

**FEDERAL STATE BUDGET EDUCATIONAL
HIGHER EDUCATION INSTITUTION
"ROSTOV STATE MEDICAL UNIVERSITY"
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FACULTY OF TREATMENT AND PREVENTION**

Appraisal Fund
in the discipline "Propaedeutics of internal diseases"

Specialty 05/31/01 General Medicine

1. Interim certification form -exam

2. Type of intermediate certification: interview, test control (text), solving situational problems in accordance with the work program.

3. List of competencies formed by the discipline or in formation which discipline is involved

| Code competencies | Content of competencies (results of mastering OOP) | Contents of elements competencies, in the implementation of which discipline involved |
|-------------------|---|---|
| OPK-1 | Capable to decide standard tasks, professional activities using informational, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the main requirements information security; | - |
| OPK 4 | Able to implement ethical and deontological principles in professional activities; | - |
| OPK 6 | Capable of maintaining medical records; | - |
| OPK 9 | Capable To assessment morphofunctional, physiological states And pathological processes V the human body to solve professional problems; | - |
| OPK 11 | Capable To application medical products, provided for orders provision of medical care; | - |
| PC 1 | Capable To implementation complex events, aimed at preserving and strengthening health And including the formation of a healthy image life, warning emergence and (or) distribution diseases, their early diagnostics, identification of the causes and conditions of their occurrence and development, as well as those aimed at eliminating the harmful effects of environmental factors on human health; | - |
| PC 5 | Capable of collecting and analyzing complaints | - |

| | | |
|-------|---|---|
| | patient, his medical history, results inspection, laboratory, instrumental, pathological-anatomical and other studies V purposes recognition state or establishing the presence or absence of a disease; | |
| PC 6 | Capable To definition at patient main pathological states, symptoms, syndromes diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision; PC 8-ability to determine tactics for managing patients with various nosological forms; | - |
| PC 10 | Capable of providing medical care for sudden acute illnesses, exacerbation chronic diseases, not accompanied by a threat to the patient's life and not requiring emergency medical care; | - |
| PC 15 | Capable of teaching patients and their relatives main hygienic events health character, self-control skills main physiological indicators, promoting conservation and strengthening health, disease prevention; | - |
| PC 20 | Capable of analysis and public presentation medical information on basis evidence-based medicine; | - |
| PC 21 | Capable of participating in scientific research; | - |

4. Stages of developing competencies in the process of mastering educational programs

| Competence | Disciplines | Semester |
|------------|---------------------|----------|
| OPK-1 | physics mathematics | 1 |
| | biology | 1.2 |

| | | |
|--------|---------------------------------|-------|
| OPK 4 | anatomy | 1,2,3 |
| | normal physiology | 3.4 |
| OPK 6 | physics mathematics | 1 |
| OPK 9 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| OPK 11 | normal physiology | 3.4 |
| | physics mathematics | 1 |
| PC 1 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| PC 5 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| PC 6 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| PC 10 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| PC 15 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| PC 20 | physics mathematics | 1 |
| PC 21 | biology | 1.2 |
| | histology, embryology, cytology | 2.3 |
| | normal physiology | 3.4 |
| | anatomy | 1,2,3 |
| | physics mathematics | 1 |

5. Stages of developing competencies in process of mastering the discipline

| Sections disciplines | Codes of formed competencies | | | | | | | | | | | |
|----------------------|------------------------------|-----------|-------------------------|-----------|----------------|----------|-----------|----------|-----------|-----------|-----------|-----------|
| | defense industry - 1 | OPK- 4 | defense industry - 6 | OPK- 9 | OPK- eleven | PC- 1 | PC - 5 | PC- 6 | PC- 10 | PC- 15 | PC- 20 | PC- 21 |
| Semester 5 | | | | | | | | | | | | |
| Section 1 | + | + | - | + | + | + | + | + | + | + | + | + |
| Section 2 | + | + | - | + | + | + | + | + | + | + | + | + |
| Section 3 | + | + | - | + | + | + | + | + | + | + | + | + |
| Section 4 | + | + | - | + | + | + | + | + | + | + | + | + |
| Semester 6 | | | | | | | | | | | | |
| Section 5 | + | + | - | + | + | + | + | + | + | + | + | + |
| Section 6 | + | + | - | + | + | + | + | + | + | + | + | + |
| Section 7 | + | + | + | + | + | + | + | + | + | + | + | + |
| Section 8 | + | + | - | + | + | + | + | + | + | + | + | + |

6. Current control

In the fund of appraisal funds **current control** those forms of control that are specified in the discipline RPD must be presented.

| Forms of control from discipline RPD | Approximate (standard) tasks, quantity |
|--------------------------------------|---|
| Practical skills | 2 skills |
| Oral survey, interview | test questions on the topics of the section |
| Test control | 20 test tasks |

Interview

Section General questions

1. Subject and tasks "Propaedeutics of internal diseases." Domestic therapeutic school (G.A. Zakharyin, S.P. Botkin, A.A. Ostroumov, V.K.N.D. Strazhesko, V.P. Obratsov, Vasilenko, A.M. Myasnikov). History of development departments

propaedeutics of internal diseases Rostov State Medical University.

2. Medical documentation: medical history, its contents. The meaning of history disease as a scientific, medical and legal document.

3. Diagnosis, types of medical diagnosis. Basic functions of diagnosis. Principles formulating a medical diagnosis.

4. General methodology of diagnosis. Diagnostic principles. Types and structure diagnosis. Stages of diagnostic search.

5. General examination of the patient. Diagnostic value.

6. General examination of the patient. Determination of the severity of the general condition sick.

7. Body temperature. Types of temperature curves. Diagnostic value.

8. Basic research methods, general semiotics in musculoskeletal pathology motor apparatus. Determination of the type of posture, shape of the back, types of lameness, diagnostic criteria.

9. Basic research methods, general semiotics in musculoskeletal pathology musculoskeletal system – characteristic of the muscular system. (System of muscle mass, muscle tone and muscle strength).

10. Basic research methods, general semiotics in joint pathology Characteristics of pain syndrome. Methods for examining joints, diagnostic value.

11. Questioning the patient. The importance of questioning the patient, features individualized approach to the patient.
12. Palpation as a method of direct examination of the patient. Kinds palpation. Clinical symptoms detected by palpation.
13. Percussion as a method of direct examination of the patient. Kinds percussion, types of percussion sound. Clinical symptoms detected by percussion.
14. Auscultation as a method of direct examination of the patient. Physical rationale for auscultation, general rules.
15. General scheme of examination of the patient. Questioning technique, physical examination methods examinations.
16. The concept of "symptom", "syndrome", "symptom complex". Classification symptoms (pathognomonic, specific, nonspecific; obvious, hidden; subjective and objective), examples.
17. Medical ethics and deontology. Iatrogenic diseases in the internal clinic diseases.
18. Methodology for constructing a diagnosis - symptoms and syndromes, basic concepts, definition, classification.

Section Pulmonology

1. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of pain syndrome
2. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of cough, diagnostic value.
3. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of shortness of breath.
4. Examination of the respiratory system by inspection. Algorithm, clinical significance of detected symptoms. Clinical topography of the chest.
5. Palpation of the chest. The mechanism of formation of voice tremors, normal characteristics and changes in pathology. Algorithm for auscultation of the lungs.
6. Percussion of the chest - characteristics of normal percussion sound and changes in pathology. Lung percussion algorithm.
7. Auscultation of the lungs. Basic respiratory sounds, mechanism of formation. Characteristics, diagnostic value. Lung auscultation algorithm
8. Auscultation of the lungs. Lung auscultation algorithm. Adverse breath sounds. Mechanism of education. Characteristics, diagnostic value.
9. Syndrome of fluid accumulation in the pleural cavity. Origin, clinical differences between transudate and exudate. Clinical significance
10. Syndrome of air accumulation in the pleural cavity. Origin, types, symptomatology of pneumothorax. Clinical significance.
11. Syndrome of increased airiness of lung tissue. The mechanism of formation and morphofunctional changes that arise during this process. Clinical signs.
12. Atelectasis syndrome: origin and types. Clinical signs.
13. Lung cavity syndrome. Clinical significance.
14. Syndrome of lobar compaction of lung tissue. Clinical significance
15. Obstructive respiratory failure syndrome. Causes of development, clinical manifestations.

16. Acute vascular insufficiency syndrome. Causes. Clinical symptoms detected in left ventricular and right ventricular failure
17. Acute heart failure syndrome. Causes. Clinical symptoms detected in left ventricular and right ventricular failure.
18. Chronic heart failure. Causes and mechanisms of development. Clinical symptoms detected in left ventricular and right ventricular failure.
19. Chronic heart failure. Characteristics of stages and functional classes

20. Pulmonary circulation hypertension syndrome.
21. Syndrome of arrhythmias caused by dysfunction of automaticity (clinical and instrumental diagnostics). Sinus tachycardia, bradycardia, arrhythmias.
22. Syndrome of arrhythmias caused by impaired conduction function (clinical and instrumental characteristics). Leg blockade, AV block.
23. Syndrome of arrhythmias caused by the formation of ectopic foci of increased excitability - extrasystole, paroxysmal tachycardia (clinical and instrumental characteristics).
24. Syndrome of arrhythmias caused by a combined dysfunction of excitability and conduction (clinical and instrumental characteristics).
25. ECG - atrial hypertrophy syndrome.
26. ECG - ventricular hypertrophy syndrome.
27. Acute coronary syndrome. Definition. ECG diagnostics. Principles of therapy.

28. Electrocardiography. Vector principle of ECG analysis. ECG interpretation plan.
29. Acute rheumatic fever. Clinical picture (Kisel-Johnson criteria). Laboratory and instrumental diagnostics. Principles of therapy
30. Mitral valve insufficiency. Symptomatology, diagnosis.
31. Symptomatology and diagnosis of mitral stenosis. Basic principles of therapy.

32. Aortic valve insufficiency. Symptomatology, diagnosis. Basic principles of therapy.
33. Stenosis of the aortic mouth. Etiology. Symptomatology and diagnosis. Basic principles of therapy.
34. Coronary heart disease: myocardial infarction. Complications and atypical forms.
35. Coronary heart disease: myocardial infarction. Definition. Symptomatology, characteristics of the anginal condition during myocardial infarction. Stages of myocardial infarction. Diagnostics.
36. Coronary heart disease: angina pectoris. Classification. Clinical options. Laboratory and instrumental diagnostics. Principles of therapy.
37. Hypertension. Definition. Classification. Stratification of patients according to risk level. Symptomatology, diagnosis Hypertensive crisis. Principles of therapy.
38. Coronary heart disease. Classification. Clinical and laboratory-instrumental signs of atherosclerosis.
39. Blood pressure study. Methods for measuring blood pressure. 24-hour blood pressure monitoring. Classification of normal blood pressure levels.

40. Heart muscle damage syndrome. Non-coronary heart diseases. Myocarditis. Etiology, symptomatology, laboratory and instrumental diagnostics.

41. Acute vascular insufficiency syndrome. Fainting, collapse, shock. General symptomatology. Emergency care for fainting and principles of relief of collapse and shock.

Section Gastroenterology

1. Abdominal pain syndrome. Classification. Etiopathogenesis, characteristics, clinical significance.
2. Basic research methods, general semiotics in esophageal pathology.
3. Basic research methods, general semiotics in gastric pathology.
4. Basic research methods, general semiotics in intestinal pathology.
5. Basic research methods, general semiotics in liver pathology.
6. Basic research methods, general semiotics in gallbladder pathology.

7. Basic research methods, general semiotics in pancreatic pathology. Disease of the "small" and "large" ducts.
8. Dysphagia syndrome. Types of dysphagia, classification, clinical significance.
9. Vomiting. Mechanism of occurrence, types of vomiting, characteristics, clinical significance.
10. Diarrhea, pathogenetic classification, characteristics, clinical significance.
11. Constipation, mechanism of occurrence. Diagnostic value.
12. Flatulence, mechanism of occurrence. Diagnostic value.
13. Digestive insufficiency syndrome (maldigestion). Definition. Causes. Symptomatology. Additional research methods
14. Intestinal absorption deficiency syndrome (malabsorption). Definition. Symptomatology. Assessment of severity. Laboratory and instrumental diagnostics.
15. Bacterial overgrowth syndrome. Clinical significance
16. Jaundice syndrome. Classification of jaundices. The main clinical and laboratory signs of jaundice of various origins.
17. Portal hypertension syndrome. Types of portal hypertension. Clinical significance.
18. Cytolysis syndrome. Diagnostic value
19. Mesenchymal inflammatory syndrome. Diagnostic value
20. Cholestasis syndrome. Diagnostic value
21. Hemorrhagic syndrome in liver pathology and blood diseases.
22. Hepatolienal syndrome.
23. Syndrome of esophageal, gastric and intestinal bleeding. General symptomatology of bleeding and the main clinical signs of bleeding from the upper and lower gastrointestinal tract.
24. Methods for studying the acid-forming function of the stomach. Diagnostic value of pH-metry.
25. Scatological laboratory diagnostics.
26. Laboratory research methods and markers for studying liver function, reflecting its participation in pigment, carbohydrate, protein and fat metabolism.
27. Gastroesophageal reflux disease. Definition. Symptomatology. Additional research methods. Principles of therapy
28. Functional dyspepsia. Definition. Clinical options. Features of symptomatology and diagnosis. Principles of therapy.
29. Chronic gastritis. Definition. Etiology. Classification. Symptomatology, physiology, diagnosis. Basic principles of therapy.

30. Peptic ulcer of the stomach and duodenum. Features of symptomatology, complications. Laboratory and instrumental research methods. Principles of therapy.
31. Irritable bowel syndrome. Definition. Clinical options. Diagnostic (Roman) criteria. Principles of therapy
32. Ulcerative colitis. Symptomatology, laboratory and instrumental diagnostics. Principles of therapy.
33. Chronic pancreatitis. Definition. Symptomatology and laboratory and instrumental diagnostics. Principles of therapy
34. Functional diseases of the biliary system: biliary dyskinesia, dysfunction of the sphincter of Oddi. Features of symptomatology, laboratory and instrumental diagnostics. Principles of therapy.
35. Chronic cholecystitis. Cholelithiasis. Symptomatology of chronic cholecystitis and laboratory and instrumental methods
diagnostics Principles of therapy
36. Chronic hepatitis. Definition. Etiology of viral hepatitis. Drug-induced and toxic liver damage. General symptomatology and laboratory and instrumental diagnosis of viral hepatitis. Principles of therapy.
37. Cirrhosis of the liver. Definition. Etiology of liver cirrhosis. Symptomatology and classification of the severity of cirrhosis according to Child-Pugh. Complications. Laboratory and instrumental research methods. Principles of therapy.

Section Endocrinology

1. Obesity. Classification of obesity. Predisposing factors. Clinical painting. Diagnostics. Body mass index.
2. Diffuse toxic goiter (thyrotoxicosis). Symptomatology, laboratory instrumental research methods. Principles of therapy.
3. Diabetes mellitus. Etiology. Classification. Symptomatology of sugar diabetes Additional research methods. Principles of therapy.
4. Diabetes mellitus and its complications. Diabetic (ketoacidemic) coma. Symptomatology of coma. Principles of diabetes treatment

Section Hematology

1. Anemia. Classification. Clinical manifestations of anemic syndrome (acute posthemorrhagic anemia).
2. Iron deficiency anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
3. B12 deficiency anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
4. Hemolytic anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
- 5 Acute leukemia. Types of acute leukemia. General symptomatology. Laboratory diagnostics. The value of a general blood test. Principles of therapy.
6. Chronic lymphocytic leukemia. Symptomatology, diagnosis.
7. Chronic myeloid leukemia. Symptomatology, diagnosis
8. Hemorrhagic syndrome: DIC syndrome. Clinical manifestations of the syndrome. Diagnostics. Principles of therapy.
9. Hemorrhagic diathesis. Clinical manifestations, diagnosis hemorrhagic syndrome.

10. The concept of idiopathic thrombocytopenic purpura - Werlhof's disease. Schonlein-Henoch disease. Hemophilia.

Section Nephrology

1. Basic research methods, general semiotics in pathology of the kidneys and urinary system. Characteristics of pain and swelling syndromes.
2. Renal colic syndrome.
3. Nephrotic and nephritic syndromes. Definition. Symptomatology. Laboratory and instrumental diagnostics. Clinical significance.
4. Disorder of the act of urination (dysuria syndrome). Classification of urinary disorders. Clinical significance.
5. Chronic glomerulonephritis. Causes. Mechanisms of development. Clinical options. Principles of therapy.
6. Chronic pyelonephritis. Causes. Mechanisms of development. Clinical options. Principles of therapy.
7. Chronic renal failure. Clinical symptoms. Laboratory diagnostics. Modern types of therapy.
8. Laboratory and instrumental research methods for diseases of the urinary organs. Urine examination.
9. Glomerular filtration rate. Clinical significance.
10. Symptomatology, diagnosis of chronic renal failure. Classification. Main clinical syndromes. Diagnostics.
11. The concept of chronic kidney disease. Diagnostic criteria. Glomerular filtration rate.
12. Acute renal failure syndrome: types and stages. Clinical manifestations, diagnosis.

Section Rheumatology

1. Symptomatology, clinical manifestations of gout. Methods of examining the patient.
2. Symptomatology, clinical manifestations of rheumatoid arthritis. Methods of examining the patient.

Criteria for evaluating forms of

control: Interviews:

| Mark | Description |
|-------|---|
| Great | The mark "EXCELLENT" is given to an answer that shows a solid knowledge of the basic processes of the subject area being studied and is distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response. |
| Fine | The mark "GOOD" evaluates an answer that reveals a solid knowledge of the basic processes of the subject area being studied, and is distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give |

| | |
|----------------|---|
| | examples; fluency in monologue speech, logic and consistency of response. However, one or two inaccuracies in the answer are allowed. |
| satisfactorily | The mark "SATISFACTORY" evaluates an answer that mainly indicates knowledge of the processes of the subject area being studied, characterized by insufficient depth and completeness of the topic; knowledge of the basic issues of theory; poorly developed skills in analyzing phenomena and processes, insufficient ability to give reasoned answers and give examples; insufficient fluency in monologue speech, logic and consistency of response. There may be several errors in the content of the answer. |
| unsatisfactory | The mark "UNSATISFACTORY" evaluates an answer that reveals ignorance of the processes of the subject area being studied, characterized by a shallow disclosure of the topic; ignorance of the basic issues of theory, unformed skills in analyzing phenomena and processes; inability to give reasoned answers, poor command of monologue speech, lack of logic and consistency. Serious errors in the content of the answer are allowed. |

List of practical skills and abilities

1. Questioning the patient, collecting anamnesis.
 2. General inspection.
 3. Examination of the chest.
 4. Palpation of the chest.
 5. Comparative percussion of the lungs.
 6. Topographic percussion of the lungs.
 7. Auscultation of the lungs.
 8. Examination of the heart area.
 9. Palpation of the heart.
 10. Percussion of relative and absolute dullness of the heart.
 11. Auscultation of the heart.
 12. Study of veins and arteries.
 13. Study of arterial pulse.
 14. Determination of blood pressure using the Korotkov method.
 15. Examination of the oral cavity and abdomen.
 16. Percussion of the abdomen.
 17. Superficial indicative palpation of the abdomen.
 18. Methodical deep sliding palpation according to the method of V.P. Obratsov and P.D. Strazhesko.
 19. Auscultation of the abdomen.
 20. Inspection of the liver and spleen area.
 21. Percussion of the liver and the area where the gallbladder is located.
 22. Palpation of the liver and gall bladder.
 23. Percussion of the spleen.
 24. Palpation of the spleen.
 25. Examination of the lumbar and suprapubic areas.
 26. Percussion of the kidneys and bladder.
 27. Palpation of the kidneys, bladder and ureteral points.

28. Palpation of the thyroid gland.
29. Reading and interpretation of spirometry results
30. Reading and interpretation of sputum analysis.
31. Reading and interpretation of pleural fluid analysis.
32. Reading and interpretation of the results of a study of gastric secretion (RN-metry).
33. Reading and interpretation of the results of analysis of duodenal contents.
34. Reading and interpretation of scatological analysis.
35. Reading and interpretation of biochemical blood tests.
36. Reading and interpretation of urine tests (general, according to Nechiporenko, according to Zimnitsky, Rehberg test).
37. Reading and interpretation of clinical blood tests.
38. Anthropometric studies: determination of body mass index (BMI). Body thermometry: interpretation of temperature curves.
39. Interpretation of ECG. Interpretation of the found changes.

Skills

| Mark | Description |
|----------------|--|
| Great | student has systemic theoretical knowledge (knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), independently demonstrates the implementation of practical skills without errors |
| Fine | the student has theoretical knowledge (knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), independently demonstrates the implementation of practical skills, allowing for some inaccuracies (minor errors), which he independently detects and quickly corrects |
| satisfactorily | student has satisfactory theoretical knowledge (knows the basic principles of the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc.), demonstrates the implementation of practical skills, making some mistakes that can be corrected when corrected by the teacher |
| unsatisfactory | student Not has sufficient level theoretical knowledge (does not know the methods of performing practical skills, indications and contraindications, possible complications, standards, etc.) and/or cannot independently demonstrate practical skills or performs them, making gross mistakes |

7. Interim certification

| | |
|--|---|
| Interim certification forms from the RPD disciplines | Approximate (standard) tasks, quantity |
| Practical skills | 2 skills |
| Interview | All control questions on the discipline |

| | |
|--------------|---------------|
| | (or semester) |
| Test control | 30 test tasks |

Test control

List of test tasks for intermediate certification with standard answers. List of test tasks for ongoing monitoring with standard answers.

1. Bronchial asthma is characterized by the presence of:

- 1) splashing noise;
- 2) distant wheezing against the background of weakened breathing;
- 3) crepitus against the background of bronchial breathing;
- 4) stenotic breathing;
- 5) bronchial breathing.

2. Increased vocal tremors occur in all diseases except:

- 1) hydropneumothorax;
- 2) compression atelectasis;
- 3) pulmonary fibrosis;
- 4) lobar pneumonia;
- 5) syndrome of an empty cavity connected to the bronchus.

3. Bradypnea is observed in all conditions except:

- 1) depression of the respiratory center;
- 2) compression atelectasis;
- 3) increased intracranial pressure;
- 4) uremia;
- 5) hepatic or diabetic coma.

4. "Rusty" sputum occurs when:

- 1) acute bronchitis;
- 2) chronic bronchitis;
- 3) pulmonary edema;
- 4) breakthrough of an abscess into the bronchus;
- 5) lobar pneumonia.

5. Charcot-Leyden crystals are found when:

- 1) pulmonary tuberculosis;
- 2) acute bronchitis;
- 3) lobar pneumonia;
- 4) bronchial asthma;
- 5) gangrene of the lung.

6. The exudate contains protein:

- 1) no more than 3%;
- 2) >3%;
- 3) >4%;
- 4) >5%;
- 5) <2%.

7. Chest pain can be caused by:

1. injury;
2. myositis;
3. pleurisy;

4. herpes zoster;
5. all the listed diseases.

8. Dull percussion sound occurs when:
 1. lack of air in the lung tissue;
 2. increasing the airiness of the lungs;
 3. reducing the airiness of the lungs;
 4. decreased elasticity of lung tissue;
 5. pneumothorax.

9. Displacement of mediastinal organs to the painful side is observed when:
 1. hydrothorax;
 2. pneumothorax;
 3. obstructive atelectasis;
 4. lobar pneumonia;
 5. bronchiectasis.

10. During comparative percussion of the lungs in a patient with broncho-obstructive syndrome, the sound is determined:
 1. clear pulmonary;
 2. stupid;
 3. boxed;
 4. tympanic;
 5. dull-tympanic.

Sample answers:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----|---|---|---|---|---|---|---|---|---|----|
| A | | X | | | | | | X | | |
| B | | | | | | X | | | | |
| IN | X | | X | | | | | | X | X |
| G | | | | | X | | | | | |
| D | | | | X | | | X | | | |

Test control grading scale:

| percentage of correct answers | Marks |
|-------------------------------|----------------|
| 100-91 | Great |
| 90-81 | Fine |
| 80-71 | satisfactorily |
| Less than 71 | unsatisfactory |

Interview

Section General questions

1. Subject and tasks "Propaedeutics of internal diseases." Domestic therapeutic school (G.A. Zakharyin, S.P. Botkin, A.A. Ostroumov, V.K.N.D. Strazhesko, V.P. Obratsov, Vasilenko, A.M. Myasnikov). History of development departments

propaedeutics of internal diseases Rostov State Medical University.

2. Medical documentation: medical history, its contents. The meaning of history disease as a scientific, medical and legal document.

3. Diagnosis, types of medical diagnosis. Basic functions of diagnosis. Principles formulating a medical diagnosis.

4. General methodology of diagnosis. Diagnostic principles. Types and structure diagnosis. Stages of diagnostic search.
5. General examination of the patient. Diagnostic value.
6. General examination of the patient. Determination of the severity of the general condition sick.
7. Body temperature. Types of temperature curves. Diagnostic value.
8. Basic research methods, general semiotics in musculoskeletal pathology motor apparatus. Determination of the type of posture, shape of the back, types of lameness, diagnostic criteria.
9. Basic research methods, general semiotics in musculoskeletal pathology musculoskeletal system – characteristic of the muscular system. (System of muscle mass, muscle tone and muscle strength).
10. Basic research methods, general semiotics in joint pathology Characteristics of pain syndrome. Methods for examining joints, diagnostic value.
11. Questioning the patient. The importance of questioning the patient, features individualized approach to the patient.
12. Palpation as a method of direct examination of the patient. Kinds palpation. Clinical symptoms detected by palpation.
13. Percussion as a method of direct examination of the patient. Kinds percussion, types of percussion sound. Clinical symptoms detected by percussion.
14. Auscultation as a method of direct examination of the patient. Physical rationale for auscultation, general rules.
15. General scheme of examination of the patient. Questioning technique, physical examination methods examinations.
16. The concept of “symptom”, “syndrome”, “symptom complex”. Classification symptoms (pathognomonic, specific, nonspecific; obvious, hidden; subjective and objective), examples.
17. Medical ethics and deontology. Iatrogenic diseases in the internal clinic diseases.
18. Methodology for constructing a diagnosis - symptoms and syndromes, basic concepts, definition, classification.

Section Pulmonology

25. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of pain syndrome
26. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of cough, diagnostic value.
27. Basic research methods, general semiotics in respiratory pathology. Mechanism of occurrence, characteristics of shortness of breath.
28. Examination of the respiratory system by inspection. Algorithm, clinical significance of detected symptoms. Clinical topography of the chest.
29. Palpation of the chest. The mechanism of formation of voice tremors, normal characteristics and changes in pathology. Algorithm for auscultation of the lungs.
30. Percussion of the chest - characteristics of normal percussion sound and changes in pathology. Lung percussion algorithm.
31. Auscultation of the lungs. Basic respiratory sounds, mechanism of formation. Characteristics, diagnostic value. Lung auscultation algorithm

50. Arterial and venous pressure. Research methods, diagnostic value. Algorithm for blood pressure research.
51. Pulse, mechanism of occurrence, research methods, characteristics of properties.
52. Functional tests used in the study of a patient with pathology of the cardiovascular system.
53. Pain syndrome in pathology of the cardiovascular system. Classification. Clinical examples.
54. Shortness of breath. The mechanism of occurrence of pathology of the cardiovascular system. Clinical significance.
55. Edema. The mechanism of occurrence in pathology of the cardiovascular system. Clinical significance.
56. Arterial hypertension syndrome.
57. Acute vascular insufficiency syndrome. Causes. Clinical symptoms detected in left ventricular and right ventricular failure
58. Acute heart failure syndrome. Causes. Clinical symptoms detected in left ventricular and right ventricular failure.
59. Chronic heart failure. Causes and mechanisms of development. Clinical symptoms detected in left ventricular and right ventricular failure.
60. Chronic heart failure. Characteristics of stages and functional classes
61. Pulmonary circulation hypertension syndrome.
62. Syndrome of arrhythmias caused by dysfunction of automaticity (clinical and instrumental diagnostics). Sinus tachycardia, bradycardia, arrhythmias.
63. Syndrome of arrhythmias caused by impaired conduction function (clinical and instrumental characteristics). Leg blockade, AV block.
64. Syndrome of arrhythmias caused by the formation of ectopic foci of increased excitability - extrasystole, paroxysmal tachycardia (clinical and instrumental characteristics).
65. Syndrome of arrhythmias caused by a combined dysfunction of excitability and conduction (clinical and instrumental characteristics).
66. ECG - atrial hypertrophy syndrome.
67. ECG - ventricular hypertrophy syndrome.
68. Acute coronary syndrome. Definition. ECG diagnostics. Principles of therapy.
69. Electrocardiography. Vector principle of ECG analysis. ECG interpretation plan.
70. Acute rheumatic fever. Clinical picture (Kisel-Johnson criteria). Laboratory and instrumental diagnostics. Principles of therapy
71. Mitral valve insufficiency. Symptomatology, diagnosis.
72. Symptomatology and diagnosis of mitral stenosis. Basic principles of therapy.
73. Aortic valve insufficiency. Symptomatology, diagnosis. Basic principles of therapy.
74. Stenosis of the aortic mouth. Etiology. Symptomatology and diagnosis. Basic principles of therapy.
75. Coronary heart disease: myocardial infarction. Complications and atypical forms.
76. Coronary heart disease: myocardial infarction. Definition. Symptomatology, characteristics of the anginal condition during myocardial infarction. Stages of myocardial infarction. Diagnostics.
77. Coronary heart disease: angina pectoris. Classification. Clinical options. Laboratory and instrumental diagnostics. Principles of therapy.

78. Hypertension. Definition. Classification. Stratification of patients according to risk level. Symptomatology, diagnosis Hypertensive crisis. Principles of therapy.
79. Coronary heart disease. Classification. Clinical and laboratory-instrumental signs of atherosclerosis.
80. Blood pressure study. Methods for measuring blood pressure. 24-hour blood pressure monitoring. Classification of normal blood pressure levels.
81. Syndrome of damage to the heart muscle. Non-coronary heart diseases. Myocarditis. Etiology, symptomatology, laboratory and instrumental diagnostics.
82. Acute vascular insufficiency syndrome. Fainting, collapse, shock. General symptomatology. Emergency care for fainting and principles of relief of collapse and shock.

Section Gastroenterology

38. Abdominal pain syndrome. Classification. Etiopathogenesis, characteristics, clinical significance.
39. Basic research methods, general semiotics in esophageal pathology.
40. Basic research methods, general semiotics in gastric pathology.
41. Basic research methods, general semiotics in intestinal pathology.
42. Basic research methods, general semiotics in liver pathology.
43. Basic research methods, general semiotics in gallbladder pathology.
44. Basic research methods, general semiotics in pancreatic pathology. Disease of the "small" and "large" ducts.
45. Dysphagia syndrome. Types of dysphagia, classification, clinical significance.
46. Vomiting. Mechanism of occurrence, types of vomiting, characteristics, clinical significance.
47. Diarrhea, pathogenetic classification, characteristics, clinical significance.
48. Constipation, mechanism of occurrence. Diagnostic value.
49. Flatulence, mechanism of occurrence. Diagnostic value.
50. Digestive insufficiency syndrome (maldigestion). Definition. Causes. Symptomatology. Additional research methods
51. Intestinal absorption deficiency syndrome (malabsorption). Definition. Symptomatology. Assessment of severity. Laboratory and instrumental diagnostics.
52. Bacterial overgrowth syndrome. Clinical significance
53. Jaundice syndrome. Classification of jaundices. The main clinical and laboratory signs of jaundice of various origins.
54. Portal hypertension syndrome. Types of portal hypertension. Clinical significance.
55. Cytolysis syndrome. Diagnostic value
56. Mesenchymal inflammatory syndrome. Diagnostic value
57. Cholestasis syndrome. Diagnostic value
58. Hemorrhagic syndrome in liver pathology and blood diseases.
59. Hepatolienal syndrome.
60. Syndrome of esophageal, gastric and intestinal bleeding. General symptomatology of bleeding and the main clinical signs of bleeding from the upper and lower gastrointestinal tract.
61. Methods for studying the acid-forming function of the stomach. Diagnostic value of pH-metry.
62. Scatological laboratory diagnostics.

63. Laboratory research methods and markers for studying liver function, reflecting its participation in pigment, carbohydrate, protein and fat metabolism.
64. Gastroesophageal reflux disease. Definition. Symptomatology. Additional research methods. Principles of therapy
65. Functional dyspepsia. Definition. Clinical options. Features of symptomatology and diagnosis. Principles of therapy.
66. Chronic gastritis. Definition. Etiology. Classification. Symptomatology, Pathology, physiology. diagnosis. Basic principles of therapy.
67. Peptic ulcer of the stomach and duodenum. Features of symptomatology, complications. Laboratory and instrumental research methods. Principles of therapy.
68. Irritable bowel syndrome. Definition. Clinical options. Diagnostic (Roman) criteria. Principles of therapy
69. Ulcerative colitis. Symptomatology, laboratory and instrumental diagnostics. Principles of therapy.
70. Chronic pancreatitis. Definition. Symptomatology and laboratory and instrumental diagnostics. Principles of therapy
71. Functional diseases of the biliary system: biliary dyskinesia, dysfunction of the sphincter of Oddi. Features of symptomatology, laboratory and instrumental diagnostics. Principles of therapy.
72. Chronic cholecystitis. Cholelithiasis. Symptomatology of chronic cholecystitis and laboratory and instrumental methods
diagnostics Principles of therapy
73. Chronic hepatitis. Definition. Etiology of viral hepatitis. Drug-induced and toxic liver damage. General symptomatology and laboratory and instrumental diagnosis of viral hepatitis. Principles of therapy.
74. Cirrhosis of the liver. Definition. Etiology of liver cirrhosis. Symptomatology and classification of the severity of cirrhosis according to Child-Pugh. Complications. Laboratory and instrumental research methods. Principles of therapy.

Section Endocrinology

1. Obesity. Classification of obesity. Predisposing factors. Clinical painting. Diagnostics. Body mass index.
2. Diffuse toxic goiter (thyrotoxicosis). Symptomatology, laboratory instrumental research methods. Principles of therapy.
3. Diabetes mellitus. Etiology. Classification. Symptomatology of sugar diabetes Additional research methods. Principles of therapy.
4. Diabetes mellitus and its complications. Diabetic (ketoacidemic) coma. Symptomatology of coma. Principles of diabetes treatment

Section Hematology

1. Anemia. Classification. Clinical manifestations of anemic syndrome (acute posthemorrhagic anemia).
2. Iron deficiency anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
3. B12 deficiency anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
4. Hemolytic anemia. Causes. Clinical manifestations. A picture of blood and bone marrow.
- 5 Acute leukemia. Types of acute leukemia. General symptomatology. Laboratory diagnostics. The value of a general blood test. Principles of therapy.
6. Chronic lymphocytic leukemia. Symptomatology, diagnosis.

7. Chronic myeloid leukemia. Symptomatology, diagnosis
8. Hemorrhagic syndrome: DIC syndrome. Clinical manifestations syndrome.
Diagnostics. Principles of therapy.
9. Hemorrhagic diathesis. Clinical manifestations, diagnosis
hemorrhagic syndrome.
10. The concept of idiopathic thrombocytopenic purpura - Werlhof's disease.
Schonlein-Henoch disease. Hemophilia.

Section Nephrology

13. Basic research methods, general semiotics in pathology of the kidneys and urinary system. Characteristics of pain and swelling syndromes.
14. Renal colic syndrome.
15. Nephrotic and nephritic syndromes. Definition. Symptomatology. Laboratory and instrumental diagnostics. Clinical significance.
16. Disorder of the act of urination (dysuria syndrome). Classification of urinary disorders. Clinical significance.
17. Chronic glomerulonephritis. Causes. Mechanisms of development. Clinical options. Principles of therapy.
18. Chronic pyelonephritis. Causes. Mechanisms of development. Clinical options. Principles of therapy.
19. Chronic renal failure. Clinical symptoms. Laboratory diagnostics. Modern types of therapy.
20. Laboratory and instrumental research methods for diseases of the urinary organs. Urine examination.
21. Glomerular filtration rate. Clinical significance.
22. Symptomatology, diagnosis of chronic renal failure. Classification. Main clinical syndromes. Diagnostics.
23. The concept of chronic kidney disease. Diagnostic criteria. Glomerular filtration rate.
24. Acute renal failure syndrome: types and stages. Clinical manifestations, diagnosis.

Section Rheumatology

3. Symptomatology, clinical manifestations of gout. Methods of examining the patient.
4. Symptomatology, clinical manifestations of rheumatoid arthritis. Methods of examining the patient.

Criteria for evaluating forms of control: Interviews:

| Mark | Description |
|-------|---|
| Great | The mark "EXCELLENT" is given to an answer that shows a solid knowledge of the basic processes of the subject area being studied and is distinguished by the depth and completeness of the topic; mastery of terminology; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response. |
| Fine | The mark "GOOD" evaluates an answer that reveals a solid knowledge of the basic processes of the subject area being studied, and is distinguished by the depth and completeness of the topic; mastery of terminology; ability to explain |

| | |
|----------------|---|
| | essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, logic and consistency of response. However, one or two inaccuracies in the answer are allowed. |
| satisfactorily | The mark "SATISFACTORY" evaluates an answer that mainly indicates knowledge of the processes of the subject area being studied, characterized by insufficient depth and completeness of the topic; knowledge of the basic issues of theory; poorly developed skills in analyzing phenomena and processes, insufficient ability to give reasoned answers and give examples; insufficient fluency in monologue speech, logic and consistency of response. There may be several errors in the content of the answer. |
| unsatisfactory | The mark "UNSATISFACTORY" evaluates an answer that reveals ignorance of the processes of the subject area being studied, characterized by a shallow disclosure of the topic; ignorance of the basic issues of theory, unformed skills in analyzing phenomena and processes; inability to give reasoned answers, poor command of monologue speech, lack of logic and consistency. Serious errors in the content of the answer are allowed. |

Situational tasks

Task No. 1

Patient N., 67 years old, complained of a cough with yellow-green sputum, an increase in body temperature to 38.7°C, shortness of breath during exercise, pain in the right half of the chest that occurs when coughing and taking a deep breath, sweating, general weakness and headache. I became acutely ill 3 days ago, after hypothermia. When visiting a local clinic, the doctor prescribed gentamicin 80 mg IM 2 times a day, mucaltin 3 tablets a day, and aspirin. No significant positive dynamics were noted during treatment.

From the anamnesis: a former soldier, currently working as a watchman. He has been smoking 1.5 – 2 packs of cigarettes a day for 22 years. Periodically (several times a year) after hypothermia, he notices the appearance of a cough with the discharge of yellow-green sputum; over the past 2 years, shortness of breath has appeared with moderate physical activity.

Objectively: satisfactory condition, skin without any peculiarities, hyperemia of the facial skin is noted. Body temperature – 37.6°C. The subcutaneous fat layer is moderately developed, there is no edema, and the peripheral lymph nodes are not enlarged. RR at rest – 22/min. The chest is emphysematous; upon examination, attention is drawn to the lag of the right half of the chest during breathing. On percussion, against the background of the box sound, an area of dullness is noted on the right below the angle of the scapula, in the same area there is an increase in vocal tremors. On auscultation, scattered dry wheezing rales are heard; on the right below the angle of the scapula there is a zone of crepitus. Heart sounds are muffled, there are no murmurs. Heart rate – 107 per minute, blood pressure – 118/76 mm Hg. Art. The abdomen is soft and painless. The liver and spleen are not enlarged. There are no dysuric disorders.

Data from laboratory and instrumental research methods: UAC: er. - 4.3×10^{12} , lake - 12.7×10^9 , item - 6, segment. - 66, l. - 23, m. - 5, ESR - 32 mm/hour

General sputum analysis: mucopurulent character, leukocytes densely cover the field of view; eosinophils, Kurshman spirals, Charcot-Leyden crystals, BC – absent; Gram-positive diplococci are determined.

X-ray of the chest organs in two projections: an area of pulmonary tissue infiltration is determined in the lower lobe of the right lung, pulmonary emphysema, increased pulmonary pattern due to the interstitial component.

Questions:

1. What is your preliminary diagnosis?
2. What additional examination methods are advisable to use on

Your opinion?

3. Formulate a clinical diagnosis and indicate diagnostic criteria. Sample solution to problem 1

1. At the first stage of the diagnostic search, analysis of the patient's complaints allows us to suspect an acute inflammatory disease of the respiratory tract, most likely pneumonia.
2. FVD to assess bronchial patency.
3. Community-acquired pneumococcal (?) right-sided lower lobe pneumonia, moderate.

Problem No. 2

Patient I., 45 years old, was admitted to the emergency department with complaints of cough with a small amount of viscous, difficult to separate sputum, and shortness of breath on exertion.

From the anamnesis: the cough has been bothering me for the last 7 years, it worsens mainly after frequent acute respiratory viral infections, antibiotics were prescribed with a positive effect. Over the past 2 years, he began to notice shortness of breath with moderate physical activity. The patient has been smoking 1 pack of cigarettes per day since the age of 17. A mechanic by profession, the work involves frequent hypothermia. The condition has worsened over the last 3 days, when the cough has intensified again with the discharge of a small amount of purulent sputum, low-grade body temperature.

Objectively: condition of moderate severity. Body temperature 37.5 C. Above the lungs with percussion - a box sound, with auscultation - hard breathing, scattered dry buzzing and whistling wheezing. NPV - 22 per minute. Pulse - 80 per minute. HELL - 130/80 mm Hg. Art.

Data from laboratory and instrumental research methods: UAC: er. -4.5×10^{12} , lake - 12.9×10^9 , p. - 5, segment. - 65, l. - 23, m. - 7, ESR - 23 mm/hour

General sputum analysis: leukocytes - 60-80 in p/z., macrophages - a lot, Courshman spirals, Charcot crystals-Leiden and eosinophils were not found, CD and atypical cells were not found.

X-ray of the chest organs: there are no fresh focal and infiltrative changes, the pulmonary fields are of increased transparency, the walls of the bronchi are compacted, the roots are expanded.

FVD: VC - 57%, FEV1 - 64%, MOS 25 - 53%, MOS 50 - 49%, MOS 75 - 58%; after inhalation of Berotek: vital capacity - 60%, FEV1 - 68%, MOS 25 - 56%, MOS 50 - 54%, MOS 75 - 62%.

Questions:

1. Formulate a preliminary diagnosis.
2. Formulate a clinical diagnosis and indicate diagnostic criteria. Sample solution to problem 2

1. Chronic obstructive bronchitis
2. Clinical diagnosis: Moderate chronic obstructive bronchitis course in the acute phase. Respiratory failure stage I

Task No. 3

Patient L., 38 years old, was admitted to the clinic with complaints of paroxysmal cough with difficult to separate viscous mucous sputum (single spitting), attacks of suffocation with difficulty exhaling, occurring both during the day and at night every day, shortness of breath with minor physical exertion, congestion nose

From the anamnesis: The patient's sister suffers from polypous rhinosinusitis, and her mother the patient has a food allergy in the form of urticaria. The patient works as a knitter at a textile factory and has constant contact with wool. Over the past few years, he has been experiencing frequent acute respiratory viral infections - 2-3 times a year. A history of allergic reactions to ampicillin was noted - nasal congestion, lacrimation; citrus fruits and strawberries - urticaria. For many years, he has been worried about almost constant nasal congestion; 2 years ago, polypous rhinosinusitis was diagnosed, and nasal polypotomy was performed. A year ago, after suffering from acute respiratory viral infection, the patient had a paroxysmal cough for a long time. The condition worsened in the spring, when for the first time an attack of suffocation developed, which was stopped by intravenous administration of aminophylline. Subsequently, the patient independently took antihistamines and aminophylline with effect. The last deterioration was again after ARVI, the frequency of asthma attacks during the day increased sharply, and night attacks appeared. The patient was admitted to the clinic for examination and selection of therapy.

Objectively: condition is relatively satisfactory, RR22 per minute, eczematous plaques on the skin of the hands. Nasal breathing is severely difficult. Diffuse "warm" cyanosis is noted. On percussion of the lungs there is a boxy sound; on auscultation a large number of dry whistling and buzzing rales are heard over the entire surface of the lungs. Heart rate 96/min. Blood pressure 110/70 mm Hg. Art. Heart sounds are rhythmic and muffled. The abdomen is soft, painless, the liver and spleen are not enlarged.

Data from laboratory and instrumental research methods: UAC: er. - 4.5×10^{12} , lake - 12.9×10^9 , eoz. - 7, p. - 3, segment. - 63, l. - 20, m. - 7, ESR - 10 mm/hour

General sputum analysis: viscous consistency, mucous character, leukocytes 1-5 in p/zr; eosinophils 20-40-60 in the field of view; no erythrocytes; Kurshman spirals - 1-3 in the preparation, Charcot-Leyden crystals - 5-7 in the preparation; atypical cells, elastic fibers, CD were not found.

FVD: vital capacity 84%; FEV₁55%; MOS₂₅66%; MOS₅₀42%; MOS₇₅38%;. After inhalation of 400 mcg salbutamol: FEV₁84%; MOS₂₅68%; MOS₅₀59%; MOS₇₅58%.

Chest X-ray- focal and infiltrative
no changes were detected; flattening of the dome of the diaphragm, increased airiness of the lung tissue, and thickening of the walls of the bronchi were determined.

Questions:

1. Formulate a preliminary diagnosis.
2. Formulate a clinical diagnosis and indicate diagnostic criteria.

Sample solution to problem 3

1. Bronchial asthma
2. Bronchial asthma, infectious-allergic, severe in the acute phase.
Emphysema. DN II Art.

Problem No. 4

Patient V., 33 years old, came to the emergency department with complaints of an increase in body temperature to 38.5° C, shortness of breath, dry cough, intense pain in the right half of the chest, aggravated by breathing and coughing.

From the anamnesis: I became acutely ill a week ago, when my body temperature suddenly rose to 39.0° C, a headache and a dry cough appeared. I took antipyretics on my own without any significant effect. On the third day of the disease, a runny nose and slight pain when swallowing appeared. After 5 days of illness, the temperature dropped to 38.5° C, pain appeared in the right half of the chest when breathing and coughing.

Objectively: moderate condition. There is a slight lag right half of the chest when breathing. There is harsh breathing in the lungs; an intense scraping noise is heard over the lower parts of the right lung during inhalation and exhalation. BP=110/70 mm Hg. Art., heart rate = 120 beats/min, the rhythm is correct. The abdomen is soft, painless in all parts, the liver and spleen are not enlarged.

Data from laboratory and instrumental research methods: UAC:er. -4.2×10^{12} , lake - 13.95×10^9 , eoz. - 1, p. - 3, segment. - 28, lf - 61, mon - 8, ESR - 28 mm/hour

Chest X-rays: fresh focal and infiltrative no changes were detected.

Questions:

1. Formulate a preliminary diagnosis
2. Justify your assumption.

Sample solution to problem 4

1. Acute right-sided dry pleurisy of viral etiology
2. Inflammatory syndrome (fever, signs of intoxication) and signs of damage to the respiratory system (cough, chest pain associated with coughing and breathing), acute onset, pain syndrome clearly associated with breathing, pleural friction noise during auscultation, lag of half of the chest cells during breathing may indicate the development of dry pleurisy; a viral etiology is indicated by a high level of lymphocytes in the CBC, the absence of fresh foci and infiltrative foci on the radiograph.

Problem No. 5

Patient K., 57 years old, teacher, was delivered by ambulance with complaints of intense pressing pain in the chest with irradiation to the left shoulder, lasting for 1.5 hours, not relieved by taking nitroglycerin, lasting about an hour, a feeling of interruptions in the work of the heart, severe general weakness, cold sticky sweat.

From the anamnesis: the day before I worked excessively physically at the dacha. In the anamnesis - in For 4-5 years, he has been experiencing attacks of compressive pain in the chest during fast walking, lasting 3-5 minutes, passing with rest and from taking nitroglycerin.

Objectively: serious condition, pale skin, acrocyanosis, palms wet. Pulse 96 per minute, single extrasystoles. Blood pressure - 90/60 mm Hg. Art. The borders of the heart are expanded to the left by 1.5 cm. The sounds are dull, single extrasystoles. In the lungs, breathing is vesicular. The abdomen is soft and painless. The liver is not palpable.

Data from laboratory and instrumental research methods: UAC:er. -4.3×10^{12} , lake - 9.2×10^9 , item - 4, segment. - 66, l. - 23, m. - 7, ESR - 10 mm/

hour.

Blood chemistry: CRP (+), LDH -360 U/l, CK 2.4 mmol/hl, AST 24 U/l, ALT 16 U/l.

Blood clotting time-3 min, PTI - 100%.

UAC on the sixth day after hospitalization: leukemia. -6.0×10^9 , e. - 1, p. - 2, seg. - 64, l. - 24, m. - 9, ESR - 24 mm/hour.

Questions:

1. Make a preliminary diagnosis
2. Make a follow-up plan Sample solution to problem 5

1. Myocardial infarction with Q wave
2. Follow-up examination plan: general blood test over time, ECG over time, blood test for CPK, LDH, AST, ALT, CRP, PTI, blood clotting, urine myoglobin, chest x-ray, radioisotope diagnostics, coronary angiography.

Situational tasks

| Mark | Description |
|----------------|--|
| Great | Demonstrate a thorough understanding of the problem. Ability to analyze a situation and draw conclusions Demonstration of confident situation-solving skills Demonstration of professional thinking |
| Fine | Demonstrate significant understanding of the problem. Ability to analyze a situation Demonstration of situation-solving skills Demonstration of professional thinking |
| satisfactorily | Demonstration of partial understanding of the problem. Demonstration of insufficient ability to analyze a situation Demonstration insufficient skills solutions situations |
| unsatisfactory | Demonstrating a lack of understanding of the problem. There was no attempt to solve the problem. |

8. Description of indicators and criteria for assessing competencies at the stages of their formation, description of assessment scales

| | Levels of competency development | | |
|--|----------------------------------|-------------------|-------------|
| | <i>Threshold</i> | <i>Sufficient</i> | <i>High</i> |
| | | | |

| | | | |
|----------|--|---|---|
| Criteria | Competence formed. Demonstrated threshold, satisfactory sustainable level practical skill | Competence formed. Demonstrated enough level independence, sustainable practical skill | Competence formed. Demonstrated high level independence, high adaptability practical skill |
|----------|--|---|---|

Competency assessment indicators and rating scales

| | | | |
|---|--|--|--|
| Grade "unsatisfactory" (not accepted) or absence formation competencies | Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies | Rated "good" (passed) or sufficient level development competencies | Excellent rating (passed) or high level development competencies |
| failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence confirmation availability formation competencies indicates negative development results academic discipline | student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level. | student demonstrates independent application knowledge, skills and skills at solving tasks, similar samples that confirms Availability formed competencies for higher level. Availability such competencies for sufficient level testifies about sustainable fixed practical skill | student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress given disciplines and adjacent disciplines should be considered competence formed on high level. |

CHECKLIST FOR EXAMINATION PROCEDURE

| No. | Examination event (exam) | Points |
|---|-------------------------------|----------|
| 1 | Interview | 45-75 |
| 2 | Solving a situational problem | 15-25 |
| 3 | Test control | 50 tests |
| Total maximum number of points for the examination procedure: | | 100 |