

MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION

**Federal State Autonomous Educational Institution of Higher Education
«National Research Lobachevsky State University of Nizhny Novgorod»**

Институт клинической медицины

УТВЕРЖДЕНО

решением президиума Ученого совета ННГУ

протокол № 1 от 16.01.2024 г.

Working programme of the discipline

Hospital therapy

Higher education level

Specialist degree

Area of study / speciality

31.05.01 - General Medicine

Focus /specialization of the study programme

General Medicine

Mode of study

full-time

Nizhny Novgorod

Year of commencement of studies 2024

1. Место дисциплины в структуре ОПОП

Дисциплина Б1.О.42 Госпитальная терапия относится к обязательной части образовательной программы.

2. Планируемые результаты обучения по дисциплине, соотнесенные с планируемыми результатами освоения образовательной программы (компетенциями и индикаторами достижения компетенций)

Формируемые компетенции (код, содержание компетенции)	Планируемые результаты обучения по дисциплине (модулю), в соответствии с индикатором достижения компетенции		Наименование оценочного средства	
	Индикатор достижения компетенции (код, содержание индикатора)	Результаты обучения по дисциплине	Для текущего контроля успеваемости	Для промежуточной аттестации
ОПК-5: Способен оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для решения профессиональных задач	ОПК-5.1: Готов применить алгоритм клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.2: Оценивает морфофункциональные, физиологические состояния и патологические процессы в организме человека для интерпретации результатов клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.3: Знает принципы функционирования систем органов.	ОПК-5.1: Готов применить алгоритм клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.2: Оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для интерпретации результатов клинико-лабораторной, инструментальной и функциональной диагностики при решении профессиональных задач ОПК-5.3: Знать принципы функционирования систем органов.	Дискуссия	Экзамен: Практическая задача Зачёт: Тест
ПК-3: Готовность к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра, лабораторных, инструментальных, патолого-	ПК-3.1: Знать методы сбора анамнеза, жалоб, осмотра больного с терапевтической патологией для распознавания заболеваний, этиологию, патогенез, и клинику наиболее часто встречающихся заболеваний	ПК-3.1: Знает методы сбора анамнеза, жалоб, осмотра больного с терапевтической патологией для распознавания заболеваний, этиологию, патогенез, и клинику наиболее часто встречающихся заболеваний внутренних	Доклад-презентация	Экзамен: Контрольные вопросы Зачёт: Тест

<p>анатомических и иных исследований в целях распознавания</p> <p>состояния или установления факта наличия или отсутствия заболевания, проведение дифференциальной диагностики</p>	<p>внутренних органов; современную классификацию, принципы и особенности основных методов клинических, лабораторных и инструментальных методов обследования, их диагностическое значение</p> <p>ПК-3.2: Уметь получить информацию о заболевании, интерпретировать жалобы, анамнез заболевания и жизни, данные, применить объективные методы обследования, выявить общие и специфические признаки заболевания; построить план обследования больного с учетом стандартов и интерпретировать дополнительные методы обследования (лабораторно-инструментальные) с учетом нормы</p> <p>ПК-3.3: Владеть методами сбора анамнеза, жалоб больного с терапевтической патологией; навыком составления плана дополнительного обследования больного; интерпретацией результатов лабораторных и инструментальных исследований и проведения дифференциальной диагностики</p>	<p>органов; современную классификацию, принципы и особенности основных методов клинических, лабораторных и инструментальных методов обследования, их диагностическое значение</p> <p>ПК-3.2: Умеет получить информацию о заболевании, интерпретировать жалобы, анамнез заболевания и жизни, данные, применить объективные методы обследования, выявить общие и специфические признаки заболевания; построить план обследования больного с учетом стандартов и интерпретировать дополнительные методы обследования (лабораторно-инструментальные) с учетом нормы</p> <p>ПК-3.3: Владеет методами сбора анамнеза, жалоб больного с терапевтической патологией; навыком составления плана дополнительного обследования больного; интерпретацией результатов лабораторных и инструментальных исследований и проведения дифференциальной диагностики</p>		
<p>ПК-4: Готовность к определению у пациента основных патологических состояний, симптомов, синдромов заболеваний, нозологических форм в соответствии с Международной статистической</p>	<p>ПК-4.1: Знать этиологию, патогенез заболеваний соответственно с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра</p> <p>ПК-4.2: Уметь определить основные симптомы, синдромы нозологических форм заболеваний в</p>	<p>ПК-4.1: Знает этиологию, патогенез гинекологических заболеваний соответственно с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра</p> <p>ПК-4.2:</p>	<p>Индивидуальное устное собеседование</p>	<p>Экзамен: Контрольные вопросы</p> <p>Зачёт: Тест</p>

классификацией болезней и проблем, связанных со здоровьем, X пересмотра	соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра ПК-4.3: Владеть навыками постановки диагноза на основании симптомов, синдромов нозологических форм заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра	Умеет определить основные симптомы, синдромы нозологических форм гинекологических заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра ПК-4.3: Владеет навыками постановки диагноза на основании симптомов, синдромов нозологических форм гинекологических заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра		
ПК-5: Готовность к определению тактики ведения пациентов с учетом возраста, с различными нозологическими формами (разработка плана лечения, назначение медикаментозных и немедикаментозных средств согласно клиническим рекомендациям) в том числе оказание паллиативной медицинской помощи	ПК-5.1: Знать алгоритмы постановки диагноза и лечения и тактику ведения пациентов с различными нозологическими формами ПК-5.2: Уметь определять необходимую тактику ведения пациентов с различными нозологическими формами ПК-5.3: Владеть алгоритмами постановки диагноза и лечения и навыком определения тактики ведения пациентов с различными нозологическими формами	ПК-5.1: Знает алгоритмы постановки диагноза и лечения и тактику ведения пациентов с различными нозологическими формами ПК-5.2: Умеет определять необходимую тактику ведения пациентов с различными нозологическими формами ПК-5.3: Владеет алгоритмами постановки диагноза и лечения и навыком определения тактики ведения пациентов с различными нозологическими формами	Индивидуальное устное собеседование	Экзамен: Контрольные вопросы Зачёт: Доклад-презентация

3. Структура и содержание дисциплины

3.1 Трудоемкость дисциплины

	очная
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Общая трудоемкость, з.е.	10
Часов по учебному плану	360
в том числе	
аудиторные занятия (контактная работа):	
- занятия лекционного типа	48
- занятия семинарского типа (практические занятия / лабораторные работы)	200
- КСР	4
самостоятельная работа	72
Промежуточная аттестация	36 Экзамен, Зачёт

3.2. Содержание дисциплины

(структурированное по темам (разделам) с указанием отведенного на них количества академических часов и виды учебных занятий)

Наименование разделов и тем дисциплины	Всего (часы)	в том числе			
		Контактная работа (работа во взаимодействии с преподавателем), часы из них			Самостоятельная работа обучающегося, часы
		Занятия лекционного типа	Занятия семинарского типа (практические занятия/лабораторные работы), часы	Всего	
	о ф о	о ф о	о ф о	о ф о	о ф о
Pericardial diseases. Pericarditis	8	2	4	6	2
Myocarditis	8	2	4	6	2
Cardiomyopathy	8	2	4	6	2
Acute coronary syndrome	10	2	6	8	2
Complications of myocardial infarction	12	4	6	10	2
Valvular heart disease	8		6	6	2
Pulmonary embolism	8	2	4	6	2
Chronic heart failure	6		4	4	2
Differential diagnosis of chest pain	10	2	6	8	2
Diabetes mellitus. Diagnosis and screening	10	2	6	8	2
Type 1 diabetes	10	2	6	8	2
Type 2 diabetes	10	2	6	8	2
Diabetic comas	10	2	6	8	2
Anemia	8	2	4	6	2
Acute leucosis	8	2	4	6	2
Chronic myeloproliferative disorders	8	2	4	6	2
Chronic lymphoproliferative disorders	8	2	4	6	2
Hemorrhagic diathesis	8	2	4	6	2

Systemic lupus erythematosus	6		4	4	2
Osteoarthritis	6		4	4	2
Gout	6		4	4	2
Secondary hypertension	10	2	6	8	2
Hypertensive crisis	6		4	4	2
Life-threatening arrhythmias	12	4	6	10	2
Differential diagnosis of edema	10	2	6	8	2
Differential diagnosis of bronchial obstructive syndrome	10	2	6	8	2
Differential diagnosis of pleural effusion	8		6	6	2
Differential diagnosis of abdominal pain	8	2	4	6	2
Differential diagnosis of dyspeptic syndrome	6		4	4	2
Differential diagnosis of jaundice	6		4	4	2
Thyrotoxicosis	8		6	6	2
Hypothyroidism	8		6	6	2
Nodular goiter	8		6	6	2
Acute respiratory viral disease	6		4	4	2
Fever of unknown origin	6		4	4	2
Urinary syndrome. Differential diagnosis	8		6	6	2
Dyspnoea. Differential diagnosis	8	2	6	8	
Status asthmaticus	4		4	4	
Anaphylactic shock	4		4	4	
Differential diagnosis of polyarticular arthritis	6		6	6	
Pericardial diseases. Cardiac tamponade	2		2	2	
Аттестация	36				
KCP	4			4	
Итого	360	48	200	252	72

Contents of sections and topics of the discipline

Pericardial diseases. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non-pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Myocarditis. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non-pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Cardiomyopathy. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non-pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Acute coronary syndrome. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical

examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Complications of myocardial infarction. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Valvular heart disease. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Pulmonary embolism. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Chronic heart failure. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Differential diagnosis of chest pain. Causes. Clinical features. Physical examination. Laboratory and instrumental methods of examination. ESG.

Diabetes mellitus. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Type 1 diabetes. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Type 2 diabetes. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Diabetic comas. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Anemia. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Acute leucosis. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Chronic myeloproliferative disorders. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Chronic lymphoproliferative disorders. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Hemorrhagic diathesis. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Systemic lupus erythematosus. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Osteoarthritis. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Cout. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Secondary hypertension. Differential diagnosis. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Differential diagnosis of bronchial obstruction. Causes. Investigations.

Differential diagnosis of pleural effusion. Causes. Investigations.

Differential diagnosis of abdominal pain. Causes. Investigations.

Differential diagnosis of dyspeptic syndrom. Plan of investigations.

Differential diagnosis of jaundice. Causes. Plan of investigations.

Thyrotoxicosis. Graves disease. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Hypothyroidism. Causes. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Nodular goiter. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Acute respiratory viral diseases. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Fever of unknown origin. Causes. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment.

Urinary syndrome. Differential diagnosis. Physical examination. Laboratory and instrumental methods of examination.

Dyspnoea. Differential diagnosis. Physical examination. Laboratory and instrumental methods of examination.

Status asthmaticus. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients. Medical rehabilitation.

Anaphylactic shock. Etiology and pathogenesis. Clinical features. Definition. Classification. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment. Peculiarities among elderly patients.

Differential diagnosis of polyarticular arthritis. Diagnostic criteria

Pericardial diseases. Cardiac tamponade. Clinical features. Definition. Physical examination. Laboratory and instrumental methods of examination. Complications. Non -pharmacological and pharmacological treatment.

Практические занятия /лабораторные работы организуются, в том числе, в форме практической подготовки, которая предусматривает участие обучающихся в выполнении отдельных элементов работ, связанных с будущей профессиональной деятельностью.

На проведение практических занятий / лабораторных работ в форме практической подготовки отводится: очная форма обучения - 12 ч.

4. Учебно-методическое обеспечение самостоятельной работы обучающихся

Самостоятельная работа обучающихся включает в себя подготовку к контрольным вопросам и заданиям для текущего контроля и промежуточной аттестации по итогам освоения дисциплины приведенным в п. 5.

5. Assessment tools for ongoing monitoring of learning progress and interim certification in the discipline (module)

5.1 Model assignments required for assessment of learning outcomes during the ongoing monitoring of learning progress with the criteria for their assessment:

5.1.1 Model assignments (assessment tool - Discussion) to assess the development of the competency OПК-5:

Management of subclinical hypothyroidism. A focus on proven health effects

Physical and mental growth and development in children with congenital hypothyroidism

Thyrotoxicosis: Symptoms, classification, diagnosis.

The role of radioactive iodine in thyrotoxicosis patients

Amiodaron- induced thyrotoxicosis

Assessment criteria (assessment tool — Discussion)

Grade	Assessment criteria
outstanding	The student has exceeded the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject ("Outstanding")
excellent	The student has met the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject matter. The student has exceptional critical thinking and problem solving skills and has consistently produced high-quality work ("Excellent")
very good	The student has shown a good grasp of the course material, has the necessary skills and has created work of solid quality. The answer was nearly perfect, but there was one small error. ("Very good")
good	The student has generally performed well, but there may still be areas for improvement. The answer was correct, but there were some major errors ("Good")
satisfactory	The student has met the bare minimum of what is expected, but may need to improve in several areas. He has a basic understanding of the subject but likely lack in depth knowledge, critical thinking and analytical skills. The answer was partially correct, there were many major errors ("Satisfactory")
unsatisfactory	The student has demonstrated insufficient understanding of the material, has not kept up with the coursework or has submitted incomplete or careless work ("Unsatisfactory" or "Below

Grade	Assessment criteria
	Average")
poor	The student has not met the minimum standards of achievement for the course ("Poor" or "Fail").

5.1.2 Model assignments (assessment tool - Report-presentation) to assess the development of the competency ПК-3:

1. Diabetic retinopathy. Classification, clinical features, screening
2. Diabetic nephropathy: challenges in pathogenesis, diagnosis and treatment
3. Diabetic neuropath. Causes, classification, symptoms, complications, treatment
4. The management of type 1 diabetes in adults
5. Cardiovascular complications in diabetes mellitus

Assessment criteria (assessment tool — Report-presentation)

Grade	Assessment criteria
pass	The student has met the minimum standards of achievement for the course.
fail	The student has not met the minimum standards of achievement for the course. Is given if the standard has not been met and the basics have not been understood

5.1.3 Model assignments (assessment tool - Individual oral interview) to assess the development of the competency ПК-4:

Gestational diabetes: causes, risk factors, glucose screening tests during pregnancy

1. Treatment of gestational diabetes
2. Pathogenesis of gestational diabetes
3. Thyrotoxicosis and pregnancy.
4. Reproductive function in patients with thyroid diseases
5. Thyrotoxicosis complicating pregnancy

5.1.4 Model assignments (assessment tool - Individual oral interview) to assess the development of the competency ПК-5:

1. Diabetes mellitus in older people. Standards and care
2. Insulin resistance and diabetic complications
3. Achieving glycemic control in elderly patients with type 2 diabetes
4. Cognitive decline and dementia in diabetes
5. Osteoporosis. Causes, diagnosis, treatment

Assessment criteria (assessment tool — Individual oral interview)

Grade	Assessment criteria
outstanding	The student has exceeded the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject ("Outstanding")
excellent	The student has met the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject matter. The student has exceptional critical thinking and problem solving skills and has consistently produced high-quality work ("Excellent")
very good	The student has shown a good grasp of the course material, has the necessary skills and has created work of solid quality. The answer was nearly perfect, but there was one small error. ("Very good")
good	The student has generally performed well, but there may still be areas for improvement. The answer was correct, but there were some major errors ("Good")
satisfactory	The student has met the bare minimum of what is expected, but may need to improve in several areas. He has a basic understanding of the subject but likely lack in depth knowledge, critical thinking and analytical skills. The answer was partially correct, there were many major errors ("Satisfactory")
unsatisfactory	The student has demonstrated insufficient understanding of the material, has not kept up with the coursework or has submitted incomplete or careless work ("Unsatisfactory" or "Below Average")
poor	The student has not met the minimum standards of achievement for the course ("Poor" or "Fail").

5.2. Description of scales for assessing learning outcomes in the discipline during interim certification

Шкала оценивания сформированности компетенций

Уровень сформированности компетенций (индикатора)	плохо	неудовлетворительно	удовлетворительно	хорошо	очень хорошо	отлично	превосходно
	не зачтено		зачтено				

достижения							
<u>Знания</u>	Отсутствие знаний теоретического материала. Невозможность оценить полноту знаний вследствие отказа обучающегося от ответа	Уровень знаний ниже минимальных требований. Имели место грубые ошибки	Минимально допустимый уровень знаний. Допущено много негрубых ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Допущено несколько негрубых ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Допущено несколько несущественных ошибок	Уровень знаний в объеме, соответствующем программе подготовки. Ошибок нет.	Уровень знаний в объеме, превышающем программу подготовки.
<u>Умения</u>	Отсутствие минимальных умений. Невозможность оценить наличие умений вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрированы основные умения. Имели место грубые ошибки	Продemonстрированы основные умения. Решены типовые задачи с негрубыми ошибками. Выполнены все задания, но не в полном объеме	Продemonстрированы все основные умения. Решены все основные задачи с негрубыми ошибками. Выполнены все задания в полном объеме, но некоторые с недочетами	Продemonстрированы все основные умения. Решены все основные задачи. Выполнены все задания в полном объеме, но некоторые с недочетами.	Продemonстрированы все основные умения. Решены все основные задачи с отдельными несущественными недочетами, выполнены все задания в полном объеме	Продemonстрированы все основные умения. Решены все основные задачи. Выполнены все задания, в полном объеме без недочетов
<u>Навыки</u>	Отсутствие базовых навыков. Невозможность оценить наличие навыков вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрированы базовые навыки. Имели место грубые ошибки	Имеется минимальный набор навыков для решения стандартных задач с некоторыми недочетами	Продemonстрированы базовые навыки при решении стандартных задач с некоторыми недочетами	Продemonстрированы базовые навыки при решении стандартных задач без ошибок и недочетов	Продemonстрированы навыки при решении нестандартных задач без ошибок и недочетов	Продemonстрирован творческий подход к решению нестандартных задач

Scale of assessment for interim certification

Grade		Assessment criteria
pass	outstanding	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "outstanding", the knowledge and skills for the relevant competencies have been demonstrated at a level higher than the one set out in the programme.
	excellent	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "excellent",
	very good	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "very good",
	good	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "good",

	satisfactory	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "satisfactory", with at least one competency developed at the "satisfactory" level.
	unsatisfactory	At least one competency has been developed at the "unsatisfactory" level.
fail	poor	At least one competency has been developed at the "poor" level.

5.3 Model control assignments or other materials required to assess learning outcomes during the interim certification with the criteria for their assessment:

5.3.1 Model assignments (assessment tool - Practical task) to assess the development of the competency ОПК-5

A 30-year-old male patient was admitted to the Hospital with complaints of shortness of breath at night, as well as during the day, with difficulty expiration, paroxysmal cough. In the anamnesis- allergic rhinitis, allergy to aspirin. Complaints appeared within six months. During the past month the patient was disturbed by daily symptoms and twice a week there were night attacks of cough and breathlessness. Objectively: the condition is stable; the consciousness is normal. The skin is clean. On auscultation: wheezes with forced expiration, BR - 24 breaths per minute, SpO₂= 97%. Heart sounds are clear, rhythmic, blood pressure - 120/80 mmHg, heart rate - 96 beats/min. Chest X-Ray - without pathology.

1. Which diagnosis is most probable? Why?
2. What laboratory or instrumental tests would you like to perform to confirm the diagnosis?
Point, which laboratory and instrumental results do you expect?
3. Prescribe the treatment for this patient

1. A 40-y-old man presented with abdominal pain in the upper part of the abdomen, without irradiation, ranging in intensity from 2 to 6, and black stool. The first of the episodes had taken place 1month before her first visit to the clinic. Her pain worsened 2-3 hours after eating, at night and after taking aspirin.

Physical examination: the skin is pale, t - 36,5⁰C. The respiratory rate is 20 breaths per minute, HR- 90 beats per minute, BP- 90/70 mm Hg. Abdominal palpation is painful in the upper part. No peripheral edema.

Laboratory investigations: CBC: Hb- 80g/l, Er 2,9*10¹²/l, Le 9,0*10⁹/l, ERS 34 mm/h, glucose 4,2 mmol/l, cholesterol – 3,3 mMol/l, creatinine –86 mkmol/l, total bilirubin – 25 mkmol/l, ALT – 28 U/l, AST – 32 U/l, protein –57 g/l.

1. Which diagnosis is most probable? Why?
2. What laboratory or instrumental tests would you like to perform to confirm the diagnosis?
Point, which laboratory and instrumental results do you expect?
3. What are the goals of therapy in this patient?

1. A 65-year-old female was admitted to hospital. One day prior to admission the patient had cough with yellowish sputum, persistent fever -38,2 Celsius, and pain in the chest. She self-medicated with paracetamol, but she noticed no changes and developed breathlessness.

Examination of the patient:

Blood pressure: 130/70

Temperature: 38 C

Pulse rate: 80 bpm

Respiratory rate: 25 breath/min

Auscultation: dry crackles with the localization in the right lower lobe

X-ray: triangular shadow in the right lower lobe

1. What is your diagnosis?
2. Make up a list of necessary diagnostic tests and procedures.
3. Prescribe the treatment.

A 30-year-old woman presented to the clinic with a history of prolonged diarrhea of 10 weeks that progressed to frank haematochezia 2 weeks later. She also presented with abdominal pain, weight loss of over 8 weeks duration. Stool was initially watery, not offensive or mucoid. Bowel motions were about 10 times per day. The abdominal pain was crampy, diffusely localized to the umbilical and supra-pubic regions. It was neither aggravated nor relieved by any known factors. Pain did not radiate elsewhere nor, disturb the patient from sleep, associate with tenesmus or abdominal distension. The symptoms were however associated with a significant weight loss despite good appetite and adequate food intake. On examination, she was afebrile, anicteric, mildly pale, weighed 50 kg, not irritable or in respiratory distress, not dehydrated or had peripheral oedema. There was no peripheral lymphadenopathy, skin desquamation or skin discolorations. The mucous membranes and nails were normal. Mild tenderness was elicited in the peri-umbilical region but no palpable abdominal mass, hepatomegaly or splenomegaly. Rectal examination was painful, no palpable rectal mass. The rectum appeared to be narrowed and the examination finger was stained with frank blood. The investigations revealed Hb 100 g/L, WBC count $17,8 \times 10^9/L$ with neutrophil differential of 61%, lymphocyte-32% and monocyte-7%. The ESR was 34 mm/hr and serum protein significantly reduced with hypoalbuminaemia of 21g/dL. Barium enema showed dilatation of the sigmoid and descending colon in association with persistent narrowing of the rectum.

1. Which diagnosis is most probable? Why?
2. What laboratory or instrumental tests would you like to perform to confirm the diagnosis?
Point, which laboratory and instrumental results do you expect?
3. What are the goals of therapy in this patient?

A 33-year-old man presents to the clinic complaining of 3 days of facial and hand swelling. He first noticed swelling around his eyes 3 days ago, along with difficulty putting on his wedding ring because of swollen fingers. Additionally, he noticed that his urine appears reddish-brown and that he has had less urine output over the last several days. He has no significant medical history. His only medication is ibuprofen that he took 2 weeks ago for fever and a sore throat, which have since resolved. On examination, he is afebrile, with heart rate 90 bpm and blood pressure 165/96 mm Hg. He has periorbital edema. His chest is clear to auscultation, his heart rhythm is regular, and he has no abdominal masses or bruits. He does have edema of his feet,

hands, and face. A urinalysis shows specific gravity of 1.025 with 3+ blood and 2+ protein, but it is otherwise negative.

1. Which diagnosis is most probable? Why?
2. What laboratory or instrumental tests would you like to perform to confirm the diagnosis? Point, which laboratory and instrumental results do you expect?
3. What are the goals of therapy in this patient?

A 68-year-old man comes to the Hospital because of shortness of breath. He has experienced mild dyspnea on exertion for 4 years, but more recently he has noted worsening shortness of breath with minimal exercise and the onset of dyspnea at rest. He reports a cough with production of yellowish sputum every morning. He denies chest pain, fever, chills, or lower extremity edema. He has smoked about two packs of cigarettes per day since age 20 years. He does not drink alcohol. On physical examination, his blood pressure is 135/85 mm Hg, heart rate 96 bpm, respiratory rate 28 breaths per minute, and temperature 36,8°C. He is sitting in a chair, leaning forward, with his arms braced on his knees. He appears uncomfortable with cyanotic lips. He is using accessory muscles of respiration, and chest examination reveals wheezes and rhonchi bilaterally. The anteroposterior diameter of the chest wall appears increased. Cardiovascular examination reveals heart sounds with a regular rate and rhythm, and his jugular venous pressure is normal.

1. Which diagnosis is most probable? Why?
2. What laboratory or instrumental tests would you like to perform to confirm the diagnosis? Point, which laboratory and instrumental results do you expect?
3. What are the goals of therapy in this patient?

Assessment criteria (assessment tool — Practical task)

Grade	Assessment criteria
outstanding	The student has exceeded the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject ("Outstanding")
excellent	The student has met the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject matter. The student has exceptional critical thinking and problem solving skills and has consistently produced high-quality work ("Excellent")
very good	The student has shown a good grasp of the course material, has the necessary skills and has created work of solid quality. The answer was nearly perfect, but there was one small error. ("Very good")
good	The student has generally performed well, but there may still be areas for improvement. The answer was correct, but there were some major errors ("Good")
satisfactory	The student has met the bare minimum of what is expected, but may need to improve in several areas. He has a basic understanding of the subject but likely lack in depth knowledge, critical thinking and analytical skills. The answer was partially correct, there were many major

Grade	Assessment criteria
	errors ("Satisfactory")
unsatisfactory	The student has demonstrated insufficient understanding of the material, has not kept up with the coursework or has submitted incomplete or careless work ("Unsatisfactory" or "Below Average")
poor	The student has not met the minimum standards of achievement for the course ("Poor" or "Fail").

5.3.2 Model assignments (assessment tool - Test) to assess the development of the competency ОПК-5

Which of the following medications should be avoided in patients with peptic ulcer disease due to their association with gastric bleeding?

1. Paracetamol
2. Antibiotics
3. Aspirin
4. Beta blockers

- Abdominal pain that is colicky in nature with constipation and abdominal distension could indicate which of the following?

1. Acute cholecystitis
2. Appendicitis
3. ACS
4. Pancreatitis

What is a common symptom of peptic ulcer disease?

1. Diarrhea
2. Constipation
3. Abdominal pain
4. Weight gain

Grey-Turner's sign is a useful diagnostic sign in the evaluation of:

1. Gastritis
2. Acute pancreatitis
3. Diverticulitis
4. Inflammatory bowel disease

Which of the following is a complication of cirrhosis in chronic liver disease?

1. Hypoglycemia
2. Hyperkalemia
3. Ascites
4. Hypertension

5.3.3 Model assignments (assessment tool - Test) to assess the development of the competency
ΠΚ-3

1. Which of the following is not a sign or symptom of Diabetic ketoacidosis?

1. Abdominal pain
2. Polyuria
3. Hyperglycemia
4. Hypoglycemia
5. Ketonuria
6. Oliguria

2. Which of the following is not a sign or symptom of Hyperosmolar Hyperglycemic state?

1. Dehydration
2. Polyuria
3. Hyperglycemia
4. Severe ketoacidosis
5. Kussmaul breathing

3. Which of the following is not a sign or symptom of Hypoglycemia?

1. Increased glucose level
2. Decreased glucose level
3. Sweating
4. Dehydration
5. Ketoacidosis
6. Hunger

4. Which of the following statements are correct about Diabetic ketoacidosis?

1. Ketones are present in the urine
2. Metabolic acidosis is present with Kussmaul breathing
3. Potassium levels should be at least 3,3 mmol/L or higher during treatment of Diabetic ketoacidosis
4. Extreme hypoglycemia is present

5. What Provocative factors of diabetic ketoacidosis do you know?

1. new-onset type 1 diabetes
2. omission or errors of insulin therapy
3. acute infection (pneumonia)
4. trauma
5. operation
6. pregnancy

5.3.4 Model assignments (assessment tool - Test) to assess the development of the competency
ΠΚ-4

1. What are priorities of DKA treatment?

1. Correction of hyperglycemia
2. Fluid resuscitation.
3. Resolution of acidosis.
4. Correction of electrolyte imbalances (especially hypokalemia)

2. What Provocative factors of lactic acidosis do you know?

1. renal insufficiency or failure
2. liver impairment
3. alcohol abuse
4. intravenous administration of X-ray contrasts
5. malignant tumors

3. Type A lactic acidosis (anaerobic) develops in the case of...

1. tissue hypoxia
2. shock
3. sepsis
4. heart failure
5. respiratory failure

4. Which of the following statements are correct about lactic acidosis?

1. lactate levels ≥ 5 mmol/L and low blood pH < 7.30 ,
2. Minor hyperglycemia (or sometimes normal glucose levels)
3. serum bicarbonate levels < 18 mmol/L, anion gap 10-15 mmol/L,
4. hyperkalemia
5. normal serum sodium levels
6. lactate levels ≥ 2 mmol/L and blood pH < 7.30

5. Neuroglycopenic symptoms in hypoglycemia include:

1. Confusion
2. Somnolence
3. Dysarthria
4. Abnormal coordination
5. Atypical behavior
6. Coma

Assessment criteria (assessment tool — Test)

Grade	Assessment criteria
pass	More than 60% of correct answers
fail	Less than 60% of correct answers

5.3.5 Model assignments (assessment tool - Control questions) to assess the development of the competency ПК-3

1. Hypertension. Risk factors. Pathogenesis. Classification.
2. Bronchial asthma. Definition. Classification. Clinical features. Physical examination. Laboratory and instrumental examination. Lung function tests. Reversibility testing. Principles of treatment.

3. Bronchial asthma. Interpretation of pulmonary function tests. FEV1, FVC, FEV1/FVC in Bronchial asthma. Reversibility test in Bronchial asthma.
4. Hypertension. Clinical features. Examination of the patient with HP. Principles of treatment.
5. Pharmacological management of Hypertension.
6. Non- pharmacological treatment of hypertension.

5.3.6 Model assignments (assessment tool - Control questions) to assess the development of the competency ПК-4

1. Third-degree atrioventricular block. Etiology. Clinical features. Methods of examination. Treatment.
2. Rheumatoid arthritis. Definition. Classification. Etiology and pathogenesis. Clinical features. Physical examination. Laboratory and instrumental investigations. Complications. Management.
3. X - ray features of Rheumatoid arthritis.
4. X- ray features of Pneumonia.
5. Iron deficiency anemia. Definition. Classification. Etiology and pathogenesis. Clinical features. Physical examination. Laboratory and instrumental investigations. Management.

5.3.7 Model assignments (assessment tool - Control questions) to assess the development of the competency ПК-5

1. Hospital-acquired pneumonia. Definition. Etiology and pathogenesis. Clinical features. Physical examination. Laboratory and instrumental methods of examination. Complications. Treatment.
2. Pyelonephritis. Definition. Classification. Etiology. Pathogenesis. Clinical features. Physical examination. Laboratory and instrumental methods of examination. Treatment.
3. ECG signs of atrial fibrillation.
1. Chronic cholecystitis. Definition. Etiology and pathogenesis. Clinical features. Physical examination. Laboratory and instrumental methods of examination. Complications. Treatment.
2. Gastroesophageal reflux disease. Definition Risk factors. Pathogenesis. Clinical features. Physical examination. Laboratory and instrumental investigations. Complications. Management.

Assessment criteria (assessment tool — Control questions)

Grade	Assessment criteria
outstanding	The student has exceeded the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject ("Outstanding")
excellent	The student has met the expectations and requirements of his assignments, tests and projects. He has demonstrated a thorough understanding of the subject matter. The student has exceptional critical thinking and problem solving skills and has consistently produced high-quality work ("Excellent")
very good	The student has shown a good grasp of the course material, has the necessary skills and has created work of solid quality. The answer was nearly perfect, but there was one small error. ("Very good")
good	The student has generally performed well, but there may still be areas for improvement. The

Grade	Assessment criteria
	answer was correct, but there were some major errors ("Good")
satisfactory	The student has met the bare minimum of what is expected, but may need to improve in several areas. He has a basic understanding of the subject but likely lack in depth knowledge, critical thinking and analytical skills. The answer was partially correct, there were many major errors ("Satisfactory")
unsatisfactory	The student has demonstrated insufficient understanding of the material, has not kept up with the coursework or has submitted incomplete or careless work ("Unsatisfactory" or "Below Average")
poor	The student has not met the minimum standards of achievement for the course ("Poor" or "Fail").

5.3.8 Model assignments (assessment tool - Report-presentation) to assess the development of the competency ПК-5

1. Anemia in the elderly: etiologies, clinical implications, management
2. Life - threatening arrhythmia: causes, symptoms and treatment options
3. Pyelonephritis in old age. Classification, epidemiology, symptoms and treatment
4. Fever in the elderly: diagnostic and therapeutic challenges
5. Hypertensive crisis: complications and their consequences

Assessment criteria (assessment tool — Report-presentation)

Grade	Assessment criteria
pass	The student has met the minimum standards of achievement for the course.
fail	The student has not met the minimum standards of achievement for the course. Is given if the standard has not been met and the basics have not been understood

6. Учебно-методическое и информационное обеспечение дисциплины (модуля)

Основная литература:

1. The scheme of medical history in the clinic of the internal diseases: work book / Nyrsultanova S. D., Bekov E. K., Mirzo E. I., Appasova E. S. - Караганда : КарГМУ, 2012. - 28 с. - Книга из коллекции КарГМУ - Медицина., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=799338&idb=0>.
2. Medical direct methods of patients' examination in clinic of internal diseases : the manual is intended for students enrolled in the specialty 31.05.01 "general medicine" (foreign students faculty) / Ivanov K. M., Chumakova N. S., Silkina T. A., Lasareva N. V., Shkatova N. G. - Оренбург : ОпГМУ, 2019. - 136

с. - Библиогр.: доступна в карточке книги, на сайте ЭБС Лань. - Книга из коллекции ОрГМУ - Медицина., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=757478&idb=0>.
3. Martynov A.I. Internal Diseases. Volume II : учебник / Martynov A.I.; Kobalava Z.D.; Moiseev S.V. - Москва : ГЭОТАР-Медиа, 2022. - 616 с. - ISBN 978-5-9704-6767-1.,
<https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=809007&idb=0>.

Дополнительная литература:

1. Giovanni Maio. Essays in Medical Ethics : Plea for a Medicine of Prudence. - Thieme Medical Publishing Inc., 2017. - 1 online resource. - ISBN 9783132411456. - ISBN 9783132411364. - Текст : электронный., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=856071&idb=0>.
2. Arif Hussain. Treating Endocrine and Metabolic Disorders With Herbal Medicines. - IGI Global, 2020. - 1 online resource. - ISBN 9781799848097. - ISBN 9781799848080. - Текст : электронный., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=856060&idb=0>.

Программное обеспечение и Интернет-ресурсы (в соответствии с содержанием дисциплины):

ЭБС «Юрайт». Режим доступа: <http://biblio-online.ru>.

ЭБС «Консультант студента». Режим доступа: <http://www.studentlibrary.ru>.

ЭБС «Лань». Режим доступа: <http://e.lanbook.com/>.

ЭБС «Znaniy.com». Режим доступа: www.znaniy.com.

7. Материально-техническое обеспечение дисциплины (модуля)

Учебные аудитории для проведения учебных занятий, предусмотренных образовательной программой, оснащены мультимедийным оборудованием (проектор, экран), техническими средствами обучения.

Помещения для самостоятельной работы обучающихся оснащены компьютерной техникой с возможностью подключения к сети "Интернет" и обеспечены доступом в электронную информационно-образовательную среду.

Программа составлена в соответствии с требованиями ФГОС ВО по направлению подготовки/специальности 31.05.01 - General Medicine.

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