

SYLLABUS

OF THE DISCIPLINE «BASICS OF GENERAL MEDICAL PRACTICE»

Educational program 6B10101 «General medicine»

| 1. | General information about the discipline: | | | | | |
|---|---|------|----------|------------------------------|--|--|
| 1.1 | Discipline Code: BGMP 5301 | 1.6 | Academi | ic year: 2024-2025 | | |
| 1.2 | Discipline name: Basics of general medical practice | 1.7 | Course: | 5 | | |
| 1.3 | Prerequisites: Propedeutics of internal and children's diseases, internal diseases, | 1.8 | Semester | r: 9 | | |
| | childhood diseases. | | | | | |
| 1.4 | Post requisites: internship in general medical practice. | 1.9 | Amount | of credits (ECTS): 6 credits | | |
| 1.5 | Cycle: PD | 1.10 | Compon | ent: UK | | |
| 2. | Course description: | | | | | |
| Organizatio | Organization of the work of primary care physicians, basics of outpatient clinic management. Maintenance of accounting and reporting documentation, medical | | | | | |
| audit in pri | audit in primary care. Effective interaction with specialists and patients in solving health problems. Algorithms for rational differential diagnostics, tactics of | | | | | |
| management and dynamic observation of patients. Provision of emergency and urgent emergency care at the pre-hospital stage. | | | | | | |
| 3. | Summative assessment form: | | | | | |
| 3.1 | Testing + | 3. | .5 | Coursework | | |
| 3.2 | Writing | 3. | .6 | Essay | | |

| 3. | Summative assessment form: | | | | |
|-----|-------------------------------|-----|------------|--|--|
| 3.1 | Testing + | 3.5 | Coursework | | |
| 3.2 | Writing | 3.6 | Essay | | |
| 3.3 | Oral | 3.7 | Project | | |
| 3.4 | OSPE/OSKE + | 3.8 | SP, CBL | | |
| 4. | 4. Purpose of the discipline: | | | | |

To prepare a general practitioner who has a system of general cultural and professional competencies, capable and ready for independent work.

| 5. | Learning outcomes (Discipline learning outcomes): |
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| DLO1. | Provides outpatient care, management and dynamic observation of pediatric and adult patients, prevention and early detection of diseases, |

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| | examination of tempora | ary and permanent disability in accordance w | ith clinical prot | ocols and standa | ards of medica | l care | |
|--------|-------------------------|--|-------------------|-------------------|-----------------|-----------------|------------------------|
| DLO 2. | Provides emergency an | d urgent medical care in accordance with clir | nical protocols | and standards fo | r the provision | of medical ca | re |
| DLO 3. | | ords, analyzes medical and statistical informat | tion in accordar | nce with the requ | irements of re | gulatory legal | acts in the field of |
| | healthcare | | | | | | |
| DLO 4. | | ion technologies in healthcare, knows the prin | | | | | es scientific |
| DI O 5 | | knowledge in medical practice and research, introduces new methods into clinical practice ely in medical practice, taking into account the peculiarities of patients' psychology, multiculturalism, observing the principles | | | | | |
| DLO 5. | of medical ethics and d | | | | | | |
| | | | | | | | |
| 5.1 | Discipline learning | The learning outco | mes of the EP, | which are asso | ciated with di | iscipline LO | |
| | outcomes | | | | | | |
| | DLO 1 | LO 2. Carries out his/her activities within | the framework | of the legislat | ion of the Rep | oublic of Kaza | khstan in the field of |
| | DLO 2 | healthcare, is guided by them in his/her practical activities to ensure optimal medical care. | | | | | |
| | DLO 3 | | | | | | |
| | DLO 5 | LO 3. Adheres to the rules of ethics, deontology and subordination, demonstrates interpersonal and communication skills | | | | | |
| | | that lead to effective information exchange | | | | | |
| | DLO 1 | LO 4. Conducts effective measures aimed a | t the diagnosis, | treatment, prev | ention of com | non and early | forms of diseases. |
| | DLO 2 | LO 9. Performs diagnostics, provides qualif | ried and urgent | medical care for | urgent and lif | e-threatening | conditions |
| | DLO 3 | LO 10. Works in electronic databases of the | e healthcare sys | tem of the Repu | blic of Kazakl | nstan, provides | documentation of the |
| | DLO 5 | processes of providing medical services | | | | | |
| 6. | | Details info | rmation of the | discipline: | | | |
| 6.1 | Location of the departr | ment: Shymkent, Medical Center "Ai-nury" | | | | | |
| | E-mail: vop1k@mail.ru | 1 | | | | | |
| | Questions about trainir | ng and / or technical support, please call and | or inform by e | -mail indicated | on the site of | JSC "SKMA" | in the section CALL- |
| | Center, Helpdesk on th | e main page of the site. | | | | | |
| 6.2 | | Number of hours | Lectures | Practical | laboratory | Independe | Indep. work of |
| | | | | lessons | lessons | nt work | a student |

| «Оңтүстік Қазақстан медицина академиясы» АҚ | |
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| | | | | | | | | | under the guidance of a teacher | |
|-------|-----|-------------------------|---|-------------------------------|---------------------------------------|-------------------|-----------|---|--|----------------------|
| | | | | | 15 | | 45 | - | 18 | 102 |
| 7. | | Informati | | | | ut teachers | 5: | | | |
| Nº | | FULL NAME | Scientist and academic degree, position | Email address | Priority scientific interests and et. | | | | Achievements | |
| 1. | Abo | draimova Saule | assistant | S_abdraimova@mail.ru | 1 | Pulmono | logy | Educational t | echnologies. | Simulation training. |
| 2 | Sul | eimenkizi Perizat | assistant | P_ Suleimenkizi @mail.ı | ru | GP | | Educational technologies. Simulation training | | Simulation training. |
| 3 | Kal | len S. | assistant | S_Kalen@mail.ru | C | SP, neuropa | thology | Educational technologies. | | |
| 8. | | | | Th | ematic | plan: | | | | |
| A wee | | Topic | | Summary | | _ | | Forms / meth | | Forms / |
| day | Y | | | | | learning outcomes | of hours | learning technologi | | ssessment methods |
| 1 | | Lecture. | Definition of sp | pecialty and general pract | itioner. | DLO | 1 | Overview led | cture | Feedback |
| | | Topic: Basics of genera | l Philosophy and | l principles of family me | edicine. | 1,2,3,4 | | | | |
| | | medical practice. | The main regula | atory legal acts on PHC. | | | | | | |
| | | | _ | f the work of a family r | | | | | | |
| | | | | c. General principles of p | patient- | | | | | |
| | | | centered counse | C | | | | | | |
| | | | | f risk factors, principles of | • | | | | | |
| | | | = = | prevention of socially sign | | | | | | |
| | | | of GPs. | a for evaluating the effect | iveness | | | | | |
| | | | of GPS. | | | | | | | |

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| MEDISINA | (SKMA) | MEDICAL | |
| AKADEMIASY | 31, | ACADEMY | |
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| | |

| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | "Standardized | oral survey, |
|---|--------------------------------|---|---------|-----|-------------------|---------------------------|
| | Topic: Pneumonia, acute | Diagnostics. Outpatient management tactics. | 1,2,3 | | patient" method | test tasks, |
| | and chronic bronchitis in | Indications for hospitalization. Dynamic | | | | checklists |
| | GMP. | observation. Issues of medical and labor | | | | |
| | | expertise. Prevention. | | | | |
| | SIWT. Consultation on | Epidemiology. Etiology. Classification. | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | Diagnostics. Outpatient management tactics. | 1,2,3 | | the GP department | work in the GP department |
| | SIW 1. | Features of the management of elderly and | | | | |
| | SIW task | senile people. Indications for hospitalization in a | | | | |
| | Topic: Pneumonia, acute | hospital, in a day hospital. Dynamic observation. | | | | |
| | and chronic bronchitis in | Issues of medical and labor expertise. | | | | |
| | GMP. | Rehabilitation program. Prevention. | | | | |
| 2 | Lecture. | Epidemiology. Classification. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Pneumonia. | Outpatient management tactics. Indications for | 1,2,3 | | | |
| | | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | CBL | oral survey, |
| | Topic: COPD, bronchial | Diagnostics. Outpatient management tactics. | 1,2,3,4 | | | test tasks, |
| | asthma, chronic cor | Indications for hospitalization. Dynamic | | | | checklists |
| | pulmonale, respiratory | observation. Issues of medical and labor | | | | |
| | failure in GMP. | expertise. Prevention. | | | | |
| | SIWT. Consultation on | Respiratory Failure Syndrome. Classification, | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | clinical manifestations, modern approaches to | 1,2,3,4 | | the GP department | work in the GP department |
| | SIW 2. | therapy. Management tactics at the prehospital | | | | |
| | SIW task | stage. Chronic cor pulmonale. Epidemiology. | | | | |
| | Topic: COPD, bronchial | Screening. Classification. Risk factors. | | | | |

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| | | I | | 1 | T | |
|---|---------------------------------------|---|---------|-----|-------------------|---------------------------|
| | asthma, chronic cor | Diagnostics. Outpatient management tactics. | | | | |
| | pulmonale, respiratory | Indications for hospitalization in a hospital, in a | | | | |
| | failure in GMP. | day hospital. Dynamic observation. Questions of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| 3 | Lecture. | Epidemiology. Classification. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Acute coronary | Outpatient management tactics. Indications for | 12,3,5 | | | |
| | syndrome in GMP. | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | "Standardized | oral survey, |
| | Topic: Acute coronary | Diagnostics. Outpatient management tactics. | 1,2,3,4 | | patient" method | test tasks, |
| | 1 - | Indications for hospitalization. Dynamic | | | | checklists |
| | , , , , , , , , , , , , , , , , , , , | observation. Issues of medical and labor | | | | |
| | syndrome in GMP. | expertise. Prevention. | | | | |
| | | | | | | |
| | SIWT. Consultation on | Atherosclerosis. Angina pectoris. Myocardial | DLO | 1/7 | Practical work in | checklists of |
| | | infarction. Epidemiology. Classification. | 1,2,3,4 | | the GP department | work in the GP department |
| | SIW 3. | Screening. Risk factors. Basic and additional | | | | |
| | SIW task | diagnostic measures on an outpatient basis. | | | | |
| | Topic: Acute coronary | Principles of outpatient management before and | | | | |
| | syndrome, arterial | after hospital discharge. Dynamic observation. | | | | |
| | 1 - | Questions of medical and labor expertise. | | | | |
| | syndrome in GMP. | Prognosis after myocardial infarction. | | | | |
| | | Indications for hospitalization in a hospital, in a | | | | |
| | | day hospital. Spa treatment. Rehabilitation | | | | |
| | | * ± ± 1 | | 1 | | |
| | | program. Prevention | | | | |

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| | Topic: Arterial | Outpatient management tactics. Indications for | 1,2,3,5 | | | |
|---|----------------------------|---|---------|-----|-------------------|---------------------------|
| | hypertension in GMP. | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | CBL | oral survey, |
| | Topic: Rhythm | Diagnostics. Outpatient management tactics. | 1,2,3,4 | | | test tasks, |
| | disturbance syndrome, | Indications for hospitalization. Dynamic | | | | checklists |
| | circulatory failure in the | observation. Issues of medical and labor | | | | |
| | practice of GMP. | expertise. Prevention. | | | | |
| | SIWT. Consultation on | Types of arrhythmias. Main reasons. Clinical | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | and ECG signs of extrasystole, atrial fibrillation. | 1,2,3,4 | | the GP department | work in the GP department |
| | SIW 4. | Violation of conductivity. Outpatient diagnostic | | | | |
| | SIW task | search algorithm. Management tactics on an | | | | |
| | Topic: Syndrome of | outpatient basis, taking into account the | | | | |
| | rhythm disturbances, | characteristics of the course in pregnant women, | | | | |
| | circulatory failure in the | elderly and senile persons, the presence of | | | | |
| | GMP. | concomitant pathology. Indications for | | | | |
| | | hospitalization in a hospital, in a day hospital. | | | | |
| | | Issues of medical and labor expertise. | | | | |
| | | Rehabilitation program. Dynamic observation. | | | | |
| 5 | Lecture. | Epidemiology. Classification. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | _ | Outpatient management tactics. Indications for | 1,2,3,5 | | | |
| | | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | GMP. | | | | | |
| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | CBL | oral survey, |
| | Topic: Acute rheumatic | Diagnostics. Outpatient management tactics. | 1,2,3,5 | | | test tasks, |

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| | fever, CRHD, heart | Indications for hospitalization. Dynamic | | | | checklists |
|---|------------------------------|---|---------|-----|-------------------|---------------------------|
| | defects, rheumatoid | observation. Issues of medical and labor | | | | |
| | arthritis, osteoporosis, | expertise. Prevention. | | | | |
| | reactive arthritis, podagra | | | | | |
| | in GMP. | | | | | |
| | SIWT. Consultation on | Epidemiology. Classification. Hemodynamics of | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | heart defects. Risk factors. Diagnostics. | 1,2,3 | | the GP department | work in the GP department |
| | SIW 5. | Outpatient management tactics. Indications for | | | | |
| | SIW task | hospitalization. Dynamic observation. Questions | | | | |
| | Topic: Acute rheumatic | of medical and labor expertise. Patient | | | | |
| | fever, CRHD, heart | education. Prevention. | | | | |
| | defects, rheumatoid | | | | | |
| | arthritis, osteoporosis, | | | | | |
| | reactive arthritis, podagra | | | | | |
| | in GMP. | | | | | |
| 6 | Lecture. | Epidemiology. Classification. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Peptic ulcer | Outpatient management tactics. Indications for | 1,2,3 | | | |
| | disease in GMP. | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | Practical lesson. | Epidemiology. Etiology. Classification. | DLO | 3 | CBL | oral survey, |
| | | Diagnostics. Outpatient management tactics. | 1,2,3,5 | | | test tasks, |
| | ulcer, pancreatitis, | Indications for hospitalization. Dynamic | | | | checklists |
| | cholecystitis in GMP. | observation. Issues of medical and labor | | | | |
| | | expertise. Prevention. | | | | |
| | SIWT. Consultation on | GERD, HP-associated conditions: gastritis, | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of the | peptic ulcer. Epidemiology. Screening. | 1,2,3 | | the GP department | work in the GP department |
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| | SIW 6. | Classification. Risk factors. Diagnostics. | | | | |
|---|---------------------------|---|-------|---|------------------|--------------|
| | | Features of the management of sick children, | | | | |
| | | | | | | |
| | | adolescents, elderly and senile people. | | | | |
| | ulcer, pancreatitis, | Outpatient management tactics. Indications for | | | | |
| | cholecystitis, hepatitis, | hospitalization in a hospital, in a day hospital. | | | | |
| | cirrhosis of the liver in | Dynamic observation. Questions of medical and | | | | |
| | GMP. | labor expertise. Prevention. | | | | |
| 7 | Lecture. | Epidemiology. Classification. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Chronic | Outpatient management tactics. Indications for | 1,2,3 | | | |
| | pyelonephritis in GMP. | hospitalization. Dynamic observation. Issues of | | | | |
| | | medical and labor expertise. Prevention. | | | | |
| | Practical lesson. | Epidemiology. Classification. Diagnostics. | DLO | 3 | CBL | oral survey, |
| | Topic: Acute and chronic | Outpatient management tactics. Indications for | 1,2,3 | | | test tasks, |
| | pyelonephritis, acute and | hospitalization. Dynamic observation. Issues of | | | | checklists |
| | chronic | medical and labor expertise. Prevention. | | | | |
| | glomerulonephritis, | | | | | |
| | chronic renal failure in | | | | | |
| | GMP. | | | | | |

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| | the implementation of SIW 7. SIW task Topic: Acute and chronic | Epidemiology. Screening. Classification. Risk factors. Diagnostics. Outpatient management tactics. Features of the management of elderly and senile people. Indications for hospitalization in a hospital, in a day hospital. Dynamic observation. Questions of medical and labor expertise. Prevention. | DLO 1,2,3 | 2,5/5,5 | Practical work in the GP department | checklists of work in the GP department |
|---|---|--|----------------|---------|-------------------------------------|---|
| | Midterm № 1 | | | | Oral | Checklist |
| 8 | Lecture. Topic: Iron deficiency anemia in GMP. | Epidemiology. Classification. Diagnostics. Outpatient management tactics. Indications for hospitalization. Dynamic observation. Issues of medical and labor expertise. Prevention. | DLO 1,2,3 | 1 | Thematic lecture | Feedback |
| | B12-deficiency anemia, | Epidemiology. Etiology. Classification. Diagnostics. Outpatient management tactics. Indications for hospitalization. Dynamic observation. Issues of medical and labor expertise. Prevention. | DLO 1,2,3,5 | 3 | "Standardized patient" method | oral survey, test tasks, checklists |
| | SIWT. Consultation on the implementation of SIW 8. SIW task Topic: Iron deficiency, B12-deficiency anemia, | Diagnostics. Outpatient management tactics. Indications for hospitalization. Dynamic observation. Issues of medical and labor expertise. Prevention. | DLO 1,2,3 | 1/7 | Practical work in the GP department | checklists of work in the GP department |

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| | acute and chronic leukemia in GMP. | | | | | |
|----|---|--|--------------|-----|--|---|
| 9 | Lecture. | Epidemiology. Etiology. Classification. Diagnostics. Outpatient management tactics. Indications for hospitalization. Dynamic observation. Issues of medical and labor | DLO 1,2,3 | 1 | Thematic lecture | Feedback |
| | Practical lesson. Topic: Diabetes mellitus, obesity in GMP. | expertise. Prevention. Epidemiology. Etiology. Classification. Diagnostics. Outpatient management tactics. Indications for hospitalization. Dynamic observation. Issues of medical and labor expertise. Prevention. | DLO 1,2,3 | 3 | CBL | oral survey, test tasks, checklists |
| | | Epidemiology. Screening. Classification. Risk factors. Diagnostics. Features of the management of sick children, adolescents, elderly and senile people. Outpatient | DLO 1,2,3 | 1/7 | Practical work in the GP department | checklists of work in the GP department |
| 10 | medical care and preventive care for | Organization of medical and preventive care for newborns, young children. Patronage and active visits to pregnant women, newborns and young children in accordance with the universally progressive model of the patronage service. Preventive work: organization, implementation | DLO 3,5 | 1 | Overview lecture | Feedback |

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| | and monitoring of screening programs, clinical examination. Organization of the work of the child development room in PHC. Monitoring frequently ill children Practical lesson. Topic: Dispensary observation and rehabilitation of frequently ill children by a general practitioner. SIWT. Consultation on the implementation of SIW 10. SIW task Topic: Principles of prophylactic medical examination of healthy children. | | DLO 1,2,3 DLO 1,2,3 | 1/7 | CBL Practical work in the GP department | oral survey, test tasks, checklists checklists of work in the GP department |
|----|---|---|------------------------------|-----|--|--|
| 11 | Lecture. | Vitamin D metabolism in the body. Metabolic disorders. Secondary rickets. Vitamin D-dependent rickets. Vitamin D-resistant rickets. Pathogenesis. Clinical classification. Diagnostic criteria. Diagnostic tests. Densitometry. Differential diagnosis. Treatment. Prevention. Dynamic observation. Hypervitaminosis D. Diagnostics. Treatment. Prevention. | DLO 1,2,3 | 1 | Thematic lecture | Feedback |

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| | Practical lesson. | Criteria for assessing the severity of rickets (I, | DLO | 3 | "Standardized | oral survey, |
|----|--------------------------|--|-------|------|-------------------|---------------------------|
| | Topic: Management of | II, III degrees of severity). Criteria for assessing | 1,2,3 | | patient" method | test tasks, |
| | patients with rickets | the status of vitamin D supply. Treatment. | , , | | | checklists |
| | | Antenatal and postnatal prophylaxis of rickets. | | | | |
| | | Postnatal specific prophylaxis of rickets. | | | | |
| | | Contraindications to the appointment of a | | | | |
| | | prophylactic dose of vitamin D. Dynamic | | | | |
| | GYYYM G | observation. | DI O | 4./5 | D | 1 11 0 |
| | | Clinical protocol: Rickets. The consequences of | DLO | 1/7 | Practical work in | checklists of |
| | 1 | rickets. | 1,2,3 | | the GP department | work in the GP department |
| | SIW 11. | Classification. Clinic. Diagnostics. Treatment. | | | | |
| | SIW task | Prevention. Dynamic observation. | | | | |
| | Topic: Rickets. The | | | | | |
| 10 | consequences of rickets. | | DLO | 1 | TC1 (* 1 (| F 11 1 |
| 12 | Lecture. | Organization of work, planning of vaccinations, | DLO | 1 | Thematic lecture | Feedback |
| | Topic: | storage of vaccines. Indications and | 1,2,3 | | | |
| | * * * | contraindications for vaccinations, timing and | | | | |
| | children. | preparation of children for vaccinations. | | | | |
| | | Immunoprophylaxis orders. Risk groups, individual vaccination schedule. Active | | | | |
| | | | | | | |
| | | immunization. National vaccination calendar. | | | | |
| | | Gentle vaccination methods. Post-vaccination complications. | | | | |
| | | complications. | | | | |

| OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY AKADEMIASY OŃTÚSTIK-QAZAQSTAN MEDICAL ACADEMY | |
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| | Practical lesson. | The work of the immunization cabinet in | DLO | 3 | "Standardized | oral survey, |
|----|------------------------------|---|---------|-----|-------------------|---------------------------|
| | Topic: Post-vaccination | primary care. Routine immunization of children | 1,2,3,4 | | patient" method | test tasks, |
| | | and adolescents. Medical contraindications for | | | | checklists |
| | complications | preventive vaccinations. Post-vaccination | | | | |
| | | reactions and complications. Allergic | | | | |
| | | complications. Local and general allergic | | | | |
| | | reactions. Vaccine-associated diseases. | | | | |
| | | Treatment and prevention of post-vaccination | | | | |
| | | reactions and complication | | | | |
| | | reactions. Vaccine-associated diseases. | | | | |
| | | Treatment and prevention of post-vaccination | | | | |
| | | reactions and complications. | | | | |
| | SIWT. Consultation on | Classification of vaccine preparations. Live | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | vaccines. Inactivated vaccines. Non-specific | 1,2,3,4 | | the GP department | work in the GP department |
| | SIW 12. | immunoprophylaxis. Specific | , , , | | | |
| | SIW task | immunoprophylaxis. Active and passive | | | | |
| | Topic: | immunoprophylaxis. Factors affecting the | | | | |
| | Immunoprophylaxis of | formation of post-vaccination immunity. Criteria | | | | |
| | children and adolescents | and methods for monitoring the effectiveness of | | | | |
| | | immunization. | | | | |
| 13 | Lecture. | Features of bilirubin metabolism of the fetus and | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Jaundice of | newborn. Classification of neonatal jaundice. | 1,2,3 | | | |
| | newborns. | Risk factors. Physiological and pathological | , , | | | |
| | | jaundice of newborns. Clinical diagnostic | | | | |
| | | criteria. Basic and additional diagnostic | | | | |
| | | measures. Differential diagnosis. Treatment | | | | |
| | | principles. | | | | |

| OŃTÚSTIK-QAZAQSTAN | ~38px | SOUTH KAZAKHSTAN | |
|---|------------|----------------------------------|--------------|
| MEDISINA | SKMA | MEDICAL | |
| AKADEMIASY | | ACADEMY | |
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| | |

| | Practical lesson. | Practical lesson. Early clinical and laboratory diagnostics. At-risk | | 3 | CBL | oral survey, |
|----|---------------------------------|---|--------------|-----|-------------------|---------------------------|
| | | groups. Modified Kramer's scale for assessing | DLO 1,2,3 | 3 | CDL | test tasks, |
| | management of sick | | 1,2,3 | | | , ' |
| | children with neonatal | the severity of jaunutee. Drug-nee treatment. | | | | checklists |
| | jaundice. | Phototherapy. Indications for phototherapy and | | | | |
| | jaanaree. | replacement blood transfusion. Treatment | | | | |
| | | efficacy indicators. Dispensary observation and | | | | |
| | | terms of removal from dispensary registration. | | | | |
| | SIWT. Consulting on | Clinical protocols: Neonatal jaundice. | DLO | 1/7 | Practical work in | checklists of |
| | SIW implementation 13. SIW task | Diagnostics. Treatment. Prevention. | 1,2,3 | | the GP department | work in the GP department |
| | Topic: Jaundice of newborns. | | | | | |
| 14 | Lecture. | Allergic dermatitis. Risk factors. Pathogenesis. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Allergies in children. | Clinical manifestations. Treatment. Prevention. | 1,2,3 | | | |
| | Practical lesson. | Diagnostics, differential diagnostics. Treatment. | DLO | 3 | CBL | oral survey, |
| | Topic: Allergies in | Prevention. Dynamic observation. | 1,2,3 | | | test tasks, |
| | children | | , , | | | checklists |
| | SIWT. Consultation on | Anatomical and physiological features of infants | DLO | 1/7 | Practical work in | checklists of |
| | the implementation of | and young children, predisposing to allergic | 1,2,3 | | the GP department | work in the GP department |
| | SIW 14. | dermatitis. Possible manifestations of allergic | , , | | | |
| | SIW task | dermatitis. Diagnostics, differential diagnostics. | | | | |
| | Topic: Allergic dermatitis | Treatment. Indications for hospitalization. | | | | |
| | | Prevention. | | | | |
| 15 | Lecture. | Classification. Risk factors. Diagnostics. | DLO | 1 | Thematic lecture | Feedback |
| | Topic: Management of | Peculiarities of management of sick children. | 1,2,3,4 | | | |
| | children with obstructive | Outpatient management tactics. Indications for | , , , | | | |

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| | • | nospitalization in a hospital, day lobservation. Prevention. | nospital. Dynamic | | | | |
|------|---|--|-------------------|----------------|-----------|----------------------|-----------------------------|
| | Practical lesson. | Classification. Risk factor | s. Diagnostics. | DLO | 3 | CBL | oral survey, |
| | Topic: Management of | Peculiarities of management of | of sick children. | 1,2,3,4 | | | test tasks, |
| | children with obstructive | Outpatient management tactics | Indications for | | | | checklists |
| | syndrome | nospitalization in a hospital, day | nospital. Dynamic | | | | |
| | | observation. Prevention. | | | | | |
| | SIWT. Consultation on | Classification. Risk factor | s. Diagnostics. | DLO 2,3 | 2,5/5,5 | Practical work in | checklists of |
| | | Peculiarities of management of | | | | the GP department | work in the GP department |
| | | Outpatient management tactics | | | | | |
| | | nospitalization in a hospital, day | nospital. Dynamic | | | | |
| | 1 | observation. Prevention. | | | | | |
| | syndrome in children | | | | | | |
| | Midterm № 2 | | | | | Oral | Checklist |
| 9. | | То | ashing and Tage | hing Matha | da | | |
| | T . | | aching and Teac | mng Metho | ous: | | |
| 9.1 | Lectures | Thematic, problematic, ove | | | | | |
| 9.2 | Practical lessons | «Standardized patient» met | | | | | |
| 9.3 | SIW/SIWT | Practical work in the GP de | partment. Analys | is of articles | (POL "M | edical compliance ar | ad COPD") |
| 9.4 | Mid-term control | Oral using tickets | | | | | |
| 10. | | | Evaluation | criteria: | | | |
| 10.1 | Criteria for assessing the learning outcomes of the discipline: | | | | | | |
| LO | Learning outcomes Unsatisfactory Satisfactory | | | | | Good | Excellent |
| LO1 | | Does not have the skills to | | | Has the | | Has the skills to use |
| | | l use diagnostic algorithms | | | diagnosti | | diagnostic algorithms and |
| | | | algorithms and | | different | \boldsymbol{c} | differential diagnostics of |
| | and laboratory-instrumenta research methods to | _ | diagnosis of | diseases. | diseases. | 1 , | |
| | research methods to | mistakes when collecting | meompietery | Conects | conects t | complaints and | common diseases. |

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| and draw up a treatment plan, dynamic observation and rehabilitation plan, and | objective examinations and does not know how to draw up an examination plan in accordance with Clinical Protocols. Did not study the | data from patients, does not comply with consistency when conducting objective examinations, and does not follow the recommendations specified in the Clinical Protocols. Did not fully study the | objective examinations, draws up a plan for diagnostic studies in accordance with Clinical Protocols, but skips some studies from the lists of examinations at the outpatient level. Uses literature recommended in the syllabus and Clinical | complaints and anamnestic data of patients, clearly and consistently conducts objective examinations, draws up a plan for diagnostic studies in accordance with Clinical Protocols, observing full list of examinations at the outpatient level. Applies |
|--|--|---|---|---|
| PO2 Prescribes adequate treatment in accordance with the clinical diagnosis, implements an algorithm for choosing drug and non-drug therapy. | treatment plan for the most common diseases adults makes gross mistakes, does not adhere to the requirements specified in the Clinical Protocols, taking into account all the individual characteristics of the patient, indications and contraindications of medications drugs. Does not take into account the interactions of drugs from different groups when combined. Did not | treatment plan for the most common diseases makes inaccuracies, does not adhere to the requirements specified in the Clinical Protocols, taking into account all the individual characteristics of the patient, indications and contraindications of medications drugs. Does not fully take into account the interactions of drugs from different groups when combined. Did | common diseases. When developing a treatment and prevention plan, he makes unprincipled mistakes that are corrected by the intern himself, does not fully adhere to the requirements, specified in the Clinical Protocols, taking into account all the individual characteristics of the patient, indications and | a treatment plan for the most common diseases. When developing a treatment and prevention plan, it strictly and fully complies with all the requirements specified in the Clinical Protocols, taking into account all individual characteristics of the patient, indications and contraindications of medications. Takes into account the interactions of drugs from different groups |

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SKMA -1979-.... MEDICAL ACADEMY

SOUTH KAZAKHSTAN

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| | | and literature recommended | | | knowledge obtained from |
|------|-----------------------------|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| | | • | | drugs from different groups | scientific databases. |
| | | | syllabus. | when combined. Uses | |
| | | | | literature recommended in | |
| | | | | the syllabus and Clinical | |
| | | | | Protocols. | |
| PO 3 | | | | | Applies skills in conducting |
| | diagnosis and treatment, | conduct screening studies, | skills to conduct screening | screening studies, clinical | screening studies, clinical |
| | disease prevention, the | clinical examination, | studies, clinical | examination, rehabilitation | examination, rehabilitation |
| | scope of rehabilitation | rehabilitation | examination, rehabilitation | patients with common | patients with common |
| | measures in accordance | patients with common | of patients with common | diseases. Allows | diseases. Accurately and |
| | with the clinical protocols | diseases. Makes serious | diseases. Makes mistakes | inaccuracies in knowledge | fully demonstrates |
| | for diagnosis and treatment | mistakes when determining | when determining criteria | criteria for assessing the | knowledge of evaluation |
| | | criteria for assessing the | | effectiveness of screening | criteria |
| | | effectiveness of screening | | studies and preventive | the effectiveness of |
| | and from the standpoint of | | | measures, has difficulty | screening studies and |
| | <u> </u> | measures. I did not study the | * | , | preventive measures and |
| | | literature recommended in | • | | knows how to use them in |
| | and permanent disability of | | practice. Did not fully study | | practice. Applies knowledge |
| | patients in accordance with | | the literature recommended | | obtained from scientific |
| | the regulations of the | | in the syllabus. | , , , , , , , , , , , , , , , , , , , | databases. |
| | Ministry of Health of the | | in the syndous. | | dutuouses. |
| | Republic of Kazakhstan. | | | | |
| PO4 | - | Does not have the necessary | Does not fully possess the | Does not fully possess all | Fully knowledgeable about |
| 101 | | knowledge on the use of a | | | |
| | | health information system | | | information system (HIS) in |
| | | when providing outpatient | | system | the provision of outpatient |
| | | | | 3 | ± ± |
| | | care within the competence | | _ | care within the competence |
| | | of a GP and does not know | | - | of GPs. Accurately and |
| | methods and knowledge in | how to work with the | within the competence of | competence of a GP, makes | completely, correctly applies |

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SOUTH KAZAKHSTAN MEDICAL ACADEMY

«Оңтүстік Қазақстан медицина академиясы» АҚ

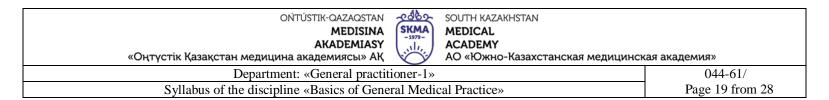
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| | | I | | | |
|-----|----------------------------|------------------------------|-----------------------------|----------------------------|-------------------------------|
| | 1 | | | inaccuracies and errors, | |
| | | | when preparing medical | which are corrected by the | |
| | methods into clinical | patient issues. Didn't study | _ | | health information system of |
| | practice. | the literature recommended | | working with the clinic's | the clinic on patient issues |
| | | in the syllabus | Experiences difficulties | ■ | and when preparing medical |
| | | | when working with the | patient issues and when | documentation, including |
| | | | health information system | | electronic ones. |
| | | | of the clinic on patient | documentation, including | Uses literature |
| | | | issues. Did not fully study | electronic ones. Uses the | recommended in the |
| | | | the literature | literature recommended in | syllabus. |
| | | | recommended in the | the syllabus in an | |
| | | | syllabus. | incomplete volume. | |
| PO5 | Able to apply information | Does not have the necessary | Does not fully possess the | Does not fully possess all | Fully knowledgeable about |
| | technology in healthcare, | knowledge on the use of a | necessary knowledge of | the necessary knowledge on | the use of a health |
| | knows the principles of | health information system | using the information | using the information | information system (HIS) in |
| | implementing compulsory | when providing outpatient | system | system | the provision of outpatient |
| | medical insurance, applies | care within the competence | health care when | health care when providing | care within the competence |
| | scientific principles, | of a GP and does not know | providing outpatient care | outpatient care within the | of GPs. Accurately and |
| | methods and knowledge in | how to work with the | within the competence of | competence of a GP, makes | completely, correctly applies |
| | medical practice and | clinic's information | GPs and makes mistakes | inaccuracies and errors, | this knowledge in practice, |
| | | | when preparing medical | which are corrected by the | when working with the |
| | methods into clinical | patient issues. Didn't study | documentation, including | student himself when | health information system of |
| | practice. | the literature recommended | electronic ones. | working with the clinic's | |
| | | in the syllabus | Experiences difficulties | information system on | |
| | | | when working with the | patient issues and when | documentation, including |
| | | | health information system | 1 1 6 | electronic ones. |
| | | | | documentation, including | |
| | | | | electronic ones. Uses the | |
| | | | the literature | literature recommended in | syllabus. |
| | | | recommended in the | the syllabus in an | |
| | | | syllabus. | incomplete volume. | |



| 10.2 | Criteria for assessing teaching methods and technologies | | |
|------|--|---|--|
| | | | Checklist for practical lesson |
| | Form of control | Assessment | Criteria for evaluation |
| 1 | Oral survey | Excellent Corresponds to estimates: A (4,0; 95 - 100%) A- (3,67; 90 - 94%) | Does not make mistakes or inaccuracies when answering. Is familiar with the theory, concept and direction of the discipline and critically evaluates them, can systematize the material, uses scientific achievements. |
| | | Good Corresponds to estimates: B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%) | Does not make gross errors when answering, allows unfounded inaccuracies or minor errors, which he corrects independently, can systematize the material, uses scientific achievements. |
| | | Satisfactorily Corresponds to estimates: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%) | Makes gross mistakes when answering, limits himself to the textbooks specified by the teacher, and experiences great difficulty in systematizing the material. |
| | | Unsatisfactory Corresponds to estimates: FX (0; 0 - 49%) F(0; 0 - 24%) | Makes fundamental mistakes, is not familiar with the material, does not use literature on the topic, does not use scientific terminology, answers with gross stylistic and logical errors. |
| 2 | Test questions: | Excellent Corresponds to estimates: A (4,0; 95-100%) A- (3,67; 90-94%) | 90-100% correct answers. |
| | | Good Corresponds to estimates: B+ (3,33; 85-89%) B (3,0; 80-84%) | 75-89% correct answers. |

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| | 1 | D (0.67.75.700) | |
|---|-----|---------------------------|---|
| | | B- (2,67; 75-79%) | |
| | | C+ (2,33; 70-74%) | |
| | | Satisfactorily | 50-74% correct answers. |
| | | Corresponds to estimates: | |
| | | C (2,0; 65-69%); | |
| | | C- (1,67; 60-64%); | |
| | | D+ (1,33; 55-59%) | |
| | | D (1,0; 50-54%) | |
| | | Unsatisfactory | Less than 50% correct answers. |
| | | Corresponds to estimates: | |
| | | FX (0,5; 25-49%) | |
| | | F (0; 0-24%) | |
| 3 | CBL | Excellent | Explanation of the case solution process is detailed, consistent, competent, with theoretical |
| | | Corresponds to estimates: | justifications; correct and fluent use of terminology; clear clinical thinking. |
| | | A (4,0; 95-100%) | |
| | | A- (3,67; 90-94%) | |
| | | Good | The explanation of the process of solving the case is detailed, but not logical enough, with isolated |
| | | Corresponds to estimates: | errors in details, some difficulties in the theoretical justification, the answers to additional questions |
| | | B+ (3,33; 85-89%) | • |
| | | B (3,0; 80-84%) | are correct, but not clear enough. |
| | | B- (2,67; 75-79%) | |
| | | C+ (2,33; 70-74%) | |
| | | Satisfactorily | The explanation of the course of solving the case is not complete enough, inconsistent, contains |
| | | Corresponds to estimates: | |
| | | C (2,0; 65-69%); | errors, weak theoretical justification, with significant difficulties and errors, the answers to additional |
| | | C- (1,67; 60-64%); | questions are not clear enough, with errors in the details. |
| | | D+ (1,33; 55-59%) | |
| | | D (1,0; 50-54%) | |
| | | Unsatisfactory | The explanation of the course of solving the case is incomplete, inconsistent, with gross errors, |
| | | Corresponds to estimates: | |
| | | FX (0,5; 25-49%) | without theoretical justification, with a large number of errors, the answers to additional questions |
| | | F (0; 0-24%) | are incorrect or missing. |
| | | 1 | |

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| | | Checklist for SIW | |
|---|-------------------------------------|---|---|
| 4 | Practical work in the GP department | Excellent Corresponds to estimates: A (4,0; 95 - 100%) A- (3,67; 90 - 94%) | During practical work, does not allow mistakes and inaccuracies. Is guided in the patient's problems, gives them a critical assessment, correctly draws up a plan of diagnostic and treatment-and-preventive measures, correctly draws up medical documentation, has communication skills and uses scientific achievements on the problem. |
| | | Good Corresponds to estimates: B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%) | During practical work, does not make gross errors, independently corrects the errors made. Is guided in the patient's problems, has some difficulties with their critical assessment, allows some shortcomings in drawing up a plan of diagnostic and treatment-and-prophylactic measures, correctly draws up medical documentation, does not fully possess communication skills, did not use scientific achievements on the problem. |
| | | Satisfactorily Corresponds to estimates: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%) | During practical work, makes inaccuracies and fundamental mistakes, has difficulty analyzing patient problems, has difficulty critically assessing patient problems, makes mistakes when drawing up a plan for diagnostic and treatment-and-prophylactic measures, makes mistakes when preparing medical documents, does not fully possess communication skills, has not used scientific achievements on the problem. |
| | | Unsatisfactory Corresponds to estimates: FX (0; 0 - 49%) F(0; 0 - 24%) | During practical work, makes serious mistakes, has great difficulty in analyzing the patient's problems, has difficulty in critically assessing the patient's problems, makes fundamental mistakes in drawing up a plan for diagnostic and treatment-and-prophylactic measures, has difficulty in completing medical documents, does not fully possess communication skills, has not used scientific achievements on the problem. |
| 5 | Analysis of scientific articles | Excellent Corresponds to estimates: A (4,0; 95 - 100%) A- (3,67; 90 - 94%) | Correct choice of article; determines scientific or clinical value of the material; consistent, competent, and fluent knowledge of the material, explains the results of the study, analyzes the results of the study. |
| | | Good Corresponds to estimates: B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%) | Correct choice of article; determines scientific or clinical value of the material, has command of the material, provided an accurate, clear and concise explanation. Can explain research results. Allows inaccuracies and inconsistencies in review when analyzing research results. |

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| | Satisfactorily Corresponds to estimates: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%) Unsatisfactory Corresponds to estimates: FX (0; 0 - 49%) F(0; 0 - 24%) | Correct choice of article, scientific or clinical value provide an accurate, clear and concise explanation. The study. Has difficulty in analyzing the results of the Incorrect choice of article for scientific or clinical value provide a precise, clear and concise explanation. Una | there are inaccuracies in explaining the results of the study. lue, lack of knowledge of the material, failure to |
|--|---|--|--|
| | | Multi-point system of knowledge assessment | |
| Evaluation of the | Digital equivalent | Points (% content) | Assessment according to the |
| alphabetical system | | | traditional system |
| A | 4,0 | 95-100 | Excellent |
| A - | 3,67 | 90-94 | |
| B + | 3,33 | 85-89 | Good |
| В | 3,0 | 80-84 | |
| В - | 2,67 | 75-79 | |
| C + | 2,33 | 70-74 | |
| С | 2,0 | 65-69 | Satisfactory |
| C - | 1,67 | 60-64 | |
| D+ | 1,33 | 55-59 | |
| D- | 1,0 | 50-54 | |
| FX | 0,5 | 25-49 | Unsatisfactory |
| F | 0 | 0-24 | - |
| 11. | | Learning Resources: | |
| Electronic resources, includatabases, animation simu | | MA electronic library - https://e-lib.skma.edu.kz/genres publican Interuniversity Electronic Library (PM36) - https://e-lib.skma.edu.kz/genres | |

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blogs, websites, other electronic reference materials (for example, video, audio, digests):

- blogs, websites, other electronic reference materials 3.Digital library «Aknurpress» https://www.aknurpress.kz/
 - 4.Electronic library «Эпиграф» http://www.elib.kz/
 - 5. Epigraph portal of multimedia textbooks https://mbook.kz/ru/index/
 - **6.**36C IPR SMART https://www.iprbookshop.ru/auth information and legal system "ZAN"
 - https://zan.kz/ru
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| | NewDelhi: Jaypee Brothers Medical Publishers, 2019 1064 p. |
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| | 3. Bickley, L. S. Bates' Guide to Physical Examination and History Taking [Text]: textbook / L. S. |
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Diagnosis of internal diseases by syndromes: training manual / Е. К. Вектигаеva. - Almaty: Эпиграф, 2022. - 128 р. Перевод заглавия: Диагностика внутренних заболеваний по синдромам

Joshi N. C. Clinical pediatrics. 2th ed. Elsevier 2012

Essential pediatrics. textbook/ed. Paul K. Vinod New Delhi. CBS Publishers & Distributors Pvt Ltd 2019. 798.

12. Discipline policy:

Requirements for students (attendance, behavior, grading policy, penalties, incentives, etc.):

- Come to classes in uniform (apron, cap) and with a phonendoscope and tonometer;
- Be punctual and obligatory;
- Attendance at practical classes and SIWT is mandatory. Actively participate in the educational process;
- A student who misses a lesson (if not exempted from classes by order of the dean) is given a mark "abs", missed classes for unexcused reasons are not processed, in the electronic journal in the cell next to the mark "abs", a grade of "0" is given 2 days before the start of the exam.
- Missed classes for a valid reason are made up upon provision of a supporting document. The student is required to provide a certificate to the dean's office no later than 5 working days from the date of receipt and submits an application to the dean to receive a work sheet indicating the deadline, which is valid for 30 days from the date of receipt at the dean's office. The grades received as a result of practicing the lesson are posted in the electronic journal in the cell next to the mark "n". In the absence of supporting documents or if they are submitted to the dean's office later than 5 working days after leaving school, the reason is considered disrespectful.
- Students who miss classes by order of the dean to be excused will not be given a mark "abs", an average grade of academic performance will be given, and a midterm test will be processed.
- Each student must complete all forms of SIW assignments in the form of individual and collective activities and submit them on schedule.
- All types of written work by students are checked for plagiarism.
- Be responsible for the sanitary condition of your workplace and personal hygiene.
- Eating in classrooms is strictly prohibited.
- Follow safety regulations in study rooms.

OŃTÚSTIK-QAZAQSTAN

MEDISINA AKADEMIASY



SOUTH KAZAKHSTAN

MEDICAL ACADEMY

«Оңтүстік Қазақстан медицина академиясы» АҚ

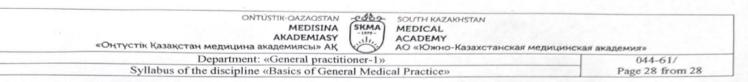
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Department: «General practitioner-1»

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- Comply with the internal regulations of the academy and clinical sites where classes are held.
- Be tolerant, open and friendly towards fellow students and teachers.
- Treat the property of the department with care.
- Turn off cell phones during lessons.

| 13. | 3. Academic policy based on the moral and ethical values of the academy: | | | y: | | |
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| | Code of honor of the student. | | | | | |
| | CORING POLICY: | | | | | |
| | The lesson uses several forms of knowledge control. An average mark is given to the magazine. | | | | | |
| | A student who has not scored a passing score (50%) in one of the types of control (current control, 1 midterm control or 2 midterm control) is not | | | | | |
| | allowed to take the exam in the discipline. The final rating of admission to the exam in the discipline must be at least 50 points (60%), which is calculated automatically based on the average. | | | | | |
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| | | | core of midterm controls (20%). | ar | | |
| | Interim certification - | carried out in two stages: the | e reception of practical skills by the method of OSPE (object | ively structured practical examination) | | |
| | and testing. | | | 0) | | |
| 14. | 1 - 3 | Approv | val and revision: | Signature | | |
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