of arterial, venous, and capillary bleeding.
22. Methods temporary stop external bleeding.
23. RAP with external bleeding.
24. RAP with nosebleeds, bleeding from the ear, after tooth extraction.
25. Methods affected transportation.
26. Signs of terminal states (predagoniya, agony, clinical death).
27. Technique ventilation "mouth to mouth" and "mouth-to-nose".
28. Technique chest compressions.

Testing items for the preliminary assessment (examples):

Please, choose the right answer:

Define asepsis

* A set of activities aimed at the prevention of infection in the wound tissue and the patient's body.

B. A set of measures aimed at combating the infection in humans.

Tests intermediate control:

At what temperature (in degrees Celsius) sterilized instruments in a heat sterilizer

- A 120 °.
- B. 150 °.
- B. * 180 °.
- G. 200 °.
- D. 220 °.

Situational clinical problem (examples):

Boy, 13 years, drive in the nail, missed and struck himself a blow with a hammer on the index finger of the left hand. Instantly there were severe pain in the finger, reflex gentle limited mobility in it and blue skin on its back surface.

What kind of help you will render a child?

The standard response to the problem

It should be immediately put a finger under a stream of cold water from the tap and hold to numb the skin. If there is no cooling jets, the bruised finger dipped in cold water, covered snow or ice. After cooling finger will dry, inspected, checked the possibility of movement in it. Cooling to repeat until pain subsides and improve movement. After cooling, if there is no abrasion, no patch is applied. Subsequently, the child should be examined by a surgeon.

9. FORMS OF ASSESSMENT (BASED ON TRAINING RESULTS)

Upon completion of the practical training a student provide a training manager with a completed report card and charts of students educational and research activities (5 pcs or an abstract). The training manager from the FEFU department holds an interview based on results of the practical training. Based on results of a successful interview and performance of all tasks related to the practical training, the student gets a credit, which can be assessed by points.

Basic assessment criteria of practical training

- Proper and correct execution of all necessary documents;

- Positive reference given by the immediate training manager from a healthcare organization;
- Clear-cut and competent answers to questions of the training manager from the department at the stage of interviewing based on practical training results.

TEST CHECK OF PRACTICAL TRAINING

“Clinical (Medical and surgical patient care) for specialty “Medical care”

1. Medical deontology studies:

- a) relations between a physician and a patient
- +b) wide range of issue of duty, morality and professional ethics of medical specialists
- c) iatrogenic diseases
- d) patient care measures

2. Relation of the notion “care” and “treatment” to each other:

- a) care and treatment are different notions; treatment is carried out by a physician, care is carried out by paramedical personnel and medical attendants
- b) care and treatment are identical notions, because the both notions set sights on achievement of recovery of a patient
- +c) care is an integral component part of treatment
- r) care is not necessary condition for adequate treating measures

3. Iatrogenic diseases are:

- +a) sick condition stipulated by activity of healthcare workers
- b) sick condition stipulated by fear of one or another disease
- c) sick condition stipulated by relatives’ influence
- d) sick condition stipulated by a need to perform medical and diagnostic procedure

4. A patient without referral documents visited the admission office, suddenly felt badly. What are your actions:

- +a) to examine a patient, provide a patient with a necessary medical aid and decide on further actions

- b) to call an ambulance
- c) to send a patient for referral documents
- d) to leave a patient and call a doctor

5. With what diseases a patient can be admitted without medical documents:

- +a) myocardial infarction
- b) scheduled admission
- c) examination
- d) presence of chronic diseases of digestive system

6. Patient is brought to an admission office being unconscious , without documents , not accompanied by relatives. What a nurse should do in addition to completion of all documentation:

- a) to notify a polyclinic stating a diagnosis
- +b) to send a telephonogram to a police office, describing a patient's appearance and clothes
- c) inform his relatives
- d) not to take any actions

7. What aid should be given to a patient in pulmonary edema:

- a) to put in a semi-sitting position
- b) to provide inhalation of oxygen and ethyl alcohol vapor mix
- c) to call a doctor on duty
- +d) all the above listed

8. What is Zimnitsky test:

- +a) study of daily urine amount and specific gravity in 8 portions (every 3 hours)
- b) study of urine minute volume
- c) determination of glucose in urine daily volume
- d) quantitative test of formed elements in urine

9. What Pevzner diet number should be observed by a patient in ulcer:

- +a) №1
- b) №7
- c) №10

d) №9

10. A morning temperature in a patient has been being maintained within 38.0-38.5 °C for 2 weeks, and evening one - within 36.5-36.9 °C. What kind of fever has the patient:

+a) remittent

b) hectic

c) inverse, atypical

d) intermittent

11. What are symptoms of gastric bleeding:

a) “coffee ground” vomiting, black tarry stool (melena)

b) decrease of blood pressure, abnormal sweating

c) skin pallor

+d) all the above listed

12. Preparation of a patient for irrigoradiography:

a) in the morning at the day of examination, not to have breakfast, cleansing enema in the morning

b) in the evening on the day before examination - cleansing enema, in the morning at the day of examination not to have breakfast

+c) to keep a special diet for 3-5 days before examination, not to have dinner on the day before examination, to administer a cleansing enema; not to have breakfast at the day of examination, to administer a second cleansing enema

d) special preparation is not required

13. What signs are typical for chest pain associated with pleura damage:

+a) increased pains in deep breathing and cough;

b) skin pallor

c) decrease of blood pressure

d) increase of temperature

14. What is not contradiction for using a hot compress:

+a) local inflammatory processes in skin and subcutaneous fiber

b) high fever

- c) empyesis
- d) skin disintegration

15. What measure should be taken in the initial stage of bed sores formation:

- a) to use difference biologically active ointments
- b) to perform surgical treatment
- +c) to treat the skin with 1% brilliant green solution, strong potassium permanganate solution, 5-10% iodine solution
- d) to use oxygen therapy

16. List the rules of using a pocket inhalation device:

- a) keeping a can at a distance to press its bottom and then to inhale
- +b) to inhale and simultaneously press the can bottom, to hold breathing for some second
- c) to inhale, hold breathing for some seconds, then to inhale
- d) to inhale, press the can bottom and inhale

17. What amount of washing fluid should be prepared for administration of a siphon enema:

- a) 1-1,5 L
- b) 50-100 ml
- c) 5-6 L
- +d) 10-12 L

18. What is tachycardia:

- a) pulse rate 60-80 beats/minute
- +b) increase of cardiac beats more than 80 beats/minute
- c) decrease of cardiac beats less than 60 beats/minute
- d) non-rhythmic pulse

19. What is a oxygen percentage in oxygen therapy:

- a) 100%
- b) 20%
- +c) 40-60%
- d) less 40%

20. What is negative diuresis:

- +a) patient discharges urine for a day much less than he consumes liquid
- b) patient discharges for a day with urine 70-80% of consumed liquid
- c) patient discharges urine for a day more than consumed liquid
- d) amount of consumed and discharged urine is approximate equal

21. Patient, after frequent venous punctures of the same vein, developed a pain, redness, infiltration along the vein, subfebrile temperature. What is a patient's complication:

- a) hematoma
- b) embolia
- +c) thrombophlebitis
- d) infiltrate

22. What measures should be taken in postoperative period to reduce negative aftereffects of narcosis:

- +a) oxygen therapy
- b) abundant drinking
- c) catheterization of urinary bladder
- d) siphon enema

23. Examination of skin and taking temperature of admitted patients in order to rule out an infection with the purpose of observing the epidemiological regime is carried out by:

- +a) physician of reception ward
- b) nurse of reception ward
- c) nurse of hospital department
- d) medical attendants

24. What is a relation of presses to the chest and inhalations if closed-chest cardiac massage and artificial lung ventilation are performed by one person:

- a) in every 10-12 presses - two inhalations
- b) in every 4-5 presses - one inhalation

- c) in every press - one inhalation
- +d) in every 15 presses - one inhalation

25. What is a relation of presses to the chest and inhalations if closed-chest cardiac massage and artificial lung ventilation are performed by two persons:

- +a) in every 10-12 presses - two inhalations
- b) in every 4-5 presses - one inhalation
- c) in every press - one inhalation
- d) in every 15 presses - one inhalation

26. What Pevzner diet should be prescribed to diabetic patient:

- a) №3
- +b) №9
- c) №8
- d) №1

27. How urine should be collected for Nechiporenko test:

- a) within a day in every 3 hours
- b) within 10 hours (from evening till morning)
- c) singly for 3 hours
- +d) average morning urine portion

28. What is proctosigmoidoscope:

- +a) examination of mucosa of rectum and sigmoid
- b) contrast study of bowel
- c) digital rectal examination
- d) X-Ray of bowel

29. A morning temperature in a patient has been being maintained within 36.0-36.5 °C for 2 weeks, and evening one - within 37.5-38.0 °C. What kind of fever has the patient:

- a) remittent
- b) hectic
- c) inverse, atypical

+d) intermittent

30. What method of administration of medicines is enteral:

- a) external use of medicines
- b) use of medicines with the aid of injections
- +c) administration of medicines perorally, under tongue, rectally
- d) inhalation administration of medicines

31. Can bed sores appear in a patient's forced sitting position:

- a) no, as far as bed sores appear only when a patient is in supine, prone or lateral position;
- +b) yes, within sitting bones;
- c) no, as far as in a sitting position there is a great layer of subcutaneous fat and muscular tissue between bony prominence and bedding.
- d) yes, within heel bones

32. What aid should be given to a patient in case of bronchial asthma attack:

- a) to take temperature
- +b) to put in a semi-sitting position and provide a flow of fresh air
- c) to provide a flow of fresh air
- d) to bring a patient in bed

33. List the figure of normal arterial pressure:

- +a) less than 139 and 89 mmHg
- b) 145 and 90 mmHg
- c) 155 and 95 mmHg
- г) 140 и 90 мм рт ст

34. What kind of aid to the patient should be administered when he/she is having precordialgia?

- a) the patient should be seated or laid down giving him/her complete rest;
- b) applying tourniquets to the extremities;
- +c) ordering him/her to take 1 pill of nitroglycerine sublingually and 30 – 40 drops of Corvalol;
- d) laying some hot-water bags by his/her extremities.

35. Which is the right way to measure the pulse at the radial artery?

- +a) embracing the region of the radiocarpal joint so that the finger I rest on the dorsal side of the forearm, and the fingers II – IV feel the radial artery pushing it to the radial bone, first – on both arms;
- b) embracing the region of the radiocarpal joint so that the fingers II – IV rest on the dorsal side of the forearm, and the finger I feel the radial artery pushing it to the radial bone;
- c) positioning the arm in such a way so that the finger I feel the radial artery pushing it to the radial bone;
- d) positioning the arm in any way.

36. List contradictions to gastric lavage:

- a) poisoning
- +b) myocardial infarction
- c) narrowing of exit portion of stomach
- d) subfebrile temperature

37. What is polyuria:

- a) frequent urination
- +b) increase of daily urine amount more than 2 liters
- c) decrease of daily urine amount less than 500 ml
- d) difficult urination

38. What measures of patient care should be taken in the third stage of fever when critical dropping of body temperature is experienced?

- a) lifting the footboard;
- b) applying cold compress to the forehead, sponging or lavaging the mouth cavity with water;
- c) the patient should not be covered with a warm blanket, sponged or bathed, the ward – aired so that no draught is created;
- +d) laying hot-water bags round the patient, giving him/her some strong sweet tea.

39. What are the contraindications for hot-water bag application to the abdominal region?

- a) the active ulcer pains;
- b) the intestinal colic;
- c) the low-grade fever;
- +d) suspect of an acute surgical abdominal disease.

40. Which of the following is an adverse effect of the intravenous injection?

- a) the abscess;
- +b) the thrombophlebitis;
- c) the low-grade fever;
- d) the infiltration.

41. How should the patient be prepared for an endoscopic examination of the stomach?

- +a) no breakfast the day of the examination, the latest meal the day before – no later than 9 pm, the dental prostheses removed, showing at the endoscopy room with a towel;
- b) a cleansing enema in the evening and morning 2 hours before the examination, the latest meal the day before – no later than 9 pm;
- c) keeping to a special diet for 3 – 5 days prior to the examination, the day of the examination – no breakfast, a cleansing enema;
- d) no special preparation required.

42. How often must the cold wet compress be changed?

- a) every 2 – 3 minutes;
- +b) as it dries up;
- c) every 10 – 15 minutes;
- d) it should be left for 1 – 1.5 hour.

43. Name the main transmission routes of a hospital-acquired infection.

- +a) the airborne route;
- b) the parenteral route;
- c) the direct contact;
- d) the oral route.

44. How should a patient be prepared for a fecal occult blood test?

- +a) omitting ferrous food and medicines for three days, if there is gum bleeding within this period – no cleaning of the teeth with a brush;
- b) keeping to a strict diet for three days so that the chemical makeup of the food is known, cleansing enemata;
- c) no special preparation required;
- d) a cleansing enema and laxative administration;

45. Which Pevzner diet should be prescribed to a patient with chronic glomerunephritis?

- +a) No. 7
- b) No. 8
- c) No. 5
- d) No. 9

46. What is stranguria?

- a) the urinary difficulty;
- b) the frequent urination;
- c) the low output of urine;
- +d) the painful urination.

47. For 2 weeks the patient's body temperature in the morning persists within 36.0 – 36.5 °C, in the evening – within 39.5 – 40.0 °C. What type of fever does the patient have?

- a) the remittent fever;
- +b) the hectic fever;
- c) the inverse fever;
- d) the intermittent fever.

48. Should the patient with nosebleed be recommended to throw back his/her head?

- a) yes, as this helps stop bleeding;
- b) this should be recommended in the case of a very intensive nosebleed;

+c) no, as this will not stop the bleeding; the blood will run down the nasopharynx's posterior wall, which will hinder the correct assessment of the dynamics of bleeding;

d) yes, as this will alleviate the patient's condition.

49. Why when performing expired air ventilation one should hold the patient's head back?

a) so that the resuscitator's mouth could easily access the patient's nose or mouth;

b) to facilitate the clear airway;

+c) to create well-sealed connection of the resuscitator's mouth and the patient's nose (or mouth) when performing the ventilation;

d) to enable maximal air intake.

50. What are the typical complaints when affected by a respiratory condition?

a) fever;

b) retrosternal pains relieved by nitroglycerin;

+c) cough

d) vertigo.

51. What kind of aid should be administered to a patient in gastric hemorrhage:

a) to lay a patient down into a bed with a foot board perched

b) to give a cold drinking

+c) to put an ice bag on upper abdomen

d) to wash a ventricle

52. A patient has occipital headache, seeing dark spots in his (her) vision, sicchasia, head noises. What are your actions:

+a) to measure an arterial tension

b) to lay a patient down into a bed with a foot board perched

c) to lay a patient down into a bed with a headboard perched

d) to give a nitroglycerine sublingually

53. What nursing measures should be taken in the second stage of febris (the stage of maximum temperature maintenance):

- a) to warm a patient, to cover him (her) with hot-water bags
- +b) to keep watch over the pulse frequency, breathing rhythm and arterial tension state
- c) to keep watch over the central nervous system state
- d) to perform oral care

54. What is a bradycardia:

- a) a pulse frequency of 60-80 beats per minute
- b) increase of cardiac beat frequency to more than 80 beats per minute
- +c) deceleration of cardiac beat to less than 60 beats per minute
- d) unrhythmic pulse

55. What complications are connected with the violation of aseptic and antiseptic regulations in carrying out of injections:

- a) air and fat embolism
- b) allergic reactions
- +c) progression of post-injection infiltrates and apostems
- d) temperature rise

56. For semilying patient it is allowed:

- a) to seat on a chair near the bed
- b) to walk upstairs
- c) to walk along the hallway
- +d) to get up and walk around the ward

57. What is not a counterindication to a cleansing enema from among the following:

- +a) coprostitia
- b) enterorrhagia
- c) malignant neoplasms of a straight intestine
- d) roentgen examination of urinary organs

58. How to count the breathing rhythm correctly:

- a) ask a patient to breath deep and count the number of movements

+b) to take a patient by the hand like for the sphygmomanometry (in order to divert the patient's attention), and to put the other hand on a breast or upper abdomen and count the number of breath intakes per minute

c) to put the hand on a breast or upper abdomen and count the number of breath intakes per minute

d) performed at random

59. Why is it prohibited to blow up a toilet seat cover too much:

a) it will be broken down quickly

b) it will be difficult to give a steady position to this in the bed

+c) it must change its form when the patient is moving

d) it takes too much time

60. What symptoms are the most common to the renal colic:

+a) sharp pain in lumbar area running along the renal duct to the pelvic area

b) a patient lies on his (her) back

c) lack of urination

d) polyuria

61. Name the measures necessary to control the enteroplegia in postoperative period:

a) oxygenotherapy

b) urinary catheterization

c) change of underwear and bedclothes of a patient

+d) carrying out of a siphon enema

62. Determine the states in which a physiological temperature rise may occur:

+a) food intake

b) psychoemotional stress

c) sleeping

d) virulent diseases

63. Give a nutritional advice to a patient with circulatory deficiency:

a) decrease of the meal taken

+b) restriction of salt intake

- c) mechanical sparing of food
- d) increase of the meal taken

64. Choose a medical syringe and acus for subcutaneous introduction of 1.5 ml of solution:

- a) medical syringe volume - 20 ml, acus length -15 mm
- b) medical syringe volume - 2 ml, acus length - 30 mm
- +c) medical syringe volume - 2 ml, acus length - 15 mm
- d) medical syringe volume - 10 ml, acus length - 15mm

65. What characteristics of hemorrhage are indicative of its pulmonic nature:

- +a) the blood is blood-red and foamy
- b) the blood is dark and caked
- c) such as “spent coffee grounds”
- d) streaks of blood

66. What is the purpose of oxygen watering in oxygen therapy:

- a) compliance with the safety regulations
- +b) prevention of toxic oxygen impact on the organism
- c) prevention of its excessive loss
- d) prevention of pharyngonasal cavity dryness

67. Describe the signs of anginal attack:

- a) pressing and constricting pain
- b) substernal distribution
- c) disappear upon the nitroglycerine administration
- +d) all the signs listed

68. What are the symptoms of gastrointestinal hemorrhage:

- a) vomiting with cakes of dark-cherry blood
- +b) black melanorrhea
- c) light-colored feces
- d) subfebrile temperature

69. What diuresis disorder is called nycturia:

- a) increase of urination frequency

- b) increase of volume of daily urine by more than 2 l
- +c) preponderance of night-time diuresis over daytime diuresis
- d) decrease of volume of daily urine by less than 500 ml

70. The first aid in the sun stroke:

- +a) to carry the injuree to a cool place
- b) measure a temperature
- c) hot drinking
- d) nitroglycerine intake

71. What dietary menu according to Pevsner is administered in hepatic and bile passages disorders:

- a) No. 1
- b) No. 2
- +c) No. 5
- d) No. 9

72. Specified procedure established in a medical institution, the main goal of which is the formation of conducive environment for physical and psychic quietness is:

- +a) therapeutic and protective regimen
- b) hospital regimen
- c) ward regimen
- d) open ward regimen

73. Specify a correct procedure for wards cleaning-up:

- +a) removal of dust from window stools and furniture; cleaning-up of bedside tables; damp sweeping
- b) damp sweeping; removal of dust from window stools and furniture; cleaning-up of bedside tables
- c) cleaning-up of bedside tables; removal of dust from window stools and furniture; damp sweeping
- d) damp sweeping; cleaning-up of bedside tables; removal of dust from window stools and furniture

74. What measures should be taken in urine retention in postoperative period:

- a) oxygenotherapy
- +b) urinary catheterization
- c) siphon enema
- d) change of underwear and bedclothes of a patient

75. When is a nutritional support through the PEG tube being used:

- a) after esophagus operation
- b) in inoperable tumors of the esophagus
- c) in case of food refusal in mental illnesses
- +d) all the cases listed

76. A morning temperature in a patient has been being maintained within 37.5-38.0 °C for 2 weeks, and evening one - within 39.0-39.5 °C. What kind of fever has the patient:

- a) remittent
- b) hectic
- c) misdirected
- +d) continued

77. How to prepare a patient for ultrasonic investigation of organs of the digestive system:

- a) a diet with exclusion of the products causing the aerogenesis, administration of the activated carbon during 2-3 days, investigation is carried out in the fasted state
- b) cleansing enemas should be carried out on the eve and on the day of investigation, a patient should be fasted
- c) special preparation is not required
- +d) investigation is carried out in the fasted state

78. In order to eliminate the acute urinary retention the following is used:

- a) urinary catheterization
- +b) cystostomy
- c) ablution of externalias with warm water
- d) administration of spasmolytics (drotaverine, baralgin)

79. When are the medicinal products being administered per os after meal:

- +a) in their irritant effect on the gastric mucosa
- b) if these medicinal products contribute to digestion
- c) in destructive effect of the gastric acid and ferments on the medicinal product
- d) in diseases of the digestive system

80. What is a forced patient's position:

- a) a patient may easily perform any voluntary movements
- b) active movements are impossible
- +c) position taken by the patient with the purpose of pain feelings reduction
- d) alterations of consciousness

81. Determine the measures necessary for prevention of pulmonic complications in postoperative period:

- a) change of underwear and bedclothes of a patient
- b) siphon enema
- +c) giving a semisitting position
- d) urinary catheterization

82. What nursing measures should be taken in the first stage of febris (the stage of temperature rise):

- a) to give the hot tea
- b) to warm a patient, to cover him (her) with hot-water bags
- +c) to put a cold compress on the forehead
- d) to change an underwear and bedclothes

83. Give a nutritional advice to a patient with recrudescence of the gastric ulcer:

- a) frequent and split meals
- b) organization of fasting days
- +c) mechanical and chemical sparing
- d) restriction of salt intake

84. What are the symptoms of gastrointestinal hemorrhage:

- a) external administration of medicinal products

- b) administration of medicinal products through injections
- +c) any method of administration of medicinal products bypassing the gastrointestinal tract
- d) pulmonary administration of medicinal products

85. What diseases are characterized by the progression of acute respiratory failure:

- a) pulmonary emphysema
- b) gastrointestinal hemorrhage
- +c) blockage of trachea and large bronchi by foreign object
- d) myocardial infarction

86. What is the purpose of pleural puncture:

- a) removal of liquid for medical purpose
- b) removal of liquid for exploratory purpose
- c) administration of medicinal products into pleural cavity
- +d) all the purposes listed

87. What is important in care for a patient with the congestive heart failure:

- +a) control over the dynamics of oedemata
- b) measure a temperature
- c) frequent change of underwear and bedclothes
- d) dietary intervention

88. Medicinal enemas:

- +a) are used for local effect on the straight and sigmoid intestine
- b) are used for treatment of the intestinal obstruction
- c) are at most the small enemas
- d) are used for elimination of coprostasia

89. In pulmonary hemorrhage it is necessary to:

- +a) give the cold drinking
- b) measure the arterial tension
- c) ventilate a room
- d) put an ice bag on abdominal area

90. Criteria for efficacy of closed-chest cardiac massage:

- +a) appearance of pulse on carotid arteries
- b) myosis
- c) decrease of arterial tension
- d) increase of arterial tension

91. What is the purpose of a surgical bed:

- +a) allows to give a patient the most favorable and comfortable position
- b) it may be moved easily and quickly
- c) eases the labor of a medical staff
- d) allows to perform measures on the oral care

92. Intramuscular injections are administered:

- a) into the middle third of the outer side of a hip
- +b) into the upper external quadrant of a breech
- c) into abdominal area
- d) into the upper third of the outer surface of the upper arm

93. What diseases are characterized by the chronic respiratory failure:

- +a) pulmonary emphysema
- b) blockage of trachea by foreign object
- c) thromboembolia of the pulmonary artery
- d) gastrointestinal diseases

94. Transient increase of arterial tension may be observed:

- +a) in physical activities
- b) during meals
- c) during sleeping
- d) in execution of nursing measures

95. What is specific to the chronic cardiac insufficiency:

- a) shortness of breath
- b) oedemata
- c) cyanosis
- +d) all the signs listed

96. What kind of aid should be administered to a patient in syncope:

- a) to give a position with headboard elevated
- +b) to give a position with headboard lowered
- c) to measure a temperature
- d) to measure an arterial tension

97. To prevent the complications after anesthesia in the early postoperative period it is necessary:

- +a) a constant presence of medical staff near the patient's bed
- b) frequent temperature measuring
- c) change of underwear and bedclothes of a patient
- d) oxygenotherapy

98. Main nursing measures in postoperative period are aimed at:

- a) prevention of complications after anesthesia
- b) prevention of enteroplegia
- c) prevention of pulmonary complications
- +d) all the measures listed

99. Subfebrile temperature is characterized by the temperature rise within:

- a) 39-41°
- b) not higher than 38°
- +c) 38-39°
- d) higher than 41°

100. A hospital regimen does not include:

- a) timely and healthy eating
- b) prescription of additional examination
- c) sanitary and hygiene regimen
- +d) necessary treatment

Answer keys

№	Answer	№	Answer	№	Answer	№	Answer	№	Answer
1	B	21	C	41	A	61	D	81	C
2	C	22	A	42	B	62	A	82	C
3	A	23	A	43	A	63	B	83	C

4	A	24	D	44	A	64	C	84	C
5	A	25	A	45	A	65	A	85	C
6	C	26	B	46	D	66	B	86	D
7	D	27	D	47	B	67	D	87	A
8	A	28	A	48	C	68	B	88	A
9	A	29	C	49	C	69	C	89	A
10	A	30	C	50	C	70	A	90	A
11	D	31	B	51	C	71	C	91	A
12	C	32	C	52	A	72	A	92	B
13	A	33	A	53	B	73	A	93	A
14	A	34	C	54	C	74	B	94	A
15	D	35	A	55	C	75	D	95	D
16	B	36	B	56	D	76	D	96	B
17	D	37	B	57	A	77	D	97	A
18	B	38	D	58	B	78	B	98	D
19	C	39	D	59	C	79	A	99	C
20	A	40	C	60	A	80	C	100	D



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

**Educational practice “Clinical practical training (Medical & Surgical
Patient Care)”**

Educational program

Specialty 31.05.01 «General medicine»

Form of study: full time

Student _____

I year _____ group _____ major _____

Practical training place _____

from _____ till _____

Head of practical training (teacher) _____

Grade of practice _____

20 /20 year

Vladivostok

1. **Goal of the practical training** – mastering knowledge and skills in care for patients in order to acquire practical skills and competences in the sphere of professional physician's activity, as well as preparation for prophylactic, therapeutic and organizational-management activities with acquiring the primary professional knowledge and skills in care for therapeutic patients

2. **When doing the practical training, a student should**

Know:

- Principles of organization of work of medical treatment facilities, arrangement and equipment of hospital treatment sections;
- theoretical framework and present-day concept of nursing, arrangement of work of medical attendants and paramedical personnel;
- principles of infectious safety assurance in medical treatment facilities;
- types of sanitation and ways of transportation of patients;
- types of fever;
- principles of use of medicines;
- peculiarities of follow-up and care for patients with diseases of different systems;
- signs of emergencies;
- peculiarities of follow-up and care for elderly and senile patients;
- principles of teaching the patients and their relatives to know the elements of care, self-care and self-control.

Be able:

- to perform sanitation of a patient on admission in hospital and during stay in hospital;
- to change a patient's undergarment and bed linen, to treat bed sores;
- to perform anthropometry, transportation and feeding of patients;
- to control hemodynamics and breathing parameters, to measure daily diuresis and body temperature;
- to collect patients' biological materials for laboratory studies;
- to use various methods of administration of medicines (in manikins);

- to care for patients of different age with diseases of organs and systems;
- to follow up and care for patients in pre- and postoperative period;
- to provide first aid in emergencies;
- to perform cardiopulmonary resuscitation (in manikins);
- to perform oxygen therapy, gastric lavage, to administer different enemas, to perform catheterization of the urinary bladder using an elastic catheter (in manikins);
- to carry out disinfection and pre-sterilization preparation of medical instruments, materials and means for patient care;
- to wash hands with disinfection solutions;
- to collect, process and systematize literature data.

Possess:

- skills of care for patients with an allowance for their age, nature and severity of disease;
- skills of care for serious and agonizing patients.

4. Grade on training is entered in a student's record-book by a teacher based on results of final test check, results of assessment of practical aptitudes and skills, on the ground of description of a student's work and results of credit interviewing with a teacher.

To describe methods:

- bedpan disinfection
- sanitation of seriously ill patients' oral cavity
- procedure of first aid in vomiting

Theme of sanitary bulletin:

Department	Data	Discussion theme	Listeners

Report on educational and research work of students (ERWS): give brief description educt

CHARACTERISTIC

Student _____ group № _____ Medical care

Far Easter Federal University, take practical training from _____ till _____
201__г. hospital _____

During pass Educational practice “Clinical practical training (Medical & Surgical Patient Care)”

Signature _____

Seal Date _____

Pass/fail practical training exam

1. Schedule _____
2. Test _____
3. Practical training _____
4. Oral interview _____
5. Personal, social and health education _____
6. ERWS _____

FINAL GRADE

Teacher _____

Date _____

Safety induction & emergency training course:

Nurse signature

Recommended score of works and level of mastering

№	Training sections and their content	Mastering level	Recommended scope	Actually performed
1.	Work on nurse's station			
	Preparation of working disinfection solutions	3	daily	
	Wet cleaning of premises	3	2-3 hours/day	
	Treatment of medical equipment and implements	3	daily	
	Distribution of meal to patients, feeding of seriously ill patients	3	10-12	
	Thermometry, completion of temperature sheet	3	daily	
	Shift of patient, use of tilting bed	3	5-6	
	Measurements of arterial pressure, detection of pulse, recording of examination results	3	daily	
	Change of undergarment of serous patient, intimate washing, giving of bedpan	3	5-6	
	Fulfillment of hygienic manipulations: oral and nasal cleaning, patient intimate washing, change of undergarment and bed linen	3	5-6	
	Fulfillment of simplest procedures: rubbing, dubbing of skin with medicaments, application of compresses	3	8-10	
	Control of sanitary conditions of bed-side chests	3	daily	
	Control of patients' visits	3	daily	
	Gastric lavage with thick probe	2-3	2-3	
	Preparation of a patient for X-Ray examination of gastrointestinal tract	3	2-3	
	Administration of enemas, colonic tube	3	5-6	
2.	Work in admission office			
	Sanitation of patients in admission office	3	5-6	
	Anthropometry of admitted patients	3	10-12	
	Transportation, transfer of a patient	3	5-6	
3	Work in laboratory division:			
	Sanitation of premises and implements	3	According to schedule	
	Preparation of equipment and implements for study	2-3	According to schedule	
	Delivery of biological fluids for research	3	According to schedule	
	Observation of study of blood, urine, stool	2	10-12	
	Completion of medical documentation	2-3	According to schedule	
4	Work in centralized sterilization room:	2-3		
	Preparation of materials for sterilization	3	1 shift	
	Placement of sterilizing dressing boxes	3	1 shift	
	Post-sterilization control	2-3	1 shift	
	Completion of medical documentation	2-3	1 shift	
	Sanitation of	3	1 shift	

Compliance with participation levels: 1 – to know theoretically, 2 – to participate, 3- to fulfill independently

Signature of direct training manager

ERWS CARD «STUDY BODY WEIGHT IN DIFFERENT TYPES OF
THERAPUTIC AND SURGICAL PATOLOGY»

Name. _____

Age _____

Sex _____

Marital status _____

Diagnosis _____

ANTHROPOMORPHIC MEASUREMENT

Growth _____

Weight _____

Waist circumference (WC) _____

Arm circumference (AC) _____

Hip circumference (HC) _____

Chest circumference (CC) _____

Index of Mass Corporal (IMC) _____

HEMODYNAMIC PARAMETER

Blood pressure (mm T ct) _____

Pulse: frequency _____

rhythmicity _____