

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

Petro Mohyla Black Sea National University

Medical Institute

Department of Therapeutic and Surgical Disciplines



"I APPROVE"  
The first vice-rector  
Ishchenko NM

2019

CURRICULUM WORK PROGRAM

"GENERAL PRACTICE - FAMILY MEDICINE"

Academic year 2020-2021

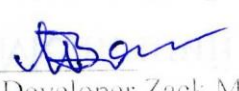
Area of knowledge 22 "Health"


(code and name of the field of knowledge)


Specialty 222 "Medicine" - the second (master's) level

(code and name of the specialty)

VI course

Developer Zak M. Yu. 

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Director of the institute GV Grishchenko 

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## 1. Description of the discipline

Name of the indicator	Characteristics of the discipline	
Name of discipline	General practice - family medicine	
Area of knowledge	22 "Health care"	
Specialty	222 "Medicine"	
Specialization (if any)		
Educational program	Medicine	
Level of higher education	Master	
The status of the discipline	Selective	
Training course	6th	
Academic year	2020-2021	
Semester numbers:	Full-time form	Part-time form
	11th, 12th	
Total ECTS credits	4.0 credits (2.0 / 2.0) / 120 (60/60) hours	
Course structure: - lectures -practical training - hours of independent work of students	Full-time form	Part-time form
	-	
	60 (30/30) 60 (30/30)	
Percentage of classroom load	50 %	
The language of instruction		
Form of intermediate control (if any)	Certification for the 11th semester	
Form of final control	Differentiated credit - 12th semester	

## 2. Purpose, tasks and planned learning outcomes

**The purpose** of teaching / studying the discipline "General Practice - Family Medicine" is to master students' methods and techniques of clinical examination of the patient, features of professional communication between doctor and patient, subjective and objective manifestations of diseases (symptoms and syndromes), causes and mechanisms of their origin and development (semiology) in order to establish the diagnosis, treatment tactics, preventive measures at the outpatient stage of treatment of the patient. Students study the modern practice of family medicine by curating mainly outpatients with the main symptoms and syndromes, various clinical courses of diseases and their complications, in practice studying modern approaches to diagnosis, differential diagnosis, treatment and prevention of diseases and syndromes in each of the sections and internal diseases standards of diagnosis and treatment, evidence-based medicine data, as well as emergencies in the family medicine clinic.

A significant part of the study of the discipline "General Practice - Family Medicine" is clinical anatomy, physiology, methodology of examination of a sick child; disease prevention; etiology, pathogenesis, diagnosis and treatment of the most common diseases of childhood; first aid, principles of treatment of emergencies; measures to organize a sanitary-epidemic regime in a family outpatient clinic.

**Objectives of study:** the acquisition by the student of competencies, knowledge, skills and abilities to carry out professional activities in the specialty of:

1) mastering the basic principles of examination of the patient according to the traditions of the domestic therapeutic school

2) methodically correct questioning and examination of patients with pathology of internal organs in a family clinic

3) interpretation of the relationship between the patient's complaints and a preliminary assessment of the affected body system of adults and children

4) generalization of results of interrogation and inspection of sick adults, children and distinction on their basis of the main symptoms and syndromes

5) analysis of the results of laboratory and instrumental studies of the affected systems

6) generalization of the results of examination of the affected systems and identification of the main symptoms and syndromes of its defeat to make a correct diagnosis.

7) providing emergency medical care at the pre-hospital stage of treatment in a family outpatient clinic

8) drawing up a plan of examination of adults and children, to interpret the results of laboratory and instrumental studies in the most common diseases in the clinic of internal medicine and their complications.

**Prerequisites for studying the discipline (interdisciplinary links).** General practice - family medicine as a discipline:

a) is based on students' understanding of the basic principles and knowledge of theoretical medicine and previous clinical disciplines and integrates with these disciplines;

b) creates therapeutic, at the outpatient stage of treatment of the patient, clinical bases for further mastering by students of clinical disciplines (internal medicine, pediatrics, surgery, obstetrics and gynecology, infectious diseases, general practice (family medicine), palliative and hospice medicine, etc.), which provides integration of teaching with the main clinical disciplines, the ability to use this knowledge in the process of further training and in the professional activity of the doctor;

c) forms the therapeutic basis of clinical thinking;

d) provides the possibility of therapeutic analysis of clinical situations for further diagnosis, treatment, prevention of diseases.

**Expected learning outcomes.** As a result of studying the discipline, students have:

- Master the theoretical knowledge needed to detect human diseases
- Master the practical techniques and methods of physical and laboratory-instrumental examination of adults and children
- Master general methodological approaches to clinical examination of adults and children
- Diagnosis of certain internal human diseases with their typical manifestations
- Formation of students' moral, ethical and deontological qualities in professional communication with the patient
- Justify and formulate a preliminary diagnosis of the most common diseases in the family medicine clinic.
- Make a plan for examination of the patient, interpret the results of laboratory and instrumental studies in the most common diseases in the family medicine clinic and their complications.
- Carry out differential diagnosis, substantiate and formulate a clinical diagnosis of major diseases in a family medicine clinic.
- To determine the tactics of management (recommendations regarding the regime, diet, treatment, rehabilitation measures) of the patient with the most common diseases in the family medicine clinic.
- Prescribe non-drug and drug treatment, including prognosis-modifying, the most common diseases in the clinic of internal medicine.
- Carry out non-drug and drug primary and secondary prevention of major diseases in the family medicine clinic.
- To determine the prognosis and efficiency of patients with major diseases in the clinic of internal medicine.
- Diagnose and provide medical care in emergencies in the clinic of internal medicine, pediatrics
- Apply the basic algorithms of intensive care in emergencies in the clinic of family medicine, pediatrics
- Perform medical manipulations for adults and children
- Maintain medical records at the family medicine clinic.
- Demonstrate mastery of moral and deontological principles of a medical professional and the principles of professional subordination.

According to the requirements of the educational and professional program, students must:

- **know:**
- principles of organization of medical care at home and in day hospitals;
- principles of sequence of management of patients in the system outpatient family doctor - inpatient - outpatient family doctor, clear indications and contraindications to hospitalization;
- Carry out treatment in the outpatient setting of patients after discharge from the hospital;
- Assess the prognosis of life and ability to work in the most common diseases;
- Diagnose and provide medical care in emergencies at the prehospital stage;
- preparation of medical documentation used by the family doctor;
- formation and development of the idea of hospice movement and palliative care;
- definitions of palliative and hospice care (PCB), the evolution of views;
- essence, principles, components of PCBs;
- PCB philosophy;
- the concept of the process of dying (phase) and death;
- the concept of "incurable disease";
- characteristics of the incurable patient;
- the concept of quality of life of a patient with an incurable disease and his relatives;
- ways of communication with the incurable patient and his relatives
- forms of PCB organization;

- the concept of pain management and other debilitating symptoms;
- principles of team approach in PCBs;
- psychological and spiritual aspects of PCBs;
- ethical and legal issues of PCBs;
- the concept of emotional burnout, prevention methods;

**- be able to:**

- to carry out prevention of the most widespread diseases;
- identify risk factors for the disease;
- assess the patient's health and be able to monitor health;
- draw up a medical and social passport of the patient;
- analyze and compile a program for the formation and preservation of the health of the individual, family;
- diagnose incurable disease, terminal condition and its phases;
- to diagnose, treat pain, having a wide range of modern technologies of anesthesia;
- to diagnose, treat other debilitating symptoms (vomiting, shortness of breath, etc.) that accompany the incurable condition;
- calculate the dose of analgesic and prescribe appropriate prescriptions;
- keep records and store potent and narcotic agents in accordance with current legislation;
- to carry out resuscitation measures for terminally ill patients;
- provide psychological support to terminally ill patients and their relatives during illness and grief;
- apply the rules of conduct with the deceased in accordance with applicable law;
- adhere to bioethical and legal norms when providing PCBs;
- to advise incurable patients and their relatives on medical and non-medical support during incurable illness, including care, nutrition, social, legal or spiritual support, etc. ;
- work in a multidisciplinary team;
- apply techniques for the prevention of emotional burnout and combating its consequences;

**- have competencies:**

- on the application of knowledge of internal medicine for the diagnosis, treatment of diseases of the internal organs, the promotion of a healthy lifestyle, as well as for the prevention of the occurrence and development of diseases;
- about the main perspective methods of research in internal medicine for early diagnosis and treatment of the most common diseases of internal organs according to unified medical protocols.

The developed program corresponds to **the educational-professional program (EPP)** and is focused on the formation of competencies:

general (GK) - GK3-GK5, GK8 EPP:

- GK3. Knowledge and understanding of the subject area and understanding
- GK4. Ability to adapt and act in a new situation.
- GK5. Ability to make an informed decision; work in a team; interpersonal skills.
- GK8. Definiteness and perseverance in terms of tasks and responsibilities.

professional (PC) - PC1 - PC7, PC 11, PC13, PC 14, PC 16 - PC 18, EPP:

- PC 1. Patient interviewing skills.
- PC 2. Ability to determine the required list of laboratory and instrumental studies and evaluate their results.
- PC 3. Ability to establish a preliminary and clinical diagnosis of the disease.

- PC 4. Ability to determine the required mode of work and rest in the treatment of diseases.
- PC 5. Ability to determine the nature of nutrition in the treatment of diseases.
- PC 6. Ability to determine the principles and nature of treatment of diseases.
- PC7. Ability to diagnose emergencies.
- PC11. Skills to perform medical manipulations.
- PC13. Family planning counseling skills.
- PC14. Ability to carry out sanitary and hygienic and preventive measures.
- PC16. Ability to determine the tactics of management of persons subject to dispensary supervision.
- PC17. Ability to conduct a performance examination.
- PC18. Ability to keep medical records.

According to the educational-professional program, **the expected program results (EPR)** include skills **EPR2, EPR3, EPR8, EPR11, EPR13-EPR18, EPR22, EPR23, EPR 25, EPR 28, EPR30, EPR 32, EPR 33, EPR 35, EPR 41 EPP:**

- EPR 2: Have specialized conceptual knowledge acquired in the learning process. Be able to solve complex problems and problems that arise in professional activities. Clear and unambiguous communication of own conclusions, knowledge and explanations that substantiate them to specialists and non-specialists. Responsible for making decisions in difficult conditions

- EPR 3: Have in-depth knowledge of the structure of professional activity. Be able to carry out professional activities that require updating and integration of knowledge. Ability to effectively form a communication strategy in professional activities. To be responsible for professional development, ability to further professional training with a high level of autonomy.

- EPR 8: Know the responsibilities and ways to perform the tasks. Be able to set goals and objectives to be persistent and conscientious in the performance of duties. Establish interpersonal relationships to effectively perform tasks and responsibilities. Responsible for the quality of the tasks.

- EPR 11: Collect data on patient complaints, medical history, life history (including occupational history), in a health care facility, its unit or at the patient's home, using the results of an interview with the patient, according to the standard patient survey scheme. Under any circumstances (in the health care facility, its unit, at the patient's home, etc.), using knowledge about the person, his organs and systems, according to certain algorithms:

- collect information about the general condition of the patient (consciousness, constitution) and appearance (examination of the skin, subcutaneous fat layer, palpation of lymph nodes, thyroid and mammary glands); assess the psychomotor and physical development of the child;

- examine the condition of the cardiovascular system (examination and palpation areas of the heart and superficial vessels, determination of percussion boundaries heart and blood vessels, auscultation of the heart and blood vessels);

- examine the condition of the respiratory organs (examination of the chest and upper respiratory tract, chest palpation, percussion and auscultation lungs);

- examine the condition of the abdominal organs (examination of the abdomen, palpation and percussion of the intestines, stomach, liver, spleen, palpation pancreas, kidneys, pelvic organs, finger rectal examination); examine the condition of the musculoskeletal system (examination and palpation); examine the state of the nervous system; examine the condition of the genitourinary system;

- assess the state of fetal development according to the data calculation of fetal weight and auscultation of its heartbeat.

- EPR 13. In the conditions of a health care institution, its subdivision and among the attached population:

- Be able to identify and record the leading clinical symptom or syndrome (according to list 1) by making an informed decision, using preliminary data of the patient's anamnesis, physical data

examination of the patient, knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms.

- Be able to establish the most probable or syndromic diagnosis disease (according to list 2) by taking a reasonable solutions, by comparison with standards, using previous patient history and examination data patient, based on the leading clinical symptom or syndrome, using knowledge about man, his organs and systems, adhering to the relevant ethical and legal norms.

- EPR 14. In the conditions of a health care institution, its subdivision:

- Assign laboratory and / or instrumental examination of the patient (according to list 4) by making an informed decision, on the basis of the most probable or syndromic diagnosis, according to standard schemes, using knowledge about man, his organs and systems, adhering to the relevant ethical and legal norms.

- Carry out differential diagnosis of diseases (according to list 2) by making an informed decision, according to a certain algorithm, using the most probable or syndromic diagnosis, data laboratory and instrumental examination of the patient, knowledge of man, his organs and systems, adhering to the relevant ethical and legal norms.

- Establish a preliminary clinical diagnosis (according to list 2) by making an informed decision and logical analysis, using the most probable or syndromic diagnosis, data laboratory and instrumental examination of the patient, conclusions differential diagnosis, knowledge of man, his organs and system, adhering to the relevant ethical and legal norms.

- EPR 15. To determine the necessary mode of work and rest in the treatment of the disease (according to list 2), in a health care facility, at the patient's home and at the stages of medical evacuation, including in the field, based on a previous clinical diagnosis , using knowledge about a person, his organs and systems, adhering to the relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes.

- EPR16. Determine the necessary medical nutrition in the treatment of the disease (according to list 2), in a health care facility, at the patient's home and at the stages of medical evacuation, including in the field on the basis of a previous clinical diagnosis, using knowledge about a person, his organs and systems, adhering to the relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes.

- EPR17. To determine the nature of treatment (conservative, operative) of the disease (according to list 2), in a health care facility, at the patient's home and at the stages of medical evacuation, including in the field on the basis of a previous clinical diagnosis, using knowledge about a person, his organs and systems, adhering to the relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes. Determine the principles of treatment of the disease (according to list 2), in a health care facility, at the patient's home and at the stages of medical evacuation, including field conditions, based on a preliminary clinical diagnosis, using knowledge about the person, his organs and systems , adhering to the relevant ethical and legal norms, by making an informed decision according to existing algorithms and standard schemes.

- EPR18. Establish a diagnosis (according to list 3) by making an informed decision and assessing the human condition, under any circumstances (at home, on the street, health care facilities, its units), including in an emergency , in the field, in conditions of lack of information and limited time, using standard methods of physical examination and possible anamnesis, knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms.

- EPR22. Perform medical manipulations (according to list 5) in a medical institution, at home or at work on the basis of previous clinical diagnosis and / or indicators of the patient's condition, using knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms, by making an informed decision and using standard techniques.

- EPR23. In a medical institution on the basis of anamnestic data, general examination, bimanual, external and internal obstetric examination of pregnant women and mothers, using

knowledge about the person, his organs and systems, adhering to relevant ethical and legal norms, by making an informed decision, with using the standard procedure:

- assess the general condition of the pregnant woman, parturient and parturient;
- determine the duration of pregnancy;
- determine the expected date of birth and fetal weight;
- determine and estimate the size of the female pelvis;
- determine and evaluate the topography of the fetus in the uterus
- determine the tactics of pregnancy;
- determine and assess the condition of the fetus during pregnancy;
- determine the tactics of childbirth;
- assess the general condition of the newborn;
- assess the condition of manure;
- determine the state of involution of the uterus;
- prescribe rational breastfeeding to pregnant women, children of the first year
- life and developmental delay, premature babies;
- assess the condition of lochia and lactation.

- EPR 25. To form, in the conditions of a health care institution, its subdivision on production, using the generalized procedure of an estimation of a state of human health, knowledge of the person, its bodies and systems, adhering to the corresponding ethical and legal norms, by acceptance of the reasonable decision, among the fixed contingent of the population; groups of healthy people subject to dispensary supervision (newborns, children, adolescents, pregnant women, representatives of professions that must undergo a mandatory dispensary examination).

- EPR 28. Organize secondary and tertiary prevention measures among the assigned population, using a generalized procedure for assessing human health (screening, preventive medical examination, seeking medical care), knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms, by making an informed decision, in the conditions of a health care institution, in particular:

to form groups of dispensary supervision;

to organize medical and health-improving measures differentiated from the group of medical examination.

- EPR 30. Carry out in the conditions of a health care institution, its subdivision: detection and early diagnosis of infectious diseases (according to list2); primary anti-epidemic measures in the center of an infectious disease.

- EPR 32. In a health care facility, or at the patient's home on the basis of the obtained data on the patient's health, using standard schemes, using knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms, by adopting reasonable decision:

determine the tactics of examination and secondary prevention of patients that subject to dispensary supervision;

determine the tactics of examination and primary prevention of healthy people or persons subject to dispensary supervision;

calculate and prescribe the necessary food for children the first year of life.

- EPR 33. To determine the presence and degree of restrictions on life, type, degree and duration of disability with the issuance of relevant documents in a health care facility on the basis of data on the disease and its course, features of professional activity.

- EPR 35. On the territory of service according to standard methods of descriptive, analytical epidemiological and medical-statistical researches:

conduct screening to identify the most important non-infectious diseases;

evaluate in the dynamics and in comparison with the average static data on morbidity, including chronic non-communicable diseases, disability, mortality, integrated health indicators;

identify risk factors for the occurrence and course of diseases;

to form risk groups of the population.



- EPR 41. In the conditions of a health care institution or its subdivision according to standard methods:

- select and use unified clinical protocols on the provision of medical care, developed on the basis of evidence medicine;
- participate in the development of local protocols for medical care assistance;
- to control the quality of medical care on the basis of statistical data, expert evaluation and sociological data research using indicators of structure, process and performance results;
- identify factors that hinder the improvement of quality and safety medical care.

### **3. The program of the discipline**

The educational process is organized according to the European Credit Transfer and Accumulation System (ECTS).

The curriculum consists of two UNITS:

#### **UNIT 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**

##### **SECTIONS:**

1. Modern approaches to the socio-medical and organizational justification of PHC in cities and rural areas.
2. Features of the organization outside of hospital, palliative and hospice care.
3. The use of computer science in clinical medicine. Family and insurance medicine in Ukraine.
4. Medical and social aspects of public health - the basis of preventive and curative medicine. Health monitoring.
5. Providing emergency care at the pre-hospital stage in the practice of a family doctor (general practitioner).

#### **Unit 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS**

##### **SECTIONS:**

**Section 1.** Differential diagnosis of the most common respiratory diseases in children. Emergency care for major emergencies.

**Section 2.** Differential diagnosis of the most common diseases of the circulatory system in children. Emergency care for major emergencies.

**Section 3.** Differential diagnosis of the most common diseases of the digestive system in children. Emergency care for major emergencies.

**Section 4.** Differential diagnosis of the most common diseases of the urinary system in children. Emergency care for major emergencies.

**Section 5.** Dispensary supervision of healthy and sick children in the clinic. Emergency care for major emergencies. Counseling in the context of an incurable disease..

#### **UNIT 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**

##### ***Content section 1***

***Modern approaches to the socio-medical and organizational justification of PHC***

**Specific goals:**

- to find out the place of family medicine in the general structure of health care;
  - explain the basic model of PHC;
  - substantiate the principles of family care - continuity of medical care;
  - characterize the main functions of the family doctor - the ability to communicate with the patient and his family and solve their socio-medical problems;
  - analyze the indicators of the necessary medical records of family medicine.

**Topic 1. The place of family medicine in the general structure of health care and the principles of family care. Organization of family doctor's work.**

Principles of organization of the existing PHC system and its shortcomings. Basic principles and advantages of the new PHC model. Expediency of transition from precinct-territorial medical care to family medicine. Principles of family care - continuity of medical care. Basic medical records in family medicine. The main functions and content of the work of a family doctor. Features of work of the family doctor and the district therapist. Features of communication of the family doctor with the patient and his family. Psychogenic, deontological aspects of the family doctor's activity. Solving medical and social problems of the family.

**Contents section 2****Features of the organization outside of hospital, palliative and hospice care****Specific goals:**

After completing the end-to-end program, students should *know*:

- - formation and development of the idea of hospice movement and palliative care;
- the concept of the process of dying (phase) and death;
- the concept of "incurable disease";
- characteristics of the incurable patient;
- the concept of quality of life of a patient with an incurable disease and his relatives;
- ways of communication with the incurable patient and his relatives
  - - forms of PCB organization;
- the concept of pain management and other debilitating symptoms;
- principles of team approach in PCBs;
- psychological and spiritual aspects of PCBs;
- ethical and legal issues of PCBs;
- the concept of emotional burnout, prevention methods;

**Topic 2. Counseling in the context of incurable disease and imminent death. The concept of counseling and its ethical principles. Counseling skills.**

Diagnose incurable disease, terminal condition and its phases. Diagnose, treat pain, having a wide range of modern technologies of anesthesia. Carry out diagnosis, treatment of other debilitating symptoms (vomiting, shortness of breath, etc.) that accompany the incurable condition.

**Topic 3. Organization of medical care for incurable patients. Care, methods of palliative treatment of the main symptoms and syndromes**

Calculate the dose of analgesic and prescribe appropriate prescriptions. Keep records and store potent and narcotic agents in accordance with current legislation. Carry out resuscitation measures for terminally ill patients.

**Topic 4. Clinical classification of pain. The mechanism of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens. Emergencies in the context of incurable disease and imminent death.**

Provide psychological support to terminally ill patients and their loved ones during illness and grief. Apply the rules of conduct with the deceased in accordance with applicable law. Adhere to bioethical and legal norms when providing PCBs. Advise incurable patients and their relatives on medical and non-medical support during incurable illness, including care, nutrition, social, legal or spiritual support, etc.

**Topic 5. Principles of multidisciplinary approach in working with incurable patients and their relatives. Bad news. The concept of emotional burnout, prevention methods**

Work in a multidisciplinary team. Apply methods to prevent emotional burnout and combat its consequences.

**Content section 3**

**The use of computer science in clinical medicine. Family and insurance medicine in Ukraine**

**Specific goals:**

- to interpret the general characteristics of the directions of practical application
- medical informatics.
- analyze the data of automated medical examination.
- to analyze the data of telemetric observation of the functional parameters of patients with cardiovascular diseases (arrhythmia, coronary heart disease, hypertension, etc.).
- substantiate the obtained screening methods (AT measurement) in order to study the influence of individual risk factors on the development and course of hypertension.
- to link the obtained data of telemetric observation of the state of health of the population in order to improve the performance of the family doctor.
- interpret the concept of "health insurance", "insurance medicine" - goals and purpose;
- determine the components of health insurance, and know the responsibilities and rights of insurance entities;
- to master the activity of a family doctor in the conditions of insurance medicine in Ukraine.

**Topic 6. Basics of information support of the clinic, family doctor's clinic.**

Automated control systems for PHC. Automated systems of medical examination and rehabilitation of patients. Automated systems for analyzing the results of functional research. Introduction of telemedicine in the practice of a family doctor. The expediency of introducing the screening method into the practice of family medicine. Introduction of new technologies in the provision of medical services on the basis of evidence-based medicine..

**Topic 7. The structure of health insurance, the activities of a family doctor in terms of insurance medicine.**

The order of health insurance. The structure of the PHC insurance policy. The economic essence of insurance medicine. Sources of funding for insurance medicine. The patient's right to freely choose a doctor in terms of health insurance. Organization of the doctor's work in state and non-state health care institutions. Problems of introduction of insurance medicine in Ukraine. Organization of quality control for different types of insurance.

**Contents section 4**

**Medical and social aspects of public health - the basis of preventive and curative medicine.**

**Specific goals:**

- to master the basic principles of treatment and prevention of the population of Ukraine.

- be able to assess the state of health.
- analyze the significance of risk factors and know their classification.
- to detect early signs of the main clinical syndromes during preventive examinations and medical examinations.
- to master the method of drawing up programs for patients in an outpatient setting for the most common therapeutic diseases (cardiovascular, bronchopulmonary, abdominal organs, urinary system, musculoskeletal system and blood diseases) and examination of disability.

**Topic 8. Medical and social aspects of public health. The role of the family doctor in the promotion of a healthy lifestyle, prevention and medical examination.**

The concept of health, intermediate state, disease. Functional clinical syndromes in the practice of a family doctor. Ability to determine the state of health, to compile a medical and social health passport. General principles of health promotion. Risk factors for diseases, their exacerbation and complications, control of risk factors. Prevention is primary and secondary.

Modern views on prevention and medical examination, taking into account the assessment of health, age, sex of the individual and the definition of risk factors..

**Topic 9. Organization of outpatient therapeutic care for the most common therapeutic diseases.**

Interaction of family doctor with secondary and tertiary levels of medical care. Indications and contraindications for the management of patients in an outpatient setting (first level), day hospitals, organization of hospitals at home. The influence of the family on the recovery process and reduce the risk of developing pathological conditions.

Carrying out treatment of patients after their hospitalization and rehabilitation in an outpatient setting. Conducting medical and social examination of disability in an outpatient setting.

Application of the developed program of family problems, taking into account the available risk factors, assessment of the psychological state and health of the family, conducting prevention, early diagnosis, treatment and rehabilitation in the detection of functional and organic pathology of the therapeutic profile.

*Contents section 5*

**Providing emergency care at the prehospital stage in the practice of a family doctor.**

**Specific goals:**

- know the organization and content of the work of ambulances.
- identify diseases and conditions that require urgent care.
- be able to quickly assess the patient's condition and provide appropriate medical care for major syndromes that require immediate medical attention in the practice of a family doctor.
- be able to conduct cardiopulmonary resuscitation: restoration of airway patency, treatment of arrhythmias, defibrillation.
- be able to stop external bleeding.
- know the doses, indications and contraindications for the use of essential drugs.
- identify cases that require emergency medical care
  - family doctor (disturbance of consciousness, convulsions, pain, shortness of breath, bleeding,
  - psychomotor arousal, bites, pity, electric shock, drowning, trauma, action
  - low and high temperatures).

**Topic 10. Organization of emergency medical care in the practice of a family doctor.**

**Emergency care by a family doctor in case of sudden death in the prehospital stage**

Basic principles and role of a family doctor in providing emergency care in the city and in the countryside.

The need for timely medical care to reduce legality and disability - the ultimate reduction in state budget expenditures. The frequency of sudden death in the overall structure of mortality.

Causes of sudden death. Options for circulatory arrest. Research aids to determine the type of circulatory arrest.

Methodology of assistance in cardiac arrest, primary respiratory arrest, traumatic death.

**Topic 11. Emergency care in the practice of a family doctor for pain. Diagnose pain syndromes in different clinical situations.**

Diagnose pain syndromes in different clinical situations.

Distinguish between forms of acute and chronic pain. Make a differential diagnosis between somatic pain and psychosomatic disorders. Diagnose pain in different clinical situations and treat it.

Methodology of care for a patient with acute coronary syndrome at the pre-hospital stage.

Treatment strategy for a patient with acute arterial occlusion regardless of the place of its occurrence.

**Topic 12. Providing emergency care in the practice of a family doctor for seizures and loss of consciousness.**

Convulsions and emergency care at the prehospital stage. Classification by the court. Features of care for generalized and local seizures. Providing emergency care in case of loss of consciousness. Causes of loss of consciousness.

**Topic 13. Providing emergency care in the practice of a family doctor in case of stings, bites, electric injuries, drownings and exposure to low and high temperatures.**

Stings, bites, electric injuries, drowning emergency care at the prehospital stage.

Classification of electric burns. Features of care for hypothermic and hyperthermic conditions.

## **UNIT 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS**

### **Contents section 1.**

#### ***Differential diagnosis of the most common respiratory diseases in children.***

#### **Specific goals:**

- identify different clinical variants and complications of the most common respiratory diseases in children
- to determine the tactics of the patient with the most common respiratory diseases in children
- to demonstrate the ability to keep medical records of sick children with respiratory pathology
- plan the examination of a sick child and interpret the results obtained when
  - the most common respiratory diseases
  - to make a differential diagnosis and make a preliminary clinical diagnosis of the most common respiratory diseases to diagnose and provide emergency care in emergencies caused by respiratory diseases in children.

#### **Topic 1. Differential diagnosis of pneumonia in children. Complications of pneumonia.**

Leading clinical symptoms and syndromes in different clinical variants and complications of pneumonia in children. Data from laboratory and instrumental studies in various clinical variants of pneumonia and its complications (pleurisy, abscess, pyothorax, pneumothorax). Differential diagnosis of pneumonia, bronchitis and bronchiolitis in children. Establishing a preliminary diagnosis. Tactics of patient management in different clinical variants of pneumonia and its complications. Prevention of pneumonia and its complications in children.

## **Topic 2. Emergency care for acute respiratory failure.**

Diseases that most often develop acute respiratory failure, clinical picture, treatment, emergency care..

## **Topic 3. Differential diagnosis of bronchial obstruction syndrome in children.**

Leading clinical symptoms and syndromes in bronchial asthma, bronchiolitis and acute obstructive bronchitis in children. Features of bronchial asthma in children depending on the severity and level of control. Data from laboratory and instrumental studies in bronchial asthma, bronchiolitis and acute obstructive bronchitis and their complications. Differential diagnosis of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages. Establishing a preliminary diagnosis. Tactics of patient management in different clinical variants of bronchi-obstructive syndrome and its complications in children. Prevention of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages..

## **Topic 4. Emergency care for asthma attacks.**

Factors contributing to the development of asthmatic status, the clinical picture of asthmatic status. Emergency care, drugs used for asthma attacks and asthmatic status.

## **Topic 5. Differential diagnosis of chronic non-specific lung diseases.**

Leading clinical symptoms and syndromes in chronic bronchitis, bronchiectasis, hereditary and congenital diseases of the bronchopulmonary system (cystic fibrosis, idiopathic pulmonary hemosiderosis, primary ciliary dyskinesia, Wilms-Campbell syndrome, bronchioplasty, bronchomalacia, bronchomalacia and bronchomalacia lungs) in children. Data from laboratory and instrumental studies in chronic bronchitis, bronchiectasis, hereditary and congenital diseases of the bronchopulmonary system and their complications. Differential diagnosis of chronic, hereditary and congenital diseases of the bronchopulmonary system in children. Tactics of patient management in hereditary, congenital and chronic diseases of the bronchopulmonary system and their complications in children. Features of management of patients in the terminal stage of the disease.

## **Topic 6. Prevention of hereditary, congenital and chronic diseases of the bronchopulmonary system in children.**

Factors contributing to the development of acute and chronic lung diseases, clinical picture. Emergency care, drugs used for asthma attacks and asthmatic status.

## **Contents section 2.**

*Differential diagnosis of the most common diseases of the circulatory system in children.  
Emergency care for major emergencies in pulmonology and cardiology practice.*

### **Specific goals:**

- identify different clinical variants and complications of the most common diseases of the circulatory system in children
- to determine the tactics of the patient with the most common diseases of the circulatory system in children
- demonstrate the ability to keep medical records of sick children with pathology of the circulatory system
- plan the examination of a sick child and interpret the results of the most common diseases of the circulatory system
- make a differential diagnosis and make a preliminary clinical diagnosis of the most common diseases of the circulatory system
- diagnose and provide emergency care in emergencies caused by diseases of the circulatory system in children

## **Topic 7. Differential diagnosis of cardiomegaly in children.**

Leading clinical symptoms and syndromes of circulatory system diseases in children accompanied by cardiomegaly. Clinical variants of the course and complications of myocarditis,

endocarditis, pericarditis, cardiomyopathies, congenital and acquired heart defects in children. Data from laboratory and instrumental studies in myocarditis, endocarditis, pericarditis, cardiomyopathies, congenital and acquired heart defects in children. Differential diagnosis of inflammatory and non-inflammatory diseases of the circulatory system in children with cardiomegaly. Tactics of patient management in myocarditis, endocarditis, pericarditis, cardiomyopathies, congenital and acquired heart defects in children. Treatment and prevention of chronic heart failure.

**Topic 8. Emergency care for acute and chronic heart failure.**

Diseases that most often cause heart failure, the clinical picture of acute and chronic heart failure. Treatment, regimen and diet in patients with HF.

**Topic 9. Differential diagnosis of cardiac arrhythmias and conduction in children.**

Leading clinical symptoms and syndromes in extrasystole, paroxysmal tachycardia, atrial fibrillation, complete atrioventricular UNIT. Clinical variants of paroxysmal tachycardia and atrial fibrillation in children. Data from instrumental studies in extrasystole, paroxysmal tachycardia, atrial fibrillation, complete atrioventricular UNIT. Differential diagnosis of extrasystole, paroxysmal tachycardia, atrial fibrillation and complete atrio-ventricular UNIT.

**Topic 10. Emergency care for paroxysmal arrhythmias.**

Tactics of patient management with extrasystole, paroxysmal tachycardia, atrial fibrillation, complete atrioventricular UNIT in children. Prevention of cardiac arrhythmias and conduction in children.

**Topic 11. Differential diagnosis of systemic connective tissue diseases and systemic vasculitis in children.**

Leading clinical symptoms and syndromes in juvenile rheumatoid arthritis, systemic lupus erythematosus, acute rheumatic fever, dermatomyositis, scleroderma, Kawasaki disease, nodular polyarteritis and other systemic vasculitis in children. Clinical variants of course and complications of systemic connective tissue diseases and systemic vasculitis in children. Data from laboratory and instrumental studies in systemic connective tissue diseases and systemic vasculitis in children. Differential diagnosis of systemic connective tissue diseases in children. Differential diagnosis of arthritis in children. Tactics of management of patients with systemic connective tissue diseases and systemic vasculitis in children.

**Topic 12. Prevention of DCTD.**

Primary and secondary prevention of acute rheumatic fever in children.

**Topic 13. DCTD therapy.**

Complex therapy for acute rheumatic fever, UIA, scleroderma, dermatomyositis, SLE.

**Contents section 3.**

***Differential diagnosis of the most common diseases of the digestive system in children.***

**Specific goals:**

- identify different clinical variants and complications of the most common diseases of the digestive system in children
- to determine the tactics of the patient with the most common diseases of the digestive system in children
- demonstrate the ability to keep medical records of sick children with pathology of the digestive system
- plan the examination of a sick child and interpret the results of the most common diseases of the digestive system
- make a differential diagnosis and make a preliminary clinical diagnosis of the most common diseases of the digestive system
- diagnose and provide emergency care in emergencies caused by diseases of the digestive system in children

**Topic 14. Differential diagnosis of functional and organic diseases of the stomach in children.**

Clinical picture, laboratory and instrumental research methods. Tactics of children with functional and organic diseases of the stomach. Diagnosis of complicated gastric and duodenal ulcers in children, tactics of a general practitioner, emergency care. Prevention of functional and organic diseases of the stomach in children.

**Topic 15. Differential diagnosis of functional and organic diseases of the stomach and intestines in children.**

Leading clinical symptoms and syndromes in functional and organic diseases of the stomach and intestines in children (functional dyspepsia, irritable bowel syndrome, functional constipation, reflux disease, gastritis, gastric and duodenal ulcers, crosacidosis, mucosacidase insufficiency) , nonspecific ulcerative colitis). Clinical - instrumental researches and differential diagnostics of dyspeptic, abdominal pain syndrome, and intestinal absorption disturbance syndrome in children. Clinical variants of gastric and duodenal ulcers, nonspecific ulcerative colitis. Tactics of children with functional and organic diseases of the stomach and intestines. Diagnosis of complicated gastric and duodenal ulcers in children, tactics of a general practitioner, emergency care. Prevention of functional and organic diseases of the stomach and intestines in children.

**Topic 16. Emergency care for complicated peptic ulcer disease in children.**

Clinical variants of the course, data of laboratory and instrumental researches at differential diagnostics. Tactics of patient management.

**Topic 17. Differential diagnosis of diseases of the hepatobiliary system in children.**

Leading clinical symptoms and syndromes in biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Clinical variants of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Data from laboratory and instrumental studies in biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Differential diagnosis of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Tactics of patient management in biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Prevention of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children.

**Topic 18. Prevention of diseases of the hepatobiliary system in children.**

Tactics of patient management in biliary dyskinesias. Prevention of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children.

**Contents section 4.**

*Differential diagnosis of the most common diseases of the urinary system in children.*

*Emergency care for major emergencies in gastroenterological and nephrological practice.*

**Specific goals:**

- identify different clinical variants and complications of the most common diseases of the urinary system in children
- to determine the tactics of the patient with the most common diseases of the urinary system in children
- demonstrate the ability to keep medical records of sick children with pathology of the urinary system
- plan the examination of a sick child and interpret the results of the most common diseases of the urinary system
- to make a differential diagnosis and make a preliminary clinical diagnosis of the most common diseases of the urinary system in children
- diagnose and provide emergency care in emergencies caused by diseases of the urinary system in children



**Topic 19. Differential diagnosis of infectious and inflammatory diseases of the urinary system in children. Differential diagnosis of hereditary diseases of the urinary system in children.**

Leading clinical symptoms and syndromes in infectious and inflammatory diseases of the urinary system (urinary tract infections, urethritis, cystitis, pyelonephritis), dysmetabolic nephropathy, hereditary tubulopathies (phosphate-diabetes, Debre-de-Tony-Fancuciu syndrome, necrosis) and interstitial nephritis in children. Clinical variants of the course and complications of infectious-inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolic nephropathy and hereditary tubulopathies in children. Data from laboratory and instrumental studies in the most common infectious and inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolic nephropathy and hereditary tubulopathy in children. Differential diagnosis of the most common infectious and inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolic nephropathy and hereditary tubulopathies in children. Tactics of managing a sick child with the most common infectious and inflammatory diseases of the urinary system and their complications, interstitial nephritis, dysmetabolic nephropathy and hereditary tubulopathy in children.

**Topic 20. Prevention of infectious and inflammatory diseases of the urinary system in children.**

Prevention of urethritis, cystitis, pyelonephritis.

**Topic 21. Glomerulonephritis in children.**

Clinical and morphological variants of primary glomerulonephritis in children. Differential diagnosis of acute poststreptococcal glomerulonephritis with hereditary Alport nephritis, rapidly progressing glomerulonephritis, Berge's disease, etc. Nephrotic syndrome in children: differential diagnosis, complications. Clinical variants of chronic glomerulonephritis in children. Indications for kidney biopsy in children. Tactics of managing a sick child with acute and chronic glomerulonephritis. Acute renal failure in children: etiology, pathogenesis, clinical and laboratory symptoms, differential diagnosis, management of sick children. Chronic kidney disease in children. Chronic renal failure in children: leading clinical and laboratory symptoms and syndromes, differential diagnosis, treatment tactics and prevention. Features of management of patients in the terminal stage of the disease.

**Topic 22. Emergency care for GPN and CKD**

**Topic 23. Emergency care in gastroenterological and nephrological practice.**

Emergency care for acute liver failure and complications, portal hypertension syndrome. Emergency care for acute urinary retention. Acute renal failure. Emergency care,

**Topic 24. Dysmetabolic nephropathy.**

**Contents section 5.**

*Dispensary supervision of healthy and sick children in the clinic. Emergency care for major emergencies in outpatient practice.*

**Specific goals:**

- Identify different clinical options and complications in dispensary supervision of healthy and sick children in the clinic
- To determine the tactics of managing children in dispensary supervision of healthy and sick children in the clinic
- Demonstrate the ability to maintain pediatric medical records in the clinic
- Plan examinations of children and interpret the results obtained during dispensary supervision of healthy and sick children in the clinic
- Carry out differential diagnosis and make a preliminary clinical diagnosis of children who are under dispensary supervision in the clinic

- Diagnose and provide emergency care to children who are under dispensary supervision in the clinic

**Topic 25. Medical observation of children in the first three years of life in the clinic.**

The procedure for mandatory preventive examinations of children under three years of age. Rational feeding and nutrition of a child under three years of age. Assessment of physical and psycho-motor development of a child under three years. Tactics of a general practitioner in violation of physical and neuropsychological development of children in the first three years of life. Principles of effective counseling. Differential diagnosis and prevention of the most common deficiency conditions (rickets, iron deficiency anemia) in young children. Preventive vaccinations for children under three years.

**Topic 26. Tactics of the doctor at disturbances of physical and neuropsychic development of the child of early age.**

**Topic 27. Vaccination calendar. Indications and contraindications to vaccination.**

**Topic 28. Tactics of managing children with jaundice at the station.**

Leading clinical symptoms and syndromes in children with jaundice in the neonatal period. Clinical variants and complications of jaundice of newborns at the outpatient stage of observation. Data from laboratory and instrumental studies in the diagnosis of hemolytic, conjugative and mechanical jaundice in newborns. Differential diagnosis of jaundice in newborns. Tactics of management of newborns with manifestations of jaundice at the site. Leading clinical symptoms and syndromes in children with perinatal pathology of the nervous system. Clinical variants of late manifestations of birth trauma and neonatal asphyxia. Data from laboratory and instrumental studies in perinatal lesions of the nervous system in children. Differential diagnosis of perinatal CNS lesions in infants. Tactics of management of children with perinatal lesions of the CNS in the clinic.

**Topic 29. Integrated management of childhood diseases.**

Strategy of integrated management of childhood diseases and its purpose. General signs of danger of the child's condition. Assessment, classification, treatment, consultation and follow-up for cough, shortness of breath, diarrhea, ear problems, sore throat, fever, eating disorders and anemia, in the presence of HIV infection in children from 2 months to 5 years. Features of management of patients in the terminal stage of the disease. Counseling in the context of an incurable disease. Assessment, classification, treatment, consultation and follow-up in children under 2 months of age with jaundice, diarrhea, feeding problems and low body weight, severe disease and local bacterial infection.

**Topic 30. Medical care for adolescents in the clinic.**

Procedure for mandatory preventive medical examinations of adolescents. Nutrition: prevention of obesity, diabetes. Assessment of puberty. Medical and psychological counseling. Tactics of a general practitioner for autonomic dysfunction and hypertension. Differential diagnosis of primary and secondary arterial hypertension in adolescents. Tactics of managing a patient with hypertension at the site. Prevention of autonomic dysfunction and hypertension in children. Emergency care for hyperthermic and convulsive syndromes, foreign body aspiration, Quincke's allergic edema, anaphylactic shock, autonomic crises, hypertensive crisis.

**STRUCTURE OF THE COURSE "GENERAL PRACTICE - FAMILY MEDICINE"**

Topic	SIW	Pract. Lessons, hours	Individual Work
<b><u>UNIT 1 CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE</u></b>			

<p><b>Contents section 1.</b>  <b>Modern approaches to the socio-medical and organizational justification of PHC</b></p>			
<p><b>Topic 1.</b> The place of family medicine in the general structure of health care and the principles of family care. Organization of family doctor's work.</p>	2	4	<p>Analysis of clinical cases, work with archival material of the clinic, preparation of literature review on clinical cases that have difficulties in differential diagnosis and / or treatment, presentation at the clinical medical and / or clinical and pathological conference..</p>
<p><b>Contents section 2</b>  <b>Features of the organization outside of hospital, palliative and hospice care.</b></p>			
<p><b>Topic 2.</b> Counseling in the context of incurable disease and imminent death. The concept of counseling and its ethical principles. Counseling skills</p>	2	2	
<p><b>Topic 3.</b> Organization of medical care for incurable patients. Care, methods of palliative treatment of the main symptoms and syndromes.</p>	2	2	
<p><b>Topic 4.</b> Clinical classification of pain. The mechanism of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens. Emergencies in the context of incurable disease and imminent death.</p>	2	4	
<p><b>Topic 5.</b> Principles of multidisciplinary approach in working with incurable patients and their relatives. Bad news. The concept of emotional burnout, prevention methods</p>	2	2	
<p><b>Contents section 3.</b>  <b>Family and insurance medicine in Ukraine. The use of computer science in clinical medicine.</b></p>			
<p><b>Topic 6.</b> The structure of health insurance, the activities of a family doctor in terms of insurance medicine.</p>	2	2	
<p><b>Topic 7.</b> Fundamentals of information support of the clinic, family doctor's clinic</p>	2	2	
<p><b>Contents section 4 .</b>  <b>Medical and social aspects of public health are the basis of preventive and curative medicine</b></p>			
<p>Topic 8. Medical and social aspects of public health. The role of the family doctor in the promotion of a healthy lifestyle, prevention and medical examination.</p>	2	2	

Topic 9. Organization of out-of-hospital therapeutic care for the most common therapeutic diseases	2	2	
<b>Contents section 5.</b> <i>Providing emergency care at the prehospital stage in the practice of a family doctor.</i>			
<b>Topic 10.</b> Organization of emergency medical care in the practice of a family doctor. Emergency care by a family doctor in case of sudden death in the prehospital stage	2	2	
<b>Topic 11.</b> Principles of treatment of chronic pain, modern treatment regimens. Emergencies in the context of incurable disease and imminent death.	2	2	
<b>Topic 12.</b> Providing emergency care in the practice of a family doctor for seizures and loss of consciousness.	4	2	
<b>Topic 13.</b> Provision of emergency care in the practice of a family doctor in case of complaints, bites, electric injuries, drownings and the effects of low or high temperatures.	4	2	
<b>TOTAL OF UNIT 1, credits ECTS – 2,0, hours - 60</b>	30	30	
<b>UNIT 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS</b>			
<b>CHAPTER 1</b> <i>Differential diagnosis of the most common respiratory diseases in children. Emergency care for major emergencies.</i>			Analysis of clinical cases, work with archival material of the clinic, preparation of literature review on clinical cases that have difficulties in differential diagnosis and / or treatment, presentation at the clinical medical and / or clinical and pathological conference.
Topic 1. Integrated management of childhood diseases (IMCD).	-	1	
Topic 2. HIV infection in the strategy of IMCD	-	1	
Topic 3. Differential diagnosis of pneumonia in children.	-	1	
Topic 4. Complications of pneumonia in children	-	1	
Topic 5. Tactics of management of children with pneumonia	-	1	
Topic 6. Differential diagnosis of bronchial obstruction syndrome (BOS) in children.	-	1	
Topic 7. Bronchial asthma in children. Diagnosis and modern treatment schemes	1	-	

Topic 8. Emergency care for acute respiratory failure, asthma attacks	1	-	
Topic 9. Differential diagnosis of non-specific lung diseases (CNS)	1	-	
Topic 10. Bronchiectasis, cystic fibrosis, chronic bronchitis	1	-	
Topic 11. Tactics of managing children with CKD	1	-	
Topic 12. Differential diagnosis of cardiomegaly in children.	-	1	
Topic 13. Tactics of examination of children with cardiomegaly	-	1	
Topic 14. Tactics of treatment of children with diseases accompanied by cardiomegaly	-	1	
Topic 15. Differential diagnosis of heart rhythm disorders in children.	1	-	
Topic 16. Emergency care in cardiac practice	1	-	
Topic 17. Diffuse connective tissue diseases in children.	1	-	
Topic 18. JIA, acute rheumatic fever.	1	-	
Topic 19. Systemic vasculitis	1	-	
Topic 20. Functional diseases of the gastrointestinal tract in young children	-	1	
Topic 21. Functional diseases of the gastrointestinal tract in older children	-	1	
Topic 22. Tactics of management of children with functional diseases of the gastrointestinal tract	-	1	
Topic 23. Differential diagnosis of organic diseases of the gastrointestinal tract in young children	-	1	
Topic 24. Differential diagnosis of organic diseases of the gastrointestinal tract in older children	1	-	
Topic 25. Emergency care for complicated peptic ulcer disease in children	1	-	
Topic 26. Differential diagnosis of functional and organic diseases of the hepatobiliary system.	1	-	
Topic 27. Differential diagnosis of functional and organic diseases of the pancreas.	1	-	
Topic 28. Modern methods of treatment of functional and organic diseases of the pancreas and hepatobiliary system	1	-	

Topic 29. Differential diagnosis of infectious and inflammatory diseases of the urinary system in children.	-	1	
Topic 30. Diagnosis and treatment of cystitis	-	1	
Topic 31. Prevention of infectious and inflammatory diseases of the urinary system in children	-	1	
Topic 32. Differential diagnosis of glomerulonephritis in children.	-	1	
Topic 33. Principles of treatment of glomerulonephritis in children.	-	1	
Topic 34. Dysmetabolic nephropathy	-	1	
Topic 35. Tubulointerstitial nephritis	-	1	
Topic 36. GPN and CKD	-	1	
Topic 37. Medical observation of children under three years in the clinic.	1	1	
Topic 38. Differential diagnosis of jaundice in newborns	1	1	
Topic 39. Vaccination of children, vaccination calendar.	1	1	
Topic 40. Indications and contraindications for vaccination	1	1	
Topic 41. Vaccination of children with chronic diseases	1	1	
Topic 42. Deficient conditions in young children	1	1	
Topic 43. BEN in children	1	1	
Topic 44. IDA in children	1	1	
Topic 45. Medical observation of adolescents in the clinic	1	1	
Topic 46. Differential diagnosis of hypertension in adolescents	1	-	
Topic 47. Differential diagnosis of obesity in adolescents	1	-	
Topic 48. Syndrome of autonomic dysfunction	1	-	
Topic 49. Emergency care at the outpatient stage in anaphylactic shock	1	-	
Topic 50. Emergency care at the outpatient stage of hyperthermia and convulsive syndrome	1	-	
Topic 51. Prevention of emergencies in the outpatient clinic	1	-	
<b>TOTAL OF UNIT 2:</b> credits ECTS – 2,0; hours – 60	30	30	
<b>TOTAL OF THE DISCIPLINE HOURS: 120 CREDITS: 4,0</b>	60	60	

#### 4. CONTENT OF THE COURSE

##### 4.1. THEMATIC PLAN OF PRACTICAL CLASSES

##### **UNIT 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**

<b>GP</b>	<b>Topic</b>	<b>Hours</b>
1	The place of family medicine in the general practice The place of family medicine in the general structure of health care and the principles of family care. Organization of family doctor's work.	4
2	Counseling in the context of incurable disease and imminent death. The concept of counseling and its ethical principles. Counseling skills.	2
3	Organization of medical care for incurable patients. Care, methods of palliative treatment of the main symptoms and syndromes.	2
4	Clinical classification of pain. The mechanism of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens. Emergencies in the context of incurable disease and imminent death.	4
5	Principles of multidisciplinary approach in working with incurable patients and their relatives. Bad news. The concept of emotional burnout, prevention methods.	2
6	The structure of health insurance, the activities of a family doctor in terms of insurance medicine.	2
7	Basics of information support of the polyclinic, family doctor's outpatient clinic.	2
8	Medical and social aspects of public health. The role of the family doctor in the promotion of a healthy lifestyle, prevention and medical examination.	2
9	Organization of out-of-hospital therapeutic care for the most common therapeutic diseases	2
10	Organization of emergency medical care in the practice of a family doctor. Emergency care by a family doctor in case of sudden death in the prehospital stage	2
11	Clinical classification of pain. The mechanism of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens.	2
12	Providing emergency care in the practice of a family doctor in case of convulsions and loss of consciousness.	2
13	Providing emergency care in the practice of a family doctor in case of complaints, bites, electric injuries, drownings and exposure to low and high temperatures.	2
	<b>TOTAL OF HOURS 1</b>	<b>30</b>

##### **UNIT 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS**

<b>Topic</b>	<b>hours</b>
Topic 1. Integrated management of childhood diseases (IMCD).	1
Topic 2. HIV infection in the IMCD strategy	1
Topic 3. Differential diagnosis of pneumonia in children.	1
Topic 4. Complications of pneumonia in children	1
Topic 5. Tactics of management of children with pneumonia	1
Topic 6. Differential diagnosis of bronchial obstruction syndrome (BOS) in children.	1
Topic 7. Differential diagnosis of cardiomegaly in children.	1
Topic 8. Tactics of examination of children with cardiomegaly	1
Topic 9. Tactics of treatment of children with diseases accompanied by cardiomegaly	1
Topic 10. Functional diseases of the gastrointestinal tract in young children	1
Topic 11. Functional diseases of the gastrointestinal tract in older children	1
Topic 12. Tactics of management of children with functional diseases of the gastrointestinal tract	1
Topic 13. Differential diagnosis of organic diseases of the gastrointestinal tract in young children	1
Topic 14. Differential diagnosis of infectious and inflammatory diseases of the urinary system in children.	1
Topic 15. Diagnosis and treatment of cystitis	1
Topic 16. Prevention of infectious and inflammatory diseases of the urinary system in children	1
Topic 17. Differential diagnosis of glomerulonephritis in children.	1
Topic 18. Principles of treatment of glomerulonephritis in children.	1
Topic 19. Dysmetabolic nephropathy	1
Topic 20. Tubulointerstitial nephritis	1
Topic 21. GPN and CKD	1
Topic 22. Medical observation of children under three years in the clinic.	1
Topic 23. Differential diagnosis of jaundice in newborns	1
Topic 24. Vaccination of children, vaccination calendar.	1
Topic 25. Indications and contraindications for vaccination	1
Topic 26. Vaccination of children with chronic diseases	1
Topic 27. Deficiency in young children	1
Topic 28. BEN in children	1
Topic 29. IDA in children	1
Topic 30. Medical observation of adolescents in the clinic	1
<b>TOTAL OF UNIT 2</b>	<b>30</b>

**TOGETHER FOR TWO UNITS (practical classes, hours) - 135 hours.**

#### **4.2. THEMATIC PLAN OF INDEPENDENT WORK OF STUDENTS**

<b>GP</b>	<b>Topic</b>	<b>hours</b>
<b>UNIT 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE</b>		
1	Preparation for practical classes - theoretical training and development of practical skills	10



2	Preparing and writing a medical history	8
3	Preparation for the final modular control	6
4	Individual work: <ul style="list-style-type: none"> <li>• Report of the abstract in a practical lesson.</li> <li>• Report at clinical conferences of departments.</li> <li>• Report the history of the disease in a practical lesson</li> <li>• Writing abstracts, articles</li> </ul>	6
<b>TOTAL OF UNIT 1</b>		<b>30</b>

<b>GP</b>	<b>Topic</b>	<b>Hours</b>
<b>UNIT 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS</b>		
1	Preparation for practical classes - theoretical training and development of practical skills	10
2	Preparing and writing a medical history	8
3	Preparation for the final modular control	6
4	Individual work: <ul style="list-style-type: none"> <li>• Report of the abstract in a practical lesson.</li> <li>• Report at clinical conferences of departments.</li> <li>• Report the history of the disease in a practical lesson</li> <li>• Writing abstracts, articles</li> </ul>	6
<b>TOTAL OF UNIT 2</b>		<b>30</b>

**Together with the discipline (hours of independent work) - 60 hours.**

### **UNIT 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**

1. The subject and objectives of general medicine (family medicine). History of development. The main directions of development.

2. Modern ideas about the structure of PHC.

3. Features of the work of a family doctor. Principles of family care. Accounting documentation in family medicine. Organization of the family doctor. Functions and content of the work of the family doctor.

4. Deontology and ethics of the family doctor's relationship with the patient and family.

5. Solving socio-medical problems of the family. Evaluation of performance indicators.

6. Family and insurance medicine in Ukraine.

7. Organization of quality control for different types of insurance.

8. The structure of the insurance policy in PHC.

9. Modern methods of information support of family doctor's dispensaries.

10. In the conduct of telemedicine in the practice of a family doctor.

11. Screening method in family medicine.

12. The main principles of evidence-based medicine.

13. The concept of health, intermediate state, disease.

14. Functional clinical syndromes in the practice of a family doctor.

15. General principles of health promotion.

16. Classification and significance of risk factors.

17. Modern views on prevention, medical examination.
18. Indications and contraindications for the management of patients in an outpatient setting.
19. Advantages of providing medical care in day hospitals.
20. Indications for the management of patients at home, the organization of the hospital at home.
21. Conducting medical, social and labor examinations in an outpatient setting.
22. Compilation of a family tree.
23. Components of a step-by-step program for the prevention of family diseases.
24. Providing emergency care at the pre-hospital stage in the practice of a family doctor.
25. Principles and role of the family doctor in providing emergency care in the city and in the countryside.
26. Causes of sudden death.
27. Assistance in cardiac arrest.
28. Assistance in the initial cessation of external respiration.
29. Providing care for acute coronary syndrome in the prehospital stage
30. Classification by the court.
31. Features of assistance in generalized and local convulsions.
32. Causes of loss of consciousness.
33. Providing emergency care in case of loss of consciousness.
34. Providing emergency care for arrhythmias.
35. Provision of emergency care at the pre-hospital stage for asthmatic status.
36. Providing emergency care for regurgitation, bites.
37. Providing emergency care in case of electric injuries.
38. Providing emergency care in case of drowning.
39. Providing emergency care in case of low and high temperatures. The role of the family doctor in the implementation of national programs of Ukraine to combat hypertension, diabetes.
40. Mastering the skills of establishing health, early detection of abnormalities and early diagnosis of diseases.
41. Planning for health screening and monitoring.
42. Mastering the skills of managing patients in an outpatient setting.
43. Detect the presence of major clinical symptoms and syndromes at initial contact with the patient.
44. Be able to collect a history of disease, life, insurance history, epidemiological history. '
45. Application of objective methods of examination: general examination, percussion, auscultation and palpation of organs in order to identify general and specific signs of disease. External and internal obstetric examination.
46. To make a differential diagnosis, to be able to substantiate it at the most widespread diseases of a therapeutic profile.
47. Determining the required amount of indications and contraindications to laboratory, instrumental, hardware research. Organization of timely implementation and knowledge of the rules of preparation of the patient for examination. Interpretation of blood, urine, feces, sputum, cerebrospinal fluid, acid-base balance, functional studies of the respiratory, circulatory, digestive, liver, kidneys and other organs and systems, ultrasound and radiological data.
48. Establishing a clinical diagnosis, determining the tactics of the patient.
49. Justification of the plan and indications for medical or surgical treatment
50. the patient taking into account his condition. Determination of indications for hospitalization of patients and her
51. organization. Organization of a hospital at home. Application of rehabilitation methods.
52. Carrying out disease prevention and analysis of the effectiveness of medical examination.
53. Organization of sanitary and educational work to promote a healthy lifestyle.
54. Be able to carry out preventive measures during vaccination.

55. Be able to fill in and analyze the accounting documentation of family medicine institutions.
56. Be able to communicate with the patient and family.
57. Develop plans for the management of patients in insurance medicine.
58. Be able to analyze the data of automated medical examination.
59. Be able to analyze the data of telemetric monitoring of functional parameters of patients with cardiovascular disease (arrhythmia, coronary heart disease, hypertension).
60. To be able to make programs of management of patients in out-patient conditions at the most common diseases of the cardiovascular system.
61. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of bronchopulmonary system.
62. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of digestive system.
63. Be able to make programs for the management of patients in an outpatient setting for the most common diseases of the urinary system.
64. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of the musculoskeletal system.
65. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of blood - anemias.
66. Interaction of the family doctor with the secondary and tertiary levels of medical care.
67. Carrying out medical, social and labor examination of incapacity for work in an outpatient setting. Filling in the necessary documents for the LKK and the medical and social expert commission.
68. Application of the developed program of management of problems of a family.
69. Counseling in the context of an incurable disease, imminent death. The concept of counseling, counseling skills, ethical principles. Care and psychological support for the terminally ill patient and his relatives.
70. The concept of emotional burnout and prevention methods. Bad news.
71. Legal aspects of palliative and hospice care. Regulatory framework for palliative and hospice care. Ethical and socio-legal issues of euthanasia.
72. Organization of palliative and hospice care in the world and in Ukraine, relevance and prospects of development. The place and role of the family doctor.
73. Features of the organization of PCBs for children.
74. Levels of PCB provision, forms, medical institutions, service contingents.
75. Hospice. Organization, tasks and content of work. Structure, states.
76. Features of medical and social support of the elderly population.
77. Multidisciplinary approach in PCBs.
78. Psychological aspects of support for the terminally ill and his relatives.
79. Spiritual aspects of support for the terminally ill and their relatives.
80. Social aspects of support for the terminally ill and their relatives.
81. Emergencies in the context of incurable disease and imminent death.
82. Features of management of patients with diabetes mellitus and other endocrinological diseases in the terminal stages.
83. Clinical classification of pain. The concept of chronic pain. Mechanisms of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens.
84. Characteristics of drugs used in palliative care. Treatment of chronic pain: opioids, co-analgesics, adjuvants. Modern treatment schemes, individual approach.
85. Physiological and pathophysiological features of resuscitation in the context of the terminal state of incurable disease.
86. Ethical and legal issues of euthanasia.
87. Features of the examination of critically ill patients, including children with limited life expectancy.

88. Features of general and special care for critically ill, incurable and agonizing patients

## **UNIT 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN THE CONDITION OF FAMILY FAMILY**

1. Differential diagnosis of pneumonia in children. Tactics of patient management in different clinical variants of pneumonia. Prevention of pneumonia and its complications in children.

2. Differential diagnosis of complications of pneumonia (pleurisy, abscess, pyothorax, pneumothorax) in children. Tactics of patient management in different clinical variants of complications of pneumonia in children.

3. Differential diagnosis of bronchitis and bronchiolitis in children. Tactics of patient management in different clinical variants of bronchitis in children. Prevention of bronchitis and bronchiolitis in children.

4. Emergency care for acute respiratory failure depending on the cause and severity.

5. Differential diagnosis of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages. Establishing a preliminary diagnosis. Tactics of patient management in different clinical variants of bronchoobstructive syndrome and its complications in children.

6. Providing emergency care for asthmatic status.

7. Prevention of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages in children.

8. Differential diagnosis of chronic, hereditary and congenital diseases of the bronchopulmonary system (cystic fibrosis, idiopathic pulmonary hemosiderosis, primary ciliary dyskinesia, Wilms-Campbell syndrome, bronchomalacia, aplasia and aplasia of the lungs, antihyperplasia of the lungs, deficiency, deficiency). Tactics of patient management in hereditary, congenital and chronic diseases of the bronchopulmonary system and their complications in children. Prevention of hereditary, congenital and chronic diseases of the bronchopulmonary system in children.

9. Differential diagnosis of inflammatory heart disease (myocarditis, endocarditis, pericarditis) in children. Tactics of managing a sick child with myocarditis, endocarditis, pericarditis.

10. Differential diagnosis of cardiomyopathies in children. Tactics of managing a sick child with cardiomyopathy.

11. Differential diagnosis of congenital and acquired heart defects in children. Tactics of managing children with congenital and acquired heart defects.

12. Emergency care for acute heart failure in children.

13. Secondary prevention of infectious endocarditis in children.

14. Differential diagnosis of extrasystole, paroxysmal tachycardia, atrial fibrillation and complete atrio-ventricular block. Tactics of patient management with extrasystole, paroxysmal tachycardia, atrial fibrillation, complete atrioventricular block in children. Prevention of cardiac arrhythmias and conduction in children.

15. Emergency care for paroxysmal tachycardia, atrial fibrillation, MAS syndrome in children.

16. Differential diagnosis of systemic connective tissue diseases in children. Tactics of management of patients with systemic connective tissue diseases in children. Primary and secondary prevention of acute rheumatic fever in children.

17. Differential diagnosis of systemic vasculitis in children. Tactics of management of patients with systemic vasculitis in children.

18. Differential diagnosis of arthritis in children. Tactics of managing sick children. Prevention of reactive arthritis in children.

19. Differential diagnosis of functional (cyclic vomiting syndrome, functional dyspepsia) and organic (chronic gastritis, chronic gastroduodenitis, gastric ulcer and duodenal ulcer) diseases of the upper digestive tract in children. Tactics of children with functional and organic diseases of

- the upper digestive tract in children. Prevention of peptic ulcer disease and its complications. Providing emergency care in case of complicated peptic ulcer disease in children
20. Differential diagnosis of functional (abdominal pain, irritable bowel syndrome, functional constipation) and organic (nonspecific ulcerative colitis) intestinal diseases in children. Tactics of managing children with functional and organic diseases of the intestine.
  21. Differential diagnosis of primary (disaccharide deficiency, exudative enteropathy, celiac disease, cystic fibrosis) and secondary (chronic enteritis, enterocolitis) disorders of intestinal absorption in children. Tactics of management of children at a primary and secondary syndrome of disturbance of intestinal absorption.
  22. Differential diagnosis of functional disorders of the biliary tract, acute and chronic cholecystitis in children. Tactics of management of sick children with functional disorders of the biliary tract, acute and chronic cholecystitis. Prevention of functional disorders of the biliary tract, acute and chronic cholecystitis in children.
  23. Differential diagnosis of acute and chronic pancreatitis in children. Tactics of management of sick children at acute and chronic pancreatitis. Prevention of acute and chronic pancreatitis in children.
  24. Differential diagnosis of chronic hepatitis in children. Tactics of patient management in chronic hepatitis in children. Prevention of chronic hepatitis and portal hypertension in children.
  25. Providing emergency care in acute liver failure and complications of portal hypertension.
  26. Differential diagnosis of the most common infectious and inflammatory diseases of the urinary system (urinary tract infections, urethritis, cystitis, pyelonephritis). Tactics of managing a sick child with the most common infectious and inflammatory diseases of the urinary system and their complications. Prevention of urethritis, cystitis, pyelonephritis.
  27. Differential diagnosis of hereditary tubulopathies (phosphate-diabetes, Debre de Tony-Fanconi syndrome, renal diabetes mellitus, renal tubular acidosis) in children. Tactics of managing a sick child with hereditary tubulopathies.
  28. Differential diagnosis of dysmetabolic nephropathy in children. Tactics of managing a sick child with dysmetabolic nephropathy.
  29. Principles of treatment of chronic kidney disease in children.
  30. Emergency care for acute urinary retention.
  31. Differential diagnosis of acute and chronic glomerulonephritis, interstitial and hereditary nephritis in children. Tactics of managing a sick child with acute and chronic glomerulonephritis.
  32. Providing emergency care for acute kidney damage in children.
  33. The procedure for mandatory preventive examinations of children under three years of age. Assessment of physical and psycho-motor development of a child under three years.
  34. Rational feeding and nutrition of a child under three years of age. Principles of effective counseling.
  35. Tactics of a general practitioner in violation of physical and neuropsychological development of children in the first three years of life.
  36. Differential diagnosis and prevention of the most common deficiency conditions (rickets, iron deficiency anemia) in young children.
  37. Prophylactic vaccinations of children under three years.
  38. Differential diagnosis of jaundice in newborns. Tactics of management of newborns with manifestations of jaundice at the site.
  39. Differential diagnosis of perinatal CNS lesions in infants. Tactics of management of children with perinatal lesions of the CNS in the clinic.
  40. Strategy of integrated management of childhood diseases and its purpose. General signs of danger of the child's condition.
  41. Assessment, classification, treatment, consultation and follow-up for cough, shortness of breath, diarrhea, ear problems, sore throat, fever, eating disorders and anemia, HIV in children 2 months to 5 years of age .

42. Assessment, classification, treatment, consultation and follow-up in children under 2 months of age with jaundice, diarrhea, feeding problems and low body weight, severe disease and local bacterial infection.
43. The procedure and timing of mandatory preventive medical examinations of adolescents.
44. Assessment of physical development and puberty of adolescents. Prevention of obesity in adolescents. Medical and psychological counseling.
45. Clinical variants of autonomic dysfunction in children. Tactics of a general practitioner for autonomic dysfunction and hypertension in children. Prevention of autonomic dysfunction and hypertension in children.
46. Differential diagnosis of primary and secondary arterial hypertension in adolescents. Tactics of managing a patient with hypertension at the site.
47. Providing emergency care in autonomic crises, hypertensive crisis.
48. Organization of palliative care for children with incurable diseases.
49. Counseling in the context of an incurable disease.
50. Psychological, spiritual and social issues of palliative care for children and their loved ones.

#### **Individual tasks**

Selection and review of scientific literature on the subject of the family medicine program of the student's choice with the writing of an abstract and its public defense.

Selection and review of scientific literature on the subject of research work of the department with the preparation of a scientific report at a meeting of the SSS or at student conferences.

Scientific research on the topic of research work of the department with the publication of results in scientific journals.

At the request of the student during the study of relevant topics, he can perform individual work, which is carried out in extracurricular activities and if it is successfully completed, it is additionally evaluated by the teacher.

The list and content of individual tasks can be determined in each case depending on the logistics of the departments.

#### **Approximate list of individual tasks:**

1. Carrying out interrogation of the indicative patient, his general inspection and inspection of the head, neck, extremities with allocation of the main symptoms and syndromes of the disease.
2. Carrying out of researches of function of external respiration at indicative patients, processing of the received data and the report at employment
3. ECG registration, participation in instrumental studies of the cardiovascular system in demonstrative patients with data processing and report in class
4. Carrying out of physical and instrumental inspection of the demonstrative patient with preparation of the review of scientific literature concerning the investigated case
5. Work with the literature and other sources of information and preparation of an abstract report on modern methods of examination of patients in the clinic of internal medicine
6. Work with the literature and other sources of information and preparation of an abstract report on the features of the syndrome diagnosis of the disease with a typical course, selected at the request of the student

#### **Tasks for individual work**

The basic list of types of independent work of students, developed in accordance with the structure of the discipline, is presented in the section "Individual work".

Required type of independent work of students is the supervision of patients and writing a detailed medical history, which is provided in the study of the relevant tasks for individual work are:

1. Observation of a patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the cardiovascular system with writing a medical history and presenting a clinical case in practice

2. Observation of a patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the broncho-pulmonary system with writing a medical history and presenting a clinical case in practice
  3. Observation of a patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the digestive system with writing a medical history and presenting a clinical case in practice
  4. Weekly observation of the patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the urinary system with writing a medical history and presenting a clinical case in practice
  5. Weekly observation of the patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the endocrine system with writing a medical history and presenting a clinical case in practice
  6. Weekly observation of the patient (questioning, physical examination, evaluation of the results of instrumental and laboratory examinations) with pathology of the hematopoietic system with writing a medical history and presenting a clinical case in practice
- The student individually chooses the disease for which he will conduct curation (questioning, examination) of the patient.

**Typical test problems to be solved in practical classes:**

1. A 22-year-old woman notices rapid fatigue. From early childhood doctors listened to her noise in the heart. Pulse 87 / min, rhythmic. Blood pressure 95/60 mm Hg. The percussion boundaries of the heart are not changed. Systolic murmur is best heard in the second intercostal space to the left of the sternum, the second tone is weakened. On the chest radiograph – enlargement trunk and left branch of the pulmonary artery. Most likely in the patient

- A Pulmonary artery stenosis
- B Stenosis of the aortic eye
- C Functional systolic murmur
- D Mitral valve prolapse
- E Pulmonary artery valve insufficiency

2. A 35-year-old woman was taken with complaints of severe diffuse pain throughout the abdomen, nausea, vomiting. The deterioration occurred 2 days before hospitalization, when on the skin limbs there was a small-spot hemorrhagic rash, there were cramping pains in abdominal, bloody discharge from the rectum. 2 weeks before that she suffered acute viral infection. Objectively: blood pressure 90/60 mm Hg. st., heart rate 95 / min, abdomen on palpation tense, there are symptoms of peritoneal irritation. In the study of blood neutrophilic leukocytosis and eosinophilia, decrease in the number of erythrocytes and hemoglobin are observed. What diagnosis can be made in a patient?

- A Hemorrhagic vasculitis
- B Hemophilia
- C Thrombocytopenic purpura
- D Crohn's disease
- E Hemorrhoidal bleeding

3. A 50-year-old patient complains of severe weakness, dizziness, spots on the skin. A month ago I had a sore throat and was treated with antibiotics on my own. Objectively: the general condition is severe, the skin and mucous membranes are pale. On the skin of the face and torso spots of different sizes, blue and brown. On palpation of the abdomen painless, the liver +1.5 cm protrudes from the edge of the right costal arch. General blood test: Erythrocyte-  $1,2 \times 10^{12} / l$ , HB - 50 g / l, CI 0,70, thrombocytes -  $2 \times 10^9 / l$ , anisopoikilocytosis. ESR - 55 mm / year. What is the preliminary diagnosis?

- A Thrombocytopenic purpura
- B Hemorrhagic vasculitis, abdominal form
- C Acute posthemorrhagic anemia
- D Myeloma

## *E Hemophilia*

### **4.3. Ensuring the educational process**

1. Multimedia projectors, computers, screens for multimedia presentations, presentations.
2. Demonstration screens, laptops, files in Power Point and Word with tasks "Step-2" for practical and final classes.
3. Credit cards.

When studying the discipline, all types of teaching methods recommended for higher education are used, namely:

- by sources of knowledge: verbal (explanation, conversation, discussion); visual (demonstration); practical (practical work, mastering practical skills), on which special emphasis is placed on the study of the discipline;
- by the logic of the educational process: analytical (selection of individual symptoms of the disease), synthetic (clarification of the relationship of symptoms and selection of disease syndromes), their combination - analytical-synthetic, as well as inductive method (mainly in the study of block 1), deductive study of block 2), their combination - a translational method (in the study of both modules);
- by the level of independent mental activity: problem, partially exploratory, research.

Combining and generalizing the above teaching methods, when studying the discipline it is advisable to implement such methods of organizing classes as:

- method of clinical cases,
- problem-research method,
- method of individual educational and research tasks,
- method of competitive groups,
- method of training technologies,
- method of conducting scientific conferences with the use of interactive, interdisciplinary and information and computer technologies

Types of educational activities of the student, according to the curriculum, are practical classes, independent work of students.

Practical classes lasting 2 academic hours (80 minutes) are held in the clinic and consist of four structural parts:

- 1) mastering the theoretical part of the topic,
- 2) demonstration by the teacher of methods of research of the thematic patient,
- 3) work of students on working off of practical skills at reception of the patient under the control of the teacher,
- 4) solving situational problems and test-control of mastering the material.

When conducting practical classes, the main place is occupied by mastering practical skills in physical examination of the patient and working directly with patients.

On the basis of mastering clinical methods of examination of the patient, the ability to synthesize and interpret, evaluate and analyze them, the student develops clinical thinking and skills of diagnosis, appointment of additional examination and treatment.

Individual work of students occupies an important place in the study of the discipline. In addition to the traditional pre-classroom training on theoretical issues of general practice - family medicine, it includes the work of students in departments of clinics, clinical laboratories and departments of functional diagnostics in extracurricular activities, the effectiveness of which should be ensured by teachers and support staff. Independent work includes the supervision of patients with an outpatient card, which involves questioning and complete physical examination of the patient to identify the leading syndromes, the appointment of diagnostic manipulations and participation in the algorithm of medical care for this patient.

### **5. Final control**

#### **List of questions of differential credit**

#### **BLOCK 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**



1. The subject and objectives of general medicine (family medicine). History of development. The main directions of development.
2. Modern ideas about the structure of PHCC.
3. Features of the work of a family doctor. Principles of family care. Accounting documentation in family medicine.
4. Organization of the family doctor. Functions and content of the family doctor's work.
5. Deontology and ethics of the family doctor's relationship with the patient and family.
6. Solving socio-medical problems of the family. Evaluation of performance indicators.
7. Family and insurance medicine in Ukraine.
8. Organization of quality control for different types of insurance.
9. The structure of the insurance policy in PHCC.
10. Modern methods of information support of family doctor's dispensaries.
11. In the conduct of telemedicine in the practice of family medicine.
12. Screening method in family medicine.
13. The main principles of evidence-based medicine.
14. The concept of health, intermediate state, disease.
15. Functional clinical syndromes in the practice of a family doctor.
16. General principles of health promotion.
17. Classification and significance of risk factors.
18. Modern views on prevention, medical examination.
19. Indications and contraindications for the management of patients in an outpatient setting.
20. Advantages of providing medical care in day hospitals.
21. Indications for the management of patients at home, the organization of the hospital at home.
22. Conducting medical, social and labor examinations in an outpatient setting.
23. Compilation of a family tree.
24. Components of a phased program for the prevention of family diseases.
25. Providing emergency care at the pre-hospital stage in the practice of a family doctor.
26. Principles and role of the family doctor in providing emergency care in the city and in the countryside.
27. Causes of sudden death.
28. Assistance in cardiac arrest.
29. Assistance in the initial cessation of external respiration.
30. Providing care for acute coronary syndrome in the prehospital stage
31. Classification by the court.
32. Features of assistance in generalized and local convulsions.
33. Causes of loss of consciousness.
34. Providing emergency care in case of loss of consciousness.
35. Providing emergency care for arrhythmias.
36. Provision of emergency care at the pre-hospital stage for asthmatic status.
37. Providing emergency care in case of regrets, bites.
38. Providing emergency care in case of electric injuries.
39. Providing emergency care in case of drowning.
40. Providing emergency care in case of low and high temperatures. The role of the family doctor in the implementation of national programs of Ukraine to combat hypertension, diabetes.
41. Mastering the skills of establishing health, early detection of abnormalities and early diagnosis of diseases.
42. Planning for health screening and monitoring.
43. Mastering the skills of managing patients in an outpatient setting.
44. Detect the presence of major clinical symptoms and syndromes at initial contact with the patient.
45. Be able to collect a history of disease, life, insurance history, epidemiological history.

46. Application of objective methods of examination: general examination, percussion, auscultation and palpation of organs in order to identify general and specific signs of disease. External and internal obstetric examination.
47. To make a differential diagnosis, to be able to substantiate it at the most widespread diseases of a therapeutic profile.
48. Determining the required amount of indications and contraindications to laboratory, instrumental, hardware research. Organization of timely implementation and knowledge of the rules of preparation of the patient for examination. Interpretation of blood, urine, feces, sputum, cerebrospinal fluid, acid-base balance, functional studies of the respiratory, circulatory, digestive, liver, kidneys and other organs and systems, ultrasound and radiological data.
49. Establishing a clinical diagnosis, determining the tactics of the patient.
50. Justification of the plan and indications for medical or surgical treatment
51. the patient taking into account his condition. Determination of indications for hospitalization of patients and its organization. Organization of a hospital at home. Application of rehabilitation methods.
52. Carrying out disease prevention and analysis of the effectiveness of medical examination.
53. Organization of sanitary and educational work to promote a healthy lifestyle.
54. Be able to carry out preventive measures during vaccination.
55. Be able to fill in and analyze the accounting documentation of family medicine institutions.
56. Be able to communicate with the patient and family.
57. Develop plans for the management of patients in insurance medicine.
58. Be able to analyze the data of automated medical examination.
59. Be able to analyze the data of telemetric monitoring of functional parameters of patients with cardiovascular disease (arrhythmia, coronary heart disease, hypertension).
60. Be able to make programs for the management of patients in an outpatient setting for the most common diseases of the cardiovascular system.
61. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of bronchopulmonary system.
62. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of digestive system.
63. Be able to make programs for the management of patients in an outpatient setting for the most common diseases of the urinary system.
64. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of the musculoskeletal system.
65. To be able to make programs of management of patients in out-patient conditions at the most widespread diseases of blood - anemias.
66. Interaction of the family doctor with the secondary and tertiary levels of medical care.
67. Carrying out medical, social and labor examination of incapacity for work in an outpatient setting. Filling in the necessary documents for the MAC and the medical and social expert commission.
68. Application of the developed program of management of problems of a family.
69. Counseling in the context of an incurable disease, imminent death. The concept of counseling, counseling skills, ethical principles. Care and psychological support for the terminally ill patient and his relatives.
70. The concept of emotional burnout and prevention methods. Bad news.
71. Legal aspects of palliative and hospice care. Regulatory framework for palliative and hospice care. Ethical and socio-legal issues of euthanasia.
72. Organization of palliative and hospice care in the world and in Ukraine, relevance and prospects of development. The place and role of the family doctor.
73. Features of the organization of PSC for children.
74. Levels of PSC provision, forms, medical institutions, service contingents.
75. Hospice. Organization, tasks and content of work. Structure, states.

76. Features of medical and social support of the elderly population.
77. Multidisciplinary approach in PSC.
78. Psychological aspects of support for the terminally ill and his relatives.
79. Spiritual aspects of support for the terminally ill and their relatives.
80. Social aspects of support for the terminally ill and their relatives.
81. Emergencies in the context of incurable disease and imminent death.
82. Features of management of patients with diabetes mellitus and other endocrinological diseases in the terminal stages.
83. Clinical classification of pain. The concept of chronic pain. Mechanisms of pain in incurable patients. Principles of treatment of chronic pain, modern treatment regimens.
84. Characteristics of drugs used in palliative care. Treatment of chronic pain: opioids, co-analgesics, adjuvants. Modern treatment schemes, individual approach.
85. Physiological and pathophysiological features of resuscitation in the context of the terminal state of incurable disease.
86. Ethical and legal issues of euthanasia.
87. Features of the examination of critically ill patients, including children with limited life expectancy.
88. Features of general and special care for critically ill, incurable and agonizing patients

## **BLOCK 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS**

1. Differential diagnosis of pneumonia in children. Tactics of patient management in different clinical variants of pneumonia. Prevention of pneumonia and its complications in children.
2. Differential diagnosis of complications of pneumonia (pleurisy, abscess, pyothorax, pneumothorax) in children. Tactics of patient management in different clinical variants of complications of pneumonia in children.
3. Differential diagnosis of bronchitis and bronchiolitis in children. Tactics of patient management in different clinical variants of bronchitis in children. Prevention of bronchitis and bronchiolitis in children.
4. Emergency care for acute respiratory failure depending on the cause and severity.
5. Differential diagnosis of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages. Establishing a preliminary diagnosis. Tactics of patient management in different clinical variants of bronchoobstructive syndrome and its complications in children.
6. Providing emergency care for asthmatic status.
7. Prevention of bronchial asthma and bronchial obstruction syndrome on the background of acute respiratory diseases in children of different ages in children.
8. Differential diagnosis of chronic, hereditary and congenital diseases of the bronchopulmonary system (cystic fibrosis, idiopathic pulmonary hemosiderosis, primary ciliary dyskinesia, Wilms-Campbell syndrome, bronchomalacia, aplasia and hypoplasia of the lung, antihyperplasia of the lungs, defi. Tactics of patient management in hereditary, congenital and chronic diseases of the bronchopulmonary system and their complications in children. Prevention of hereditary, congenital and chronic diseases of the bronchopulmonary system in children.
9. Differential diagnosis of inflammatory heart disease (myocarditis, endocarditis, pericarditis) in children. Tactics of managing a sick child with myocarditis, endocarditis, pericarditis.
10. Differential diagnosis of cardiomyopathies in children. Tactics of managing a sick child with cardiomyopathy.
11. Differential diagnosis of congenital and acquired heart defects in children. Tactics of managing children with congenital and acquired heart defects.
12. Provision of emergency care in acute heart failure in children.
13. Secondary prevention of infectious endocarditis in children.

14. Differential diagnosis of extrasystole, paroxysmal tachycardia, atrial fibrillation and complete atrio-ventricular block. Tactics of patient management with extrasystole, paroxysmal tachycardia, atrial fibrillation, complete atrioventricular block in children. Prevention of cardiac arrhythmias and conduction in children.
15. Emergency care for paroxysmal tachycardia, atrial fibrillation, MAS syndrome in children.
16. Differential diagnosis of systemic connective tissue diseases in children. Tactics of management of patients with systemic connective tissue diseases in children. Primary and secondary prevention of acute rheumatic fever in children.
17. Differential diagnosis of systemic vasculitis in children. Tactics of management of patients with systemic vasculitis in children.
18. Differential diagnosis of arthritis in children. Tactics of managing sick children. Prevention of reactive arthritis in children.
19. Differential diagnosis of functional (cyclic vomiting syndrome, functional dyspepsia) and organic (chronic gastritis, chronic gastroduodenitis, gastric ulcer and duodenal ulcer) diseases of the upper digestive tract in children. Tactics of children with functional and organic diseases of the upper digestive tract in children. Prevention of peptic ulcer disease and its complications. Providing emergency care in case of complicated peptic ulcer disease in children
20. Differential diagnosis of functional (abdominal pain, irritable bowel syndrome, functional constipation) and organic (nonspecific ulcerative colitis) intestinal diseases in children. Tactics of managing children with functional and organic diseases of the intestine.
21. Differential diagnosis of primary (disaccharide deficiency, exudative enteropathy, celiac disease, cystic fibrosis) and secondary (chronic enteritis, enterocolitis) disorders of intestinal absorption in children. Tactics of management of children at a primary and secondary syndrome of disturbance of intestinal absorption.
22. Differential diagnosis of functional disorders of the biliary tract, acute and chronic cholecystitis in children. Tactics of management of sick children with functional disorders of the biliary tract, acute and chronic cholecystitis. Prevention of functional disorders of the biliary tract, acute and chronic cholecystitis in children.
23. Differential diagnosis of acute and chronic pancreatitis in children. Tactics of management of sick children at acute and chronic pancreatitis. Prevention of acute and chronic pancreatitis in children.
24. Differential diagnosis of chronic hepatitis in children. Tactics of patient management in chronic hepatitis in children. Prevention of chronic hepatitis and portal hypertension in children.
25. Providing emergency care in acute liver failure and complications of portal hypertension.
26. Differential diagnosis of the most common infectious and inflammatory diseases of the urinary system (urinary tract infections, urethritis, cystitis, pyelonephritis). Tactics of managing a sick child with the most common infectious and inflammatory diseases of the urinary system and their complications. Prevention of urethritis, cystitis, pyelonephritis.
27. Differential diagnosis of hereditary tubulopathies (phosphate-diabetes, Debre de Tony-Fanconi syndrome, renal diabetes mellitus, renal tubular acidosis) in children. Tactics of managing a sick child with hereditary tubulopathies.
28. Differential diagnosis of dysmetabolic nephropathy in children. Tactics of managing a sick child with dysmetabolic nephropathy.
29. Principles of treatment of chronic kidney disease in children.
30. Emergency care for acute urinary retention.
31. Differential diagnosis of acute and chronic glomerulonephritis, interstitial and hereditary nephritis in children. Tactics of managing a sick child with acute and chronic glomerulonephritis.
32. Providing emergency care for acute kidney damage in children.
33. The procedure for mandatory preventive examinations of children under three years of age. Assessment of physical and psycho-motor development of a child under three years.
34. Rational feeding and nutrition of a child under three years of age. Principles of effective counseling.

35. Tactics of a general practitioner in violation of physical and neuropsychological development of children in the first three years of life.
36. Differential diagnosis and prevention of the most common deficiency conditions (rickets, iron deficiency anemia) in young children.
37. Prophylactic vaccinations of children under three years.
38. Differential diagnosis of jaundice in newborns. Tactics of management of newborns with manifestations of jaundice at the site.
39. Differential diagnosis of perinatal CNS lesions in infants. Tactics of management of children with perinatal lesions of the CNS in the clinic.
40. Strategy of integrated management of childhood diseases and its purpose. General signs of danger of the child's condition.
41. Assessment, classification, treatment, consultation and follow-up for cough, shortness of breath, diarrhea, ear problems, sore throat, fever, eating disorders and anemia, HIV in children 2 months to 5 years of age .
42. Assessment, classification, treatment, consultation and follow-up in children under 2 months of age with jaundice, diarrhea, feeding problems and low body weight, severe disease and local bacterial infection.
43. The procedure and timing of mandatory preventive medical examinations of adolescents.
44. Assessment of physical development and puberty of adolescents. Prevention of obesity in adolescents. Medical and psychological counseling.
45. Clinical variants of autonomic dysfunction in children. Tactics of a general practitioner for autonomic dysfunction and hypertension in children. Prevention of autonomic dysfunction and hypertension in children.
46. Differential diagnosis of primary and secondary arterial hypertension in adolescents. Tactics of managing a patient with hypertension at the site.
47. Providing emergency care in autonomic crises, hypertensive crisis.
48. Organization of palliative care for children with incurable diseases.
49. Counseling in the context of an incurable disease.
50. Psychological, spiritual and social issues of palliative care for children and their loved ones. Sets of practical tasks are formed directly from the list of practical skills that the student must master during the study of each of the two blocks of the discipline, which are standardized by the method of practical work.

### **List of practical skills**

#### **BLOCK 1. CURRENT ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE**

1. Diagnose incurable disease, terminal condition and its phases.
2. Diagnose, treat pain, having a wide range of modern technologies of anesthesia.
3. Calculate the dose of analgesic and prescribe appropriate prescriptions.
4. Keep records and store potent and narcotic agents, respectively to the current legislation.
5. Diagnose, treat other debilitating symptoms (vomiting, shortness of breath, etc.) that accompany the incurable condition.
6. Provide psychological support to terminally ill and their relatives during illness and grief.
7. Have the specifics of managing critically ill patients, including children with limited life expectancy.
8. Advise incurable patients and their relatives on medical and non-medical support during incurable illness, including care, nutrition, social, legal or spiritual support.
9. Be able to work in a multidisciplinary team.
10. To report bad news to the patient and his relatives.
11. Carry out resuscitation measures for terminally ill patients.
12. Be able to treat a deceased person in accordance with current legislation.
13. Adhere to bioethical and legal norms when providing PSC.

14. To carry out prevention of a syndrome of emotional burnout and struggle against its consequences.

## **BLOCK 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND DISPENSARY SUPERVISION OF THE MOST COMMON PEDIATRIC PATHOLOGY IN FAMILY CONDITIONS**

### **I. Analysis of laboratory and instrumental research**

1. General clinical blood test
2. General clinical analysis of urine
3. Analysis of urine according to Zymnytsky
4. Analysis of urine by Nechiporenko
5. Analysis of urine for diastase
6. General analysis of feces
7. Blood protein and its fractions, acute phase parameters
8. Blood glucose
9. Blood electrolytes
10. Lipid profile of blood
11. Alkaline blood phosphatase
12. Blood transaminases
13. Creatinine, blood urea
14. Total blood bilirubin and its fractions, analyze the Polachek curve
15. Coagulogram
16. Analysis of pleural fluid
17. Analysis of synovial fluid
18. General analysis of sputum
19. General immunological profile of blood
20. Serological reactions in autoimmune diseases
21. Microbiological study of biological fluids and secretions
22. Radiation examination of the CNS, thoracic and abdominal organs, urinary system.
23. Investigation of the function of external respiration
24. Electrocardiography
25. Endoscopic examination of the bronchi
26. Endoscopic examination of the digestive tract
27. Echocardiography
28. Radiation examination of bones and joints
29. Radiation study of the CNS
30. Tuberculin diagnostics
31. Fractional study of gastric juice, bile and gastric pH

### **II. Medical manipulations**

1. Carry out ECG recording
2. Carry out injections of medicinal substances
3. Measure blood pressure
4. Catheterize the bladder with a soft probe
5. Perform a pleural puncture
6. Perform artificial respiration, indirect heart massage
7. Determine blood groups, rhesus affiliation

### **III. Providing assistance in emergencies**

1. Asthmatic status
2. Acute respiratory failure
3. Acute heart failure
4. Paroxysmal tachycardia attack
5. Morgan-Adams-Stokes syndrome
6. Hypertensive crisis

7. Collapse
8. Acute liver failure
9. Acute renal failure
10. Gastrointestinal bleeding
11. Collapse
12. Acute liver failure
13. Acute renal failure
14. Gastrointestinal bleeding

**"0" variant of the ticket of differentiated credit**

**Petro Mohyla Black Sea National University**

Educational qualification level - master

Area of knowledge: 22 Health

Specialty 222 Medicine

Course - **GENERAL PRACTICE - FAMILY MEDICINE**

**Variant № 0**

1. The place of family medicine in the general structure of health care and the principles of family care. Organization of family doctor's work. - **maximum number of points - 20.**
2. Vaccination. Indications, contraindications. - **maximum number of points - 20.**
3. Practical skill: algorithm for registration and analysis of ECG in children. - **maximum number of points - 20.**
4. Situational task: The patient is 82 years old, was admitted to the intensive care unit with complaints of acute chest pain, shortness of breath, weakness. At X-ray inspection of bodies of a thoracic cavity the cross-sectional size of a heart shadow is increased, the form of a shadow is triangular with the rounded cardiaphragmatic corners. Heart contractions of small amplitude, arrhythmic. Preliminary diagnosis? With what diseases it is necessary to carry out differential diagnosis? What is the treatment for this disease? - **maximum number of points - 20.**

*Approved at the meeting of the Department of Therapeutic and Surgical Disciplines, minutes № \_\_\_\_ from " \_\_ " \_\_\_\_\_ 2020.*

**Head of the Department**

**Examiner**

**Professor Zak M.Y.**

**Professor Zak M.Y.**

**An example of the final control work on block 1**

**Solving exercise Step-2**

1. After lifting a heavy bag, the patient suddenly developed acute low back pain. Movements in spines are limited. There is no Achilles' reflex on the left, anesthesia has appeared pain sensitivity on the outer surface of the left leg. What a disease do you suspect

*A* Lumbosacral radiculitis

*B* Lumbago

*C* Lumbalgia

*D* Femoral nerve neuritis

*E* Spinal arachnoiditis

2. At the patient with the expressed meningeal syndrome, petechial rashes on skin, chills, body temperature 39 (C, inflammatory changes in peripheral blood and neutrophilic pleocytosis in the cerebrospinal fluid was diagnosed with purulent meningitis. Which of the available syndromes in a patient is crucial for the diagnosis of meningitis?

*A* Neutrophilic pleocytosis

*B* Petechial skin rash

*C* Meningeal syndrome

*D* Rising body temperature

**E Inflammatory changes in the blood**

3. A 60-year-old patient had severe pain in his right arm for 2 days. Appeared on the 3rd day blistering rash in the form of a chain on the skin of the shoulder, forearm and hand. Sensitivity in the area of the rash is reduced. What disease can be diagnosed?

- A Herpetic ganglionitis
- B Dermatitis
- C Cervical and thoracic radiculitis
- D Psoriasis
- E Allergies

4. The patient 70 years after hypothermia developed severe pain in the left half of the head in the forehead and left eye. After 3 days on the background of fever to 37.6 (C appeared blistering rash on the forehead on the left and left upper eyelid. What can the disease be diagnosed?

- A Herpetic ganglionitis
- B Trigeminal neuralgia
- C Cold allergy
- D Allergic Dermatitis
- E Trigeminal neuritis

5. At the patient against a burning shingling pain in the right half of a thorax appeared on the skin blisters in the form of a chain in the middle chest department on the right. What disease should you think about?

- A Herpetic thoracic ganglionitis
- B Thoracic sciatica
- C Vertebrogenic thoracalgia
- D Intercostal neuralgia
- E Myalgia

6. A patient with a clavicle fracture developed a flaccid atrophic condition paralysis of the right hand with a violation of all types of sensitivity in it. What disease should I think?

- A Plexitis of the humeral plexus
- B Cervical and thoracic radiculitis
- C Cubital canal syndrome
- D Cervicothoracalgia
- E Polyneuritis

7. A patient with Morgan-Edem-Stokes syndrome lost while climbing stairs consciousness. The skin is pale, the pupils are wide, clonic - tonic convulsions, chest motionless. Diagnosis:

- A Clinical death
- B Social death
- C Preagony
- D Agony
- E Biological death

8. A young woman lost 8 kg of weight in 3 months, complains of palpitations, thickening neck, feeling of "lump" when swallowing, irritability, trembling fingers, protrusion eyes, low-grade fever. The most likely preliminary diagnosis?

- A Thyrotoxicosis
- B Hysteria.
- C Brain tumor.
- D Chroniosepsis.



*E* Rheumatism.

9. A 25-year-old woman had an abortion six months ago. complains of loss of appetite, weakness, arthralgia, two weeks later appeared dark urine, and jaundice, on the background whose general condition continues to deteriorate. Suspected viral hepatitis Which of markers of viral hepatitis are more likely to be positive in the patient?

*A* Anti-HBc IgM.

*B* Anti-HEV IgM.

*C* Anti-CMV IgM.

*D* Anti-HBs

*E* Anti-HAV IgM

10. A 37-year-old patient, 2 days after the incision of the heifer, had a spot on his arm, which in a day turned into a pustule with a black bottom, painless to the touch, with a crown daughter vesicles on the periphery. Painless swelling on the arm and shoulder. Increased to 39 0 body temperature. Pulse-100, BP-95/60, RR-30 per minute. Which diagnosis is the most probable?

*A* Anthrax

*B* Plague

*C* Tularemia

*D* Brucellosis

*E* Herpes zoster

**And so 30 tasks with the subsequent analysis of typical errors.**

**An example of the final control work on block 2**

### **Solving tasks Step-2**

№1 At the patient of 6 years it is noted: retardation in physical development, attacks of fainting, shortness of breath, pallor of skin, expansion of borders of heart, systolic tremor in the II intercostal space, accent of the II tone over a pulmonary artery, systolic-diastolic ("machine") noise in interscapular area. Radiography chest organs: enhancement of the pulmonary pattern, cardiomegaly due to the left heart, protrusion of the pulmonary artery. Diagnosis?

*A* Open ductus arteriosus

*B* Oval window open

*C* Transposition of main vessels

*D* Stenosis of the pulmonary artery

*E* Tetrad a Fallo

№2 A 10-year-old patient was hospitalized due to prolonged hyperthermia and joint pain. The examination revealed: a rash on the face in the form of a "butterfly", bruises, enlargement and soreness of the knee and elbow joints, enlargement and muffled heart sounds, hepatomegaly. Laboratory: erythrocytes - 2.8 g / l, leukocytes - 2.6 g / l, platelets - 100 g / l, ESR 40 mmol / l, protein and cylindruria. Your diagnosis?

*A* Rheumatoid arthritis

*B* Dermatomyositis

*C* Nodular periarteritis

*D* Rheumatism

*E* Systemic lupus erythematosus

№3 A 12-year-old patient was hospitalized with complaints of fever, muscle pain, and difficulty swallowing. Circumstances: paraorbital edema with a pinkish-purple tinge, pain on palpation and decreased muscle tone, capillaries in the pads of the fingers and palms, dilation of the borders

and muffled heart tones, hepato-splenomegaly. Creatinine in the blood - 150  $\mu\text{mol} / \text{l}$ , in the urine - 10  $\text{mmol} / \text{l}$ . Your diagnosis?

- A Nodular periarteritis
- B Dermatomyositis
- C Scleroderma
- D Juvenile rheumatoid arthritis
- E Systemic lupus erythematosus

№4 A 8-year-old patient complains of pain in the knee joints. I had a sore throat three weeks ago. Circumstances: low blood pressure, ring-shaped rashes on the body, swelling of the knee joints, subcutaneous nodules above the joints and along the tendons, dilation of the heart, tachycardia, muffled tones. C-reactive protein - +++, ASL-O titer - 450 units. Your diagnosis?

- A Rheumatism
- B Rheumatoid arthritis
- C Scleroderma
- D Nodular periarteritis
- E Systemic lupus erythematosus

№5 The boy is 1.5 months old. The mother complains of vomiting the child 2-3 times almost daily after feeding from the first days of life. The patient's condition is not disturbed. The body mass curve is flattened. The abdomen is soft, painless. Volumetric formations were not detected on palpation. Urination 6-7 times a day, in small quantities. What is the most likely diagnosis?

- A Meckel's diverticulum
- B Pylorostenosis
- C Intestinal obstruction
- D Khalazia
- E Pylorospasm

№6 The boy is 3 years old. After birth, there was a delay in the discharge of meconium. After the introduction of complementary foods, the patient developed liquid, shiny, greenish stools with admixtures of fat. Despite a satisfactory appetite lags behind in weight, prone to SARS, has a persistent cough-like cough, often with vomiting. What is the most likely diagnosis?

- A Intestinal dysbacteriosis
- B Cystic fibrosis
- C Exudative enteropathy
- D Disaccharide deficiency
- E Celiac disease

№7 The child is 8 months old. After eating semolina for a month, the boy lost his appetite and became irritable. Stools are smelly, foamy, shiny, from fatty inclusions, 2-3 times a day, in large quantities. Subcutaneous fat is pale, thin, especially on the chest, limbs. The abdomen is large, swollen - pseudoascites. What is the most likely diagnosis?

- A Lactase deficiency
- B Cystic fibrosis
- C Intestinal dysbacteriosis
- D Exudative enteropathy
- E Celiac disease

№8 The boy is 12 years old, ill for 1.5 months. Complains of impurities of blood and mucus in the stool, minor abdominal pain. Feeling satisfactory. The skin is clean, pale. The abdomen is soft, slightly painful on palpation in the left iliac region. In peripheral blood: HB-80  $\text{g} / \text{l}$ , Er-3.0  $\text{T} / \text{l}$ , L-12.0  $\text{G} / \text{l}$ , ESR -16  $\text{mm} / \text{h}$ . What is the probable diagnosis?

- A Intussusception of the intestine
- B Hemorrhoids
- C Acute dysentery
- D Nonspecific ulcerative colitis
- E Crohn's disease

№9 A boy contracted hepatitis B a year 10 years ago. In the last 3 months he has been worried about loss of appetite, increased fatigue, poor sleep, nausea. The skin is clean, the sclera is subicteric. The liver is palpated 2 cm below the costal edge, painless. ALT activity is 2.2 mmol / L. What is the most likely diagnosis?

- A Chronic hepatitis
- B Dyskinesia of the biliary tract
- C Residual effects of hepatitis
- D Recurrence of viral hepatitis
- E Cirrhosis of the liver

№10 A 12-year-old child in the acute phase of rheumatoid arthritis developed dyspnea, pain in the heart, which is exacerbated in the supine position and when inhaling. Heart rate 138 per minute, tension in the veins of the neck, liver + 6 cm from under the costal arch, the expansion of the boundaries of cardiac dullness outward, heart sounds are deaf. Paradoxical pulse of 15-20 mm Hg The manifestation of which pathology is most likely to be the physical signs and symptoms of the patient:

- A Pericarditis
- B Myocarditis
- C Coronary artery aneurysms
- D Coronary artery thrombosis
- E Libman-Sacks endocarditis

**And so 30 tasks with the subsequent analysis of typical errors.**

## **6. Evaluation criteria and tools for diagnosing learning outcomes\ TEACHING METHODS**

a) practical classes, b) individual work of students, c) consultations.

Thematic plans of practical classes and IWS reveal the problematic issues of the relevant sections of general practice - family medicine. Didactic tools are used to the maximum (multimedia presentations, slides, educational films, demonstration of thematic patients).

Practical classes are held in the clinic, which is the outpatient base of the department. Methods of organizing practical classes on general practice - family medicine requires:

- make the student a participant in the process of providing medical care to patients from the moment of their treatment, examination, diagnosis, treatment until the end of treatment;
- to master professional practical skills; skills of teamwork of students, doctors, other participants in the process of providing medical care;
- to form in the student, as in the future specialist, an understanding of responsibility for the level of their training, its improvement during training and professional activity.

To implement this, it is necessary at the first lesson of the relevant section to provide the student with a detailed plan of work in the clinic and provide conditions for its implementation. This plan should include:

- research that the student must master (or get acquainted with);
- algorithms (protocols) of examinations, diagnosis, treatment, prevention in accordance with the standards of evidence-based medicine;
- supervision of patients to be carried out by the student during the cycle;
- reports of the patient's outpatient card in the study group, at practical conferences.

**Patient curation involves:**

1. conducting a physical examination of the patient and determining the main symptoms of the disease;
2. analysis of laboratory and instrumental examination data;
3. formulation of the diagnosis;
4. appointment of treatment;
5. determination of primary and secondary prevention measures;
6. report on the results of examination of the patient by a team of students in the study group, analysis under the guidance of the teacher of the correctness of diagnosis, differential diagnosis, scheduled examination, treatment tactics, assessment of prognosis and performance, prevention.

In practical classes, students are encouraged to keep protocols in which it is necessary to enter brief information about the patients examined during the practical lesson, diagnosis, examination plan and prescribed treatment.

VTS and individual work of students is 30-56% in the curriculum. It includes:

- ✓ pre-classroom and extracurricular training of students on the course of the discipline;
- ✓ work of students in departments on the polyclinic base of the department, including in laboratories and departments (offices) of functional diagnostics, interpretation of data of laboratory and instrumental research methods in extracurricular time;
- ✓ acquisition of practical skills through work with patients;
- ✓ individual VTS (speech at a scientific-practical conference, writing articles, report of the abstract at a practical lesson, participation in the work of a student group, competitions in the discipline, etc.);
- ✓ work in a computer class in preparation for the Step-2 exam;
- ✓ elaboration of topics that are not included in the classroom plan.

Teachers of the department provide the opportunity to carry out VTS during practical classes and monitor and evaluate its implementation. Topics submitted for self-study are evaluated during the final control.

## METHODS OF CONTROL

It is recommended to conduct practical classes with the inclusion of:

- 1) control of the initial level of knowledge with the help of tests;
- 2) survey of students on the topic of the lesson;
- 3) management of 1-2 patients with diseases and conditions corresponding to the subject of the lesson, followed by discussion of the correctness of diagnosis, differential diagnosis and treatment with the use of evidence-based medicine and in accordance with National and European guidelines and protocols;
- 4) consideration of the results of additional research methods (laboratory and instrumental), which are used in the diagnosis and differential diagnosis, consideration of which is provided by the topic of practical training;
- 5) control of the final level of knowledge on the test tasks made in the format of Step-2.

Assimilation of the topic (**current control**) is controlled in a practical lesson in accordance with specific goals, assimilation of semantic sections - in practical final lessons. It is recommended to use the following tools to assess the level of preparation of students: computer tests, problem solving, laboratory research and interpretation and evaluation of their results, analysis and evaluation of instrumental research and parameters that characterize the functions of the human body, control of practical skills.

The current control is carried out by the teacher of the academic group after the students have mastered each topic of the discipline and grades are set using a 200-point scale of the university, which corresponds to the 200-point scale of ECTS.

**Final lesson (SO)** - is conducted after the logically completed part of the discipline, consisting of a set of educational elements of the work program, which combines all types of training (theoretical, practical, etc.), elements of educational and professional program (academic discipline, all types of practices, certification), implemented by appropriate forms of the educational process. The department provides information for preparation for the software on the information stand and on the website of the department the following materials:

- basic and anchor test tasks LII "Step-2";
- list of theoretical questions (including questions on independent work);
- list of practical skills;
- a list of drugs, prescriptions of which must be prescribed by the student;
- list of medical records;
- criteria for assessing the knowledge and skills of students;
- schedule of students completing missed classes during the semester.

**Conducting the final lesson:**

1. Solving a package of test tasks on the content of educational material, which includes the following:

- basic test tasks in the discipline, which cover the content of the educational material of the final lesson in the amount of **30 tests** that correspond to the database "Step-2". Evaluation criterion - **70.0%** of correctly solved tasks; "Passed" or "did not pass");

2. Assessment of the development of practical skills (assessment criteria - "performed" or "failed").

3. During the assessment of the student's knowledge on theoretical issues, as well as questions for independent work, which are included in this final lesson, the student is given a grade on a multi-point scale, as well as a grade on IPA.

4. Tasks for practical and professional training that reflect the skills and abilities during the supervision of thematic patients, evaluation of laboratory and instrumental research methods and the choice of treatment tactics, which are defined in the list of work program of the discipline.

5. Tasks for diagnosis and care in emergencies.

The final lesson is accepted by the teacher of the academic group. Forms of software should be standardized and include control of all types of training (theoretical, practical, independent, etc.), solving test tasks "Step-2", provided by the work program of the discipline. At the beginning of the lesson students solve test tasks "Step-2" in the amount of 30 tasks, then during the admission the teacher of the group takes practical skills, which are assessed "completed", "failed", then students write written work, each ticket contains 5 theoretical questions, which include questions made for independent work, followed by an oral interview with the student, followed by a grade for the software.

**The final semester control** is carried out after the completion of the study of the discipline in the form of a final control work (**FCW**).

**FCW** is conducted by the teacher of the academic group at the last lesson. Students who have scored at least 70 points in the autumn semester and 40 points in the spring semester are admitted to the RCC. The maximum score in the autumn semester is 120, in the spring - 80. At the RCC in the autumn semester, a student can get from 50 to 80 points, in the spring - from 30 to 40 (see table below).

**Assessment of individual student tasks.** The meeting of the department approved a list of individual tasks (participation with reports at student conferences, profile competitions, preparation of analytical reviews with presentations with plagiarism) and determined the number of points for their implementation, which can be added as incentives (**not more than 10**). Points for individual tasks are awarded to the student only once as a commission (commission - head of the department, head teacher, group teacher) only if they are successfully completed and defended. In no case may the total amount of points for IPA exceed 120 points.

**Assessment of students' independent work.** Assimilation of topics that are submitted only for independent work is checked during the final classes and final tests.

In order to assess the learning outcomes of the discipline, the **final control is carried out in the form of a differentiated test**. Only students who have passed both final tests (according to blocks 1 and 2) in the discipline are admitted to the test.

The test in the discipline "General Practice - Family Medicine" is a process during which the results obtained for the 6th year are checked:

- level of theoretical knowledge;
- development of creative thinking;
- skills of independent work;
- competencies - the ability to synthesize the acquired knowledge and apply them in solving practical problems.

The department provides the following materials for preparation for the test on the information stand and on the website of the department:

- basic and anchor test tasks "Step";
- list of theoretical questions (including questions on independent work);
- list of practical skills;
- a list of drugs, prescriptions of which must be prescribed by the student;
- criteria for assessing the knowledge and skills of students;
- schedule of students completing missed classes during the semester.

**Offset.**

1. Assessment of theoretical knowledge on the tickets drawn up at the department, which contain two theoretical questions from the sections of the discipline, which were studied during the academic year.

2. Assessment of practical skills acquisition.

3. Evaluation of the solution of the situational problem.

Distribution of points in the assessment - see above in the example of the test ticket. The maximum score on the test is 80 points, the test is considered passed if at least 50 points are scored (see the table below).

**Distribution of points received by students**

As mentioned above, a 200-point scale is used in the evaluation.

As indicated, in the autumn semester, for practical classes, the maximum amount of points is 120, the minimum - 70, in the spring semester - 80 and 40.

From the general practice of family medicine in each semester 15 practical classes (30 academic hours). The current control is carried out on 14 practical classes (the 15th practical lesson is assigned to the FCW).

Accordingly, **in the autumn semester, the maximum score for each practical lesson is: 120 points: 14 lessons = 8.6 points. Minimum grade - 70 points: 14 classes = 5 points.** A score lower than 5 points means "unsatisfactory", the lesson is not credited and must be practiced in the prescribed manner

On FCW the student can receive **from 50 to 80 points.**

**In the spring semester, the maximum score for each practical lesson is: 80 points: 14 classes = 5.7 points, the minimum - 40 points: 14 classes = 2.9 points.** A score lower than 2.9 points means "unsatisfactory", the lesson is not credited and must be practiced in the prescribed manner.

On FCW the student can receive from 30 to 40 points.

On the differential test, the maximum positive score is 80 points, the minimum - 50.

**Assessment of student performance**

Type of activity (task)	Maximum number of points
<b>Autumn semester (block № 1)</b>	
Practical classes from the 1st to the 14th	8.6 points in each lesson

Together for 14 practical classes	120
FCW № 1 (practical lesson (15)	80
Together for IPA and RCC	200
<b>Spring semester (block № 2)</b>	
Practical classes from the 1st to the 14th	5,7 points in each lesson
Together for 14 practical classes	80
FCW № 2 (practical lesson № 15)	40
Together for IPA and FCW	120
Differentiated credit	80
Together for the spring semester and credit	200

### Criteria for assessing knowledge

Score 8-8.6 points in the practical lesson in the autumn semester (5.1-5.7 points in the spring semester), 71-80 points in the RCC in the autumn semester (38-40 points in the spring semester) and 71-80 points on the test (A on the ECTS scale and 5 on the national scale) **the student's answer is evaluated if it demonstrates a deep knowledge of all theoretical principles and the ability to apply theoretical material for practical analysis and has no inaccuracies.**

Score of 6-7 points in the autumn semester (4-5 points in the spring semester), 61-70 points on the RCC in the autumn semester (35-37 points on the RCC in the spring semester) and 61-70 points on the test (B and C for ECTS scale and 4 on the national scale) **the answer is evaluated if it shows knowledge of all theoretical provisions, the ability to apply them in practice, but some fundamental inaccuracies are allowed.**

A score of 5 points in the fall semester (2.9-3 points in the spring semester), 50-60 points on the RCC in the fall semester (30-34 points on the RCC in the spring semester) and 50-60 points on the credit (D and E for ECTS scale and 3 on the national scale) **the student's answer is evaluated provided that he knows the main theoretical principles and can use them in practice.**

## 7. RECOMMENDED LITERATURE

### 7.1. Basic

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12. Organization of palliative medicine at the regional level: a textbook for universities / [Т. Z. Biktimirov, VI Gorbunov, AI Nabegaev and others]. - Москва - Ульяновск: УЛГУ, 2009. - 72 с.

## **7.2. Auxiliary**

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2. Adapted clinical guidelines based on evidence "Viral hepatitis B (chronic)", Kyiv - 2016.
3. Adapted clinical guidelines based on evidence "Viral hepatitis B. WHO position", Kyiv - 2016.
4. Algorithms in the practice of gastroenterologist // Edited by O. Babak. - Kyiv: LLC "Library of Health of Ukraine", 2015. - 162 p.
5. Internal medicine. In 3 vols. Vol. 1 / Ed. prof. K.M. Amosova. - К.: Медицина, 2008. - 1056 с.
6. Internal medicine. In 3 vols. Vol. 2 / AS Svintsytsky, LF Konoplyova, YI Feshchenko, etc. ; For order. prof. K.M. Amosova. - К.: Медицина, 2009. - 1088 с.
7. WHO. Newsletter No. 387 February 2016 <http://www.who.int/mediacentre/factsheets/fs387/>
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9. Zak KP, Tronko MD, Popova VV, Butenko AK Diabetes, immunity and cytokines. Kyiv: Book-plus, 2014. - 500 p.
10. Classification of diseases of the digestive system: a guide / edited by NV Харченко / О.Я. Babak, О.А. Голубовська, Н.Б. Hubergritz, А.Е. Dorofeev, TD Zvyagintseva, IM Skripnik, S.M. Weaver, G.D. Fadeenko, NV Харченко, М.Б. Shcherbinina - Kirovograd: PE "Polyum", 2015. - 54 p.
11. Clinical and radiological atlas for the diagnosis of lung diseases: a textbook / L.D. Todoriko, IO Semyaniv, A.V. Boyko, VP Шаповалов. - Chernivtsi: Medical University, 2014. - 342 p.
12. Order of the Ministry of Health of Ukraine dated 03.08.2012 № 600 "On approval and implementation of medical and technological documents for standardization of medical care for dyspepsia." Unified clinical protocol of primary care "Dyspepsia".
13. Order of the Ministry of Health of Ukraine №1118 dated 21.12.2012 "Unified clinical protocol of primary and secondary (specialized) medical care" Type 2 diabetes mellitus "
14. Fundamentals of nephrology / ed. М.О.Колесника. - Kyiv: Health of Ukraine Library, 2013. - 340 p.
15. Workshop on internal medicine: textbook. pos. / K.M. Amosova, LF Konoplyova, LL Sidorova, GV Mostbauer et al. - Kyiv: Ukrainian Medical Bulletin, 2012. - 416 p.
16. Standards for providing medical care to patients with pathological conditions of the thyroid and thyroid glands under the influence of negative environmental factors (third edition, extended) / Ed. O.B. Kaminsky. - Kharkiv: Uright, 2017. - 312p.
17. Todorico LD Basic syndromes and methods of examination in pulmonology and tuberculosis: a textbook / L.D. Todoriko, A.V. Boyko. - Київ: Медкнига, 2013. - 432 с.
18. Tronko ND, Sokolova LK, Kovzun EI, Pasteur IP Insulin therapy: yesterday, today, tomorrow. - К.: Медкнига, 2014. - 192с.
19. 100 selected lectures on endocrinology. / Ed. Yu.I. Караченцева, А.В. Казакова, Н.А. Kravchun, IM Ilyina. - X: 2014. - 948 с.
20. InternationalTextbook of Diabetes Mellitus, 2 Volume Set. Ed. by R.A. Defronzo, E. Ferrannini, P. Zimmet, G. Alberti. 4th Edition, 2015. - 1228p.
21. Harrison's Endocrinology. Ed. by J. Larry Jameson, Mc Graw - Hill., New York, Chicago, Toronto. e.a. 4rd edition, 2016. - 608 p.



22. Williams Textbook of Endocrinology. Ed. by Henry M. Kronenberg, Shlomo Melmed, Kenneth S. Polonsky, P. Reed Larsen. Saunders. 13 edition, 2015. - 1936p.

### **7.3. Information resources**

1. <https://www.aasld.org/>
2. <http://www.acc.org/guidelines#sort=%40foriginalz32xpostedz32xdate86069%20descending>
3. <https://www.asn-online.org/education/training/fellows/educational-resources.aspx#Guidelines>
4. [www.brit-thoracic.org.uk/standards-of-care/guidelines](http://www.brit-thoracic.org.uk/standards-of-care/guidelines)
5. <https://cprguidelines.eu/>
6. <https://www.diabetes.org>
7. <https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines>
8. <http://www.eagen.org/>
9. <http://www.ers-education.org/guidelines.aspx>
10. <http://www.enp-era-edta.org/#/44/page/home>
11. [https://www.eular.org/recommendations\\_management.cfm](https://www.eular.org/recommendations_management.cfm)
12. <http://www.european-renal-best-practice.org>
13. <http://www.esmo.org/Guidelines/Haematological-Malignancies>
14. <https://ehaweb.org/organization/committees/swg-unit/scientific-working-groups/structure-and-guidelines/>
15. <http://www.gastro.org/guidelines>
16. [www.ginasthma.org](http://www.ginasthma.org)
17. <http://goldcopd.org>
18. <http://inephrology.kiev.ua/>
19. [http://www.ifp.kiev.ua/index\\_ukr.htm](http://www.ifp.kiev.ua/index_ukr.htm)
20. <http://kdigo.org/home/guidelines/>
21. <http://mtd.dec.gov.ua/index.php/uk/>
22. <https://www.nice.org.uk>
23. <http://www.oxfordmedicaleducation.com/>
24. [http://professional.heart.org/professional/GuidelinesStatements/UCM\\_316885\\_Guidelines-Statements.jsp](http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp)
25. <https://www.rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines><https://www.thoracic.org/statements/>
26. <http://www.strazhesko.org.ua/advice>
27. <https://www.thyroid.org>
28. <https://www.ueg.eu/guidelines/>
29. <http://ukrgastro.com.ua/>
30. Website of the Center for Public Health of the Ministry of Health of Ukraine: <http://phc.org.ua/>
31. [Electronic resource]. - access mode <https://www.cdc.gov/>
32. Global AIDS Update [Electronic resource] / UNAIDS, 2016. - Access mode: [http://www.unaids.org/sites/default/files/media\\_asset/global-AIDS-update2016\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update2016_en.pdf)