

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

FACULTY OF TREATMENT AND PREVENTION

Evaluation materials on practice

"Practice of diagnostic profile"

(appendix to the work program of the discipline)

Specialty 05/31/01 General Medicine

1. Interim certification form.

Certification of students' practical training is carried out in the form of a test for practical training.

The test for industrial practice is carried out on the basis of the Department of Propaedeutics of Internal Diseases after completion of the module within the time frame determined by the practice department.

2. Type of intermediate certification

Interim certification is carried out in the form of an interview, in accordance with the work program

List of competencies formed by the discipline or in the formation of which the discipline participates

| Code competencies | Content of competencies (results of mastering OOP) |
|-------------------|--|
| OPK 4. | OPK 4. Able to use medical devices provided for in the procedure for providing medical care, as well as conduct examinations of the patient in order to establish a diagnosis. |
| ID1 OPK-4 | ID1 OPK-4 Able to use medical devices during diagnostic studies provided for in the procedures for providing medical care |
| ID2 OPK-4 | ID2 OPK-4 Able to apply diagnostic methods, including the use of instrumental methods, when examining a patient in order to establish a diagnosis |

3. Stages of developing competencies in the process of mastering the educational program

| Competence | Disciplines | Semester |
|------------|--|----------|
| OPK-4 | Forensic medicine at the present stage of development of society | 6 |
| | Forensic genetics | 6 |
| | Human rights | 1 |
| | Anatomy | 1,2,3 |
| | Bioethics | 3 |
| | General care behind sick therapeutic profile | 1 |
| | Propaedeutics of internal diseases | 5.6 |
| OPK-10 | General care behind sick | 1 |

| | | |
|--------|---|-------|
| | therapeutic profile | |
| | Nursing care for surgical patients | 4 |
| | Assistant Junior medical personnel | 4 |
| | Ward Assistant and procedural nurse | 6 |
| | Assistant doctor (obstetrician-gynecologist) | 8 |
| | Assistant doctor (therapist) | 8,A,C |
| | Assistant doctor outpatient outpatient facility | A, C |
| OPK-11 | Topographical anatomy And operative surgery | 5 |
| | Medical rehabilitation | 9 |
| | Dermatovenereology | 7 |
| | Neurology, medical genetics, neurosurgery | 8 |
| | Psychiatry | 9 |
| | Otolaryngology | 7 |
| | Ophthalmology | 9 |
| | obstetrics and gynecology | 7.9 |
| | Pediatrics | 9 |
| | Propaedeutics of internal diseases | 5.6 |
| | Faculty therapy | 7 |
| | Hospital therapy | 9,B,C |
| | Endocrinology | 8 |
| | Infectious diseases | IN |
| | Outpatient therapy | IN |
| | general surgery | 5.6 |
| | Anesthesiology and resuscitation | IN |
| | Faculty Surgery | 7.9,A |
| | Urology | A, B |
| | Hospital surgery | 8.9,A |
| | Pediatric surgery | IN |
| | Oncology, radiation therapy | IN |
| | Traumatology, orthopedics | A, B |
| | General care behind sick therapeutic profile | 1 |
| | New technologies in surgery | |
| | Endovascular surgery | |
| | Nursing care for surgical patients | 4 |
| | Assistant Junior medical personnel | 4 |
| | Ward Assistant and procedural nurse | 6 |
| | Assistant doctor (obstetrician-gynecologist) | 8 |
| | Assistant doctor (therapist) | 8,A,C |
| | Assistant doctor outpatient outpatient facility | A, C |

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

| | |
|----------------------------|--|
| Sections of the discipline | Codes formable X competencies th |
| | OPK-4 |
| Stage 2 | + |
| Stage 3 | + |

5. Current control

| <i>Forms of control from the RPD disciplines</i> | <i>Approximate (standard) tasks, quantity</i> |
|--|--|
| Interview | <ol style="list-style-type: none"> 1. Methodical questioning of the patient. 2. General examination of the patient (assessment of the severity of the condition, assessment of consciousness according to the Glasgow scale). 3. Inspection, palpation of the chest. 4. Percussion, auscultation of the lungs. 5. Inspection, palpation of the heart area. 6. Percussion of the borders of the heart. 7. Auscultation of the heart. 8. Auscultation of the great vessels. 9. Study of arterial pulse. 10. Study of blood pressure using the Korotkov method. 11. Examination of the abdomen and lumbar region. 12. Percussion and palpation of the abdominal organs. 13. Percussion and palpation of the kidneys and bladder. 14. Methodology for conducting instrumental research. 15. Reading and interpretation of the results of laboratory and instrumental studies (spirometry, blood biochemistry, |

| | |
|--|--|
| | <p>UAC, OAM, ultrasound, SCT, Rg, etc.).</p> <p>16. Technique, interpretation of diagnostic puncture results.</p> <p>17. Measurement technique, interpretation of the results of measuring blood glucose using a glucometer.</p> <p>18. Completing a medical history (working with electronic information security).</p> <p>19. Determination of blood group according to the ABO and Rh systems.</p> <p>20. Gastric intubation.</p> <p>21. Resuscitation aid.</p> |
|--|--|

The results of current monitoring are recorded in production practice diaries.

6. Interim certification

| <i>Forms intermediate certification from RPD disciplines</i> | <i>Approximate (standard) tasks, quantity</i> |
|--|---|
| Interview | <p>Task 1. Instructions: choose one correct answer. When examining the patient, it was revealed that the chest was expanded, in a position of maximum inspiration, the ribs were horizontal, the intercostal spaces were narrow, and the shoulders were raised high. How can the identified changes be explained:</p> <p>A. Chronic bronchitis; B. Lung abscess;</p> <p>B. Lung cancer;</p> <p>D. An attack of bronchial asthma; D. Bronchiectasis.</p> <p><i>Response standard:</i> D. An attack of bronchial asthma.</p> |

Task 6. Instructions: choose one correct answer. Bronchial asthma is characterized by the presence of: A. Splashing noise;

B. Distant wheezing against the background of weakened breathing; B. Crepitations due to bronchial breathing;

G. Stenotic breathing; D.

Bronchial breathing.

Response standard: B. Distant wheezing against the background of weakened breathing.

Task 10. Instructions: choose one correct answer. Charcot-Leyden crystals are found in: A. Pulmonary tuberculosis;

B. Acute bronchitis;

B. Croupous pneumonia;

G. Bronchial asthma;

D. Gangrene of the lung.

Response standard: G. Bronchial asthma. *Task 7.*

Instructions: Give answers to the questions.

Task. A 30-year-old woman visited a gastroenterologist at her local clinic with complaints of nagging pain and heaviness in the right hypochondrium and epigastric region, occurring mainly after eating, nausea, and bitterness in the mouth. These complaints first appeared in the last trimester of pregnancy and have been disturbing for 10 months. Following a diet (excluding fatty, fried and spicy foods) did not bring significant relief. Objectively: palpation sensitivity in the area of the right hypochondrium, weakly positive Ortner's sign.

Questions for the problem:

1. Preliminary diagnosis and what diseases should be differentially diagnosed.

2. What studies need to be carried out to clarify the diagnosis.

Response standard:

1. Biliary dysfunction; differential diagnosis chronic acalculous cholecystitis, cholelithiasis, functional

dyspepsia.

2. Clinical, biochemical blood tests: bilirubin, fractions, AST, ALT, GGTP, alkaline phosphatase, clinical urine analysis, ultrasound of the abdominal organs (area of interest - gall bladder), endoscopy with examination of the major duodenal papilla.

Task 9. Instructions: Give answers to the questions.

Task. A 53-year-old man consulted a doctor due to difficulty And swallowing solid food. Over the course of 10 liters, heartburn, e increased salivation, and belching of air from the food eaten are bothersome. He did not seek medical help. Heartburn was G relieved with soda and occasionally with Almagel or Maalox. Over the past year, heartburn has become less of a concern, n and dysphagia has arisen and become worse. The condition is And satisfactory. Nutrition reduced. Hypersthenic body type. The And skin is pale pink. Thyroid glands lymph nodes are not palpable. Breathing is carried out rigidly over the entire surface of the chest. NPV 16 minutes. Heart sounds are rhythmic and muffled. Blood pressure 120/70 mm Hg, pulse 65 per minute. The tongue is moist, covered with a white coating. The abdomen is m soft and painless. The liver is not palpable. The spleen is not palpable. There is no swelling.

Questions for the problem:

1. What is the preliminary diagnosis?
2. What studies need to be carried out to clarify the diagnosis.

Response standard:

1. Gastroesophageal reflux disease; cicatricial stricture of the esophagus and/or esophageal cancer must be excluded. 2. Clinical blood test, ferritin, transferrin, serum iron, fecal occult blood test, endoscopy, X-ray examination of the esophagus with barium suspension.

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

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

Evaluation criteria for the test

| Mark in the record book | Description |
|-------------------------|---|
| passed | Mark "PASSED" is assessed answer, demonstrating knowledge of theoretical issues and practical skills set out in standard tasks (one or two inaccuracies in the answer are allowed), the presence of a fully and correctly filled out practice diary, positive assessments of ongoing monitoring, a positive description of the student from the head of the practice at the base. |
| not accepted | Mark "NOT PASSED" is assessed answer, detecting ignorance main questions theoretical knowledge and skills. Serious errors in the content of the answer are allowed. And also in the event that the practice diary is not provided or it does not contain assessments of current control and the student's characteristics. |

CHECKLIST FOR EXAMINATION PROCEDURE

(checklist for the second (commission) retake in case if the study of the discipline ends with a test, a differentiated test, exam)

| No. | Examination event* | Criteria |
|-----|--|---|
| 1 | Interview on theoretical issues and practical skills | A response that demonstrates knowledge theoretical questions And practical skills set out in standard tasks (one is allowed - |

| | | |
|---|--|---|
| | | <p>two inaccuracies in the answer) and the presence of a fully and correctly completed practice, positive ratings current control, positive characteristics student from the head of practice at the base.</p> |
| 2 | | <p>Mark "NOT PASSED" is assessed response revealing ignorance main issues theoretical knowledge and skills. Serious errors in the content of the answer are allowed. And also in the event that the practice diary is not provided or it does not contain assessments of current control and the student's characteristics.</p> |