

Ministry of Health of the Russian Federation
Governmental budget-funded educational institution of higher professional education
**THE FIRST MOSCOW STATE MEDICAL UNIVERSITY NAMED AFTER
SECHENOV**

Seen and approved by
Rector _____ P.V. Glybochko

STEERING DOCUMENT OF PRACTICAL TRAINING
FIELD (CLINICAL) PRACTICAL TRAINING (Basic part)
General medical practical training (family medicine)
(practical training name)

basic professional curriculum of higher education - residency program
31.00.00 Clinical medicine
code and name of the enlarged group of specialties (training areas)
31.08.54 General medical practical training (family medicine)
code and name of study (specialty)

Practical training credit value: 63 credit units

- 1.
2. Purpose and objectives of the practical training

The **purpose** is the formation and development of the following generic and professional competences by students following the basic professional curriculum of higher education, i.e. the program of residency majoring in 31.08.54 General medical practice (family medicine):

PC-1 - readiness to implement a set of measures aimed at preservation and promotion of health and including the formation of a healthy lifestyle, prevention of occurrence and (or) distribution of diseases, their early diagnostics, identification of the causes and conditions of their emergence and development, as well as elimination of the harmful effect of environmental factors on health

PC-5 - readiness to determine the patients' pathological conditions, symptoms, syndromes, diseases, and nosological forms in accordance with the International Statistical [Classification](#) of Diseases and Health-Related Issues;

PC-6 - readiness to monitor and treat the patients in need of medical assistance within the framework of a general medical practice

Practical training **tasks** - formation of a body of knowledge and skills. After practical training, the students must:

Know:

- the laws of the Russian Federation on protection of public health and organization of the primary health care to the population in the framework of a general practical training (family medicine);

- general issues of organization of a primary health care; organization of aid to adults and children in the general practice, emergency and first aid;

- etiology and pathogenesis of certain most common diseases and syndromes, their manifestations and mechanisms of development, methods of rational diagnostics, effective treatment and prevention;

- clinical symptoms and pathogenesis of the major diseases in adults and children, their prevention, diagnostics, treatment, aid, clinical symptoms and borderline conditions at the clinic;

- theoretical bases of constructing the diagnosis, preventive and curative measures for human diseases;

- fundamentals of pharmacotherapy, pharmacokinetics and pharmacodynamics of the main groups of drugs used for provision of multi-disciplinary care for adults and children; complications and side effects caused by use of drugs, methods of their correction;

- fundamentals of non-pharmacological therapy, physiotherapy, physical therapy and medical monitoring, indications and contraindications for sanatorium treatment.

- organization of services and equipment of the general medical practice; interaction with specialists of the polyclinics and hospitals;

- typical registration and reporting medical records in medical institutions in emergency situations;

- general issues of organizing the emergency care of adults and children in the general practice;

Be able to:

- obtain information about the disease from a patient, its relatives and legal representatives;
- identify the need for special methods of research (laboratory, radiation, functional, medical and genetic), organize their performance and be able to interpret their results;
- conduct differential diagnosis;
- assess the cause and severity of the patient's condition and take the required steps to withdraw the patient from this condition;
- determine the scope and sequence of therapeutic and/or surgical and organizational measures (hospitalization, outpatient care, consulting visit);
- justify the pattern, plan and tactics of the patient management, indications and contraindications to medications and surgical treatment;
- develop a plan to prepare the patient for treatment, identify the somatic contraindications;
- address the issue as to the possibility of continuation of the professional activity by the patient, arrangement of the proper medical documentation;
- work with special medical registries;
- build social interaction with members of the diagnostic and treatment process by taking into account the ethnic and cultural, religious and existential values.

Develop the following skills:

Surgical unit

Medical examination of surgical patients in the outpatient setting and at home.

Monitoring the operated patients by the general practitioner (family doctor) at the outpatient phase

Diagnostic and therapeutic punctures of:

Pleural cavity

Probing of cavities and fistulas

Anesthesia:

Local infiltration anesthesia

General surgical techniques and surgical interventions:

Primary surgical treatment of wounds

Removal of sutures

Treatment of burnt surface

Imposition of soft dressings

Opening and drainage of subcutaneous abscesses, felons, phlegmons

Transfusion of blood and blood products:

All kinds of injections (subcutaneous, intramuscular and intravenous)

Determination of blood group and Rh factor using an express method

Determination of individual and biological compatibility of blood

Determination of blood suitability for transfusion

Blood transfusion

Drip and jet transfusion of medicines and blood substitutes

Injection of serums

Stopping external bleeding:

Temporary stopping of external bleeding (by tourniquet, pressing with finger, bending a limb in the joint, pressure bandage and wound tamponade)

Suspension of external bleeding by clipping the wound

Hemostasis with topical hemostatic agents (hemostatic sponge, etc.)

Catheterization of the bladder with a soft elastic catheter

Gastric lavage

Finger examination of the rectum and prostate

Techniques used in cases of injuries:

Transport immobilization for fractures of extremities and spine

Ophthalmology

Clinical study of eyes (history collection, examination and palpation)

Examination of anterior eye part by side lighting

Examination of deep environments by transmitted light

Research of tear duct

Funduscopy

Eidoptometry

Determination of color vision

Optical correction of vision using the trial glass lenses for myopia, hyperopia, presbyopia

Measurement of intraocular pressure (by palpation, Maklakov's tonometer, electronic tonometry)

Topical application of drugs to treat the ophthalmic diseases

Removal of foreign bodies from the eyes without corneal damage

Otorhinolaryngology

Rhinoscopy

Pharyngoscope

Indirect laryngoscopy

Otoscopy

Otoscopy using optics

Front nose tamponade

Determination of patency of the auditory tube

Probing and lavage of lacunas of tonsils

Non-emergency treatment of common diseases of ears, nose and throat in adults and children by conservative methods:

Administration of drugs into the ear and nose (in drops, on turundas and tampons)

Removal of cerumen

Emergency care for children and adults in case of emergency, complicating the course of diseases, injuries and burns of the upper respiratory tract:

Removal of a foreign body from ear and nose

Primary treatment of face, nose and ear injuries

Obstetrics-gynecology

Two-handed vaginal and recto-vaginal study

Diagnostics of pregnancy

External obstetric examination, assessment of the fetal heart rate

Management of physiological childbirth

Urgent care

Techniques of clearing the upper airway upon fluid aspiration

Mechanical ventilation "mouth to mouth", "mouth-to-nose", using the Ambu device

Indirect cardiac massage

Defibrillation

Therapeutic unit

Internal diseases

Medical examination of internal organs in the outpatient setting and at home.

Registration and analysis of ECG

Method of taking and analyzing spiograms

Peak flowmetry

Method of reading the X-rays

Laboratory diagnostics

Glucometry using a rapid method

Interpretation of the general and biochemical analysis of blood and urine

Preparation of smears and material for cytological and bacteriological research

Determination of urinary protein, sugar and acetone using the rapid methods

Dermatovenerology

Method of examination of patients with skin diseases

Application of external medicines for treatment of skin diseases

Neurology

Clinical examination of neurological patients:

study of 12 pairs of cranial nerves

study of pathological reflexes

study of meningeal symptoms

study of motor qualities (posture, muscle tone, contractures, muscle atrophy)

study of tactile and pain sensitivity

study of reflexes (tendon, periosteal, skin and on the part of the mucous membranes)

assessment of coordination of movements

Pediatrics

Methods for determination and evaluation of the physical development of children and adolescents

Methods for determination of the functional condition of the organism

Allocation of the children's health groups

Newborn's care

Calculation of the amount of milk and feeding of a full-term, premature newborn and a newborn in the event of difficulties on the part of the mother

Nursing of preterm infants

Making a healthy child's menu and peculiarities of feeding in cases of rickets, diathesis, simple dyspepsia

Off-hospital diagnostics of common diseases in children, adolescents and their planned treatment

Clinical examination of healthy and sick children

Administration of drugs to children (per os, per rectum, inhaled, topically)

Psychiatry

Clinical examination of patients with mental disorders and substance abuse

History collection, obtaining of objective information about medical history of a mental illness

Monitoring of a patients to assess the behavioral and emotional condition

Conversation with a patient with mental disorders

Community-acquired post-syndrome diagnostics of mental illnesses and behavioral disorders, alcoholism, drug addiction and substance abuse:

Phthisiatry

Interpretation of Mantoux test

Vaccination and revaccination

Dentistry

Method of oral examination

Method of teeth survey

Method of parodontium survey

Method of oral mucosa survey

Medical preventive and organizational economic unit

Evaluation of the physical development by standards

Public health indicators. Research and analysis of demographic, medical and social indicators of public health of the allocated population.

Bookkeeping and accounting activities during general practical training

Carrying out diagnostic and treatment process and implementation of preventive measures in the outpatient setting and at home during provision of the primary health care

Organization of the patient's road map: a set of diagnostic, therapeutic and rehabilitation events, counseling by specialists, hospitalization

Promotion of medical knowledge and skills, healthy lifestyles

Cooperation with social security authorities and charity services for organization of assistance to vulnerable patients

Temporary disability examination

Management of general medical practical training

3. Practical training's place in the structure of the University OPOP VO .

Field (clinical) practical training "General practical training (family medicine)" is part of basic residency curriculum and is mandatory for students.

3.1. When undergoing the practical training, the knowledge, capabilities and skills are required that were formed by the previous courses and practices:

Propaedeutics

Knowledge of:

- the methods of an interview and clinical examination of the patient's body;
- main symptoms and syndromes.

Capabilities:

- to assess the mental and physical condition of the patient, and functional capacity of the body systems;
- to highlight the leading symptoms and syndromes, to determine the plan of laboratory and instrumental examination and treatment.

Skills:

- history collection;
- determination of the state of consciousness, physical status, functional ability of the body systems;
- preparation of examination and treatment program.

Traumatology, surgery, critical care medicine

Knowledge of:

- indications, principles of organization and objectives of providing the first aid and emergency medical aid to a victim, clinical features of common injuries in adults, children, adolescents, elderly persons, principles of evacuation support of the victim (stages and requirements for provision of emergency and first aid at transportation stages).

Capabilities:

- determining the indications for cardiopulmonary resuscitation, first aid to a victim, including in emergency situations, determination of indications for defibrillation, diagnostics of

frequent injuries (broken bones, sprains, strains, bruises, wounds, burns and frostbite);

- provision of emergency care and first aid to a victim, depending on the conditions of its provision, provision of emergency trauma care in extreme conditions, including the disaster relief.

Skills:

- ensuring the safe position of a victim, clearing upper airways in time of aspiration, cardiopulmonary resuscitation, defibrillation and supportive medical therapy, stopping of external bleeding, including through the use of improvised methods and means, hemostatic agents of topical action, clipping the wound etc.;

- bandaging; transport immobilization upon fractures of bones of the extremities, spine, etc., limb immobilization for sprains and strains

Therapy

Knowledge of:

- etiology and pathogenesis, clinical picture, complications and prognosis of diseases of internal organs; basic principles of diagnostics, treatment and prevention.

Capabilities:

- to carry out early diagnostics by the clinical symptoms and syndromes, differential diagnostics, treatment, prevention of internal diseases in children, adults and the elderly in a timely manner .

Skills:

- fundamentals of diagnostics, prevention and treatment of internal diseases.

Medical psychology

Knowledge of:

- fundamentals of medical psychology, medical deontology and ethics.

Capabilities:

- to apply the basic principles and methods of medical psychology and ethics during provision of the primary medical aid.

Skills:

- of using the theoretical knowledge during a training game.

Pediatrics

Knowledge of:

- anatomical, physiological and psychological characteristics of children in different age groups;

- etiology, pathogenesis, clinical picture and principles of treatment of the most common diseases in children.

Capabilities:

- to assess the state of health of the child;

- to diagnose the common diseases of children.

Skills:

- fundamentals of diagnostics, prevention and treatment of children's diseases.

Obstetrics and gynecology

Knowledge of:

- physiology of a normal pregnancy;
- biomechanism of normal delivery; general principles of diagnostics and treatment of gynecological disorders.

Capabilities:

- to diagnose the pregnancy;
- to identify a common pregnancy pathology and gynecological diseases.

Skills:

- fundamentals of pregnancy diagnostics

2.2. It is required to undergo the practical training in order to to develop the knowledge, capabilities and skills formed by the subsequent courses and practices:

BASE PART

"General medical practical training (family medicine)"

(course/practice name)

Knowledge of:

- Russian legislation on organization of primary health care of the population;
- definition of the specialty "general practice (family medicine)" by the European branch of the World Organization of Family Doctors and in regulations of the Russian Federation;
- fundamentals of medical ethics and deontology in the general medical practice;
- fundamentals of evidence-based medicine;
- general principles and basic techniques of the clinical, instrumental and laboratory diagnostics, indications and contraindications for their implementation upon major clinical syndromes;
- risk factors, etiology, mechanisms of development of the most common diseases, methods of early diagnostics, effective treatment and prevention in different age groups (children, adults, elderly);
- basic provisions of temporary disability examination;
- basic principles of organization as to the provision of emergency medical aid to patients suffering from socially significant and socially conditioned diseases; principles of organization of a diagnostic and treatment process in a health facility.

Capabilities:

- collection of subjective and objective medical history and prospective follow-up information (work with the patient and its family members, law enforcement officers, caregivers, physicians and allied health professionals);
- clinical examination (peculiarities) by a general practitioner of children and adults, making a plan of laboratory and instrumental examination in a general medical practice;
- carrying out diagnostic, therapeutic, preventive and rehabilitation measures for the most common diseases in different age groups;
- establishing a diagnostic decision (diagnosis) in accordance with the ICD-10;

- maintenance of medical records: registration of case histories, excerpts from the case history, outpatient cards (electronic and paper), statistical reporting forms;
- support and representation of a patient to a social security medical assessment board;
- formation of healthy family lifestyle;
- holding educational schools for patients.

Skills:

- methods of clinical (history collection, examination, palpation, percussion, auscultation), laboratory (rapid tests) and instrumental (otoscopy, ophthalmoscopy, registration and analysis of ECG, pneumotachometry, peak flowmetry) of the patients' examination and their interpretation;

- methods of determination and evaluation of the physical and functional development of a child;

- therapeutic manipulations during provision of the primary medical aid to adults, children, adolescents, and elderly within the competence of the GP/FM (primary surgical treatment of superficial wounds, bandaging, removal of sutures, stopping of external bleeding, gastric lavage, transport immobilization upon extremity bone fractures);

- manipulation for emergency medical care (methods of clearing the upper airways with fluid aspiration;

- artificial respiration "mouth-to-mouth", "mouth-to-nose"; indirect heart massage);

- calculation and analysis of statistical indicators characterizing the state of health of the population;

- analysis of activities of various departments of a health facility; maintenance of medical records;

- working with medical information resources and search for professional information on the Internet;

- formation of the motivation of the population, patients and their families, aimed at preservation and strengthening of their health and the health of the others. Holding educational programs for patients with various diseases.

Field practice "Simulation course of the cardiopulmonary resuscitation"

Knowledge of:

- the legislation of the Russian Federation on the provision of emergency care and resuscitation, the concept of "leaving in danger" and "helping the patient", the list of conditions for which the first aid is provided, resuscitation duration;

- clinical manifestations of urgent conditions;

- diagnostics, general principles and algorithms for organization of the first aid in the absence of signs of life, algorithms for basic and advanced cardiopulmonary resuscitation.

Capabilities:

- to assess the scene, to detect the signs of life, and indications for cardiopulmonary resuscitation, to remove foreign bodies from the upper airways, and conduct emergency transportation when indicated;

- to conduct basic and advanced cardiopulmonary resuscitation using the "mouth-device-mouth" for breathing, breathing bag, orotracheal airway, defibrillator, medicines.

Skills:

- conducting basic and advanced cardiopulmonary resuscitation using the regular equipment of a GP/FM cabinet according to the accepted algorithms, defibrillation, removal of a foreign body from the upper airways.

Field practical training "Simulation course "Clinical examination in general medical practice"

Knowledge of:

- fundamentals of anatomy and physiology of the upper airways, organs, eyes, physiology of vision;

- main clinical symptoms of diseases of the upper respiratory tract, eye organs and violations of visual functions common for adults and children;

- clinical symptoms of the most common traumatic injuries of the upper airways, eyes;

- early clinical symptoms of benign and malignant tumors of upper airways, eyes;

- clinical symptoms of the urgent conditions in otorhinolaryngology and ophthalmology;

- theoretical fundamentals of peak flowmetry, spirometry, use of inhalers and nebulizers;

- theoretical fundamentals of electrocardiography;

- semiotics of diseases of the nervous system and clinical manifestations of the common diseases in the practice of the GP/FM;

- fundamentals of anatomy and physiology of the breast in patients of different age and gender groups, clinical symptoms of the most common diseases of the breast, early clinical symptoms of benign and malignant tumors;

- fundamentals of anatomy and physiology of the perianal region, main clinical symptoms of the most common diseases, including the emergency conditions (hemorrhoidal bleeding, etc.), early clinical symptoms of benign and malignant tumors of the rectum, prostate and other organs of the perianal region;

- fundamentals of medical deontology, ethics and medical psychology.

Abilities:

- clinical survey of eyes in the amount stipulated by qualifying characteristics of the GP/FM, including medical history, examination and palpation of organs of the eye, ophthalmoscopy, visual acuity testing, determination of color vision, optical correction of vision using the trial glass lenses, intraocular pressure measurement, perimetry, topical application of drugs in ophthalmology, removal of superficial foreign bodies from the eye without damaging the cornea;

- clinical survey of the upper respiratory tract to the extent provided for by the qualifying characteristic of the GP/FM, including the history collection, examination and palpation of the upper airways, rhinoscopy, pharyngoscopy, indirect laryngoscopy, otoscopy, introduction of drugs into the ear and nose, toilet of the ear, removal of a foreign body from the ear and nose, primary treatment of superficial wounds of the face, nose and ear;

- peak flowmetry, the use of inhalers, nebulizers and teaching the patients how to use them; registration and analysis of ECG, conducting of ECG tests in stressful conditions;

- study of cranial nerves, pathological reflexes, meningeal symptoms, motor characteristics, tactile and pain sensitivity, reflexes, evaluation of motor coordination;

- clinical breast evaluation in the amount stipulated by the qualifying characteristic of the GP/FM, including the history collection, examination and palpation;

- clinical survey of the perianal area to the extent provided for by the qualifying characteristic of the GP/FM, including the history collection, examination and finger rectal examination; establishment of compliant relationship with the patient and family members accompanying him to the doctor.

Skills:

- of using the theoretical knowledge and abilities during a training game.

The practical training "Medical examinations, preventive medical examinations, consulting visits"

Knowledge of:

- the legislation of the Russian Federation on the organization of primary health and social care of the population;

- knowledge of the basic medicine in the context of general practice (family medicine);

- principles of organization of the GP/FM's work to provide the treating and preventive care for adults and children, including routine examinations,

- indications and contraindications for immunization, medical follow-up principles and the procedure of examination of the ability to work;

- fundamentals of the medical deontology and ethics of medical psychology; anatomical, physiological and psychological characteristics of the patients of different age groups;

- etiology, pathogenesis, clinical manifestations, diagnostics, differential diagnostics and principles for treatment of common diseases in adults and children in the practice of the GP/FM;

- pharmacodynamics and pharmacokinetics of the main groups of drugs, indications and contraindications to their prescription, the most frequent complications of pharmacotherapy, their prevention and correction.

Capabilities:

- to apply the basic principles and methods of medical deontology and psychology during provision of the primary medical aid.

- to obtain comprehensive information about disease; to establish the compliant relationship with the patient and family members accompanying him to the doctor;

- to use the methods of determining functional state of the body, to carry out a comprehensive assessment of the state of health of the patient, to allocate the children's health groups;

- to carry out early diagnostics by the clinical symptoms and syndromes, differential diagnostics, treatment, and prevention of diseases in children and adults.

- to diagnose common diseases in patients of different age groups, to assign an examination, treatment and medical checkup plan.

Skills:

- the use of theoretical knowledge and skills in the diagnostics, prevention and treatment of common diseases in the GP/FM practice in an outpatient setting and at home;

- establishing compliant relations with the patient and its relatives;

- determining indications for counseling by the specialists and clinical supervision; organization of medical-diagnostic process, preventive measures and medical checkup in the outpatient setting and at home during provision of the primary health care to the extent stipulated by the qualifying characteristic of the GP/FM.

he practical training is carried out in a dispersed manner according to a schedule

No	Practical training name	Form of control	Credit units	Weeks	semester			
					1	2	3	4
2B	2B practical training unit							
	Basic part		63	63	16.5	16.5	16.5	13.5
1	Field (clinical) practical training "General medical practice (family medicine)" <i>In-patient department</i> <i>Out-patient reception</i>	Case histories Outpatient cards Case studies	11 44	11 44	9 6	 12.5	2 12.0	 13.5
2	Field (clinical) practical training "General medical practice (family medicine)" <i>Consulting reception;</i> <i>medical checkup</i>	Outpatient cards Case studies	6	6		4	2	
3	"Simulation course of cardiopulmonary resuscitation"	Test (3c)	1	1	0.5		0.5	
4	"Simulation course "Clinical examination in the general medical practice"	Test (1c)	1	1	1.0			

3. Requirements for practical training results.

The field (clinical) practical training is aimed at developing the following professional (PC) competencies by students:

No	Competence code	Content of the competence (or a part thereof)	As a result of the practice, the students must:		
			Be able to	Master	Evaluation tools*
	PC1	Readiness to implement a set of measures aimed at preserving and promoting health and including the formation of a healthy lifestyle, prevention of occurrence and (or) distribution of diseases, their early diagnostics, identifying the causes and conditions of their emergence and development, as well as eliminating the harmful effect of environmental factors on health	- know the applicable regulations on organization of health care for the population in the aftermath of emergencies, and to apply them in certain practical situations. - ensure the provision of the primary medical care to victims in the centers of	- promotion of medical knowledge and skills, healthy lifestyles - cooperation with social security authorities and charity services for organization of assistance to vulnerable patients	- case studies - reviews

			emergencies		
	PC5	Readiness to determine the patients' pathological conditions, symptoms, syndromes, diseases, and nosological forms in accordance with the International Statistical Classification of Diseases and Health-Related Issues (ICD)	- to obtain information about the patient's disease. - to conduct the differential diagnosis ; - to identify the need for special methods of research, to organize their performance and to be able to interpret their results;	- medical examination in an outpatient setting (ophthalmoscopy, measurement of intraocular pressure, visual acuity, otorhinoscopy, finger examination of the rectum and prostate, pregnancy detection, assessment of physical and mental development of children, peak flowmetry, recording and analysis of ECG)	- monitoring of the intern's work in real or simulated conditions - Case histories - Outpatient cards - Case studies - Reviews
	PC6	Readiness to monitor and treat the patients in need of medical assistance in the framework of a general practice (family medicine)	- to justify the pattern, plan and tactics of the patient management, indications and contraindications to medications and surgical treatment; - to define the scope and sequence of the therapeutic and/or surgical and organizational measures.	- methods (drug and non-drug) of treating the patients with common diseases in different age groups. - follow-up of patients in an outpatient setting. - the use of sutures and dressings . - stopping of external bleeding: - primary surgical treatment of wounds - transport immobilization . - emergency medical care . - organization of the patient's roadmap: a set of diagnostic, therapeutic and rehabilitation events, counseling by specialists, hospitalization	- monitoring of the intern's work in real or simulated conditions - Case histories - Outpatient cards - Case studies - Reviews

**the minimum number of successfully completed actions (manipulations, procedures, etc.) confirming the acquisition/possession of skills*

4. Evaluation tools to monitor the practical training results.

4.1. Diary (report) on the clinical practical training.

4.2. Reviews from the site of the practical training (individual and/or generalized)

4.3. The list of types of evaluation tools for practical training certification:

- monitoring of the intern in real or simulated conditions,
- case studies,
- control questions,
- reviews

4.4. Examples of evaluation tools.

4.4.1. Diary (report) on the practical training.

The diary shall contain the data about the place of the field (clinical) practical training, the dates of its start and end, the number of manipulations and procedures or acquired credit units, to be certified by signature of the supervising teacher and person in charge of working with interns in the department.

The diary shall contain the data on case patients.

The development of practical skills is controlled by the group supervisor and must comply with the curriculum and the work program according to the major.

The student shall be personally responsible for the accuracy of keeping the diary. The total control of the volume and level of developing the capabilities and skills by students is carried out in the course of differentiated test at the end of the field (clinical) practical training. Differentiated test: case studies, interviews, showing the manipulation techniques on the models.


CLINICAL PRACTICAL TRAINING DAIRY

<i>Date</i>												
<i>Clinical base</i>												
<i>The list of practical skills</i>	Qty	Compe- tence	Signature of the teacher	Q- ty	Compe- tence	Signatur e of the teac her	Q- ty	Compe- tence	Signatur e of the teach er	Qty	Compe- tence	Signatur e of the teach er
<i>Patient supervision</i>												
<i>Injections</i>												
<i>Determination of blood group and Rh factor</i>												
<i>Registration and deciphering of ECG</i>												
<i>Pneumotachometry, spirometry</i>												
<i>Rapid diagnostic methods</i>												
<i>Preparation of smears and material for cytological and bacteriological research</i>												
<i>Catheterization of the bladder</i>												
<i>Gastric lavage</i>												
<i>Finger examination of the rectum</i>												
<i>Finger examination of the prostate</i>												
<i>Ultrasonography</i>												
<i>Urgent care</i>												
<i>Artificial respiration "mouth-to-mouth" and "mouth-to-nose"</i>												
<i>Techniques of clearing the upper airway upon fluid aspiration</i>												
<i>Indirect cardiac massage</i>												
<i>Surgery, traumatology</i>												
<i>Diagnostic therapeutic punctures</i>												
<i>Probing of cavities and fistulas</i>												
<i>Anesthesia</i>												
<i>Primary surgical treatment of wounds</i>												
<i>Removal of sutures</i>												
<i>Imposition of soft dressings</i>												
<i>Repair of dislocation</i>												
<i>Transport immobilization for fractures of extremities and spine</i>												
<i>Removal of superficial foreign bodies</i>												
<i>Treatment of burnt surfaces</i>												

<i>Treatment of infected wounds</i>														
<i>Opening of abscesses, felons, phlegmons</i>														
<i>Removal of ingrown nail</i>														
<i>Diathermocoagulation</i>														
Neurology														
Neurological status														
Indications, foundations and interpretation of the results of a lumbar puncture														
Otorhinolaryngology														
Rhinoscopy														
Pharyngoscope														
Laryngoscopy														
Otoscopy														
Stopping of nasal bleeding														
Determination of patency of the auditory tube														
Probing and lavage of lacunas of tonsils														
Principles of opening a peritonsillar abscess														
Ophthalmology														
Funduscopy														
Eidoptometry														
Determination of color vision														
Optical vision correction, selection of glasses														
Measurement of intraocular pressure														
Pediatrics														
Assessment of the newborn's condition														
Assessment of psychomotor and physical development of the newborn														
Vaccination														
Obstetrics and gynecology														
Two-handed vaginal study														
Rectovaginal study														
Diagnostics of pregnancy														
Determination of the shape and size of the pelvis														
Pelvic ultrasound														
External obstetric examination														
Assessment of fetal heart rate														
Management of physiological delivery, assessment of the														

afterbirth													
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4.4.2. Case studies

No	PC 1
1.	<p>A 41-years-old patient worked in a book store with old books.</p> <p>Complaints: frequent pain and swelling of the metatarsophalangeal, ankle, knee joints, occurring with an increase in the body temperature up to 40 °C with chills, nausea; periodic aching, dull pain in the lumbar region, more on the left, frequent, painful urination.</p> <p>From life history: As a child, she suffered a closed head injury, in connection with which on recommendation of a neurologist she has been taking analgesic drugs and furosemide up to 80 mg/day for a long time (for years). When she was 24 years old, she was overweight (+ 30-35 kg), and treated herself independently by starvation. 10 years ago, she suffered from arthritis of the first metatarsophalangeal joint of the right foot for the first time. Diagnosis: erysipelas, reactive arthritis. In summer of the same year, she experienced a right nephrectomy for renal carbuncle. The concentration of creatinine in serum during the period was 2.3 mg/dL, and uric acid - 7.8 mg/dL. In subsequent years, she has been taking NSAIDs (mostly Voltaren) about joint pain. His mother suffered from arthritis, the diagnosis has not been established.</p> <p>Upon examination: relative density of urine 1002-1008, pH 5.0, proteinuria 0.7 g/day, red blood cells max 8-10 in sight, leucocyturia 10-15 in sight, bacteriuria, uraturia. Concentration of creatinine in serum - 1.7 mg/dL, uric acid 8.7-11.5 mg/dL, GFR 47 ml/min.</p> <p>Renal ultrasound - left kidney contours are uneven, dimensions 100x56 mm, parenchyma up to 18 mm, the pyelocaliceal system is not expanded. The parenchyma contains multiple calcifications, hyperechoic pyramids syndrome, and small cysts in the upper pole.</p>  <ol style="list-style-type: none"> 1. Formulate a diagnosis. 2. Identify the risk factors for articular syndrome 3. Your tactics of the patient management <p><u>Standard answers</u></p> <ol style="list-style-type: none"> 1. Diagnosis. Gout affecting the joints (recurrent acute arthritis), kidneys (urate nephropathy - a chronic interstitial nephritis CKD A3 C3), hyperuricemia. Recurrent urinary infection. Only the left kidney is available. 2. The risk factors for articular syndrome in this case can be as follows: intake of diuretics (furosemide), starvation, exposure to the lead, burdened heredity.

	<p>3. Further management tactics:</p> <ul style="list-style-type: none"> • Withdrawal from furosemide! • Conversation with the patient and the relatives about the danger of starvation upon gout • Hypopurine diet, excessive drinking (occasionally alkalizing) • Allopurinol in the background of administration of nimesulide or colchicine subject to monitoring of the level of serum creatinine and uric acid • Treatment of urinary tract infection after urine cultivation subject to determination of the pathogen sensitivity to antibiotics
2.	<p>A 36-years-old patient visited a GP with complaints of high blood pressure (max. 190/110 mm Hg) and a sense of compression in the chest during exercise. The patient is a smoker, consumes foods rick in animal fat, excessive calories, and abuses alcohol. Upon examination: height 173 cm, weight 81 kg, BMI = 27, WC/HC = 1.23. The increase in the left ventricle, and normal contractile function of the heart is revealed. The liver is enlarged in both lobes, is portal vein is not expanded. The biochemical blood test showed hypercholesterolemia, hypertriglyceridemia, and decreased HDL. Ancestral history of the patient is burdened with type 2 diabetes. Fasting glucose - 5.9 mmol/L (venous blood). During the carbohydrate tolerance test (venous blood) - fasting 5.7 mmol/L, after 2 hours - 8.8 mmol/L. Fasting c-peptide is 1.5 times higher than normal. The patient was prescribed a hypocaloric diet, and antihypertensive therapy. What are the principles of diet therapy for this patient?</p> <ol style="list-style-type: none"> 1. Treatment for life 2. The treatment goal is to achieve an ideal body weight 3. Gradual weight loss 4. Rapid normalization of body weight <p>Correct answer: 1, 2, 3</p>
PC 5	
1.	<p>A 39-years-old man with heart attack (average frequency of 116 beats per minute) after alcoholic excess.</p> <div data-bbox="347 1256 1220 1641" style="text-align: center;"> </div> <ol style="list-style-type: none"> A. Atrial premature beats B. Atrioventricular premature beats C. Atrial flutter D. Atrial fibrillation E. Ventricular fibrillation <p>Correct answer: D.</p>
2.	<p>A 53-years-old maxn visited a family doctor because of severe pain in the first metatarsophalangeal joint of the left foot. The joint is hot to the touch, swollen, the skin in the area of the joint and the rear foot is bloodshot. The body temperature is 38. BMI - 28. BP 170/100 mm Hg. Two episodes of renal colic in the history. Blood test: hemoglobin - 142 g/L, leukocytes $10 \times 10^9/L$, ESR 27 mm/h</p>

	<p>The most reasonable preliminary diagnosis:</p> <p>A. Osteoarthritis of the 1st metatarsophalangeal joint</p> <p>B. Gout</p> <p>B. Erysipelas</p> <p>D. Reiter's disease</p> <p><u>Correct answer: B</u></p>
3.	<p>A 27-year-old Armenian, suffering from abdominal pain for 15 years, 2 years ago developed a proteinuria with rapid formation of nephrotic syndrome. The patient's cousin has similar pain attacks, his uncle died of kidney failure.</p> <p>What is the most likely diagnosis?</p> <p>A. Hereditary nephritis</p> <p>B. Periodic disease, hereditary amyloidosis</p> <p>C. Systemic lupus erythematosus</p> <p>D. Chronic glomerulonephritis</p> <p>E. Chronic pancreatitis</p> <p><u>Correct answer: B</u></p>
4.	<p>A 36-years-old patient was delivered to the hospital with complaints of high blood pressure (max. 190/110 mm Hg) and a sense of compression in the chest during exercise. The patient is a smoker, adheres to unreasonable diet (consumes foods rich in animal fat, excessive calories), and abuses alcohol. Upon admission, the height is 173 cm, weight 81 kg, BMI = 27, WC/HC = 1.23. Ultrasound revealed the increase in the left ventricle, normal contractile function of the heart, the liver is increased in both lobes, and the portal vein is not expanded.</p> <p>Biochemical blood test showed hypercholesterolemia, hypertriglyceridemia, and decreased HDL.</p> <p>Ancestral history of the patient is burdened with type 2 diabetes.</p> <p>Fasting glucose - 5.9 mmol/L (venous blood). During the carbohydrate tolerance test (venous blood) - fasting 5.7 mmol/L, after 2 hours - 8.8 mmol/L. Fasting c-peptide is 1.5 times higher than normal.</p> <p>The proposed diagnosis:</p> <p>A. Metabolic syndrome</p> <p>B. Obesity of the 1st degree</p> <p>C. Hypertensive disease</p> <p>D. CHD: exertional angina</p> <p>E. Type 2 diabetes</p> <p><u>Correct answer: A</u></p>
5.	<p>A girl of 4 years of age has been sick for 2 days. She complains about weakness, drowsiness, minor sore throat. Upon examination: temperature 37,9°C, condition of moderate severity, the child is drowsy. There is a throat hyperemia. On the enlarged tonsils, there is a shining grayish-white deposit (not removed with tampons). Sugary-sweet breath. Vesicular breathing in the lungs, without wheezing. The cardiovascular system has no pathological changes. Stool and urination are normal. Not vaccinated for medical reasons.</p> <p>1. Formulate and justify a presumptive diagnosis.</p> <p>2. Is hospitalization required in this case?</p> <p>Reference <u>answers</u></p> <p>1. The 4-years-old girl has a localized form of throat diphtheria. The diagnosis is based on history, complaints and physical examination: weakness, a slightly sore throat, t-37.9°C, throat hyperemia, enlarged tonsils with grayish-white deposit (not removed with tampons). Epidemic history: no vaccination for medical reasons.</p> <p>2. The child shall be isolated in an infectious hospital, and swabs from the throat for Leffler diphtheria bacillus shall be taken to clarify the diagnosis.</p>

PC 6	
1.	<p>A 49-year-old patient with psoriasis has been suffering from a progressive impairment of large joints for 2 years. Treatment with NSAID has been ineffective. Hospitalized with complaints about swelling of the feet, which appeared a month ago and did not respond to diuretics. The examination revealed a picture of nephrotic syndrome, and liver enlargement. Kidney biopsy revealed an amyloid (AA). What drugs can be used to treat the patient?</p> <p>A. Prednisolone B. Azathioprine C. Colchicine D. Unithiol E. Dimethyl sulfoxide</p> <p>Correct answer: C, D, E</p>
2.	<p>Outcall A 60-years-old patient complains of sudden appearance of sharp chest pain, shortness of breath, cough with mucous sputum streaked with blood. The patient prefers to stay in bed. The skin is pale gray, cyanotic, with swollen neck veins, and pulsation in the jugular area. BR 40 min, BP 90/60 mm Hg Pulse 120 BPM The border of the relative cardiac dullness is shifted to the right. Systolic murmur at the pulmonary artery. The liver extends beyond the costal arch by 3 cm. Cyanosis, redness and swelling of the left lower leg, tenderness along the vascular bundle.</p> <p>1. Your diagnosis?</p> <p>2. Your tactics?</p> <p><u>Standard answers:</u></p> <p>1. Pulmonary embolism.</p> <p>2. Urgent hospitalization to an intensive care unit</p>
3.	<p>A 72-years-old patient has been followed up by a GP for 6 years about generalized atherosclerosis and hypertension. During the past year, she has been taking arifonretard and diroton effectively: BP was stabilized at a level of 140 and 80 mm Hg During the current month, the blood pressure increased to 180 mm and 90 Hg, despite the continuation of a previously effective antihypertensive therapy.</p> <p>1. Your diagnosis?</p> <p>2. Your tactics?</p> <p><u>Standard answers</u></p> <p>1. Ischemic kidney disease?</p> <p>2. Renal artery ultrasound to rule out the renal artery stenosis. Upon confirmation of a hemodynamically significant renal artery stenosis, cancel diroton (ACE inhibitor), and replace it with another antihypertensive drug (calcium channel blockers).</p>
4.	<p>A 46-years-old patient with obesity and diabetes has hypertension. What is the drug that is to be chosen for this patient?</p> <p>A. Indapamide B. Prazosin C. Bisoprolol D. Losartan</p> <p>Correct answer: D.</p>
5.	<p>A patient N., 18 years old, visited a GP with complaints about swelling of the face, lower extremities, headache, aching pain, general weakness, and appearance of a pink turbid urine. The patients considers himself to be sick for 3 days. Past illnesses: quinsy 2 weeks ago</p> <p>Objectively: temperature 37.7⁰C. The general condition is of moderate severity. Face edema, swelling of the feet and legs. The skin is pale. Vesicular breathing. Heart tones are rhythmic, muted. Pulse 84 min, rhythmic, intense. BP 165/100 mm Hg. The tongue is clean. The abdomen is soft, painless.</p> <p>1. Formulate and justify a presumptive diagnosis.</p> <p>2. Determine your tactics of patient management.</p> <p><u>Standard answers</u></p> <p>1. Acute glomerulonephritis.</p> <p><i>Justification:</i></p>

	<p>1) history:</p> <ul style="list-style-type: none"> • general weakness, headache, edema, gross hematuria, aching pain; • connection with a previous infection (quinsy 2 weeks ago); <p>2) objective data:</p> <ul style="list-style-type: none"> • low-grade fever; • upon examination: pallor of the skin, swelling of the face and lower limbs; • arterial hypertension. <p>3) additional tests: complete blood count: leukocytosis, increased erythrocyte sedimentation rate, urinalysis: hematuria, proteinuria, cylindruria.</p> <p>2. The patient needs compulsory hospitalization and inpatient treatment.</p>
6.	<p>A 76-years-old patient suffers from diabetes mellitus and kidney disease (CKD AZ, C3a), asthma and hypertension. max BP -180/100 mm Hg. Heart rate 50-55 per minute. The antihypertensives of which group are preferred in this clinical situation? A. Beta-blockers B. Verapamil C. ACE inhibitors D. Calcium channel blockers of dehydropiridine series <u>Correct answer: C</u></p>

4.4.3. Test questions.

No	PC 1
1.	The definition of "prevention", "medical prevention", "pre-disease", "disease" and "health promotion", "healthy lifestyle". Factors affecting the health of the population, health groups
2.	Types of prevention - primary, secondary, tertiary, and peculiarities of its implementation in the general practice
3.	Advising in general medical practical training. Bio-psycho-social approach. Counseling models. Methodology (types) of counseling: directive and non-directive.
4.	Principles and methods of patient counseling on prevention in the general practice.
5.	The principles of reasonable nutrition. The types of diets. Norms of physiological needs in food and energy for different populations and in different health states. Food pyramid. Food in prevention and treatment of various diseases (cardiovascular diseases, diabetes, diseases of the digestive system, etc.).
6.	Methods of weight loss. Medications and dietary supplements. Main diets. Surgical methods of weight loss.
7.	Drug prevention. Counseling the patients and provision of recommendations on drug prevention practices.
8.	Risk factors in cases of cardiovascular diseases and ways of their correction.
9.	Risk factors for the development and progression of chronic kidney disease and ways of their correction on an outpatient basis.
10.	Risk factors for pulmonary diseases and ways of their correction.
	PC 5
1.	Healthcare-associated pneumonia. Definition. Classification. Risk factors. Clinical signs. Diagnostics and differential diagnostics.
2.	Lung cancer. Classification. Risk factors. Clinical signs. Early diagnostics. Peculiarities of disease progression in the presence of intercurrent diseases.
3.	Chest pain. Diagnostics and differential diagnostics. Tactics of the general practitioner
4.	Acute coronary syndrome. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics.
5.	Fibrillation/atrial flutter. Definition. Classification. Clinical signs. Diagnostics.
6.	Diabetes mellitus in adults. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics

7.	Neuroendocrine syndromes: hyperandrogenism, hirsutism, polycystic ovary syndrome. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics.
8.	Viral upper respiratory tract infections in children. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics
9.	Headache. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of the general practitioner. Indications for hospitalization and specialist's advice
10.	Syndrome of abdominal pain. Diagnostics and differential diagnostics in the general practice setting.
PC 6	
1.	Healthcare-associated pneumonia. Definition. Classification. Risk factors. Clinical signs. Diagnostics and differential diagnostics. Treatment. Tactics of the general practitioner. Indications for hospitalization. Peculiarities of disease progression and treatment in the presence of intercurrent diseases.
2.	Lung cancer. Classification. Risk factors. Prevention. Management of patients with an established diagnosis of "lung cancer" in the general practice.
3.	Chronic congestive heart failure. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of the general practitioner. Indications for hospitalization and specialists' advice
4.	Acute coronary syndrome. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Urgent treatment in the general medical practice. Indications for hospitalization.
5.	Diabetes mellitus in children. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention and tactics of a general practitioner. Indications for hospitalization and specialist's advice
6.	Gastric ulcer and 12 duodenal ulcer. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of the general practitioner. Indications for hospitalization and specialist's advice
7.	Cranio-cerebral injury. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of a general practitioner. Indications for hospitalization and specialist's advice
8.	Influenza. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of the general practitioner. Indications for hospitalization
9.	Measles. Definition. Classification. Clinical signs. Diagnostics and differential diagnostics. Treatment. Prevention. Tactics of the general practitioner. Indications for hospitalization and specialist's advice
10.	Acute and chronic conjunctivitis. Definition. Classification. Clinical signs. Diagnostics. Treatment. Prevention. Tactics of a general practitioner. Indications for hospitalization and specialists' advice

4.4.4. Monitoring of the intern's work in real or simulated conditions

Intern's full name _____
Date _____

Assignment: "ECG registration technique in 12 leads for an adult patient"

Instruction. Perform ECG registration in 12 leads (standard, reinforced and chest) for an adult
Equipment: one- or three-channel portable ECG device with electrodes, electrically conductive paste (gel, 5-10% sodium chloride solution)

Evaluation sheet			
assignment No. 2. "ECG registration technique in 12 leads for an adult patient"			
No.	Criteria for evaluation	Maximum score	Received score
I. Preparation for the study			
1.	The course of the study was explained to the patient, I made sure that he understands it and obtained his consent as to the study	2	
2.	Evaluated the patient's condition	2	
3.	Evaluated the environment	1	
II. Study			
*4.	Checked safety in performing the study: operability of an ECG machine, connection to the network, the availability of contact with electrodes, grounded the machine and verified the integrity of conductive elements.	2	
5.	Prepared the patient for the study: put him in the supine position, asked to bare wrists, to lower legs and chest.	2	
6.	Applied a conductive agent onto electrodes and attached the electrodes to the patient	2	
7.	Set the paper movement speed. Made a calibration signal (trial millivolt).	2	
8.	Recorded at least 4-5 PQRST complexes in correct order in each lead	2	
9.	After ECG registration in 12 leads, recorded on an ECG tape a surname, name and patronymic of the patient, his age, date and time of the study,	2	
10.	de-energized the machine, removed the electrodes	2	
III. Study completion			
11.	Made sure that the patient feels comfortable and explained the study findings accessibly for the patient	2	
Maximum score		21	

* - Failure to perform the actions marked with an asterisk will automatically lead to termination of the manipulation and unsatisfactory mark.

«5» - 19 - 21 points

«4» - 17 - 18 points

«3» - 15 - 16 points

«2» - 14 and less points

Mark: _____

Comments: _____

Examiner
Signature decoding

Signature

Intern's full name _____

Date _____

Assignment "ECG analysis technique"

Instruction. Perform an ECG

Equipment: ruler (compasses)

Evaluation sheet assignment No. 2. "ECG analysis technique"			
No.	Criteria for evaluation	Maximum score	Received score
I. Preparation for ECG analysis			
1.	Evaluated the quality of the analyzed ECG. Availability of control milivolt, recording quality (availability of artifacts), the number of PQRST complexes	2	
2.	Checked the availability of the surname, name and patronymic of the patient on the ECG tape, as well as his age, date and time of the study,	2	
II. ECG analysis			
3.	Rated the paper movement speed.	2	
4.	Analyzed spikes, intervals and segments of the PQRST and QRS complex	2	
5.	Analyzed heart rhythm and conductivity.	2	
6.	Determined HR. To determine HR, the number of cardiac cycles (RR intervals) over 3 seconds is multiplied by 20.	2	
7.	Determined the electrical axis of the heart.	2	
8.	Formulated electrocardiographic conclusion	2	
9.	Made a record, put signature and date	2	
	Maximum score	18	

«5» - 17 - 18 points

«4» - 15 - 16 points

«3» - 13 - 14 points

«2» - 12 and less points

Mark: _____

Comments _____

Examiner

Signature decoding

Signature

Intern's full name _____ Date _____

Evaluation sheet for a practical skill "Puncture of the vein and sampling of venous blood from the patient in a therapeutic hospital suffering from the concomitant hepatitis C"

No.	Action algorithm	Maximum score	Received score
I. Preparation for the procedure			
1.	Explain the course of the study to the patient, make sure that he understands it, and obtain his consent to the procedure	2	
*2.	Evaluate the patient's condition	2	
*3.	Evaluate the environment	2	
II. Procedure			
*4.	Secure manipulation table	2	
5.	Prepare sterile set of tools and materials needed to perform the procedure	2	
6.	Stand in front of the patient, place his left hand onto the roll and fasten the harness	2	
7.	Wear a clean mask. Treat the doctor's hands with sterile solution and put on disposable sterile gloves	2	
8.	Treat the skin on the patient's elbow (or any other area where you plan to make a puncture) with a sterile solution	2	
*9.	Prepare suction device for vein puncture, isolating the doctor's hands from the contact with the patient's blood	2	
*10.	Make vein puncture with aspiration device and absorb the desired amount of blood into syringes	2	
11.	Release harness and remove the needle from the patient's vein	2	
12.	Throw away the used tools into a container with sterilizing solution	2	
13.	THrow away the gloves into a sealed garbage container		
14.	Treat and bandage the puncture site	2	
III. Procedure completion			
15.	Make sure that the patient feels comfortable	2	

* - Failure to perform the actions marked with an asterisk will automatically lead to termination of the manipulation and unsatisfactory mark.

«5» - 24 - 30 points

«4» - 20 - 23 points

«3» - 15 - 19 points

«2» - 14 and less points

Mark: _____

Comments:

Examiner

Signature decoding

Signature

Intern's full name _____

Date _____

Evaluation sheet for a practical skill

"Direct ophthalmoscopy without mydriasis (fundus study)"

No.	Criteria for evaluation	Maximum score	Received score
I. Preparation for the study			
1.	Explained the course of the study to the patient, made sure that he understands it, and obtained his consent to the study	2	
2.	Evaluated the patient's condition	2	
3.	Evaluated the environment	2	
II. Study			
4.	Checked safety in performing the study: assembled ophthalmoscope, checked its operability.	2	
5.	Prepared the patient for the study: placed him on a chair and asked to fix the look.	2	
6.	Moved as close as possible to the patient's eye and looks through the pupil. The doctor brings the ophthalmoscope to the patient's eye and sends the light beam into it to obtain a clear picture of the fundus image.	2	
7.	He examined the right eye of the patient with his right eye, and the patient's left eye with his left eye	2	
8.	Conducted the fundus examination in a certain sequence and described with words: optic disc, hereinafter - the macular region, and then the peripheral parts of the retina.	2	
9.	Provided explanations of the findings of the fundus study to the patient in the language which he understands and without the use of medical slang	2	
III. Study completion			
10.	Made sure the patient felt comfortable Gave recommendations to the patient.	2	
	Maximum score	20	

«5» - 19 - 20 points

«4» - 17 - 18 points

«3» - 15 - 16 points

«2» - 14 and less points

Mark: _____

Comments: _____

Examiner
Signature decoding

Signature

Intern's full name _____ Date _____

Evaluation sheet for a practical skill "Research of meningeal symptoms: stiff neck, Kernig symptom, the upper Brudzinskiy symptom"

No.	Criteria for evaluation	Maximum score	Received score
I. Preparation for the study			
1.	Explained the procedure of the study to the patient, made sure he understood it, and obtained his consent as to the study	2	
2.	Evaluated the patient's condition	2	
3.	Evaluated the environment	2	
II. Study			
4.	Prepared the patient for the study: put him in a supine position	2	
5.	Studying stiff neck: conducted passive flexion of the head of the patient lying on the back, bringing his chin to the sternum. Evaluated the symptom. The symptom is positive, when in an attempt to bend the head of the patient, the upper body is lifted with the head, while not provoking pain, as is the case when checking the Neri radicular symptom.	2	
6.	Research of Kernig symptom: passively flexed patient's leg at an angle of 90° in the hip and knee joints (the first phase of the ongoing research), and then attempted to straighten the leg at the knee joint (the second phase). Evaluated the symptom. The symptom is positive, if the attempt to straighten the leg at the knee joint is not possible due to the reflex increase in tone of the flexor muscles of the lower leg.	2	
7.	Research of upper Brudzinskiy symptom: conducted passive flexion of the head of the patient lying on the back, bringing his chin to the sternum. Rated the symptom. The symptom is positive, when in the attempt to identify the stiff neck, the patient's legs involuntarily bend in the hips and knees, pulling towards the abdomen.	2	
Maximum score		14	

«5» - 13 - 14 points

«4» - 11 - 12 points

«3» - 9 - 10 points

«2» - 8 and less points

Mark: _____

Comments: _____

Examiner
Signature decoding

Signature

Intern's full name _____
 Date _____

**Evaluation sheet for a practical skill
 "The study of visual acuity using the visiometric tables"**

No.	Criteria for evaluation	Maximum score	Received score
I. Preparation for the study			
1.	The course of the study was explained to the patient, I made sure that he understands it and obtained his consent as to the study	2	
2.	Evaluated the patient's condition	2	
3.	Evaluated the environment	2	
II. Study			
4.	Prepared the patient for the study: put him on the chair at the distance of 5 meters from the table and asked to fix the look at the request of a doctor and not squint the eyes during the study	2	
5.	During the study, he must have his both eyes open. The eye, which is not currently investigated, must be obscured with a shield. The research of the right (OD), and then the left (OS) eye is carried out. The sign on the table is pointed for 2-3 seconds. Watch that the pointer did not interfere with the patient's ability to read the signs.	2	
6.	Visual acuity is assessed by the row where all the signs have been identified correctly. An incorrect recognition of a sign in the rows corresponding to the visual acuity of 0.3-0.6, and two signs in the rows of 0.7-1.0 is allowed, but then after the acuity record, specify in parentheses that it is incomplete.	2	
7.	Vision acuity data were recorded as: Visus OD =; Visus OS =	2	
8.	Provided explanations of the findings of the study to the patient in the language which he understands and without the use of medical slang	2	
III. Study completion			
9.	Made sure that the patient feels comfortable and provided recommendations	2	
	Maximum score	18	

- «5» - 17 - 18 points
- «4» - 15 - 16 points
- «3» - 13 - 14 points
- «2» - 112 and less points

Mark: _____

Comments:

 Examiner
 Signature decoding

 Signature

5. Educational, methodological and informational support of the practical training (printed, electronic publications, the Internet and other network resources).

5.1. References:

No	Name according to the bibliographical requirements	Number of copies	
		In the department	In the library
1	A Textbook of Family Medicine/Ian R. McWhinney; Thomas Freeman.– 3rd ed.; 2009, p. 472		1
2	Textbook of Family Medicine, /Robert E. Rakel, David Rakel MD. –9th Ed.; 2015, p. 1215		1
3	Resident's Guide to Ambulatory Care/Michael B. Weinstock, Miriam Chan. – 7th ed.,2015, p.		1
4	The Family Medicine Handbook: Mobile Medicine/Mark A. Graber, Jennifer L. Jones, Jason K. Wilbur–5th Ed., 2006, p.		1
5	Outpatient and Primary Care Medicine/Paul D. Chan, David M. Thomas, Elizabeth K. Stanford. –2010th Ed., 2010, p. 294		1
6	Sanford Guide to Antimicrobial Therapy/ David N Gilbert. – 46th., 2016, p.		1
7	Tarascon Pocket Pharmacopoeia/2017 Deluxe Lab-Coat,Richard J. Hamilton. – 18th Ed., 2017, p.470		1
8	Tarascon Medical Procedures Pocketbook/ <u>Joseph S. Esherrick</u> . –1st Ed.,2012, p.240		1
9	The Color Atlas of Family Medicine/Richard P. Usatine, Mindy Ann Smith, E.J. Mayeaux Jr. –2nd Ed.,2017, p.		1
10	Current Diagnosis & Treatment in Family Medicine/Jeanette South-Paul, Samuel Matheny, Evelyn Lewis. – 4th Ed.,2015, P. 752		1
11	Procedures for Primary Care/John L. Pfenninger, Grant C. Fowler.– 3e Ed.,2011, p. 1776		1
12	Clinical Procedures for Health Professionals/H.Multak – 2017, p.196		1
13	Oxford American handbook of clinical examination and practical skills / edited by Elizabeth A. Burns, Kenneth Korn, James Whyte IV ; with James Thomas, Tanya Monaghan. 2011, p. 692		1
14	10 Minute Clinical Assessment. 2nd Edition, 2016, p.896		1
15	Practical Obstetrics and Gynaecology Handbook for O&G Clinicians and General Practitioners Downloaded from www.worldscientific.com by 83.149.254.66 on 12/09/16.		1
16	The Patient-Doctor Consultation in Primary Care/J Thistlethwaite and P Morris.-2007, p. 260		1
17	Hershko C., Camaschella C. How I treat unexplained refractory iron deficiency anemia. Blood.2014;123(3):326-333 DOI: http://dx.doi.org/10.1182/blood-2013-10-512624		1

18	The 5 Minute Urology Consult (The 5-Minute Consult Series)/Leonard G. – 3 th Ed., 2015, p.1032		1
19	Simone Van Hattem, Aart H. Bootsma, H. Bing Thio, Skin manifestations of diabetes Cleveland Clinic Journal of Medicine November 2008 vol. 75 no. 11,772-787		1
20	The Patient-Doctor Consultation in Primary Care/J Thistlethwaite and P Morris.-2007, p. 260		1

5.2. A list of guidelines on undergoing practical training for interns and teachers (if any):

No	Name according to bibliographical requirements	Number of copies	
		In the department	In the library
1	The Condensed Curriculum Guide/Ben Riley, Jayne Haynes, Steve Field.- 2nd Edition,2012,p.368	1	1
2	Oxford Handbook of General Practice/Chantal Simon, Hazel Everitt, Françoise van Dorp, Matt Burkes.- 4th Ed., 2014,p. 1184	1	1

6. Financial and logistics support of the practice

6.1. The list of types of organizations* required for undergoing the practical training:

- an in-patient facility with "therapeutic, surgical and gynecological" beds;
- a polyclinic for children and adults;
- a first-aid station

*structural units of educational and scientific organizations carrying out medical or pharmaceutical activities (clinics); medical organizations, including the healthcare organizations located in structural units of educational and scientific institutions (clinical base); organizations operating in the health sector, including the organizations in which the structural units of educational and scientific organizations are located.

6.2. The list of equipment* required for undergoing the practical training:

- class (room) equipped with simulation machinery;
- equipped GP's office (tonometer + stethoscope, oto-ophthalmoscope, electrocardiograph, peak flow meter, blood glucose meter, test strips, table + set of lenses for visual acuity determination and selection of glasses);
- equipped office to assist surgical patients (sterile bandages, needles, syringes...);
- equipped office to be visited by women (seat, mirrors...);
- laboratory equipment (glucose meter, test strips for rapid diagnostics)

*laboratory, tool equipment (specify which in particular) etc.