



MINISTRY OF SCIENCE AND HIGHER EDUCATION AND OF THE RUSSIAN  
FEDERATION

Federal state autonomous educational institution  
of higher education

«Far Eastern Federal University»

(FEFU)

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## SCHOOL OF BIOMEDICINE

«APPROVED»

By decision of Academic Council  
of the School of Biomedicine  
Protocol No. 5 dated  
January 14, 2021



«APPROVED»

Director of School of Biomedicine

(signature)

Yu.S. Khotimchenko  
(Full name)

«14» January 2021

### PROGRAM

### STATE FINAL CERTIFICATION

Education program

Specialty 31.05.01 «General medicine»

**Form of study: full time**

***Graduate Qualification - Medical Doctor***

Full-time form of education

Normative period for mastering the program

(full-time education): 6 years

The SFC program was compiled in accordance with the requirements of the Federal State Educational Standard in the direction of 31.05.01 General Medicine, approved by order of the Ministry of Education and Science of Russia dated August 12, 2020 No. 988.

The SFC program was discussed at a meeting of the Department of Clinical Medicine protocol dated January 14, 2021 No. 5

Compiled by: Doctor of Medical Sciences, Professor Usov V.V.

Vladivostok

2021

The state final certification of a FEFU graduate in the specialty 31.05.01 General Medicine is mandatory and is carried out after mastering the main professional educational program in full.

Qualification assigned to graduates of the educational program of the specialist 31.05.01 General Medicine: **General practitioner (district general practitioner)**.

A graduate who has mastered the specialty program is ready to solve the following **professional tasks** in accordance with the type (types) of professional activity to which the specialty program is (are) oriented:

- medical;
- organizational and managerial;
- research:

#### **Area of professional activity**

Graduates who have mastered the specialty program 31.05.01 General Medicine can carry out professional activities in the following areas and areas of professional activity:

01 Education and science (in the field of scientific research);

02 Health care (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient and polyclinic institutions of the municipal health care system and medical and preventive institutions providing primary health care to the population);

07 Administrative, managerial and office activities (in the field of healthcare organizations).

Graduates can carry out professional activities in other areas of professional activity and (or) areas of professional activity, provided that their level of education and acquired competencies meet the requirements for the qualification of an employee.

The totality of the planned learning outcomes ensures the formation of all the competencies established by the BPEP for the graduate.

Universal competencies of graduates and indicators of their achievement

Name of the category (group) of universal competencies	Code and name of universal competence	Code and name of the indicator of achievement of competence	Learning outcomes by disciplines (modules), practices
Systems and critical thinking	UC-11. Is able to form an intolerant attitude towards corrupt behavior	UC-1.1 To be able to identify problem situations and search for the necessary information to solve problems in the professional field.	Knows how to set a goal and how to achieve it
		Able to determine the essence of the problem situation and the stages of its resolution, taking into account variable contexts	
		Possesses the skills to independently collect, systematize and critically analyze the information necessary to develop an action strategy to resolve a problem situation	
		UC-1.2 Be able to form value judgments in the professional field	Knows the principles, criteria, rules for making judgments and assessments in the professional field
		Able to form his own judgments and assessments, competently and logically arguing his point of view in the professional field.	
		Possesses the skills to apply theoretical knowledge to solving practical problems in the professional field	
UC-1.3 Be able to conduct a critical analysis of information using the historical method	Knows the algorithm for assessing the adequacy and reliability of information about a problem situation, knows how to work with conflicting information from different sources		

			<p>Able to search for solutions to a problem situation based on actions, experiment and experience</p> <p>Possesses the skills of independently critically evaluate possible solutions to a problem situation based on an analysis of cause-and-effect relationships</p>
Development and implementation of projects	UC-2. Able to manage a project at all stages of its life cycle	UC-2.1 Be able to formulate the goal, objectives of the project and draw up a schedule for its implementation	Knows the principles of forming the concept of the project in the specified problem;
			Able to develop the concept of the project within the framework of the designated problem, formulating the goal, objectives, relevance, significance (scientific, practical, methodological and other depending on the type of project), expected results and possible areas of their application;
			Possesses the skills of drawing up a schedule for the implementation of the project as a whole and a control plan for its implementation;
		UC-2.2 Be able to organize a professional discussion of the project, justify the practical and theoretical significance of the expected results, distribute tasks and encourage others to achieve their goals.	<p>Knows the methods of presenting and describing the results of project activities; methods, criteria and parameters for evaluating the results of the project;</p> <p>Able to substantiate the practical and theoretical significance of the results obtained.</p> <p>Possesses the skills to organize a professional discussion of the project..</p>
Teamwork and leadership	UC-3. Able to organize and manage the work	UC-3.1 To be able to form a team to perform practical	Knows existing cooperation strategies when organizing

	of a team, developing a team strategy to achieve a set goal	tasks, develop a team strategy and work in a team.	teamwork
			Able to determine his role in the team in solving tasks
			Possesses team building skills
		UC-3.2 Be able to implement basic control functions.	Knows how to establish contacts and build relationships with team members based on trust and mutual assistance
			Able to establish contacts and build relationships with team members based on trust and mutual assistance
			Possesses the skills to establish contacts and build relationships with team members based on trust and mutual assistance
Communication	UC-4. Able to apply communication technologies, in a foreign language (s), for and professional interaction	UK-4.1 The ability to use the studied lexical units in situations of everyday, social, cultural and business communication in a foreign language	Knows the grammatical system and the lexical minimum of one of the foreign languages
			Able to use the state and foreign languages in professional activities
			Possesses the skills to extract the necessary information from the original text in a foreign language on professional issues.
		UK-4.2 Understands the peculiarities of the behavior of selected groups of people with whom he works/interacts, takes them into account in his professional activities	Knows the behavior of selected groups of people in the process of communication in professional activities
			Able to use techniques for building integration links of communication interaction in professional activities
			Able maintain the integration interaction of selected groups of people in the process of communication in

			professional activities
		UK-4.3 The ability to build statements using the studied lexical and grammatical units in accordance with the rules of a foreign language	Knows the terminology and rules of a foreign language in professional communication Able to optimally apply knowledge of a foreign language in professional communication Possesses the skill of oral and written communication to solve professional problems.
		UK-4.4 The ability to compose and present in writing in accordance with the requirements for formalization of official business and academic texts in Russian: abstract, annotation, essay, resume, statement, business letter.	Knows the principles and rules of business communication, features of oral and written forms of speech Able to carry out competent and effective verbal interaction in a professional environment Possesses the culture of business speech, the skills of creating business texts
		UK-4.5 The ability, based on the acquired knowledge and skills, to participate in discussions, create and present public oral presentations of various genres to the audience	Knows the specifics of preparing and presenting public oral presentations in professional activities. Able to conduct a conversation, including a discussion, prepare and present a public oral presentation in professional activities. Possesses the skills and presentation of the necessary information, reasoned presentation
		UK-4.6 Able to use modern information and communication tools and technologies	Knows modern information and communication means and technologies. Able to use modern information and communication tools and technologies to solve standard communication and professional tasks

			Possesses the skill of conducting business correspondence, receiving and processing information, using modern information and communication tools and technologies to solve standard communication and professional tasks
Intercultural interaction	UC-5. Able to analyze and take into account the diversity of cultures in the process of intercultural interaction	UK-5.1 Perceives the intercultural diversity of society and the peculiarities of interaction in it in the socio-historical, ethical and philosophical contexts	Knows the philosophical foundations and the history of the formation of systemic reflective thinking, which allows one to perceive the intercultural diversity of society
			Able to use the techniques of systemic reflective thinking to perceive and describe the intercultural diversity of society
			Possesses the skills to perceive the socio-historical, ethical and philosophical context of the situation of intercultural interaction
		UK-5.2 Explains the features of the cultural diversity of society in accordance with scientific historical knowledge	Knows the influence of the historical process on the development of the diversity of cultures and ethnic groups.
			Able to use the scientific conceptual apparatus to explain the emergence of a variety of ethnic groups and cultures in accordance with scientific historical knowledge
			Possesses the skills to explain the features of the cultural diversity of ethnic groups and cultures using the scientific conceptual apparatus and in accordance with scientific historical knowledge
UK-5.3 Notes and analyzes the peculiarities of	Knows the latest achievements of domestic and foreign historical		

		<p>intercultural interaction in a historical context</p>	<p>science, debatable problems of history.</p> <p>Able to work with historical sources; critically comprehend historical facts and events, overcome subjectivity and tendentiousness in their presentation, draw a conclusion and argue their own position based on the analysis of available information, treat historical heritage and cultural traditions with respect and care.</p> <p>Owens a culture of thinking, the ability to generalize, analyze, perceive information, methods of conducting discussions and polemics.</p>
		<p>UK-5.4 Perceives the intercultural diversity of society and the peculiarities of interaction in it in the socio-historical, ethical and philosophical contexts</p>	<p>Knows the content of the process of intercultural interaction in a multicultural environment</p> <p>Able to take into account the diversity of cultures in the process of intercultural interaction</p> <p>Possesses the skills of empirical analysis of manifestations of cultural diversity in the process of intercultural interaction</p>
		<p>UK-5.5 Carries out intercultural interaction with the help of general and special philosophical methods of building intercultural communication, taking into account the goals of the activity</p>	<p>Knows the presence of intercultural differences among representatives of various groups of society.</p> <p>Able to interact with representatives of various groups of society to achieve social and professional goals.</p> <p>Possesses the skill of overcoming intercultural differences among representatives of various groups of society in order to achieve the set social</p>



			and professional goals.
		UK-5.6 Forms and maintains ways of integrating participants in intercultural interaction, taking into account the grounds for their differences and commonality, ethical and philosophical context	Knows ways to determine the conditions for the integration of participants in intercultural interaction in order to achieve the goal, taking into account the grounds for their differences and commonality, ethical and philosophical contexts
			Possesses the skills to determine the conditions for the integration of participants in intercultural interaction to achieve the goal, taking into account the grounds for their differences and commonality, ethical and philosophical contexts
			Has the skills to determine the conditions for the integration of participants in intercultural interaction to achieve the goal, taking into account the grounds for their differences and commonality, ethical and philosophical contexts
		UK-5.7 Able to comply with ethical and legal standards in the process of intercultural interaction	Know ethical and legal norms in the process of intercultural and professional communication
			Able to comply with ethical and legal standards in the process of intercultural interaction
			Possesses the skills of intercultural interaction based on accepted ethical and legal norms and values
		UK-5.8 Able to analyze the features of social interaction, taking into account historical, national,	Knows the problems of social and professional interaction arising from historical, national, cultural and religious characteristics

		cultural and religious characteristics	Able to identify and analyze conflict situations in social and professional interaction arising from historical, national, cultural and religious characteristics
		UK-5.9 Able to competently and clearly present professional information in the process of intercultural interaction	Possesses the skill of preventing and resolving conflict situations in social and professional interaction arising from historical, national, cultural and religious characteristics
			Knows possible problems of perception of professional information by representatives of different cultures
			Able to competently and clearly present professional information, taking into account possible problems of perception by representatives of different cultures.
			Possesses the skill of accessible, competent presentation of professional information when communicating with representatives of different cultures to solve professional problems
Self-organization and self-development (including health preservation)	UC-6. Able to identify and implement the priorities of their own activities and ways to improve them based on self-assessment and lifelong learning	UK-6.1 Able to prioritize and plan their own professional activities, monitor and analyze its results..	Knows and understands the principles of self-organization and time management
			Able to organize his time based on the principles of self-organization
			Owns the principles of self-organization and applies them in practice to manage his time

		<p>UK-6.2 Knows how to choose the most effective ways and means of improving their own professional activities based on self-assessment. а основе самооценки.</p>	<p>Knows and understands the principles of planning and implementing self-development tasks at various stages of personal and professional self-determination</p> <p>Able to plan and implement the trajectory of self-development at various stages of professional self-determination</p> <p>Owens methods of self-development and implementation of the trajectory of self-development</p>
<p>UC-7. Able to maintain the proper level of physical fitness to ensure full social and professional activity</p>	<p>UK-7.1 Understands the role of physical culture and sports in modern society, in human life, preparing him for social and professional activities, the importance of physical culture and sports activity in the structure of a healthy lifestyle and the features of planning an optimal motor regimen, taking into account the conditions of future professional activity</p>	<p>Knows the importance of the role of physical culture and sports in modern society, in human life, preparing him for social and professional activities, the importance</p> <p>Able to organize independent physical education classes</p> <p>Possesses the skills of planning the motor mode, taking into account professional activities</p>	
	<p>UK-7.2 Uses self-control methodology to determine the level of health and physical fitness in accordance with the regulatory requirements and conditions of future professional activity</p>	<p>Knows the means and methods of self-control to determine the level of health and physical fitness</p> <p>Able to apply the basic methods of self-control in the process of physical education and sports</p>	

			Has the ability to determine the state of health, the level of development of physical qualities and motor skills
		UK-7.3 Maintains the proper level of physical fitness to ensure full-fledged social and professional activities, regularly engaging in physical exercises	Knows the main provisions of the theory and methodology of physical culture and sports
			Able to ensure the preservation and strengthening of individual health with the help of basic motor actions and basic sports
			Owens the technologies of planning physical improvement and methods of practicing various types of motor activity
Life safety	UC-8. Able to create and maintain safe living conditions in everyday life and in professional activity to preserve the natural environment, ensure sustainable development of society, including in the event of the threat and occurrence of emergency situations and military conflicts	UK-8.1 Identifies dangerous and harmful factors, predicting the possible consequences of their impact in everyday life, in production activities, in emergency situations	Knows the characteristics and signs of dangerous and harmful factors, the possible consequences of their interaction
			Able to establish cause-and-effect relationships between danger and the possible consequences of exposure, assess the potential risk
			Owens methods for identifying dangerous and harmful factors, predicting the possible consequences of their impact in various fields of activity, including in emergency situations
		UK-8.2 Offers means and methods for preventing hazards and maintaining safe living conditions to preserve the natural	Knows methods for identifying dangerous and harmful factors, predicting the possible consequences of their impact in various fields of activity, including in

		<p>environment and ensure the sustainable development of society</p>	<p>emergency situations</p> <p>Able to select and apply specific means and methods of protection to ensure security in various given situations</p> <p>Owens tools and methods to prevent exposure to hazards and maintain safe living conditions.</p>
		<p>UK-8.3 Develops measures to protect the population and personnel in the conditions of realization of dangers, including in the event of emergencies and military conflicts</p>	<p>Knows the main measures necessary to protect a person from dangerous and harmful production factors, as well as in the event of natural, man-made emergencies and military conflicts</p> <p>Able to develop measures necessary to ensure the safety of the object of protection in the conditions of the implementation of hazards</p> <p>Has the ability to independently develop and justify measures to protect a person in specific conditions of the implementation of dangers, including in the event of emergencies and military conflicts</p>
		<p>UK-8.4 Able to recognize and evaluate dangerous and emergency situations, determine ways to protect against them, provide self- and</p>	<p>Knows the signs of dangerous and emergency situations, ways to protect against them, methods of providing self- and mutual assistance in case of dangers</p>

		<p>mutual assistance in case of dangers</p>	<p>Able to identify signs of dangerous and emergency situations, determine the necessary ways to protect against them.</p>
			<p>Possesses the skill of determining the necessary methods of protection in case of emergencies, providing self- and mutual assistance in case of dangers.</p>
		<p>UK-8.5 Knows how to use personal and collective protective equipment and first aid</p>	<p>Knows the classification and principle of the protective action of individual and collective protective equipment, standard first aid equipment</p>
			<p>Knows how to use personal and collective protective equipment, personal first aid equipment in case of threat and emergency situations and military conflicts</p>
			<p>Possesses the ability to use personal and collective protective equipment, first aid, both in everyday life and in the event of a threat and the occurrence of emergencies and military conflicts</p>
		<p>UK-8.6 Able to provide first aid to the injured</p>	<p>Knows the basics of providing first aid and medical care to victims: pathology, clinic and treatment of lesions with toxic chemicals and ionizing radiation</p>

			Able to provide first aid in the lesions and at the stages of medical evacuation
			Owens first aid techniques for life-threatening conditions for victims in emergencies and military conflicts
Inclusive competence	UC-9. Able to use basic defectological knowledge in social and professional spheres	UK-9.1 Know the principles of non-discriminatory interaction with persons with disabilities and people with disabilities in the professional and social spheres.	Knows the principles of non-discriminatory interaction in communication within various spheres of life, taking into account the socio-psychological characteristics of persons with disabilities.
			Able to use the principles of non-discriminatory interaction in communication within various spheres of life, taking into account the socio-psychological characteristics of persons with disabilities.
			Owens the principles of non-discriminatory interaction in communication in the framework of volunteer activities, taking into account the socio-psychological characteristics of persons with disabilities.
		UK-9.2 Be able to plan and carry out professional activities with persons with disabilities and people with disabilities	Knows the features of planning and carrying out professional activities with persons with disabilities and people with disabilities
			Able to plan and carry out professional activities with persons with disabilities and people with disabilities

			Possesses the skills to plan and implement professional activities with people with disabilities and people with disabilities
		UK 9.3 To possess the skills of interaction in the social and professional spheres with persons with disabilities and people with disabilities	Knows the general rules of interaction with persons with disabilities or disabilities in the social and professional spheres
			Knows how to take into account the peculiarities of interaction with people with disabilities or disabilities of various groups in the social and professional spheres
			Possesses the skills of interaction with persons with disabilities or disabilities of various groups in the social and professional spheres
Economic culture, including financial literacy	UC-10. Able to make reasonable economic decisions in various areas of life	UK-10.1. Understands the basic principles of the functioning of the economy and economic development, the goals of the form of state participation in the economy	Knows the main patterns underlying the activities of economic entities and their role in the functioning of the economy
			Able to generalize and analyze the necessary economic information to solve specific theoretical and practical problems
			Owens the basic methods and theoretical tools for studying economic phenomena and processes for solving problems in various areas of life
		UK-10.2 Knows the principles of making economic decisions using methods of economic planning to achieve the set goals	Knows the methods and tools for planning and predicting the results of their actions in the professional field
			Able to plan professional activities to achieve results in the professional field



			Possesses the skills to predict the results of professional activity
Civil position	UC-11. Is able to form an intolerant attitude towards corrupt behavior	UK-11.1 Analyzes the current legal norms that ensure the fight against corruption in various areas of life, as well as ways to prevent corruption and form an intolerant attitude towards it	Knows the essence of corrupt behavior and its relationship with social, economic, political and other conditions
			Able to analyze the current legal norms that ensure the fight against corruption in various areas of life, as well as ways to prevent corruption and form an intolerant attitude towards it
			Possesses the skills to work with legislative and other regulatory legal acts that regulate the fight against corruption in various areas of life.
		UK-11.2 Plans, organizes and conducts events that ensure the formation of a civic position and the prevention of legal nihilism, including in terms of combating corruption, extremism, terrorism, etc..	Knows the methods, methods and means of influencing the participants in public relations to form an intolerant attitude towards manifestations of legal nihilism, including manifestations of extremism, terrorism, corruption, etc.
			Able to implement measures that ensure the formation of a civic position and measures for legal education and prevention of legal nihilism, including in terms of combating corruption, extremism, terrorism, etc.
			Possesses the skills of forming a civic position and legal awareness, ensuring the prevention of legal nihilism, countering corruption, extremism and terrorism, etc.

		UK-11.3 Complies with the rules of social interaction based on an intolerant attitude towards corruption	Knows the current legislation and norms governing social interaction based on an intolerant attitude towards corruption
			Able to participate in public relations on the basis of an intolerant attitude towards corruption
			Possesses social interaction skills based on an intolerant attitude towards corruption

General professional competencies of graduates and indicators of their achievement.

<b>Name of the category (group) of universal competencies</b>	<b>Code and name of universal competence</b>	<b>Code and name of the indicator of achievement of competence</b>	<b>Learning outcomes by disciplines (modules), practices</b>
Ethical and legal foundations of professional activity	GPC-1. Able to implement moral and legal norms, ethical and deontological principles in professional activities	GPC-1.1. Be able to observe the moral and legal foundations in professional activities.	Knows moral and legal norms in professional activity.
			Able to comply with ethical standards and human rights in professional activities.
			Possesses the skill of professional interaction with patients, employees, relatives of patients, observing moral and legal standards.
		GPC -1.2 Knows the legislation of the Russian Federation in the field of health care, regulatory legal acts and other documents that determine the activities of medical	Knows the basics of the legislation of the Russian Federation in the field of health care, the main regulatory legal acts and other documents that determine the activities of medical organizations and medical workers, general issues of organizing medical care for the population

		<p>organizations and medical workers, general issues of organizing medical care for the population</p>	<p>Knows how to use the main legal regulations and other documents that determine the activities of medical organizations and medical workers.</p> <p>Possesses the skill of applying orders, regulations, standards, recommendations, other legal documents regulating the professional activities of a doctor in the provision of medical care to the population</p>
<p>Healthy lifestyle</p>	<p>GPC 2. Able to conduct and monitor the effectiveness of preventive measures, the formation of a healthy lifestyle and sanitary and hygienic education of the population</p>	<p>GPC-2.1. Knows how to plan and apply the most effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p>	<p>Knows the basics of planning and applying effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p> <p>Able to plan and apply the most effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p> <p>Possesses the skills of planning work to inform the population about a healthy lifestyle, increase its literacy in matters of disease prevention</p>

		<p>GPC -2.2. Possesses the skills to prepare an oral presentation or printed text that promotes a healthy lifestyle, increases the literacy of the population in matters of sanitary culture and prevention</p>	<p>Knows the methodology for preparing an oral presentation or printed text in order to promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention</p> <p>Able to draw up a plan for the preparation of an oral presentation or printed text in order to promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention</p> <p>Possesses the skills to prepare oral presentations or printed texts that promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention.</p>
	<p>GPC-3. Capable of countering and combating doping in sport</p>	<p>GPC-3.1 Knows the concept of doping, the general principles of the fight against doping, the risk to health from the use of doping.</p>	<p>He knows the history of doping, the main directions of development of doping in sports, methods for its detection and application, regulatory legislation in the field of combating doping, the main groups of drugs used as doping.</p> <p>Able to identify signs of doping.</p> <p>Possesses the skills of planning preventive measures for the use of doping</p>

		<p>GPC-3.2 Able to conduct explanatory work on the medical and legal consequences of doping</p>	<p>Knows information resources for planning anti-doping preventive work</p> <p>Knows how to use information resources to plan preventive anti-doping work</p> <p>Has the skill of using information resources for planning preventive work on the fight against doping</p>
		<p>GPC-3.3 Possesses: the skills of explanatory and preventive work to prevent the use of doping in sports</p>	<p>Knows the methods of conducting explanatory and preventive work to prevent the use of doping in sports</p> <p>Knows how to plan explanatory and preventive work to prevent the use of doping in sports</p> <p>Possesses the skills of planning and conducting explanatory and preventive work to prevent the use of doping in sports.</p>
<p>Diagnostic instrumental examination methods</p>	<p>GPC-4. Able to use medical devices provided for by the order of medical care, as well as conduct examinations of the patient in order to establish a diagnosis</p>	<p>GPC-4.1 Able to use medical devices provided for by the order of medical care</p>	<p>Knows the basic medical devices, specialized equipment, technologies provided for by the procedure for providing medical care</p> <p>Able to use the procedures for the provision of medical care for the use of medical devices, specialized equipment and medical technologies.</p>

			<p>Possesses the skills to use of medical devices, specialized equipment and medical technologies in accordance with the procedures for providing medical care.</p>
		<p>GPC-4.2. Able to use medical devices in accordance with the current procedures for the provision of medical, clinical recommendations (treatment protocols) on the provision of medical care, care, taking into account the standards of medical care in order to establish a diagnosis</p>	<p>Knows the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care that determine the use of medical devices, equipment, technologies in order to establish a diagnosis</p>
			<p>Able to use the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care that determine the use of medical devices, equipment, technologies in order to establish a diagnosis</p>
			<p>Possesses the skill of choosing the medical devices used in order to establish a diagnosis in accordance with the current procedures for the provision of medical, clinical recommendations (treatment protocols) on the provision of medical care, care,</p>

			taking into account the standards of medical care
Etiology and pathogenesis	GPC-5. Able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems	GPC-5.1 Knows the patterns of functioning of a healthy human body and the mechanisms for ensuring health from the standpoint of the theory of functional systems; features of the regulation of the functional systems of the human body in pathological processes	Knows the regularities of the structure and functioning of organs and systems of the human body in normal and pathological conditions
			Able to assess the state of the human body based on knowledge of the patterns of functioning of organs and systems of the human body in normal and pathological conditions
			Possesses the skill of analyzing the obtained data on the function of human organs and systems in normal and pathological conditions
		GPC-5.2. Able to determine and evaluate morphofunctional, physiological states and pathological processes of the human body	Knows the physiological norms that characterize the state of human organs and systems.
			Able to assess the state of human organs and systems in accordance with physiological norms that characterize the state of human organs and systems.
			Owens an algorithm for assessing the state of human organs and systems in accordance with physiological norms,
GPC-5.3. Owens the algorithm of physical	Knows the algorithm and methodology for studying the function of human organs and systems in		

		examination, clinical laboratory, instrumental diagnostics in solving professional problems	normal and pathological conditions
			Able to plan the application of methods for studying the function of human organs and systems in normal and pathological conditions
			Owens the algorithm of physical examination, clinical laboratory, instrumental diagnostics in solving professional problems
		GPC-5.4. Able to analyze and interpret the data obtained during the physical, laboratory, instrumental examination of the patient, during consultations of the patient by specialist doctors to solve professional problems.	Knows the methods of physical, laboratory, instrumental examination of the patient to solve professional problems.
			Able to analyze the data obtained during the physical, laboratory, instrumental examination of the patient, during consultations of the patient by specialist doctors to solve professional problems.
			Possesses the skill of interpreting data on the state of the human body obtained during the study of the function of human organs and systems in normal and pathological conditions
Primary Health Care	GPC-6. Able to organize patient care, provide primary health care, ensure the organization of work and the	GPC-6.1. Owns an algorithm for the timely detection of life-threatening disorders and is	Knows the clinical manifestations of life-threatening disorders of the patient's condition, requiring first aid at the prehospital stage



adoption of professional decisions in emergency conditions at the prehospital stage, in emergency situations, epidemics and in centers of mass destruction	able to assess the patient's condition to make a decision on the need for first aid at the prehospital stage	Able to identify life-threatening violations of the patient's condition that require first aid at the prehospital stage
		Possesses the skill to identify life-threatening violations of the patient's condition that require first aid at the prehospital stage
	GPC-6.2. Owns the algorithm for providing first aid at the prehospital stage in case of emergency, including the skills of basic cardiopulmonary resuscitation	Knows the algorithm for providing first aid at the prehospital stage in case of emergency, including basic cardiopulmonary resuscitation
		Able to perform basic cardiopulmonary resuscitation.
		Possesses the skill of providing first aid at the prehospital stage in case of emergency, including the skills of basic cardiopulmonary resuscitation
	GPC - 6.3. Owns the algorithm for providing first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation situation and natural disasters (isolation, emergency specific and non-specific prevention, etc.)	Knows the basics of providing first aid to those affected in the foci of especially dangerous infections, with a deterioration in the radiation situation and natural disasters.
Able to provide first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation situation and natural disasters.		

			<p>Able, under the guidance of the algorithm, to provide first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation situation and natural disasters.</p>
		<p>GPC-6.4. Knows how to use medicines and medical products in the provision of medical care in an emergency form at the prehospital stage</p>	<p>Knows medicines and medical devices for providing medical care in an emergency form at the prehospital stage</p> <p>Able to use medicines and medical products in the provision of medical care in an emergency form at the prehospital stage</p> <p>Possesses the skill to independently use medicines and medical devices in the provision of medical care in an emergency form at the prehospital stage</p>
<p>Treatment of diseases and conditions</p>	<p>GPC-7. Able to prescribe treatment and monitor its effectiveness and safety</p>	<p>GPC-7.1. Able to prescribe treatment based on knowledge of morphological and functional characteristics, physiological conditions and pathological processes in the human body, based on the pharmacodynamics of drugs and the mechanism of action of other therapeutic agents and methods.</p>	<p>Knows the features of the pharmacodynamics of drugs, the mechanism of therapeutic agents and methods in physiological and pathological conditions of a person.</p> <p>Able to draw up a treatment plan based on knowledge of morphological and functional characteristics, physiological conditions and pathological processes in the human body, based on the pharmacodynamics of drugs and the mechanism of action of other therapeutic agents and methods.</p>

			<p>Possesses the skill to independently prescribe treatment based on knowledge of morphological and functional characteristics, physiological conditions and pathological processes in the human body, based on the pharmacodynamics of drugs and the mechanism of action of other therapeutic agents and methods.</p>
		<p>GPC-7.2. Able to evaluate and control the therapeutic effect and side effects in prescribing drugs, as well as other therapeutic agents and methods, based on clinical, laboratory and instrumental data.</p>	<p>Knows the therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p> <p>Able to evaluate the therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p> <p>Possesses the skill to correct medical prescriptions based on the evaluation of therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p>
<p>Medical rehabilitation</p>	<p>GPC-8. Able to implement and monitor the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation and habilitation programs for the disabled, to assess the patient's ability to work</p>	<p>GPC-8.1 Knows how to prescribe, implement and monitor the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation and habilitation programs for the disabled</p>	<p>Knows the measures for the medical rehabilitation of the patient, medical indications and contraindications for their implementation, taking into account the diagnosis and in accordance with. current procedures for the provision of medical care clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>

			<p>Able to determine medical indications for medical rehabilitation measures, including the implementation of an individual rehabilitation and habilitation program for disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
			<p>Possesses the skill of referring a patient in need of medical rehabilitation to a specialist doctor for prescribing and carrying out medical rehabilitation measures, including when implementing an individual rehabilitation program or habilitation for people with disabilities, in accordance with the current procedures for providing medical care, clinical recommendations (treatment protocols) according to issues of medical care, taking into account the standards of medical care</p>
		<p>GPC-8.2 Able to assess the patient's ability to work</p>	<p>Knows the procedure for the examination of temporary disability and the signs of a patient's temporary disability.</p> <p>Able to identify signs of temporary incapacity for work and signs of permanent dysfunction due to diseases, consequences of injuries or defects.</p>

			Possesses the skill of paperwork and examination of temporary disability
Quality management	GPC-9. Able to implement the principles of quality management in professional activities	GPC-9.1. Owns the principles of the quality management system and marketing in professional activities	Knows the regulatory documents for assessing the quality of medical care.
			Able to use normative documents for assessing the quality of medical care.
			Possesses the skill of organizing medical activities in accordance with regulatory documents for assessing the quality of medical care.
		GPC-9.2. Able to analyze and critically evaluate the quality of professional activity according to specified indicators	Knows the main normative indicators for assessing the quality of professional medical activity of a general practitioner
Able to use normative indicators for assessing the quality of professional medical activity of a general practitioner to organize work			
Possesses the skill of organizing the professional medical activities of a general practitioner in accordance with the standard indicators of quality assessment.			
information literacy	GPC-10. Able to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies, taking	GPC-10.1. Able to use modern information and communication tools and technologies in professional activities	Knows modern information and communication tools and technologies used in professional medical activities
			Able to use modern information and communication tools and technologies in

	<p>into account the basic requirements of information security</p>		<p>professional medical activities</p>
			<p>Possesses the skill of using modern information and communication tools and technologies in professional medical activities</p>
		<p>GPC K-10.2. Able to follow the rules of information security in professional activities</p>	<p>Knows modern threats and rules for compliance with information security in professional activities</p>
			<p>Able to work in a virtual information space in compliance with information security rules</p>
			<p>Possesses the skill of safe work in the virtual information space</p>
<p>Scientific and organizational activities</p>	<p>GPC-11. Able to prepare and apply scientific, research and production, design, organizational, managerial and regulatory documentation in the healthcare system</p>	<p>GPC-11.1. Able to search and select scientific, legal and organizational-administrative documentation in accordance with the set goals, their analysis and application to solve professional problems</p>	<p>Knows the sources, methods of search and selection of scientific, legal and organizational-administrative documentation in accordance with the set goals.</p>
			<p>Able to search and select scientific, legal, organizational and administrative documentation in accordance with the set goals.</p>
			<p>Possesses the skill of analyzing and applying scientific, regulatory, legal and organizational-administrative documentation in accordance with the</p>

			solution of professional problems
		GPC-11.2. Able to use the methods of evidence-based medicine in solving the professional task	Knows the methods of evidence-based medicine in solving the delivered professional doctor
			Able to: use the methods of evidence-based medicine in solving the set professional doctor
			Possesses the skill of using evidence-based medicine methods to solve professional problems.
		GPC-11.3. Knows how to prepare information and analytical materials and references, including for the public presentation of the results of scientific work (report, theses, article)	Knows the basics of the methodology for preparing publications, abstracts, reports for public presentation.
			Knows how to plan a scientific report, theses, and articles.
			Possession of the skill of compiling a scientific report, theses, articles for public presentation and publication.

Professional competencies of graduates and indicators of their achievement:

Tasks of professional activity (PA)	Object or area of knowledge (if necessary)	Code and name of professional competence	Code and name of the indicator of achievement of professional competence
Type of tasks of professional activity: medical			
Labor function			
Providing medical care to a patient in urgent or emergency forms	02 Health	PC-1 is ready to participate in the provision of medical care in urgent or emergency forms	PC-1.1 Has the ability to assess the condition of a patient requiring emergency or emergency medical care

			PC-1.2 Knows the list of laboratory and instrumental research methods for assessing the patient's condition, the main medical indications for conducting research and interpreting the results
			PC-1.3 Knows the etiology, pathogenesis and pathological morphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs
			PC-1.4 Knows the methodology for collecting complaints and anamnesis from patients (their legal representatives)
			PC-1.5 Knows the methods of physical examination of patients (examination, palpation, percussion, auscultation)
		PC-2 is ready to provide emergency medical care to patients with sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life	PC-2.1 Able to identify clinical signs of conditions requiring emergency medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life
			PC-2.2 Able to perform measures to provide emergency medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life
			PC-2.3 Able to use medicines and medical devices in the provision of medical care in emergency or urgent forms for sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life



			<p>PC-3.1 Able to identify conditions requiring emergency medical care, including clinical signs of sudden cessation of blood circulation and breathing</p>
			<p>PC-3.2 Able to perform basic cardiopulmonary resuscitation in combination with electrical impulse therapy (defibrillation)</p>
			<p>PC-3.3 Knows the clinical signs of a sudden cessation of blood circulation and / or respiration</p>
			<p>PC-3.4 Knows the rules for basic cardiopulmonary resuscitation</p>
			<p>PC-3.5 Knows the principles of operation of devices for external electrical impulse therapy (defibrillation)</p>
			<p>PC-3.6 Knows the rules for performing external electrical impulse therapy (defibrillation) in case of a sudden cessation of blood circulation and / or respiration</p>
		<p>PC-3 is ready to provide emergency medical care to patients in conditions that pose a threat to the patient's life, including clinical death (stopping the vital functions of the human body (blood circulation and/or respiration))</p>	
Examination of the patient in order to establish a diagnosis	02 Health	<p>PC-4 is ready to collect and analyze the patient's complaints, his medical history, the results of a physical examination, laboratory, instrumental, post-mortem and other studies in order to recognize the condition or establish the presence or absence of a disease in accordance with the current procedures for providing medical care, clinical recommendations (treatment protocols) on the provision of</p>	<p>PC-4.1 Able to collect complaints, anamnesis of life and illness of the patient and analyze the information received</p>
			<p>PC-4.2 Able to conduct a complete physical examination of the patient (examination, palpation, percussion, auscultation) and interpret its results</p>
			<p>PC-4.3 Knows how to justify the need and scope of laboratory and instrumental examination of the patient, the need to refer the patient for consultations with specialist doctors</p>
			<p>PC-4.4 Knows how to prioritize the volume, content and sequence of diagnostic measures, taking into account the standards of medical care</p>

		<p>medical care, taking into account the standards of medical care.</p>	<p>PC-4.5 Knows the methods of laboratory and instrumental research to assess the state of health, medical indications for conducting research, the rules for interpreting their results</p>
			<p>PC-4.6 Knows the procedures for providing medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care</p>
		<p>PC-5 is capable of making a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD).</p>	<p>PC-5.1 Knows etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, peculiarities of course, complications and outcomes of diseases of internal organs</p>
			<p>PC-5.2 Can conduct early diagnosis of diseases of internal organs</p>
			<p>PC-5.3 Can make differential diagnostics of diseases of internal organs from other diseases</p>
			<p>PC-5.4 Can use the International Statistical Classification (ICD) of Diseases and Related Health Problems to make a diagnosis</p>
<p>Prescribing treatment and monitoring its effectiveness and safety</p>	<p>02 Health</p>	<p>PC-6 is capable of developing a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical</p>	<p>PC-6.1 Knows modern methods of using medicines, medical devices and medical nutrition for diseases and conditions in a patient in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
			<p>PC-6.2 Knows the procedure for providing palliative care</p>

		<p>care, taking into account the standards of medical care</p>	<p>PC-6.3 Able to draw up a treatment plan for the disease and the patient's condition, taking into account the diagnosis, the age of the patient, the clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
		<p>PC-7 is ready to prescribe medicines, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>	<p>PC-7.1 Knows the mechanism of action of drugs, medical devices and medical nutrition, medical indications and contraindications for their use; complications associated with their use.</p> <p>PC-7.2 Knows how to prescribe medicines, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
		<p>PC-8 is ready to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>	<p>PC-8.1 Knows modern methods of non-drug treatment of diseases and conditions in a patient in accordance with the current procedures for providing</p> <p>PC-8.2 Able to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
		<p>PC-9 is capable of assessing the</p>	<p>PC-9.1 Knows the mechanism of action of non-drug treatment;</p>

		<p>effectiveness and safety of the use of drugs, medical devices, clinical nutrition and other methods of treatment</p>	<p>medical indications and contraindications to its appointment; side effects, complications caused by its use</p>
		<p>PC-10 is ready to organize personalized treatment of the patient, including pregnant women, elderly and senile patients, evaluation of the effectiveness and safety of treatment</p>	<p>PC-9.2 Able to evaluate the effectiveness and safety of the use of medicines, medical devices and clinical nutrition</p>
<p>Implementation and control of the effectiveness of the patient's medical rehabilitation, including the implementation of individual programs for the rehabilitation or habilitation of the disabled, assessment of the patient's ability to work</p>	<p>02 Health</p>	<p>PC-11 is ready to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person</p>	<p>PPC-10.1 Knows the physiological characteristics of patients depending on the constitutional type, age, comorbidities and changes associated with pregnancy</p> <p>PC-10.2 Able to prescribe personalized treatment of patients depending on the constitutional type, age, comorbidities and changes associated with pregnancy, taking into account the standards of medical care</p> <p>PC-11.1 Knows the procedure for the examination of temporary disability and signs of temporary disability of the patient</p> <p>PC-11.2 Knows signs of persistent impairment of body functions due to diseases, consequences of injuries or defects</p> <p>PC-11.3 Able to identify signs of temporary disability and signs of permanent impairment of body functions due to diseases, consequences of injuries or defects</p> <p>PC-11.4 Knows the signs of biological death, the procedure for fixing the fact of biological death and the procedure for registering biological death</p>
		<p>PC-12 is ready to determine the need for the use of natural healing factors, medicinal, non-drug therapy and other methods in patients in need of medical</p>	<p>PC-12.1 Knows the measures for the medical rehabilitation of the patient, medical indications and contraindications for their implementation, taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical</p>

		<p>rehabilitation and sanatorium treatment in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>	<p>recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>PC-12.2 Knows the medical indications and contraindications for the appointment of sanatorium-resort treatment as a stage of the patient's medical rehabilitation</p> <p>PC-12.3 Knows the features of medical rehabilitation of elderly and senile patients</p> <p>PC-12.4 Knows how to determine medical indications for medical rehabilitation measures, including the implementation of an individual rehabilitation or habilitation program for disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>PC-12.5 Knows how to prescribe sanatorium-and-spa treatment to a patient in need of medical rehabilitation, including when implementing an individual rehabilitation or habilitation program for disabled people, in accordance with current clinical recommendations (treatment protocols) on the provision of medical care, procedures for the provision of medical care and with taking into account the standards of medical care</p>
<p>Carrying out and monitoring the effectiveness of measures to prevent and promote a healthy lifestyle and sanitary and hygienic education</p>	<p>02 Health</p>	<p>PC-13 is capable and ready to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients</p>	<p>PC-13.1 Knows the regulatory legal acts and other documents regulating the procedures for conducting medical examinations, medical examinations and dispensary observation</p> <p>PC-13.2 Knows the principles of dispensary observation of</p>

of the population		patients with non-communicable diseases and risk factors in accordance with regulatory legal acts and other documents
		PC-13.3 Knows the forms and methods of sanitary and educational work on the formation of elements of a healthy lifestyle, including programs to reduce alcohol and tobacco consumption, prevent and combat the non-medical use of narcotic drugs and psychotropic substances
		PC-13.4 Able to conduct medical examinations taking into account age, health status, profession in accordance with current regulatory legal acts and other documents
		PC-13.5 Knows how to conduct medical examinations of the adult population in order to early identify chronic non-communicable diseases, the main risk factors for their development
		PC-13.6 Able to conduct dispensary observation of patients with identified chronic non-communicable diseases, including patients with high and very high cardiovascular risk
		PC-13.7 Knows how to prescribe preventive measures to patients, taking into account risk factors for the prevention and early detection of diseases, including socially significant diseases
		PC-14 is ready to organize and control the immunoprophylaxis of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical

		guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care	<p>PC-14.2 Knows the principles of application of specific and non-specific prevention of infectious diseases, the national calendar of preventive vaccinations and the calendar of preventive vaccinations according to epidemic indications</p> <p>PC-14.3 Able to draw up a plan for the immunoprophylaxis of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
		PC-15 is capable and ready to carry out anti-epidemic measures, organize the protection of the population in foci of especially dangerous infections, in case of deterioration of the radiation situation, natural disasters and other emergencies	<p>PC-15.1 Knows the rules for conducting sanitary and anti-epidemic measures</p> <p>PC-15.2 Knows how to determine medical indications for the introduction of restrictive measures (quarantine) and indications for referral to a specialist doctor</p> <p>PC-15.3 Able to draw up a plan for conducting sanitary and anti-epidemic measures in the event of a focus of infection</p>
Maintaining medical records and organizing the activities of the nursing staff at the disposal	Type of tasks of professional activity: research		
	01 Education and science	SC-16 is capable and ready to analyze morbidity, disability and mortality rates to characterize the health of adults and adolescents	<p>PC-16.1 Knows the medical and statistical indicators of morbidity, disability and mortality that characterize the health of the attached population, the procedure for their calculation and evaluation</p> <p>PC-16.2 Able to analyze data from official statistical reporting, including forms of federal and sectoral statistical observation</p>
	Type of tasks of professional activity: organizational and management		

07 Administra tion and office activities	PC-17 is ready to participate in the assessment of the quality of medical care using the main medical and statistical indicators	PC-17.1 Knows the organization of medical care in medical organizations that provide medical care on an outpatient basis, including at home when a medical worker is called
		PC-17.2 Able to analyze medical and statistical indicators of morbidity, disability and mortality to assess the health of the attached population
	PC-18 is able to monitor the performance of duties by a nurse and other medical workers at their disposal	PC-18.1 Knows the duties of a district nurse and other medical workers at the disposal
		PC-18.2 Knows how to control the performance of duties by a district nurse and other medical workers at their disposal
	PC-19 is ready to maintain medical records, including in electronic form	PC-19.1 Knows the rules for issuing medical records in medical organizations that provide medical care on an outpatient basis, including at home when a medical worker is called
		PC-19.2 Knows the rules of work in information systems and information and telecommunications network "Internet"
		PC-19.3 Able to fill out medical documentation, including in electronic form
		PC-19.4 Knows how to use information systems and the information and telecommunications

The form of the state final certification is oral (out-line).

The content of the state final certification in the discipline is:

- computer testing;
- demonstration of practical skills;
- answering exam questions.

**The state final certification takes place in three stages.**

- I stage: test control;



- II stage: assessment of the practical skills of a specialist;
- III stage: theoretical interview.

**Questions (tasks) of the state final certification** are compiled according to the content of training **31.05.01 "General Medicine" (specialist level)**.

**The first stage of the SFC** is a test exam.

The test exam is conducted according to standard test tasks compiled on the basis of a single bank of interdisciplinary certification tasks for all sections of the BPEP in the direction of training **31.05.01 "General Medicine" (specialist level)**.

Testing is carried out using electronic controls. The student must log into the BlackBoard system using his username and password, then log into the testing system. 100 test items will be randomly provided. The test task contains 100 questions. Each of them has several answers, of which only one is correct, most fully meeting all the conditions of the question. After testing is completed, the test result will automatically be displayed, which will be displayed on the monitor screen. The result of the test stage is recorded in the protocol of the state final certification.

The percentage of correct answers, as well as the score, are recorded in the SFC Summary Sheet in the area of training **31.05.01 "General Medicine" (specialist level)** and in the Protocol of the meeting of the State Attestation Commission on passing the state final certification in the direction of preparation **05.31.01 "General Medicine" (level specialty)**.

Based on the test results, an assessment is given:

"passed" - with 71% or more correct answers

"not passed" - with less than 71% correct answers

The result of passing the tests "passed" (71% or more) is admission to the next stages of the SFC (practical skills, interview). The final decision on the admission to the next stage of the SFC of a graduate who received a grade of "not passed" (less than 71%) is made in each individual case by the chairman of the State Examination Commission

## **List of topics for preparing for the test**

I. Criteria of public health and their definition. The main factors determining the health of the population. Types of prevention, main tasks and indicators of its effectiveness. Methods for studying the health of the population. The role of medical statistics in the study of the health status of various age and sex groups of the population and the activities of the main medical and preventive healthcare institutions. Registration forms in the outpatient service. Legal basis for the activities of health authorities and institutions. Health care systems, features of health care in Russia. Basic principles of organization of healthcare institutions, structure and performance indicators. Features of the doctor's work in outpatient and inpatient institutions. Medical and social expertise. Temporary disability. Disability.

II. Medical ethics. Moral and ethical standards of relationships: doctor-patient, doctor-doctor, doctor - middle and junior medical staff, doctor - patient's relatives. Medical secrecy. Responsibility of a doctor for professional violations. Informed consent of the patient.

III. Age-sex features of the functioning of the body.

VI. Sanitary and epidemiological patterns of occurrence, development, and spread of diseases.

V. Provision of emergency care for various life-threatening conditions.

VI. List of states and diseases.

1. Gastroenterology. Diseases of the esophagus (esophagitis, achalasia of the esophagus, ulcerative processes in the esophagus, varicose veins of the esophagus, Barrett's esophagus, cancer of the esophagus). Diseases of the stomach and duodenum (peptic ulcer, gastric polyposis, gastritis, Mallory-Weiss syndrome, stomach cancer, bleeding from the stomach and duodenum, Zollinger-Ellison syndrome). Intestinal diseases (acute enteritis, acute and chronic colitis, pseudomembranous colitis, ulcerative colitis, Hirschsprung's disease, Crohn's disease, diverticulosis and diverticulitis of the colon). Surgical diseases of the colon and rectum. Cancer of the colon and rectum. Haemorrhoids. Paraproctitis. Appendicitis (acute, chronic, complications, atypical forms). Meckel's diverticulitis.

Hernias of the anterior abdominal wall. Methods for diagnosing diseases of the gastrointestinal tract.

2. Pulmonology. Acute inflammatory diseases of the respiratory tract. COPD. Bronchial asthma. Allergic diseases of the lungs. Thromboembolism of the pulmonary artery. Lung infarction. Pleurisy. Pulmonary tuberculosis. Lungs' cancer. Pulmonary bleeding and hemoptysis. Methods for diagnosing the respiratory system.

3. Cardiology and vascular diseases. Cardiac ischemia. Myocardial infarction. Inflammatory diseases of the heart and pericardium. Heart defects. Heart failure. Electrocardiography. Methods for diagnosing CVD diseases. Arterial hypertension. Atherosclerosis and hypercholesterolemia. Diseases of the veins.

4. Diseases of the hepatobiliary system. Hepatitis. Cirrhosis of the liver. Budd-Chiari syndrome. portal hypertension. Porto-caval and caval anastomoses. Biliary hypertension. Jaundice and hyperbilirubinemia. Cholelithiasis. Liver cysts. Cholecystitis. Liver cancer. Gallbladder cancer. Vascular tumors of the liver. Acute and chronic pancreatitis. Cysts of the pancreas. Pancreas cancer.

5. Diseases of the urogenital area. Urolithiasis disease. Injuries of the kidneys and urinary tract. Urinary retention. BPH. Bladder cancer. Kidney cancer. Prostate cancer.

6. Principles of organization of oncological service. Tumors of the skin, skin appendages. Mammary cancer.

7. Diseases of the musculoskeletal system. Dislocations. Fractures. Injuries and degenerative diseases of the spine. Inflammatory diseases of bones and joints. Bone tumors. Organization of trauma care.

8. Inflammatory diseases of the connective tissue.

9. Epidemiologically significant infectious diseases.

10. Skin and venereal diseases

11. Hematology and transfusiology.

12. Pediatrics.

13. Diseases of the nervous system.

14. Diseases of the endocrine system. Diseases of the thyroid gland. Diabetes.

Surgical complications of diabetes mellitus. Diseases of the pituitary gland. Diseases of the adrenal glands.

15. Obstetrics and gynecology. Physiological pregnancy. Fetal development during pregnancy. Childbirth. Inflammatory diseases of the female genital organs. Uterine bleeding. Myoma of the uterus. Cervical cancer. Uterine cancer. Ovarian cancer.

## **Stage II - assessment of the practical skills of a specialist**

The second stage of the State final certification is carried out in the conditions of the Accreditation and Simulation Center of the School of Medicine.

To test practical skills, standard stations of the Accreditation and Simulation Center of the School of Medicine are used.

Station passports for the second stage of the state final certification are a document that includes the necessary information on equipping the station, a briefing (a brief task before entering the station), scenarios, evaluation sheets (hereinafter referred to as the checklist), sources of information, reference material, etc. ., and are intended as methodological and reference material for assessing the possession of a specific practical skill by an accredited person.

In order to ensure standardization of the procedure for assessing practical skills, the condition of the task and the checklist are the same for everyone.

### Criteria for evaluating the results of passing practical skills

"Passed" - with the correct execution of 70 or more percent of all actions of practical tasks;

"Not passed" - with a result of 69 or less percent of all actions of practical tasks.

The decision on admission to the III stage of a student who has not passed the second stage of certification tests ("Not passed") is made in each individual case by the chairman of the State Examination Commission.

## **Stage III - Oral exam-interview**

**The third stage of the SFC** is aimed at assessing the ability to solve specific

professional problems, and is represented by an oral exam-interview. Graduates are provided with the entire list of diseases and conditions included in the exam tickets 6 months before the start of the state certification (given in the guidelines for graduates preparing for the SFC).

Typical situational cases were compiled at the graduating Department of Clinical Medicine of the School of Medicine in accordance with the list of conditions and diseases specified in the "Work program for the state final certification of graduates in the field of study **31.05.01 "General Medicine" (specialist level)**, approved by the specialized methodological commissions and the deputy director Schools of Medicine for teaching and educational work.

The third stage of state certification is carried out within one day, 80 sets of examination tasks are used. The set of tasks in the examination kits is not repeated.

The exam set includes

1. Interview questions

The first question is about internal medicine.

The second question is about surgical diseases.

The third - questions on related specialties (obstetrics and gynecology, nervous diseases, infectious diseases, phthysiology, ENT diseases).

2. situational tasks

3. laboratory tests

4. tasks using ECG

5. tasks using radiographs in internal diseases and surgical diseases.

The knowledge of the graduate is assessed by three examiners (a therapist, a surgeon, and a specialist in related clinical disciplines: an obstetrician-gynecologist, an infectious disease specialist, a phthisiatrician, an otorhinolaryngologist) and a member of the State Examination Commission (SEC).

When preparing for the exam, the student keeps notes in the oral answer sheet. At the end of the answer, the oral answer sheet, signed by the student, is handed over to the examiner. During the interview, the members of the examination committee evaluate the integrity of the graduate's professional training, that is, the

level of his competence in using the theoretical framework **to solve professional situations.**

Answer characteristic	Grade
A complete, detailed answer to the question posed is given, the ability to identify essential and non-essential features, causal relationships is shown. The answer is clearly structured, logical, written in literary language in terms of science. Shortcomings or minor errors corrected by the student with the help of the teacher may be made.	"Excellent"
A complete, but insufficiently consistent answer to the question is given, but the ability to identify essential and non-essential signs and cause-and-effect relationships is shown. The answer is logical and stated in terms of science. 1-2 mistakes can be made in the definition of basic concepts that the student finds it difficult to correct on his own.	"Good"
An incomplete answer is given, the logic and sequence of presentation have significant violations. Gross mistakes were made in determining the essence of the disclosed concepts, theories, phenomena, due to the student's misunderstanding of their essential and non-essential features and relationships. There are no conclusions in the answer. The ability to reveal specific manifestations of generalized knowledge is not shown. Speech design requires amendments, correction.	"Satisfactory"
No answers were received on the basic questions of the discipline	"Unsatisfactory"

The assessment of the SFC is recorded in the Protocol of the meeting of the state examination commission on passing the final interdisciplinary exam in the direction of preparation **31.05.01 "General Medicine" (specialist level).**

The results of certification are announced to graduates on the same day after the execution and approval of the minutes of the meeting of the State Examination Commission.

**Requirements for the procedure for carrying out the State Final Certification**

The State Examination Commission carries out the State Final Certification in order to determine the compliance of the results of mastering the basic educational program by students with the relevant requirements of the Federal State Educational Standard (hereinafter referred to as the standard).

A student who does not have an academic debt and who has fully completed the curriculum or individual curriculum in the direction of preparation 31.05.01 General Medicine (specialist level) is allowed to the state final certification. The content of the state final certification program is given in Appendix 1.

The purpose of the State Final Certification is to establish the compliance of the quality of the training received by students with the requirements of the Federal State Educational Standard of Higher Education in the field of study 31.05.01 General Medicine (specialist level), approved by order of the Ministry of Education and Science of the Russian Federation dated August 12, 2020 No. 988., as well as the achievement of the required level of knowledge, skills and abilities in the mastered area of training, allowing graduates to successfully cope with the solution of professional tasks in the field of medicine

The objectives of the state final certification are:

- systematization, consolidation and expansion of the theoretical and practical knowledge gained during training and their application in solving specific scientific and practical problems;

- ascertaining the degree of readiness of graduate students for independent practical work or scientific research;

- establishing the degree of formation of the graduate's competencies.

To carry out the state final certification, the head of the organization forms a state examination commission.

The State Examination Commission is headed by the chairman (in the absence of the chairman, his deputy). The chairman (deputy) of the state examination commission is approved by a person who does not work in this organization, from among doctors of science, professors of the relevant profile, heads of health authorities and medical organizations.

The State Examination Commission is formed from: the teaching staff and researchers of the organization, as well as persons invited from the health authorities, leading teachers and researchers of medical organizations.

The chairman and composition of the state examination commission are approved by the administrative act of the organization.

The State Examination Commission operates for one calendar year.

The State Examination Commission is guided in its activities by this Procedure, the relevant federal state educational standards for the specialist's program insofar as it relates to the requirements for the state final certification.

Before the state exam in the specialty, consultations are held.

The form of the state exam is oral.

Questions (tasks) of the state exam are compiled according to the content of the BPEP "Medicine".

Examination tickets must be issued in accordance with the recommended form presented in Appendix 2.

The original tickets must have the appropriate signatures - the director of the department, the head of BPEP, the deputy director of the School for academic work.

Examination tickets must be reviewed and updated annually.

Each exam ticket, as a rule, should contain three questions to test the level of theoretical knowledge and to test the ability of graduates to apply theoretical knowledge in solving practical issues.

It is recommended that when designing ticket questions, proceed from the content of the discipline, taking into account the required level of knowledge and skills.

The formulation of the points of the examination ticket is carried out in narrative form.

One of the main conditions in the preparation of tickets is the establishment of approximately the same volume of examination material, the degree of complexity and laboriousness of the questions.



The number of tickets required for the exam depends on the size of the group taking the exam, but not less than 25. At the same time, ticket questions should cover the entire volume provided for the formation of universal and professional competencies of the Federal State Educational Standard of Higher Education.

**Requirements for the procedure for conducting the state exam.**

The duration of the preparation for the answer is recommended within 60 minutes, the duration of the answer to the oral exam ticket is within 20 minutes.

It is recommended that no more than 5 examinees be in the audience at the same time during the state exam; it is not recommended to leave the audience during the exam.

To prepare the answer, the graduate uses examination sheets that are saved after taking the exam in a personal file.

Discussion and announcement of the results of the state exam by the state examination committee is recommended to be carried out individually for each examiner with a description of the answers. Decisions of the State Examination Commission are made by a simple majority vote of the members of the commission participating in the meeting, with the obligatory presence of the chairman of the commission or his deputy. In case of an equal number of votes, the chairman of the commission (or the deputy chairman of the commission replacing him) has the right of a casting vote.

For each student, a protocol for taking the state exam in the specialty is filled out, in which questions of tickets and additional questions of members of the state examination commission are entered. The protocol for the admission of the state exam in the specialty is signed by those members of the state examination commission who were present at the exam.

The level of knowledge is assessed as "excellent", "good", "satisfactory", "unsatisfactory"

After the meeting of the SEC and the preparation of protocols, the results of the state exam are announced to students. After the state exam, all documents are transferred to the archive of the university. Students who have not passed the state

final certification due to failure to appear at the state certification test for a good reason (temporary disability, performance of public or state duties, subpoena) have the right to pass it within 6 months after the completion of the state final certification. The student must submit to FEFU a document confirming the reason for his absence. Students who have not passed the state attestation test due to failure to attend the state attestation test for an unexcused reason or in connection with receiving an “unsatisfactory” grade are expelled from FEFU with the issuance of a certificate of study as having failed to fulfill their obligations for the conscientious development of the educational program and the implementation of the curriculum.

A person who has not passed the state final certification may re-pass the state final certification no earlier than 10 months and no later than five years after the deadline for the state final certification, which was not passed by the student. The specified person can re-pass the state final certification no more than two times. In order to re-pass the state final certification, the specified person, upon his application, is reinstated in FEFU for the period of time established by the organization, but not less than the period of time provided for by the calendar training schedule for the state final certification in the direction of training 31.05.01 General Medicine (specialist level).

For disabled students, the state final certification is carried out at FEFU, taking into account the peculiarities of their psychophysical development, their individual capabilities and health status (hereinafter referred to as individual characteristics). When conducting the state final certification, the following general requirements are met:

- carrying out the state final certification for the disabled in the same classroom together with students who are not disabled, if this does not create difficulties for the disabled and other students when passing the state final certification;
- the presence in the audience of an assistant (assistants) who provides students with disabilities with the necessary technical assistance, taking into account their individual characteristics (take a workplace, move around, read and complete

a task, communicate with the chairman and members of the state examination committee);

- use of technical means necessary for students with disabilities when passing the state final certification, taking into account their individual characteristics;

- ensuring the possibility of unhindered access for students with disabilities to classrooms, toilets and other premises, as well as their staying in these premises (the presence of ramps, handrails, widened doorways, elevators, in the absence of elevators, the audience should be located on the ground floor, the presence of special chairs and other devices ).All local regulations of the organization on the issues of conducting the state final certification are brought to the attention of students with disabilities in an accessible form for them.

At the written request of a student with a disability, the duration of passing a state certification test by a student with a disability may be increased in relation to the established duration of its delivery.

Depending on the individual characteristics of students with disabilities, the organization ensures that the following requirements are met when conducting the state attestation test:

a) for the blind:

- assignments and other materials for passing the state attestation test are drawn up in Braille or in the form of an electronic document accessible using a computer with specialized software for the blind, or read out by an assistant;
  - Written tasks are performed by students on paper in Braille or on a computer with specialized software for the blind, or dictated to an assistant;
2. if necessary, students are provided with a set of writing utensils and paper for writing in Braille, a computer with specialized software for the blind;b)

b) for the visually impaired:

3. assignments and other materials for passing the state attestation test are drawn up in enlarged type;
4. individual uniform illumination of at least 300 lux is provided;

5. if necessary, students are provided with a magnifying device, it is allowed to use magnifying devices available to students;
  - b) for the deaf and hard of hearing, with severe speech impairments:
    - the availability of sound amplifying equipment for collective use is provided, if necessary, students are provided with sound amplifying equipment for individual use;
    - at their request, state attestation tests are carried out in writing;
  - c) for persons with disorders of the musculoskeletal system (severe disorders of the motor functions of the upper limbs or the absence of upper limbs):
    - written tasks are performed by students on a computer with specialized software or dictated to an assistant;
    - at their request, state attestation tests are conducted orally.

A student with a disability, no later than 3 months before the start of the state final certification, submits a written application on the need to create special conditions for him during the state certification tests, indicating his individual characteristics. The application is accompanied by documents confirming that the student has individual characteristics (in the absence of these documents in the organization).

In the application, the student indicates the need (lack of need) for the presence of an assistant at the state certification test, the need (lack of need) to increase the duration of the state certification test in relation to the established duration (for each state certification test).

### **The procedure for filing an appeal of the results of the state final certification.**

According to the results of state certification tests, the student has the right to appeal. The graduate has the right to file a written appeal with the Appeal Commission about the violation, in his opinion, of the established procedure for conducting the state certification test and (or) disagreement with the results of the state exam.

An appeal is filed personally by students to the appeal commission no later

than the next working day after the announcement of the results of the state certification test.

To consider the appeal, the secretary of the state examination commission sends to the appeal commission the minutes of the meeting of the state examination commission, the conclusion of the chairman of the state examination commission on the observance of procedural issues during the state certification test.

An appeal no later than 2 working days from the date of its submission is considered at a meeting of the appeal commission, to which the chairman of the state examination commission and the student who filed the appeal are invited. The meeting of the appeal commission can be held in the absence of the student who filed the appeal, in case of his absence from the meeting of the appeal commission.

The decision of the appeal commission is brought to the attention of the student who filed the appeal within 3 working days from the date of the meeting of the appeal commission. The fact of familiarization of the student who filed the appeal with the decision of the appeal commission is certified by the signature of the student.

When considering an appeal about a violation of the procedure for conducting a state attestation test, the appeal commission takes one of the following decisions:

on the rejection of the appeal, if the information contained in it about violations of the procedure for conducting the state certification test, the student was not confirmed and (or) did not affect the result of the state certification test;

on the satisfaction of the appeal, if the information contained in it about the violations of the procedure for conducting the state certification test, the student was confirmed and affected the result of the state certification test.

If the appeal is satisfied, the result of the state attestation test is subject to cancellation, in connection with which the protocol on the consideration of the appeal is transferred to the state examination commission no later than the next business day to implement the decision of the appeal commission. The student is given the opportunity to pass the state attestation test within the time limits established in FEFU.

When considering an appeal on disagreement with the results of the state exam, the appeal commission makes one of the following decisions:

on the rejection of the appeal and the preservation of the result of the state examination;

on the satisfaction of the appeal and the presentation of a different result of the state exam.

The decision of the appeal commission is submitted to the state examination commission no later than the next working day. The decision of the appeal commission is the basis for the cancellation of the previously set result of the state exam and the issuance of a new one.

The decision of the appeal commission is final and not subject to revision.

The re-conduct of the state certification test of the student who filed the appeal is carried out in the presence of the chairman or one of the members of the appeal commission no later than the date of completion of training at FEFU in accordance with the standard.

An appeal to re-conduct a state certification test is not accepted.

## **1. Recommended literature and information and methodological support**

### **Main literature**

(electronic and printed publications)

### **Obstetrics and Gynecology**

1. Kaptilny, V. A. Obstetrics and gynecology. Practical skills and abilities with a phantom course [Electronic resource]: textbook. allowance / V. A. Kaptilny, M. V. Berishvili, A. V. Murashko; ed. A. I. Ishchenko. - Moscow: GEOTAR-Media, 2018. - 400 p. - 392 p. - ISBN 978-5-9704-4453-5. - Text: electronic // URL: <http://www.studmedlib.ru/book/>

2. Radzinsky, V. E. Obstetrics: textbook / ed. Radzinsky V. E., Fuks A. M. - Moscow: GEOTAR-Media, 2021. - 1056 p. - ISBN 978-5-9704-6028-3. - Text:

electronic // EBS "Student Consultant": [website]. - URL:  
<https://www.studentlibrary.ru/book/ISBN9785970460283.html>

3. Radzinsky, V. E. Gynecology. Guide to practical exercises: textbook / Ed. V. E. Radzinsky. 3rd ed. , revised and additional 2020. - 552 p. : ill. - 552 p. - ISBN 978-5-9704-5459-6. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970454596.html>

4. Savelyeva, G. M. Gynecology / ch. ed. Savelyeva G. M., Sukhikh G. T., Serov V. N., Radzinsky V. E., Manukhin I. B. - Moscow: GEOTAR-Media, 2020. - 1056 p. - ISBN 978-5-9704-5739-9. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970457399.html>

5. Baisova, B. I. Gynecology: textbook / ed. Savelieva G. M., Breusenko V. G. - Moscow: GEOTAR-Media, 2018. - 432 p. - ISBN 978-5-9704-4309-5. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970443095.html>

### **Anesthesiology, resuscitation and intensive care**

1. Bunyatyan, A. A. Anesthesiology: national leadership / Ed. A. A. Bunyatyan, V. M. Mizikova - Moscow: GEOTAR-Media, 2017. - 1104 p. (Series "National Manuals") - ISBN 978-5-9704-3954-8. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970439548.html>

2. Bunyatyan, A. A. Anesthesiology: national guide: short edition / ed. A. A. Bunyatyan, V. M. Mizikov. - Moscow: GEOTAR-Media, 2020. - 656 p. - 656 p. - ISBN 978-5-9704-5709-2. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970457092.html>

3. Valley, O. A. Anesthesiology and resuscitation: textbook / ed. O. A. Dolina. - 4th ed. , revised and additional - Moscow: GEOTAR-Media, 2021. - 576 p. : ill. - 576 p. - ISBN 978-5-9704-6114-3. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970461143.html>

4. Visual anesthesiology: [textbook] / Julian Stone, William Fawcett; per. from English. A. V. Alekseeva. - Moscow: GEOTAR-Media, 2016. - 114 p. <http://lib.dvfu.ru:8080/lib/item?id=chamo:819007&theme=FEFU>

5. Emergency medical care at the prehospital stage [Electronic resource]: textbook / A. L. Vertkin, L. A. Aleksanyan, M. V. Balabanova et al.; ed. A. L. Vertkina. Moscow: GEOTAR-Media, 2016. - 114 p. - ISBN 978-5-9704-6407-6. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970464076.html>

### **Internal diseases**

1. Arutyunov, G. P. Internal diseases: selected lectures: textbook / G. P. Arutyunov, A. G. Arutyunov. - Moscow: GEOTAR-Media, 2021. - 528 p. - ISBN 978-5-9704-6407-6. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970464076.html>

2. Davydkin, I. L. Polyclinic therapy: textbook / ed. I. L. Davydkina, Yu. V. Schukina - Moscow: GEOTAR-Media, 2016. - 688 p. - ISBN 978-5-9704-3821-3. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/>

3. Kulikov, A. N. Propaedeutics of internal diseases in drawings, tables and diagrams: textbook. allowance / ed. A. N. Kulikova, S. N. Shulenina. - Moscow: GEOTAR-Media, 2016. - 624 p. - ISBN 978-5-9704-3922-7. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970439227.html>

4. Makolkin, V. I. Internal diseases: textbook / Makolkin V. I., Ovcharenko S. I., Sulimov V. A. - 6th ed. , revised and additional Moscow: GEOTAR-Media, 2017. - 768 p. - ISBN 978-5-9704-4157-2. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970441572.html>

5. Marshalko O.V. Therapy. Part 1. Pulmonology [Electronic resource]: textbook / O.V. Marshalko, A.I. Karpovich. — Electron. text data. - Minsk:



Republican Institute of Vocational Education (RIPO), 2016. - 204 p. — 978-985-503-635-8. - Access mode: <http://www.iprbookshop.ru/67745.html>:  
[http://lib.dvfu.ru:8080/search/query?term\\_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU)

6. Marshalko O.V. Therapy. Part 2. Cardiology [Electronic resource]: textbook / O.V. Marshalko, A.I. Karpovich. — Electron. text data. – Minsk: Republican Institute of Professional education (RIPO), 2016. - 368 p. — 978-985-503-636-5. - Access mode: <http://www.iprbookshop.ru/67746.html>:  
[http://lib.dvfu.ru:8080/search/query?term\\_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU)

7. Marshalko O.V. Therapy. Part 3. Gastroenterology. Nephrology. Hematology. Endocrinology. Joint diseases. Allergies [Electronic resource]: textbook / O.V. Marshalko, A.I. Karpovich. — Electron. text data. - Minsk: Republican Institute of Vocational Education (RIPO), 2016. - 344 p. — 978-985-503-637-2. - Access mode: <http://www.iprbookshop.ru/67747.html> :  
[http://lib.dvfu.ru:8080/search/query?term\\_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D1%82%D0%B5%D1%80%D0%B0%D0%BF%D0%B8%D1%8F&theme=FEFU)

8. Moiseev, V. S. Internal diseases: Volume 1: textbook: in 2 volumes / ed. Moiseeva V. S., Martynova A. I., Mukhina N. A. - Moscow: GEOTAR-Media, 2019. - 960 p. - ISBN 978-5-9704-5314-8. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970453148.html>

9. Moiseev, V. S. Internal diseases: Volume 2: textbook: in 2 volumes / ed. Moiseeva V. S., Martynova A. I., Mukhina N. A. - Moscow: GEOTAR-Media, 2019. - 896 p. - ISBN 978-5-9704-5315-5. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970453155.html>

10. Nechaev, V. M. Propaedeutics of clinical disciplines: textbook / Nechaev V. M. - Moscow: GEOTAR-Media, 2018. - 288 p. - ISBN 978-5-9704-

3829-9. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970438299.html>

11. Shamov, I. A. Propaedeutics of internal diseases with elements of radiation diagnostics: textbook / Shamov, I. A. - Moscow: GEOTAR-Media, 2016. - 512 p. - ISBN 978-5-9704-3597-7. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970435977.html>

### **Hematology**

1. Novikova I.A. Clinical and laboratory hematology [Electronic resource]: textbook/ Novikova I.A., Khoduleva S.A.— Electron. text data. - Minsk: Higher School, 2013. - 447 pp. - Access mode: <http://www.iprbookshop.ru/24061.html> .: [http://lib.dvfu.ru:8080/search/query?term\\_1=hematology&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=hematology&theme=FEFU)

2. Rukavitsyn, O. A. Hematology / ed. Rukavitsyna O. A. - Moscow: GEOTAR-Media, 2019. - 784 p. (Series "National Manuals") - ISBN 978-5-9704-5270-7. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970452707.html>

### **Eye diseases**

1. Sidorenko, E. I. Ophthalmology: textbook / ed. Sidorenko E. I. - Moscow: GEOTAR-Media, 2018. - 656 p. - ISBN 978-5-9704-4620-1. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970446201.html>

2. Egorova, E. A. Ophthalmology / ed. E. A. Egorova - Moscow: GEOTAR-Media, 2017. - 272 p. - ISBN 978-5-9704-4200-5. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970442005.html>

### **Pediatric surgery**

1. Razin, M. P. Pediatric surgery / M. P. Razin et al. - Moscow: GEOTAR-Media, 2018. - 688 p. - ISBN 978-5-9704-4469-6. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970444696.html>

## **Infectious diseases**

1. Infectious diseases [Electronic resource]: textbook / Alikeeva G. K. and others; Ed. N. D. Yushchuk, Yu. Ya. Vengerova. - 2nd ed., revised. and additional - M. : GEOTAR-Media, 2016. -

<http://www.studmedlib.ru/book/ISBN9785970436219.html>:

[http://lib.dvfu.ru:8080/search/query?term\\_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU)

[http://lib.dvfu.ru:8080/search/query?term\\_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU)

[http://lib.dvfu.ru:8080/search/query?term\\_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU](http://lib.dvfu.ru:8080/search/query?term_1=%D0%B8%D0%BD%D1%84%D0%B5%D0%BA%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D1%8B%D0%B5+%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8&theme=FEFU)

2. Yushchuk, N. D. Infectious diseases: syndromic diagnosis / ed. N. D. Yushchuk, E. A. Klimova - Moscow: GEOTAR-Media, 2017. - 176 p. - ISBN 978-5-9704-4045-2. - Text: electronic // URL:

<http://www.studmedlib.ru/book/ISBN9785970440452.html>

3. Alikeeva, G. K. Infectious diseases: textbook / Alikeeva G. K. et al.; Ed. N. D. Yushchuk, Yu. Ya. Vengerova. - 2nd ed. , revised and additional - Moscow: GEOTAR-Media, 2016. - 704 p. - ISBN 978-5-9704-3621-9. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970436219.html>

## **ENT diseases**

1. Palchun, V. T. Otorhinolaryngology: textbook / V. T. Palchun, A. I. Kryukov, M. M. Magomedov. - 4th ed. , revised and additional - Moscow: GEOTAR-Media, 2020. - 592 p. : ill. - 592 p. - ISBN 978-5-9704-5736-8. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970457368.html>

2. Palchun, V. T. Otorhinolaryngology / ed. Palchuna V. T. - Moscow: GEOTAR-Media, 2020. - 1024 p. (Series "National Manuals") - ISBN 978-5-9704-5007-9. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970450079.html>

## **Nervous diseases and neurosurgery**

1. Gusev, E. I. Neurology and neurosurgery: textbook: in 2 volumes / E. I. Gusev, A. N. Konovalov, V. I. Skvortsova. - 4th ed. , add. - T. 1. Neurology. - Moscow: GEOTAR-Media, 2018. - 640 p. : ill. - 640 p. - ISBN 978-5-9704-4707-9.

- Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970447079.htm>

2. Ginsberg, L. Neurology for general practitioners / Ginsberg L.; per. from English. - 4th ed. - Moscow: Knowledge Laboratory, 2020. - 371 p. System. requirements: Adobe Reader XI ; screen 10". (Best foreign textbook) - ISBN 978-5-00101-736-3. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785001017363.html>

3. Gusev, E. I. Neurology / ed. Guseva E. I., Konovalova A. N., Skvortsova V. I. - Moscow: GEOTAR-Media, 2019. - 432 p. (Series "National Manuals") - ISBN 978-5-9704-4983-7. - Text: electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970449837.html>

## **Oncology**

1. Cherenkov, V. G. Oncology: textbook / V. G. Cherenkov. - 4th ed. , corr. and additional - Moscow: GEOTAR-Media, 2017. - 512 p. - ISBN 978-5-9704-4091-9.

- Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970440919.html>

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## **Dentistry**

1. Afanasiev, V. V. Dentistry: textbook / Afanasiev V. V. [and others] - Moscow: GEOTAR-Media, 2018. - 448 p. - ISBN 978-5-9704-4524-2. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970445242.html>

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1. Koshechkin, V. A. Phthiology: textbook / V. A. Koshechkin. - Moscow: GEOTAR-Media, 2018. - 304 p. : ill. - 304 p. - ISBN 978-5-9704-4627-0. - Text: electronic // URL: <http://www.studmedlib.ru/book/ISBN9785970446270.html>
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### **Regulatory materials**

1. Order of the Ministry of Health of the Russian Federation of November 15, 2012 N 922n "On approval of the procedure for providing medical care to the adult population in the profile" surgery "/ GARANT System: <http://base.garant.ru/70365864/#ixzz5PWjjComR>

2. Order of the Ministry of Health of the Russian Federation of November 15, 2012 N 923n "On approval of the procedure for providing medical care to the adult population in the profile" therapy "/

1. GARANT system: <http://base.garant.ru/70299176/#ixzz5PWjttC6U>

2. Order of the Ministry of Health of the Russian Federation of November 1, 2012 N 572n "On approval of the Procedure for the provision of medical care in the profile" obstetrics and gynecology (except for the use of assisted reproductive technologies) "" / System GARANT: <http://base.garant.ru/70352632/#ixzz5PWkdN8UY>

3. Order of the Ministry of Health and Social Development of the Russian Federation of April 16, 2012 N 366n "On approval of the Procedure for the provision of pediatric care" / GARANT system: <http://base.garant.ru/70183024/#ixzz5PWkzJQ76>

4. On compulsory health insurance in the Russian Federation: federal law N 326-FZ of November 24, 2010. Adopted by the State Duma on November 19, 2010 official text // GARANT: information and legal system. – Access mode: <http://ivo.garant.ru/#/document/12180688/paragraph/13:6>

5. Requirements for the organization and performance of work (services) in the provision of primary health care, specialized (including high-tech), emergency (including emergency specialized), palliative care, the provision of medical care during sanatorium treatment, during medical examinations, medical examinations, medical examinations and sanitary and anti-epidemic (preventive) measures as part of the provision of medical care, transplantation (transplantation) of organs and (or) tissues, circulation of donor blood and (or) its components for medical purposes [Electronic resource] : utv. order of the Ministry of Health of the Russian Federation dated March 11, 2013 N 121n]: official text // GARANT: information and legal system. – Access mode: <http://ivo.garant.ru/#/document/70373440/paragraph/1:8>

6. Nomenclature of medical services [Electronic resource]: utv. order of the Ministry of Health and Social Development of the Russian Federation of December

27, 2011 N 1664n]: official text // GARANT: information and legal system. – Access mode: [http://ivo.garant.ru/#/basesearch/Nomenclature of medical services/all:9](http://ivo.garant.ru/#/basesearch/Nomenclature%20of%20medical%20services/all:9)

## List of resources of the information and telecommunication network

### Internet

1. Legal information system <http://www.consultant.ru/>
2. Scientific electronic library eLIBRARY RFBR project [www.elibrary.ru](http://www.elibrary.ru)
3. Federal portal for scientific and innovative activities [www.sci-innov.ru](http://www.sci-innov.ru)
4. Full-text database of GOSTs valid on the territory of the Russian Federation  
<http://www.vniiki.ru/catalog/gost.aspx>
5. FEFU Scientific Library <http://www.dvfu.ru/web/library/nb1>
6. Medical portal of Primorsky Krai <http://vladmedicina.ru>
7. Official website of the Ministry of Health of the Russian Federation  
<http://www.rosminzdrav.ru>.

### List of information technologies and software

The location of the computer equipment on which the software is installed, the number of jobs	Software List
The location of the computer equipment on which the software is installed, the number of workers Computer class of the School of Medicine aud. M 611 and M619, 28 jobs	<ul style="list-style-type: none"> <li>– Microsoft Office Professional Plus 2013 - an office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.);</li> <li>– 7Zip 16.04 - free file archiver with a high degree of data compression;</li> <li>– Adobe Acrobat XI Pro is a software package for creating and viewing electronic publications in PDF format;</li> <li>– AutoCAD Electrical 2015 - three-dimensional computer-aided design and drafting system;</li> <li>– ESET Endpoint Security 5 - comprehensive protection of workstations based on Windows OS. Virtualization support + new technologies;</li> <li>– WinDjView 2.0.2 - a program for recognizing and viewing files with the same name format DJV and DjVu;</li> </ul>

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|--|---|
|  | <ul style="list-style-type: none"><li>– SolidWorks 2016 - a CAD software package for automating the work of an industrial enterprise at the stages of design and technological preparation of production</li><li>– Compass-3D LT V12 - three-dimensional modeling system</li><li>– Notepad++ 6.68 - text editor</li></ul> |
|--|---|

## Logistics

For the organization of independent work, students have access to the following specialized rooms that comply with the current sanitary and fire safety standards, as well as safety requirements:

<b>Name of equipped premises and premises for independent work</b>	<b>List of main equipment</b>
Multimedia Audience	Motorized Screen 236*147cm Trim Screen Line; Projector DLP, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; document camera CP355AF Aversion, video camera MP-HD718 Multipix; Subsystem of specialized equipment fastenings CORSA-2007 Tuarex; Video switching subsystem: Audio switching and sound amplification subsystem: power amplifier, wireless LAN based on 802.11a/b/g/n 2x2 MIMO(2SS) access points.
Computer class of the School of Medicine aud. M419, 15 workplaces	HP ProOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, W, usb kbd/ mse, Win7Pro(64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty (15 pcs.)
Reading rooms of the FEFU Scientific Library with open access to the fund (building A - level 10)	HP ProOpe 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 Mbps. Workplaces for people with disabilities are equipped with Braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines, a video enlarger with the ability to regulate color spectra; magnifying electronic loupes and ultrasonic markers

In order to provide special conditions for the education of people with disabilities and people with disabilities in FEFU, all buildings are equipped with ramps, elevators, lifts, specialized places equipped with toilets, information and navigation support signs.





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

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**SCHOOL OF BIOMEDICINE**

**EVALUATION FUND  
FOR STATE FINAL CERTIFICATION**

**Direction of preparation 31.05.01 General medicine  
Specialist level**

**Full-time training**

Vladivostok  
2021

**The list of competencies that students should master as a result of mastering the educational program, description of indicators and criteria for their evaluation at various stages of formation, evaluation scale**

As a result of mastering the main professional educational program, the graduate should form universal, general professional and professional competencies.

Universal competencies of graduates and indicators of their achievement

Name of the category (group) of universal competencies	Code and name of universal competence	Code and name of the indicator of achievement of competence	Learning outcomes by disciplines (modules), practices
Systems and critical thinking	UC-11. Is able to form an intolerant attitude towards corrupt behavior	UC-1.1 To be able to identify problem situations and search for the necessary information to solve problems in the professional field.	Knows how to set a goal and how to achieve it
			Able to determine the essence of the problem situation and the stages of its resolution, taking into account variable contexts
			Possesses the skills to independently collect, systematize and critically analyze the information necessary to develop an action strategy to resolve a problem situation
		UC-1.2 Be able to form value judgments in the professional field	Knows the principles, criteria, rules for making judgments and assessments in the professional field
			Able to form his own judgments and assessments, competently and logically arguing his point of view in the professional field.
			Possesses the skills to apply theoretical knowledge to solving

			practical problems in the professional field
Development and implementation of projects	UC-2. Able to manage a project at all stages of its life cycle	UC-1.3 Be able to conduct a critical analysis of information using the historical method	Knows the algorithm for assessing the adequacy and reliability of information about a problem situation, knows how to work with conflicting information from different sources
			Able to search for solutions to a problem situation based on actions, experiment and experience
			Possesses the skills of independently critically evaluate possible solutions to a problem situation based on an analysis of cause-and-effect relationships
			Knows the principles of forming the concept of the project in the specified problem;
		UC-2.1 Be able to formulate the goal, objectives of the project and draw up a schedule for its implementation	Able to develop the concept of the project within the framework of the designated problem, formulating the goal, objectives, relevance, significance (scientific, practical, methodological and other depending on the type of project), expected results and possible areas of their application;
			Possesses the skills of drawing up a schedule for the implementation of the project as a whole and a control plan for its implementation;

		UC-2.2 Be able to organize a professional discussion of the project, justify the practical and theoretical significance of the expected results, distribute tasks and encourage others to achieve their goals.	<p>Knows the methods of presenting and describing the results of project activities; methods, criteria and parameters for evaluating the results of the project;</p> <p>Able to substantiate the practical and theoretical significance of the results obtained.</p> <p>Possesses the skills to organize a professional discussion of the project..</p>
Teamwork and leadership	UC-3. Able to organize and manage the work of a team, developing a team strategy to achieve a set goal	UC-3.1 To be able to form a team to perform practical tasks, develop a team strategy and work in a team.	Knows existing cooperation strategies when organizing teamwork
			Able to determine his role in the team in solving tasks
			Possesses team building skills
		UC-3.2 Be able to implement basic control functions.	Knows how to establish contacts and build relationships with team members based on trust and mutual assistance
Able to establish contacts and build relationships with team members based on trust and mutual assistance			
Possesses the skills to establish contacts and build relationships with team members based on trust and mutual assistance			
Communication	UC-4. Able to apply communication technologies, in a foreign language (s), for and professional	UK-4.1 The ability to use the studied lexical units in situations of everyday, social, cultural and business communication in a foreign language	<p>Knows the grammatical system and the lexical minimum of one of the foreign languages</p> <p>Able to use the state and foreign languages in professional activities</p>

	interaction		Possesses the skills to extract the necessary information from the original text in a foreign language on professional issues.
		UK-4.2 Understands the peculiarities of the behavior of selected groups of people with whom he works/interacts, takes them into account in his professional activities	Knows the behavior of selected groups of people in the process of communication in professional activities
			Able to use techniques for building integration links of communication interaction in professional activities
			Able to maintain the integration interaction of selected groups of people in the process of communication in professional activities
		UK-4.3 The ability to build statements using the studied lexical and grammatical units in accordance with the rules of a foreign language	Knows the terminology and rules of a foreign language in professional communication
			Able to optimally apply knowledge of a foreign language in professional communication
			Possesses the skill of oral and written communication to solve professional problems.
		UK-4.4 The ability to compose and present in writing in accordance with the requirements for formalization of official business and academic texts in Russian: abstract, annotation, essay, resume, statement, business letter.	Knows the principles and rules of business communication, features of oral and written forms of speech
			Able to carry out competent and effective verbal interaction in a professional environment
			Possesses the culture of business speech, the skills of creating business texts

		<p>UK-4.5 The ability, based on the acquired knowledge and skills, to participate in discussions, create and present public oral presentations of various genres to the audience</p>	<p>Knows the specifics of preparing and presenting public oral presentations in professional activities.</p> <p>Able to conduct a conversation, including a discussion, prepare and present a public oral presentation in professional activities.</p> <p>Possesses the skills and presentation of the necessary information, reasoned presentation</p>
		<p>UK-4.6 Able to use modern information and communication tools and technologies</p>	<p>Knows modern information and communication means and technologies.</p> <p>Able to use modern information and communication tools and technologies to solve standard communication and professional tasks</p> <p>Possesses the skill of conducting business correspondence, receiving and processing information, using modern information and communication tools and technologies to solve standard communication and professional tasks</p>
<p>Intercultural interaction</p>	<p>UC-5. Able to analyze and take into account the diversity of cultures in the process of intercultural interaction</p>	<p>UK-5.1 Perceives the intercultural diversity of society and the peculiarities of interaction in it in the socio-historical, ethical and philosophical contexts</p>	<p>Knows the philosophical foundations and the history of the formation of systemic reflective thinking, which allows one to perceive the intercultural diversity of society</p> <p>Able to use the techniques of systemic reflective thinking to perceive and describe the intercultural diversity of society</p>

			Possesses the skills to perceive the socio-historical, ethical and philosophical context of the situation of intercultural interaction
		UK-5.2 Explains the features of the cultural diversity of society in accordance with scientific historical knowledge	Knows the influence of the historical process on the development of the diversity of cultures and ethnic groups.
			Able to use the scientific conceptual apparatus to explain the emergence of a variety of ethnic groups and cultures in accordance with scientific historical knowledge
			Possesses the skills to explain the features of the cultural diversity of ethnic groups and cultures using the scientific conceptual apparatus and in accordance with scientific historical knowledge
		UK-5.3 Notes and analyzes the peculiarities of intercultural interaction in a historical context	Knows the latest achievements of domestic and foreign historical science, debatable problems of history.
			Able to work with historical sources; critically comprehend historical facts and events, overcome subjectivity and tendentiousness in their presentation, draw a conclusion and argue their own position based on the analysis of available information, treat historical heritage and cultural traditions with respect and care.
			Owens a culture of thinking, the ability to generalize, analyze, perceive information,

			methods of conducting discussions and polemics.
		<p>UK-5.4</p> <p>Perceives the intercultural diversity of society and the peculiarities of interaction in it in the socio-historical, ethical and philosophical contexts</p>	Knows the content of the process of intercultural interaction in a multicultural environment
			Able to take into account the diversity of cultures in the process of intercultural interaction
			Possesses the skills of empirical analysis of manifestations of cultural diversity in the process of intercultural interaction
		<p>UK-5.5</p> <p>Carries out intercultural interaction with the help of general and special philosophical methods of building intercultural communication, taking into account the goals of the activity</p>	Knows the presence of intercultural differences among representatives of various groups of society.
			Able to interact with representatives of various groups of society to achieve social and professional goals.
			Possesses the skill of overcoming intercultural differences among representatives of various groups of society in order to achieve the set social and professional goals.
		<p>UK-5.6</p> <p>Forms and maintains ways of integrating participants in intercultural interaction, taking into account the grounds for their differences and commonality, ethical and philosophical context</p>	Knows ways to determine the conditions for the integration of participants in intercultural interaction in order to achieve the goal, taking into account the grounds for their differences and commonality, ethical and philosophical contexts
			Possesses the skills to determine the conditions for the integration of participants in intercultural interaction to achieve the goal, taking



			<p>into account the grounds for their differences and commonality, ethical and philosophical contexts</p>
			<p>Has the skills to determine the conditions for the integration of participants in intercultural interaction to achieve the goal, taking into account the grounds for their differences and commonality, ethical and philosophical contexts</p>
		<p>UK-5.7 Able to comply with ethical and legal standards in the process of intercultural interaction</p>	<p>Know ethical and legal norms in the process of intercultural and professional communication</p>
			<p>Able to comply with ethical and legal standards in the process of intercultural interaction</p>
			<p>Possesses the skills of intercultural interaction based on accepted ethical and legal norms and values</p>
		<p>UK-5.8 Able to analyze the features of social interaction, taking into account historical, national, cultural and religious characteristics</p>	<p>Knows the problems of social and professional interaction arising from historical, national, cultural and religious characteristics</p>
			<p>Able to identify and analyze conflict situations in social and professional interaction arising from historical, national, cultural and religious characteristics</p>
			<p>Possesses the skill of preventing and resolving conflict situations in social and professional interaction arising from historical, national, cultural and religious characteristics</p>

		<p>UK-5.9 Able to competently and clearly present professional information in the process of intercultural interaction</p>	<p>Knows possible problems of perception of professional information by representatives of different cultures</p> <p>Able to competently and clearly present professional information, taking into account possible problems of perception by representatives of different cultures.</p> <p>Possesses the skill of accessible, competent presentation of professional information when communicating with representatives of different cultures to solve professional problems</p>
<p>Self-organization and self-development (including health preservation)</p>	<p>UC-6. Able to identify and implement the priorities of their own activities and ways to improve them based on self-assessment and lifelong learning</p>	<p>UK-6.1 Able to prioritize and plan their own professional activities, monitor and analyze its results..</p> <p>UK-6.2 Knows how to choose the most effective ways and means of improving their own professional activities based on self-assessment.а основе самооценки.</p>	<p>Knows and understands the principles of self-organization and time management</p> <p>Able to organize his time based on the principles of self-organization</p> <p>Owens the principles of self-organization and applies them in practice to manage his time</p> <p>Knows and understands the principles of planning and implementing self-development tasks at various stages of personal and professional self-determination</p> <p>Able to plan and implement the trajectory of self-development at various stages of professional self-determination</p>

			Owns methods of self-development and implementation of the trajectory of self-development
UC-7. Able to maintain the proper level of physical fitness to ensure full social and professional activity	UK-7.1 Understands the role of physical culture and sports in modern society, in human life, preparing him for social and professional activities, the importance of physical culture and sports activity in the structure of a healthy lifestyle and the features of planning an optimal motor regimen, taking into account the conditions of future professional activity		Knows the importance of the role of physical culture and sports in modern society, in human life, preparing him for social and professional activities, the importance
			Able to organize independent physical education classes
			Possesses the skills of planning the motor mode, taking into account professional activities
	UK-7.2 Uses self-control methodology to determine the level of health and physical fitness in accordance with the regulatory requirements and conditions of future professional activity		Knows the means and methods of self-control to determine the level of health and physical fitness
			Able to apply the basic methods of self-control in the process of physical education and sports
			Has the ability to determine the state of health, the level of development of physical qualities and motor skills
	UK-7.3 Maintains the proper level of physical fitness to ensure full-fledged social and professional activities, regularly engaging in physical exercises		Knows the main provisions of the theory and methodology of physical culture and sports
			Able to ensure the preservation and strengthening of individual health with the help of basic motor

			actions and basic sports		
			Owns the technologies of planning physical improvement and methods of practicing various types of motor activity		
Life safety	UC-8. Able to create and maintain safe living conditions in everyday life and in professional activity to preserve the natural environment, ensure sustainable development of society, including in the event of the threat and occurrence of emergency situations and military conflicts	UK-8.1 Identifies dangerous and harmful factors, predicting the possible consequences of their impact in everyday life, in production activities, in emergency situations	Knows the characteristics and signs of dangerous and harmful factors, the possible consequences of their interaction		
			Able to establish cause-and-effect relationships between danger and the possible consequences of exposure, assess the potential risk		
			Owns methods for identifying dangerous and harmful factors, predicting the possible consequences of their impact in various fields of activity, including in emergency situations		
				UK-8.2 Offers means and methods for preventing hazards and maintaining safe living conditions to preserve the natural environment and ensure the sustainable development of society	Knows methods for identifying dangerous and harmful factors, predicting the possible consequences of their impact in various fields of activity, including in emergency situations
					Able to select and apply specific means and methods of protection to ensure security in various given situations
					Owns tools and methods to prevent exposure to hazards and maintain safe living conditions.

		<p>UK-8.3</p> <p>Develops measures to protect the population and personnel in the conditions of realization of dangers, including in the event of emergencies and military conflicts</p>	<p>Knows the main measures necessary to protect a person from dangerous and harmful production factors, as well as in the event of natural, man-made emergencies and military conflicts</p>
			<p>Able to develop measures necessary to ensure the safety of the object of protection in the conditions of the implementation of hazards</p>
			<p>Has the ability to independently develop and justify measures to protect a person in specific conditions of the implementation of dangers, including in the event of emergencies and military conflicts</p>
		<p>UK-8.4</p> <p>Able to recognize and evaluate dangerous and emergency situations, determine ways to protect against them, provide self- and mutual assistance in case of dangers</p>	<p>Knows the signs of dangerous and emergency situations, ways to protect against them, methods of providing self- and mutual assistance in case of dangers</p>
			<p>Able to identify signs of dangerous and emergency situations, determine the necessary ways to protect against them.</p>
			<p>Possesses the skill of determining the necessary methods of protection in case of emergencies, providing self- and mutual</p>

			assistance in case of dangers.
		<p>UK-8.5 Knows how to use personal and collective protective equipment and first aid</p>	Knows the classification and principle of the protective action of individual and collective protective equipment, standard first aid equipment
	Knows how to use personal and collective protective equipment, personal first aid equipment in case of threat and emergency situations and military conflicts		
	Possesses the ability to use personal and collective protective equipment, first aid, both in everyday life and in the event of a threat and the occurrence of emergencies and military conflicts		
		<p>UK-8.6 Able to provide first aid to the injured</p>	Knows the basics of providing first aid and medical care to victims: pathology, clinic and treatment of lesions with toxic chemicals and ionizing radiation
	Able to provide first aid in the lesions and at the stages of medical evacuation		
	Owns first aid techniques for life-threatening conditions for victims in emergencies and military conflicts		

Inclusive competence	UC-9. Able to use basic defectological knowledge in social and professional spheres	UK-9.1	Knows the principles of non-discriminatory interaction with persons with disabilities and people with disabilities in the professional and social spheres.	Knows the principles of non-discriminatory interaction in communication within various spheres of life, taking into account the socio-psychological characteristics of persons with disabilities.	
				Able to use the principles of non-discriminatory interaction in communication within various spheres of life, taking into account the socio-psychological characteristics of persons with disabilities.	
				Owns the principles of non-discriminatory interaction in communication in the framework of volunteer activities, taking into account the socio-psychological characteristics of persons with disabilities.	
		UK-9.2	Be able to plan and carry out professional activities with persons with disabilities and people with disabilities	Knows the features of planning and carrying out professional activities with persons with disabilities and people with disabilities	
				Able to plan and carry out professional activities with persons with disabilities and people with disabilities	
				Possesses the skills to plan and implement professional activities with people with disabilities and people with disabilities	
		UK 9.3	To possess the skills of interaction in the social and	Knows the general rules of interaction with persons with disabilities or disabilities in the social	

		professional spheres with persons with disabilities and people with disabilities	and professional spheres
			Knows how to take into account the peculiarities of interaction with people with disabilities or disabilities of various groups in the social and professional spheres
			Possesses the skills of interaction with persons with disabilities or disabilities of various groups in the social and professional spheres
Economic culture, including financial literacy	UC-10. Able to make reasonable economic decisions in various areas of life	UK-10.1. Understands the basic principles of the functioning of the economy and economic development, the goals of the form of state participation in the economy	Knows the main patterns underlying the activities of economic entities and their role in the functioning of the economy
			Able to generalize and analyze the necessary economic information to solve specific theoretical and practical problems
			Owens the basic methods and theoretical tools for studying economic phenomena and processes for solving problems in various areas of life
		UK-10.2 Knows the principles of making economic decisions using methods of economic planning to achieve the set goals	Knows the methods and tools for planning and predicting the results of their actions in the professional field
			Able to plan professional activities to achieve results in the professional field
			Possesses the skills to predict the results of professional activity
Civil position	UC-11. Is able to form an intolerant attitude towards corrupt behavior	UK-11.1 Analyzes the current legal norms that ensure the fight against corruption in	Knows the essence of corrupt behavior and its relationship with social, economic, political and other conditions



		<p>various areas of life, as well as ways to prevent corruption and form an intolerant attitude towards it</p>	<p>Able to analyze the current legal norms that ensure the fight against corruption in various areas of life, as well as ways to prevent corruption and form an intolerant attitude towards it</p>
		<p>UK-11.2 Plans, organizes and conducts events that ensure the formation of a civic position and the prevention of legal nihilism, including in terms of combating corruption, extremism, terrorism, etc..</p>	<p>Possesses the skills to work with legislative and other regulatory legal acts that regulate the fight against corruption in various areas of life.</p>
		<p>UK-11.3 Complies with the rules of social interaction based on an intolerant attitude towards corruption</p>	<p>Knows the methods, methods and means of influencing the participants in public relations to form an intolerant attitude towards manifestations of legal nihilism, including manifestations of extremism, terrorism, corruption, etc.</p> <p>Able to implement measures that ensure the formation of a civic position and measures for legal education and prevention of legal nihilism, including in terms of combating corruption, extremism, terrorism, etc.</p> <p>Possesses the skills of forming a civic position and legal awareness, ensuring the prevention of legal nihilism, countering corruption, extremism and terrorism, etc.</p> <p>Knows the current legislation and norms governing social interaction based on an intolerant attitude towards corruption</p>

			Able to participate in public relations on the basis of an intolerant attitude towards corruption
			Possesses social interaction skills based on an intolerant attitude towards corruption

General professional competencies of graduates and indicators of their achievement.

<b>Name of the category (group) of universal competencies</b>	<b>Code and name of universal competence</b>	<b>Code and name of the indicator of achievement of competence</b>	<b>Learning outcomes by disciplines (modules), practices</b>
Ethical and legal foundations of professional activity	GPC-1. Able to implement moral and legal norms, ethical and deontological principles in professional activities	GPC-1.1. Be able to observe the moral and legal foundations in professional activities.	Knows moral and legal norms in professional activity.
			Able to comply with ethical standards and human rights in professional activities.
			Possesses the skill of professional interaction with patients, employees, relatives of patients, observing moral and legal standards.
		GPC -1.2 Knows the legislation of the Russian Federation in the field of health care, regulatory legal acts and other documents that determine the activities of medical organizations	Knows the basics of the legislation of the Russian Federation in the field of health care, the main regulatory legal acts and other documents that determine the activities of medical organizations and medical workers, general issues of organizing medical care for the population

		<p>and medical workers, general issues of organizing medical care for the population</p>	<p>Knows how to use the main legal regulations and other documents that determine the activities of medical organizations and medical workers.</p>
			<p>Possesses the skill of applying orders, regulations, standards, recommendations, other legal documents regulating the professional activities of a doctor in the provision of medical care to the population</p>
<p>Healthy lifestyle</p>	<p>GPC 2. Able to conduct and monitor the effectiveness of preventive measures, the formation of a healthy lifestyle and sanitary and hygienic education of the population</p>	<p>GPC-2.1. Knows how to plan and apply the most effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p>	<p>Knows the basics of planning and applying effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p>
			<p>Able to plan and apply the most effective methods and means of informing the population about a healthy lifestyle, increasing its literacy in matters of disease prevention</p>
			<p>Possesses the skills of planning work to inform the population about a healthy lifestyle, increase its literacy in matters of disease prevention</p>

		<p>GPC -2.2. Possesses the skills to prepare an oral presentation or printed text that promotes a healthy lifestyle, increases the literacy of the population in matters of sanitary culture and prevention</p>	<p>Knows the methodology for preparing an oral presentation or printed text in order to promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention</p> <p>Able to draw up a plan for the preparation of an oral presentation or printed text in order to promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention</p> <p>Possesses the skills to prepare oral presentations or printed texts that promote a healthy lifestyle, increase the literacy of the population in matters of sanitary culture and prevention.</p>
	<p>GPC-3. Capable of countering and combating doping in sport</p>	<p>GPC-3.1 Knows the concept of doping, the general principles of the fight against doping, the risk to health from the use of doping.</p>	<p>He knows the history of doping, the main directions of development of doping in sports, methods for its detection and application, regulatory legislation in the field of combating doping, the main groups of drugs used as doping.</p> <p>Able to identify signs of doping.</p>

			Possesses the skills of planning preventive measures for the use of doping
		GPC-3.2 Able to conduct explanatory work on the medical and legal consequences of doping	Knows information resources for planning anti-doping preventive work
			Knows how to use information resources to plan preventive anti-doping work
			Has the skill of using information resources for planning preventive work on the fight against doping
		GPC-3.3 Possesses: the skills of explanatory and preventive work to prevent the use of doping in sports	Knows the methods of conducting explanatory and preventive work to prevent the use of doping in sports
			Knows how to plan explanatory and preventive work to prevent the use of doping in sports
			Possesses the skills of planning and conducting explanatory and preventive work to prevent the use of doping in sports.
Diagnostic instrumental examination methods	GPC-4. Able to use medical devices provided for by the order of medical care, as well as conduct examinations of the patient in order to establish a diagnosis	GPC-4.1 Able to use medical devices provided for by the order of medical care	Knows the basic medical devices, specialized equipment, technologies provided for by the procedure for providing medical care
			Able to use the procedures for the provision of medical care for the use of medical devices, specialized equipment

			<p>and medical technologies.</p>
			<p>Possesses the skills to use of medical devices, specialized equipment and medical technologies in accordance with the procedures for providing medical care.</p>
		<p>GPC-4.2. Able to use medical devices in accordance with the current procedures for the provision of medical, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care in order to establish a diagnosis</p>	<p>Knows the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care that determine the use of medical devices, equipment, technologies in order to establish a diagnosis</p>
			<p>Able to use the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care that determine the use of medical devices, equipment, technologies in order to establish a diagnosis</p>
			<p>Possesses the skill of choosing the medical devices used in order to establish a diagnosis in accordance with the current procedures for the provision of medical, clinical</p>

			recommendations (treatment protocols) on the provision of medical care, care, taking into account the standards of medical care
Etiology and pathogenesis	GPC-5. Able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems	GPC-5.1 Knows the patterns of functioning of a healthy human body and the mechanisms for ensuring health from the standpoint of the theory of functional systems; features of the regulation of the functional systems of the human body in pathological processes	Knows the regularities of the structure and functioning of organs and systems of the human body in normal and pathological conditions
			Able to assess the state of the human body based on knowledge of the patterns of functioning of organs and systems of the human body in normal and pathological conditions
			Possesses the skill of analyzing the obtained data on the function of human organs and systems in normal and pathological conditions
		GPC-5.2. Able to determine and evaluate morphofunctional, physiological states and pathological processes of the human body	Knows the physiological norms that characterize the state of human organs and systems.
			Able to assess the state of human organs and systems in accordance with physiological norms that characterize the state of human organs and systems.
			Owens an algorithm for assessing the state of human organs and systems in accordance with physiological norms,

		<p>GPC-5.3. Owns the algorithm of physical examination, clinical laboratory, instrumental diagnostics in solving professional problems</p>	<p>Knows the algorithm and methodology for studying the function of human organs and systems in normal and pathological conditions</p> <p>Able to plan the application of methods for studying the function of human organs and systems in normal and pathological conditions</p> <p>Owns the algorithm of physical examination, clinical laboratory, instrumental diagnostics in solving professional problems</p>
		<p>GPC-5.4. Able to analyze and interpret the data obtained during the physical, laboratory, instrumental examination of the patient, during consultations of the patient by specialist doctors to solve professional problems.</p>	<p>Knows the methods of physical, laboratory, instrumental examination of the patient to solve professional problems.</p> <p>Able to analyze the data obtained during the physical, laboratory, instrumental examination of the patient, during consultations of the patient by specialist doctors to solve professional problems.</p> <p>Possesses the skill of interpreting data on the state of the human body obtained during the study of the function of human organs and systems in normal and pathological conditions</p>
Primary Health Care	GPC-6. Able to organize patient care, provide primary health care, ensure the organization of	GPC-6.1. Owns an algorithm for the timely detection of life-threatening	Knows the clinical manifestations of life-threatening disorders of the patient's condition, requiring first aid at the



work and the adoption of professional decisions in emergency conditions at the prehospital stage, in emergency situations, epidemics and in centers of mass destruction	disorders and is able to assess the patient's condition to make a decision on the need for first aid at the prehospital stage	prehospital stage
		Able to identify life-threatening violations of the patient's condition that require first aid at the prehospital stage
		Possesses the skill to identify life-threatening violations of the patient's condition that require first aid at the prehospital stage
	GPC-6.2. Owns the algorithm for providing first aid at the prehospital stage in case of emergency, including the skills of basic cardiopulmonary resuscitation	Knows the algorithm for providing first aid at the prehospital stage in case of emergency, including basic cardiopulmonary resuscitation
		Able to perform basic cardiopulmonary resuscitation.
		Possesses the skill of providing first aid at the prehospital stage in case of emergency, including the skills of basic cardiopulmonary resuscitation
	GPC - 6.3. Owns the algorithm for providing first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation situation and natural disasters (isolation, emergency	Knows the basics of providing first aid to those affected in the foci of especially dangerous infections, with a deterioration in the radiation situation and natural disasters.
		Able to provide first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation

		<p>specific and non-specific prevention, etc.)</p>	<p>situation and natural disasters.</p>
			<p>Able, under the guidance of the algorithm, to provide first aid to those affected in the foci of especially dangerous infections, in case of deterioration of the radiation situation and natural disasters.</p>
		<p>GPC-6.4. Knows how to use medicines and medical products in the provision of medical care in an emergency form at the prehospital stage</p>	<p>Knows medicines and medical devices for providing medical care in an emergency form at the prehospital stage</p>
			<p>Able to use medicines and medical products in the provision of medical care in an emergency form at the prehospital stage</p>
			<p>Possesses the skill to independently use medicines and medical devices in the provision of medical care in an emergency form at the prehospital stage</p>
<p>Treatment of diseases and conditions</p>	<p>GPC-7. Able to prescribe treatment and monitor its effectiveness and safety</p>	<p>GPC-7.1. Able to prescribe treatment based on knowledge of morphological and functional characteristics, physiological conditions and pathological processes in the human body, based on the pharmacodynamics</p>	<p>Knows the features of the pharmacodynamics of drugs, the mechanism of therapeutic agents and methods in physiological and pathological conditions of a person.</p>
			<p>Able to draw up a treatment plan based on knowledge of morphological and functional characteristics, physiological conditions and pathological</p>

		<p>of drugs and the mechanism of action of other therapeutic agents and methods.</p>	<p>processes in the human body, based on the pharmacodynamics of drugs and the mechanism of action of other therapeutic agents and methods.</p> <p>Possesses the skill to independently prescribe treatment based on knowledge of morphological and functional characteristics, physiological conditions and pathological processes in the human body, based on the pharmacodynamics of drugs and the mechanism of action of other therapeutic agents and methods.</p>
		<p>GPC-7.2. Able to evaluate and control the therapeutic effect and side effects in prescribing drugs, as well as other therapeutic agents and methods, based on clinical, laboratory and instrumental data.</p>	<p>Knows the therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p> <p>Able to evaluate the therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p> <p>Possesses the skill to correct medical prescriptions based on the evaluation of therapeutic effects and side effects of prescribed drugs, as well as other therapeutic agents and methods</p>
<p>Medical rehabilitation</p>	<p>GPC-8. Able to implement and monitor the effectiveness of the patient's medical rehabilitation, including the</p>	<p>GPC-8.1 Knows how to prescribe, implement and monitor the effectiveness of the patient's medical</p>	<p>Knows the measures for the medical rehabilitation of the patient, medical indications and contraindications for their implementation, taking into account the</p>

	<p>implementation of individual rehabilitation and habilitation programs for the disabled, to assess the patient's ability to work</p>	<p>rehabilitation, including the implementation of individual rehabilitation and habilitation programs for the disabled</p>	<p>diagnosis and in accordance with. current procedures for the provision of medical care clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>Able to determine medical indications for medical rehabilitation measures, including the implementation of an individual rehabilitation and habilitation program for disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>Possesses the skill of referring a patient in need of medical rehabilitation to a specialist doctor for prescribing and carrying out medical rehabilitation measures, including when implementing an individual rehabilitation program or habilitation for people with disabilities, in accordance with the current procedures for providing medical care, clinical recommendations (treatment protocols) according to issues of medical care, taking into account the standards of medical care</p>
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		<p>GPC-8.2 Able to assess the patient's ability to work</p>	<p>Knows the procedure for the examination of temporary disability and the signs of a patient's temporary disability.</p> <p>Able to identify signs of temporary incapacity for work and signs of permanent dysfunction due to diseases, consequences of injuries or defects.</p> <p>Possesses the skill of paperwork and examination of temporary disability</p>
<p>Quality management</p>	<p>GPC-9. Able to implement the principles of quality management in professional activities</p>	<p>GPC-9.1. Owns the principles of the quality management system and marketing in professional activities</p>	<p>Knows the regulatory documents for assessing the quality of medical care.</p> <p>Able to use normative documents for assessing the quality of medical care.</p> <p>Possesses the skill of organizing medical activities in accordance with regulatory documents for assessing the quality of medical care.</p>
		<p>GPC-9.2. Able to analyze and critically evaluate the quality of professional activity according to specified indicators</p>	<p>Knows the main normative indicators for assessing the quality of professional medical activity of a general practitioner</p> <p>Able to use normative indicators for assessing the quality of professional medical activity of a general practitioner to organize work</p> <p>Possesses the skill of organizing the professional medical activities of a general practitioner in accordance with the standard</p>

			indicators of quality assessment.
information literacy	GPC-10. Able to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies, taking into account the basic requirements of information security	GPC-10.1. Able to use modern information and communication tools and technologies in professional activities	Knows modern information and communication tools and technologies used in professional medical activities
			Able to use modern information and communication tools and technologies in professional medical activities
			Possesses the skill of using modern information and communication tools and technologies in professional medical activities
		GPC K-10.2. Able to follow the rules of information security in professional activities	Knows modern threats and rules for compliance with information security in professional activities
			Able to work in a virtual information space in compliance with information security rules
			Possesses the skill of safe work in the virtual information space
Scientific and organizational activities	GPC-11. Able to prepare and apply scientific, research and production, design, organizational, managerial and regulatory	GPC-11.1. Able to search and select scientific, legal and organizational-administrative documentation in accordance with the	Knows the sources, methods of search and selection of scientific, legal and organizational-administrative documentation in accordance with the set goals.

	documentation in the healthcare system	set goals, their analysis and application to solve professional problems	Able to search and select scientific, legal, organizational and administrative documentation in accordance with the set goals.	
			Possesses the skill of analyzing and applying scientific, regulatory, legal and organizational-administrative documentation in accordance with the solution of professional problems	
			Knows the methods of evidence-based medicine in solving the delivered professional doctor	
		GPC-11.2. Able to use the methods of evidence-based medicine in solving the professional task		Able to: use the methods of evidence-based medicine in solving the set professional doctor
				Possesses the skill of using evidence-based medicine methods to solve professional problems.
				Knows the basics of the methodology for preparing publications, abstracts, reports for public presentation.
		GPC-11.3. Knows how to prepare information and analytical materials and references, including for the public presentation of the results of scientific work (report, theses, article)		Knows how to plan a scientific report, theses, and articles.
				Possession of the skill of compiling a scientific report, theses, articles for public presentation and publication.

Professional competencies of graduates and indicators of their achievement:

Tasks of professional	Object or area of	Code and name of professional competence	Code and name of the indicator of achievement of professional
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activity (PA)	knowledge (if necessary)		competence
Type of tasks of professional activity: medical			
Labor function			
Providing medical care to a patient in urgent or emergency forms	02 Health	PC-1 is ready to participate in the provision of medical care in urgent or emergency forms	PC-1.1 Has the ability to assess the condition of a patient requiring emergency or emergency medical care
			PC-1.2 Knows the list of laboratory and instrumental research methods for assessing the patient's condition, the main medical indications for conducting research and interpreting the results
			PC-1.3 Knows the etiology, pathogenesis and pathological morphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs
			PC-1.4 Knows the methodology for collecting complaints and anamnesis from patients (their legal representatives)
			PC-1.5 Knows the methods of physical examination of patients (examination, palpation, percussion, auscultation)
		PC-2 is ready to provide emergency medical care to patients with sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life	PC-2.1 Able to identify clinical signs of conditions requiring emergency medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life
			PC-2.2 Able to perform measures to provide emergency medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases without



			obvious signs of a threat to the patient's life
			PC-2.3 Able to use medicines and medical devices in the provision of medical care in emergency or urgent forms for sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life
		PC-3 is ready to provide emergency medical care to patients in conditions that pose a threat to the patient's life, including clinical death (stopping the vital functions of the human body (blood circulation and/or respiration))	PC-3.1 Able to identify conditions requiring emergency medical care, including clinical signs of sudden cessation of blood circulation and breathing
			PC-3.2 Able to perform basic cardiopulmonary resuscitation in combination with electrical impulse therapy (defibrillation)
			PC-3.3 Knows the clinical signs of a sudden cessation of blood circulation and / or respiration
			PC-3.4 Knows the rules for basic cardiopulmonary resuscitation
			PC-3.5 Knows the principles of operation of devices for external electrical impulse therapy (defibrillation)
			PC-3.6 Knows the rules for performing external electrical impulse therapy (defibrillation) in case of a sudden cessation of blood circulation and / or respiration
Examination of the patient in order to establish a diagnosis	02 Health	PC-4 is ready to collect and analyze the patient's complaints, his medical history, the results of a physical examination, laboratory, instrumental, post-	PC-4.1 Able to collect complaints, anamnesis of life and illness of the patient and analyze the information received
			PC-4.2 Able to conduct a complete physical examination of the patient (examination, palpation, percussion,

		<p>mortem and other studies in order to recognize the condition or establish the presence or absence of a disease in accordance with the current procedures for providing medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care.</p>	<p>auscultation) and interpret its results</p>
			<p>PC-4.3 Knows how to justify the need and scope of laboratory and instrumental examination of the patient, the need to refer the patient for consultations with specialist doctors</p>
			<p>PC-4.4 Knows how to prioritize the volume, content and sequence of diagnostic measures, taking into account the standards of medical care</p>
			<p>PC-4.5 Knows the methods of laboratory and instrumental research to assess the state of health, medical indications for conducting research, the rules for interpreting their results</p>
			<p>PC-4.6 Knows the procedures for providing medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care</p>
		<p>PC-5 is capable of making a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD).</p>	<p>PC-5.1 Knows etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, peculiarities of course, complications and outcomes of diseases of internal organs</p>
			<p>PC-5.2 Can conduct early diagnosis of diseases of internal organs</p>
			<p>PC-5.3 Can make differential diagnostics of diseases of internal organs from other diseases</p>
			<p>PC-5.4 Can use the International Statistical Classification (ICD) of Diseases and Related Health Problems to make a diagnosis</p>
<p>Prescribing treatment and monitoring its effectiveness and</p>	<p>02 Health</p>	<p>PC-6 is capable of developing a treatment plan for a disease or condition, taking into</p>	<p>PC-6.1 Knows modern methods of using medicines, medical devices and medical nutrition for diseases and conditions in a</p>

safety		account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care	patient in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care
			PC-6.2 Knows the procedure for providing palliative care
			PC-6.3 Able to draw up a treatment plan for the disease and the patient's condition, taking into account the diagnosis, the age of the patient, the clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	PC-7 is ready to prescribe medicines, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care		PC-7.1 Knows the mechanism of action of drugs, medical devices and medical nutrition, medical indications and contraindications for their use; complications associated with their use.
			PC-7.2 Knows how to prescribe medicines, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
	PC-8 is ready to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture		PC-8.1 Knows modern methods of non-drug treatment of diseases and conditions in a patient in accordance with the current procedures for providing

		of the disease in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care	PC-8.2 Able to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care
		PC-9 is capable of assessing the effectiveness and safety of the use of drugs, medical devices, clinical nutrition and other methods of treatment	PC-9.1 Knows the mechanism of action of non-drug treatment; medical indications and contraindications to its appointment; side effects, complications caused by its use
			PC-9.2 Able to evaluate the effectiveness and safety of the use of medicines, medical devices and clinical nutrition
		PC-10 is ready to organize personalized treatment of the patient, including pregnant women, elderly and senile patients, evaluation of the effectiveness and safety of treatment	PPC-10.1 Knows the physiological characteristics of patients depending on the constitutional type, age, comorbidities and changes associated with pregnancy
			PC-10.2 Able to prescribe personalized treatment of patients depending on the constitutional type, age, comorbidities and changes associated with pregnancy, taking into account the standards of medical care
Implementation and control of the effectiveness of the patient's medical rehabilitation, including the implementation of individual programs for the rehabilitation or	02 Health	PC-11 is ready to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person	PC-11.1 Knows the procedure for the examination of temporary disability and signs of temporary disability of the patient
			PC-11.2 Knows signs of persistent impairment of body functions due to diseases, consequences of injuries or defects
			PC-11.3 Able to identify signs of temporary disability and signs of permanent impairment of

habilitation of the disabled, assessment of the patient's ability to work		body functions due to diseases, consequences of injuries or defects
		PC-11.4 Knows the signs of biological death, the procedure for fixing the fact of biological death and the procedure for registering biological death
	PC-12 is ready to determine the need for the use of natural healing factors, medicinal, non-drug therapy and other methods in patients in need of medical rehabilitation and sanatorium treatment in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care	PC-12.1 Knows the measures for the medical rehabilitation of the patient, medical indications and contraindications for their implementation, taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
		PC-12.2 Knows the medical indications and contraindications for the appointment of sanatorium-resort treatment as a stage of the patient's medical rehabilitation
		PC-12.3 Knows the features of medical rehabilitation of elderly and senile patients
		PC-12.4 Knows how to determine medical indications for medical rehabilitation measures, including the implementation of an individual rehabilitation or habilitation program for disabled people, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care
		PC-12.5 Knows how to prescribe sanatorium-and-spa treatment to a patient in need of medical rehabilitation, including

			when implementing an individual rehabilitation or habilitation program for disabled people, in accordance with current clinical recommendations (treatment protocols) on the provision of medical care, procedures for the provision of medical care and with taking into account the standards of medical care
Carrying out and monitoring the effectiveness of measures to prevent and promote a healthy lifestyle and sanitary and hygienic education of the population	02 Health	PC-13 is capable and ready to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients	PC-13.1 Knows the regulatory legal acts and other documents regulating the procedures for conducting medical examinations, medical examinations and dispensary observation
			PC-13.2 Knows the principles of dispensary observation of patients with non-communicable diseases and risk factors in accordance with regulatory legal acts and other documents
			PC-13.3 Knows the forms and methods of sanitary and educational work on the formation of elements of a healthy lifestyle, including programs to reduce alcohol and tobacco consumption, prevent and combat the non-medical use of narcotic drugs and psychotropic substances
			PC-13.4 Able to conduct medical examinations taking into account age, health status, profession in accordance with current regulatory legal acts and other documents
			PC-13.5 Knows how to conduct medical examinations of the adult population in order to early identify chronic non-communicable diseases, the main risk factors for their development
			PC-13.6 Able to conduct dispensary observation of

			<p>patients with identified chronic non-communicable diseases, including patients with high and very high cardiovascular risk</p>
			<p>PC-13.7 Knows how to prescribe preventive measures to patients, taking into account risk factors for the prevention and early detection of diseases, including socially significant diseases</p>
		<p>PC-14 is ready to organize and control the immunoprophylaxis of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>	<p>PC-14.1 Knows preventive measures taking into account the diagnosis in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
			<p>PC-14.2 Knows the principles of application of specific and non-specific prevention of infectious diseases, the national calendar of preventive vaccinations and the calendar of preventive vaccinations according to epidemic indications</p>
			<p>PC-14.3 Able to draw up a plan for the immunoprophylaxis of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p>
		<p>PC-15 is capable and ready to carry out anti-epidemic measures, organize the protection of the population in foci of especially dangerous infections, in case of deterioration of the</p>	<p>PC-15.1 Knows the rules for conducting sanitary and anti-epidemic measures</p>
			<p>PC-15.2 Knows how to determine medical indications for the introduction of restrictive measures (quarantine) and indications for referral to a</p>

		radiation situation, natural disasters and other emergencies	specialist doctor
			PC-15.3 Able to draw up a plan for conducting sanitary and anti-epidemic measures in the event of a focus of infection
Maintaining medical records and organizing the activities of the nursing staff at the disposal	Type of tasks of professional activity: research		
	01 Education and science	SC-16 is capable and ready to analyze morbidity, disability and mortality rates to characterize the health of adults and adolescents	PC-16.1 Knows the medical and statistical indicators of morbidity, disability and mortality that characterize the health of the attached population, the procedure for their calculation and evaluation
			PC-16.2 Able to analyze data from official statistical reporting, including forms of federal and sectoral statistical observation
	Type of tasks of professional activity: organizational and management		
	07 Administration and office activities	PC-17 is ready to participate in the assessment of the quality of medical care using the main medical and statistical indicators	PC-17.1 Knows the organization of medical care in medical organizations that provide medical care on an outpatient basis, including at home when a medical worker is called
			PC-17.2 Able to analyze medical and statistical indicators of morbidity, disability and mortality to assess the health of the attached population
		PC-18 is able to monitor the performance of duties by a nurse and other medical workers at their disposal	PC-18.1 Knows the duties of a district nurse and other medical workers at the disposal
			PC-18.2 Knows how to control the performance of duties by a district nurse and other medical workers at their disposal
	PC-19 is ready to maintain medical records, including in electronic form	PC-19.1 Knows the rules for issuing medical records in medical organizations that provide medical care on an outpatient basis, including at home when a medical worker is called	



			PC-19.2 Knows the rules of work in information systems and information and telecommunications network "Internet"
			PC-19.3 Able to fill out medical documentation, including in electronic form
			PC-19.4 Knows how to use information systems and the information and telecommunications

State final certification of the FEFU graduate in the field of study 31.05.01 General Medicine is mandatory and is carried out after mastering the main educational program in full.

The program of state final certification in the field of 31.05.01 General Medicine (specialist level) was developed in accordance with the requirements of the "Procedure for conducting state final certification for educational programs of higher education - bachelor's programs, specialist's programs and master's programs", approved by order of the Ministry of Education of Russia dated 29.06.2015 No. 636; "Regulations on the state (final) certification of graduates of the Federal State Autonomous Educational Institution of Higher Professional Education "Far Eastern Federal University", approved by order of the Acting Rector of November 27, 2015 No. 12-13-2285.

In accordance with the Federal State Educational Standard for the direction of training 31.05.01 General Medicine, approved by order of the Ministry of Science and Higher Education of the Russian Federation dated August 12, 2020 No. 988, the structure of the state final certification includes preparation for passing and passing state exam.

For students from among persons with disabilities and the disabled, the state final certification is carried out taking into account the peculiarities of their psychophysical development, their individual capabilities and health status, as well as in accordance with the individual program for the rehabilitation of a disabled person.

The content of the state final certification program

The form of the state final certification is full-time.

The content of the state final certification is:

- performance of test tasks;
- demonstration of practical skills;
- answers to exam questions.

The state final certification takes place in three stages.

- stage I: test control;
- stage II: assessment of the practical skills of a specialist;
- III stage: theoretical interview.

### **The first stage of the State Final Attestation is a test exam**

#### **List of topics for preparing for the test**

I. Criteria of public health and their definition. The main factors determining the health of the population. Types of prevention, main tasks and indicators of its effectiveness. Methods for studying the health of the population. The role of medical statistics in the study of the health status of various age and sex groups of the population and the activities of the main medical and preventive healthcare institutions. Registration forms in the outpatient service. Legal basis for the activities of health authorities and institutions. Health care systems, features of health care in Russia. Basic principles of organization of healthcare institutions, structure and performance indicators. Features of the doctor's work in outpatient and inpatient institutions. Medical and social expertise. Temporary disability. Disability

II. Medical ethics. Moral and ethical standards of relationships: doctor-patient, doctor-doctor, doctor - middle and junior medical staff, doctor - patient's relatives. Medical secrecy. Responsibility of a doctor for professional violations. Informed consent of the patient.

III. Age-sex features of the functioning of the body.

VI. Sanitary and epidemiological patterns of occurrence, development, and spread of diseases.

V. Provision of emergency care for various life-threatening conditions.

VI. List of states and diseases.

1. Gastroenterology. Diseases of the esophagus (esophagitis, achalasia of the esophagus, ulcerative processes in the esophagus, varicose veins of the esophagus, Barrett's esophagus, cancer of the esophagus). Diseases of the stomach and duodenum (peptic ulcer, gastric polyposis, gastritis, Mallory-Weiss syndrome, stomach cancer, bleeding from the stomach and duodenum, Zollinger-Ellison syndrome). Intestinal diseases (acute enteritis, acute and chronic colitis, pseudomembranous colitis, ulcerative colitis, Hirschsprung's disease, Crohn's disease, diverticulosis and diverticulitis of the colon) Surgical diseases of the colon and rectum. Cancer of the colon and rectum. Haemorrhoids. Paraproctitis. Appendicitis (acute, chronic, complications, atypical forms). Meckel's diverticulitis. Hernias of the anterior abdominal wall. Methods for diagnosing diseases of the gastrointestinal tract.

2. Pulmonology. Acute inflammatory diseases of the respiratory tract. COPD Bronchial asthma. Allergic diseases of the lungs. TELA. Lung infarction. Pleurisy. Pulmonary tuberculosis. Lungs' cancer. Pulmonary bleeding and hemoptysis. Methods for diagnosing the respiratory system.

3. Cardiology and vascular diseases. Cardiac ischemia. Myocardial infarction. Inflammatory diseases of the heart and pericardium. Heart defects. Heart failure. Electrocardiography. Methods for diagnosing CVD diseases. Arterial hypertension. Atherosclerosis and hypercholesterolemia. Diseases of the veins.

4. Diseases of the hepatobiliary sphere. Hepatitis. Cirrhosis of the liver. Budd-Chiari Syndrome of portal hypertension. Porto-caval and caval anastomoses. Biliary hypertension. Jaundice and hyperbilirubinemia. Cholelithiasis. Liver cysts. Cholecystitis. Liver cancer. Gallbladder cancer. Vascular tumors of the liver. Acute and chronic pancreatitis. Cysts of the pancreas. Pancreas cancer.

5. Diseases of the urogenital area. Urolithiasis disease. Injuries of the kidneys and

urinary tract. Urinary retention. BPH. Bladder cancer. Kidney cancer. Prostate cancer.

6. Principles of organization of oncological service. Tumors of the skin, skin appendages. Mammary cancer.

7. Diseases of the musculoskeletal system. Dislocations. Fractures. Injuries and degenerative diseases of the spine. Inflammatory diseases of bones and joints. Bone tumors. Organization of trauma care.

8. Inflammatory diseases of the connective tissue.

9. Epidemiologically significant infectious diseases.

10. Skin and venereal diseases

11. Hematology and transfusiology.

12. Pediatrics.

13. Diseases of the nervous system.

14. Diseases of the endocrine system. Diseases of the thyroid gland. Diabetes. Surgical complications of diabetes mellitus. Diseases of the pituitary gland. Diseases of the adrenal glands.

15. Obstetrics and gynecology. Physiological pregnancy. Fetal development during pregnancy. Childbirth. Inflammatory diseases of the female genital organs. Uterine bleeding. Myoma of the uterus. Cervical cancer. Uterine cancer. Ovarian cancer.

### **The procedure for conducting the First stage of the State final certification - testing**

1. If testing is carried out using electronic means of control, then you need to log into the BlackBoard system using your login and password, then log into the testing system. You will be given 100 test items randomly. The test task contains 100 questions. Each of them has several answers, of which only one is correct, most fully meeting all the conditions of the question. After the test is completed, you will automatically receive the test result, which will be reflected on the monitor screen. The result of the test stage is recorded in the protocol of the state final certification.

2. If testing is carried out using paper media, then you will be given a version of the

test task and a personal answer sheet.

On the personal sheet, you should indicate: last name, first name, patronymic, specialty of training and the number of the test task option.

Use only a blue ballpoint pen.

It is not allowed to make notes in the fields of the test task.

The test task contains 100 questions. Each of them has several answers, of which only one is correct, most fully meeting all the conditions of the question.

Be careful when reading the wording of the task and choosing the answer option.

You must choose one answer that best matches the conditions of the problem, or one wrong answer among the correct ones.

Pay attention to the keywords “always”, “never”, “most”, “all signs are characteristic except...”, “... except for...”, “what is not typical for...”, medical suffixes and prefixes such as "hyper-", "hypo-", "-itis", sex and age of the patient, concomitant diseases.

Choose the answer option that most fully corresponds to the conditions of the problem, and enter its number in the appropriate cell of the answer sheet.

Do not leave any question unanswered. Marking more than one option or not marking cannot be counted as a correct answer.

During testing, students are not entitled to communicate with each other, move freely around the classroom, use mobile phones or other means of communication, electronic computers and reference materials.

In case of violation of the procedure for conducting testing or refusal to comply with it, the chairman of the State Audit Office has the right to remove the student from testing, about which an appropriate act is drawn up.

During the period of students' work on test tasks, members of the State Examination Commission are present in the audience.

The duration of the test is 2 hours. After the testing time has elapsed, the chairman of the SIA announces the end of testing, collects test materials from graduates.

**Tests for the I stage of the State final certification in the specialty 31.05.01**

**General Medicine**

1. THE AVERAGE DURATION OF TEMPORARY DISABILITY DURING OUTPATIENT TREATMENT OF EXACERBATION OF CHRONIC ACALCULOUS CHOLECYSTITIS IS (DAY)
  - a. 1,4-20
  - b. 7-10
  - c. 28
  - d. 21
2. FOR CAPILLARY BLEEDING, THE FOLLOWING IS USED:
  - a. sodium etamzilate
  - b. ticlopidine
  - c. Streptolysin
  - d. Warfarin
3. A COMPLICATION OF TROPICAL MALARIA IS
  - a. coma
  - b. peritonitis
  - c. dehydration shock
  - d. bleeding
4. PNEUMOCONIOSIS ARISING FROM INHALATION OF DUST CONTAINING ASBESTOS, TALC, CEMENT BELONG TO THE GROUP
  - a. silicatosis
  - b. metalloconiosis
  - c. carboconiosis
  - d. silicosis
5. A KEY ROLE IN THE PATHOGENESIS OF ASCITES IN A PATIENT DIAGNOSED WITH CIRRHOSIS OF THE LIVER IS PLAYED BY
  - a. portal hypertension
  - b. hyperestrogenemia

- c. decrease in colloidal-osmotic plasma pressure
  - d. secondary hyperaldosteronism
6. THE BRONCHI, BRONCHIOLES AND LUNGS ARE AFFECTED BY
- a. respiratory syncytial infection
  - b. adenovirus infection
  - c. rhinovirus infection
  - d. parainfluenza
7. THE HUMORAL FACTOR THAT DETERMINES THE TONE OF THE VASCULAR WALL IS
- a. Endothelin
  - b. nitric oxide
  - c. adrenaline
  - d. adrenocorticotroponin
8. A KEY ROLE IN THE PATHOGENESIS OF ASCITES IN A PATIENT DIAGNOSED WITH CIRRHOSIS OF THE LIVER IS PLAYED BY
- a. portal hypertension
  - b. hyperestrogenemia
  - c. decrease in colloidal-osmotic plasma pressure
  - d. secondary hyperaldosteronism
9. BASED ON THE RESULTS OF MEDICAL EXAMINATION OF PATIENTS WITH CHRONIC DISEASES, AN ACCOUNTING FORM IS FILLED OUT
- a. 0Z0/y
  - b. 088/y
  - c. 131/y
  - d. 025/y
10. A DECREASE IN GLOMERULAR FILTRATION CAN LEAD TO THE APPOINTMENT OF
- a. indomethacin
  - b. cyclophosphamide

c. Dipyridamoloa

d. methylprednisolone

11. EROSIIVE AND ULCERATIVE CHANGES IN THE UPPER GASTROINTESTINAL TRACT ARE LEAST LIKELY TO OCCUR AGAINST THE BACKGROUND OF ADMISSION

a. celecoxib

b. acetylsalicylic acid

c. diclofenac

d. indomethacin

12. THE MAIN CAUSE OF ITSENKO-CUSHING'S DISEASE

a. pituitary adenoma secreting adrenocorticotrophic hormone

b. pituitary adenoma secreting growth hormone

c. insufficient secretion of adrenocorticotrophic hormone by the pituitary gland

d. A tumor of the adrenal glands that secretes cortisol

13. STATINS SHOULD BE DISCONTINUED IN CASE OF REGISTRATION AGAINST THE BACKGROUND OF MYALGIA OF AN INCREASE IN THE BLOOD ACTIVITY OF CK B (TIMES)

a. 5

b. 4

c. 3

d. 2

14. THE RESEARCH METHOD THAT IS CRUCIAL IN THE DIFFERENTIAL DIAGNOSIS OF MYOCARDITIS AND CORONARY ARTERY DISEASE IS

a. Coronary angiography

b. echocardiography

c. Intracardiac electrophysiological study

d. Electrocardiography

15. A FACTOR PREDISPOSING TO THE FORMATION OF POST-INFECTIOUS IRRITABLE BOWEL SYNDROME IS



- a. Past intestinal infection
- b. dyslipidemia
- c. eating foods rich in fiber
- d. milk

16. MULTIPLE MYELOMA IS PRIMARILY CHARACTERIZED BY A LESION

- a. flat joints
- b. large joints
- c. long tubular bones
- d. interphalangeal joints

17. WHICH OF THE CLINICAL SYNDROMES IS IMPORTANT FOR ASSESSING THE SEVERITY OF CHOLERA

- a. dehydration.
- b. intoxication
- c. hemorrhagic
- d. gastric

18. PREGNANT WOMEN SUFFERING FROM ARTERIAL HYPERTENSION CAN BE PRESCRIBED

- a. Doperit
- b. Enalapril
- c. Losartan
- d. Captopril

19. WHICH OF THE CLINICAL SYNDROMES IS IMPORTANT FOR ASSESSING THE SEVERITY OF CHOLERA

- a. dehydration.
- b. intoxication
- c. hemorrhagic
- d. gastric

20. A CHARACTERISTIC AUSCULTATORY SYMPTOM OF MITRAL VALVE INSUFFICIENCY IS

- a. systolic murmur at the apex
- b. mesodiastolic murmur
- c. Flapping 1 tone
- d. systolic murmur at the base of the heart

FORM FOR ANSWERS AT THE FIRST STAGE OF THE STATE FINAL  
CERTIFICATION IN THE SPECIALTY 31.05.01 "General Medicine"

Full name of the graduate \_\_\_\_\_ Group  
\_\_\_\_\_ Option No. \_\_\_\_\_ Date "\_\_\_" \_\_\_\_\_ 2022

Put down the number of the only correct answer to each test

<b>№ Test</b>	<b>answer</b>	<b>№ Test</b>	<b>answer</b>	<b>№ Test</b>	<b>answer</b>	<b>№ Test</b>	<b>answer</b>	<b>№ Test</b>	<b>answer</b>
001		021		041		061		081	
002		022		042		062		082	
003		023		043		063		083	
004		024		044		064		084	
005		025		045		065		085	
006		026		046		066		086	
007		027		047		067		087	
008		028		048		068		088	
009		029		049		069		089	
010		030		050		070		090	
011		031		051		071		091	
012		032		052		072		092	
013		033		053		073		093	
014		034		054		074		094	
015		035		055		075		095	
016		036		056		076		096	
017		037		057		077		097	
018		038		058		078		098	
019		039		059		079		099	
020		040		060		080		100	

Total correct answers \_\_\_\_\_ % \_\_\_\_\_

Test Exam Results \_\_\_\_\_

Examiner \_\_\_\_\_ / \_\_\_\_\_ /

Verification of the performance of test tasks is carried out by members of the State Examination Commission in the presence of the chairman of the GIA.

The test results are evaluated as follows:

- 71% or more of correct answers - "credited";
- Less than 70% of correct answers are "not counted".

The result of passing the tests "credited" (71% or more) is admission to the next stages of the GIA (practical skills, interview). The final decision on admission to the next stage of the GIA of a graduate who received a grade of "not credited" (less than 71%) in each individual case is made by the chairman of the State Examination Commission.

### **State Final Certification for the program of higher education - specialist**

#### **Specialty 31.05.01 General Medicine**

#### **Stage II**

#### **Assessment of practical skills of a specialist**

**The second stage of the** State Final Certification is carried out in the conditions of the Accreditation and Simulation Center of the School of Medicine.

To test practical skills, standard stations of the Accreditation and Simulation Center of the School of Medicine are used.

Station passports for the second stage of the state final certification are a document that includes the necessary information on equipping the station, a briefing (a brief task before entering the station), scenarios, evaluation sheets (hereinafter referred to as the checklist), sources of information, reference material, etc., and are intended as methodological and reference material for assessing the possession of a specific practical skill (ability) by an accredited person.

In order to ensure the standardization of the procedure for assessing practical skills, the task condition and the checklist are the same for everyone.

Attesters must come to the second stage of accreditation in overalls (medical clothing, replaceable shoes, hat, have personal protective equipment).

Duration of operation of the station

The total time to complete the skill is 10 minutes.

The time spent by the accredited person at the station is 8.5 minutes (in case of early completion of the practical skill, the accredited person remains inside the station until the voice command "Go to the next station").

Timing of the practical skill

Command voice time (min)	Voice command	Examinee's actions	Skill execution time (min)
0	Familiarize yourself with the station's assignment	Familiarization with the task	0,5
0,5	Enter the station and say your band, last name, first name	Getting started at the station	8,5
4,5	You have one minute left (voice command of the examiner)	Continuation of work at the station	
5,5	The test is over (examiner's voice command)	Waiting for the station change command	
9,0	Go to the next station	Leaves the station and moves on to the next station	1,0

Criteria for assessing the results of the examinee's practical skills

"Passed" - if 70 percent or more of all practical tasks are performed correctly;

"Not passed" - with a result of 69 percent or less of all actions of practical tasks.

**Examination station "Basic cardiopulmonary resuscitation"**

Simulation equipment of the station and its characteristics

A mannequin with the ability to register (upon completion) the following indicators as a percentage:

- 1) depth of compressions;
- 2) the position of the hands during compressions;
- 3) release of hands between compressions;

- 4) compression frequency;
- 5) tidal volume;
- 6) inhalation rate.

### Station Scenario

Circulatory arrest in a patient in outpatient practice.

### Information for the examinee

You have come to the workplace. Entering the room, you saw that the person was lying on the floor. Your task is to help him within the framework of your skills.

### Exemplary texts of introductory information within the framework of the dialogue between a member of the agro-industrial complex and an accredited person

№ p / n	Examinee's actions	Introductory text
1	When the accredited person demonstrates the gesture "Environmental Safety Inspection"	"There is no danger"
2	When trying to assess consciousness	"No reaction"
3	When trying to assess breathing	"There is no breathing!"
4	When trying to assess the pulse	"Ripple is not detected"
5	When contacting the Ambulance (EMS) by phone	Simulate an ambulance dispatcher: "The ambulance is listening, what's wrong?"
6	In the event that the accredittee gives correct and complete information to the NSR: address; one victim, middle-aged man / teenager 14 years old, unconscious, does not breathe, the reason is not clear, I proceed to CPR	Short answer: "Challenge accepted!"
7	In case the information is incomplete	Ask questions on behalf of the ambulance dispatcher to clarify: Location (address), age, gender, name of the victim; the volume of interventions; The reasons for what happened.

### **Algorithm for performing a skill**

№ p / n	Action of the accredited person
------------	---------------------------------

1	Make sure that there is no danger to yourself and the victim and, if necessary, ensure safety.
2	Gently shake the victim by the shoulders.
3	Loudly address him: "Do you need help?"
4	Call for help: "Help, the person is bad!"
5	Put the palm of one hand on the forehead of the victim.
6	Pick up the lower jaw of the victim with two fingers of the other hand.
7	Tilt your head back moderately, opening the airways.
<i>Identify signs of life</i>	
8	Bring the ear closer to the lips of the victim
9	Observe the excursion of the victim's chest with your eyes
10	Assess the presence of normal breathing for no more than 10 seconds
<i>Call a specialist (SMP) according to the algorithm:</i>	
11	The fact of calling the brigade
12	• Coordinates of the scene
13	• Number of victims
14	• Floor
15	• Approximate age
16	• Condition of the victim
17	• Scope of your assistance
18	Kneel on the side of the victim facing him
19	Release the victim's chest from clothing
20	Start chest compression as soon as possible
21	Place the base of the palm of one hand on the center of the victim's chest
22	Put the second palm on the first, connecting the fingers of both hands in the lock
<i>Chest compressions</i>	
23	30 compressions in a row
24	• The hands of the rescuer are vertical
25	• Do not bend at the elbows
26	• The fingers of the upper hand pull up the fingers of the lower
27	• Compressions are counted aloud
<i>Mechanical ventilation (ALV)</i>	
28	Use your own reliable security tool
29	Put the palm of one hand on the forehead of the victim

30	Pick up the lower jaw of the victim with two fingers of the other hand
31	Throw back the head of the victim, freeing the airways, draw air into the lungs
32	I and 2 fingers of this hand to pinch the nose of the victim
33	Hermetically grasp the lips of the victim with your lips
34	Exhale into the victim until the chest is visibly lifted
35	Release the victim's lips for 1-2 seconds
36	Repeat the exhalation into the victim
<i>When carrying out KGC and mechanical ventilation, ensure the performance of the simulator:</i>	
37	Adequate compression depth (at least 90%)
38	Adequate position of the hands during compressions (at least 90%)
39	Full release of hands between compressions (at least 90%)
40	Adequate compression frequency (at least 90%)
41	Adequate amount of mechanical ventilation (at least 80%)
42	Adequate ventilation rate (not less than 80%)

### **Examination station "Intravenous injection"**

#### List of medical equipment

No p/n	List of medical equipment	Quantity
1	Box for ampoules with a sticker for imitation of a drug (LS)	1 pc.
2	Container with skin antiseptic (imitation)	1 pc.
3	Venous tourniquet	1 pc.
4	Blood sampling pad	1 pc.
5	Bix with cotton balls	1 pc.
6	Scissors	1 pc.
7	Nail file for opening ampoules	1 pc.
8	Goggles	1 pc.
9	Fixed Class A waste collection bag	1 pc.
10	Fixed Class B Waste Collection Bag	1 pc.
11	Puncture-proof Class B waste collection container	1 pc.
12	Dye imitation blood (powder)	1 pc.

#### Consumables (per 1 attempt of the accredited)

No p/n	List of consumables	Quantity (per 1 attempt of the accredited)
1	Examination gloves of different sizes	1 pair
2	Disposable mask	1 pc.

3	Non-sterile bandage	1 pc.
4	Syringe with needle	1 pc.
5	Additional needle (additional needle)	1 pc.
6	Glass ampoule of distilled water with a sticker to simulate drugs	1 pc.
7	Tray in a kraft bag (conditionally disposable)	1 pc.
8	Tweezers in a sterile kraft bag (conditionally disposable), in a sterile container	1 pc.
9	Napkin (conditionally disposable)	1 pc.
10	Informed Voluntary Consent Form	1 pc.
11	Medical record of an outpatient	1 pc.

Simulation equipment of the station and its characteristics

Phantom of the hand with the possibility of intravenous injections.

List of situations (scenarios) of the station

<b>No. p.p.</b>	<b>Situation (scenario)</b>
1.	Intravenous injection Ascorbic acid injection 5% 1 ml
2.	Injection intravenous administration of Furosemide 1% 2 ml
3.	Intravenous injection Tranexamic acid injection 5% 2 ml

Information for the examinee

In the treatment room, you will find a patient who needs an intravenous injection of the drug indicated in the prescription sheet. Voice whatever you think is necessary

Sample texts of introductory information for the examinee

<b>№ p / n</b>	<b>Action of the accredited person</b>	<b>Introductory text</b>
1	When clarifying the name and age of the patient	"Nikolaenko Nikolay Nikolaevich, 30 years old"
2	When verifying the availability of informed voluntary consent to the procedure	"Let's assume that informed voluntary consent has been obtained"
3	When trying to treat your hands in a hygienic way	"Let's assume that the hands are treated in a hygienic way"
4	When asked about the patient's well-being	"Normal"
5	When asked about the presence of allergies / allergies to the injected drugs	"No"
6	In case of doubt about the sterility and / or suitability of the instruments and consumables used	"Let's assume that it is suitable"



7	When trying to check the opening time of a sterile kraft tweezer bag	"Let's assume that the sterile kraft bag of tweezers was opened less than 2 hours ago"
8	When trying to apply a tourniquet (in case a mannequin with a tourniquet)	"Use a mannequin tourniquet"
9	When asked about well-being during the introduction of drugs	"I feel like usual"
10	When asked about well-being after the introduction of drugs	"It's okay, thank you, doctor"
11	When trying to apply an aseptic dressing	"Let's assume that the bandage is applied"
12	When trying to hand over the tray for disinfection and subsequent sterilization	"We will assume that the tray has been handed over for disinfection and subsequent sterilization"
13	When trying to make a note of the performed manipulation in the medical records	"Let's assume that the mark is made"

### Algorithm for performing a skill

№ p / n	
1	Say hello to the patient
2	Introduce yourself, identify your role
3	Interview the patient, checking with medical records:
	• surname
	• Name
	• patronymic
4	• age
4	Invite the patient to sit on a chair
5	Inquire about the patient's well-being by referring to him by name and patronymic. Inform the patient about the upcoming manipulation
6	Clarify the tolerability of injections: the presence of allergic reactions in the anamnesis, the presence of allergic reactions to the administered drug (drug) Make sure that there is informed voluntary consent to the procedure. Treat your hands in a hygienic way
7	Invite the patient to sit on a chair
8	Inquire about the patient's well-being by referring to him by name and patronymic. Inform the patient about the upcoming manipulation
9	Clarify the tolerability of injections: the presence of allergic reactions in the anamnesis, the presence of allergic reactions to the administered drug (drug). Make sure that there is informed voluntary consent to the procedure. Treat your hands in a hygienic way.
10	Make sure you have everything you need:
	• Bix with cotton balls
	• tweezers in a sterile kraft bag. in a sterile container
	• tray in sterile kraft bag
	examination gloves
	syringe with needle

	Extra needle
	ampoule with drugs
	• venous tourniquet
	• container with skin antiseptic
	• non-sterile bandage
	• napkin
	• Blood sampling pad
	• scissors
	• Fixed Class A waste collection bag
	• fixed bag for collecting class B waste
	• puncture-proof container for the collection of class B waste
	• nail file for opening ampoules
11	• clarify the volume of the syringe (compliance with the volume of the drug administered, taking into account its dilution);
	• check the expiration date of the syringe
	• check the integrity of the sterile packaging of the syringe
	• specify the length and thickness of the additional needle
	• check the expiration date of the additional needle
	• check the integrity of the sterile packaging of the additional needle
	• check the expiration date of the sterile tray packaging
	• check the integrity of the sterile packaging of the tray
	• check the opening time of the sterile kraft bag of tweezers
12	Clarify the information on the ampoule, checking with the medical documentation:
	• the name of the drug, the dosage of the drug, the volume of the drug
	• the name of the drug, the dosage of the drug, the volume of the drug
	• the name of the drug, the dosage of the drug, the volume of the drug
13	Check the integrity of the ampoule with drugs
14	Check the expiration date of the drug
15	Check the homogeneity of the drug
16	Clarify the need to use a file to open the ampoule
17	Open the sterile packaging of the tray without touching it
18	Place the tray on the table (work area) without touching it
19	Dispose of the tray packaging in the attached Class A waste collection bag
20	Open the sterile packaging of the syringe on the piston side
21	If necessary, connect the syringe cylinder to the needle inside the package
22	Place the assembled syringe on the edge of the tray, touching only the piston handle, the piston handle protrudes beyond the edge of the tray
23	Dispose of the syringe packaging in the attached Class A waste collection bag
24	Open the lid of the bix with cotton balls at an angle of no more than 90°
25	Use tweezers to remove four cotton balls from the bix and put them in the opposite edge of the tray from the syringe
26	Close Bix
27	Return the tweezers to the kraft bag
28	Wear examination gloves
29	Treat cotton balls with a skin antiseptic
30	Treat the neck of the ampoule in a circle with a cotton ball, holding the ampoule with one hand by the wide part

31	With the other hand, wrap the head of the ampoule with a cotton ball
32	Open the ampoule
33	Dispose of the head of the ampoule with a cotton ball in a puncturable Class B waste collection container
34	Place the opened ampoule on the table (work area)
35	Remove the cap from the needle, holding the syringe by the cylinder with the palm of your hand, the needle cannula with your thumb and index finger, and dispose of it in the attached Class A waste collection bag
36	Immerse the needle in the ampoule standing on the table (work area), touching only the inner surface of the ampoule with the needle
37	With the other hand, take the ampoule between the index and middle fingers
38	Holding the ampoule, fix the cannula of the needle with the thumb and ring fingers of the second hand
39	Transfer the fingers of the first hand to the plunger of the syringe
40	Dial drugs into the syringe by traction of the piston
41	Dispose of the empty ampoule in a puncture-proof Class B waste collection container
42	Disconnect the needle from the syringe by holding it by the cannula
43	Dispose of the removed needle in a puncture-proof Class B waste collection container
44	Open the packaging of the additional needle on the cannula side
45	Attach the syringe to the needle cannula without removing the packaging
46	Dispose of the needle packaging in a secured Class A waste collection bag
47	Put the collected syringe in its original place in the tray
48	Ask the patient to roll up their sleeves above the elbow bend
49	Examine the veins and choose the right one for injection
50	Wrap a blood pad with a napkin and put it under the patient's elbow?
51	Palpate the pulse on the radial artery
52	Apply a venous tourniquet to the middle third of the shoulder through a cloth/napkin/bandage
53	Re-palpate the pulse on the radial artery
54	Demonstrating on yourself, ask the patient to clench the brush into a fist and unclench it
55	If the vein is sufficiently filled, tell the patient: "Enough, clench your fist."
56	Palpate the arm and find the most filled area of the vein.
57	Treat the field of the proposed injection with a cotton ball in a circular motion! from the center to the periphery.
58	Dispose of the cotton ball in the attached Class B waste collection bag.
59	Treat with a cotton ball directly the site of the proposed injection in a circular motion from the center to the periphery.
60	Dispose of the cotton ball in the attached Class B waste collection bag.
61	Take a syringe from the tray and, holding it with the needle up and without removing the cap from it, remove the air without spilling the drug.
62	Use your thumb and index finger to fix the needle cannula and remove the cap.
63	Dispose of the cap in a secured Class B waste collection bag.
64	Take the syringe in the dominant hand <ul style="list-style-type: none"> <li>• the index finger fixes the cannula of the needle, the remaining fingers hold the</li> </ul>

	cylinder of the syringe;
	<ul style="list-style-type: none"> <li>• the index finger fixes the cannula of the needle, the remaining fingers hold the cylinder of the syringe;</li> </ul>
65	Grasp the patient's forearm with a subdominant hand, pull the skin with your thumb, fixing the vein
66	Bring the syringe at an angle of 15-25 ° to the surface of the patient's forearm like this. so that the needle cut is facing upwards
67	Warn the patient about the injection, saying: "Now you will feel discomfort."
68	Make a puncture in one motion, touching the treated injection site only with a needle
69	Perform traction of the piston with a subdominant hand
70	Make sure there is blood in the syringe
71	Use a subdominant hand to remove the tourniquet
72	Ask the patient to unclench his fist
73	Perform traction of the piston with a subdominant hand
74	Make sure that a new portion of blood appears in the syringe
75	With a subdominant hand, slowly introduce the drug
76	Periodically be interested in the patient's well-being
77	With a subdominant hand, without pressing, apply a cotton ball to the injection site
78	Use the dominant hand to remove the needle from the patient's vein
79	Use a subdominant hand to press a cotton ball to the injection site
80	Dispose of the needle with a cut-off in a puncture-proof Class B waste collection container
81	Lift a cotton ball to inspect the injection site and make sure there is no bleeding
82	Take a bandage and apply a pressure bandage over a cotton ball
83	Ask about the patient's well-being
84	Inform the patient about the need to remove the bandage after 15-20 minutes
85	Remove the tourniquet
86	Dispose of the napkin in a secured Class B waste collection bag
87	Remove the blood pad
88	Hand over the tray for disinfection and subsequent sterilization
89	Remove gloves without touching the outer surface with your bare hands
90	Dispose of the gloves in the assigned Class B waste collection bag
91	Treat your hands in a hygienic way
92	Make a note of the performed manipulation in the medical records

## **State final certification for the program of higher education - specialist**

### **Specialty 31.05.01 General Medicine**

#### **Stage III**

#### **Oral exam-interview**

**The third stage of the GIA is** aimed at assessing the ability to solve specific professional problems, and is represented by an oral exam-interview. Graduates are provided with the entire list of diseases and conditions included in the examination tickets 6 months before the start of state certification (given in the guidelines for graduates to prepare for the GIA).

Standard situational information was compiled at the graduating Department of Clinical Medicine of the School of Medicine in accordance with the list of conditions and diseases specified in the "Work Program of the State Final Certification of Graduates in the Direction of **Training 31.05.01 "General Medicine" (specialist level)**, approved by specialized methodological commissions and Deputy Director of the School of Medicine for educational work.

The third stage of state certification is carried out within one day, 80 sets of examination tasks are used. The set of tasks in the exam kits is not repeated.

The set of exam tasks includes:

#### 1. Interview Questions

The first question is questions about internal medicine.

The second question is questions about surgical diseases.

The third is questions on related specialties (obstetrics and gynecology, nervous diseases, infectious diseases, phthiology, ENT diseases).

#### 2. Situational tasks

#### 3. Laboratory tests

#### 4. ECG tasks

#### 5. tasks using radiographs in internal diseases and surgical diseases.

The graduate's knowledge is assessed by three examiners (therapist, surgeon, and specialist in related clinical disciplines: obstetrician-gynecologist, infectious disease specialist, TB specialist, otorhinolaryngologist) and a member of the State

Examination Commission (SEC).

In preparation for the exam, the student keeps notes in the oral answer sheet. At the end of the answer, an oral answer sheet signed by the student is handed over to the examiner. During the interview, members of the examination committee assess the integrity of the graduate's professional training, that is, the level of his competence in using the theoretical basis for solving professional situations.

### **TOPICS OF EXAM TASKS IN THERAPY**

1. Pituitary adenoma
2. Anemia.
3. Aortic heart disease (aortic stenosis).
4. Atherosclerosis (Obliterating atherosclerosis of the vessels of the limbs).
5. Autoimmune thyroiditis.
6. Diseases of the esophagus (GERD).
7. Bronchial asthma.
8. Bronchitis.
9. Bronchiectasis.
10. Gastritis.
11. Hemorrhagic diathesis.
12. Hypothalamic syndrome.
13. Hypothyroidism.
14. Diffuse toxic goiter.
15. Myocardial infarction.
16. Infective endocarditis.
17. Coronary artery disease (acute coronary syndrome).
18. Coronary artery disease (angina pectoris)
19. Cardiomyopathy.
20. Myocarditis.
21. Mitral heart disease.
22. Urolithiasis.
23. Heart rhythm disturbance.

24. Ulcerative colitis.
25. Nephrotic syndrome.
26. Obesity.
27. Osteoarthritis.
28. Acute rheumatic fever.
29. Acute glomerulonephritis.
30. Acute leukemia.
31. Paroxysmal rhythm disturbances.
32. Pericarditis.
33. Pleurisy.
34. Gout.
35. Pneumonia.
36. Lung cancer.
37. Rheumatic disease.
38. Rheumatoid arthritis.
39. Type I diabetes mellitus.
40. Type II diabetes mellitus.
41. Symptomatic arterial hypertension.
42. Irritable bowel syndrome.
43. Itsenko-Cushing's syndrome/disease.
44. Systemic lupus erythematosus.
45. Systemic scleroderma.
46. Thyrotoxicosis.
47. COPD (bronchitis variant).
48. Chronic adrenal insufficiency (Addison's disease).
49. Chronic renal failure.
50. Chronic heart failure.
51. Chronic leukemia.
52. Chronic glomerulonephritis.
53. Chronic calculous cholecystitis, cholelithiasis.

54. Chronic pancreatitis.
55. Chronic pyelonephritis.
56. Cirrhosis.
57. Essential arterial hypertension (hypertension).
58. Peptic ulcer of the stomach and 12 duodenal ulcer.

### **TOPICS OF EXAMINATION TASKS IN SURGERY**

1. Aortic aneurysms.
2. Arthritis.
3. Diseases of the operated stomach.
4. Crohn's disease.
5. Varicose veins of the lower extremities.
6. Sudden cardiac arrest.
7. Ascending thrombophlebitis.
8. Congenital heart defects.
9. Hemorrhoids are acute and chronic.
10. Blood transfusion shock.
11. Purulent mastitis.
12. Purulent mediastinitis.
13. Diaphragmatic hernia.
14. Cholelithiasis.
15. Diseases of the esophagus, accompanied by dysphagia.
16. Diseases of the rectum.
17. Diseases that simulate an acute abdomen.
18. Closed chest injury.
19. Infectious-toxic shock.
20. Intestinal obstruction.
21. Crash syndrome.
22. Treatment of purulent wounds.
23. Obstructive jaundice.



24. Urolithiasis.
25. Obliterating atherosclerosis.
26. Obliterating endarteritis, thromboangiitis.
27. Gunshot wounds.
28. Burns, burn shock.
29. Tumors of the pancreatoduodenal zone.
30. Tumors of the kidneys and bladder.
31. Thyroid tumors.
32. Organization of the work of the surgical department (office) of the clinic.
33. Osteomyelitis.
34. Acute urinary retention.
35. Acute lung injury.
36. Acute purulent diseases of the skin and subcutaneous tissue.
37. Acute gastrointestinal bleeding.
38. Acute appendicitis.
39. Acute mesenteric thrombosis.
40. Acute pancreatitis.
41. Acute venous thrombosis. Pulmonary embolism.
42. Acute cholecystitis.
43. Frostbite.
44. Ophthalmoplegia.
45. Parasitic liver disease.
46. Inguinal hernia.
47. Fracture of the pelvic bones.
48. Fractures of the lower and upper extremities.
49. Rib fractures, pneumothorax.
50. Peritonitis.
51. Perforated ulcer.
52. Subdiaphragmatic abscesses.
53. Postcholecystectomy syndrome.

54. Post-injection complications.
55. Renal colic.
56. Acquired heart defects.
57. Perforated ulcer 12p. intestines.
58. Penetrating wounds to the chest.
59. Stomach cancer.
60. Liver cancer.
61. Esophageal cancer.
62. Colon cancer.
63. Vater's nipple cancer.
64. Resuscitation in case of drowning.
65. Cicatricial narrowing of the esophagus.
66. Diabetes mellitus, diabetic foot.
67. Sepsis.
68. Superior vena cava syndrome.
69. Multiple organ failure syndrome.
70. Portal hypertension syndrome.
71. Adductor loop syndrome.
72. Modern principles of treatment of coronary artery disease.
73. Duration of disability in the most common surgical diseases.
74. Stenosis of the mitral and aortic valves.
75. Tetanus.
76. Colonic fistulas.
77. Spinal injuries.
78. Strangulated hernia.
79. Phlegmon.
80. Surgical care at home.
81. Surgical sepsis.
82. Chronic venous insufficiency (varicose veins, PTFS).
83. Chronic occlusive lesions of the aorta and arteries.

84. Chronic pancreatitis. Cysts and fistulas of the pancreas.
85. Cirrhosis.
86. Embolism and acute thrombosis of the aorta and arteries.
87. Empyema of the pleura, pleurisy.
88. Gastric ulcer.

### **TOPICS OF EXAM TASKS IN OBSTETRICS AND GYNECOLOGY**

1. Anatomically and clinically narrow pelvis.
2. Anemia and pregnancy.
3. Ovarian apoplexy.
4. Infertility.
5. Out-of-hospital abortion.
6. Ectopic pregnancy.
7. Defect of the placenta.
8. Uncoordinated labor.
9. DMK.
10. Menopausal syndrome.
11. Bleeding in premenopausal, postmenopausal women.
12. Leukoplakia of the cervix.
13. Mastitis.
14. Mastopathy.
15. Uterine fibroids.
16. Suppuration of the perineal sutures.
17. Spontaneous miscarriage that has begun.
18. Insolvent scar on the uterus.
19. OPG - preeclampsia (severe, preeclampsia, eclampsia).
20. Ovarian tumor.
21. Acute colpitis.
22. Acute endometritis.
23. Torsion of the legs of an ovarian tumor.

24. Pyelonephritis and pregnancy.
25. Endometrial polyp.
26. PONRP.
27. Heart defects and pregnancy.
28. Postpartum metroendometritis.
29. Placenta previa.
30. Preterm birth.
31. Rupture of the uterus along the scar.
32. Born fibromatous node.
33. Weakness of labor.
34. Pelvic presentation of the fetus.
35. Trophoblastic disease.
36. Tubo-ovarian formations.
37. Threatening miscarriage.
38. Threatening and accomplished rupture of the uterus.
39. Threatening spontaneous abortion.
40. Physiological childbirth.
41. Chronic endometritis.
42. HFPN. Partial tight attachment of the placenta.
43. Cervical distortion.
44. Ectopia of the cervix.
45. Juvenile bleeding.

#### **TOPICS OF EXAMINATION TASKS FOR OPHTHALMOLOGY**

1. Age-related cataracts.
2. Hypertensive angioretinopathy.
3. Purulent corneal ulcer.
4. Diabetic angioretinopathy.
5. Angle-closure glaucoma.
6. Vitreous hemorrhage, diabetic angioretinopathy.

7. Neoplasm of the orbit.
8. Acute adenoviral conjunctivitis.
9. Acute allergic conjunctivitis.
10. Acute dacryoadenitis.
11. Open-angle glaucoma.
12. Retinal detachment.
13. Complete thrombosis of the central vein of the retina.
14. Eyelid wound, eye contusion.
15. Toxic optic neuritis.
16. Phlegmon orbit.
17. Chemical burn of the conjunctiva and cornea.

#### **TOPICS OF EXAM TASKS ON INFECTIOUS DISEASES**

1. Botulism.
2. Typhoid.
3. HIV infection.
4. Hepatitis.
5. Dysentery.
6. Tick-borne encephalitis.
7. Malaria.
8. Meningococcal infection.
9. SARS, influenza.
10. Foodborne illnesses.
11. Erysipelas.
12. Salmonellosis.
13. Anthrax.
14. Typhus.
15. Cholera.
16. Plague.

## **TOPICS OF EXAM TASKS ON OTHORHINOLARINGOLOGY**

1. Vasomotor rhinitis. Vasotomy.
2. Bilateral tubootitis.
3. Lacunar tonsillitis. Antibacterial, local and symptomatic therapy.
4. Acute purulent otitis media.
5. Acute right-sided purulent sinusitis.
6. Acute right-sided purulent frontal sinusitis with neuralgia.
7. Acute ethmoiditis.
8. Paratonsillar abscess.
9. Laryngeal cancer.
10. Follicular tonsillitis.
11. Chronic mesotympanitis.
12. Chronic epitympanitis with cholesteatoma.

## **TOPICS OF EXAMINATION TASKS ON NERVOUS DISEASES**

1. Brain abscess.
2. Parkinson.
3. Herpetic ganglioneuropathy.
4. Purulent meningitis.
5. Ischemic stroke, transient ischemic attack.
6. Cerebral hemorrhage.
7. Male.
8. Migraine.
9. Myelitis.
10. Trigeminal neuralgia.
11. Neuropathy of the median, radial nerves.
12. Tumors of the brain and spinal cord.
13. Osteochondrosis cervical, lumbar.
14. Acute cerebrovascular accident.
15. Polyneuropathy: diabetic, alcoholic.

16. Damage to the nervous system in syphilis.
17. Multiple sclerosis.
18. Rheumatic chorea.
19. Syringomyelia.
20. Subarachnoid hemorrhage, aneurysm of cerebral vessels.
21. Traumatic brain injury: concussion, contusion, compression, consequences.
22. Epilepsy, status epilepticus.

### **TOPICS OF EXAMINATION TASKS IN PHTHISIOLOGY**

1. Hyperergic Mantoux reaction.
2. Infiltrative tuberculosis.
3. Cavernous tuberculosis.
4. Caseous pneumonia.
5. Miliary tuberculosis.
6. Focal tuberculosis.
7. Primary infection. Turn of tuberculin samples.
8. Primary tuberculosis complex.
9. Subacute disseminated tuberculosis.
10. Post-vaccination BCG lymphadenitis.
11. Early tuberculous intoxication.
12. Sarcoidosis of the intrathoracic lymph nodes.
13. Silicotuberculosis.
14. Tuberculosis of the intrathoracic lymph nodes.
15. Tuberculous meningitis.
16. Tuberculoma.
17. Fibro-cavernous tuberculosis.
18. Chronic disseminated tuberculosis.
19. Cirrhotic tuberculosis.

Sample of the examination ticket of the state final certification



MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
Federal State Autonomous Educational Institution of Higher Education  
**"Far Eastern Federal University"**  
(FEFU)

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**SCHOOL OF BIOMEDICINE**

**STATE FINAL ATTESTATION**  
**in the direction of training 31.05.01 General Medicine**  
\_\_\_\_\_ academic year

**Exam card No. \_\_1\_\_**

**Экзаменационный билет № \_\_1\_\_**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Director of the Department \_\_\_\_\_

Head of the BPEP \_\_\_\_\_

Deputy. School Director for EW \_\_\_\_\_

Seal. (schools)



Scale for assessing the level of achievement of the result of the interview on the  
questions of a set of examination tasks

Response characteristics	Evaluation
<p>A complete, detailed answer to the question is given, the ability to distinguish essential and non-essential features, cause-and-effect relationships is shown. The answer is clearly structured, logical, set out in literary language in terms of science. There may be shortcomings or minor mistakes corrected by the student with the help of the teacher.</p>	<p>"Excellent"</p>
<p>A complete, but insufficiently consistent answer to the question is given, but at the same time the ability to distinguish essential and non-essential features and cause-and-effect relationships is shown. The answer is logical and set out in terms of science. There may be 1-2 mistakes in the definition of basic concepts that the student finds it difficult to correct on his own.</p>	<p>"Good."</p>
<p>An incomplete answer is given, the logic and sequence of presentation have significant violations. Gross mistakes were made in determining the essence of the disclosed concepts, theories, phenomena, due to the student's misunderstanding of their essential and non-essential features and connections. There are no conclusions in the response. The ability to reveal specific manifestations of generalized knowledge is not shown. Speech design requires corrections, corrections.</p>	<p>'Satisfactory'</p>
<p>Basic questions have not been answered.</p>	<p>'Unsatisfactory'</p>

State final certification for the program of higher education - specialist

Specialty **31.05.01 General Medicine**

**Stage III**

**Situational tasks**

Situational task No. 1

	<b>Code</b>	<b>The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task</b>
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-11	<p>- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);</p> <p>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</p> <p>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</p> <p>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7);</p> <p>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</p>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		Patient A.T. 49 years old, an engineer, turned to the local therapist with complaints of an episodic increase in blood pressure to 150/90-160/95 mm Hg. Art. Art., accompanied by headaches in the occipital region. On the advice of his friends with poor health associated with high blood pressure, takes

		<p>enalapril 10 mg. In addition, in the last 2-3 months. began to note the appearance of aching pains in the calf muscles when walking at a distance of 250-300 meters, stopping at rest. He considers himself sick for about 2 years, when the above complaints first appeared. He has not been examined before. He does not receive systematic therapy. The maximum numbers of blood pressure are 170/100 mm Hg. Art. About 10 years ago, peptic ulcer of the 12th duodenal ulcer was detected, after a course of conservative therapy, there were no more exacerbations. He denies other chronic diseases. He smokes about 0.5 packs of cigarettes a day for 30 years. Alcohol consumes moderately. Family history: mother suffers from coronary artery disease, hypertension; His father died at the age of 62 from myocardial infarction. There were no surgeries, no injuries.</p> <p>On physical examination: satisfactory condition. The skin and visible mucous membranes are not changed. He is 172 cm tall, weighs 80 kg, and has a BMI of 27 kg/m<sup>2</sup>. Peripheral lymph nodes are not enlarged. Thyroid gland without features. With comparative percussion in symmetrical areas of the chest, the sound is clear, pulmonary. Topographic percussion - the boundaries of the lungs are within normal limits. NPV - 18 per minute. With auscultation of the lungs, vesicular respiration, there is no wheezing. The boundaries of the heart are not changed. The heart tones are clear, the accent of the 2nd tone is above the aorta. The rhythm of the heart is correct, interrupted by single extrasystoles. Heart rate - 70 beats / min, blood pressure - 150/90 mm Hg. The abdomen on palpation is soft, painless. The liver is not palpable. Tapping the kidney area is painless on both sides. There are no dysuric phenomena.</p>
Q	1	A question reflecting the development of PC-5 Assume the most likely diagnosis
Q	2	A question reflecting the development of PC-5 Justify your diagnosis.
Q	3	A question reflecting the development of PC-4 Draw up and justify a plan for additional examination of the patient.
Q	4	Question reflecting the development of PC-6, PC-7 Drugs of which group of antihypertensive drugs are indicated to the patient as part of combination therapy? Give.
Q	5	Question reflecting the development of PC-11 Perform an examination of the ability to work.

### Situational task No. 2

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-11 PC-13	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in</li> </ul>

		<p>accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</p> <p>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</p> <p>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13)</p>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
F	A/05.7	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and sanitary and hygienic education of the population
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>The patient is 32 years old, works as a bus driver at Route LLC. I turned to the local therapist with complaints of pain in the left half of the chest when breathing and coughing, fever to 38.5 ° C, chills, cough. He became acutely ill after hypothermia.</p> <p>On examination: high humidity of the skin, blush of the cheeks. The number of breaths is 25 in 1 min. Breathing is shallow, when breathing spares the left half of the chest. Percussion shortening of the pulmonary sound to the left of the posterior axillary line from the 7th rib downwards. Breathing over the area of blunting is weakened, small-bubble wet rales are heard. The pulse is rhythmic, 92 in 1 min. Heart sounds are muffled. Blood pressure 115/65 mm Hg. On the part of other organs without deviations from the norm. Blood test: e-1, p-3, s-81, m-5, ESR - 34 mm / h. Urinalysis without features. ECG - sinus tachycardia up to 95 beats / min. X-ray examination of the chest cavity determines a decrease in transparency in the lower lobe of the left lung. Heart and blood vessels without features</p>
Q	1	A question reflecting the development of PC-5 Formulate a diagnosis
Q	2	Question reflecting the development of PC-6 Determine the need for hospitalization and the place of treatment of the patient

Q	3	Question reflecting the development of PC-11 Determine the necessity and possibility of issuing a certificate of incapacity for work, the approximate duration of temporary disability and the features of the registration of a certificate of incapacity for work
Q	4	Question reflecting the development of PC-11 What are the criteria for clinical recovery, which will be the medical grounds for closing the temporary disability certificate?
Q	5	A question reflecting the development of PC-13 Determine the indications for the establishment of dispensary observation

### Situational task No. 3

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-7 PC-8 PC-11 PC-13	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7)</li> <li>- readiness to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-8)</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> <li>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13)</li> </ul>

F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
F	A/05.7	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and sanitary and hygienic education of the population
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 40-year-old patient, a math teacher at school, called the local therapist to the house with complaints of severe headaches in the occipital region, accompanied by flickering flies in the eyes and noise in the head. When examined at home: the patient is active, the consciousness is clear, the face is symmetrical, the skin is pink, clean, and has increased nutrition. Over the lungs vesicular breathing, no wheezing, NPV 18 per min. The boundaries of the heart are within normal limits. The heart sounds are clear, the rhythm of cardiac activity is correct, the accent is 2 tones above the aorta. Blood pressure 180/100 mm Hg, heart rate 72 per min. Liver along the edge of the costal arch. There is no peripheral edema.</p> <p>From the anamnesis: within 3 years, he notes similar symptoms after emotional and physical overload, at the end of the working day, blood pressure is not regularly measured, with episodic measurements, an increase in blood pressure to a maximum of 180/100 mm Hg. During the medical examination last year, hypertension was diagnosed, examined, antihypertensive drugs are taken occasionally (enalapril). Bad habits: smokes for more than 10 years. Hereditary history: my mother suffered from hypertension. The therapist provided emergency care at home, the condition improved, blood pressure in an hour 150/90 mm Hg.</p>
Q	1	A question reflecting the development of PC-5 Formulate a preliminary diagnosis. What are the risk factors?
Q	2	Question reflecting the development of PC-6 Justify the diagnosis. A plan for an additional examination to clarify the diagnosis.
Q	3	Question reflecting the development of PC-7, PC-8 Determine the patient's place of treatment (clinic or hospital) and management plan.
Q	4	Question reflecting the development of PC-11 Determine the necessity and possibility of issuing a certificate of incapacity for work by a local therapist, the approximate duration

		of the certificate of incapacity for work
Q	5	A question reflecting the development of PC-13 Determine the need to establish dispensary observation and its plan

#### Situational task No. 4

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-11	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11)</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>The patient is 52 years old and works as a plumber. Complains of shortness of breath at rest, cough with the release of a small amount of mucous sputum, weakness, fatigue. He smokes for about 30 years, 20 years worried about coughing in the morning, exacerbations up to 6 times a year. For the last 3 years, he has noted a gradually increasing shortness of breath during physical exertion, which now occurs even with a slight load.</p> <p>On examination, shortness of breath with difficulty exhaling, BH - 22 in 1 minute, barrel-shaped chest. With percussion, a pulmonary sound with a box tint, the borders of the lungs are lowered by one rib. Breathing is hard, with an elongated exhalation, dry wheezing on exhalation. The cervical veins swell in the supine position. There is a pulsation in the epigastric</p>

		<p>region. Pulse 92 in 1 min. BP - 140/80 mm Hg. The liver is 5 cm below the edge of the costal arch, the dimensions according to Kurlov are 14x12x10 cm.</p> <p>In the blood: Hb - 150 g / l, leukocytes - 6.2 g / l, ESR - 16 mm / h. Urinalysis without pathology. Spirometry: VC – 56%, FEV1 – 48% of the due, postbronchodilation FEV1/FVC – 62%.</p>
Q	1	A question reflecting the development of PC-5 Make a preliminary diagnosis.
Q	2	Question reflecting the development of PC-6 Make a plan of treatment and diagnostic measures
Q	3	Question reflecting the development of PC-11 Are there any grounds for issuing a temporary disability certificate? If yes, please indicate the approximate duration of temporary disability.
Q	4	Question reflecting the development of PC-11 Whether the patient has signs of permanent disability. Are there any signs of disability? Give
Q	5	Question reflecting the development of PC-11 Are there any indications for referral to ITU? What is the deadline for a patient to be referred to ITU?

#### Situational task No. 5

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-8 PC-11	<ul style="list-style-type: none"> <li>- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);</li> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current</li> </ul>



		<p>procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7)</p> <p>- readiness to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-8)</p> <p>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</p>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>Patient A., 25 years old, a programmer of Kvant LLC, is being treated independently for SARS. On the 4th day from the onset of the disease, the condition worsened, the body temperature rose to 39 ° C, the dry cough transformed into a wet one and intensified. I called the local therapist to the house. Objectively: the main complaint is weakness, shortness of breath. In the posterior lower parts of the right lung, dulling of percussion sound. Auscultatory heard small-bubble wheezing against the background of weakened breathing, BH - 26 in 1 min., Heart rate - 106 in 1 min. BP 110/70 mm Hg. The abdomen is soft, painless. Stool, urination with words - without features</p>
Q	1	A question reflecting the development of PC-5 What is the reason for the deterioration? Make a preliminary diagnosis.
Q	2	Question reflecting the development of PC-6 The tactics of the local therapist in relation to this patient. Is it possible to manage such a patient on an outpatient basis?
Q	3	A question reflecting the development of PC-4 Examination plan to verify the diagnosis
Q	4	Question reflecting the development of PC-7, PC-8 Principles of patient management in the case of outpatient treatment.

Q	5	Question reflecting the development of PC-11 Perform an examination of the ability to work
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Situational task No. 6

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-11 PC-13 PC-15	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> <li>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);</li> <li>- ability and readiness to carry out anti-epidemic measures, organization of protection of the population in the foci of especially dangerous infections, in case of deterioration of the radiation situation, natural disasters and other emergencies (PC-15);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
F	A/05.7	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and sanitary and hygienic education of the population
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		A 19-year-old college student today suddenly developed symptoms of uPCEr respiratory tract damage: nasal congestion, mucous discharge from the nasal passages, cough, and weakness, for which she went to the clinic at her place of residence. Body

		temperature - 38.8 ° C. On examination: cough, expiratory dyspnea, perioral cyanosis, scattered small-bubble rales are heard in the lower lobes of the lungs. BH 26 in 1 min., Heart rate - 102 in 1 min. Blood pressure 100/60 mm Hg. The abdomen is soft, painless. Stool, urination with words - without features.
Q	1	A question reflecting the development of PC-5 Make a preliminary diagnosis. What infectious nature of the disease can we think of?
Q	2	Question reflecting the development of PC-15 What anti-epidemic measures need to be taken?
Q	3	Question reflecting the development of PC-6 The tactics of the local doctor in relation to this patient.
Q	4	Question reflecting the development of PC-11 Perform an examination of temporary disability.
Q	5	A question reflecting the development of PC-13 Make recommendations for prevention for this patient

#### Situational task No. 7

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-11 PC-14	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> <li>- readiness to organize and control the immunoprophylaxis of infectious diseases in the adult population in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-14);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the

		patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
F	A/05.7	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and sanitary and hygienic education of the population
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 32-year-old woman called the local general practitioner at home. Complains of fever - up to 39 C, weakness, aching joints, muscles, dry cough, headache, nasal congestion.</p> <p>From the anamnesis it is known that the disease arose acutely, the night before, when the body temperature rose sharply to 39.5 C, chills, headache, severe muscle pain appeared. Independently once took NSAIDs with a short-term effect. According to the patient, at her place of work, many suffer from acute respiratory infections. Smokes 8-10 cigarettes a day. Allergic history is not welcome.</p> <p>On examination: a condition of moderate severity. Body temperature - 39 ° C. The skin is clean, moist. The pharynx is hyperemic, there are no rashes. With auscultation of the lungs, wheezing is not heard, respiratory noises are carried out in all departments. Heart tones are clear, rit. Heart rate 90 in 1 min., Blood pressure 125/80 mm Hg. Art. The abdomen on palpation is soft, painless. The lower edge of the liver along the edge of the costal arch. Tapping on the lower back is painless on both sides. There is no peripheral edema. Physiological departures (from words) are not violated.</p>
Q	1	A question reflecting the development of PC-5 Formulate a preliminary diagnosis
Q	2	Question reflecting the development of PC-6 Determine the place of treatment. What are the indications for hospitalization for this disease.
Q	3	Question reflecting the development of PC-6 Prescribe a management regimen for outpatient treatment
Q	4	Question reflecting the development of PC-11 Conduct an examination of the ability to work
Q	5	A question reflecting the development of PC-14 What are the tactics for contact persons?

#### Situational task No. 8

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6	- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems

	PC-11	(ICD) (PC-5); - the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6); - readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
F	A/05.7	Carrying out and monitoring the effectiveness of measures for the prevention and formation of a healthy lifestyle and sanitary and hygienic education of the population
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
c		Patient M., 66 years old, a working pensioner, at the reception at the therapist complains of headache, pain in the eyeballs, body aches, fever to 37.6-38.6 C, dry cough, nasal congestion, shortness of breath, weakness. He fell acutely ill the night before, after contact with a patient with SARS. He lives with his wife in a separate apartment. From the anamnesis - for 10 years it has been observed for coronary artery disease, stable angina pectoris, hypertension. Objectively: the skin is pale pink, acrocyanosis, there is no rash, the face is hyperemic, the sclera are injected. Consciousness is clear. Prefers to sit. Lymph nodes are not enlarged. The tonsils, uvula, palatine arches are hyperemic with a slight cyanotic tinge. In the lungs, respiration is vesicular, slightly weakened above the lower sections. Oxygen saturation by pulse oximetry 90%. Pulse 88 beats / min, rhythmic, single extrasystoles. Blood pressure 110/70 mm Hg. Hg. There are no meningeal symptoms.
Q	1	A question reflecting the development of PC-5 Make a preliminary diagnosis
Q	2	Question reflecting the development of PC-6 Tactics of the local doctor in relation to this patient?
Q	3	Question reflecting the development of PC-6 Will it be a violation of the regime to refuse hospitalization? Further tactics of the district therapist in this case.

Q	4	Question reflecting the development of PC-6 How to organize a hospital at home, if the patient refuses hospitalization?
Q	5	Question reflecting the development of PC-11 Perform an examination of the ability to work.

### Situational task No. 9

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-11	<ul style="list-style-type: none"> <li>- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);</li> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7);</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled

		people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		A 28-year-old woman called the local general practitioner at home. Complains of fever - up to 39 ° C, general weakness, aching joints, muscles, dry cough, headache, nasal congestion. The disease arose acutely, last night - the body temperature rose sharply to 39.5 ° C, chills, headache, severe muscle pain appeared. Independently once took NSAIDs with a short-term effect. At her place of work, many suffer from acute respiratory infections. Allergic history is not burdened. On examination: condition of moderate severity. Body temperature 39 ° C. The skin is clean, hot to the touch. The mucous membrane around the pharynx is hyperemic. With auscultation of the lungs, wheezing is not heard. Heart tones are clear, rhythmic. Heart rate 110 in 1 min., Blood pressure 125/80 mm Hg. Art. The abdomen on palpation is soft, painless. The lower edge of the liver is along the edge of the costal arch. Tapping on the lower back is painless on both sides. There is no peripheral edema. Physiological departures (according to the patient) are not violated.
Q	1	A question reflecting the development of PC-5 Formulate a preliminary diagnosis
Q	2	A question reflecting the development of PC-4 List the typical clinical manifestations that confirm the reliability of the diagnosis.
Q	3	Question reflecting the development of PC-6 Where to treat the patient, whether there are indications for hospitalization.
Q	4	A question reflecting the development of PC-7 Specify the principles of treatment. Should antibiotic therapy be prescribed.
Q	5	Question reflecting the development of PC-11 Approximate periods of temporary disability

### Situational task No. 10

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-6 PC-11 PC-14	- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);

		<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations ( treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7)</li> <li>- readiness to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-8)</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>Patient S., 62 years old, a pensioner (moonlighting as a controller), called the local doctor at home with complaints of cough with a small amount of yellowish sputum, shortness of breath with little physical exertion, fever to 38.7 C, headache, lack of aPCetite. He fell ill acutely, the day before, when, after hypothermia, the above symptoms aPCeared. From the anamnesis it is known that the patient suffers from arterial hypertension of the 3rd degree and type II diabetes mellitus. Constantly takes Enap H 1 table. per day and diabeton MB 2t in the morning.</p> <p>On examination, the condition is moderate. Body temperature 38.5 * C. With percussion of the lungs in the</p>



		subscapular region on the right, the area of dulling of the pulmonary sound is determined, the area of bronchial respiration is also listened to, the increase in bronchophony and voice tremor is determined, there is no wheezing. The boundaries of the heart are expanded to the left by 2 cm, the I tone is weakened at the apex, no noise is heard. Heart rate 96 beats per minute, blood pressure 160/100 mm Hg. Art. The tongue is dry, covered with a white coating. The abdomen on palpation is soft, painless. Physiological departures are normal.
Q	1	A question reflecting the development of PC-5 Formulate a preliminary diagnosis
Q	2	Question reflecting the development of PC-6 Determine the doctor's tactics for managing the patient.
Q	3	A question reflecting the development of PC-4 Make a plan for the necessary examination.
Q	4	Question reflecting the development of PC-7, PC-8 Determine the treatment of the underlying disease and, if necessary, the correction of concomitant pathology.
Q	5	Question reflecting the development of PC-11 Assess the ability to work, whether there is a need to issue documents on incapacity for work.

### Situational task No. 11

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-5 PC-10 PC-13	- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5); - readiness to organize personalized treatment of the patient, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment (PC-10); - ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND</b>

<b>GIVE DETAILED ANSWERS TO QUESTIONS</b>		
C		<p>A 45-year-old man undergoes a preventive medical examination as part of a medical examination. He does not complain, there is no history of chronic diseases. The survey revealed that the patient has bad habits (smokes), eats irrationally and leads a sedentary lifestyle.</p> <p>On examination: satisfactory condition, increased nutrition. BMI – 32 kg/m<sup>2</sup>. The skin is clean, of normal color. In the lungs, breathing is vesicular, there is no wheezing. Heart sounds are clear, rhythmic. Heart rate - 72 beats in 1 min., Blood pressure - 150/90 mm Hg. (does not take antihypertensive drugs). The abdomen is soft, painless on palpation in all departments. The liver and spleen are not enlarged. There is no dysuria. The symptom of tapping on the lumbar region is negative. There is no swelling.</p> <p>In the analyzes: total cholesterol - 5.6 mmol / l, blood glucose 4 mmol / l. ECG - signs of left ventricular hypertrophy.</p>
Q	1	A question reflecting the development of PC-5 Assume the most likely diagnosis.
Q	2	A question reflecting the development of PC-5 Justify your diagnosis.
Q	3	A question reflecting the development of PC-13 Determine the patient's health group. Justify your answer.
Q	4	A question reflecting the development of PC-13 Does the patient need a referral to the second stage of medical examination? What kind of examination should be carried out? Justify Your Answer
Q	5	A question reflecting the development of PC-10 List the patient's risk factors for chronic noncommunicable diseases and make a plan for individual preventive counseling.

### Situational task No. 12

	<b>Code</b>	<b>The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task</b>
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-8 PC-11	<p>- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);</p> <p>- readiness to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care,</p>

		<p>clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-8)</p> <p>- readiness to organize personalized treatment of the patient, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment (PC-10);</p> <p>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);</p>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 39-year-old man undergoes a preventive medical examination as part of a medical examination. Complaints of occasional cough in the morning with a small amount of mucous sputum. In the anamnesis - frequent acute respiratory viral infections, bronchitis, chronic diseases denies. There is a long smoking experience (smoker's index - 21 packs / years).</p> <p>On examination: satisfactory condition, normosthenic physique. BMI – 24 kg/m<sup>2</sup>. The skin is clean, of normal color. In the lungs, breathing is vesicular, there is no wheezing. Heart tones are clear, rhythmic. Heart rate - 70 beats. In 1 min., Blood pressure - 120/80 mm Hg. The abdomen is soft, painless on palpation in all departments. The liver and spleen are not enlarged. There is no dysuria. The symptom of tapping on the lumbar region is negative. There is no swelling.</p> <p>In the analyzes: total cholesterol - 4.8 mmol / l, blood glucose 5.2 mmol / l. ECG is the norm. Absolute Cardiovascular Risk (SCORE) = 1% (low).</p>
Q	1	A question reflecting the development of PC-13 Determine the patient's health group. Justify your answer.
Q	2	A question reflecting the development of PC-13 Does the patient need a referral to the second stage of medical examination? What kind of examination should be carried out? Justify your answer.
Q	3	A question reflecting the development of PC-4 List the spirometry signs of bronchial obstruction. Describe the doctor's tactics in detecting obstructive pulmonary dysfunction.
Q	4	A question reflecting the development of PC-10

		Make a plan for individual preventive counseling.
Q	5	A question reflecting the development of PC-8 Offer the patient ways to quit smoking.

### Situational task No. 13

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-8 PC-11	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person (PC-11);</li> <li>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 34-year-old woman suffering from bronchial asthma came to the next dispensary examination to the local therapist. Over the past 4 months, the patient's condition is stable, receives basic therapy: low doses of inhaled glucocorticosteroids (GCS) and a long-acting <math>\beta</math> 2-agonist (fluticasone propionate 100 <math>\mu</math>g + salmeterol 50 <math>\mu</math>g (in the form of a combined inhaler) 2 times a day), as needed, salbutamol 1 time in 2-3 weeks. He does not make complaints, asthma attacks are rare (1 time in 2-3 weeks), there are no nocturnal attacks, he does not note restrictions on physical activity.</p> <p>On examination: satisfactory condition, normosthenic</p>

		physique. BMI – 22 kg/m <sup>2</sup> . The skin is clean, of normal color. In the lungs - vesicular breathing, there is no wheezing. NPV - 16 per minute. Heart tones are clear, rhythmic. Heart rate - 72 per minute, blood pressure - 120/80 mm Hg. Art. The abdomen is soft, painless. The liver and spleen are not enlarged. There is no dysuria. The symptom of taPCing on the lumbar region is negative. There is no peripheral edema. Complete blood count - without pathology. With spirometry - FEV <sub>1</sub> = 85%.
Q	1	A question reflecting the development of PC-5 Formulate a diagnosis.
Q	2	A question reflecting the development of PC-5 Justify your diagnosis.
Q	3	Question reflecting the development of PC-6 Determine the tactics of patient management. Justify Your Answer
Q	4	A question reflecting the development of PC-13 Make a plan for dispensary observation.
Q	5	Question reflecting the development of PC-11 Is the patient indicated for a referral to the bureau of medical and social expertise? Justify your answer.

#### Situational task No. 14

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.05.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-8 PC-11	<ul style="list-style-type: none"> <li>- readiness to collect and analyze the patient's complaints, anamnesis data, the results of physical examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-4);</li> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current</li> </ul>

		<p>procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7)</p> <p>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);</p>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety
F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 46-year-old man, an accountant, went to the local doctor with complaints of bouts of pressing pain behind the sternum with irradiation to the left arm, occurring at rest, mainly at night and in the early morning hours (4-6 am). Attacks go away on their own within 3-4 minutes. From the anamnesis, it is known that bouts of pain behind the sternum bother for 3 months. Physical activity tolerates well, can climb to the 5-6th floor without stopping, pain attacks do not occur. The disappearance of pain behind the sternum is associated with a stressful situation at work. To date, he has not sought medical help. Over the past 2 years, he has noted rises in blood pressure to 140/90 mm Hg. Art. With subjectively felt rises, blood pressure takes (on the recommendation of his wife) a hood. After a long break of 10 years, in the last year he again began to smoke 10 cigarettes a day. Family history: the patient's father and mother are alive, the father suffers from hypertension, and the mother suffers from angina pectoris.</p> <p>On examination: satisfactory condition. Height 172 cm, weight 66 kg, BMI 22.3 kg/m<sup>2</sup>. The skin is of normal color, normal humidity. In the lungs - vesicular breathing. BH 16 in 1 minute. The sounds of the heart are clear, rhythmic, the accent of the II tone over the projection of the aorta. Heart rate 64 beats in 1 minute. Blood pressure 127/75 mm Hg. Art. Art. The abdomen on palpation is soft, painless. The liver and spleen are not enlarged. There are no dysuric disorders.</p> <p>In the analyzes: fasting glucose - 5.1 mmol / l, creatinine - 76 μmol / l, total cholesterol - 6.3 mmol / l, TG - 2.2 mmol / l, HDL-C - 1.2 mmol / l, LDL-C - 4.2 mmol / l, AST 28 u / l, ALT 34 u / l; ECG at rest: sinus rhythm, 61 beats per minute. EOS is not rejected.</p>

Q	1	A question reflecting the development of PC-5 Assume the most likely diagnosis.
Q	2	Question reflecting the development of PC-6 Justify your diagnosis.
Q	3	A question reflecting the development of PC-4 Draw up and justify a plan for additional examination of the patient.
Q	4	A question reflecting the development of PC-7 What groups of drugs would you recommend to a patient as part of combination therapy? Justify Your Choice
Q	5	A question reflecting the development of PC-13 How should the dispensary observation of this patient be organized and conducted? Justify your choice.

### Situational task No. 15

	Code	The text of the competence / the name of the work function / the name of the labor action / the text of the element of the situational task
S	31.0 5.01	Specialty: General Medicine
K	PC-4 PC-5 PC-6 PC-7 PC-8 PC-11	<ul style="list-style-type: none"> <li>- Ability to make a diagnosis based on the current International Statistical Classification of Diseases and Related Health Problems (ICD) (PC-5);</li> <li>- the ability to develop a treatment plan for a disease or condition, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-6);</li> <li>- readiness to prescribe medicines, medical devices and therapeutic nutrition, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care (PC-7)</li> <li>- readiness to prescribe non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care , taking into account the standards of medical care (PC-8)</li> <li>- ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation of healthy and chronic patients (PC-13);</li> </ul>
F	A/02.7	Conducting an examination of the patient in order to establish a diagnosis
F	A.03.7	Prescribing treatment and monitoring its efficacy and safety

F	A/04.7	Implementation and monitoring of the effectiveness of the patient's medical rehabilitation, including the implementation of individual rehabilitation or habilitation programs for disabled people, assessment of the patient's ability to work
I		<b>FAMILIARIZE YOURSELF WITH THE SITUATION AND GIVE DETAILED ANSWERS TO QUESTIONS</b>
C		<p>A 45-year-old patient, a programmer by profession, went to the local doctor with complaints of pain in the epigastric region, mainly on an empty stomach and at night, forcing him to wake up, as well as almost constant heartburn, a feeling of heaviness and fullness in the epigastric region after eating, heartburn, sour belching, nausea. From the anamnesis, it is known that the patient smokes a lot, abuses coffee, eats irregularly. He has been ill for about three years. He was not examined, he was treated independently (he took herbal medicine).</p> <p>On examination: satisfactory condition. BMI -32.0 kg/m<sup>2</sup>. The skin is clean, of normal color. Body temperature is normal. Pharynx - tonsils, posterior pharyngeal wall are not hyperemic. In the lungs, breathing is vesicular, there is no wheezing. Heart sounds are muffled, rhythmic, heart rate - 70 beats in 1 minute, blood pressure - 120/80 mm Hg. Art. The abdomen is involved in the act of breathing, on palpation it is soft, painful in the epigastric region, there is no tension in the abdominal muscles, the symptom of tapping on the lumbar region is negative.</p> <p>EFGDS: the esophagus is freely passable, the longitudinal folds are thickened, focal hyperemia of the mucous membrane of the distal esophagus, the cardia does not close completely. The stomach on an empty stomach contains a small amount of light secretory fluid and mucus. The folds of the gastric mucosa are thickened, convoluted. The bulb of the 12 duodenum is deformed, a defect in the mucous membrane up to 0.5 cm in diameter is detected on the back wall. The edges of the defect have clear boundaries, hyperemic, swollen. The bottom of the defect is covered with white fibrinous overlays. Postbulbar departments without pathology. The urease test for the presence of H. pylori is positive.</p>
Q	1	A question reflecting the development of PC-5 Formulate a presumptive diagnosis.
Q	2	A question reflecting the development of PC-5 Justify your diagnosis.
Q	3	Question reflecting the development of PC-6 Draw up and justify a plan for additional examination of the patient.
Q	4	Question reflecting the development of PC-7, PC-8 What treatment would you recommend to the patient as part of combination therapy? Justify your choice.
Q	5	A question reflecting the development of PC-13 Is it necessary to take the patient to the dispensary?



**State final certification for the program of higher education - specialist**  
**Specialty 31.05.01 General Medicine**  
**Stage III**  
**Laboratory tests**

**Task 1.**

Patient 63 years old

**Clinical blood test:**

Index	Result	Units	Norm
WBC	11,2	10 <sup>9</sup> /L	
RBC	4,3	10 <sup>12</sup> /l	
HGB	134	g/l	
HCT	38	%	
MCV	88,4	fl	
MCH	31,2	Pg	
MCHC	35,3	g/dL	
RDW-CV	8,4	%	
GR	64	%	
LYM	29	%	
MON	7	%	
PLT	243	10 <sup>9</sup> /L	
ESR	32	mm/h	
Reticulocytes	0,1	%	
Megakaryocytes	0	%	

**Biochemical, serological and immunological blood tests:**

	7 mg/l
CRP	
Seromucoid	0,31 units
Creatinine	90 µmol/L
Urea	4.2 mmol/l
Uric acid	540 µmol/L
Rheumatoid factor	25 IU/ml
Antinuclear, antibodies	1:20
Fibrinogen	6.4 g/l

**Urinalysis:**

Relates. Density	1.018
Protein	No
Glucose	No
The epithelium is squamous	2-3 in p / z
Leukocytes	20-30 in p / z
Erythrocytes	1-2 in p / z
Cylinders	No
Salts - urates	++++

1. Indicate the deviation of laboratory parameters from the norm.
2. What disease can be characterized by such changes?

**Task 2.**  
Patient 30 years.

**Clinical blood test:**

Index	Result	Units	Norm
WBC	9,6	10 <sup>9</sup> /L	
RBC	4,4	10 <sup>12</sup> /l	
HGB	131	g/l	
HCT	39	%	
MCV	82,8	fl	
MCH	29,8	Pg	
MCHC	35,1	g/dL	
RDW-CV	6,3	%	
GR	65	%	
LYM	31	%	
MON	4	%	
PLT	212	10 <sup>9</sup> /L	
ESR	26	mm/h	
Reticulocytes	0,1	%	
Megakaryocytes	0	%	

**Biochemical and**

**serological blood tests:**

CRP	6.2 mg/l
Seromucoid	0.30 u/l
Creatinine	76 µmol/L
Urea	5.2 mmol/l
Uric acid	140 µmol/L
Rheumatoid factor	25 IU/ml
Antistreptolysin O	120 IU/ml/L
Fibrinogen	6.3 g/l
Total Protein	63 g/l
Albumin	28.9 g/L (50.9%)
Globulins	27.8 g/l (49.1.2%)
α <sub>1</sub> -	2.1 g/l (3.7%)
α <sub>2</sub>	5.25 g/l (9.3%)
β	4.1 g/l (7.2%)
γ	16.35 g/l (28.8%)

**Urinalysis:**

Relates. Density	1.014
Protein	No
Glucose	No
The epithelium is squamous	2-3 in p / z
Leukocytes	20-30 in p / z
Erythrocytes	1-2 in p / z
Cylinders	No
Salt-	No
Mucus	++

1. Indicate the deviation of laboratory parameters from the norm.
2. What disease can be characterized by such changes?

**Task 3**

Patient is 24 years old.

**Clinical blood test:**

Index	Result	Units	Norm
WBC	11,6	10 <sup>9</sup> /L	
RBC	3,2	10 <sup>12</sup> /l	
HGB	96,4	g/l	
HCT	29	%	
MCV	90,6	Fl	
MCH	30,2	Pg	
MCHC	33,2	g/dL	
RDW-CV	8,4	%	
GR	68	%	
LYM	27	%	
MON	5	%	
PLT	294	10 <sup>9</sup> /L	
ESR	26	mm/h	
Reticulocytes	0,1	%	
Megakaryocytes	0	%	

**Biochemical and****serological blood tests:**

CRP	8.1 mg/l
Seromucoid	0,42 units
Creatinine	68 µmol/L
Urea	4.2 mmol/l
Uric acid	170 µmol/L
Rheumatoid factor	98 IU/ml
Antistreptolysin O	120 IU/ml
Fibrinogen	6.7 g/l
Total Protein	68.0 g/l
Albumin	28.2 g/L (46%)
Globulins	33.1 g/L (54%)
α <sub>1</sub> -	2.9 g/l (4.7%)
α <sub>2</sub>	8.2 g/l (13.4%)
β	4.6 g/l (7.5%)
γ	17.41 g/l (28.4%)

**Urinalysis:**

Relates. Density	1.020
Protein	No
Glucose	No
The epithelium is squamous	2-3 in p / z
Leukocytes	1-2 in p / z
Erythrocytes	0-1 in p / z
Cylinders	No
Salt-	No
Mucus	+

1. Indicate deviations of laboratory parameters from the norm
2. What disease can be characterized by such changes?
3. Specify the degree of activity of the process?

**Task 4**

Patient is 18 years old.

**Clinical blood test:**

Index	Result	Units	Norm
WBC	11,2	10 <sup>9</sup> /L	
RBC	3,9	10 <sup>12</sup> /l	
HGB	124	g/l	
HCT	37	%	
MCV	94,9	fl	
MCH	31,8	Pg	
MCHC	33,5	g/dL	
RDW-CV	8,4	%	
GR	71	%	
LYM	26	%	
MON	3	%	
PLT	198	10 <sup>9</sup> /L	
ESR	21	mm/h	
Reticulocytes	0	%	
Megakaryocytes	0	%	

**Biochemical and serological blood tests:**

CRP	7.2 mg/l
Creatinine	98 µmol/L
Urea	5.4 mmol/l
Rheumatoid factor	58 IU/ml
Fibrinogen	8.4 g/l
Seromucoid	46 U/L
Cholesterol	5.7 mmol/l
Antibodies to Sm antigen	50 U/ml
Total Protein	71.4 g/l
Albumin	30.9 g/l (49%)
Globulins	32.1 g/l (51%)
α <sub>1</sub> -	2.9 g/l (4.6%)
α <sub>2</sub>	7.4 g/L (11.7%)
β	4.6 g/l (7.3%)
γ	17.2 g/l (27.3%)

**Urinalysis:**

Relates. Density	1.028
Protein	1.6 g/l
Glucose	No
The epithelium is squamous	0-1 in p / z
Leukocytes	2-3 in p / z
Erythrocytes	10-12 in p / z
Hyaline cylinders	3-4 in p / z
Salt-	No
Mucus	++

1. Indicate the deviation of laboratory parameters from the norm.
2. What disease can be characterized by such changes?
3. Specify the degree of activity of the process?

**Task 5**

You are presented with 2 blood tests performed on the same patient at different times. Your task:

- 1) to characterize the blood picture;
- 2) explain the difference between the 2nd blood test and the first and how it could be caused

Blood test No. 1

Index	Result	Units	Norm
WBC	7,2	10 <sup>9</sup> /L	
RBC	2,9	10 <sup>12</sup> /l	
HGB	84,3	g/l	
HCT	24	%	
MCV	82,8	fl	
MCH	29,1	Pg	
MCHC	35,1	g/dL	
RDW-CV	8,4	%	
GR	69	%	
LYM	24	%	
MON	7	%	
PLT	236	10 <sup>9</sup> /L	
ESR	24	mm/h	
Reticulocytes	18	%	
Myelocytes	0	%	
Promyelocytes	0	%	
Osmotic resistance of erythrocytes			

Total Protein	62.2 g/l
Albumin	31.2 g/l
Total bilirubin	78.6 µmol/L
indirect	47 µmol/L
Urea	7.9 mmol/l
Creatinine	86.6 µmol/L
Rehberg's test	GFR 80 ml/min, reabsorb. -99%

Blood test No. 2

Index	Result	Units	Norm
WBC	28,1	10 <sup>9</sup> /L	
RBC	1,7	10 <sup>12</sup> /l	
HGB	49	g/l	
HCT	13	%	
MCV	76,5	fl	
MCH	28,8	Pg	
MCHC	37,7	g/dL	
RDW-CV	9,4	%	
GR	48	%	
LYM	43	%	
MON	9	%	
PLT	174	10 <sup>9</sup> /L	
ESR	32	mm/h	
Reticulocytes	38	%	
Myelocytes	7%	%	
Promyelocytes	2%	%	
Osmotic resistance of erythrocytes			

Total Protein

54.2 g/l

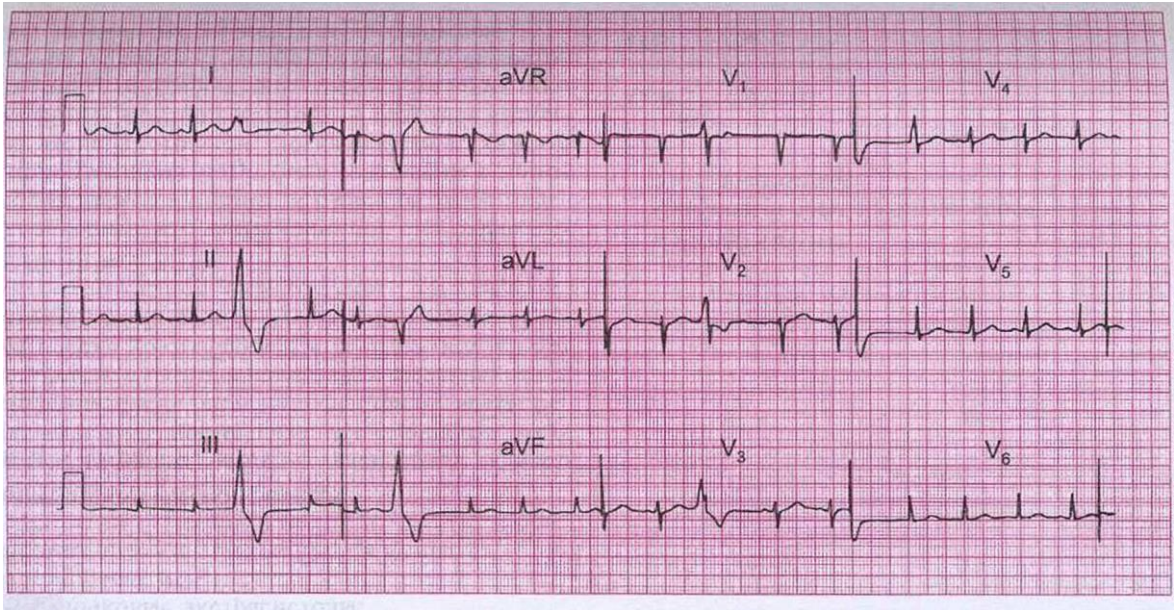
Albumin	28.4 g/l
Total bilirubin	142.6 $\mu\text{mol/L}$
indirect	106.2 $\mu\text{mol/L}$
Urea	9.2 mmol/l
Creatinine	118.9 $\mu\text{mol/L}$
Rehberg's test	GFR 80ml/min, reabsorb. -99%

1. Indicate deviations of laboratory parameters from the norm.
2. What disease are we talking about?

State final certification for the program of higher education - specialist  
Specialty 31.05.01 General Medicine  
Stage III  
ECG – tasks

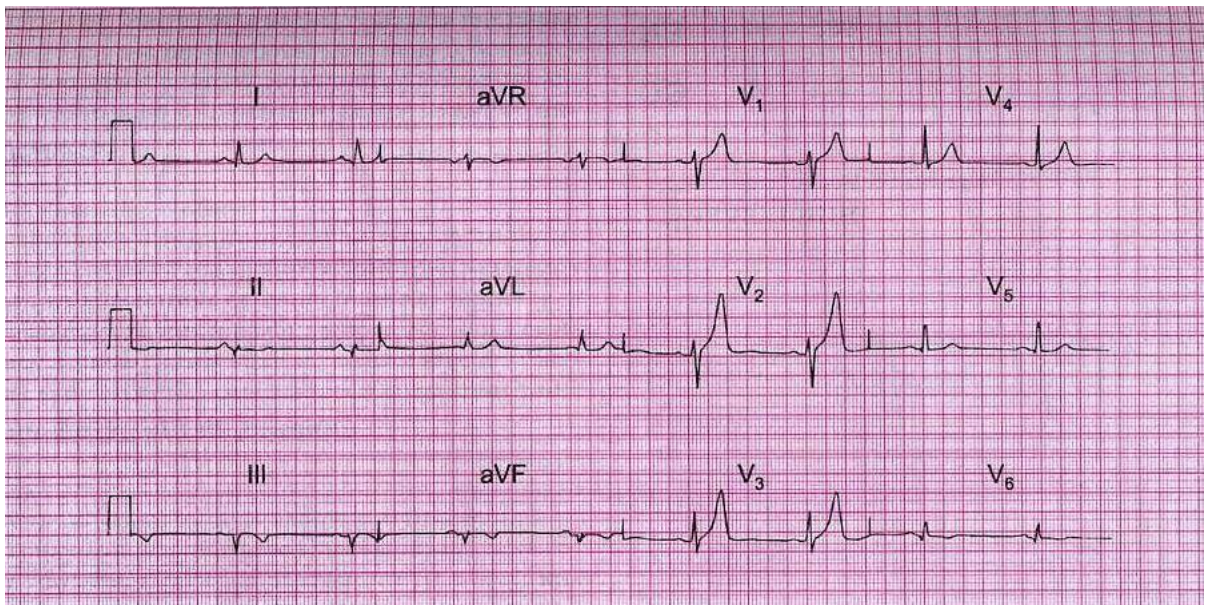
**ECG No. 1**

This ECG was recorded in a 25-year-old pregnant woman complaining of interruptions in the work of the heart. During auscultation, a mild systolic murmur was detected, there are no other changes in the heart. What does the ECG say and what should be done in such a situation?



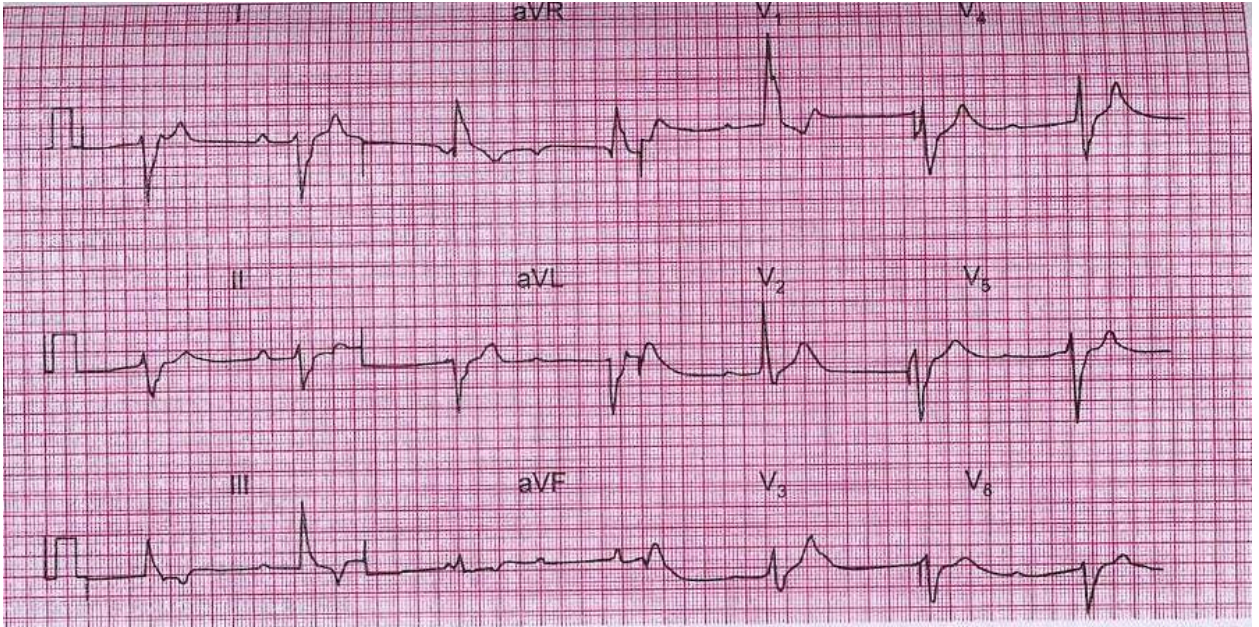
**ECG No. 2**

A 60-year-old man went to the doctor of the clinic with complaints of unexpressed chest pain of an uncertain nature during physical exertion. There was never any chest pain at rest. What does the ECG say and what should be done next?



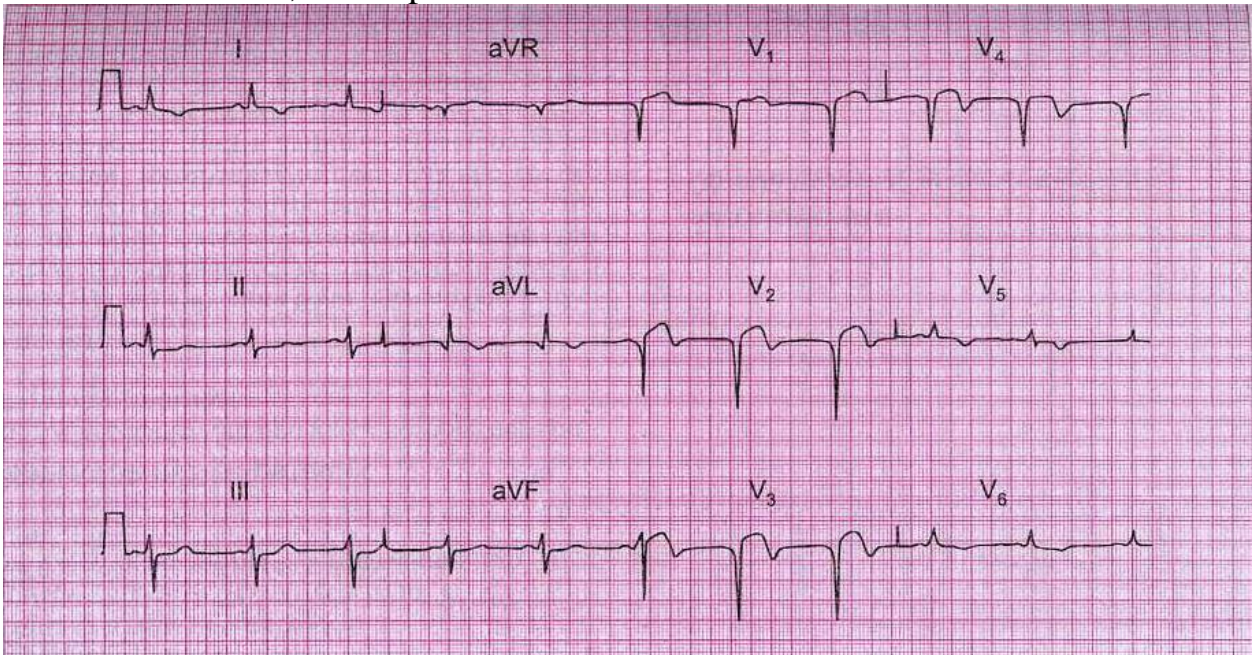
### ECG No. 3

An 80-year-old woman with a history of several bouts of severe dizziness fell and broke her hip. Her rare, slow pulse draws attention. The patient's ECG is in front of you. The surgeons wanted to operate on her immediately, but the anesthesiologist expressed doubts about this possibility. What does the ECG indicate and what should be done?



### ECG 4

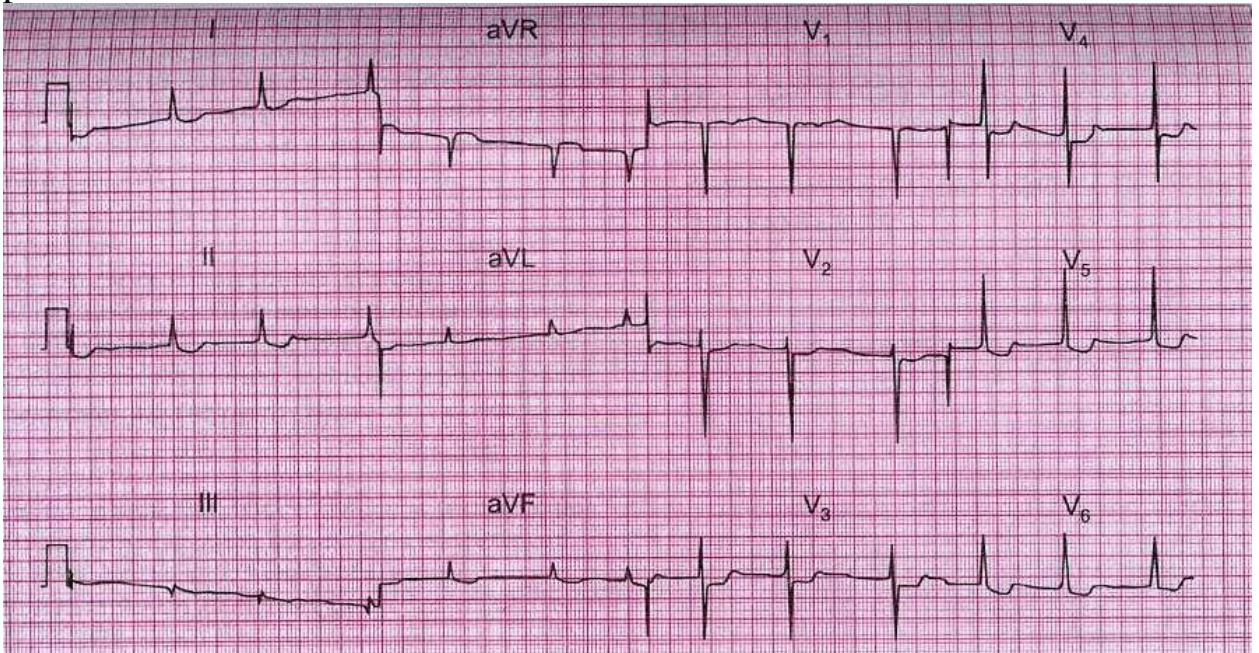
A 50-year-old man was taken to the emergency room of the hospital with severe pain behind the sternum, which persisted for about 18 hours.





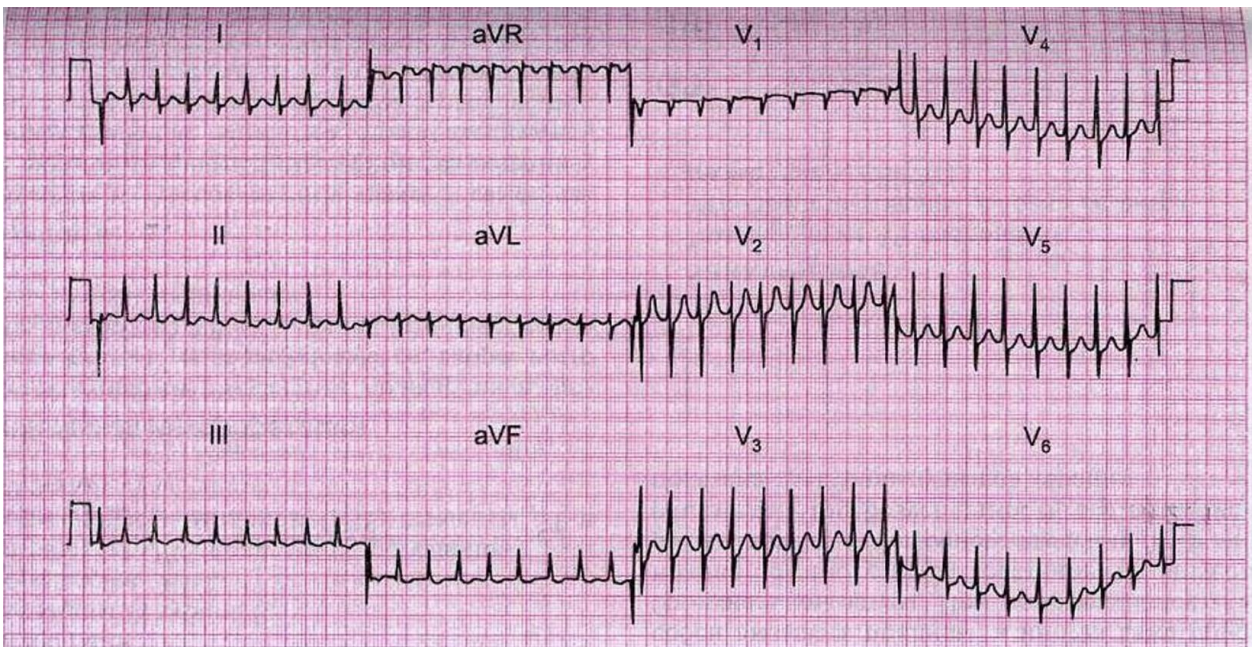
### ECG 5

This ECG was recorded in a 60-year-old woman with rheumatic heart disease. She showed signs of heart failure, but after treatment, the shortness of breath disappeared. What does the ECG say, and what questions should be asked to the patient?



### ECG No. 6

A 26-year-old woman was admitted to the emergency room complaining of palpitations. There was a history of similar seizures. What does the ECG say and what should be done?

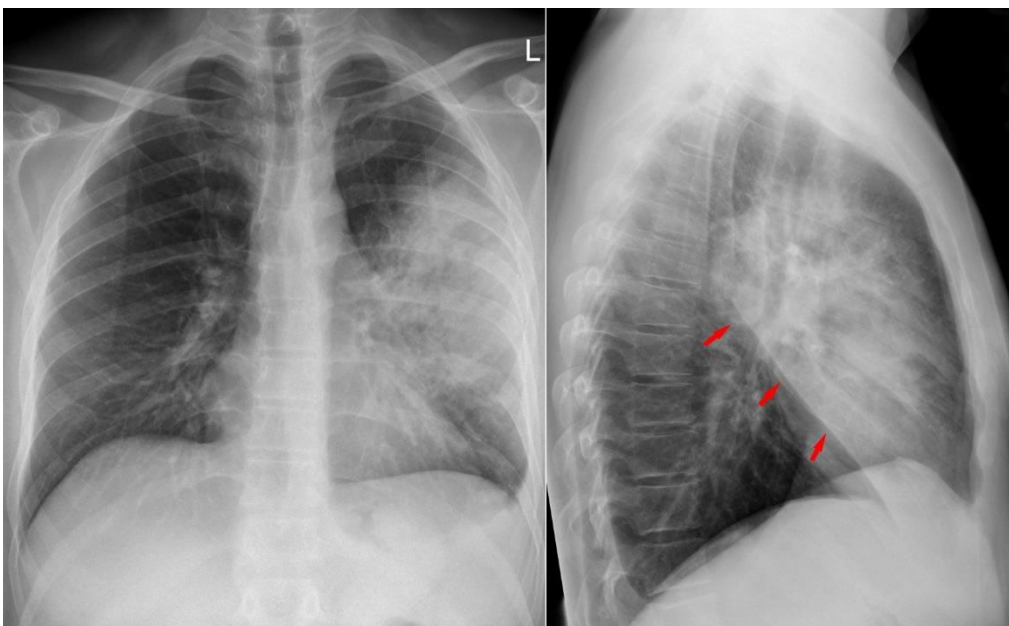


State final certification for the program of higher education - specialist  
Specialty **31.05.01 General Medicine**  
**Stage III**  
**Radiographs**

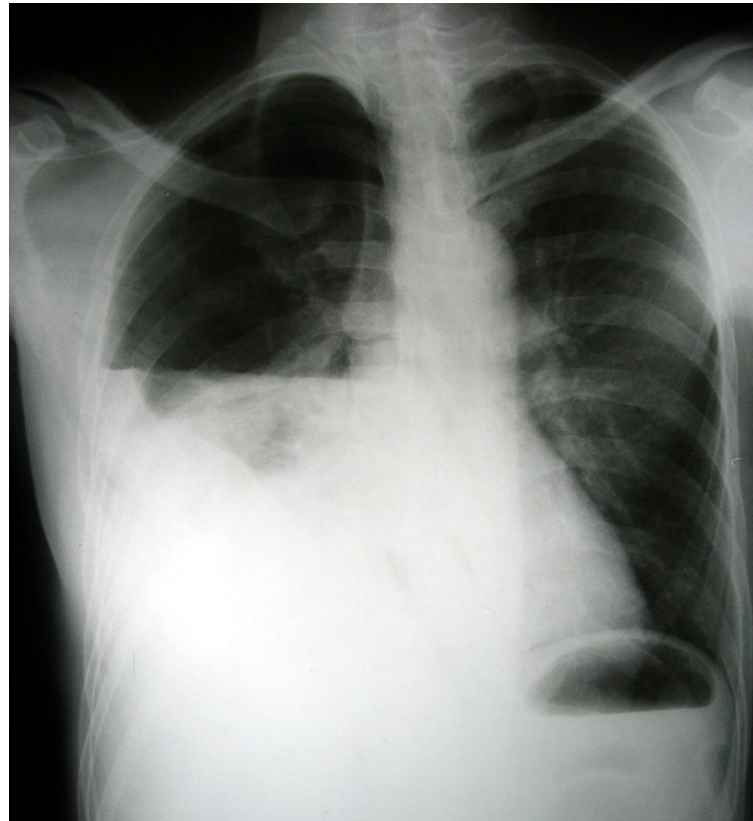
X-ray 1-1



X-ray 1-2



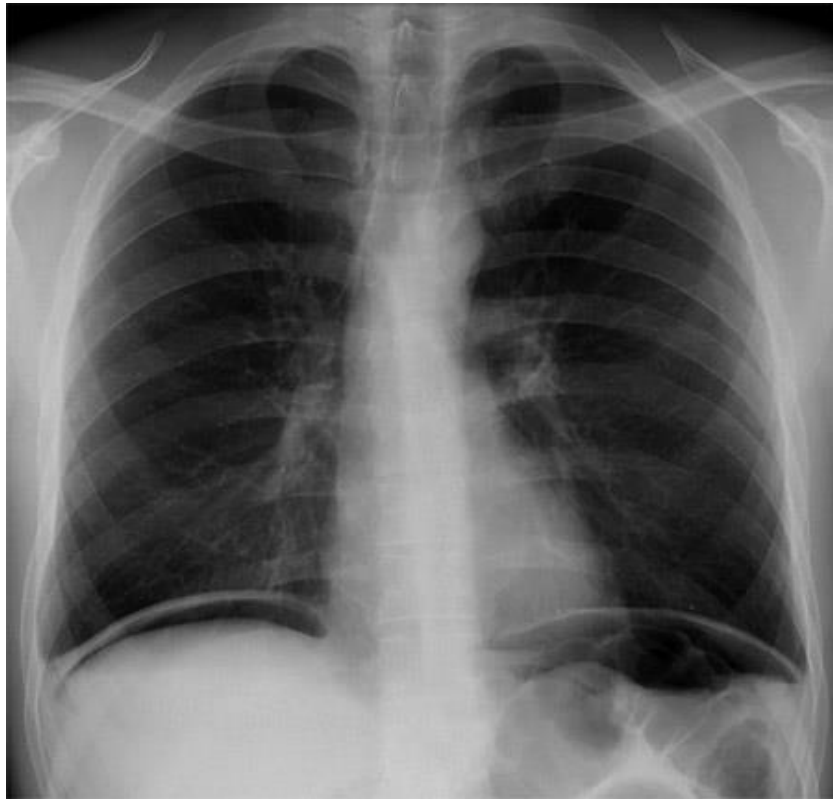
X-ray 2-1



X-ray 2-2



X-ray 3-1



X-ray 3-2





MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
Federal State Autonomous Educational Institution of Higher Education  
**"Far Eastern Federal University"**  
(FEFU)

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**SCHOOL OF BIOMEDICINE**

APPROVE  
Director of the School of Biomedicine  
Yu.S. Khotimchenko

«13» December 2021

correct answers, including evaluation criteria for  
VALUATION FUND  
STATE FINAL CERTIFICATION  
according to the educational program of the specialist  
31.05.01 General medicine  
Full-time training form

Vladivostok  
2021

**The keys of the correct answers of the First Stage of the State Final  
Certification are testing**

Criteria for evaluating test results

"Credited" - 71% of correct answers

"Not counted" - less than 71% of correct answers.

1. THE AVERAGE DURATION OF TEMPORARY DISABILITY DURING OUTPATIENT TREATMENT OF EXACERBATION OF CHRONIC ACALCULOUS CHOLECYSTITIS IS (DAY)
  - a) **1,4-20**
  - b) 7-10
  - c) 28
  - d) 21
  
2. FOR CAPILLARY BLEEDING, THE FOLLOWING IS USED:
  - a) **sodium etamzilate**
  - b) ticlopidine
  - c) Streptolysin
  - d) Warfarin
  
3. A COMPLICATION OF TROPICAL MALARIA IS
  - a) **coma**
  - b) peritonitis
  - c) dehydration shock
  - d) bleeding
  
4. PNEUMOCONIOSIS ARISING FROM INHALATION OF DUST CONTAINING ASBESTOS, TALC, CEMENT BELONG TO THE GROUP
  - a) **silicatosis**
  - b) metalloconiosis
  - c) carboconiosis
  - d) silicosis
  
5. A KEY ROLE IN THE PATHOGENESIS OF ASCITES IN A PATIENT DIAGNOSED WITH CIRRHOSIS OF THE LIVER IS PLAYED BY
  - a) **portal hypertension**

- b) hyperestrogenemia
- c) decrease in colloidal-osmotic plasma pressure
- d) secondary hyperaldosteronism

6. THE BRONCHI, BRONCHIOLES AND LUNGS ARE AFFECTED BY

- a) **respiratory syncytial infection**
- b) adenovirus infection
- c) rhinovirus infection
- d) parainfluenza

7. THE HUMORAL FACTOR THAT DETERMINES THE TONE OF THE VASCULAR WALL IS

- a) **Endothelin**
- b) nitric oxide
- c) adrenaline
- d) adrenocorticotroponin

8. A KEY ROLE IN THE PATHOGENESIS OF ASCITES IN A PATIENT DIAGNOSED WITH CIRRHOSIS OF THE LIVER IS PLAYED BY

- a) **portal hypertension**
- b) hyperestrogenemia
- c) decrease in colloidal-osmotic plasma pressure
- a. secondary hyperaldosteronism

9. BASED ON THE RESULTS OF MEDICAL EXAMINATION OF PATIENTS WITH CHRONIC DISEASES, AN ACCOUNTING FORM IS FILLED OUT

- a) **0Z0/y**
- b) 088/y
- c) 131/y
- d) 025/y

10. A DECREASE IN GLOMERULAR FILTRATION CAN LEAD TO THE APPOINTMENT OF

- a) **indomethacin**
- b) cyclophosphamide
- c) Dipyridamoloa
- d) methylprednisolone

11. EROSIIVE AND ULCERATIVE CHANGES IN THE UPPER GASTROINTESTINAL TRACT ARE LEAST LIKELY TO OCCUR AGAINST THE BACKGROUND OF ADMISSION

- a) **celecoxib**
- b) acetylsalicylic acid
- c) diclofenac
- d) indomethacin

12. THE MAIN CAUSE OF ITSENKO-CUSHING'S DISEASE

- a) **pituitary adenoma secreting adrenocorticotrophic hormone**
- b) pituitary adenoma secreting growth hormone
- c) insufficient secretion of adrenocorticotrophic hormone by the pituitary gland
- d) A tumor of the adrenal glands that secretes cortisol

13. STATINS SHOULD BE DISCONTINUED IN CASE OF REGISTRATION AGAINST THE BACKGROUND OF MYALGIA OF AN INCREASE IN THE BLOOD ACTIVITY OF CK B (TIMES)

- a) **5**
- b) 4
- c) 3
- d) 2

14. THE RESEARCH METHOD THAT IS CRUCIAL IN THE DIFFERENTIAL DIAGNOSIS OF MYOCARDITIS AND CORONARY ARTERY DISEASE IS

- a) **Coronary angiography**
- b) echocardiography
- c) Intracardiac electrophysiological study
- d) Electrocardiography

15. A FACTOR PREDISPOSING TO THE FORMATION OF POST-INFECTIOUS IRRITABLE BOWEL SYNDROME IS

- a) **Past intestinal infection**
- b) dyslipidemia
- c) eating foods rich in fiber
- d) milk

16. MULTIPLE MYELOMA IS PRIMARILY CHARACTERIZED BY A LESION

- a) **flat joints**



- b) large joints
- c) long tubular bones
- d) interphalangeal joints

17. WHICH OF THE CLINICAL SYNDROMES IS IMPORTANT FOR ASSESSING THE SEVERITY OF CHOLERA

- a) **dehydration.**
- b) intoxication
- c) hemorrhagic
- d) gastric

18. PREGNANT WOMEN SUFFERING FROM ARTERIAL HYPERTENSION CAN BE PRESCRIBED

- a) **Doperit**
- b) Enalapril
- c) Losartan
- d) Captopril

19. WHICH OF THE CLINICAL SYNDROMES IS IMPORTANT FOR ASSESSING THE SEVERITY OF CHOLERA

- a) **dehydration.**
- b) intoxication
- c) hemorrhagic
- d) gastric

20. A CHARACTERISTIC AUSCULTATORY SYMPTOM OF MITRAL VALVE INSUFFICIENCY IS

- a) **systolic murmur at the apex**
- b) mesodiastolic murmur
- c) Flapping 1 tone
- d) systolic murmur at the base of the heart

Keys to correct answers

- |        |         |         |         |
|--------|---------|---------|---------|
| 1. – a | 6. – a  | 11. – a | 16. – a |
| 2. – a | 7. – a  | 12. – a | 17. – a |
| 3. – a | 8. – a  | 13. – a | 18. – a |
| 4. – a | 9. – a  | 14. – a | 19. – a |
| 5. – a | 10. – a | 15. – a | 20. – a |

**The keys of the correct answers of the Second Stage of the State Final  
Certification - assessment of the practical skills of a specialist**

Criteria for evaluating test results

"Passed" - if 70 percent or more of all practical tasks are performed correctly;

"Not passed" - with a result of 69 percent or less of all actions of practical tasks.

**Station "Basic cardiopulmonary resuscitation"**

Evaluation criteria

1. During compressions, the chest (hereinafter referred to as KGC) must be pushed to a depth of at least 5 cm and not more than 6 cm (for adults).
2. The frequency of KGC should be at least 100 and not more than 120 movements per 1 minute.
3. The criterion for effective inhalation during basic CPR is a visible chest lift. The volume of air inhaled by the rescuer into the victim (adult) should be at least 500 and not more than 600 ml.
4. The hands of the accreditée in the implementation of compressions should be folded into a lock, the palmar surface of the underlying hand should not come off the surface of the chest of the victim between the pressures, and it is also necessary to keep the hands straight, without bending them at the elbow joints.
5. For KGC, it is necessary to use the strength of the shoulder girdle (and pelvis), and not the biceps. Knees should be shoulder-width apart.
6. Do not take unnecessary actions (determine the width of the pupils, the presence of foreign bodies in the respiratory tract, apply a mirror to the mouth, etc.).
7. Pulse assessment is not considered an error if it is carried out by a medical professional and evaluated by a special technique in conjunction with an assessment of the presence of breathing.

8. The center of the chest is a relative landmark. A more accurate point of application of the KGC is the intersection of the line running along the sternum and the line connecting the nipples (4-5 intercostal space - to sound only for medical workers).

9. For artificial lung ventilation (hereinafter referred to as mechanical ventilation), it is advisable to use your own special face mask. In the absence of a special face mask, it is permissible not to carry out mechanical ventilation. Mechanical ventilation without protective equipment (a special face mask) is permissible if the accredited person wishes, but taking into account the risk of infection, which is reflected in the checklist.

<b>Indicators for a standard adult simulator</b>	<b>Installation</b>
• Adequate compression depth	Not less than 5 cm, not more
• Adequate position of the hands during	Chest Center
• Full release of hands between compressions	Yes
• Adequate compression frequency	100-120 movements per
• Adequate amount of mechanical ventilation	500-600 ml
• Adequate ventilation speed	500 - 1100 ml/sec

In the event of a technical failure (software failure, power outage, etc.) and the inability to fill out the checklist online, it is possible to use paper evaluation checklists.

## CHECKLIST

Stage II of state certification  
Specialty 31.05.01 General medicine

Date

Name of the examinee

<b>No p/n</b>	<b>Action of the accredited person</b>	<b>Evaluation criteria</b>
1.	Made sure that there was no danger to himself and the victim and, if necessary, ensured safety	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	He gently shook the victim by the shoulders	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Loudly addressed him: "Do you need help?"	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	He called for help: "Help, the person is bad!"	<input type="checkbox"/> yes <input type="checkbox"/> no
5.	The palm of one hand was placed on the forehead of the victim, with two fingers of the other hand he picked up the lower jaw of the victim and moderately threw back his head, opening the airways	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Identified signs of life</i>		

6.	He brought his ear closer to the victim's lips	<input type="checkbox"/> yes <input type="checkbox"/> no
7.	With my eyes I watched the excursion of the victim's chest	<input type="checkbox"/> yes <input type="checkbox"/> no
8.	Assessed the presence of normal breathing for no more than 10 seconds	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>I called a specialist (SMP) according to the algorithm:</i>		
9.	The fact of calling the brigade	<input type="checkbox"/> yes <input type="checkbox"/> no
10.	• Coordinates of the scene	<input type="checkbox"/> yes <input type="checkbox"/> no
11.	• Number of victims	<input type="checkbox"/> yes <input type="checkbox"/> no
12.	• Gender	<input type="checkbox"/> yes <input type="checkbox"/> no
13.	• Approximate age	<input type="checkbox"/> yes <input type="checkbox"/> no
14.	• Condition of the victim	<input type="checkbox"/> yes <input type="checkbox"/> no
15.	• Scope of your assistance	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Prepared for chest compressions</i>		
16.	He knelt at the side of the victim facing him	<input type="checkbox"/> yes <input type="checkbox"/> no
17.	Freed the victim's chest from clothing	<input type="checkbox"/> yes <input type="checkbox"/> no
18.	As soon as possible, I started KGC	<input type="checkbox"/> yes <input type="checkbox"/> no
19.	The base of the palm of one hand was placed on the center of the victim's chest	<input type="checkbox"/> yes <input type="checkbox"/> no
20.	He put the second palm on the first, connecting the fingers of both hands in the lock	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Chest compressions</i>		
21.	30 compressions in a row	<input type="checkbox"/> yes <input type="checkbox"/> no
22.	• The hands of the rescuer are vertical	<input type="checkbox"/> yes <input type="checkbox"/> no
23.	• Do not bend at the elbows	<input type="checkbox"/> yes <input type="checkbox"/> no
24.	• The fingers of the upper hand pull up the fingers of the lower	<input type="checkbox"/> yes <input type="checkbox"/> no
25.	• Compressions are counted aloud	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Mechanical ventilation</i>		
26.	Used his own reliable means of protection	<input type="checkbox"/> yes <input type="checkbox"/> no
27.	The palm of one hand was placed on the forehead of the victim	<input type="checkbox"/> yes <input type="checkbox"/> no
28.	He picked up the lower jaw of the victim with two fingers of the other hand	<input type="checkbox"/> yes <input type="checkbox"/> no
29.	He threw back the victim's head, freeing the airways, took air into his lungs	<input type="checkbox"/> yes <input type="checkbox"/> no
30.	1 and 2 fingers of this hand pinched the nose of the victim	<input type="checkbox"/> yes <input type="checkbox"/> no
31.	He hermetically wrapped his lips around the victim's lips	<input type="checkbox"/> yes <input type="checkbox"/> no
32.	Exhaled into the victim until the chest was visibly lifted	<input type="checkbox"/> yes <input type="checkbox"/> no
33.	Released the lips of the victim for 1 -2 seconds	<input type="checkbox"/> yes <input type="checkbox"/> no
34.	He repeated the exhalation into the victim	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Simulator performance</i>		
35.	• Adequate compression depth (at least 90%)	<input type="checkbox"/> yes <input type="checkbox"/> no
36.	• Adequate position of the hands during compressions (at least 90%)	<input type="checkbox"/> yes <input type="checkbox"/> no
37.	• Full release of hands between compressions (at least 90%)	<input type="checkbox"/> yes <input type="checkbox"/> no
38.	• Adequate compression frequency (at least 90%)	<input type="checkbox"/> yes <input type="checkbox"/> no
39.	• Adequate amount of mechanical ventilation (at least 80%)	<input type="checkbox"/> yes <input type="checkbox"/> no
40.	• Adequate ventilation rate (at least 80%)	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Completion of the test</i>		
41.	At the command: "One minute left," resuscitation did not stop	<input type="checkbox"/> yes <input type="checkbox"/> no

<i>Ad hoc and unsafe activities</i>		
42.	Compressions were not performed at all (cardiopulmonary bypass was not maintained)	<input type="checkbox"/> yes <input type="checkbox"/> no
43.	Assessment of the pulse on the carotid artery was carried out without assessment	<input type="checkbox"/> yes <input type="checkbox"/> no
44.	Pulse assessment was performed on the radial and/or other peripheral arteries	<input type="checkbox"/> yes <input type="checkbox"/> no
45.	An assessment of the neurological status was carried out (checking the reaction of the pupils to light)	<input type="checkbox"/> yes <input type="checkbox"/> no
46.	Anamnesis was collected, medical records were searched	<input type="checkbox"/> yes <input type="checkbox"/> no
47.	A search was carried out for unregulated devices (handkerchiefs, bandages, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no

Name of the member of the SFC signature

Mark on the entry in the statement

### Station "Intravenous injection"

It is used to evaluate the actions of the examinee during the passage of the station.

No p/n	Action of the accredited person	Evaluation criteria
1.	Established contact with the patient (greeted, introduced himself, outlined his role)	V yes <input type="checkbox"/> no
2.	Identified the patient (asked the patient to introduce himself, give his age, checked the information with medical records)	V yes <input type="checkbox"/> no
3.	He inquired about the patient's well-being, referring to him by name and patronymic	V yes <input type="checkbox"/> no
4.	He asked about the presence / absence of allergic reactions in the anamnesis and to the administered drug	V yes <input type="checkbox"/> no
5.	Made sure that there is voluntary informed consent of the patient	V yes <input type="checkbox"/> no
6.	Treated hands in a hygienic way	V yes <input type="checkbox"/> no
7.	Checked the compliance of medical equipment with approved standards	V yes <input type="checkbox"/> no
8.	Checked the compliance of medicines with approved standards	V yes <input type="checkbox"/> no
9.	I typed the drug into the syringe in the right dosage	V yes <input type="checkbox"/> no
10.	Made a change of needle	V yes <input type="checkbox"/> no
11.	Applied a venous tourniquet to the middle third of the shoulder through a cloth/napkin/bandage	V yes <input type="checkbox"/> no
12.	Treated the injection site twice	V yes <input type="checkbox"/> no
13.	Removed the tourniquet after receiving proof of finding the needle in the vein	V yes <input type="checkbox"/> no
14.	Obtained proof of finding the needle in the vein after removing the tourniquet	V yes <input type="checkbox"/> no
15.	Introduced the required amount of drugs	V yes <input type="checkbox"/> no
16.	Assessed the patient's condition during drug administration	V yes <input type="checkbox"/> no

17.	Correctly disposed of the syringe	V yes <input type="checkbox"/> no
18.	Applied a pressure bandage	V yes <input type="checkbox"/> no
19.	Assessed the patient's condition after the introduction of drugs	V yes <input type="checkbox"/> no
20.	Handed over the tray for disinfection and subsequent sterilization	V yes <input type="checkbox"/> no
21.	Informed the patient about the need to remove the pressure bandage	V yes <input type="checkbox"/> no
22.	Threw away the examination gloves	V yes <input type="checkbox"/> no
23.	Treated hands in a hygienic way	V yes <input type="checkbox"/> no
24.	I made a note of the performed manipulation in the medical records	V yes <input type="checkbox"/> no

Name of the member of the SFC    signature

Mark on the entry in the statement

**The keys to the correct answers of the Third Stage of the State Final Certification are an interview**

Scale for assessing the level of achievement of the result of the interview on the questions of a set of examination tasks

Response characteristics	Evaluation
A complete, detailed answer to the question is given, the ability to distinguish essential and non-essential features, cause-and-effect relationships is shown. The answer is clearly structured, logical, set out in literary language in terms of science. There may be shortcomings or minor mistakes corrected by the student with the help of the teacher.	"Excellent"
A complete, but insufficiently consistent answer to the question is given, but at the same time the ability to distinguish essential and non-essential features and cause-and-effect relationships is shown. The answer is logical and set out in terms of science. There may be 1-2 mistakes in the definition of basic concepts that the student finds it difficult to correct on his own.	"Good."
An incomplete answer is given, the logic and sequence of presentation have significant violations. Gross mistakes were made in determining the essence of the disclosed concepts, theories, phenomena, due to the student's misunderstanding of their essential and non-essential features and connections. There are no conclusions in the response. The ability to reveal specific manifestations of generalized knowledge is not shown. Speech design requires corrections, corrections.	'Satisfactory'
Basic questions have not been answered.	'Unsatisfactory'

## Keys to answers to situational problems

### Task 1

1. Hypertension stage II. Grade AH 2. Risk 3 (high). CHF 0 st., FC 0. Obliterating atherosclerosis of the arteries of the lower extremities.

2. The diagnosis of hypertension is established on the basis of the patient's complaints about an episodic increase in blood pressure to 150/90-160/95 mm Hg, accompanied by headaches in the occipital region. Obliterating atherosclerosis of the arteries of the lower extremities was established on the basis of anamnesis data (in the last 2-3 months, I began to note the appearance of aching pains in the calf muscles when walking at a distance of 250-300 meters, stopping at rest); the determination of the degree of hypertension is based on the numbers of blood pressure measured at the time of admission. The stage of hypertension is established on the basis of the presence of damage to target organs - systemic atherosclerosis.

3. Complete blood count, urinalysis, biochemical blood test (OC, LDL-C, HDL-C, TG, potassium, sodium, creatinine with GFR calculation, uric acid, ALT, ACT), fasting plasma glucose, ECG, echocardiography, fundus examination, ABPM, ultrasound of the vessels of the lower extremities followed by consultation with a vascular surgeon (if necessary), consultation with a neurologist.

4. ACE inhibitors or angiotensin receptor antagonists II. Antihypertensive therapy (possible appointment of ACE INHIBITOR, ARBA, AK, diuretics). For example, Perindopril 2.5 mg 1 time per day, Amlodipine 5 mg 1 time per day. Combinations of BAB and AK (non-dihydropyridine series) are contraindicated.

5. Temporary disability in hypertensive crisis, for a period of 3-5 days on an outpatient basis with uncomplicated. Persistent in the presence of signs of permanent loss of function with a violation of at least one of the categories of life in accordance with the ITU classifications and criteria.

### Task 2

1. Community-acquired pneumonia in the lower lobe of the left lung, non-severe, presumably pneumococcal etiology, intoxication of moderate severity, the

height phase. Respiratory failure 1 degree.

2. Such a patient is shown outpatient treatment, provided that it is possible to organize the prescribed regimen at home, positive dynamics in outpatient management, patient compliance.

3. The patient is incapacitated and needs to be released from work. It is necessary to issue a certificate of temporary disability (TD). The period of temporary disability is 20-25 days. Individually, the doctor issues a certificate of incapacity for work for up to 15 calendar days, then the patient must be submitted to the medical commission, which will decide on the further extension of the TD period. The referral to the VC, the protocol number and the decision of the hospital commission (HC) are drawn up in the outpatient card, in the disability certificate the signature of the chairman of the HC.

4. Recovery criteria: persistent elimination of all clinical symptoms, normalization of temperature within 10-14 days, normalization of the auscultatory picture, disappearance of signs of intoxication, normalization of laboratory clinical parameters (persistent tendency to reduce and normalize ESR), disappearance of X-ray infiltrative shadow in lung tissue.

5. The consequences of severe pneumonia, post-pneumonic changes in the lungs.

### Task 3

1. Hypertension stage II. Grade AH 3. Risk 3 (high). CHF 0 st., FC 0. Risk factors: burdened heredity.

2. The diagnosis of hypertension was established on the basis of complaints of an episodic increase in blood pressure to 180/100 mm Hg., accompanied by headaches in the occipital region, flickering flies before the eyes, earlier, according to the patient, the diagnosis was also established based on the results of the medical examination, the establishment of the degree of hypertension is based on blood pressure figures. The stage of hypertension is presumably established on the basis of the presence of damage to target organs - the accent of the second tone over the



aorta, clarification is required by additional research methods. Plan for additional examination: Complete blood count, urinalysis, biochemical blood test (TC, LDL-C, HDL-C, TG, potassium, sodium, creatinine with GFR calculation, uric acid, ALT, ACT), fasting plasma glucose, ECG, echocardiography, fundus examination, consultation with a cardiologist (if necessary).

3. The patient's management is outpatient. Selection and correction of antihypertensive therapy, establishment of dispensary observation. Management plan: 1. Non-drug methods of correction of hypertension (list), 2. Antihypertensive therapy (individual selection immediately, starting with a planned monotherapy with a drug of one of the groups with a transition in case of insufficiency to combination therapy). The target blood pressure level is less than 140/90 mm Hg.

4. Temporary disability only with a hypertensive crisis, a period of 3-5 days on an outpatient basis with an uncomplicated one.

5. It is necessary to establish a dispensary observation (DO) by a local therapist. Duration - for life, scheduled visits 2 times a year, according to indications - consultation with a cardiologist. Control of blood pressure, risk factors, glucose, blood cholesterol, creatinine, etc. according to indications.

#### Task 4

1. COPD, mixed phenotype (emphysematous-bronchitis), stage III, frequent exacerbations, moderate symptoms, class C, remission phase. Pulmonary emphysema. Respiratory failure 2 degree. Chronic pulmonary heart. CHF 2A stage, 2 FC.

2. The plan of therapeutic and diagnostic measures includes additional examination (respiratory function (RF), clarification of the state of the heart and liver, use of the mMRC questionnaire and / or the CAT scale) and treatment in the clinic, non-drug methods of correction, drug therapy corresponding to the severity of the disease and complications, patient education, patient school. Consultation with a pulmonologist. Dispensary observation.

3. The patient is working. Taking into account the condition, he is temporarily

incapacitated, the labor and clinical prognosis is unfavorable, there are signs of permanent disability. Therefore, subject to the appointment of treatment and rehabilitation measures, examination of the patient and clarification of the prognosis, the period of temporary disability for outpatient treatment can be more than 4 months.

4. Clinical and functional characteristics of persistent disorders of the human body caused by the disease (COPD): A pronounced degree of dysfunction of the respiratory system: a severe form of the disease, with frequent exacerbations with an increase in shortness of breath (exacerbations more than 6 times / year, will continue, more than 8 weeks), FEV1 more than 30%, but less than 50% of the due, FEV1 / FVC less than 70%), CDN II, III degree; CHF PA stage. Quantification of loss of function = 70 - 80%.

These disorders correspond to severe impairment of function and limitation of vital activity. The type of violation is a violation of the function of the respiratory system. The following categories of life activity are violated: a) the ability to self-service; b) the ability to move independently; g) ability to work. The patient needs social protection measures. Degree: 1-2 (1 degree - capable of self-service independently with a longer expenditure of time, fractionality of execution, reduction of volume using auxiliary technical means; 2 - capable of self-service with regular partial assistance of other persons using auxiliary technical means).

5. There are indications for referral to the ITU: unfavorable clinical and labor prognosis, dysfunction 70 - 80%. Limitation of life activity of 1-2 degrees. In case of an unfavorable clinical or labor prognosis, it should be sent to the ITU no later than 4 months from the onset of temporary disability to establish disability and develop an individual rehabilitation and habilitation program.

## Task 5

1. The condition worsened due to the addition of complications of acute respiratory viral infections (pneumonia developed in the lower parts on the right, presumably bacterial (pneumococcal) etiology, community-based, non-severe,

Respiratory failure 1 degree.).

2. Non-severe community-acquired pneumonia in young people without concomitant diseases and subject to the possibility of organizing outpatient treatment, patient compliance - can and should be treated on an outpatient basis. The local therapist needs to verify the diagnosis, find out the antibiotic history of this patient and prescribe etiotropic therapy within 4 hours from the diagnosis, detoxification and symptomatic, and give recommendations on the regimen. Antibiotic therapy is oral. After 48-72 hours, monitor the effectiveness and, with positive dynamics, continue outpatient management of the patient.

3. The patient is shown an examination: a clinical blood test, a general urine test, a chest X-ray in order to verify the diagnosis. Additionally, sputum culture.

4. Outpatient management plan: home regimen, etiotropic therapy (antibacterial empirical, for example, amoxicillin + clavulanic acid 875 + 125 mg 2 times a day, control after 3 days (72 hours). Ambroxol 30 mg 1 tab. 2 times a day. Restorative, detoxification (drink plenty of fluids).

5. The patient is incapacitated, certificate of incapacity for work from the date of examination. The duration of disability is approximately 20-25 days.

Task 6.

1. SARS, presumably of respiratory syncytial etiology, of moderate severity. Acute rhinitis, acute tracheitis. Community-acquired pneumonia, bilateral, viral etiology is not excluded.

2. The patient is shown emergency hospitalization in the infectious diseases department. Indications: moderate severity of acute respiratory viral infections, rapid dynamics of symptoms, acrocyanosis, suspected viral pneumonia.

3. Registration of an emergency notification of an acute infectious disease. In the hearth (apartment) after hospitalization of the patient, airing and wet cleaning with a disinfectant solution. Observation of contacts.

4. Disabled for the entire period of stay in the hospital and then, according to indications, outpatient follow-up treatment is possible.

5. Non-specific and specific measures of individual prevention - a healthy lifestyle, vaccination.

#### Task 7

1. Acute respiratory viral infection (ARVI). Acute rhinopharyngitis, the height phase, intoxication of moderate severity. Increased body temperature, manifestation of intoxication, catarrhal manifestations from the upper respiratory tract.

2. Outpatient. Indications for hospitalization: severe or moderate course of the disease, rapid increase in symptoms, neurotoxicosis, inability to organize treatment on an outpatient basis, concomitant chronic diseases, age over 65 years, pregnant women

3. Etiotropic (antiviral) and symptomatic (antipyretic, decongestants) therapy. Antibiotic therapy is not indicated.

4. Temporary disability up to 4-5 to 7-8 days, depending on the clinical variant. Routine annual flu vaccination.

5. With regard to contact - emergency prophylaxis with the use of antiviral drugs. In the hearth (apartment) ventilation and daily wet cleaning with disinfectant. Observation of contacts.

#### Task 8

1. Acute respiratory viral infection (ARVI). Acute rhinopharyngitis, acute tracheobronchitis, the height phase, moderate intoxication. Respiratory failure 1 degree. IHD. Stable angina pectoris 2 f. cl. Extrasystole. Hypertensive disease 2 tbsp., risk 4 tbsp. CHF 2A st., 2-3 f. cl.

2. Emergency hospitalization in the hospital is indicated: age over 65 years, concomitant chronic diseases of the cardiovascular system.

3. Refusal of hospitalization is not a violation of the regime. In this case, the tactics of the district therapist is the organization of a hospital at home (one of the

varieties of hospital-substituting technologies).

4. Inform the patient and, with his consent, the next of kin about the nature of the disease and the risks associated with refusing hospitalization. Organize the necessary examinations at home and ensure the implementation of all prescribed therapeutic measures (within the capabilities of the clinic). Daily monitoring of the patient's condition by a local therapist.

5. The patient is a working pensioner, needs temporary release from work, it is necessary to issue a temporary disability certificate. Periods of temporary disability up to 4-5 to 8-10 days, depending on the clinical variant.

#### Task 9

1. Acute respiratory viral infection (ARVI). Acute rhinopharyngitis, the height phase, intoxication of moderate severity. Respiratory failure 0 degree.

2. Acute onset, fever, manifestation of intoxication after contact with patients with acute respiratory infections, general intoxication phenomena (weakness, aches in the joints, muscles), catarrhal manifestations from the upper respiratory tract (symptoms of rhinitis, pharyngitis).

3. Outpatient. Indications for hospitalization: severe or moderate course of the disease, rapid increase in symptoms, neurotoxicosis, inability to organize treatment on an outpatient basis, concomitant chronic diseases, age over 65 years, pregnant women

4. Etiotropic (antiviral) and symptomatic (antipyretic, decongestants) therapy. Antibiotic therapy is not indicated.

5. Temporary disability up to 4-5 to 7-8 days, depending on the clinical variant. Routine annual flu vaccination.

#### Task 10

1. Community-acquired pneumonia in the lower lobe of the right lung, non-severe, presumably pneumococcal etiology. Respiratory failure 1 degree. Arterial

hypertension stage II, 2 degrees risk 3. Type 2 diabetes mellitus, subcompensation.

2. The patient is shown inpatient treatment, taking into account age and comorbidities. In case of refusal of hospitalization - a hospital at home with daily monitoring of the condition.

3. In case of refusal of hospitalization, the examination plan: radiography (digital fluorography) of the chest organs of the review and right side; complete blood count; urinalysis; general sputum analysis, for VC and atypical cells; glycemia on an empty stomach and 2 hours after meals.

4. Half-bed mode. Milk-vegetable diet, drinking regimen. Drug therapy: Amoxicillin + clavulanic acid 875 + 125 mg 2 times a day, control after 3 days. Ambroxol 30 mg 1 tab. 2 times a day. Treatment of AG Enalapril 10 mg + hypothiazide 25 mg 1 tab. in the morning, add enalapril 10 mg in the evening, control the level of blood pressure. Correction of hypoglycemic therapy after the results of glyceamic analysis.

5. Incapacitated. Sick leave for a primary period of 3-5 days, approximate duration up to 20-25 days.

#### Task 11

1. Arterial hypertension stage II, grade I, risk 3. Obesity of the 1st degree. Hyperlipidemia.

2. The diagnosis of "arterial hypertension (AH)" is established on the basis of an increase in blood pressure, ECG data (left ventricular hypertrophy (LVH)). The stage of hypertension and the risk of cardiovascular complications (CVD) were established on the basis of the presence of asymptomatic damage to target organs (heart) and the absence of clinically significant diseases of the cardiovascular system and CKD. The diagnosis of "obesity of the 1st degree" is determined by the value of the BMI.

3. Health group IIIa, because the patient has arterial hypertension requiring follow-up.

4. The patient should be referred to the second stage of medical examination

to clarify the diagnosis. As part of the 2nd stage of the medical examination, the patient is shown the determination of the lipid spectrum of the blood, because he has an elevated level of total cholesterol and duplex scanning of the brachycephalic arteries, because three risk factors for the development of chronic non-communicable diseases (CNCD) have been identified: hypertension, hypercholesterolemia, obesity.

5. Risk factors for CNCD in a patient: smoking, poor nutrition, low physical activity, obesity, high blood pressure, hypercholesterolemia. The patient must follow the following recommendations: stop smoking; change the diet: reduce the intake of fats, carbohydrates, salt, increase the consumption of vegetables, fruits, seafood; increase physical activity: walk at a moderate or fast pace for at least 30 minutes a day; monitor blood pressure levels, take antihypertensive drugs prescribed by a doctor.

## Task 12

1. Health group I, because the patient has a low total cardiovascular risk and there are no diseases requiring follow-up by a local therapist.

2. The patient should be referred to the second stage of medical examination to clarify the diagnosis, since the patient has clinical symptoms (cough with sputum) and risk factors for COPD (smoking). As part of the 2nd stage of medical examination, the patient is shown spirometry.

3. Spirometry signs of bronchial obstruction: decrease in FEV<sub>1</sub> and FEV<sub>1</sub> / FVC <0.7. The patient is shown an examination to clarify the diagnosis of COPD: a general analysis of sputum with a study on *Mycobacterium tuberculosis*, spirometry with a study of the reversibility of bronchial obstruction, a test with a 6-minute walk, pulse oximetry. If the diagnosis of COPD is confirmed, it is necessary to test one of the questionnaires (mMRC. CAT. CCQ) and determine the risk of exacerbations.

4. The patient should be advised to quit smoking, because smoking is the main risk factor for COPD. In addition, it is necessary to vaccinate against influenza and prevent SARS, because viral infections provoke an exacerbation of COPD. Methods

for the prevention of acute respiratory viral infections - hardening, rational nutrition, adequate sleep, hygiene; It is possible to consider (there is no convincing evidence of effectiveness) the use of vitamin therapy, the use of antiviral agents for post-exposure prophylaxis (in case of contact with patients with Finn).

5. Referral to the smoking cessation room. Nicotine replacement drugs: nicotine gum, inhaler, nasal spray, skin applicator, sublingual tablets or lozenges. Drugs that reduce nicotine addiction (varenicline, bupropion). Psychotherapeutic methods, auto-training, hypnosis.

### Task 13

1. Bronchial asthma, phenotype - allergic, persistent, moderate course (stage 3), controlled.

2. The diagnosis of "bronchial asthma" in the patient is established by anamnesis (she is registered at the dispensary for this disease, takes control therapy). The phenotype is determined probabilistically (other phenotypes are non-allergic, with late onset, with fixed obstruction, with obesity). The severity was established on the basis of the fact that the patient's asthma is controlled during therapy in the volume of the 3rd stage (low doses of inhaled glucocorticoids in combination with long-acting  $\beta_2$ -agonists). The level of control is determined on the basis of the following criteria: asthma symptoms occur less than 2 times a week, there are no nocturnal symptoms, the use of emergency drugs (Salbutamol) less than 2 times a week, activity is not impaired.

3. Dispensary observation by a therapist is indicated, according to indications, consultation with a pulmonologist. The patient can reduce the amount of control therapy, go to the 2nd stage due to the fact that asthma control is maintained for more than 3 months. It is preferable to reduce the frequency of taking Fluticasone and Salmeterol to 1 time per day. Follow-up examination after changing therapy after 1 month.

4. Dispensary observation by a therapist is indicated, according to indications, consultation with a pulmonologist. A patient with bronchial asthma of



moderate severity is shown to be examined by a district general practitioner 2 times a year, by a pulmonologist and / or allergist 1 time per year.

It is recommended to conduct the following diagnostic tests: anthropometry, clinical blood test, large-frame fluorography, blood glucose, immunoglobulin E of total blood serum, general sputum analysis with a study on Mycobacterium tuberculosis, spirometry. Possible (optional) are the study of nitric oxide in exhaled air and bacteriological examination of sputum with the determination of sensitivity to antibiotics (if any). Physical rehabilitation. Tuition (school attendance of a patient with AD).

5. Referral to the bureau of medical and social expertise is not indicated for the patient, since she has no signs of permanent disability: there are no violations of the basic functions of the body, in particular, there are no signs of respiratory failure, the ability to the main categories of human life is preserved (the patient's activity is not limited due to asthma).

#### Task 14

1. CHD: vasospastic angina. Hypertensive disease, 2 tbsp., 1 tbsp. Hyperlipidemia, dyslipidemia, atherogenic type (PB type according to Fredrickson). CHF 0 tbsp.

2. The diagnosis of "coronary artery disease" on the basis of complaints of an attack of pain, characteristic of angina pectoris by localization, "vasospastic" - based on the characteristics of the pain attack: chest pains with irradiation to the left arm, arising at night and early in the morning, stopping on their own within a few minutes, high tolerance to physical activity. Hypertensive disease-periodic rises in blood pressure, felt subjectively, taking antihypertensive drugs, the degree of increase in blood pressure, the stage requires clarification by additional studies to clarify the damage to target organs. Diagnosis of "dyslipidemia of the PB type" on the basis of an increase in total cholesterol due to LDL-C and TG, atherogenic type.

3. The patient is recommended: daily monitoring of blood pressure and ECG to identify episodes of painful and painless myocardial ischemia, their nature

(episodes of ST-segment elevation), number and duration; possible disturbances in rhythm and conduction, which may indicate an unfavorable prognosis of the disease, clarification of the persistence of the nature of hypertension; ECHO-CG to identify areas of hypo- and akinesia of the myocardium, assess the diastolic and systolic function of the myocardium and the state of the valvular apparatus of the heart. Stress ECG with physical activity (with EF ILI > 50%) to assess exercise tolerance. The next stage is coronary angiography (diagnostic criterion for vasospastic angina pectoris - verified spasm spontaneous or pharmacologic test).

4. Short-acting nitrates for the relief of angina attacks - reduce the need for myocardial oxygen due to systemic expansion of veins and arteries, which reduces the pre- and afterload of the left ventricle, thus reducing the work of the myocardium, and also directly lead to coronary vasodilation. Sublingual nitroglycerin tablets (0.5-1 mg), aerosol forms.

Calcium antagonists as a prophylaxis of vasospastic angina pectoris - slowing down the flow of Ca through  $\alpha_1$  and  $\alpha_2$ -adrenergic pathways and calcium channels of peripheral vessels, reducing the sensitivity of arteries to endogenous pressors, reducing the total peripheral vascular resistance and blood pressure. Dihydropyridine AK - a pronounced selective effect on the muscles of blood vessels, the expansion of peripheral arteries, do not affect the conduction system of the heart and do not cause a significant decrease in the contractile function of the myocardium. Non-dihydropyridine AKs (verapamil and diathiazem) have a negative foreign and dromotropic effect. Given the tendency to bradycardia, it is preferable for the patient to give dihydropyridine AKs (amlodipine 10 mg per day). If there is insufficient effectiveness, consider the addition of a potassium channel blocker (nicorandil). The prognostic effect of ASA, statins, ACE inhibitors in vasospastic angina pectoris has not been proven. Given the atherogenic type of dyslipidemia, it is advisable to use statins. Treatment goals are a < LDL-C level of 1.8 or a reduction > LDL-C level of 50% if the target level cannot be achieved.

5. DN is shown by the district therapist for life, according to the indications of a consultation with a cardiologist. Dispensary appointments 2 times a year. Non-

drug therapy: adherence to diet and physical activity, smoking cessation, minimize stressful situations (if necessary, resort to the help of a psychotherapist). Selection and control of drug therapy. Control of the lipid spectrum. ACT, ALT, glucose, creatinine. ECG control at least 1 time per year. Annual flu vaccination. Preventive counseling. Explanation to the patient of the algorithm of urgent actions in a life-threatening condition.

#### Task 15

1. Duodenal ulcer associated with *Helicobacter pylori*, a single small (0.5 cm) ulcer of the posterior wall of the duodenal bulb, newly detected, cicatricial-ulcerative deformity of the duodenal bulb. Gastroesophageal reflux disease (GERD), stage I. Chronic pharyngitis, stage of remission. Obesity 1 tbsp.

2. The patient has hunger pains, night pains, heartburn, which are characteristic of peptic ulcer of the 12 duodenal ulcer. The diagnosis is confirmed by EFGDS data: the bulb of the 12 duodenum is deformed, a defect in the mucous membrane up to 0.5 cm in diameter is detected on the back wall. The edges of the defect have clear boundaries, hyperemic, swollen. The bottom of the defect is covered with white fibrinous overlays. The association of peptic ulcer disease with *Helicobacter pylori* was determined by a positive urease test. Gastroesophageal reflux disease (GERD), stage I is exhibited on the basis of complaints of heartburn, belching acidic; the presence of risk factors: chronic pharyngitis in the patient (anamnesis data), the examination revealed obesity of the first degree; data EFGDS - the esophagus is freely passable, the longitudinal folds are thickened, focal hyperemia of the mucous membrane of the distal esophagus (changes correspond to stage I GERD). Obesity 1st. exhibited on the basis of the body mass index - 32.0 kg / m<sup>2</sup>, which corresponds to 1 tbsp. obesity.

3. In order to exclude complications, the following examination is recommended for the patient: complete hematological blood test, transaminases (ALT, AST), blood sugar, blood creatinine. Conducting an ECG for differential diagnosis with coronary artery disease; Ultrasound of the abdominal cavity to

exclude concomitant pathology; To clarify the degree of inflammation and detect metaplasia - cytological and histological examination of the biopsy specimen of the edges of the ulcer and mucous membrane at the site of the lesion of the esophagus, daily intraesophageal pH-metry to clarify the nature of the reflux. Consultation of a surgeon - according to indications (in the presence of a complication of peptic ulcer disease), an oncologist - if a malignant ulceration is suspected. Consultation with an otolaryngologist to clarify the stage of chronic pharyngitis.

4. Three-component eradication regimen for *Helicobacter pylori*: PPIs in a standard dose (Omeprazole - 20 mg, Lansoprazole - 30 mg, Rabeprazole - 20 mg or Esomeprazole - 20 mg); Clarithromycin - 500 mg; Amoxicillin - 1000 mg or Metronidazole (MTP) - 500 mg. All drugs should be prescribed 2 times a day, lasting at least 10-14 days. If this therapy is ineffective, quadrotherapy is prescribed. Given the presence of GERD, it is necessary to prescribe prokinetics that stimulate gastric emptying: Itopride hydrochloride. Itopride hydrochloride enhances the propulsive motility of the gastrointestinal tract due to antagonism with dopamine D<sub>2</sub> receptors and dose-dependent inhibition of acetylcholinesterase activity. Activates the release of acetylcholine and inhibits its destruction. It has a specific effect on the upper gastrointestinal tract, accelerates transit through the stomach and improves its emptying. It is prescribed 50 mg 3 times before meals. After 14 days, continue taking the TIN in a standard dose for another 2-5 weeks for effective healing of the ulcer under the control of EGD.

5. All patients with peptic ulcer disease and GERD should be under dispensary supervision. Dispensary appointments 1 time per year, duration - at least 5 years from the last exacerbation. Non-drug therapy is recommended, taking into account the combination of peptic ulcer disease with GERD: avoid heavy meals; after eating, avoid bending forward and horizontal position; the last meal no later than 3 hours before bedtime; limit the intake of foods that reduce the pressure of the lower esophageal sphincter and irritate the mucous membrane of the esophagus: rich in fats (whole milk, cream, cakes, pastries), fatty fish and meat, alcohol, coffee, strong tea, chocolate, citrus fruits, tomatoes, onions, garlic, fried foods; give up

carbonated drinks; sleep with the head end of the bed raised; exclude loads that increase intra-abdominal pressure - do not wear tight clothes and tight belts, corsets, do not lift weights of more than 8-10 kg on both hands, avoid physical pressure associated with overstrain of the abdominals; quit smoking; normalize and maintain normal body weight. Preventive therapy "on demand" is prescribed when symptoms characteristic of exacerbation of peptic ulcer disease appear. Omeprazole is indicated in a full daily dose (40 mg) for 2-3 days, and then in a half dose (20 mg) for two weeks. Consultation with a gastroenterologist 1 time per year, an oncologist according to indications.

### Lab Test Answer Keys

#### Task 1

Patient 63 years old Increased uric acid levels and urinary urate excretion. The presence of leukocytosis and an increase in CRP levels may indicate an inflammatory process associated with gout.

#### Task 2

Patient is 30 years old. Dysproteinemia, high ESR, slightly elevated CRP, signs of a subsiding inflammatory process.

#### Exam card 3

Patient A. is 24 years old. Moderate leukocytosis, moderate anemia, high ESR, dysproteinemia, hypoalbuminemia, hypergammaglobulinemia, elevated CRP, high levels of seromucoid and rheumatoid factor are signs of inflammation, connective tissue disease.

#### Exam card 4

Patient is 18 years old. Moderate leukocytosis, increased ESR, CRP, rheumatoid factor, seromucoid, antibodies to Sm antigen, dysproteinemia, hypergammaglobulinemia are signs of a pronounced inflammatory process with the destruction of connective tissue.

#### Exam card 5

The patient has hyperleukocytosis, high ESR, hypoalbuminemia, a high level of

reticulocytes and immature cells - blast crisis in a patient with chronic myeloid leukemia

### ECG task answer keys.

#### Task 1

##### **On the ECG:**

- Sinus rhythm.
- Ventricular extrasystoles.
- Normal EOS.
- Normal QRS complexes and T waves.

##### **Clinical interpretation**

There is a fairly frequent extrasystole, in all other respects the ECG is normal. Ventricular extrasystole is very common during pregnancy, and systolic murmur is heard in almost all pregnant women. There is little doubt that the patient has a healthy heart.

##### **What to do**

It must be remembered that often the cause of systolic murmur is anemia. Doubts about the nature of the noise can be resolved with the help of echocardiography, but it is not necessary to prescribe it to every pregnant woman - it is wiser to perform echocardiography while maintaining noise after childbirth. The patient should explain her condition, treatment of extrasystole is not required.

##### **Conclusion**

Sinus rhythm with ventricular extrasystole.

#### Task 2

##### **On the ECG:**

- Sinus rhythm.
- Normal EOS.
- Small waves Q in leads II, III, aVF.
- Biphasic T waves in leads III and aVF. inversion of the T waves in leads III, aVF.
- High, pointed teeth T in leads V-V

##### **Clinical interpretation**

The Q waves in the "lower" leads, combined with the inversion of the T waves, indicate the old lower (posterior diaphragmatic) myocardial infarction. Although symmetrical high and pointed T waves in the anterior thoracic leads may be associated with hyperkalemia or ischemia, they are often a variant of the norm.

##### **What to do**

It seems that the patient once suffered a myocardial infarction, so it can be assumed that the vague pain in the heart is due to myocardial ischemia. Attention should be paid to risk factors (smoking, blood pressure, hypercholesterolemia): long-term use of aspirin and statins is probably required.

A stress test (VEM) is indicated, depending on its results, a decision is made to perform coronary angiography. **Conclusion**

Old lower myocardial infarction.

### Task 3

#### **On the ECG:**

- Full A B blockade.
- The frequency of ventricular contractions is 45 / min.

#### **Clinical interpretation**

With complete atrioventricular blockade, there is no connection between the P waves (here their frequency is 70 / min) and the QRS complexes. Against the background of a complete AV blockade, a replacement ventricular rhythm arose with wide QRS complexes and T waves of an abnormal shape. Further interpretation of the ECG is not possible.

#### **What to do**

Given that in this case there are no anamnestic and clinical data characteristic of myocardial infarction, the patient almost certainly has a chronic blockade: her fall may or may not be due to a Morgagni-Adams-Stokes attack. It needs constant pacing. If it is not possible to immediately implant a permanent pacemaker, temporary pacing should be performed before surgery.

#### **Conclusion**

Complete atrioventricular block (AV blockade of the III degree).

### Task 4

#### **On the ECG:**

- Sinus rhythm.
- Normal EOS.
- Q waves in leads V2-V4.
- Elevation of the ST segment in leads V2-V4.
- Negative waves T in leads I, aVL, V2-V4

#### **Clinical interpretation**

There are classic signs of acute anterior myocardial infarction.

#### **What to do**

More than 18 hours have passed since the onset of pain, which is slightly higher than the generally accepted limit in terms of indications for thrombolytic therapy. However, if pain and poor health still persist, thrombolytic therapy can still be performed, although in this case there is enough reason not to do this. In any case, the pain should be stopped, aspirin should be prescribed and the patient should be hospitalized.

#### **Conclusion**

Acute anterior myocardial infarction.

### Task 5

#### **On the ECG:**

- Atrial fibrillation with a frequency of ventricular contractions of 60~65 min.
- Normal EOS.

- Normal QRS complexes.
- Noticeable U teeth in the V2 lead
- Oblique-descending trough-like decrease in the S3 segment, best seen in the V5-V6 leads.

### **Clinical interpretation**

A trough-like decrease in the ST segment is indicative of digoxin use. The frequency of ventricular contractions is well controlled. Pronounced U waves in the V2 lead may indicate hypokalemia.

### **What to do**

Ask the patient about her appetite: the earliest sign of glycosidic intoxication is loss of appetite, followed by nausea and vomiting. If the patient is taking diuretics, evaluate the level of potassium in the blood - low potassium potentiates the toxic effects of digoxin. If in doubt, determine the content of digoxin in the blood serum.

### **Conclusion**

Atrial fibrillation, digoxin effect.

## Task 6

### **On the ECG.**

- Tachycardia with narrow complexes, frequency about 200 / min.
- There are no visible teeth P.
- Normal EOS.
- QRS complexes appear regularly.
- Normal QRS complexes, ST segments and T waves.

### **Clinical interpretation**

There is supraventricular tachycardia and, since the P waves are not detected, it is most likely a tachycardia from the AV compound (atrioventricular nodal tachycardia).

### **What to do**

Tachycardia from the AV compound is the most common form of supraventricular tachycardia in young people and can probably serve as an explanation for previous episodes of palpitations. Attacks of tachycardia from the AV compound can be stopped with the help of any of the vagal tests that increase the activity of the vagus nerve - the Valsalva test, massage of the carotid sinus or irrigation of the face with cold water. If vagal tests are unsuccessful, adenosine should be administered intravenously in the form of a bolus. Although adenosine is metabolized very quickly, it can cause hot flashes, and sometimes even an attack of bronchial asthma. With the ineffectiveness of adenosine, it is usually possible to restore sinus rhythm with the help of a bolus injection of 5-10 mg of verapamil. If its use is unsuccessful, electropulse therapy is indicated.

### **Conclusion**

Tachycardia from the AV compound (atrioventricular nodal re-entry, tachycardia - AVRET).



Keys for answering tasks with radiographs.

Task 1-1 Paraesophageal hernia

Task 1-2 Left-sided lobar pneumonia

Task 2-1 Pneumohydrothorax on the right

Task 2-2 Cardiomegaly. Enlargement of LV and LP

Task 3-1 Perforation of a hollow organ. Sickle of air under the diaphragm

Task 3-2 Central lung cancer on the right