"Approved"

Vice Rector for Educational work

Work Professor Tulebaev KA

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 "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_g

**SYLLABUS**

**elective**

**"Integrated Management of Childhood Illnesses (IMCI)"**

Specialty: 051301 - "General Medicine"

Department of Pediatric Infectious Diseases

**Course**: 5

**Semester:** IX, X

**Only** 135 hours - 3 credits for 45 hours

**Form of control: examination**

The work program of an elective was developed by associate professor Yeraliyeva L.T.

Discussed and approved at a meeting of the Department of Pediatric Infectious Diseases

The protocol number of the \_\_\_\_\_\_\_ "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_year

Head of Department, Professor GG Kuttykuzhanova

Discussed and approved at a meeting of the Committee of the educational programs of Pediatrics

The protocol number of \_\_\_\_\_\_ "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_, the

Chairman of the CPC, MD

Approved by the Board of Methodological KazNMU name S.D.Asfendiyarova

Protocol № \_\_\_\_\_, from "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_, the

Chairman of the MC

MD, professor

**SYLLABUS**

**1. General information:**

**1.1 Name of institution:** Kazakh National Medical University

 Named after SD Asfendiyarov

**1.2 Department:** Pediatric Infectious Diseases

**1.3 elective**: Integrated Management of Childhood Illness

**1.4 Special:** 051301 - "General Medicine"

**1.5 The volume of training hours (credits) -**

**Total Hours:** 135 hours, 3 credits for 45 hours

**1.6 The course and semester of study**: 5 year, 10.9 semester

**1.7 Information about the teachers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Name** | **position** | **degree** |
| 1 | Kuttykuzhanova Ghalia Gabdullaevna | Head. Chair, Professor | MD |
| 2 | Tynybekov Aman Sadykovich | Professor | MD |
| 3 | Kasymbekova Rose Gulyamovna | lecturer | k.m.n |
| 4 | Kurmangalieva Aina Abdrahmanovna | Lecturer | k.m.n |
| 5 | Sultanova Tamara Amirovna | Lecturer | k.m.n |
| 6 | Aspetova Nina Abenovna | Lecturer | k.m.n |
| 7 | Katarbaev Kairbekovich Adil | Lecturer | k.m.n |
| 8 | Grigorieva Tatiana Pavlovna | Lecturer | k.m.n |
| 9 | Umesheva Kumiskul Abdullaevna | Lecturer | k.m.n |
| 10 | Yeraliyeva Lyazzat Tasbulatovna | Lecturer  | MD |
| 11 | Golovenko Marina Valeryevna | Assistant | k.m.n |
| 12 | Baydullaeva Ulzhan Turzhigitovna | Assistant | k.m.n |
| 13 | Onalbaeva Gulnar Zhumagalievna | Assistant | k.m.n |
| 14 | Dosbaeva Janat Tolenovna | Assistant | k.m.n |
| 15 | Dzhumabekova Almashi Tulegenovna | Assistant | k.m.n |
| 16 | Litosh Ella Stanislavovna | Assistant | - |
| 17 | Ualieva Ainur Nurgeldievna | Assistant | - |
| 18 | Bayzhunusova Zaure Bayzhunusovna | Assistant | - |
| 19 | Egeubaeva Zara Togaybaevna | Assistant | - |

**1.8 Contact Information:**

Address: Almaty, ul. Baizakov 299A, DGIKB

tel. 394-88-22

**1.9 The policy discipline**

**General requirements for students:**

1. The student must attend all workshops scheduled

2. Missing practice session valued at 0 points.

3. Reduction of the number of missed workshops (with clock)

served in the deaneries of the faculties to the end of the cycle.

4. Working out practical lessons missed will not be accepted.

5. If the practical lessons missed for valid reasons, the mining will only be accepted with the permission of dean. The presence of areas with the dean's office

**ALWAYS!.**

6. The student must not be late for practice sessions.

7. In case of delay in the student's practice session of the total score for a practice session subtracted the corresponding score for the unperformed portion of student work.

8. Having a clean, white robe, hood, mask, interchangeable footwear is mandatory.

**2. Program:**

**2.1 Introduction.** Integrated Management of Childhood Illness (IMCI) - a strategy for reducing mortality and morbidity associated with major causes of childhood illness. Each year, more than 10 million children die before reaching five years of age. Most of these deaths are caused only states that can be prevented and treated:

● pneumonia

● diarrhea

● Eating disorders

Often leads to death of the above set of reasons. Many child deaths could be avoided if these children are appropriate and timely care.

The frequency of infant mortality is not the only justification for integrated management of patients. In many cases, the reference to the doctor, the sick children have signs and symptoms related to more than one disease. This layering of meaning that often the **only diagnosis is not possible or is not correct**, and that treatment may need to become more difficult to combine several treatment conditions. Therefore, **an integrated approach** to the management of sick children.

 **2.2 The purpose of discipline**: to form students' knowledge on integrated management of childhood illness.

**2.3 Objectives of study:**

- To introduce the disease, which often give the deaths;

- To learn to identify the danger signs and clinical symptoms;

- To learn to identify the main clinical symptoms;

- To learn to determine treatment, consult parents of the sick child and aftercare.

**2.4. The end result of training:**

**The student should be able to:**

- To interview the mother about the problems of child

- To check general signs of danger

- To evaluate and classify cough and shortness of breath

- To evaluate and classify diarrhea

- To evaluate and classify fever

- To assess and classify a sore throat

- To determine the treatment of the sick child

- To advise parents of a sick child at IMCI

- Conduct follow-up care for a sick child at IMCI

**The student should be skilled in:**

- Classification of diseases using three-color coding system;

- Evaluation of the indications for hospitalization

- Instruction for the treatment and care for a sick child

- Determining the volume of fluid consumed during the illness of a child

- Effective communication

**2.5 Prerequisites:**

• propaedeutics of Internal Medicine

**2.5 Postdetails:**

• childhood diseases (AFP)

• children's illnesses (n);

**2.6. Summary of the discipline:**

Health worker should consider not just individual diseases, and child health in general. Use of the IMCI strategy, which takes into account various factors that seriously threaten the health of children, provides a combined management major childhood diseases, but also enhances the prevention of diseases through immunization and improved nutrition. The student, studying the IMCI skills receives a comprehensive approach to the assessment, management of the sick child and the mother's counseling and follow-up after a sick child.

**2.7. Thematic plan.**

**Thematic plan of practical exercises:**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Theme** | **Formwork** | **Duration** |
| 1.  | Introduction. Introduction to the program. Assessment and classification of diseases in children from 2 to 5 years. | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 2.  | Determination of danger signs | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 3. | Evaluating and classifying cough-tion | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients.. | 3 |
| 4.  | Evaluating and classifying-tion astmoidnymi dy-damping. | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 5. | Treatment of children with cough and wheeze | The decision of clinical situations, Supervision of patients, improvement of practical skills - giving high-speed aerosol bronchodilator | 3 |
| **Total** | **15 hours** |
|  |  |  |  |
| 6. | Estimation and classification of diarrhea. | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 7. | Determination of treatment for diarrhea | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 8. | Evaluation and klassifitsirova-tion prolonged diarrhea, the definition of treatment | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 9.  | Evaluation and klassifitsirova-tion of fever | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| 10. | Determine the treatment of fever. | Test tasks solution, clinical situations, clinical analysis of patient or medical card. Management of patients. | 3 |
| **Total** | **15** |
|  |  |  |  |
| 11.  | Measles. Assessment and the classification of measles, treatment | The solution tests, clinical management, clinical analysis of a patient or a copy of the history of the disease. | 3 |
| 12. | Assessment and classification of a sore throat. | The solution tests, clinical management, clinical analysis of a patient or a copy of the history of the disease. | 3 |
| 13.  | Definition of treatmentsore throat. | The solution tests, clinical management, clinical analysis of a patient or a copy of the history of the disease.. | 3 |
| 14. | Evaluation and ClassificationProblems with ears | The solution tests, clinical management, clinical analysis of a patient or a copy of the history of the disease. | 3 |
| 15. | Definition of treatmentProblems with ears | The solution tests, clinical management, clinical analysis of a patient or a copy of the history of the disease. | 3 |
| **Total** | **15** |
|  | **Grand Total:** | **45** |

**ThematicPlanofStudent’sIndependentWorkunderTutor’sSupervision.**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Theme** | **Formwork** | **Duration** |
| 1.  | Estimation of general danger features. | The solution tests, Supervision of patients | 3 |
| 2. | First aid for breathing astmoidnymi Research | Test tasks solution, clinical situations, clinical analysis of patient or medical card. | 3 |
| 3. | The differential diagnosis of diseases with respiratory dysfunction | Compilations algorima differential diagnosis, decision test items | 3 |
| 4.  | View the video clip for fastening drainage massage of the material | Protection of individual works:Obstructive bronchitis, the types of fever curves | 3 |
| 5. | **landmark control**  | testingMini Clinical Examination | **3** |
| **Total:** | **15** |
|  |  |  |  |
| 6. | The differential diagnosis of diseases with invasive diarrhea | Preparation of the solution algorithm for the treatment of diarrhea situational problems | 3 |
| 7. | The differential diagnosis of diseases with secretory diarrhea | Preparation of the solution algorithm for the treatment of diarrhea situational problems | 3 |
| 8. | Treatment of diarrhea. View the video clip for the treatment of diarrhea to consolidate the material | Protection of individual works:Cholera, malaria | 3 |
| 9.  | Prehospital care for the sick meningitis | Preparation of treatment algorithm neuroinfections | 3 |
| 10. | **landmark control**  | **Testing****Mini-clinical examination** | **3** |
| **Total:** | **15** |
|  |  |  |  |
| 11.  | The differential diagnosis of vesicular diseases with the exam topics | Preparation of differential diagnosis and treatment, the decision of situational problems | 3 |
| 12. | The differential diagnosis of diseases with a maculopapular rash | Compilations algorima differential diagnosis and treatment of the syndrome of angina, the decision of situational problems | 3 |
| 13.  | The differential diagnosis of diseases with syndrome limfoadenopatii | Preparation of treatments of diseases with the syndrome of angina solution situational problems | 3 |
| 14. | The differential diagnosis of diseases with the syndrome of angina | Compilations algorima differential diagnosis and treatment of diseases with the syndrome of angina. Protection of individual works: diphtheria, measles | 3 |
| 15. | **landmark control**  | **Testing****Mini—clinical examination** | **3** |
| **Total** | **15** |
|  | **Grand Total:** |  | **45** |

**2.8 ThematicPlanofStudent’sIndependentWork.**

|  |  |  |  |
| --- | --- | --- | --- |
| **№** | **Theme** | **Formwork** | **Duration** |
| **1** | Obstructive bronchitis | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **2** | Pneumonia in children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **3** | Types of fever curves | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **4** | Diseases that occur with the syndrome of invasive diarrhea. Salmonellosis of children with | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **5** | Diseases that occur with invasive syndrome in children diarei.Shigellez | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **6** | Diseases that occur with the syndrome of secretory diarrhea. Cholera in children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **7** | Eherihioz children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **8** | Diseases that occur with the syndrome of secretory diarrhea. Rotavirus infection in in-children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **9** | Diphtheria in children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **10** | Measles in children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **11** | Malaria in children | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **12** | Diseases that occur with the rash syndrome in children. enterovirus infection | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **13** | Diseases that occur with the rash syndrome in children. Rubella. | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **14** | Diseases that occur with the rash syndrome in children. scarlet fever | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
| **15** | Diseases that occur with the syndrome limfoadeno-patii children. Infectious mononucleosis HYDRATED. | Algorithm for diagnosis, treatment regimen,compilation of the clinical situation and learning GOVERNMENTAL histories. | 3 |
|  | **Grand Total:** |  | **45** |

**Competency assessment formedness**

|  |  |  |  |
| --- | --- | --- | --- |
| **№****П****п** | **Types of work** | **Themes** | **Assessed competencies** |
| Knowledge | Practical skills | Communicative skills | Legal competence | Self development |
| 1.1 | Workshop | Introduction. Introduction to the program. Assessment and classification of diseases in children from 2 to 5 years..  | Tests, clinical analysis of patient or copies of medical card |  | Effectivecommunication with the mother |  |  |
| 1.2 | Workshop | Determination of danger signs | Tests, clinical analysis of patient or copies of medical card |  | Effective communication with mother |  |  |
| 1.3 | Workshop | Evaluation and classification of cough | Tests, clinical analysis of patient or copies of medical card | Respiration rate calculation | Mother's advice |  |  |
| 1.4 | Workshop | Evaluation and classification of asthmatoid breathing. | Tests, clinical analysis of patient or copies of medical card | Definition of gaining basic chest | Mother's advice |  |  |
| 1.5 | Workshop | Treating a child with a cough and asthmatoidbreathing. | Clinical situation, supervision of patients |  | Mother's advice |  |  |
| 1.6. | Workshop | Evaluation and classification of diarrhoea | Tests, clinical analysis of patient or copies of medical card | Determination of the degree of dehydration | Mother's advice |  |  |
| 1.7. | Workshop  | Determination of treatment for diarrhea | Tests, clinical analysis of patient or copies of medical card |  | Mother's advice |  |  |
| 1.8. | Workshop | Evaluation and classification of protracted diarrhea, Determination of treatment | Tests, clinical analysis of patient or copies of medical card |  | Mother's advice |  |  |
| 1.9. | Workshop | Evaluation and classification of fever | Tests, clinical analysis of patient or copies of medical card |  | Mother's advice |  |  |
| 1.10 | Workshop  | Determine the treatment of fever. | Tests, clinical analysis of patient or copies of medical card | Definition of rigidity neck | Mother's advice |  |  |
| 1.11 | Workshop | Measles. Evaluation and classification of measles treatment | Tests, clinical analysis of patient or copies of medical card |  | Mother's advice |  |  |
| 1.12 | Workshop | Evaluation and classification of sore throat. | Tests, clinical analysis of patient or copies of medical card | Inspection of the oropharynx, description of the data | Mother's advice |  |  |
| 1.13 | Workshop | Determine of treatment-sore throat. | Clinical situation, supervision of patients or review copies of medical cards |  | Mother's advice |  |  |
| 1.14 |  Workshop | Evaluation and classification of problems with ears | Tests, clinical analysis of patient or copies of medical card |  | Mother's advice |  |  |
| 1.15 | Workshop | Determine problems with ears | Tests, clinical analysis of patient or copies of medical card | Staging turundy at discharge from the ear | Mother's advice |  |  |
| 2.1 | SIWTS | Evaluation of the general signs of danger**.** | Situational tasks | Identify signs of danger |  | Testing (Order № 2136 "Guaranteed volume of medical care" |  |
| 2.2 | SIWTS | Urgent help at astmoid breath | Situational tasks, supervision of patients | Giving high speed aerosol bronhodilatator |  | Testing (order No. 656 "About the introduction of the itegrated management of childhood illness in Kazakhstan») |  |
| 2.3 | SIWTS | Differential diagnosis of disease with impaired respiratory function | Situational tasks, supervision of patients |  |  |  | The algorithm for differential diagnosis |
| 2.4 | SIWTS | Treatment of obstructive bronchitis | Situational tasks, supervision of patients |  |  |  | Training presentation: pneumonia, obstructive bronchitis in children |
| 2.5 | SIWTS | Landmark control | Testing, mini-clinical exam |  |  |  |  |
| 2.6 | SIWTS | Differential diagnosis of diseases with invasive disease  | Situational tasks, supervision of patients | Calculation and the drafting regidrata therapy |  | Testing (order No. 656 "on introduction of the integrated management of childhood illness in Kazakhstan») | The algorithm differential diagnosis of diarrhea |
| 2. 7 | SIWTS | Differential diagnosis of diseases with secretory diarrhea  | Situational tasks, supervision of patients |  |  | Testing (order No. 656 "on introduction of the integrated management of childhood illness in Kazakhstan») | Training presentation: rotavirus infection, cholera |
| 2.8 | SIWTS | Treatment of diarrhea. | Situational tasks, supervision of patients |  |  | Testing (order No. 656 "on introduction of the integrated management of childhood illness in Kazakhstan») | View presentations: Shigellosis, Salmonellosis  |
| 2.9 | SIWTS | Prehospital care for the sick meningitis | Situational tasks, supervision of patients |  |  | Testing (order No. 556 on measures for improvement of epidemiological surveillance, prevention, and diagnosis of meningokokokvoj infection ") | A treatment algorithm neuroinfection. Preparation of presentations: types of feverish curves, malaria. |
| 2.10 | SIWTS | Landmark control | Testing, mini-clinical exam |  |  |  |  |
| 2.11 | SIWTS | The differential diagnosis of diseases with vesicular exanthema | Situational tasks, supervision of patients |  |  | Testing (order No. 744 "on measures to improve the vaccination against infectious diseases") | Compilation algorithm for differential diagnosis and treatment. Preparation of presentations: scarlet fever, enterovirus infection |
| 2.12 | SIWTS | The differential diagnosis of diseases with a maculopapular rash | Situational tasks, supervision of patients | The ability to determine standard pour case of measles disease |  | Testing (order No. 744 "on measures to improve the vaccination against infectious diseases") | Compilation algorithm for differential diagnosis and treatment. Preparation of presentations: measles, rubella. |
| 2.13 | SIWTS | Differential diagnosis of disease with lymphadenopathy syndrome | Situational tasks, supervision of patients |  |  |  | Mapping disease treatment with syndrome of lymphoadenopathyView presentations: Infectious Mononucleosis |
| 2.14 | SIWTS | Differential diagnosis of diseases with syndrome of angina | Situational tasks, supervision of patients |  |  | Testing (order No. 113 "on improvement measures against diphtheria) | Compilation algorithm for differential diagnosis and treatment of diseases with syndrome of angina. Preparation of presentations: diphtheria |
| 2.15 | SIWTS | Landmark control | Testing, clinical exam |  |  |  |  |

**2.9 References**

**Summary**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2. Handbook on Integrated Management of Childhood Illness (IMCI) for teach-in of higher education. WHO, UNICEF, 2006.

3.SD drives IMCI to cough, shortness of breath. of diarrhea;

3. Provision of inpatient care for children. Pocket Guide. Guidelines for management of common illnesses in hospitals of the first level.Geneva, 2007.

**MORE:**

1. Technical adaptation of IMCI, WHO, Geneva, 2005.

2. The strategy of integrated management of sick child (IMCI), the process of adaptation and planning in Kazakhstan. 2002

**Internet addresses:**

http://formedik.narod.ru/

http://www.booksmed.com/

http://www.mmbook.ru/

http://www.medlit.biz/

http://www.nrcmc.kz/

http://www.rosmedic.ru/

http://www. wm. article. com /

http://www. ayala.kz

**2. 10. Methods of teaching and learning:**

- Problem-oriented teaching methods with the use of innovative technologies, discussions, presentations, clinical analysis, situational practical tasks, learning through educational brochures, demonstrations, photographs, videotapes, a computer program and learning to adapt IMCI.

**Practical:** together with a discussion of the theoretical teaching materials, a clinical examination of patients, performing tasks (written responses to questions, presentation, filling out tables, charts, etc.), testing, oral questioning, the use of multimedinnyh plants.

**Independent work of students**: work with the literature, the Internet - resources, training and research materials in electronic media, preparation of presentations and thematic essays.

**Forms of organization of the CDS**:

Algorithms for diagnosis, treatment regimen, preparation of clinical situations.

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

1.*Trebovaniya to the design:* the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

2. *The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably reveals the basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

1.*Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

2.*Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiological, pathogenetic, and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the topic), list of references .

**Preparation of clinical problems.**

1.*Trebovaniya to the design of clinical situational problem*: the volume of the problem should be sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, indicating the survey and treatment), life history (specify only the information related to the disease ) Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of preparation of situational problem and the signature of its author.

 **2.11 The criteria and rules for assessing knowledge.**

**The criteria and rules for grading**: evaluation ratings of students is made up of the current estimates and borderline control.

Current control is calculated by the formula:

**t = (Z1 + Z2 + N + K + P + S) / n**

**t** - current control = estimate obtained as the sum of points for the practical classes, practical skills, communication skills, with the legal issues for the SRSP for the CDS divided by the number of evaluations.

**Z1** - the score for the practical training

**Z2** - the score for the SRSP

**N** - amount of points for skills

**K** - the sum of scores for communication skills

**P** - the amount of points for legal matters

**S** - amount of points for self-development + grade for a student to work independently

**n**-number of estimates (28)

**Rate of admission** (total score) for the discipline is given by

**(T + r1 + r2 + r3)**

**Rd =**

 **4**

**Rd** - ranking score for admission

**t**-score for the current control

**r1**-evaluation for the control of a landmark

**r2** - evaluation for the control of two landmark

**r3** - mark for the control of three landmark

**Totaled together score the student's knowledge of the discipline**

|  |  |  |  |
| --- | --- | --- | --- |
| Score alphabetic system | digital equivalent | Points | Score traditional system |
| A | 4.0 | 100 | Excellent |
| A- | 3.67 | 90-94 |
| B+ | 3.33 | 85-89 | Well |
| B | 3.0 | 80-84 |
| B- | 2.67 | 75-79 |
| C+ | 2.33 | 70-74 | Satisfactory |
| C | 2.0 | 65-69 |
| C- | 1.67 | 60-64 |
| D+ | 1,33 | 55-59 |
| D | 1,0 | 50-54 |
| F | 0 | 0-49 | unsatisfactory |

Criteria for evaluation of knowledge-based SES RK 5.03.06-2006 "The educational system of the Republic of Kazakhstan.Control of knowledge in higher education "from 26.08.2006g.

1. Knowledge, skills and competencies of students in all types of control

estimates are determined by the Mark-lettered rating system, which are proportional to the ratio.

2. Rated "excellent" corresponds to the evaluation of A, having a digital equivalent of 4.0 and the percentage of 95-100% and A, having a digital equivalent of 3.67 and the percentage of 90-94%.

This assessment is put in when the student showed the uptake of the program material and not allow any-any errors, inaccuracies, timely and properly completed monitoring and laboratory work and passed the reports on them, showing the original thinking on time and without errors passed colloquia, completed homework, doing research work on their own using additional scientific literature in the study subjects, was able to organize their own program material.

3. Assessment of "good" rating corresponds to B +, which has a digital equivalent of 3.33 and the percentage of 85-89%, in having the digital equivalent of 3.0 and the percentage of 80-84%, and B, having the digital equivalent of 2.67 percent and content of 75-79%.

This assessment is placed in the event that a student has mastered the program material is not less than 75% and not made serious errors in responding in a timely manner to fulfill the control and laboratory work, and they passed without major remarks, correctly completed and promptly passed colloquia and home job without major observations using additional literature on the instructions of teachers engaged in research work made unprincipled inaccuracies or fundamental error, corrected by the student, managed to organize program material with the help of a teacher.

4. "Satisfactory" assessment corresponds to the estimate of C +, which has a digital equivalent of 2.33 and the percentage of 70-74%, with having a digital equivalent of 2.0 and the percentage of 65-69%, C-, having the digital equivalent of 1.67 percent and content of 60-64%, D +, which has a digital equivalent of 1.33 and the percentage of 55-59%, and D, which has a digital equivalent of 1.0 and the percentage of 50-54%.

This assessment is placed in the event that a student has mastered the program material is not less than 50%, under the control and laboratory work, homework needed help teachers to pass the colloquium allowed inaccuracies and errors unprincipled, showed no activity in the research,limited only to academic literature, this teacher, experienced great difficulties in the systematization of the material ..

5. Assessment of "unsatisfactory" rating corresponds to F, having a digital equivalent of 0, and the percentage of 0-49%.

This assessment is placed in the event that a student has found gaps in the knowledge of the base material under the program, more than half had not mastered the discipline of the program, the responses made fundamental errors, failed to fulfill certain tasks stipulated forms of current, intermediate and final control, has not worked all the basic literature, provided

the program.

Calculation of the current control:

1. **practical lesson - 1 lesson = 100 points**

Criteria for evaluation:

I. *Assessment of initial level of knowledge held by the tests (20), in writing, at once an assessment, the answers are corrected: the maximum score of -15 points*

**Criteria for evaluation of testing**

|  |  |  |
| --- | --- | --- |
| **Rated on a scale** | **% performance** | **rating for the traditional system** |
| 13,5-15 | 90-100 | Excellent |
| 11,3-13,4 | 89 - 75 | well |
| 7,5-11,2 | 74 - 50 | Satisfactory |
| less than 7.5  | 49 - 0 | unsatisfactory |

*II. Discussion of the topic sessions - maximum score -30 points*

• **27-30 points** for a class of "excellent" - deserves a student who has found a comprehensive and deep knowledge of subject material

• **22 -26 points** for a class of "good" - deserves a student discovered the full knowledge of the material subject, but let minor inaccuracies in the response. 15 - 21 points for an occupation of "satisfactory" - deserves a student who discovered the knowledge of the topic to the extent necessary for further study, but has admitted the error in the response

• **at least 15** points for an occupation "unsatisfactory" - exposed the student who discovered the problem in the knowledge of the topic and allowed fundamental errors

• **0 points** for an occupation - in the absence of a student in class.

*III.Osvoenie skills (Supervision of case patients) - the maximum score - 35 points*

• Examination of the patient (complaints, medical history and life, physical data) maksimalny score -15 points

**Criteria for assessing a patient survey**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteriadescription | 5 points | 4 points | 3 points | 2 points |
| 1 |  | Complaints to the full extent mesons, detailing Rowan, vydecounty leader syndrome | Complaints in full volume, Birmingham, detailing Rowan, vyde county leading syndrome | complaints in full, detailed, do not select a leading syndrome complaint, an hour-adic detailing | not selected a leading syndrome complaints are not detailed, is not isolated, the leading syndrome |
| 2 | History of deseasei and life-no - discovered in a chronological order for Zabo-Levani in dynamics with the indicated zaniem-excited conduction Survey and treatment) check information from the history of life, have-ing to the ratio of this disease. | Found in the chronological order in the dynamics of the disease with an indication of the survey and treatment), said information from the history of life-not related to the disease. | Admitted to minor inaccuracies in the collection of medical history and life  | of the error committed in the collection | medical history and medical history of life chaotically assembled |
| 3 | Physical data - led pro-Palpation, the Percusion, auskultation organs and systems in compliance with the procedures examination organs and systems | palpation, percussion, auscultationorgans and systems in compliance with the survey methodology | percussion, palpation, auscultation there were minor inaccuracies in the technique. | Palpation, percussion, auscultation performed with technical errors | Percussion, auskultation with the conduction considerably technically error |

**Rating scale**

|  |  |  |
| --- | --- | --- |
| **Rated on a scale** | **% performance** | **rating for the traditional system** |
| 13,5-15 | 90-100 | Excellent |
| 11,3-13,4 | 89 - 75 | well |
| 7,5-11,2 | 74 - 50 | Satisfactory |
| less than 7.5  | 49 - 0 | unsatisfactory |

• Interpretation of laboratory and instrumental data - the maximum score of -10

**The evaluation criteria of interpretation of laboratory and instrumental data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteriadescription | 5 points | 4 points | 3 points | 2 points |
| 1 | Said basic laboratory and instrumentalexperimental data specific to the disease | Noted basic laboratory instrumentationexperimental data specific to the disease | made a mistake in choosinglaboratory and instrumental experimental data specific to this disease | assume the error in the choice oflaboratory and instrumentalinformation characteristic of the disease | were admitted to significant errors in the choice of laboratory-instumental-experimental data |
| 2 | Held in the interpretation of the full | interpretation of the full | interpretation of some indicators had minor inaccuracies | interpretation of significant | The absence of errors of interpretation |

**Rating scale**

|  |  |  |
| --- | --- | --- |
| **Rated on a scale** | **% performance** | **rating for the traditional system** |
| 9-10 | 90-100 | Excellent |
| 7.5-8.9 | 89 - 75 | well |
| 5-7.4 | 74 - 50 | Satisfactory |
| less than 5  | 49 - 0 | unsatisfactory |

*• Rationale for the clinical diagnosis - the maximum score - 5 points*

**The evaluation criteria justify the clinical diagnosis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criteria | Description | 5 points | 4 points | 3 points | 2 points |
| Rationale for the clinical diagnosis identified: | complaints, data from the history of the disease, information from the Annam-independent life-no, the main physical local data, but the laboratory-instrumentality data are, having attitude to this disease | the clinical rationale diagnosis had given forehead-in disease anamnesis of life, fizikal, the laboratory-instrumental-experimental data necessary for diagnosis | noted the salient points, but made minor errors in the determination of the individual indicators needed to justifydiagnosis | were admitted to a serious error in determining the basic parameters necessary to substantiatediagnosis | not substantiated shaft clinical diagnosis |

*Basic principles of treatment - 5 points*

**• 4,5 - 5 points** - worth a student who has found a comprehensive and deep knowledge of the basic principles of treatment from the perspective of evidence-based medicine

**• 3,8 -4,4 points** - the student demonstrated knowledge worthy of the basic principles of treatment, but let minor inaccuracies in the response.

**• 2,5 - 3,7 points** - worthy student, discovered the knowledge of the basic principles of treatment, but do not have the evidence base

**• less than 2.5 points** - the student is exposed, found serious problems in the knowledge of the basic principles of treatment based on evidence-based medicine.

*IV. Final control (decision of situational problems) - the maximum score of -20 points*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteriadescription | 5 points | 4 points | 3 points | 2 points |
| 1 | Isolation syndrome leading to complaintspatient, his rationale | Leading syndrome is defined, justified | Leading syndrome is defined, but the justification of minor inaccuracies noted | Leading syndrome is defined, but there is no justification | Leading syndrome is not selected, the rationale is not held |
| 2 | The interpretation of objective evidence of disease | objective data adequately interpreted | There are some inaccuracies in the interpretation of objective data | Objective data are interpreted bad | the objective data errors incorrectly Interpreted |
| 3 | The interpretation of the available methods of examination, the selection of additional methods | interpret all the necessary methods of examination, assigned additional methods | available from the sensible-not-exactly in the interpretation of survey methods and to identify methods of additional methods | Survey is not in-terpretirovany in full, additional methods do not correspond with the underlying disease | survey methods are interpreted correctly, does not define additional methods |
| 4 | Determination of the principles of treatment | The principles of treatment from the perspective of evidence-based medicine | treatment guidelines were determined with non-small accuracies | noted not all the principles of treatment | noted, substantial problems in knowledge on the basic principles of treatment |

18 -20 points - excellent

15-17,8 points are well-

14.8 -10 points, satisfactory

less than 10 points, unsatisfactory

**2. Independent work of students - one CCF = 100 points**

1. **Criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**2. Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

1. **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**3.Landmark control:** Testing (50 Tests) - 100 points

Criteria for evaluation of testing

|  |  |  |
| --- | --- | --- |
| **Rated on a scale** | **% performance** | **rating for the traditional system** |
| 90-100 | 90-100 | fine |
| 75 -89 | 89 - 75 | well |
| 74-50 | 74 - 50 | Satisfactory |
| 49 and less | 49 - 0 | unsatisfactory |