


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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Guidelines on teaching clinical skills at the Centre of practical skills (using the execution algorithm)	1 page out of 8

**Guidelines for teaching clinical skills at the practical skills center
(using the execution algorithm)**


Specialty: 5B130100 " General medicine"

Discipline: Obstetrics

Course: 4

Department: Obstetrics and gynecology


Compiled By: Kulbayeva S. N., Junussova R. K.

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Guidelines on teaching clinical skills at the Centre of practical skills (using the execution algorithm)	2 page out of 8	

Considered at the meeting of the Department of obstetrics and gynecology

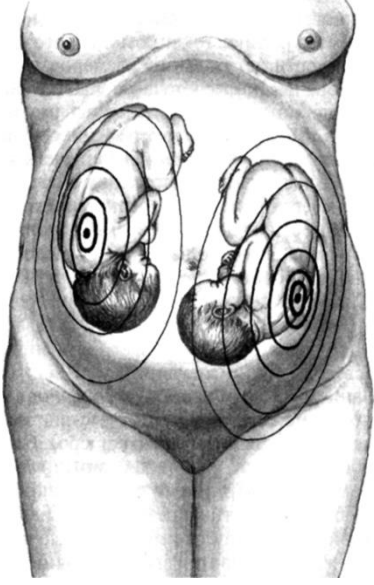
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Guidelines on teaching clinical skills at the Centre of practical skills (using the execution algorithm)		3 page out of 8

- 1. Clinical skills name:** Algorithm for the diagnosis of multiple pregnancy (twins).
- 2. Learning objective:** to be able to diagnose multiple pregnancy (twins).
- 3. Time for demonstration of skills on a preliminary briefing and a dummy-**5 minutes.
- 4. Time to master skills-**10 minutes
- 5. The necessary theoretical knowledge for the development of skills:** to know how to diagnose multiple pregnancy (twins).
- 6. Simulator, simulator, mannequin, list of models:** phantom Afrodita.
- 7. List of medical instruments and equipment:** stethoscope.
- 8. The execution of skills**

№	Step-by-step actions (in the absence of a doctor)	executed	Not executed	notice
1	<p>We begin to perform the methods of external obstetric examination. Palpation of the pregnant woman's abdomen is carried out according to a certain plan, consistently applying four Leopold techniques. We put the pregnant woman on the couch, her knees should be slightly bent, and the doctor's hands should be warm. I use the technique to determine the height of the standing of the uterine fundus and part of the fetuses located in the uterine floor. It is necessary to stand to the right of the pregnant woman facing her. The woman is lying on the couch, the doctor's hands are placed on the bottom of the uterus and immersed deep into it, determining the level of the bottom standing, as well as parts of the fetuses located in the bottom of the uterus. The height of the uterine fundus does not correspond to the term of pregnancy due to its rapid growth. This discrepancy has been registered since 14-16 weeks. The bottom of the uterus usually stands high, especially at the end of pregnancy, the circumference of the abdomen during this period reaches more than 100 cm.</p>			
2	<p>By the second method, we determine the position of the fetus, their backs and small parts, positions and types of positions. We move both hands from the bottom of the uterus to its lateral surfaces. Palpation is performed in such a way that at first one hand lies quietly in one place, while the second slides along the lateral surface of the uterus. Slightly bending the fingers, we produce a slight pressure on the uterine wall. Then we repeat these movements with the other hand. On the side where the back of one fruit lies, a uniform oblong platform is felt at hand. On the opposite side, an oblong platform (the back of the second fetus) is also determined, if the twins are in a longitudinal position, then a longitudinal depression forms on</p>			

	<p>the anterior surface of the uterus; with the transverse position of both fetuses, the depression is located horizontally. The uterus takes a saddle-shaped shape (its corners bulge out with large parts of the fruit, a depression forms in the bottom area).</p> <p>To clearly determine the position and type of fruit can sometimes cause difficulties.</p>			
3	<p>III reception we determine the adjacent parts of the fruit. To do this, we stand to the right of the woman facing her. We place the right hand over the womb so that the thumb is on the right, and the other four are to the left of the midline of the uterus. Fingers are slowly immersed into the depths and grab the adjacent parts. If the heads of the fruits are lying, then we feel the dense rounded parts running over the entrance to the pelvis, if both or one of the fruits is in the pelvic presentation, then we determine the voluminous (-th) soft (-th) parts (-th) that do not have rounded outlines.</p>			
4	 <p>Two focuses of listening to heartbeats in fetuses with twins.</p> <p>Then we proceed to listening to the fetal heartbeat. To do this, we take an obstetric stethoscope and, according to the location of the fruits, we find the points of listening to the fetal heartbeats. Two points of distinct fetal heartbeat in different places of the uterus with a zone of silence between them, with a heart rate difference of at least 10 beats. We listen to the heartbeat of each fetus for one full minute. Normally, the fetal</p>			

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	heartbeat is 120-160 beats per minute.			
5	In the late stages of pregnancy, the data of an external obstetric study have a certain significance for the diagnosis of multiple pregnancies: the circumference of the abdomen, the height of the uterine fundus, which turn out to be larger than they should be at this stage of pregnancy. Sometimes it is possible to palpate a large number of small parts of the fetus and two or more large balloting parts (heads and pelvic ends). Auscultative signs are the detection of two foci of distinct listening to fetal heart tones in different parts of the uterus, especially if there is a so-called zone of silence between them. The war is also evidenced by the presence of a different frequency of fetal heart tones (a difference of at least 10 beats per minute). The cardiac activity of both fetuses can be recorded simultaneously with the use of special heart monitors.			

9.Tasks: to diagnose multiple pregnancy (twins).

10. Materials for assessment on the topic of the lesson

Clinical case: woman, 33 years old, anamnesis-2 births, 1 abortion. She came to the clinic. Somatic healthy. Allergoanamnesis: without pathology. There were no operations, injuries. There was no blood transfusion.

Diseases: frequent colds

Family history: without pathology

Social history: without pathology

Menstrual function: Menstruation from 13 years, during 4-5 days, every 30 days, painless.

Last menstruation: May 2, 2022, the 5th day of menstruation.

Sex life: since 20 years, married. Contraceptive method-a condom.

Reproductive function: birth -2, abortion-1, without complications, abortion-0.

Objectively: height 164 cm, Weight 60 kg. There are no peripheral tumors. In the lungs, breathing is vesicular, there is no wheezing. Respiratory rate per minute 18. the heart tones are clear, the rhythm is correct. Heart rate of 120/80 mm Hg..

11. performance evaluation criteria

1. Completed the task completely.
- 2.Completed the task in full or in part.
- 3.The specified task is not fully completed.


12.Literature: basic and additional


1.Clinical recommendations based on evidence-based medicine: TRANS. /Under the editorship of J. L. Shevchenko, I. N. Denisov, V. I. Kulakov, And R. M. Haitova. - 2nd ed., ISPR. - Moscow: GEOTAR-MED, 2002. -1248 p.: II.


2.Obstetrics, gynecology and women's health, Medpress 2005, F. Carr


3.Gynecology. Handbook of a practical doctor.,Honey.press 2004, Sylvia

4.Standard of correct answers based on materials for evaluation – to diagnose multiple pregnancy (twins).

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<p>Guidelines on teaching clinical skills at the Centre of practical skills (using the execution algorithm)</p>		<p>6 page out of 8</p>

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