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

SCHOOL OF BIOMEDICINE

" AGREED BY"
«General medicine» educational program
Supervising person

Yu.S. Khotimchenko

« 14 » of January 2021

" APPROVED BY"
Clinical Medicine
Department Director

B.I. Geltser

« 14 » of January 2021

WORKING PROGRAM OF ACADEMIC DISCIPLINE (WPAD)

History of Medicine, Bioethics, Deontology
Specialty 31.05.01 «General medicine»
Form of study: full time

year2, semesters3, 4
lectures 36 hours
practical classes 54hours
laboratory works are not provided
total amount of in-class lessons 180 hours
including using ALM 18 hours
independent self-preparation 63 hours
including preparation to exam 27 hours
test-papers (quantity) are not provided
course paper / course project is not provided
pass-fail exam3semester
exam2 year, 4semester

The working program was drawn up in accordance with the requirements of the federal state educational standard of higher education 31.05.01 in the direction of training "General Medicine" (level of training specialist), approved by order of the Ministry of Science and Higher Education of the Russian Federation dated August 12, 2020 No. 988 and the Educational Plan in the direction of training "General Medicine".
The working program of the discipline was discussed at the meeting of the Department of the clinical medicine. Protocol No.5, January 14, 2021.

Clinical Medicine DepartmentDirector: MD, Professor, T.A. Brodskaya.
Prepared by: PhD in Medicine V.N. Rasskazova

Vladivostok

2021

Reverse side of the title page of the WPAD

I. The work program was revised at the meeting of the Department:
Protocol dated "_____" _____ 20___ No. _____
Department Director _____ _____
(signature) (Full Name)

II. The work program was revised at the meeting of the Department:
Protocol dated "_____" _____ 20___ No. _____
Department Director _____ _____
(signature) (Full Name)

III. The work program was revised at the meeting of the Department:
Protocol dated "_____" _____ 20___ No. _____
Department Director _____ _____
(signature) (Full Name)

IV. The work program was revised at the meeting of the Department:
Protocol dated "_____" _____ 20___ No. _____
Department Director _____ _____
(signature) (Full Name)

The goals and objectives of discipline:

goals: training of a medical specialist who has deeply learned the humanitarian foundations of his profession, who has knowledge of the socio-cultural context of both Russian and international medical activities, in which the regulation of human relations is subordinate to the task of preserving human health, as well as the formation of the moral consciousness of future doctors, the introduction to the moral tradition of domestic medicine through the direct transfer of moral experience from teachers to students.

Objectives:

- to teach students a historical and analytical approach in an objective assessment of medical, hygienic knowledge about human health and disease at various stages of human development;

-to study the patterns and nodal issues of medicine in general, its characteristic features and distinctive features at various stages of development;

-to study the emergence and development of certain special biomedical, hygienic and clinical areas;

-to study the moral foundations (professional and personal) of medical activity;

-to teach how to regulate and resolve bioethical conflicts;

-study the principles of behavior of medical personnel aimed at maximizing the usefulness of treatment and eliminating unfavorable omissions in medical activities;

-to master the cultural experience of mankind, to determine the significance of the place of morality in social relations.

As a result of studying this discipline, students form the following universal competencies:

Name of the category (group) of universal competencies	Code and name of universal competence (resultofdevelopment)	Code and name of the indicator of achievement of competence
Systems and critical thinking	UC-1 Able to carry out a critical analysis of problem situations based on a systematic approach, develop an action strategy	UC-1.1 To be able to identify problem situations and search for the necessary information to solve problems in the professional field.
		UC-1.3 Be able to conduct a critical analysis of information using the historical method
Intercultural interaction	UC-5 Able to analyze and take into account the diversity of cultures in the process of intercultural interaction	UC-5.7Able to comply with ethical and legal norms in the process of intercultural interaction
		UC-5.8 Able to analyze the features of social interaction, taking into account historical, national, cultural and religious characteristics
		UC-5.9 Able to competently and easily present professional information in the process of intercultural interaction
Self-organization and self-development (including health preservation)	UC-6 Able to determine and implement the priorities of his own activities and ways to improve it based on self-esteem and education throughout life	UC-6.1 Be able to prioritize and plan your own professional activities, monitor and analyze its results.
		UC-6.2 To be able to choose the most effective ways and means of improving one's own professional activity based on self-esteem

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
UC-1.1 To be able to identify problem situations and search for the necessary information to solve problems in the professional field.	Knows the moral and legal norms adopted in society, identifying problematic situations for solving problems in the professional field
	Able how to use laws and regulatory legal acts when searching for the necessary information to solve problems in the professional field
	Owns skills in dealing with sensitive information
UC-1.3 Be able to conduct a critical analysis of information using the historical method	Knows how to edit texts of professional content, principles of cooperation
	Able how to logically and reasonably analyze, carry out educational and pedagogical activities to form tolerance
	Owns public speech, debate and controversy, conflict resolution skills
UC-5.7 Able to comply with ethical and legal norms in the process of intercultural interaction	Knows the ethical and deontological aspects of medical activity
	Able to use ethical and deontological aspects of medical activity
	Owns the skills to communicate with colleagues, intermediate and junior medical staff, adults and adolescents, their parents and relatives
UC-5.8 Able to analyze the features of social interaction, taking into account historical, national, cultural and religious characteristics	Knows the rationale for the relevance of using the features of social interaction in social and professional interaction.
	Able to build interaction taking into account the features of the main forms of scientific and religious consciousness, business and general culture of representatives of other ethnic groups and faiths, various social groups

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
	Owns methods of creating a non-discriminatory interaction environment when performing professional tasks
UC-5.9 Able to competently and easily present professional information in the process of intercultural interaction	Knows his resources and their limits (personal, situational, temporary), optimally uses them to successfully complete the assigned task.
	Able to determine the priorities of professional growth and how to improve your own activities based on self-assessment according to the selected criteria;
	Owns the principles of non-discriminatory interaction in personal and mass communication in order to fulfill professional tasks and strengthen social integration
UC-6.1 Be able to prioritize and plan your own professional activities, monitor and analyze its results.	Knows how to plan your own professional activities
	Able how to determine priorities and plan your own professional activity
	Owns the methodology of control and analysis when planning your own professional activities
UC-6.2 To be able to choose the most effective ways and means of improving one's own professional activity based on self-esteem	Knows the most effective ways and ways to improve your own professional activities
	Able how to choose the most effective ways and ways to improve your own professional activities
	Owns methods and ways to improve his own professional activities on the basis of self-assessment

As a result of studying this discipline, students form the following general professional competencies:

Name of the category (group) of general professional competencies	Code and name of general professional competence (resultofdevelopment)	Code and name of the indicator of achievement of competence
	GPC-1 Able to implement moral and legal norms, ethical and deontological principles in professional activities	GPC-1.1. To be able to observe the moral and legal foundations in professional activities.
		GPC-1.2 Know the Legislation of the Russian Federation in the field of health protection, regulatory legal acts and other documents defining the activities of medical organizations and medical workers, general issues of organizing medical care to the population

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
GPC-1.1. To be able to observe the moral and legal foundations in professional activities.	Knows moral and legal norms in professional activities
	Able how to present professional information in the process of intercultural interaction, observing the principles of ethics and deontology
	Owns ways to use moral and legal norms in professional activities
GPC-1.2 Know the Legislation of the Russian Federation in the field	Knows the legislation of the Russian Federation in the field of health protection and regulations governing the activities of medical organizations

Code and name of the indicator of achievement of competence	Name of the assessment indicator (the result of training in the discipline)
of health protection, regulatory legal acts and other documents defining the activities of medical organizations and medical workers, general issues of organizing medical care to the population	Able how to use the materials of the legislation of the Russian Federation and regulatory legal acts that determine the activities of medical organizations in the provision of medical care
	Owns the skills to use the materials of the legislation of the Russian Federation and regulatory legal acts defining the activities of medical organizations and issues of organizing medical care

The complexity of the discipline and types of training sessions in the discipline

The total labor intensity of the discipline is 5 credit units (180academic hours).(1 credit unit corresponds to 36 academic hours)

The types of training sessions and work of the student in the discipline are:

Designation	Types of training sessions and work of the student
Lec	Lectures
PC	Practicalclasses
Online	Onlinecourse
SP	Self-preparation of the student during the period of theoretical training
Control	Independent work of the student and contact work of the student with the teacher during the interim certification period

Disciplinestructure:

Full-time form of education.

№	Discipline section name	sSemester	Number of hours by type of training sessions and work of the student						Interim and final control
			Lec	Lab	Pr	Online	SP	Control	
1	Section 1. Introduction to the study of the history of medicine, healing in primitive society	3	2		4		7	27	OQ-1, OQ -3, WW-1, WW-4
2	Section 2. Medical treatment in the countries of the Ancient East and Europe	3	2		2		7		
3	ection 3. Medicine of the Middle Ages	3	4		6		7		
4	Section 4. Modern Medicine	3	2		6		7		

5	Section 5. Modern Medicine	3	8		18		7		
6	Theoretical Foundations of Biomedical Ethics	4	2		4		7		
7	Relationship between health worker and patient	4	8		2		7		
8	Ethical problems of new biomedical technologies	4	4		4		7		
9	Medical deontology in the practice of a doctor	4	4		8		7		
	Total:		36		54	18	63	27	

I. STRUCTURE AND CINTENT OF THEORETICAL PART OF THE COURSE

Lecture classes (36 hours)

3 semester (18 hours)

Section 1.The history of medicine as a science and subject of teaching. Cure in primitive society. (2 hours)

Defining the history of medicine as a science and subject of teaching.The main stages and patterns of the development of medicine throughout human history.Periods and eras of the development of human society, five socio-economic formations.Goals and objectives of the history of medicine.Sources of study of the history of medicine.

The formation of a primitive society and primitive healing, the formation of a person in the process of labor activity.Early ancestral community of hunters and anglers.The emergence of professional ministers of the cult of healing, the scope of their activities.Medicine man, his general and professional training, position in society, techniques of psychological impact on the patient and society.The role of popular health care in the establishment of national health systems in some developing countries. Folk healing is one of the origins of traditional medicine.

Section 2.Cure in the countries of the Ancient East.(2 hours)

Healing in the countries of ancient Mesopotamia (Schumer, Babylonia and Assyria).Medicine in ancient Egypt.Medicine in Ancient China.Medicine in Ancient India.Sources of information on the development of healing and medical knowledge in Ancient Mesopotamia, Ancient Egypt, Ancient India and Ancient China.Features of healing, the connection between mythology and healing in ancient Mesopotamia, ancient Egypt, ancient India and ancient China.

Section 3.Cure and medicine of antique Mediterranean.(2 hours)

Medicine in Ancient Greece (sources on history and medicine, philosophical foundations of ancient, mythology about medicine, medical schools, temple healing, Hippocrates).Medicine in Alexandria.

Medicine in ancient Rome (sanitary facilities, military medicine, position of a doctors, Asclepiades, Cornelius Celsus, Claudius Galen).

Section 4.Medicine of the Dark Ages (V-X centuries) and classical Middle Ages (XI-XV centuries). (2 hours)

Periodization and chronology of the Middle Ages.The development of Christianity and its impact on the world culture and medicine.Medicine in the Byzantine Empire.

Features of the development of medicine in the Caliphate.Alchemy.Pharmacies.Hospitals, medical schools with them.Famous Arab doctors: Abu Bakr al-Razi, Abu l-Qasim al-Zahrawi, Avicenna.

Medicine in Western Europe; characteristics of the era; hospital, education and medicine.Higher Medical School in Salerno.Epidemics of endemic diseases in Western Europe during the classical Middle Ages ("Black Death" 1346-1348 in Western Europe).

Medicine in Old Russian state.The adoption of Christianity, its progressive role for the development of the Old Russian state.Healing in Old Russian state (folk, monastery, secular medicine).Russian bath, its hygienic significance.

Section 5.Medicine of Renaissance era (XV-XVII centuries).Medicine of the peoples of the American continent.Medicine in Later Middle ages (XVII – XVIII centuries). (2 hours)

The main features of natural science of the Renaissance. Advanced scientific centers of Western Europe. Famous representatives in anatomy: Leonardo da Vinci, Andreas Vesalius. The formation of physiology as a science (Miguel Servet, William Garvey).Founder of Jatrochemistry - Paracelsus.The success of therapy.Training at the bedside of the patient.Montano.GirolamoFracastoro and his doctrine of contagious diseases.Ambroise Pare, his contribution to the development of military surgery, orthopedics, obstetrics.

Sources of information on the medical treatment and development of Aboriginal people in the Americas. Mayan medicine (religious views and priestly medicine, wide arsenal of medicines, the treatment of female diseases, preventive medicine (steam baths, hygienic traditions)).Aztec medicine (religious views and healing, state organization of medical affairs, sanitary facilities, military medicine, herbal drugs). Medicine of Incas Empire.The achievements of the great civilizations of ancient America in the field of medicine and the peculiarities of the development of medicine and medical affairs after the conquista.

The development of medicine in the era of feudalism in Russia (Pharmacy order, first civilian hospitals; reforms of Peter I; life and activities of N.L. Bidloo, L. Blumentrost, M.V. Lomonosov; development of sciences and educational service).

Approval of clinical method of teaching in advanced medical centers of Europe. University of Leiden: G. Burhaave, F. Ruysch. Development of surgery (Lawrence Geister, Jean Louis Pty, John Hunter, N. Tulip).Development of obstetrics (Guillaume and Petter Chamberlain, J. Palfin, Andre Levré, Nestor Maksimovich-

Ambodik).Development of iatrophysics andiatromechanics (thermometer).Clinical observation – percussion (L. Auenbrugger, J.N. Corvizart).Development of histology as a science (M. Malpigi, R. Hooke, A. van Levenguk, M.X. Bichat, A.M. Shumlyansky).

Section 6.Medicine in the first half of XIX century. (2 hours)

Development of histology and biology (cell theory - Matthias Schleiden and Theodore Schwann, Jan Purkine).Development of pathological anatomy (Rudolf Virkhov, K. Rokitansky, A.I. Polunin, N.I. Pirogov, M.M. Rudnev).E.A. Mukhin, I.V. Buyalsky, N.I. Pirogov - creators of "ice anatomy".Clinical medicine: percussion and auscultation (P. Piorri, J. Skoda, R. Laennek, Corvizart, P. A. Charukovsky, G. I. Sokolsky, F. Unden, Richard Bright, William Gufeland).

The formation of scientific medical schools in Russia (Moscow University, St. Petersburg). Outstanding representative of medicine in Russia(MudrovM.Ya., P.A. Zagorsky, I.F. Bush, I.V. Buyalsky, E.A. Mukhin, N.I. Pirogov). Development of pediatrics (Paris, St. Petersburg, Moscow).

Discovery and administration of anesthesia in different countries (Humphry Davy, John Snow, James Young Simpson, W. Morton, N.I. Pirogov).

Vaccination (Edward Jenner).

Holy Cross Community and its role in the formation of nursing service in Russia.

Section 7.Medicine in the era of capitalism - second half of XIX century - beginning XX century. (2 hours)

The most important scientific discoveries in the 2nd half of 19 c.: the creation of evolutionary teachings (C. Darwin), the discovery of the law of heredity (G. Mendel), the creation of the periodic system of elements (D. I. Mendeleev), the discovery of the phenomenon of radioactivity (A. Becquerel) and others.

Development of experimental physiology (C. Bernard, E. Dubois, H. Helmholtz Scipio Riva Rocci, I.M.Sechenov, I.P. Pavlov).

Development of surgery, aseptics and antiseptics (E. von Bergmann, Curt Schimmelbusch, I.P. Semmelweis, Joseph Lister, N.V. Sklifosovsky, P.P. Pelekhin, P.I. Dyakonov, B. von Langenbeck, T. Billroth, T. Kocher).

Development of therapy (G.A. Zakharyin, S.P. Botkin,V.P. Obraztsov).

Development of pediatrics (Ya.I.Bystrov, Y. P. Gundobin, Filatov N.F., N.A. Tolsky)

Development of gynecology (A.A. Keater, A.YA.Krassovsky, V.F. Snegirev) Development of microbiology (L. Pasteur, I.I. Mechnikov, R. Koch, P. Ehrlich, G.N. Gabrichevsky, D.I. Ivanovsky).

Nobel Prizes.

Section 8.The main achievements of medicine in XX – beginning XXI century. (2 hours)

Development of X-ray investigation (W. Roentgen).Registration of electrical activity of different organs).

World War I – effect on medicine development (surgery, aseptics, antiseptics, patients sorting).

The most important pharmacological discoveries in 20 century: insulin (Frederick Banting, Charles Best and John McLeod), heparin (Jay McLean), penicillin (Alexander Fleming, Howard Florey and Ernst Chain), thalidomide tragedy.

Development of virology: Charles Chamberland, Carlos Finlay, Ernest William Goodpasture (influenza), Howard Temin and David Baltimore (reverse transcriptase), Luc Antoine Montagnier and Robert Charles Gallo (AIDS).

Medical achievements at World War II - the main tasks, military medical service, organization of evacuation, donor movement, anti-epidemic service.

Development of surgery: transplantology, implantable cardiac pacemaker, X-ray angiography, cardiopulmonary bypass, prosthesis of valves, artificial heart, artificial kidney.

Development of genetics: discovering of DNA and RNA, polymerase chain reaction.Human genome.

Nobel Prize.Nobel Foundation.

Section 9.International collaboration in medicine and public health. (2 hours)

Red Cross and Red Crescent Society, past, present and future (Henri Dunant).

International health cooperation since the end of World War II.The creation of WHO and its importance for the development of health care in the world.

World Physicians for the Prevention of Nuclear War.

Medical societies and associations.Medical codes and declarations.

4semester (18 hours)

Topic 1. Historical roots of bioethics and the most significant ethical traditions in medicine. Moral and ethical theory. Subject of biomedical ethics (2 hours)

History of classical medical ethics.Professional ethics of health professionals.Features of bioethics in medical practice.History of modern biomedical ethics.Moral and ethical theory.Subject of biomedical ethics. Bioethical infrastructure: Legal and sociocultural issues of bioethics. Bioethics and specificity of the subject of biology.Anthropocentrism and biocentrism as the worldview foundations of bioethics.

Topic 2.Basic ethical theories. Principles and Rules of Biomedical Ethics (2 hours)

Deontology as a doctrine of moral duty.Deontological theories (religious morality, Kant ethics, A. Schweitzer concept), their manifestation in medical ethics.Utilitarian concepts of the good, the principle of utility, its impact on bioethics.Russian philosophical tradition in the doctrine of morality, its influence on the formation of Russian moral consciousness.Basic rules of biomedical ethics.Basic principles of bioethics.Features in therapy, surgery, obstetrics and gynecology, pediatrics and psychiatry.

Topic 3. Moral obligations of medical personnel and patient rights (2 hours)

Rights and moral obligations of physicians.Rights of patients, including children and their legal representatives.The rule of informed consent, its basic

elements and implementation in modern medical activity.Privacy rule. The rights of patients and the duties of the doctor, nurse in preserving the secrecy of the patient. Privacy rule restrictions.The rule of veracity, its justification, the main content.

Topic 4.Death and dying.Moral problems of medical intervention in human reproduction (2 hours).

Seminar discussion

The value of life and its philosophical and anthropological interpretation.The story of the attitude of doctors to the dying patient.Quality of life.History of the euthanasia problem.Ethics and death involving a physician.Palliative care.Hospices.Treatment and care of hopelessly ill patients. The patient's right to die with dignity. Ethical principles for the escort of terminal patients and their relatives.Professional training of medical personnel to provide palliative care.

Ethical issues of abortion, sterilization and contraception, new reproductive technologies.Historical, social, moral, legal and religious context of medical interventions in human reproduction.Moral and ethical problems of contraception.Moral and ethical problems of new reproductive technologies.

Topic 5.Ethics of biomedical research.Moral problems of medical genetics. Ethical problems of transplantation (2 hours)

Moral principles of conducting experiments on animals.The moral principles of conducting experiments on humans, including children.The Nuremberg Code and the Helsinki Declaration of the World Medical Association and other ethical and legal documents governing the conduct of clinical trials in humans.

Specifics of the moral problems of medical genetics.The issue of human cloning.GEFs: A modern perspective on genetic safety.

Major moral dilemmas associated with organ transplants from living donors. Moral problems of transplantation of organs and tissues from corpses. Problems of incompetent donors (children, mentally ill persons), donors with a sharp restriction of freedom of choice (prisoners sentenced to death). The problem of equity is the allocation of scarce resources for transplantology**.**

Topic 6.The content of medical deontology, its status and functions. Professional ethics of the doctor (2 hours)

Status and functions of deontology.The significance of deontology in the training system of health professionals and health management and economics experts.Basic deontological theories.

The main models of relationships in the doctor-patient system: paternalistic and participatory. A model of "weakened paternalism."

Basic rules of medical deontology: the right of patients to receive truthful information, the right to confidentiality and the rule of "informed consent" of the patient.

Hippocratic Oath: Main ideas and reasons for divergence from modern medical practice. Professional codes, charters, declarations of health professionals and their impact on the professional ethics of a health professional.

Oath of a doctor of the Russian Federation.Medical and social charter of nurses of the Russian Federation.Ethical Code of the Russian Nurse.

Commercialization of medicine and its impact on the professional ethics of the physician. Informal payments in health care as a problem of professional ethics. Fighting corruption.

Topic 7.Situational problems of medical ethics and deontology. Deontology of working with therapeutic patients (2 hours)

Human right to life.The unconditional value of human life as a fundamental principle of medical ethics. The problem of quality and value of the patient's life: priority issues. Ethical aspects of forcible prolongation of a patient's life in clinical practice. Criteria for the end of life: ethical problems of determining the moment and diagnosis of death. Acute and chronic pain: ethical aspects. Inadequate pain relief.Narcotic pain relief.Pain relief as a professional-ethical issue.

AIDS and HIV infection: ethical problems of diagnosis and treatment. Two models in the fight against AIDS: the mandatory government accounting and medical surveillance model; a model based on the priority of patient autonomy. Discrimination and social ostracism, violence against HIV-positive and AIDS patients.The importance of preserving medical secrecy.

Criteria and problem of equitable "distribution" and availability of free high-tech medical care and drug therapy among patients: ethical and legal aspects.

The formation of a new approach to therapeutic patients from the standpoint of a holistic understanding of the human body.Personality and somatic disease.

Topic 8.Deontology of working with patients with surgical, obstetric and gynecological profile.Ethical and deontologicaldilemmas in medicine and pharmacology (2 hours)

Deontological problems associated with anesthesiology and complications after surgery. Cancer problems.Elderly people in the surgical department.Deontology of working with gynecological patients undergoing surgery. Deontological comments on contraceptives and their administration. Abortion and its deontological consequences.

Ethical dilemmas of the beginning of human life.Newborn rights and embryo rights.Relation to neonates with developmental defects.Ethical dilemmas of prenatal diagnosis.The problem of justified risk in choosing a diagnostic procedure.A morally sound choice in the face of fetal diagnosis uncertainty.

Assisted reproductive technologies: ethical aspects of the reproduction of human life.Artificial insemination.The phenomenon of donation of reproductive cells of men and women.In vitro fertilization.Manipulation of embryos, the problem of "extra" embryos, the risk of multiple pregnancies and reduction of embryos, the health of children. Anonymity and the child's right to know their parents.

Ethical dilemmas of surrogacy.Reproductive tourism, commercialization of motherhood, and moral responsibility of the physician.

Medical research and clinical trials of new drugs in patients: pros and cons.

Topic 9.Deontology in psychiatry and epidemiology. Ethical principles of professional interaction in medicine: equity in health care and medicine (2 hours).

Epidemiology and human rights.Socio-ethical dilemmas of vaccinoprophylaxis.Moral and ethical problems of epidemiology and immunology.

Sociocultural context of the history of psychiatry. The history of psychiatry is the history of attitudes towards the mentally ill. Definition of "abuse of psychiatry." Features of ethical issues in psychiatry

Moral problems of the relationship between health workers and scientists in the process of healing and scientific research.Ethical aspects of relationships with

colleagues, doctors and other specialists in medical organizations.

Medical errors, their causes and ways to overcome.

Modern theories of justice and moral problems in medicine.Fairness criteria.

Ethical and medical aspects of a healthy lifestyle.Bad habits.

International documents on bioethics. National ethical documents and Russian legislation on the rights of patients, including children.

II.STRUCTURE AND CONTENT OF PRACTICAL CLASSES

Practical classes (54 hours)

3semester (36 hours)

Section 1.The history of medicine as a science and subject of teaching. Cure in primitive society. (4 hours)

Defining the history of medicine as a science and subject of teaching.The main stages and patterns of the development of medicine throughout human history.Periods and eras of the development of human society, five socio-economic formations.Goals and objectives of the history of medicine.Sources of study of the history of medicine.

The formation of a primitive society and primitive healing, the formation of a person in the process of labor activity.Early ancestral community of hunters and anglers.The emergence of professional ministers of the cult of healing, the scope of their activities.Medicine man, his general and professional training, position in society, techniques of psychological impact on the patient and society.The role of popular health care in the establishment of national health systems in some developing countries. Folk healing is one of the origins of traditional medicine.

Section 2.Cure in the countries of the Ancient East.(4 hours)

Healing in the countries of ancient Mesopotamia (Schumer, Babylonia and Assyria).Medicine in ancient Egypt.Medicine in Ancient China.Medicine in Ancient India.Sources of information on the development of healing and medical knowledge in Ancient Mesopotamia, Ancient Egypt, Ancient India and Ancient China.Features of healing, the connection between mythology and healing in ancient Mesopotamia, ancient Egypt, ancient India and ancient China.

Section 3.Cure and medicine of antique Mediterranean.(4 hours)

Medicine in Ancient Greece (sources on history and medicine, philosophical foundations of ancient, mythology about medicine, medical schools, temple healing, Hippocrates).Medicine in Alexandria.

Medicine in ancient Rome (sanitary facilities, military medicine, position of a doctors, Asclepiades, Cornelius Celsus, Claudius Galen).

Section 4.Medicine of the Dark Ages (V-X centuries) and classical Middle Ages (XI-XV centuries). (4 hours)

Periodization and chronology of the Middle Ages.The development of Christianity and its impact on the world culture and medicine.Medicine in the Byzantine Empire.

Features of the development of medicine in the Caliphate.Alchemy.Pharmacies.Hospitals, medical schools with them.Famous Arab doctors: Abu Bakr al-Razi, Abu l-Qasim al-Zahrawi, Avicenna.

Medicine in Western Europe; characteristics of the era; hospital, education and medicine.Higher Medical School in Salerno.Epidemics of endemic diseases in Western Europe during the classical Middle Ages ("Black Death" 1346-1348 in Western Europe).

Medicine in Old Russian state.The adoption of Christianity, its progressive role for the development of the Old Russian state.Healing in Old Russian state (folk, monastery, secular medicine).Russian bath, its hygienic significance.

Section 5.Medicine of Renaissance era (XV-XVII centuries).Medicine of the peoples of the American continent.Medicine in Later Middle ages (XVII – XVIII centuries). (4 hours)

The main features of natural science of the Renaissance. Advanced scientific centers of Western Europe. Famous representatives in anatomy: Leonardo da Vinci, Andreas Vesalius. The formation of physiology as a science (Miguel Servet, William Garvey).Founder of Jatrochemistry - Paracelsus.The success of therapy.Training at the bedside of the patient.Montano.GirolamoFracastoro and his doctrine of contagious diseases.Ambroise Pare, his contribution to the development of military surgery, orthopedics, obstetrics.

Sources of information on the medical treatment and development of Aboriginal people in the Americas.Mayan medicine (religious views and priestly medicine, wide arsenal of medicines, the treatment of female diseases, preventive medicine (steam baths, hygienic traditions)).Aztec medicine (religious views and healing, state organization of medical affairs, sanitary facilities, military medicine, herbal drugs).Medicine of Incas Empire.The achievements of the great civilizations of ancient America in the field of medicine and the peculiarities of the development of medicine and medical affairs after the conquista.

The development of medicine in the era of feudalism in Russia (Pharmacy order, first civilian hospitals; reforms of Peter I; life and activities of N.L. Bidloo, L. Blumentrost, M.V. Lomonosov; development of sciences and educational service).

Approval of clinical method of teaching in advanced medical centers of Europe. University of Leiden: G. Burhaave, F. Ruysch. Development of surgery (Lawrence Geister, Jean Louis Pty, John Hunter, N. Tulip).Development of obstetrics (Guillaume and Petter Chamberlain, J. Palfin, Andre Levré, Nestor Maksimovich-Ambodik).Development of iatrophysics andiatromechanics (thermometer).Clinical observation – percussion (L. Auenbrugger, J.N. Corvizart).Development of histology as a science (M. Malpigi, R. Hooke, A. van Levenguk, M.X. Bichat, A.M. Shumlyansky).

Section 6.Medicine in the first half of XIX century. (4 hours)

Development of histology and biology (cell theory - Matthias Schleiden and Theodore Schwann, Jan Purkine).Development of pathological anatomy (Rudolf

Virkhov, K. Rokitansky, A.I. Polunin, N.I. Pirogov, M.M. Rudnev).E.A. Mukhin, I.V. Buyalsky, N.I. Pirogov - creators of "ice anatomy".Clinical medicine: percussion and auscultation (P. Piorri, J. Skoda, R. Laennek, Corvizart, P. A. Charukovsky, G. I. Sokolsky, F. Unden, Richard Bright, William Gufeland).

The formation of scientific medical schools in Russia (Moscow University, St. Petersburg). Outstanding representative of medicine in Russia(MudrovM.Ya., P.A. Zagorsky, I.F. Bush, I.V. Buyalsky, E.A. Mukhin, N.I. Pirogov). Development of pediatrics (Paris, St. Petersburg, Moscow).

Discovery and administration of anesthesia in different countries (Humphry Davy, John Snow, James Young Simpson, W. Morton, N.I. Pirogov).

Vaccination (Edward Jenner).

Holy Cross Community and its role in the formation of nursing service in Russia.

Section 7.Medicine in the era of capitalism - second half of XIX century - beginning XX century. (4 hours)

The most important scientific discoveries in the 2nd half of 19 c.: the creation of evolutionary teachings (C. Darwin), the discovery of the law of heredity (G. Mendel), the creation of the periodic system of elements (D. I. Mendeleev), the discovery of the phenomenon of radioactivity (A. Becquerel) and others.

Development of experimental physiology (C. Bernard, E. Dubois, H. Helmholtz Scipio Riva Rocci, I.M.Sechenov, I.P. Pavlov).

Development of surgery, aseptics and antiseptics (E. von Bergmann, Curt Schimmelbusch, I.P. Semmelweis, Joseph Lister, N.V. Sklifosovsky, P.P. Pelekhin, P.I. Dyakonov, B. von Langenbeck, T. Billroth, T. Kocher).

Development of therapy (G.A. Zakharyin, S.P. Botkin, V.P. Obraztsov).

Development of pediatrics (Ya.I.Bystrov, Y. P. Gundobin, Filatov N.F., N.A. Tolsky)

Development of gynecology (A.A. Keater, A.YA.Krassovsky, V.F. Snegirev) Development of microbiology (L. Pasteur, I.I. Mechnikov, R. Koch, P. Ehrlich, G.N. Gabrichevsky, D.I. Ivanovsky).

Nobel Prizes.

Section 8.The main achievements of medicine in XX – beginning XXI century. (4 hours)

Development of X-ray investigation (W. Roentgen).Registration of electrical activity of different organs).

World War I – effect on medicine development (surgery, aseptics, antiseptics, patients sorting).

The most important pharmacological discoveries in 20 century: insulin (Frederick Banting, Charles Best and John McLeod), heparin (Jay McLean), penicillin (Alexander Fleming, Howard Florey and Ernst Chain), thalidomide tragedy.

Development of virology: Charles Chamberland, Carlos Finlay, Ernest William Goodpasture (influenza), Howard Temin and David Baltimore (reverse transcriptase), Luc Antoine Montagnier and Robert Charles Gallo (AIDS).

Medical achievements at World War II - the main tasks, military medical service, organization of evacuation, donor movement, anti-epidemic service.

Development of surgery: transplantology, implantable cardiac pacemaker, X-ray angiography, cardiopulmonary bypass, prosthesis of valves, artificial heart, artificial kidney.

Development of genetics: discovering of DNA and RNA, polymerase chain reaction.Human genome.

Nobel Prize.Nobel Foundation.

Section 9.International collaboration in medicine and public health. (2 hours)

Red Cross and Red Crescent Society, past, present and future (Henri Dunant).

International health cooperation since the end of World War II.The creation of WHO and its importance for the development of health care in the world.

World Physicians for the Prevention of Nuclear War.

Medical societies and associations.Medical codes and declarations.

Section 10.Offset class at the course "Medical history" (2 hours).

4 semester (18 hours)

Topic 1. Historical roots of bioethics and the most significant ethical traditions in medicine. Moral and ethical theory. Subject of biomedical ethics (2 hours)

History of classical medical ethics.Professional ethics of health professionals.Features of bioethics in medical practice.History of modern biomedical ethics.Moral and ethical theory.Subject of biomedical ethics. Bioethical infrastructure: Legal and sociocultural issues of bioethics. Bioethics and specificity of the subject of biology.Anthropocentrism and biocentrism as the worldview foundations of bioethics.

Topic 2.Basic ethical theories. Principles and Rules of Biomedical Ethics (2 hours)

Deontology as a doctrine of moral duty.Deontological theories (religious morality, Kant ethics, A. Schweitzer concept), their manifestation in medical ethics.Utilitarian concepts of the good, the principle of utility, its impact on bioethics.Russian philosophical tradition in the doctrine of morality, its influence on the formation of Russian moral consciousness.Basic rules of biomedical ethics.Basic principles of bioethics.Features in therapy, surgery, obstetrics and gynecology, pediatrics and psychiatry.

Topic 3. Moral obligations of medical personnel and patient rights (2 hours)

Rights and moral obligations of physicians.Rights of patients, including children and their legal representatives.The rule of informed consent, its basic elements and implementation in modern medical activity.Privacy rule. The rights of patients and the duties of the doctor, nurse in preserving the secrecy of the patient. Privacy rule restrictions.The rule of veracity, its justification, the main content.

Topic 4.Death and dying.Moral problems of medical intervention in human reproduction (2 hours).

Seminardiscussion

The value of life and its philosophical and anthropological interpretation.The story of the attitude of doctors to the dying patient.Quality of life.History of the euthanasia problem.Ethics and death involving a physician.Palliative care.Hospices.Treatment and care of hopelessly ill patients. The patient's right to die with dignity. Ethical principles for the escort of terminal patients and their relatives.Professional training of medical personnel to provide palliative care.

Ethical issues of abortion, sterilization and contraception, new reproductive technologies.Historical, social, moral, legal and religious context of medical interventions in human reproduction.Moral and ethical problems of contraception.Moral and ethical problems of new reproductive technologies.

Topic 5.Ethics of biomedical research.Moral problems of medical genetics. Ethical problems of transplantation (2 hours)

Moral principles of conducting experiments on animals.The moral principles of conducting experiments on humans, including children.The Nuremberg Code and the Helsinki Declaration of the World Medical Association and other ethical and legal documents governing the conduct of clinical trials in humans.

Specifics of the moral problems of medical genetics.The issue of human cloning.GEFs: A modernperspectiveongeneticsafety.

Major moral dilemmas associated with organ transplants from living donors. Moral problems of transplantation of organs and tissues from corpses. Problems of incompetent donors (children, mentally ill persons), donors with a sharp restriction of freedom of choice (prisoners sentenced to death). The problem of equity is the allocation of scarce resources for transplantology**.**

Topic 6.The content of medical deontology, its status and functions. Professional ethics of the doctor (2 hours)

Status and functions of deontology.The significance of deontology in the training system of health professionals and health management and economics experts.Basic deontological theories.

The main models of relationships in the doctor-patient system: paternalistic and participatory. A model of "weakened paternalism."

Basic rules of medical deontology: the right of patients to receive truthful information, the right to confidentiality and the rule of "informed consent" of the patient.

Hippocratic Oath: Main ideas and reasons for divergence from modern medical practice. Professional codes, charters, declarations of health professionals and their impact on the professional ethics of a health professional.

Oath of a doctor of the Russian Federation.Medical and social charter of nurses of the Russian Federation.EthicalCodeoftheRussianNurse.

Commercialization of medicine and its impact on the professional ethics of the physician. Informal payments in health care as a problem of professional ethics. Fightingcorruption.

Topic 7.Situational problems of medical ethics and deontology. Deontology of working with therapeutic patients (2 hours)

Human right to life.The unconditional value of human life as a fundamental principle of medical ethics. The problem of quality and value of the patient's life: priority issues. Ethical aspects of forcible prolongation of a patient's life in clinical practice. Criteria for the end of life: ethical problems of determining the moment and diagnosis of death. Acute and chronic pain: ethical aspects. Inadequate pain relief.Narcotic pain relief.Painreliefas a professional-ethicalissue.

AIDS and HIV infection: ethical problems of diagnosis and treatment. Two models in the fight against AIDS: the mandatory government accounting and medical surveillance model; a model based on the priority of patient autonomy. Discrimination and social ostracism, violence against HIV-positive and AIDS patients.The importance of preserving medical secrecy.

Criteria and problem of equitable "distribution" and availability of free high-tech medical care and drug therapy among patients: ethical and legal aspects.

The formation of a new approach to therapeutic patients from the standpoint of a holistic understanding of the human body.Personality and somatic disease.

Topic 8.Deontology of working with patients with surgical, obstetric and gynecological profile.Ethicalanddeontologicaldilemmasinmedicineandpharmacology (2 hours)

Deontological problems associated with anesthesiology and complications after surgery. Cancer problems.Elderly people in the surgical department.Deontology of working with gynecological patients undergoing surgery. Deontological comments on contraceptives and their administration. Abortion and its deontological consequences.

Ethical dilemmas of the beginning of human life.Newborn rights and embryo rights.Relation to neonates with developmental defects.Ethical dilemmas of prenatal diagnosis.The problem of justified risk in choosing a diagnostic procedure.A morally sound choice in the face of fetal diagnosis uncertainty.

Assisted reproductive technologies: ethical aspects of the reproduction of human life.Artificial insemination.The phenomenon of donation of reproductive cells of men and women.In vitro fertilization.Manipulation of embryos, the problem of "extra" embryos, the risk of multiple pregnancies and reduction of embryos, the health of children. Anonymity and the child's right to know their parents.

Ethical dilemmas of surrogacy.Reproductive tourism, commercialization of motherhood, and moral responsibility of the physician.

Medical research and clinical trials of new drugs in patients: pros and cons.

Topic 9.Deontology in psychiatry and epidemiology. Ethical principles of professional interaction in medicine: equity in health care and medicine (2 hours).

Epidemiology and human rights.Socio-ethical dilemmas of vaccinoprophylaxis.Moral and ethical problems of epidemiology and immunology.

Sociocultural context of the history of psychiatry. The history of psychiatry is the history of attitudes towards the mentally ill. Definition of "abuse of psychiatry." Features of ethical issues in psychiatry

Moral problems of the relationship between health workers and scientists in the process of healing and scientific research.Ethical aspects of relationships with colleagues, doctors and other specialists in medical organizations.

Medical errors, their causes and ways to overcome.

Modern theories of justice and moral problems in medicine.Fairnesscriteria.

Ethical and medical aspects of a healthy lifestyle.Badhabits.

International documents on bioethics. National ethical documents and Russian legislation on the rights of patients, including children.

III. EDUCATIONAL AND METHODOLOGICAL SUPPORT FOR STUDENTS' INDEPENDENT WORK

Scholastic-methodical provisioning for the students' individual work in the disciplineMedical history, Bioethics, Deontology includes:

- schedule for performing individual work in the discipline, including the approximate time to allocate on each task;
- description of the tasks for individual work of students and methodical recommendations for their completion;
- requirements for submission and registration of results of individual work.

Self-ServiceSchedule

№	Date/Duedates	Typeofindependentwork	Estimated time to complete (hour)	Formofcontrol
3semester				
1	1-18week	Preparation of presentations on the topics of the discipline under study	5 h	Presentation / message (P-3)
2	17-18 week	Offsetpreparation	13 h	Interview (I-1) Test (WW-1)
6 semester				
2	1-9week	Preparation for practical classes, study of literature	6 h	Interview (I-1) Abstract (WW-4)
2	During semester	Exampreparation	38 h	Interview (I-1) Test (WW-1)
Total			63 h	

Recommendations for independent work of students

Planning and organization of time allotted for execution of tasks of independent work.

Having studied the schedule of independent work, it should be correctly organized. It is recommended to study the structure of each task, pay attention to the work schedule, reporting on each task is provided in the last week according to the schedule. Note that the results of independent work affect the final assessment based on the results of the development of the training discipline.

Working with literature.

When performing a number of tasks, you need to work with literature. It is recommended to use various opportunities for working with literature: the funds of the FEFU scientific library (http://www.dvfu.ru/library/) and other leading universities in the country, as well as available for using scientific library systems.

In the process of performing independent work, including when writing a report, it is recommended to work with the following types of publications:

a) Scientific publications intended for scientific work and containing theoretical, experimental information about research. They can be published in the

form of: monographs, scientific articles in journals or in scientific collections;

b) Educational literature is divided into:

- educational editions (textbooks, manuals, texts of lectures) which contain the fullest system statement of discipline or its some section;

- directories, dictionaries and encyclopedias - editions containing short information of a scientific or applied nature, not intended for continuous reading. Their goal is to quickly get the most general ideas about the subject.

There are two methods of working on sources:

- continuous reading is mandatory when studying a textbook, chapters of a monograph or article, that is, what has educational significance. As a rule, it requires re-reading in order to understand what is written. Try not to skip comments, footnotes, reference materials when reading in a continuous way, as they are intended for explanation and assistance. Analyze pictures (maps, charts, graphs), try to understand what trends and patterns they reflect;

- The selective reading method complements the continuous reading; it is used to search for additional, clarifying the necessary information in dictionaries, encyclopedias, and other reference publications. This method is extremely important for repeating the studied and consolidating it, especially in preparation for the test or exam.

In order for each method to bring the greatest effect, it is necessary to record all important points related to the topic of interest to you.

Theses are the main provisions of scientific work, an article or other work, and possibly an oral speech; they carry more information than the plan. Simple theses are concise in form; complex - in addition to the main author's thought, they contain a brief justification and evidence that give the theses a more weighty and convincing character. The theses of the read allow you to more deeply disclose its content; learning to state the essence of what you read in the thesis form, you will be able to distinguish the most important and valuable from the many thoughts of the authors and make generalizations.

A conspiracy is a way to put the contents of a book or article in a logical sequence. By inspecting any source, we must strive to say a lot in a few words. In the text of the concept, it is desirable to place not only conclusions or provisions, but also their reasoned evidence (facts, figures, quotes).

You can also write a conception as you study the work, for example, if you are working on a monograph or several journal articles.

When compiling theses or abstracts, always make links to pages from which you have taken the position or fact to be inspected - this will help you reduce the time to find the right place in the book if there is a need to better understand the question or clarify something when writing written works.

Methodological recommendations for writing and designing an abstract

An abstract is a student's creative activity, which reproduces in its structure research activities to solve theoretical and applied problems in a certain branch of scientific knowledge. Because of this, term paper is the most important component of the educational process in higher education.

The abstract, being a model of scientific research, is an independent work in which the student solves a problem of a theoretical or practical nature, applying the scientific principles and methods of this branch of scientific knowledge. The result of this scientific search may have not only subjective, but also objective scientific novelty, and therefore can be presented for discussion by the scientific community in the form of a scientific report or message at a scientific and practical conference, as well as in the form of a scientific article.

The abstract involves the acquisition of skills in building business cooperation based on ethical standards for the implementation of scientific activities. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of one's actions, conscientiousness, competence are personality traits that characterize the subject of research activities that correspond to the ideals and norms of modern science.

An abstract is an independent educational and research activity of a student. The teacher provides advisory assistance and evaluates the process and results of the activity. He provides an approximate topic for abstracts, clarifies the problem and the topic of research together with the intern, helps to plan and organize research activities, appoints the time and minimum number of consultations.

The teacher accepts the text of the abstract for verification at least ten days before the defense.

Traditionally, a certain structure of the abstract has developed, the main elements of which, in the order of their location, are the following:

1. Title page.
2. Task.
3. Table of contents.
4. List of symbols, symbols and terms (if necessary).
5. Introduction.
6. The main part.
7. Conclusion.
8. Bibliographic list.
9. Applications.

The title page indicates: educational institution, graduating department, author, teacher, research topic, place and year of the abstract.

The title of the abstract should be as short as possible and fully correspond to its content.

The table of contents (content) reflects the names of the structural parts of the abstract and the pages on which they are located. It is advisable to place the table of contents at the beginning of work on one page.

The presence of a detailed introduction is a mandatory requirement for the abstract. Despite the small volume of this structural part, its writing causes considerable difficulties. However, it is a well-executed introduction that is the key to understanding the entire work and testifies to the professionalism of the author.

Thus, the introduction is a very important part of the abstract. The introduction should begin with a rationale for the relevance of the chosen topic. When applied to the abstract, the concept of "relevance" has one feature. From how the author of the abstract knows how to choose a topic and how correctly he understands and evaluates this topic from the point of view of modernity and social significance, characterizes his scientific maturity and professional readiness.

In addition, in the introduction it is necessary to isolate the methodological basis of the abstract, to name the authors whose works formed the theoretical basis of the study. A review of the literature on the topic should show the author's thorough acquaintance with specialized literature, his ability to systematize sources, critically examine them, highlight the essential, determine the main thing in the current state of study of the topic.

The introduction reflects the significance and relevance of the chosen topic, defines the object and subject, purpose and objectives, and the chronological framework of the study.

The introduction ends with a statement of general conclusions about the scientific and practical significance of the topic, the degree of its study and availability of sources, and the formulation of a hypothesis.

In the main part, the essence of the problem is stated, the topic is revealed, the author's position is determined, factual material is given as an argument and for illustrations of the put forward provisions. The author needs to show the ability to consistently present the material while simultaneously analyzing it. Preference is given to the main facts, rather than small details.

The abstract ends with the final part, which is called the “conclusion”. Like any conclusion, this part of the abstract plays the role of a conclusion determined by the logic of the study, which is in the form of a synthesis of the scientific information accumulated in the main part. This synthesis is a consistent, logically coherent presentation of the results obtained and their relationship with the general goal and specific tasks set and formulated in the introduction. It is here that the so-called "inferential" knowledge is contained, which is new in relation to the original knowledge. The conclusion may include suggestions of a practical nature, thereby increasing the value of theoretical materials.

So, in the conclusion of the abstract should be: a) the conclusions on the results of the study are presented; b) theoretical and practical significance, novelty of the abstract; c) the possibility of applying the results of the study is indicated.

After the conclusion, it is customary to place a bibliographic list of used literature. This list is one of the essential parts of the abstract and reflects the independent creative work of the author of the abstract.

The list of sources used is placed at the end of the work. It is issued either in alphabetical order (by the author's last name or book title), or in the order in which references appear in the text of the written work. In all cases, the full title of the work, the names of the authors or the editor of the publication, if a team of authors participated in writing the book, data on the number of volumes, the name of the city and publishing house in which the work was published, the year of publication, the number of pages are indicated.

Methodological recommendations for preparing of presentations

To prepare a presentation, it is recommended to use: PowerPoint, MS Word, Acrobat Reader, LaTeX beamer package. The simplest presentation program is Microsoft PowerPoint.

To prepare the presentation, it is necessary to process the information collected when writing the abstract.

The sequence of preparation of the presentation:

1. Clearly state the purpose of the presentation.

2. Determine what will be the format of the presentation: live performance (then how long will it be) or email (what will be the context of the presentation).

3. Select all the content for the presentation and build a logical chain of presentation.

4. Identify key points in the content of the text and highlight them.

5. Determine the types of visualization (pictures) to display them on slides in accordance with the logic, purpose and specifics of the material.

6. Choose the design and format the slides (the number of pictures and text, their location, color and size).

7. Check the visual perception of the presentation.

Visualization types include illustrations, images, diagrams, tables. An illustration is a representation of a real-life visual range. Images, unlike illustrations, are metaphors. Their purpose is to evoke emotion and create an attitude towards it, to influence the audience. With the help of well-thought-out and presented images, information can remain in a person's memory for a long time. Diagram - visualization of quantitative and qualitative relationships. They are used to convincingly demonstrate data, for spatial reasoning in addition to logical reasoning. A table is a concrete, visual and accurate display of data. Its main purpose is to structure information, which sometimes makes it easier for the audience to perceive the data

Practical Tips for Preparing a Presentation

printed text + slides + handouts are prepared separately;

slides - visual presentation of information, which should contain a minimum of text, a maximum of images that carry a semantic load, look clear and simple;

textual content of the presentation - oral speech or reading, which should include arguments, facts, evidence and emotions;

recommended number of slides 17-22;

obligatory information for the presentation: topic, surname and initials of the speaker; message plan; brief conclusions from what has been said; list of sources used;

handouts – should provide the same depth and scope as a live performance: people trust what they can carry with them more than disappearing images, words and slides are forgotten, and handouts remain a constant tangible reminder; it is important to hand out handouts at the end of the presentation; handouts should be different from slides, should be more informative.

Guidelines for preparing for practical exercises

Control of results of independent work is exercised during a practical training, oral polls, interviews, the solution of situational tasks, examinations, including by testing.

1. The student should prepare for the practical lesson: repeat the lecture material, read the desired section on the topic in the textbook.

2. The lesson begins with a quick frontal oral interview on a given topic.

3. In classes, students work with lecture notes, slides.

4. For classes, you need to have a notebook for recording theoretical material, a textbook.

6. At the end of the class, homework is given on the new topic and it is proposed to draw up tests on the material passed, which were studied in the lesson (summary).

7. Performances and activity of students for the lesson are evaluated by the current assessment.

Guidelines for the preparation of the report

1. Self-selection by the student of the topic of the report.

2. Selection of literary sources on the selected topic from the recommended main and additional literature offered in the working program of the discipline, as well as work with the resources of the information and telecommunication network "Internet" specified in the working program.

3. Work with the text of scientific books, textbooks is not only a reading of the material, it is also necessary to conduct an analysis selected by literature, compare the presentation of the material on the topic in different literary sources, select the material in such a way that it reveals the topic of the report**.**

4. The analysed material is inspected, the most important thing should not be simply conscientious rewriting of the source texts from selected literary sources without any comments and analysis.

5. Based on the analysis and synthesis of literature, the student draws up a plan for the report, on the basis of which the text of the report is prepared.

6. The report should be structured logically, the material is presented in an integral, coherent and consistent manner, conclusions are made. It is desirable that the student can express his opinion on the formulated problem.

7. The report takes 7-10 minutes. The report is told, not read on paper.

Criteria for evaluating the abstract.

The stated understanding of the abstract as a holistic author's text determines the criteria for its evaluation: the novelty of the text; the validity of the choice of source; the degree of disclosure of the essence of the issue; compliance with formatting requirements.

The novelty of the text: a) the relevance of the research topic; b) novelty and independence in posing the problem, formulating a new aspect of a well-known problem in establishing new connections (interdisciplinary, intradisciplinary, integration); c) the ability to work with research, critical literature, systematize and structure the material; d) the manifestation of the author's position, the independence of assessments and judgments; e) stylistic unity of the text, unity of genre features.

The degree of disclosure of the essence of the issue: a) compliance of the plan with the topic of the abstract; b) compliance of the content with the topic and plan of the abstract; c) completeness and depth of knowledge on the topic; d) the validity of the methods and methods of working with the material; f) the ability to generalize, draw conclusions, compare different points of view on one issue (problem).

The validity of the choice of sources: a) assessment of the literature used: whether the most famous works on the research topic were involved (including journal publications of recent years, the latest statistics, summaries, references, etc.).

Compliance with the requirements for design: a) how correctly the references to the literature used, the list of references are formatted; b) assessment of literacy and culture of presentation (including spelling, punctuation, stylistic culture), knowledge of terminology; c) compliance with the requirements for the volume of the abstract.

The reviewer should clearly formulate the remark and questions, preferably with links to the work (possibly to specific pages of the work), to research and factual data that the author did not take into account.

The reviewer can also indicate: whether the student has previously addressed the topic (abstracts, written works, creative works, olympiad works, etc.) and whether there are any preliminary results; how the graduate did the work (plan, intermediate stages, consultation, revision and revision of the written or lack of a clear plan, rejection of the leader's recommendations).

The student submits an abstract for review no later than a week before the defense. The teacher is the reviewer. Experience shows that it is advisable to familiarize the student with the review a few days before the defense.

Opponents are appointed by the teacher from among the students. For an oral presentation, a student needs 10-20 minutes (approximately so much time answers the tickets for the exam).

Grade 5 is given if all the requirements for writing and defending the abstract are met: the problem is identified and its relevance is justified, a brief analysis of various points of view on the problem under consideration is made and one's own position is logically stated, conclusions are formulated, the topic is fully disclosed, the volume is maintained, the requirements for external design, correct answers to additional questions are given.

Grade 4 - the basic requirements for the abstract and its defense are met, but there are some shortcomings. In particular, there are inaccuracies in the presentation of the material; there is no logical sequence in judgments; the volume of the abstract is not maintained; there are omissions in the design; incomplete answers were given to additional questions during the defense.

Grade 3 - there are significant deviations from the requirements for referencing. In particular: the topic is covered only partially; there are factual errors in the content of the abstract or in answering additional questions; no output during protection.

Grade 2 - the topic of the abstract is not disclosed, a significant misunderstanding of the problem is found.

Grade 1 - the abstract is not submitted by the student.

IV. CONTROL OF ACHIEVEMENT OF COURSE OBJECTIVES

№	Controlled sections / topics of the discipline	Code and name of achievement indicator	Learning Outcomes	Evaluationtools	
				Currentcontrol	Midterm examination
1	Module 1. History of medicine.	UC-1.1; UC-1.3; UC-5.7; UC-5.8; UC-5.9; UC-6.1; UC-6.2; GPC-1.1; GPC-1.2.	Know	Interview (I-1) Test (PR-1) Abstract (PR-4)	Questions for the offset 1-51 Questions for the exam 1-51
			Able	Presentation / message (P-3)	
			Owns	Abstract (PR-4)	
2	Module 2.Bioethics and deontology	UC-1.1; UC-1.3; UC-5.7; UC-5.8; UC-5.9; UC-6.1; UC-6.2; GPC-1.1; GPC-1.2.	Know	Interview (I-1) Test (PR-1) Abstract (PR-4)	Questions for the exam 52-122
			Able	Presentation / message (P-3)	
			Owns	Abstract (PR-4)	

The final control of students' knowledge is an oral exam or a written exam using the Blackboard educational platform. In the conditions of distance learning, a written exam is carried out using the educational platform blackboard through the «Teams» application. The time taken to complete the written exam is 60 minutes. The model tests, methodical materials prescribing procedures for evaluation of knowledge, skills and/or practical experience, as well as criteria and indicators necessary to assess knowledge, abilities, skills and the defined stages of forming competencies in the process of acquiring educational program, are presented in section VIII.

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

Basic:

1. Lisitsyn Yu. P. History of Medicine / Yu. P. Lisitsyn. - Moscow : GEOTAR-Media, 2020 – 352 c. URL:http://www.studentlibrary.ru
2. Lois N. Magner History of medicine – United States of America, Taylor and Francis group, 2005
3. Justin Oakley. Bioethics - Farnham, England ; Burlington, VT : Ashgate, 2009. International library of essays in public and professional ethics.
4. Alastair V Campbell . Medical ethics / Alastair V Campbell; Grant Gillett; D Gareth Jones - South Melbourne, Vic. ; New York : Oxford University Press, 2005.
5. Diane Andrews HenningfeldMedical ethics - Detroit : Greenhaven Press, 2011.

Resources:

1. Electronic library system "Bookup http://books-up.ru/"
2. Medline with Full Text https://www.ebsco.com/products/research-databases/medline-full-text
3. DB Scopus https://www.scopus.com
4. Springer Nature https://link.springer.com/
5. Science Direct https://www.sciencedirect.com/
6. PubMed https://www.ncbi.nlm.nih.gov/pubmed
7. Freedom Collection publishing house Elsevier http://www.sciencedirect.com/.
8. «Wiley Online Library» https://onlinelibrary.wiley.com/
9. BioMed Central https://www.biomedcentral.com/
10. Google Scholar (https://scholar.google.com/)
11. https://www.dvfu.ru/library/

VI.METHODOLOGICAL RECOMMENDATIONS ON THE COMPLETING THE DISCIPLINE

The main goal is the formation of students' scientific outlook, preventive thinking based on pathology knowledge, competencies in systemic fundamental knowledge, skills and abilities in matters of hygiene and human ecology, necessary for the subsequent practical activities of the doctor.

Performing by students of extracurricular individual work in extracurricular time, both under the guidance of a teacher and without his direct participation is important in order to achieve this goal.

Students are encouraged to systematically study the teaching material using textbooks, texts and methodical writings in accordance with the study plan, and to perform all task in a timely manner, which is especially important when using grade-rating system for assessing students' knowledge.

The goal of students' individual work is to master fundamental knowledge, professional skills and experiences of their specialty, experience of creative scientific research. Individual work of students promotes the development of autonomy, responsibility and organization, creative approach to solving the problems of the educational and professional level, deepen and broaden knowledge, formation of interest to cognitive activity, mastering the techniques of learning, the development of cognitive abilities.

Individual work of students for the discipline is mandatory for each student, its volume is determined by the federal educational standard and curriculum. It is necessary at the very beginning of the course to carefully plan the time allocated for individual work with the sources and literature on the subject.

Individual work includes:

a) reading textbooks, lectures, methodical recommendations, scientific articles

b) reading and analyzing literature passages of journalistic nature;

c) reading and analysis of literary passages of scientific nature;

g) working with resources posted on the Internet.

The purpose of this types of work is to instill an interest in reading and to teach students to overcome difficulties in reading, extract the necessary information from the text to teach them to use Russian and International sources for self-education and improve their professional skills.

VII. CLASSROOM, EQUIPMENT AND MATERIAL REQUIREMENTS FOR THE DISCIPLINE

Logisticsanddisciplinesoftware

Name of special rooms and rooms for independent work	Equipment of special rooms and rooms for independent work	Listoflicensedsoftware.
690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks settlement, 10 M421 Training room for classes seminar and lecture type	Multimedia Audience: Monoblock Lenovo C360G-i34164G500UDK; Projection screen ProjectaElproElectrol, 300x173 cm; Multimedia projector, Mitsubishi FD630U, 4000 ANSI Lumen, 1920x1080; Mortise interface with automatic cable retraction system TLS TAM 201 Stan; Document camera Avervision CP355AF; Sennheiser EW 122 G3 UHF lavalier radio system as part of a wireless microphone and receiver; LifeSizeExpress 220-Codeconly-Non-AES video conferencing codec; Network video camera Multipix MP-HD718; Two LCD panels 47",	Windows Seven Enterprise SP3x64Operating system Microsoft Office Professional Plus 2010 an office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - software for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - a software package for creating and viewing electronic publications in PDF format; WinDjView 2.0.2 is a program for recognizing and viewing files with the same name format DJV and DjVu.

	Full HD, LG M4716CCBA; Audio switching and sound amplification subsystem; centralized uninterruptible power supply	
Reading rooms of the FEFU Scientific Library with open access to the fund (building A - level 10) (roomforself-study)	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,usbkbd/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	Windows Seven Enterprise SP3x64Operating system Microsoft Office Professional Plus 2010 an office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - software for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - a software package for creating and viewing electronic publications in PDF format;WinDjView 2.0.2 - программадляраспознаванияипросмотрафайловсодноименнымформатом DJV иDjVu.

The educational process in the discipline is conducted in lecture, computer classes of the building of the School of Biomedicine of the FEFU campus, equipped with computers and multimedia systems, connected to the general corporate network of FEFU and the Internet.

For carrying out practical work, as well as for organizing independent work, students have access to the following laboratory equipment and specialized classrooms that meet applicable sanitary and fire regulations, as well as safety requirements for educational and research and production work.

VIII. VALUATION FUNDS

For the discipline Medical history, Bioethics, Deontology the following evaluation tools are used:

Oral survey:

1. Interview (I-1)
2. Presentation / message (P-3)

Written work:

1. Test (PR-1)
2. Abstract (PR-4)

Oral Questioning

An oral survey allows you to evaluate the knowledge and horizons of the student, the ability to logically construct an answer, the possession of monologue speech and other communication skills.

Interview (I-1) is a means of control organized as a special conversation between a teacher and a student on topics related to the discipline being studied, and designed to determine the amount of knowledge of the student in a particular section, topic, problem, etc.

Presentation / message (P-3) - a product of the student's independent work, which is a public performance to present the results of solving a specific educational, practical, educational, research or scientific topic.

Written works

A written answer teaches to the accuracy, conciseness, coherence of the presentation of thought. Written verification is used in all types of control and is carried out both in classroom and extracurricular work.

Test (PR-1) is a system of standardized tasks that allows you to automate the procedure for measuring the level of knowledge and skills of a student.

Abstract (PR-4) - The product of the student's independent work, which is a summary in writing of the results of the theoretical analysis of a certain scientific (educational and research) topic, where the author reveals the essence of the problem under study, gives different points of view, as well as his own views on it.

Methodological recommendations defining procedures for assessing the results of discipline

Evaluation funds for interim certification

Intermediate certification of students in the discipline "Medical history, Bioethics, Deontology" is carried out in accordance with the local regulations of the Far Eastern Federal University and is mandatory.The forms of reporting on the discipline are: offset (3rd semester, autumn) and exam (4th semester, spring).The discipline offset includes answers to 2 questions. One of the questions is general. It aims to expose a student's knowledge of "cross-cutting" issues and problems in the history of medicine. The second question concerns the processes of health development in one of the five formations of society development.

Methodological Guidelines for passing offset

The offset is accepted by the teacher. With a large number of groups in one teacher or with a large flow, by order of the Director of the Department (Deputy Director for Academic and Educational Work), it is allowed to involve other teachers in helping the leading teacher. First of all, teachers are involved who conducted practical exercises in discipline in groups.

In exceptional cases, in agreement with the Deputy Director of the School for Educational and Educational Work, the Director of the Department has the right to accept the offset in the absence of a teacher.

The form of the test (oral, written, etc.) is approved at a meeting of the department in agreement with the head in accordance with the work program of the discipline.

During offset the students can use the working program of discipline and also with the permission of the teacher who is carrying out offset, reference books and other grants (textbooks, manuals, the recommended literature, etc.).

The time given to the student to prepare for the answer on the standings should be no more than 20 minutes. After this time, the student must be ready for an answer.

The presence of unauthorized persons (except for the persons carrying out the inspection) without the permission of the relevant persons (rector or vice-rector for educational and educational work, director of the School, head of the OPOP or Director of the department) is not allowed. Disabled persons and persons with disabilities who are not able to independently move are allowed to set off with accompanying persons.

In the course of intermediate certification, students are assessed as "passed" or "not passed." When a student does not appear for credit, an entry "did not appear" is made in the statement.

Control questions for mid-term assessment (offset). (3 semester):

1. The history of medicine (IM) as a science and as part of the general history, its significance in the training of doctors.
2. Periodization and chronology of the world history of medicine, Sources of study of the history of medicine.
3. Definition of the concepts of "folk medicine," "traditional medicine," "scientific medicine." Their main characteristics.
4. Medicine in the era of the primitive community system.
5. Common features of medicine in the countries of the Ancient World.
6. Healing in ancient Mesopotamia.
7. Medicine of Ancient Egypt, ancient Egyptian papyruses on medicinal and operative medicine.
8. Philosophical foundations of traditional Chinese medicine. Perceptions of health and illness.
9. Medicine in Ancient India.
10. Ancient Indian philosophical teachings and their influence on ideas about diseases and medicine.
11. Ayurveda is a traditional system of ancient Indian medicine.
12. Charaka and Sushruta are great doctors of ancient India.
13. Medicine in Ancient Greece. Ancient Greece mythology about medicine and physicians.
14. Medical schools of ancient Greece: Croton, Knidos, Sicilian, Kos.
15. Medicine of Ancient Rome.
16. Hippocrates - as the founder of rational empirical medicine. Methods of healing.
17. Galen's contribution to the development of anatomy, physiology, pharmacotherapy.
18. Medicine in Byzantium, the importance of the works of scientists for the subsequent development of medical science.
19. Features of the development of medicine in the Arab caliphates. Alchemy. Pharmacies. Hospitals, medical schools with them.
20. The importance of the works of Avicenna (Abu Ali ibn Sina) for medical science and practice, his contribution to tooth breaking.
21. Abu Bakral-Razi (Razes); his work and contribution to the development of hospital affairs.
22. The emergence of medical schools, universities in Western Europe and their teaching methods.
23. Renaissance, its characteristic. Advanced research centers, medical education.
24. The emergence of anatomy as a science. Andreas Vesalius.
25. William Garvey is the creator of the theory of circulation.
26. GirolamoFracastoro and the doctrine of contagious diseases.
27. Ambroise Pare, an outstanding surgeon of the era of feudalism.

28. Great natural scientific discoveries of the late XVIII-XIX centuries and their impact on the development of medicine.
29. The emergence of pathological anatomy (D. Morgani, Xavier Bishat).
30. B. Ramacinni is the founder of the doctrine of occupational diseases.
31. K. Rokitansky, development of humoral pathology.
32. Cellular pathology of R. Virkhov.
33. Approval of a clinical teaching method in advanced medical centers in Western Europe. G. Burgave.
34. Percussion and auscultation are objective physical methods of examining patients (L. Auenbrugger, J. Corvizar, R. Laennek) and their use in Russia.
35. 35. Emergence of microbiology as a science. L. Pasteur, R. Koch.
36. The discovery by D. Lister of antiseptics and the improvement of its methods in Russia.
37. Medicine in the Moscow state (XV-XVII centuries). Pharmacy order, its states and functions.
38. Medicine in Russia in the XVIII century. Reforms of Peter I in the field of organization of medical care and training of medical personnel.
39. The influence of the works of M.V. Lomonosov on the development of domestic medicine of the XVIII century.
40. The main achievements of domestic medicine of the XVIII century. S.G. Zybelin, N.M. Maksimovich-Ambodik, D.S. Samoilovich.
41. The contribution of N.I. Pirogov to the development of domestic and world surgery.
42. P.A. Zagorsky, I.F. Bush, I.V. Buyalsky - outstanding representatives of domestic medicine in the first half of the 19th century.
43. Zemstvo medicine is the priority of Russia.
44. Development of experimental hygiene in Russia. F.F. Erisman, A.P. Dobroslavin.
45. I.M.Sechenov, the significance of his works for Russian and world physiology and medicine.
46. I.P. Pavlov is a great Russian physiologist, the founder of the doctrine of conditional reflexes and higher nervous activity.
47. Development of domestic clinical medicine. S.P.Bootin, G.A. Zakharyin, A.A. Ostroumov.
48. I.I. Mechnikov is the founder of the doctrine of phagocytosis.
49. N.A. Semashko, Z.P. Solovievare the founders of Soviet health care.
50. The development of public hygiene, the emergence of demographic statistics.
51. Basic principles of Soviet health care.

Criteria for rating a student at the offset

Students who have completed the training program in the discipline, who have

passed all stages of the current certification are allowed to qualify.

Points required to score the final test	Score of offset	Requirements for documented competencies in the student's oral response
100-61	«passed»	The score “passed”is exhibited to a student who has formed knowledge of the history of medicine, bioethics, deontology. He is able to successfully conduct conversations with various groups of the population, as well as assess the deontological aspects of medical interventions. Owns methods for determining the legality of solving complex medical problems in modern conditions of preserving the rights of patients and doctors
60-0	«not passed»	The assessment is “not passed” for a student who does not know a significant part of the program material, makes significant mistakes, performs practical work with great difficulty and cannot continue his studies without additional classes in the corresponding discipline.

Methodological guidelines for passing the exam

The exam is accepted by a teacher. With a large number of groups in one teacher or with a large flow, by order of the director of the department (deputy director for educational and educational work), it is allowed to involve other teachers in helping the teacher. First of all, teachers are involved who conducted practical exercises in discipline in groups.

In exceptional cases, in agreement with the Deputy Director of the School for Academic and Educational Work, the Director of the Department has the right to accept the exam in the absence of a teacher.

The form of the exam (oral, written, etc.) is approved at a meeting of the department in agreement with the head in accordance with the work program of the discipline.

During examination the students can use the working program of discipline and also with the permission of the teacher who is carrying out offset, reference books and other grants (textbooks, manuals, the recommended literature, etc.). The time given to a student to prepare for an exam answer must be no more than 20 minutes. After this time, the student must be ready for an answer.

The presence of unauthorized persons (except for persons carrying out inspections) at the exam without the permission of the relevant persons (rector or vice-rector for educational and educational work, director of the School, head of the OPOP or director of the department) is not allowed. Disabled persons and persons with disabilities who are not able to move independently are allowed to take an exam with accompanying persons.

In intermediate certification, students are rated "excellent," "good" or "satisfactory."

When a student does not appear for credit, an entry "did not appear" is made in the statement.

Questions for exam
(4 semester):

1. The history of medicine (IM) as a science and as part of the general history, its significance in the training of doctors.
2. Periodization and chronology of the world history of medicine, Sources of study of the history of medicine.
3. Definition of the concepts of "folk medicine," "traditional medicine," "scientific medicine." Their main characteristics.
4. Medicine in the era of the primitive community system.
5. Common features of medicine in the countries of the Ancient World.
6. Healing in ancient Mesopotamia.
7. Medicine of Ancient Egypt, ancient Egyptian papyruses on medicinal and operative medicine.
8. Philosophical foundations of traditional Chinese medicine. Perceptions of health and illness.
9. Medicine in Ancient India.
10. Ancient Indian philosophical teachings and their influence on ideas about diseases and medicine.
11. Ayurveda is a traditional system of ancient Indian medicine.
12. Charaka and Sushruta are great doctors of ancient India.
13. Medicine in Ancient Greece. Ancient Greece mythology about medicine and physicians.
14. Medical schools of ancient Greece: Croton, Knidos, Sicilian, Kos.
15. Medicine of Ancient Rome.
16. Hippocrates - as the founder of rational empirical medicine. Methods of healing.
17. Galen's contribution to the development of anatomy, physiology, pharmacotherapy.
18. Medicine in Byzantium, the importance of the works of scientists for the subsequent development of medical science.
19. Features of the development of medicine in the Arab caliphates. Alchemy. Pharmacies. Hospitals, medical schools with them.
20. The importance of the works of Avicenna (Abu Ali ibn Sina) for medical science and practice, his contribution to tooth breaking.
21. Abu Bakral-Razi (Razes); his work and contribution to the development of hospital affairs.
22. The emergence of medical schools, universities in Western Europe and their teaching methods.

23. Renaissance, its characteristic. Advanced research centers, medical education.
24. The emergence of anatomy as a science. Andreas Vesalius.
25. William Garvey is the creator of the theory of circulation.
26. GirolamoFracastoro and the doctrine of contagious diseases.
27. Ambroise Pare, an outstanding surgeon of the era of feudalism.
28. Great natural scientific discoveries of the late XVIII-XIX centuries and their impact on the development of medicine.
29. The emergence of pathological anatomy (D. Morgani, Xavier Bishat).
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31. K. Rokitansky, development of humoral pathology.
32. Cellular pathology of R. Virkhov.
33. Approval of a clinical teaching method in advanced medical centers in Western Europe. G. Burgave.
34. Percussion and auscultation are objective physical methods of examining patients (L. Auenbrugger, J. Corvizar, R. Laennek) and their use in Russia.
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45. I.M.Sechenov, the significance of his works for Russian and world physiology and medicine.
46. I.P. Pavlov is a great Russian physiologist, the founder of the doctrine of conditional reflexes and higher nervous activity.
47. Development of domestic clinical medicine. S.P.Bootin, G.A. Zakharyin, A.A. Ostroumov.
48. I.I. Mechnikov is the founder of the doctrine of phagocytosis.
49. N.A. Semashko, Z.P. Solovievare the founders of Soviet health care.

50.The development of public hygiene, the emergence of demographic statistics.
51.Basic principles of Soviet health care.
52. Bioethics: occurrence, structure, features.
53. Principles of bioethics: ethical meaning.
54. Ratio of bioethics, medical ethics, and deontology.
55. Paternalistic model of the doctor-patient relationship: occurrence, status of the doctor and patient, purpose, problems.
56. Informed consent model: occurrence, purpose, physician and patient status, problems.
57. Physician and patient rights.
58. Medical mystery: history, ethical and legal aspects.
59. Types of medical intervention in human reproductive function.
60. Reproductive health, law, choice.
61. Bioethical abortion issues.
62. Bioethical problems of assisted reproductive technologies (ART).
63. Is life a human right or obligation? Forms of realization of human right to own death: suicide, euthanasia, hospice.
64. Euthanasia: a term and concept. The practice of euthanasia in the 20th century.Types of euthanasia.
65. Reasons that exacerbated interest in euthanasia in the 20th century.
66. Medical ethics and euthanasia.
67. Law and euthanasia: Russia, foreign experience.
68. Arguments by opponents and proponents of euthanasia.
69. Transplantation: history, species, demand, problems.
70. Features of the ethical status of the donor and recipient.
71. Legal regulation of organ transplantation. Presumption of "consent" and "dissent."
72. Economic aspect of organ transplantation. The problem of criminalization in transplantology.
73. Psychological phenomena of organ transplantation.
74. Religion and transplantation.
75. The specificity of psychiatric care: the degree of competence of the patient, volunteerism and coercion.
76. Evolution of ethical principles in psychiatry: F. Pinel, D. Conolly, S. Korsakov. Phenomena of "hospitalization" and "antipsychiatry."
77. Defects in medical care: intentional crime, negligence crime, medical error, accident,
misconduct.
78. The doctor's right to make a mistake. The attitude of the doctor to his own mistakes.
79. Forms of legal liability of medical personnel.

80. Material and moral damage in medicine. Indemnity.
81. Patient responsibility: for what, and in what form?
82. Experiments in medicine: demand, species. Ethical and legal control of human experiments: Nuremberg Code/1944/, Declaration of Helsinki-Tokyo/1964-1975/.
83. Laboratory experiment. Polemics of "vivisectionists" and "anti-vivisectionists."Ethical aspect of attitudes towards laboratory animals.
84. Ethical issues of gene technology and stem cell therapy.
85. Bioethical problems of human cloning: pros and cons.
86. Bioethical issues in dentistry.
87. Bioethics and pharmacy.
88. Formation of ethics and deontology.
89. Hippocratic view of ethics and deontology.
90. Hippocratic oath.
91. Features of modern ethics and deontology.
92. What are the methods for researching ethics and deontology?
93. When did the law governing surrogacy pass?
94. Features of international and domestic laws governing surrogacy.
95. Name the reasons that lead to induced abortion.
96. Types of induced abortion.
97. Modern issues of induced abortion.
98. Religiously - a philosophical view of life.
99. Religiously - a philosophical view of death.
100. Moral and ethical aspects of life and death.
101. Features of the formation of patients with bronchial asthma.
102. Features of the education of patients with AIDS.
103. Religion's view of organ transplants.
104. Name the Legislation of the Russian Federation applied for organ transplantation.
105. Features use of medical tissue cells.
106. Solving bioethical problems.
107. Problems encountered in the use of medical tissue cells.
108. What are the ways to solve bioethical problems?
109. Negative impact of cloning. Moral and ethical features of cloning.
110. Moral and ethical problems of fertilization.
111. What are the rules of ethical truths?
112. The difference between the doctor's "Sacred Lies" and the Doctor's Secret.
113. Give the concept of the Paracelsus principle "Do good."
114. Similarities of the Paracelsus principle. "Do good" and Hippocratic's work "Do Not Harm."
115. Moral models of doctors.
116. Moral models of patients

117. Definition of the concept of a moral model.
118. Features of moral models between physicians and patients.
119. Difference in appearance of modern doctors and old doctors.
120. Requirements for modern doctors.
121. Define the ethics of Ayurveda. Give a brief example of Ayurveda's ethics.
122. Ethics of biomedical research in humans.

Criteriaforratingastudentinthe examination

Evaluation of the exam	Requirementstoformedcompetencies
«excellent»	The score is "excellent" to the student if he has deeply and firmly learned the program material, exhaustively, consistently, clearly and logically, sets it out, knows how to closely link theory with practice, Freely cope with tasks, issues and other applications of knowledge, Note here that response is not hampered by modification of tasks and uses monographic literature material in response; correctly justifies the decision made, has versatile skills and techniques for performing practical tasks;
«good»	The "good" rating is presented to the student if he firmly knows the material, competently and essentially sets it out, avoiding significant inaccuracies in the answer to the question, correctly applies theoretical provisions in solving practical issues and problems, and has the necessary skills and techniques to fulfill them;
«satisfactorily»	The rating "satisfactorily" is presented to the student if he has knowledge only of the basic material, but has not learned its details, admits inaccuracies, insufficiently correct formulations, violations of the logical sequence in the presentation of the program material, and is experiencing difficulties in performing practical work;
«unsatisfactory»	The rating is "unsatisfactory" to a student who does not know a significant part of the program material, makes significant mistakes, insecure, with great difficulties performs practical work.

Evaluation tools for the current appraisal

The current certification of students in the discipline is carried out in accordance with local regulations of FEFU and is mandatory.

The current certification is carried out in the form of control measures (abstracts, reports, test tasks, situational tasks) to evaluate the actual results of student training and is carried out by a leading teacher.

The evaluation objects are:

- training discipline (activity in classes, timeliness of performance of various types of tasks, attendance of all types of classes in the certified discipline);
- degree of assimilation of theoretical knowledge;
- level of practical skills and skills in all types of training;
- results of independent work.

A schedule of control measures for discipline is drawn up. Assessment of attendance, activity of students in classes, timeliness of execution of various types of tasks is carried out on the basis of a journal.

Guidelines for working with tests on the course "History of Medicine, Bioethics, Deontology"

When working with tests, the student is offered to choose one answer option from several suggested ones. At the same time, the tests are not the same in their complexity. Among the proposed are tests that contain several options for correct answers. The student needs to provide all the correct answers.

The tests are designed for both individual and collective solutions. They can be used in the process of both classroom classes and independent work.

1. **What are the sources of studying the history of primitive healing and pharmacology?**
    a) The works of scientists who lived in this era
    b) Paleopathology data: traces of trauma, craniotomy
    c) papyri, mummies of pharaohs
    d) Memoirs of eyewitnesses

2. **How the causes of the disease were explained from the standpoint of animism**
    a) Illness is the result of the incorporation of the spirit of a deceased ancestor into the body
    b) The disease is the result of the action of poisons
    c) The disease is the result of the action of microorganisms
    d) The disease is the result of poor nutrition

3. **Methods of cult healing available to primitive people**
    a) the use of eucalyptus, castor oil and orchid bulbs for the treatment of eating disorders, washing with urine, applying clay
    b) steam bath, massage, bowel lavage, cold and hot compresses
    c) craniotomy, splinting, bloodletting, suturing, the use of narcotic properties of natural remedies for pain relief
    d) rituals, amulets, taking bitter or unpleasant substances, fumigation

4. **Paleoanthropists are characterized by:**
    a) permanent camps, driven hunting for large predators with the use of fire, making clothes, burying the dead.

b) hunting, gathering, arrangement of dwellings, a collective of equals, matriarchy, fantastic beliefs.

c) agriculture, cattle breeding, patriarchy, cult practice of healing

d) nomadic way of life, gathering, driven hunting, the rudiments of the language, the absence of burials.

5. Methods of surgical treatment available to primitive people:

a) the use of eucalyptus, castor oil and orchid bulbs for the treatment of eating disorders, washing with urine, applying clay

b) steam bath, massage, bowel lavage, cold and hot compresses

c) craniotomy, splinting, bloodletting, suturing, the use of narcotic properties of natural remedies for pain relief

d) rituals, amulets, taking bitter or unpleasant substances, fumigation

6. What distinguished the medicine of ancient China and India from the medicine of ancient Egypt?

a) active use of surgical methods of treatment
b) belief in evil spirits that cause illness
c) Variolation propagation
d) Rational character

7. Which ancient civilization is considered the birthplace of cosmetics?

a) ancient China
b) ancient Babylon
c) ancient Egypt
d) ancient India

8. The basis of rational treatment in ancient Egypt was:

a) refusal of food, prayer to the gods, for purification
b) cleansing the stomach with enemas, laxatives and emetics
c) Pasteurization of food
d) steamed in the bath to cleanse the body

9. Medicines borrowed by scientific medicine from traditional Chinese medicine

a) Plantain ordinary
b) camphor
c) cocaine
d) valerian

10. What are the famous doctors of ancient India?

a) Rajkapur
b) Maharaja
c) Sushruta
d) Chakraborty

11. **The theory of the doctors of Hellenistic Greece**, according to which, the cause of the disease is a violation of the movement of solid particles through the channels of the body:

a) Humoral theory
b) Solidarity theory
c) Theurgic theory
d) Physiological theory

12. Which medical school of Ancient Greece was associated with the activities of Hippocrates

a) With the Sicilian School in Syracuse in Sicily
b) With the Croton School in Magna Graecia
c) With a school on the island of Kos in the Aegean Sea
d) With the temple of Asclepius in Epidaurus.

13. Who described the four signs of inflammation (pain, redness, swelling, fever)

a) Galen
b) Celsus
c) Hippocrates
d) Dioscorides

14. What are the main achievements of the ancient Roman physician K. Galen

a) Creator of medical ethics
b) Founder of experimental anatomy and physiology
c) developed the doctrine of physis
d) Founder of iatrochemistry

15. What was inherited by Byzantium from Ancient Rome

a) literacy, writing
b) aqueducts, baths, gardens
c) tongue
d) All of the above

16. What methods of teaching medicine did not exist in the Arab Caliphate

a) Self-education
b) Family education
c) Training with renowned doctors: at home, in the mosque, in the hospital
d) Studying in medical school

17. What united the civilizations of Byzantium, the Arab Caliphates and Medieval Western Europe

a) development of encyclopedic knowledge
b) the level of development of sanitary and hygienic knowledge
c) Religious traditions that forbade the autopsy of corpses
d) Development of experimental medicine

18. What is the negative influence of the Catholic Church on the development of medicine in Western Europe during the Middle Ages?

a) Scholasticism and the dominance of church dogmas
b) The Bible as a Source of Medical and Hygienic Knowledge
c) opening of pharmacies, shelters, almshouses
d) The clergy were engaged in alchemy

19. What functions did not perform a medieval doctor

a) Doctor
b) Alchemist
c) Astrologer
d) Surgeon

20. **What are the outstanding representatives of** Renaissance medicine?

a) Paracelsus, Paré

b) Pasteur, Koch
c) Celsus, Galen
d) Oribasius, Aetius

21. Who formulated the first scientifically based concept of the spread of infectious diseases - the "doctrine of contagion"

a) A.Vesalius
b) L. Pasteur
c) G. Fracastoro
d) L. da Vinci

22. **Identify common points** in the theory of blood circulation of Galen and Harvey
    a) The blood is completely absorbed by the organs
    b) Blood spreads through the tissues of the organs
    c) Blood moves through the veins centripetally, and through the arteries centrifugally
    d) Blood returns to the heart from the organs

23. What was the rationale for the use of hot oil for the treatment of gunshot wounds
    a) Destruction of the poisonous principle of gunpowder particles trapped in the wound
    b) Antiseptic treatment of the wound
    c) Prevention of putrefactive processes and gangrene
    d) The wounds healed better

24. What are the methods of anatomical research proposed by L. Da Vinci based on?
    a) On arithmetic calculations
    b) On the study of chemical processes in the body
    c) On washing, waxing and cutting organs
    d) On intravital autopsies

25. What are the main achievements of the French anatomist, physiologist and physician M. Bichat
    a) Identified the organ as a place of localization of the disease process
    b) The founder of the doctrine of tissues
    c) The founder of organopathology
    d) He created the first classification of body tissues without a microscope

26. **Who confirmed the hypothesis about the digesting** effect of gastric juice, feeding perforated cases of meat to birds of prey
    a) E. Jenner
    b) A. Leeuwenhoek
    c) A.Réaumur
    d) A.Lavoisier

27. **What is the contribution of J. Morgagni** in the development of medical knowledge of the XVIII century.

a) He proved that as a result of the disease, first lesions of organs and parts of the body occur, and as a result, external symptoms
b) He was engaged in the study of fertilization processes
c) He established that all organs and parts of the human body consist of the same tissues
d) He developed a theory about the cellular structure of organs and parts of the human body

28. Who created the rabies vaccine?

a) E. Jenner
b) L. Pasteur
c) F.Erisman
d) I.Mechnikov

29. What are the main achievements of R. Virchow

a) He formulated the postulate that all pathology is the pathology of the cell
b) He introduced the principles of antiseptics into medicine
c) Developed the problem of aging
d) Creator of the phagocytic theory of immunity

30. Name the Russian physiologist of the XX century, the author of "Letters to Youth"

a) M.Mudrov
b) I.P.Pavlov
c) S.Botkin
d) N.Filatov

Criteria for evaluating the performance of test tasks

Percentage of correct answers	Evaluation
From 86% to 100%	It's cool
From 85% to 76%	Ok
From 75% to 61%	Satisfactorily
Less than 61 %	Unsatisfactorily

Topics of abstracts and presentations

1. The history of medicine as a science, its goals and objectives. Sources of study of the history of medicine.
2. The laws of King Hammurabi, the main features of the medicine of Mesopotamia. 3. Characteristic features of ancient Egyptian culture and medicine. Embalming.
4. Charaka and Sushruta are great doctors of ancient India.
5. Ancient Indian doctrine "Ayurveda."
6. Philosophical foundations of traditional Chinese medicine. Perceptions of health and illness.
7. The traditional Chinese art of healing "Zhen-ju," philosophical foundations and methods of treatment.
8. Tibetan medicine. The fundamental canon of Zhud Shi.
9. Medicine in ancient Greece. Ancient Greece mythology about medicine and physicians.
10. Hippocrates - as the founder of rational empirical medicine.
11. Medicine in the Byzantine Empire, the significance of the works of Byzantine scientists for the subsequent development of medical science.
12. Medicine in the Arab caliphates. The role of doctors of the Arab caliphates in preserving and developing the heritage of the ancient world (Ibn Sina, Ar - Razi).
13. The emergence of anatomy as a science. Andreas Vesalius.
14. GirolamoFracastoro and the doctrine of contagious diseases.
15. Paracels- doctor - innovator, thinker, practitioner.
16. Ambroise Pare, an outstanding Renaissance surgeon.
17. Medicine of the peoples of the American continent: Maya, Incas, Aztecs.
18. History of percussion and auscultation (L. Auenbrugger, J. Korvizar, L. Laennek).
19. Galen's contribution to the development of anatomy, physiology, pharmacotherapy.
20. Immunization history. Vaccine Creation and Use (E. Jenner.)
21. Medicine in the Moscow state (XV-XVII centuries). Pharmacy order, its states and functions.
22. Medicine in Russia in the XVIII century. The contribution of Peter I to the development of medicine and the training of medical personnel.
23. N.I. Pirogov is a great anatomist, surgeon, teacher.
24. History of the discovery and introduction of anesthesia.
25. The emergence of Zemstvo medicine in Russia in the 2nd half of the 19th century. 26. I.I. Mechnikov is the founder of the doctrine of phagocytosis.
27. I.M.Sechenov, the significance of his works for Russian and world physiology and medicine.
28. I.P. Pavlov is a great Russian physiologist.
29. International Health Cooperation - WHO, Red Cross.

30. Ethics as science and ethics of science.
31. Biomedical ethics and medical law: a relationship problem. 32. Biomedical ethics as a form of professional protection of the physician's identity.
33. The concept of duty in Kant's moral philosophy
34. Hedonism, cynicism, pragmatism, and utilitarianism: a comparative characterization.
35. Utility principle in utilitarianism.
36. Paternalism and modern models of physician-patient relationships. 37. The problem of equity in medicine and health care.
38. Mercy. The problem of the boundaries of the obligation of mercy in medicine.
39. Ethical Codes in Medicine (Nuremberg Code, Council of Europe Convention on Human Rights and Biomedicine).
40. Ethics Committees: Objectives, Objectives and Powers.
41. Informed consent: from procedure to doctrine.
42. Ethics of genetics.
43. History and logic of eugenics.
44. Ethical problems of new "conception technologies" (in vitro fertilization, cloning).
45. Metamorphosis of "humanism" in medicine using the example of prenatal diagnosis.
46. Ethical problems of the beginning of human life: the problem of embryo status.
47. The use of stem cells in medicine problems and perspectives.
48. Medicine and features of demographic processes in Russia.
49. Medical sexology and moral anthropology: causes of incompatibility.
50. The ratio of "biological" to "social" in human death.
51. Dead-body attitudes: The history and logic of moral tradition.
52. Death as the "stage of life." Palliative care experience.
53. Metamorphoses of "humanism" in medicine using euthanasia as an example.
54. Criteria for death: moral problems.
55. Right to the truth about the latest diagnosis.
56. AIDS: Moral and ethical issues.
57. Ethical problems of transplantology and xenotransplantation.
58. Ethical challenges of providing medical care to drug addicts.
59. Ethical issues and human rights in psychiatry.
60. Ethical and legal issues of a medical and biological experiment with human participation.
61. The issue of human embryo status.
62. The look of a modern doctor
63. Deontological problems of relationships doctor-doctor, doctor
nurse, doctor - junior staff.
64. The main models of relationships are a doctor-patient.

65. Deontology, medical psychology, biomedics: definition
concepts and subjects of study; relationships in the process of medical activity.
66. Hippocratic Oath; history and modernity.
67. Medical errors: sources, ethical and deontological aspects.
68. Ethical problems of euthanasia.
69. Medical secrecy, deontological aspects.
70. The word of the doctor, as a physiological and therapeutic factor.
71. Ethical challenges of reproductive intervention
human.
72. Eugenics, genetic engineering, cloning. Ethical issues.
73. Deontology and medical ethics in dealing with patients
children and parents.
74. Deontological problems in dealing with patients with defects
senses and speech.
75. Deontology in dealing with dermatological patients.
76. Deontology in psychiatry.
77. Questions of deontology when working with cardiological patients.
78. Questions of deontology when working with gastroenterological sick.
79. Deontology in neurology and neurosurgery.
80. Deontology issues in dealing with sick sufferers sexually transmitted diseases.

Criteria for evaluating the abstract.

The stated understanding of the abstract as a holistic author's text determines the criteria for its evaluation: the novelty of the text; the validity of the choice of source; the degree of disclosure of the essence of the issue; compliance with formatting requirements.

The novelty of the text: a) the relevance of the research topic; b) novelty and independence in posing the problem, formulating a new aspect of a well-known problem in establishing new connections (interdisciplinary, intradisciplinary, integration); c) the ability to work with research, critical literature, systematize and structure the material; d) the manifestation of the author's position, the independence of assessments and judgments; e) stylistic unity of the text, unity of genre features.

The degree of disclosure of the essence of the issue: a) compliance of the plan with the topic of the abstract; b) compliance of the content with the topic and plan of the abstract; c) completeness and depth of knowledge on the topic; d) the validity of the methods and methods of working with the material; f) the ability to generalize, draw conclusions, compare different points of view on one issue (problem).

The validity of the choice of sources: a) assessment of the literature used: whether the most famous works on the research topic were involved (including

journal publications of recent years, the latest statistics, summaries, references, etc.).

Compliance with the requirements for design: a) how correctly the references to the literature used, the list of references are formatted; b) assessment of literacy and culture of presentation (including spelling, punctuation, stylistic culture), knowledge of terminology; c) compliance with the requirements for the volume of the abstract.

The reviewer should clearly formulate the remark and questions, preferably with links to the work (possibly to specific pages of the work), to research and factual data that the author did not take into account.

The reviewer can also indicate: whether the student has previously addressed the topic (abstracts, written works, creative works, olympiad works, etc.) and whether there are any preliminary results; how the graduate did the work (plan, intermediate stages, consultation, revision and revision of the written or lack of a clear plan, rejection of the leader's recommendations).

The student submits an abstract for review no later than a week before the defense. The teacher is the reviewer. Experience shows that it is advisable to familiarize the student with the review a few days before the defense.

Opponents are appointed by the teacher from among the students. For an oral presentation, a student needs 10-20 minutes (approximately so much time answers the tickets for the exam).

Grade 5 is given if all the requirements for writing and defending the abstract are met: the problem is identified and its relevance is justified, a brief analysis of various points of view on the problem under consideration is made and one's own position is logically stated, conclusions are formulated, the topic is fully disclosed, the volume is maintained, the requirements for external design, correct answers to additional questions are given.

Grade 4 - the basic requirements for the abstract and its defense are met, but there are some shortcomings. In particular, there are inaccuracies in the presentation of the material; there is no logical sequence in judgments; the volume of the abstract is not maintained; there are omissions in the design; incomplete answers were given to additional questions during the defense.

Grade 3 - there are significant deviations from the requirements for referencing. In particular: the topic is covered only partially; there are factual errors in the content of the abstract or in answering additional questions; no output during protection.

Grade 2 - the topic of the abstract is not disclosed, a significant misunderstanding of the problem is found.

Grade 1 - the abstract is not submitted by the student.