



ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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Working educational program of the discipline (Syllabus)
Educational program "6B10101 General Medicine"

1. General information about the discipline			
1.1	Codw of discipline: Trauma 4205	1.6	Academic year: 2023-2024
1.2	Name of the discipline: Traumatology	1.7	Course: 4
1.3	Prerequisites: Anatomy, physiology, pathanatomy, pathophysiology, pharmacology, microbiology	1.8	Semester: 7
1.4	Prerequisites: internship	1.9	Number of credits (ECTS): 5
1.5	Cycle: Basic discipline	1.10	Component: component of choice
2. Description of the discipline			
Study of the basics of traumatology, analysis of the course of injuries and diseases of the musculoskeletal system and their complications. Questions of etiology, pathogenesis, clinic, diagnosis and differential diagnosis, modern methods of conservative and operative treatment of emergency and planned traumatological diseases of organs and systems. Clinical thinking, skill, application of algorithms of medical activity in urgent and life-threatening conditions.			
3. Summative assessment form *			
3.1	Tests ✓	3.5	Coursework
3.2	Writing	3.6	Essay
3.3	Orally	3.7	Project
3.4	OSCE or the estimation of practical skills ✓	3.8	Other (specify)
4. Objectives of the discipline			
Formation of theoretical knowledge on the basics of traumatological diseases and their application in practice, training skills in diagnosis, differential diagnosis, treatment and prevention of traumatological complications.			

5. Final learning outcomes (Study outcomes of disciplines)		
1	Demonstrates knowledge and understanding of the basics of injuries and diseases of the musculoskeletal system for diagnosis, treatment, dynamic observation of the most common cases	
SO2	Analyzes the results of the main symptoms and syndromes in trauma and diseases of the musculoskeletal system, conducts prevention of common injuries and diseases	
SO3	Analyzes laboratory and instrumental data, draws conclusions.	
SO4	Effectively communicates with colleagues, patients, relatives of patients. It is able to convey the information received in the process of searching and processing to other users.	
SO5	Applies scientific principles, methods and knowledge in medical practice and research; is capable of continuous self-education and development.	
5.1	SO of disciplines	The results of the training of the EP, with which the SO disciplines are associated
	SO 1	SO1 Demonstrates knowledge and understanding of biomedical sciences for diagnosis, treatment, dynamic observation of the most common injuries and diseases of the musculoskeletal system in adults and children
	SO 2, SO 3	SO4 Analyzes the results of screening programs, conducts prevention of common injuries and diseases of the musculoskeletal system, vaccination

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		and finds sources of information for the development of primary health care				
	SO 4	SO6 Effectively communicates in medical practice, taking into account the peculiarities of the psychology of childhood and adulthood, multiculturalism, observing the principles of medical ethics and deontology				
	PO 5	PO 8 Applies scientific principles, methods and knowledge in medical practice and research. Capable of continuous self-education and development. Able to introduce new methods into clinical practice				
6. Detailed information about the discipline						
6.1	Department of Surgery -2. Location Shymkent, South Kazakhstan Regional Hospital, Building No. 9, office No. 2. 1. Place of classes (building, auditorium) Al-Farabi Square 3, South Kazakhstan Medical Academy, Building No. 2, PSC (Practical skills Center, 3rd floor) auditorium No. 308, No.310. 2. Place of classes (building, auditorium) Shymkent, South Kazakhstan Regional Hospital, building No. 9, auditorium No. 1, No. 3 3. Place of classes (building, auditorium) Shymkent, Daurenbek Kurmanbekov Street 35, GKB No. 1 (City Clinical Hospital No. 1), economic building, auditorium No. 1, No. 3					
6.2	Number of hours	Lecture	Practical lessons	Laboratory classes	IWST	IWS
		15	35	-	30	70
7. Information about teachers						
№	Name	Degrees and position	Email address	Scientific interests, etc.	Progress	
	Esmembetov Izbasar Nagashbaevich	M.G.K., Associate Professor of the Department	-	Traumatology-orthopedics for adults, children	M.G.K., Associate Professor of the Department	
	Usmanov Mahmud Arafovich	assistant of the department	makhmud.usmanov.63@mail.ru	Traumatology-orthopedics for adults, children	-	
	Duisebekov Murat Tavbekovich	assistant of the department	murat_jan_kz@mail.ru	Traumatology-orthopedics for adults, children	-	
	Anvar Gafurovich Muminov	assistant of the department. Resident of the Department of Orthopedics OKB, Shymkent	Almaz_1k@bk.ru	Traumatology-orthopedics for adults, children	-	
	Mirzametov Zafar Saidakhmetovich	assistant of the department. Resident of the Department of Orthopedics OKB, Shymkent	Zafarmirzametov.s.78@mail.ru	Traumatology-orthopedics for adults, children	-	

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	Abdrakhmanov Yerbolat Abdrakhmanovich	assistant of the department. Head. Department of orthopedics of GKB No. 1, Shymkent	-		Traumatology-orthopedics for adults, children	-
	Isakov Farhat Palakhaevich	assistant of the department. Resident of the Department of Orthopedics of the State Clinical Hospital No. 1, Shymkent	Furik_10.88@mail.ru		Traumatology-orthopedics for adults, children	-
	Alimkhanova Shakhlo Palakhaevna	assistant of the department. Resident of the Department of polytrauma GKB No. 1, Shymkent	-		Traumatology-orthopedics for adults, children	-
	Khalkhodzhaev Makhmudzhan Kamilzhanovich	assistant of the department. Resident of the Department of polytrauma GKB No. 1, Shymkent	-		Traumatology-orthopedics for adults, children	-
8.	Thematic plan					
Week/day	Topic name	Summary	SO of discipline	Number of hours	Forms/methods/technologies of training	Assessment forms/methods
1	<i>Lecture.</i> Introduction to traumatology and orthopedics.	History of traumatology and orthopedics. Organization of trauma care in the Republic of Kazakhstan. Goals and objectives of traumatology and orthopedics. The main ways of development of traumatology and	SO 1	1	Overview	Feedback



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		orthopedics in the historical aspect. Types of injuries.				
	<i>Practical lesson.</i> Features of examination of patients with injuries and diseases of the musculoskeletal system. Basic principles of fracture treatment.	Methods of palpation and percussion in orthopedic and traumatological patients. Methods of measuring the length and circumference of limbs. Methods of measuring the volume of movements in the joints. Types of contractures. Types of limb shortening. Ways to determine them. Spinal deformities (scoliosis, kyphosis, lordosis). Absolute and relative clinical signs of fractures, dislocations, reliable and probable signs of joint and vertebral diseases. Special methods of diagnosis and treatment in traumatology and orthopedics.	SO1 SO2 SO3 SO4 SO5	3	Discussion of the lesson topic, standardized patient	Tests
	IWST. Subject and task. Rehabilitation and prosthetics in traumatology and orthopedics. Project: Ways of the consequence of healing of postoperative wounds of oncological and traumatological diseases	Types of rehabilitation. Modern achievements in traumatology and prosthetics.	SO1 SO2 SO3 SO4 SO5	2/5	Curation. Protection of the medical history of the supervised patient/ Presentation protection. Protection of the report. Work with educational and scientific literature. Project work. Discussion of the topic of the project. Drawing up a work plan PjBL	Assessment of the quality of medical documentation Checklist Feedback
2	Lecture. Reparative regeneration of bone	Reparative regeneration of bone tissue. Bone microstructure, blood	SO 1	1	Overview	Feedback

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	tissue. Preservation of bone tissue. Basic principles of conservative treatment of fractures.	supply, innervation, sources of regeneration, stages of formation of bone corns. Pro-visor callus, permanent callus. Nodal issues of conservative fracture treatment 5 principles of conservative fracture treatment. Principles of fracture treatment at the prehospital and hospital stages of medical care.				
	Practical lesson. Chest and upper arm injuries.	Classification of chest injuries. Closed chest injuries, bruises, isolated, multiple rib fractures. Clinic, diagnosis, principles of treatment. Fractures of the sternum. Dislocations and fractures of the collarbone.	SO1 SO2 SO3 SO4 SO5	3	Discussion of the lesson topic, standardized patient	Solving situational problems, oral interview.
	IWST. Subject and task. Tendon injuries.	Types of tendon injuries: hand tendons, biceps tendon, Achilles tendon, etc.	SO1 SO2 SO3 SO4 SO5	2/5	Curation. Protection of the medical history of the supervised patient/ Presentation protection. Protection of the report. Work with educational and scientific literature. Project work	Assessment of the quality of medical documentation. Checklist Project monitoring
3	Lecture. Closed and open fractures of bones and joints. Classification. Diagnostics. Chronic post-traumatic and hematogenic osteomyelitis. Prevention	Primary and secondary infection. Local and general purulent complications of open fractures. Diagnosis, prevention and treatment of purulent complications of open fractures. Classification of	SO 1	2	Overview	Feedback



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	and modern principles of treatment.	osteomyelitis. Post-traumatic osteomyelitis. Hematogenous osteomyelitis. Etiology. Pathogenesis. Clinical and radiological forms. Diagnostics. Principles of conservative treatment. Indications and methods of surgical treatment.				
	Practical lesson. Injuries to the shoulder joint and shoulder.	Damage to the soft tissues of the shoulder (muscles, joints, nerves). Classification of injuries of the proximal metaepiphysis of the shoulder. The mechanism of fractures. Diagnostics. Treatment. Fractures of the humerus diaphysis. Diagnostics, methods of treatment. Supracondylar fractures of the shoulder. Types of displacement, possible complications. Diagnosis, treatment of extensor and flexor supracondylar fractures. Fractures of the condyles of the shoulder. Treatment. Intrasubular fractures of the distal end of the humerus. Classification, diagnosis, treatment.	SO1 SO2 SO3 SO4 SO5	3	Discussion of the lesson topic, standardized patient	Oral interview.
	IWST. Subject and task. Open fractures of bones and joints. Classification. Diagnostics.	Primary and secondary-open fractures of bones and joints. Mechanism of occurrence, classification of open fractures of bones and joints. Classification according to Kaplan-Markova.	SO1 SO2 SO3 SO4 SO5	3/3	Work in the medical dressing room. Curation. Protection of the medical history of the supervised patient/ Presentation protection. Protection of the report.	Assessment of the quality of medical documentation. Checklist Project moni

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					Work with educational and scientific literature. Project work PjBL	toring
4	Lecture. Modern principles of surgical treatment of fractures. Compression- distraction methods of treatment. Bruising and complications in the treatment of fractures (secondary dislocations, non-fusion, delayed consolidation, false joints and ways to eliminate them.	The history of the surgical method of fracture treatment. The current state of the issue. Types of osteosynthesis, their advantages and disadvantages. The concept of stable osteosynthesis. Indications and contraindications for surgical treatment of fractures. Preoperative preparation, postoperative management. Compression-distraction devices of external fixation. Indications and contraindications for extra-focal osteosynthesis. The main models of external fixation devices. Errors and complications in the surgical treatment of fractures. Delayed fusion of fractures and contractures of joints. Prevention of errors and complications, their treatment.	SO 1	1	Overview	Feedback
	Practical lesson. Injuries to the elbow joint, forearm, wrist and hand.	Fractures of the head and neck of the radius-the mechanism of damage, clinic, diagnosis, treatment. Fractures of the coronal process of the elbow bone-the mechanism	SO1 SO2 SO3 SO4 SO5	3	Discussion of the lesson topic, standardized patient	Testing, solving situational problems,



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		of damage to the joint, clinic, diagnosis and treatment. Fractures of the fractures of the bones of the forearm-the mechanism of damage, the clinic, the features of the fracture of the fragments, treatment. Fracture of the radius in a typical place (Colles, Smith fractures)mechanism of injury, diagnosis, assessment of the position of fragments by radiographs, treatment.				
	IWST. Subject and task. Open fractures of bones and joints. Prevention and modern principles of treatment.	First aid. Specialized assistance. Intraosseous washing according to Syzganov-Tkachenko. Treatment of open fractures.	SO1 SO2 SO3 SO4 SO5	2/5	Work in the medical dressing room. Curation. Protection of the medical history of the supervised patient/Presen tation protection. Protection of the report. Work with educational and scientific literature. Project work PjBL	Asses sment of the qualit y of regist ration of medic al medic al docu menta tion. Chec klist Proje ct moni torin g
5	Lecture. Pelvic injuries. The basic principles of conservative, surgical treatment of pelvic fractures.	Classification of pelvic injuries. The mechanism of various damage options. The clinical picture of pelvic fractures. Diagnosis. First aid for pelvic fractures. Fracture of the roof of the acetabulum. Fractures of the bottom of the acetabulum. Central	SO 1	1	Owerview	Feedb ack



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		dislocation of the hip. Clinic. Diagnostics. Conservative treatment. Indications for surgical treatment. Features of the course of shock and its treatment in patients with pelvic trauma.				
Practical lesson. Injuries to the hip joint, hip.	Classification of fractures of the proximal femur .Medial fractures of the femoral neck. Diagnosis, clinic, complications. Operative treatment (osteosynthesis, endoprosthesis).Conservative treatment of varus fractures (method of early mobilization).Treatment of hallux valgus fractures (conservative, operative).Intervertebral and transversal hip fractures-the mechanism of damage, diagnosis, conservative and operative methods of treatment. Vertebra fractures. Diagnosis, treatment. Fractures of the femoral diaphysis– features of dislocation of fractures in the upper, middle and lower third, clinic, diagnosis, conservative and operative methods of treatment. Prevention of possible complications.	SO1 SO2 SO3 SO4 SO5	3	Обсуждение темы занятия, стандартизированный пациент	Тестирование	



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	IWST. Subject and task. Posttraumatic and hematogenic osteomyelitis. Classification. Diagnostics.	Classification of osteomyelitis. Posttraumatic and hematogenic osteomyelitis Etiology. Pathogenesis. Clinical and radiological types. Diagnostics.	SO1 SO2 SO3 SO4 SO5	2/5	Work in the dressing room. Curation. Protection of the medical history of the supervised subject / Presentation protection. Protection of the report. Work with educational and scientific literature. Project work PjBL	Assesment of the quality of medical documentation. Checklist Project work
6	Lecture. Polytrauma. Multiple and combined injuries. Issues of diagnostics and surgical tactics.	Definition of the concept of "polytrauma". Classification: multiple, combined and combined injuries. Their characteristics. Clinical features of polytrauma (with mutual aggravation, incompatibility of therapy, acute complications of traumatic injuries-shock, massive blood loss, toxemia, acute renal failure, fatty embolism, troboembolism, etc.).	SO 1	2	Owerview	Feedack
	Practical lesson. Injuries and diseases of the knee joint. Injuries to the lower leg, ankle joint and foot.	Closed knee injury. Hemarthrosis. Traumatic dislocations of the patella. Clinic, diagnosis, treatment. Nick's patellar fractures, diagnosis, conservative methods of treatment. Fractures of the condyles of the femur and tibia. Damage to the menisci. By	SO1 SO2 SO3 SO4 SO5	3	Discussion of the topic of the lesson, curation of patients	oral interview.



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		<p>damage to the ligamentous apparatus knee joint rotation: lateral and cruciate ligaments, patellar ligament. Methods of treatment of research institutes. Isolated fractures condyles of tibia. Fractures of tibia and fibula – clinic, diagnosis, conservative and operative methods of treatment. Fractures of the ankles. Fractures of the bones of the foot. Dislocations of the toes. Diagnosis, treatment.</p>				
	<p>IWST. Subject and task. Posttraumatic and hematogenic osteomyelitis. Prevention and modern principles of treatment. Interim evaluation of project activities.</p>	<p>Principles of conservative treatment. Indications and methods of surgical treatment of posttraumatic and hematogenous osteomyelitis. The place of stable osteosynthesis in the treatment of posttraumatic osteomyelitis. Principles and methods of postoperative management of patients. Features of the course and treatment of osteomyelitis of the spongy bone and spicular osteomyelitis.</p>	<p>SO1 SO2 SO3 SO4 SO5</p>	<p>3/3</p>	<p>Work in the dressing room. Curation. Protection of the medical history of the supervised subject / Presentation protection. / Protection of the report . Work with educational and scientific literature. Project work PjBL</p>	<p>Assessment of the quality of medical documentation. Checklist. Evaluation of the interim report on the implementation of the project</p>
	<p>Midterm exam №1</p>		<p>Testing. Practical skill.</p>			
<p>7</p>	<p>Lecture. Spinal injuries.</p>	<p>Classification of spinal injuries. Fractures of</p>	<p>SO 1</p>	<p>1</p>	<p>Owerview</p>	<p>Feedback</p>



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		transverse processes, arches and articular processes. Fractures of vertebral bodies, classification, principles of diagnosis. Methods of treatment. Diagnosis of complications of congenital fractures of the spine. Orthopedic treatment.				
	Practical lesson Spinal injuries.	Classification. Characteristics of stable and unstable damages. The mechanism of damage, diagnosis, treatment methods. Fractures of the transverse processes, arches and articular processes- diagnosis, treatment. Fractures of vertebral bodies. Methods of treatment of unexplained fractures of vertebral bodies: conservative (functional, simultaneous reposition, gradual reposition) and operative (posterior fixation of the spine with dacron, plates, stabilizing surgery on the bodies of the vertebrae). Methods of therapeutic immobilization in fractures of vertebral bodies. Indications for decompression and stabilization operations on the spine. Orthopedic treatment and rehabilitation.	SO1 SO2 SO3 SO4 SO5	3	Discussion of the topic of the lesson, curation of patients	Oral interview.



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	IWST. Subject and task. Faults and complications in the treatment of fractures (secondary dislocations, non-, delayed consolidation, false joints), treatment and ways to eliminate them.	Faults and complications in the surgical treatment of fractures. Delayed fusion of fractures and joint contractures. Prevention of errors and complications, their treatment.	SO1 SO2 SO3 SO4 SO5	2/5	Work in the dressing room. Curation. Protection of the medical history of the supervised subject / Presentation protection. Protection of the report Work with educational and scientific literature. Project work PjBL	Assesment of the quality of medical documentation. Checklist. Project monitoring
8	Lecture. Congenital dislocation of the hip. Clinic. Diagnosis and treatment.	Etiopathogenesis of congenital hip dislocation. Classification. Clinical and radiological radiological diagnostics of congenital hip dislocation in children under one year old. Clinic of one- and two-sided hip dislocations. Prophylaxis, methods of conservative and surgical treatment.	PO 1	1	Owerview	Feedb ack
	Practical lesson. Pelvic injuries.	Classification of pelvic injuries. The mechanism of various damage options. Clinic for pelvic fractures. Before the diagnosis. First aid for pelvic fractures. Fractures of the roof and bottom of the acetabulum. Central dislocation of the hip. At the end of the emetic treatment. Indications for	PO1 PO2 PO3 PO4 PO5	3	Discussion of the topic of the lesson, curation of patients	Tests



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		surgical treatment.Features of the course of shock and its treatment in patients with pelvic trauma.Malganya type fracture. Principles of treatment.				
	IWST. Subject and task. Congenital deformities of the skeleton. Sluggish and spastic paralysis.	Sluggish and spastic paralysis. Definition of the term. Classification. Clinic. Conservative and surgical treatment. Prevention. Rehabilitation.	PO1 PO2 PO3 PO4 PO5	2/5	Protection of the medical history of the supervised birth / Presentation protection. Protection of the report Work with educational and scientific literature. Project work PjBL	Assesment of the quality of medical documentation. Checklist. Project monitoring
9	Lecture Clubfoot. Torticollis, congenital deformities of the chest. Clinic, diagnostics.Conservative and surgical treatment.	Etiology and pathogenesis of congenital clubfoot.Classification .Clinic of congenital clubfoot.Diagnostics.The course of the disease.Basic principles of early detection of congenital clubfoot. Prevention.Modern methods of conservative, surgical treatment.Congenital muscular torticollis. Etiology and pathogenesis.Diagnostics.Methods of conservative and surgical treatment.	PO 1	2	Owerview	Feedb ack



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	<p>Practical lesson. Polytrauma. Multiple and combined injuries. Issues of diagnostics and surgical tactics.</p>	<p>Definition of the concept of "polytrauma". Classification: multiple, combined, combined injuries. Their characteristics. Clinical features of polytrauma (mutual aggravation syndrome, incompatibility of therapy, acute complications: shock, massive blood loss, toxemia, acute renal failure, fatty embolism, thromboembolism, etc.). Emergency medical care at the hospital stage of treatment. The choice of methods of antishock therapy in patients with poly-trauma. Characteristics of the hospital stage of treatment of patients with polytrauma, its periods, features of the rehabilitation period. Accepted types of complex therapy in patients with polytrauma. Choosing the optimal time and volume of surgical interventions.</p>	<p>SO1 SO2 SO3 SO4 SO5</p>	<p>3</p>	<p>Discussion of the topic of the lesson, curation of patients</p>	<p>Testing</p>
	<p>IWST. Subject and task. Posture defects, scoliosis.</p>	<p>Definition of the terms "posture", "lordosis", "kyphosis", "scoliosis". Types of posture. Posture defects. Principles of diagnosis and treatment. Etiology and pathogenesis of scoliotic disease. Classification of scoliosis. Clinic of various degrees of scoliosis. The course of the disease. Prevention.</p>	<p>SO1 SO2 SO3 SO4 SO5</p>	<p>3/3</p>	<p>Presentation protection. Protection of the report Work with educational and scientific literature. Protection of the report PjBL</p>	<p>Assessment of the quality of medical documentation. Checklist. Project</p>



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		Conservative and operative methods of treatment. Rehabilitation of patients with spinal diseases.				monitoring
10	Lecture. PO 1Traumatic dislocations of joints. Degenerative-dystrophic and inflammatory diseases of the joints	The main mechanisms of dislocation occurrence. Classification. Principles of treatment of dislocations. Indications for an operative method of treatment of dislocations. Post-traumatic coxarthrosis: etiology, pathogenesis, clinic, treatment. Indications for endoprosthesis. Dysplastic coxarthrosis. Deforming steering arthrosis of the knee joint. Etiology, pathogenesis. Methods of treatment.	SO1	1	Overview and illustrative, presentation	Feedback
	Practical lesson. Congenital dislocation of the hip. Congenital clubfoot. Congenital muscular torticollis	Etiology and pathogenesis of congenital hip dislocation. Classification. Clinical and radiological diagnosis of congenital hip dislocation at the age of one year. Clinic of one- and two-sided hip dislocations. The course of the disease. Basic principles of early detection of congenital hip dislocation. Prevention, methods of conservative and surgical treatment. Etiology and pathogenesis of congenital clubfoot. Classification. Clinic of congenital clubfoot. Diagnostics. The course of the disease. Prevention. Modern methods of conservative and surgical	SO1 SO2 SO3 SO4 SO5	3	Discussion of the topic of the lesson, curation of patients	Tests

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		treatment. Congenital muscular torticollis. Etiology and pathogenesis. Diagnostics. Methods of conservative treatment. Surgical treatment.				
	IWST. Congenital deformities of the chest.	Etiology and pathogenesis of congenital deformities of the chest. Clinic. The course of the disease. Prevention. Conservative and operative methods of treatment.	SO1 SO2 SO3 SO4 SO5	2/5	Presentation. Protection of the report Work with educational and scientific literature. Project work PjBL	Assesment of the quality of medical documentation. Checklist. Project monitoring
11	Lecture. Posture defects, scoliosis, osteochondrosis.	Definition of the terms "posture", "lordosis", "kyphosis", "scolio z". Types of posture. Posture defects. Principles of diagnosis and treatment. Etiology and pathogenesis of scoliotic disease. Classification of scoliosis. Clinic of various degrees of scoliosis. The course of the disease. Basic principles of early recognition of scoliosis. Prevention. Conservative and operative methods of treatment. Spondylosis-etiology, pathogenesis, clinical and radiological diagnostics, treatment. Spondyloarthrosis-etiology, pathogenesis, clinic, treatment. Osteochondrosi	H4 OH5	1	Overview and illustrative, presentation	Feedb ack



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		s of the spine.Etiology, pathogenesis, clinic of osteochondrosis of the cervical, thoracic, lumbar spine. Conservative and surgical treatment.				
	Practical lesson. Degenerative-dystrophic and inflammatory diseases of the joints.	Posttraumatic coxarthrosis-etiology, pathogenesis, clinic, treatment. Indications for endoprosthetics.Dysplastic coxarthrosis as a consequence of hip dysplasia and congenital dislocation. Principles of conservative and surgical treatment. Deforming arthrosis of the knee joint. Etiology, pathogenesis.Methods of treatment. Deforming arthrosis of the shoulder joint.Shoulder peri-arthritis.Etiology, clinic. Diagnosis and treatment.	SO1 SO2 SO3 SO4 SO5	3	Discussion of the topic of the lesson, curation of patients	Tests
	IWST. Osteochondropathy. Analysis of scientific articles on project-oriented learning.	Osteochondropathies: classification, etiology, clinic. Aseptic necrosis of the femoral head.Perthes' disease (osteochondropathy of the femoral head).Radiological picture. Stages. Methods of treatment (conservative, operative). Osgood-Schlatter disease.Etiology, pathogenesis, clinic, treatment. Principles of conservative and surgical treatment.	SO1 SO2 SO3 SO4 SO5	2/5	Presentation. Protection of the report Work with educational and scientific literature. PjBL	Assesment of the quality of medical documentation. Checklist. Project monitoring

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12	Lecture. Osteochondropathy. Tumors of bones and joints.	Osteochondropathy: Classification. Etiology. Clinic. Aseptic necrosis of the femoral head. Perthes disease (osteochondropathy of the femoral head).X-ray-logical picture. Stages.Methods of treatment (conservative, operative). Meniscopathies. Dissecting osteochondritis Book, etiology and treatment. Osgood-Schlatter diseases. Bone tumors-etiology, pathogenesis, clinic, treatment. Principles of conservative and operative treatment. Joint tumors-etiology, pathogenesis, clinic, treatment. Principles of conservative and surgical treatment. Indications for joint surgery.	SO 1	1	Owerview	Feedback
	Practical lesson. Tumors of bones and joints.	Bone tumors-etiology, pathogenesis, clinic, treatment. Principles of conservative and surgical treatment. Joint tumors etiology, pathogenesis, clinic, treatment. Principles of conservative and surgical treatment. Indications for joint surgery.	SO1 SO2 SO3 SO4 SO5	2	Discussion of the topic of the lesson, curation of patients	solving medical situational problems
	IWST. Flat feet. Analysis of scientific articles on project-oriented learning.	Static deformities of the foot. Classification. Etiology. Pathogenesis. Clinic a. Methods of detection. Valgus deviation of the thumb. Etiology. Pathogenesis. Clinic. The course of the disease. Methods of treatment. Hammer-like deformation of the fingers. Principles of	SO1 SO2 SO3 SO4 SO5	3/3	Work in the dressing room Curation Protection of the medical history of the supervised patient / Protection of the report Presentation Protection.	Assesment of the quality of medical documentation (AA –

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		conservative and surgical treatment.			Work with educational and scientific literature. Project work PjBL	Audit Assessment Tool) Project monitoring Criteria assessment.
13	Midterm exam №2	Integrated Midterm exam №2	Testing. Practical skill	2/3	Presentation	feedback
9	Training methods and forms of controls					
9.1	Lectures	Overview				
9.2	Practical lessons	Discussion of the lesson topic, standardized patient (SP), patient supervision				
9.3	SIW /IWST.	Curation, Protection of the supervised patient, Work in the hospital Presentation protection. PjBL Project execution. Analysis of scientific articles on project-oriented learning. Work with educational - scientific literature swarm.				
9.4	Midterm exam	Testing. Practical skill Integrated boundary control No. 1: integrated monitoring of academic achievements. Testing. Practical skill.				



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		Integrated boundary control No. 2: integrated monitoring of academic achievements. Testing. Practical skill.			
10. Evaluation criteria					
10.1 Criteria for evaluating the results of teaching disciplines					
№	The role of discipline	Unsatisfactory	Satisfactory	Well	Great
LO1	He is able to formulate a clinical diagnosis, prescribe a treatment plan and evaluate its effectiveness based on evidence-based practice at all levels of medical care for patients with a traumatic profile	1. Is not able to demonstrate knowledge and understanding during the justification and formulation of a clinical diagnosis, does not use the classification of nosology	1 Demonstrates insufficient knowledge and understanding when conducting the justification and formulation of a clinical diagnosis, does not use the classification of nosology, based on the KP of the Ministry of Health of the Republic of Kazakhstan	1 Is able to substantiate and formulate a clinical diagnosis using the classification of nosology	1. Independently substantiates and formulates a clinical diagnosis using the classification of nosology
LO2	Able to effectively interact with a traumatological patient, his environment, healthcare professionals in order to achieve the best results for a traumatological patient	2. Unable to make a treatment plan, calculate medications, evaluate the effectiveness of therapy for patients with a traumatological profile	2 Does not allow accuracy and errors in treatment tactics, calculation of drugs, evaluation of the effectiveness of therapy for patients with a traumatological profile	2. Is able to determine the tactics of treatment based on the KP of the Ministry of Health of the Republic of Kazakhstan, calculate drugs, evaluate the effectiveness of therapy based on the principles of evidence-based practice for patients with a traumatology profile	2. Independently builds management tactics and treatment plan based on the KP of the Ministry of Health of the Republic of Kazakhstan, calculates drugs and, if necessary, infusion therapy, evaluates indicators of therapy effectiveness
LO3	He is able to assess the risks of a traumatological disease and use the most effective	3. I have not worked through the main literature.	3. Does not fully use the literature recommended in the syllabus	3. Uses the literature recommended in the syllabus.	3. Analyzes appointments based on the principles of evidence-based practice at all



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	methods to ensure a high level of safety and quality of medical care for a traumatological patient				levels of medical care for patients with a traumatological profile
LO4	Able to act within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan on traumatological diseases, provide basic assistance in emergency situations, carry out anti-epidemic measures, work as part of interprofessional teams to implement the policy of strengthening the health of the nation		Demonstrates insufficient communication skills of interaction with a traumatological patient, his environment	Is able to effectively interact with a traumatological patient, his environment using communication skills	Uses literature from scientific databases.
LO5	Able to formulate adequate research questions in the field of traumatology, critically evaluate professional literature, effectively use international databases in their daily activities, participate in the	Does not apply the basics of communication skills of interaction with a traumatological patient, his environment	Makes mistakes when interacting with healthcare professionals. Does not fully achieve the best results for a trauma patient	Able to interact with healthcare professionals in order to achieve the best results for a patient of a traumatological profile	Independently effectively uses communication skills of interaction with a traumatological patient, his environment

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	work of the research team				
10.2	Criteria for evaluating the results of teaching disciplines				
Form of Control	Evaluation	Evaluation criteria			
Checklist: Criteria for assessing practical skills, professional skills:	Perfectly matches the estimates: A (4,0; 95-100%) A- (3,67; 90-94%)	Anamnesis collection: systematically collected, the anamnesis fully reflects the dynamics of the development of the disease; Physical examination: carried out systematically, technically correct and effective; Preliminary diagnosis: correctly established, justification given; The purpose of laboratory and instrumental methods of investigation for the disease: complete and adequate; Examination (interpretation) of the results of the patient's examination: completely and correctly; Differential diagnosis: completely; The final diagnosis and its justification: complete, well-founded; Choice of treatment: treatment is very adequate; To understand the mechanism of action of the prescribed treatment: completely; Determination of prognosis and prevention: adequate, complete. Actively participated in solving the situational problem, showed original thinking, showed deep knowledge of the material, used scientific achievements of other disciplines in the discussion. Completed all stages of providing medical care for injuries according to the OCE checklist (listed below): Imposed			
	It corresponds well to the estimates: B+ (3.33; 85-89%) B (3.0; 80-84%) B- (2.67; 75-79%) C+ (2.33; 70-74%)	Anamnesis collection: systematically collected, but without sufficient clarification of the nature of the main symptoms and possible causes of their occurrence; Physical examination: systematic but minor technical inaccuracies; Preliminary diagnosis: established correctly, but there is no justification; The purpose of laboratory and instrumental methods of investigation for the disease: adequate, but with minor drawbacks; Examination (interpretation) of the results of the patient's examination: correct with minor inaccuracies; Differential diagnosis: proven, but not with all similar diseases; The final diagnosis and its justification: the diagnosis of the underlying disease is complete, but concomitant diseases are not indicated; Choice of treatment: correct, but not complete enough or polypragmasia; To understand the mechanism of action of the prescribed treatment: mistakes in insignificant details; Definition of prognosis and prevention: adequate, but not complete. Actively participated in solving the situational problem, showed knowledge of the material, admitted unprincipled inaccuracies or fundamental errors corrected by the student himself. Performed all stages of providing medical care for injuries according to the OCE checklist (listed below), made unprincipled inaccuracies or fundamental errors corrected by the student himself: Cramer's splint. Applying a Dietrichs splint. Primary surgical treatment of the wound, with and without sutures. suturing, the ability to properly knit surgical knots. Puncture of the knee joint. Interpretation of the X-ray image.			

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	<p>Satisfactorily corresponds to the estimates: C (2.0; 65-69%); C- (1.67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)</p>	<p>Anamnesis collection: collected with the fixation of facts that do not give an idea of the nature of the disease and the sequence of symptoms; Physical examination: complete technical failed errors; Preliminary diagnosis: the leading syndrome is isolated, but there is no diagnostic conclusion; The purpose of laboratory and instrumental methods of research for the disease: not quite adequate; Examination (interpretation) of the results of the patient's examination: partially correct with significant errors; Differential diagnosis: Incomplete; The final diagnosis and its justification: the diagnosis is insufficiently substantiated, complications, concomitant diseases have not been identified; Choice of treatment: treatment for the main and auxiliary diseases is incomplete;</p> <p>To understand the mechanism of action of the prescribed treatment: Half-hearted; Determination of prognosis and prevention: insufficiently adequate and incomplete. When working in a group, he was passive, made inaccuracies and unprincipled mistakes, experienced great difficulties in systematizing the material. He did not perform all the stages of providing medical care for injuries according to the OCE checklist (listed below), made inaccuracies and unprincipled mistakes, experienced great difficulties in systematizing the material. Kramer's tire overlay. Applying a Dietrichs splint. Primary surgical treatment of the wound, with and without sutures. suturing, the ability to properly knit surgical knots. Puncture of the knee joint. Interpretation of the X-ray image.</p>
	<p>Unsatisfactorily corresponds to the estimates: FX (0.5; 25-49%) F (0; 0-24%)</p>	<p>Anamnesis collection: chaotically collected details that do not matter for the diagnosis of facts; Physical examination: does not have manual skills; Making a preliminary diagnosis: an error has been made; Appointment of laboratory and instrumental methods of examination for the disease: contraindications are prescribed; Examination (interpretation) of the results of the patient's examination: in most cases, it is incorrect; Differential diagnosis: productive; The final diagnosis and its justification: the diagnosis is based chaotically, less convincingly; Choice of treatment: Prescribed drugs of reverse action; He did not participate in the work of the group, answering the questions of the teacher, made fundamental mistakes and inaccuracies, did not use scientific terminology in the answers. Did not perform all the stages of providing medical care for injuries according to the OCE checklist (listed below), made fundamental mistakes and inaccuracies, did not use scientific terminology in the answers. Kramer's tire overlay. Applying a Dietrichs splint. Primary surgical treatment of the wound, with and without sutures. suturing, the ability to properly knit surgical knots. Puncture of the knee joint. Interpretation of the X-ray image.</p>
Checklist: Criteria for	Perfectly corresponds to the	Demonstrates knowledge and understanding of research in the field of medicine: Knowledge is systematic, fully reflects the



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<p>evaluating the student's independent work (SRO):</p>	<p>estimates: A (4.0; 95-100%) A- (3.67; 90-94%)</p>	<p>understanding of research in the field of medicine; He is able to solve problems within the framework of his qualifications on the basis of scientific approaches: The solution is correct; Uses scientific information and principles of evidence-based medicine for development within the framework of their qualifications: the justification is given in full; Demonstrates introspection skills: Uses in full; Uses public speaking and public speaking at hospital conferences, seminars, discussions: In full, adequately; He is able to conduct research and work for a scientific result: Participates and tells, wins the audience, convinces of his; Research in the field of medicine shows knowledge and understanding: Conducts research, summarizes research results, publishes. Presentation, the report was made independently, on time, with a volume of at least 20 slides. At least 5 literary sources were used. The slides are informative and concise. During the defense, the author demonstrates in-depth knowledge of the topic. Does not make mistakes when answering questions during the discussion.</p>
	<p>It corresponds well to the estimates: B+ (3.33; 85-89%) B (3.0; 80-84%) B- (2.67; 75-79%) C+ (2.33; 70-74%)</p>	<p>Demonstrates knowledge and understanding of research in the field of medicine: Knowledge with the fixation of facts that do not give a complete picture of the essence of the study; He is able to solve problems within the framework of his qualifications on the basis of scientific approaches: The solution is correct; Uses scientific information and principles of evidence-based medicine for development within the framework of their qualifications: the grounds are partially; Demonstrates introspection skills: Partially uses; Uses public speaking and public speaking at hospital conferences, seminars, discussions: adequate, but with minor errors; Able to conduct research and work for scientific results: Unimportant speeches and reports; Research in the field of medicine shows knowledge and understanding: Conducts research, partial conclusions, incomplete analysis. Presentation, the report was made independently, on time, with a volume of at least 20 slides. At least 5 literary sources were used. The slides are informative and concise. During the defense, the author demonstrates good knowledge of the topic. He makes unprincipled mistakes when answering questions that he corrects himself.</p>
	<p>Satisfactorily corresponds to the estimates: C (2.0; 65-69%); C- (1.67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)</p>	<p>Demonstrates knowledge and understanding of research in the field of medicine: clarification of facts, does not matter; He is able to solve problems within the framework of his qualifications on the basis of scientific approaches: He makes a decision with difficulty, cannot justify; Uses scientific information and the principles of evidence-based medicine for development within the framework of their qualifications: Uses unreliable or incomplete information; Demonstrates introspection skills: the diagnosis is not detailed, there is little trust; Uses public speaking and public speaking at hospital</p>

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		conferences, seminars, discussions: Rarely participates, without enthusiasm. Able to conduct research and work for a scientific result: Conducts research, but systematize them; Research in the field of medicine shows knowledge and understanding: With the clarification of facts that do not matter. Presentation, the report was made independently, on time, with a volume of at least 20 slides. At least 5 literary sources were used. The slides are not meaningful. During the defense, the author makes fundamental mistakes when answering questions.
	Unsatisfactorily corresponds to the estimates: FX (0.5; 25-49%) F (0; 0-24%)	Demonstrates knowledge and understanding of research in the field of medicine: Does not show; He is able to solve problems within the framework of his qualifications on the basis of scientific approaches: He cannot solve problems; Uses scientific information and principles of evidence-based medicine for development within the framework of their qualifications: Does not use; Demonstrates introspection skills: Does not show; Uses public speaking and public speaking at hospital conferences, seminars, discussions: Does not participate; He is able to conduct research and work for a scientific result: He does not conduct research; Research in the field of medicine shows knowledge and understanding: it does not show. Presentation, the report is not delivered on time, the volume is less than 20 slides. Less than 5 literary sources were used. The slides are not meaningful. During the defense, the author makes gross mistakes when answering questions. Does not orient himself in his own material.
Checklist: Assessment of Border Control (ORC): Tests. Oral response.	Excellent Corresponds to the estimates: A (4.0; 95-100%); A- (3.67; 90-94%)	The student did not make any mistakes or inaccuracies during the response. He is guided in theory, concepts and directions in the discipline under study using monographs and manuals of recent years, from the Internet and gives them a critical assessment, uses scientific achievements of other disciplines. Together with the curator, he actively participated in medical rounds, consultations, reviewing medical histories and providing assistance to traumatological patients. • There are 9-10 correct answers to the test task.
	Well Corresponds to the estimates: B+ (3.33; 85-89%); B (3.0; 80-84%); B- (2.67; 75-79%); C+ (2.33; 70-74%)	The student during the answer did not make gross mistakes in the answer, made unprincipled inaccuracies, managed to systematize the program material with the help of a textbook. Little participated with the curator in medical rounds, consultations, reviewing medical histories and providing assistance to traumatological patients There are 7-8 correct answers to the test task.
	Satisfactory Corresponds to the estimates: C (2.0; 65-69%); C- (1.67; 60-64%); D+ (1,33; 55-59%) D- (1,0: 50-54%)	The student made inaccuracies and unprincipled mistakes during the answer, limited himself only to widely known educational literature, experienced great difficulties in systematizing the material. Rarely participated with the curator in medical rounds, consultations, reviewing medical histories and providing assistance to traumatological patients. There are 5-6 correct answers to the test task.

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	Unsatisfactory Corresponds to the assessment FX (0.5; 25-49%) F (0; 0-24%)	The student made fundamental mistakes during the answer, did not study the literature on the topic of the lesson; did not know how to use the scientific terminology of the discipline, answered with gross stylistic and logical errors. He did not participate with the curator in medical rounds, consultations, reviewing medical histories and providing assistance to traumatological patients. There are 0-5 correct answers to the test task.
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Multi-level knowledge assessment system			
Rating by letter system	Digital equivalent of points	Percentage content	Traditional
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	Well
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	Satisfactory
C	2,0	65-69	
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	Unsatisfactory
FX	0,5	25-49	
F	0	0-24	Unsatisfactory


<i>Criterion "Goal setting and project planning"</i>	Marks
The goal is not formulated	Unsatisfactory . 0-49%
The goal is formulated, but there is no plan to achieve it	Satisfactory 50-69%
The goal is formulated, justified, and a schematic plan for its achievement is given.	Well 70-89%
The goal is formulated, clearly justified, and a detailed plan for its achievement is given.	excellent 90-100%
<i>The criterion "Formulation and justification of the project problem"</i>	
The problem of the project is not formulated.	Unsatisfactory 0-49%

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The formulation of the project problem is superficial.	Satisfactory 50-69%
	Well 70-89%
The problem of the project is clearly formulated and justified.	excellent 90-100%
The problem of the project is clearly formulated, justified and has a deep character.	
<i>The criterion "Diversity of information sources used".</i>	
Information that does not correspond to the topic and purpose of the project was used.	Unsatisfactory . 0-49%
Most of the information provided does not relate to the topic of the work.	Satisfactory 50-69%
	Well 70-89%
The work contains a small amount of relevant information from a limited number of similar sources.	excellent 90-100%
The work contains fairly complete information from a variety of sources.	
<i>The criterion is "The depth of disclosure of the project topic".</i>	
	Unsatisfactory . 0-49%
The topic of the project is not disclosed.	Satisfactory 50-69%
The topic of the project is revealed in fragments.	Well 70-89%
The topic of the project is disclosed, the author showed knowledge of the topic within the framework of the work program on the discipline being studied.	excellent 90-100%
The topic of the project is disclosed exhaustively, the author demonstrated in-depth knowledge that goes beyond the scope of the work program being studied.	
<i>Criterion "Analysis of the progress of work and the results obtained, conclusions"</i>	
No attempts have been made to analyze the progress and result of the work.	Unsatisfactory . 0-49%

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The analysis is replaced by a brief description of the progress and order of work.	Satisfactory 50-69%
	Well
The detailed result of the work on achieving the goals stated in the project is presented.	70-89%
	excellent
An exhaustive analysis of the obtained results of the work is presented, the necessary conclusions are drawn, and work prospects are outlined.	90-100%
<i>Criterion "Achievement of the goal and compliance with the content of the project".</i>	
	Unsatisfactory .
The goals stated in the project have not been achieved.	0-49%
A significant part of the methods of work used does not correspond to the theme and purpose of the project.	Satisfactory 50-69%
	Well
The methods of work used correspond to the theme and purpose of the project, but are insufficient.	70-89%
	excellent
The methods of work are sufficient and used appropriately and effectively, the project goals have been achieved.	90-100%
<i>Criterion "Personal participation, creative approach to work".</i>	
	Unsatisfactory .
The work is a template, showing the formal attitude of the author.	0-49%
The author showed little involvement in the topic of the project, but did not demonstrate independence in the work, did not use the possibilities of a creative approach.	Satisfactory 50-69%
	Well
The work is independent, demonstrating insufficient full participation, an attempt is made to present a personal view on the topic of the project, elements of creativity are applied.	70-89%
	excellent
The work is distinguished by a creative approach, full participation and the author's own original attitude to the idea of the project.	90-100%
<i>The criterion "Compliance with the requirements of the written part".</i>	
	Unsatisfactory .
The written part of the project does not meet the requirements, all sections of the work are not disclosed and the work is not submitted on time.	0-49%

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In the written part of the work, all sections are partially disclosed, fundamental errors.	Satisfactory 50-69%
There are typos and incorrect expressions in the work.	Well 70-89%
The work fully reflects: the relevance of the topic, novelty and practical significance, conclusions, recommendations, the degree of solving the problem and completing the work, the correctness of its formulation, the author's familiarity with scientific literature, the depth of discussion, the literacy of the presentation and the work was delivered on time according to the schedule.	excellent 90-100%
<i>Criterion "Quality of presentation".</i>	
In the presentation, the answers to the questions have a large number of fundamental errors.	Unsatisfactory . 0-49%
There are small fundamental errors and inaccuracies in the presentation; partial fundamental errors when answering questions.	Satisfactory 50-69%
The presentation contains typos, incorrect expressions, some non-fundamental errors, inaccuracies in answering questions.	Well 70-89%
Presentation style, presentation of information, content, text meets the general requirements of presentation design. The author confidently and accurately answers the questions.	excellent 90-100%
<i>The criterion "Quality of the final product".</i>	
There is no project product.	Unsatisfactory . 0-49%
The project product does not meet the quality requirements (aesthetics, usability, compliance with the stated goals).	Satisfactory 50-69%
The product does not fully meet the quality requirements.	Well 70-89%
The product fully meets the quality requirements (aesthetic, convenient to use, meets the stated goals).	excellent 90-100%
11.	Educational resources
Electronic resources, including, but not limited to: databases, animation simulators,	<ul style="list-style-type: none"> • www.aknurpress.kz.

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professional blogs, websites, other electronic reference materials (for example, video, audio, digests)	<ul style="list-style-type: none"> • https://www.youtube.com/channel/UC2KQ2vGectAWstvVXKUL2Og "Student Consultant" (GEOTAR publishing house) http://www.studmedlib.ru,
Electronic textbooks	
Laboratory/Physical resources	
Special programs	
Journals (electronic journals)	
Basic literature Electronic resources. 1. Natarajan's 7th edition "Orthopedics and Traumatology". 2. Anatomy of Netter, 2007. p. http://elib.kaznu.kz/	
12.	Discipline Policy
Student requirements, attendance, behavior, etc.	
Discipline Policy : Student: A student of the Academy is a patriot of the Republic of Kazakhstan, highly honors the flag, emblem, anthem of the state language - the main attributes of sovereign Kazakhstan. The student takes care of and preserves the glorious traditions, moral values of the previous generation of the Academy. The student strictly recognizes and respects national priorities, age-old spiritual and moral values, fulfills high requirements for the moral and ethical status of a citizen of the Republic of Kazakhstan. The student consciously believes that interethnic and interfaith harmony is the basis of our values and unity. Student-bearer and propagandist of a healthy mental and physical lifestyle. The student consciously and actively participates in the creative process of civic self-determination, self-realization, self-improvement and personal growth in professional, intellectual, cultural and moral development. The student remembers that the teacher is his teacher, mentor, educator worthy of deep respect and appreciation. The student observes subordination in relations with the teacher and the leadership of the Academy. The student is disciplined, polite, sociable, observes the generally accepted moral and ethical standards of behavior in public places and at home, self-critical and demanding of himself and his actions. The student condemns and actively promotes rejection and opposition to any manifestations of corruption, corrupt worldview and behavior at the Academy among students and teachers.	
Uniform: <ul style="list-style-type: none"> • clean, ironed surgical suit, cap, replacement shoes (not shoe covers), • personal phonendoscope, centimeter tape, pocket flashlight, • the mask that the student must change daily; • each student must have a badge with the name of the university, surname, student's name and group number; Students change clothes in the cloakroom before the start of the class, for this it is necessary to have a bag for outdoor shoes, a separate bag for replacement shoes; during the break, if the student leaves the clinic, he is obliged to take off his med.surgical suit;	

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Appearance: hands should be clean, fingernails should be cut short, jewelry on the hands should be atraumatic (smooth), a minimum of manicure, bright and excessive makeup should be avoided, long hair should be compactly styled and/or tucked under a cap. Perfumes used by students should not be harsh (it is better not to use it in a children's clinic);

The behavior of a student in a children's clinic should be restrained and ethical, making noise, shouting, talking loudly in corridors, wards is not recommended; it is necessary to observe ethics and deontology when communicating with medical staff, patients and parents;

Strictly prohibited:

1. Take medical records without the permission of the teacher;
2. Make any notes and/or corrections in them, photograph or photocopy the title page and the contents of the medical history (diaries, expert opinions, analyses);
3. Conduct video photography on the territory and in all the premises of the clinics without exception;
4. During the examination of the child, make any notes (with a pen, felt-tip pen, etc.) on his body (for example, marking the boundaries of cardiac stupidity);
5. Interfere with the work of the department's employees, enter into arguments and disputes with them;
6. Use a mobile phone during practical classes, lectures.

About all conflict situations in the classroom, "misunderstandings" between the teacher and students, it is necessary to inform the head of the department (personally) or responsible for educational work at the department.

For non-compliance with a number of the above requirements, the teacher (or a person replacing him) has the right to prevent the student from attending classes at the clinical department and the information will be transmitted to the dean's office.

7. In case of non-compliance with the policy of the department, penalties are applied:

- if a student misses three classes without a valid reason, a report is submitted to the dean's office.
- missed classes, conducting a literary review on the topic of the missed lesson and writing an abstract are being worked out.

The midterm exam of students' knowledge is carried out at least twice during one academic period on 7/12 weeks of patriotic training with the results of boundary controls affixed to the academic progress journal and electronic journal, taking into account penalty points for missing lectures (lecture passes in the form of penalty points are deducted from the boundary control assessments).

- the penalty point for missing one lecture session without a valid reason is 1.0 points;
- a student who did not show up for the border control without a valid reason is not allowed to take the exam in the discipline. A student who did not show up for the boundary control for a good reason, immediately after he started classes, submits an application to the dean, provides exculpatory documents (due to illness, family circumstances or other objective reasons), receives a work sheet, which is valid for the period specified in paragraph 12.4. The results of the boundary control are provided in dean's office in the form of a report until the end of the control week.

- The SIW score is set at the IWST classes according to the schedule in the academic performance journal and the electronic journal, taking into account penalty points, are taken away from the SRO scores).


- if you miss one IWST class – penalty points 2.0;

- A student who has not scored a passing score (50%) on one of the types of controls (current control, boundary control No. 1 and/or No. 2) is not allowed to take the exam in the discipline.

- The examination score is set based on the results of the current and boundary controls - assessment of the admission rating (ORD) (60%) and final control – assessment on the exam (40%).

- ORD (assessment of the admission rating) is defined as the average value of points for practical exercises, SIW, and midterm exam.

- A student who has scored a minimum ORD score of 1 (15%) or higher is allowed to take the exam.

ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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- The COR and digital content are placed by the teacher in the "Assignment" module for the attached academic group (stream). For all types of training videos, a link is given to the SKMA Youtube channel or others. source.

- The module "Assignment" of AIS Platonus is the main platform for distance learning and placement of all teaching and methodological materials.

The UMKD and the TSR can additionally be placed in parallel on another educational portal, which can be created by the department (a separate website) or another information platform that is used by a separate department (for example, Googleclassroom, etc.) as additional portals for training (specify the name of the information and communication platform)

13. Academic policy based on the moral and ethical values of the academy

Academic policy. Item 4 of the Student's Honor Code

Discipline Grading Policy

Grading policy for the discipline

The final grade (FG) of the student upon completion of the course is the sum of the admission rating score(ARS) and the final control score (FCS) and is set according to the point-rating letter system.

$$FG=ARS+FCS$$

The admission rating score (ARS) is equal to 60 points or 60% and includes: current control score (CCS) and midterm control score (MCS).

The Current Control Score (CCS) is the average score for the practical exercises and SIW.

The endpoint control score (ECS) is the average score of two endpoint controls.

The admission rating score (60 points) is calculated by the formula:

The final control (IC) is carried out in the form of testing and the student can get 40 points or 40% of the total mark.

During testing, the student is asked 50 questions.

The calculation of the final control is carried out as follows: if the student answered correctly 45 questions out of 50, then this will be 90%.

The final grade is calculated if the student has positive grades both in the admission rating (AR) = 30 points or 30% or more, and in the final control (FC) = 20 points or 20% or more.

Final grade (100 points) = MCP avg x 0.2 + CCS avg x 0.4 + TP x 0.4 A student who received an unsatisfactory mark for one of the types of controls (ME1, ME2, TE) is not allowed to take the exam.

14. Approval and revision

Date of approval at the department	Protocol No. <u>9</u> <i>28.04.2023</i>	Full name, head d.m.s. acting prof. Abdurakhmanov B.A.	Signature <i>[Signature]</i>
Date of approval for the CPC	Protocol No. <u>11</u> <i>25.05.2023</i>	Full name, chairman of the KOP, Doctor of Medical Sciences, Acting prof. Sadykova A.Sh.	Signature <i>[Signature]</i>

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Protocol of coordination of the Working curriculum of the discipline (Syllabus) with other disciplines for 2023-2024

Coordination disciplines	Proposals for changes in the proportions of the material, the order of presentation, etc.	Protocol numbers and meeting dates of the corresponding departments
1	2	3
Pre-requirements: General surgery	Students get acquainted with some new sections of surgery and more complex forms of pathological processes. Students need to master the issues of etiology, pathogenesis, clinics, diagnosis and differential diagnosis, modern methods of conservative and operational treatment of emergency and planned surgical diseases of organs and systems. The most important tasks is to form clinical thinking, the ability to apply medical algorithms for emergency and life-threatening states.	Protocol № <u>100</u> « <u>21</u> » <u>05</u> <u>2023</u>
Post-requirements: Traumatology – orthopedics for adults, children	The discipline studies the etiology and pathogenesis of injuries and diseases of the musculoskeletal system and pathological processes in bones and joints, spine and develops methods for their diagnosis, treatment and prevention. Modern traumatology and orthopedics is a dynamically developing medical specialty, including a large number of highly specialized areas: oncotraumatology and	Protocol № <u>9</u> « <u>18</u> » <u>04</u> <u>2023</u>



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	orthopedics, endotraumatology and orthopedics, reconstructive plastic traumatology and orthopedics, etc.	
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Pre-requirements:

Head of the Department of Surgery No. 1 Zhumagulov K.N.

(SIGNATURE)

Post-requirements:

Head of the Department of Surgery No. 2 Abdurakhmanov B.A.

(SIGNATURE)