

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

Petro Mohyla Black Sea National University

Medical Institute

Department of Therapeutic and Surgical Disciplines



APPROVE "
the first vice-rector
Zhenko NM

2019

CURRICULUM WORKING PROGRAM

"Pediatrics"

Specialty 222 "Medicine"

Developer
Head of the Department of Developer
Guarantor of the educational program
Director of the Institute
Chief of NMV

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Mykolayiv - 2019

1. Description of the discipline

Characteristic	Characteristics of the discipline	
Name of discipline	Pediatrics	
Field of knowledge	22 "Health care"	
Specialty	222 "Medicine"	
Specialization (if any)		
Educational program	Medicine	
Level of higher education	Master	
Discipline status	Normative	
Curriculum	4 years	
Academic year	2019 - 2020	
Semester numbers:	Full-time	Correspondence form
	7 th - 8 - and	-
Total number of ECTS credits / hours	4.5 credits (2 / 2.5) / hours 135	
Course structure: - lectures	Full-time	Correspondence form
	10 (5/5) 70 (30/40) 55 (14/41)	-
- practical classes		
- hours of independent work of students		
Percentage of classroom load	Classroom load - 59%, VTS - 41%	
Language of instruction	Ukrainian	
Form of intermediate control (if any)	Certification	
Form of final control	Exam - 8th semester	

2. Purpose, tasks and planned learning outcomes

The subject of study of the discipline "Pediatrics" are the most common somatic diseases of childhood.

Interdisciplinary connections : According to the curriculum, study discipline "Pediatrics" provided in the V II- V III semester. Prior to that, the student acquired relevant knowledge in the basic disciplines: medical biology, normal anatomy, normal physiology, histology and embryology, bioorganic and biological chemistry, microbiology, virology and immunology, pathomorphology, pathophysiology, pharmacology, and clinical disciplines: propaedeutics, propaedeutics surgery, with which the program of the discipline "Pediatrics" is integrated. In turn, the discipline "Pediatrics" forms the basis for further study by the student of the discipline "Pediatrics, Pediatric Infectious Diseases" (IX-X semester), which involves integration with this discipline "vertically" and the formation of skills for further study and application in professional activities.

The organization of the educational process is carried out according to the requirements of the European credit - transfer system.

The goal of teaching "Pediatrics" is gaining student knowledge and professional skills of the most common somatic and s disease in children based on knowledge of age-related anatomical and physiological characteristics of the child's body, human anatomy, normal physiology, histology, cytology and embryology, biological and bioorganic chemistry , microbiology, virology and immunology, pathomorphology, pathophysiology, pharmacology, radiology.

Expected learning outcomes. As a result of studying the discipline, students must master how :

Collect complaints, medical history , life history

Collect information about the general condition of the patient (consciousness, constitution, fatness) and appearance (examination of the skin, subcutaneous fat layer, palpation of lymph nodes)

Examine the state of the cardiovascular system (examination and palpation of the heart and superficial vessels, determination of percussion boundaries of the 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, palpation of the chest, percussion and auscultation of the lungs)

Examine the condition of the abdominal organs (examination of the abdomen, palpation and percussion of the intestines, stomach, liver, spleen, palpation of the pancreas, kidneys, pelvic organs)

Examine the condition of the musculoskeletal system (examination and palpation)

Identify and record the leading clinical symptom or syndrome

Make the most probable or syndromic diagnosis of the disease

Assign laboratory and / or instrumental examination of the patient

Carry out differential diagnosis of diseases

Make a preliminary clinical diagnosis

Determine the nature of treatment of the disease

Determine the necessary mode in the treatment of the disease

Determine the necessary diet in the treatment of the disease

Determining the tactics of examination and secondary prevention of patients subject to dispensary supervision

The main tasks of studying the discipline "Pediatrics" are:

-Learning basic theoretical knowledge of etiology, pathogenesis, clinical manifestations, laboratory data and instrumental research, treatment, prevention and prognosis of the most common somatic and s diseases child's age.

-Mastering the basic skills and practical skills of diagnosis, differential diagnosis, treatment and emergency care for the most common somatic and s diseases child's age.

-Formation of moral and ethical and deontological qualities in students in professional communication with a sick child and persons caring for a child, as well as the formation of the principles of professional subordination in pediatrics.

According to the requirements of the educational-professional program, students must

know:

-definition, prevalence, classification, etiology and pathogenesis of the most common somatic diseases of childhood;

-clinical manifestations in the uncomplicated and complicated course of the most common somatic diseases of childhood;

-Criteria for preliminary clinical diagnosis most in shyrenyh somatic and s childhood diseases;

-a plan of laboratory and instrumental examination of children with the most common somatic and s diseases child's age;

- criteria for establishing the final clinical diagnosis in the most common somatic diseases of childhood;
- treatment of the most common somatic diseases of childhood;
- protocol of emergency care for the most common somatic diseases of childhood;
- prevention of the most common somatic diseases of childhood;
- prognosis for the most common somatic diseases of childhood;
- basic principles of medical ethics and deontology in professional communication with a sick child and persons caring for a child;
- basic principles of professional subordination in pediatrics.

be able:

- To determine the etiological and pathogenetic factors of the most common somatic diseases of childhood;
- Identify the leading pathological symptoms and syndromes in the most common diseases of childhood;
- Identify different clinical variants and complications of the most common diseases of childhood;
- To determine the tactics of the patient with the most common diseases of childhood;
- Demonstrate the ability to maintain medical records in the pediatric clinic;
- Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in a pediatric clinic;
- Diagnose and provide emergency care for major emergencies in the pediatric clinic ;
- To make a life forecast for the most common somatic diseases of childhood;
- Diagnose and provide medical care in emergencies in the pediatric clinic
- Classify and analyze the typical clinical picture of the most common somatic diseases of childhood ;
- Plan examination of a sick child and interpret the results of the most common diseases of childhood ;
- To make the plan of inspection and to analyze data of laboratory and instrumental inspections at a typical course of the most widespread somatic diseases of children's age ;
- Interpret the general principles of treatment, rehabilitation and prevention of the most common somatic diseases of childhood .

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

general (ZK) - ZK1-ZK3 OPP :

ZK1 . Ability to abstract thinking, analysis and synthesis, the ability to learn and master modern knowledge.

ZK2. Ability to apply knowledge in practical situations.

ZK3. Knowledge and understanding of the subject area and understanding of professional activity.

professional (FC) - FC1- FC 9, FC11, FC16, FC18 OPP:

- Patient interviewing skills.
- Ability to determine the required list of laboratory and instrumental studies and evaluate their results.
- Ability to establish a preliminary and clinical diagnosis of the disease.
- Ability to determine the required mode of work and rest in the treatment of diseases.
- Ability to determine the nature of nutrition in the treatment of diseases.
- Ability to determine the principles and nature of disease treatment.
- Ability to diagnose emergencies.
- Ability to determine the tactics of emergency medical care.

- Emergency care skills.
- Skills to perform medical manipulations.
- Ability to determine the tactics of management of persons subject to dispensary supervision.
- Ability to keep medical records.

According to the educational-professional program, the expected **program learning outcomes (PRN)** include the skills of **PRN11, PRN13-18, PRN22, PRN25, PRN28, PRN30, PRN32, PRN33, PRN35, PRN41 OPP** :

- Collect data on patient complaints, medical history, life history (including professional history), in a health care facility, its unit or at the patient's home, using the results of the interview with the patient, according to the standard scheme of the patient. Under any circumstances (in a 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 of the heart and superficial vessels, determination of percussion boundaries of the 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, palpation of the chest, percussion and auscultation of the lungs);

- examine the condition of the abdominal organs (examination of the abdomen, palpation and percussion of the intestines, stomach, liver, spleen, palpation of the pancreas, kidneys, pelvic organs, finger examination of the rectum);

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 calculation of fetal weight and auscultation of its heartbeat.

In the conditions of the 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 previous patient history, physical examination of the patient, knowledge of the person, his organs and systems, adhering to relevant ethical and legal norms.

- Be able to establish the most probable or syndromic diagnosis of the disease (according to list 2) by making an informed decision, by comparing with standards, using previous patient history and patient examination data, based on the leading clinical symptom or syndrome, using knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms.

In the conditions of a health care institution, its subdivision:

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

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

- 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 of man, 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.

- 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 facility, its units), including in an emergency, in the field conditions, 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.

- 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 of the person, his organs and systems, adhering to relevant ethical and legal norms, by adopting reasonable solutions and using standard techniques.

- 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 making the reasonable decision, among the fixed contingent population: dispensary groups of patients;

- groups of healthy people subject to dispensary supervision (newborns, children, adolescents, pregnant women, representatives of professions that must undergo a mandatory dispensary examination).

- Organize secondary and tertiary prevention measures among the assigned contingent of the 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 relevant ethical and legal norms, by making an informed decision, in a health care facility, in particular:

to form groups of dispensary supervision;

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

- Carry out in the conditions of a health care institution, its subdivision:

- • detection and early diagnosis of infectious diseases (according to list 2);

- * primary anti-epidemic measures in the center of an infectious disease.

- In the health care institution, 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 relevant ethical and legal norms, by making an informed decision:

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

- • determine the tactics of examination and primary prevention of healthy individuals subject to dispensary supervision;

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

- 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 institution on the basis of data on the disease and its course, features of professional activity.

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

- • conduct screening to identify major non-communicable diseases;

- • evaluate in the dynamics and in comparison with the average static data indicators of 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. In the conditions of the 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 previous patient history, physical examination of the patient, knowledge of the person, his organs and systems, adhering to relevant ethical and legal norms.

- Be able to establish the most probable or syndromic diagnosis of the disease (according to list 2) by making an informed decision, by comparing with standards, using previous patient history and patient examination data, based on the leading clinical symptom or syndrome, using knowledge about the person, his organs and systems, adhering to the relevant ethical and legal norms.

In the conditions of a health care institution, its subdivision:

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

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

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 the person, its bodies 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.

- 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 facility, its units), including in an emergency, in the field conditions, 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.

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

- select and use unified clinical protocols for the provision of medical care, developed on the basis of evidence-based medicine;

- participate in the development of local protocols for medical care;

- to control the quality of health care on the basis of statistical data, expert evaluation and sociological research data using indicators of structure, process and results of activities;

- identify factors that hinder the improvement of the quality and safety of medical care.

3. The program of the discipline

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

BLOCK 1. THE MOST COMMON SOMATIC DISEASES IN EARLY CHILDREN, RESPIRATORY DISEASES AND ALLERGIC DISEASES IN CHILDREN

SECTION 1. DISEASES OF EARLY CHILDREN

Specific goals:

- 1. To determine the etiological and pathogenetic factors of the most common functional gastrointestinal disorders of young children (cyclic vomiting syndrome, colic, functional diarrhea, functional constipation); rickets, hypervitaminosis D and protein-energy deficiency.**
- 2. Classify and analyze the typical clinical picture of the most common functional disorders of the digestive tract in young children (cyclic vomiting syndrome, colic, functional diarrhea, functional constipation); rickets, hypervitaminosis D and protein-energy deficiency.**
- 3. Make a survey plan and analyze the data of laboratory and instrumental examinations in the typical course of the most common functional gastrointestinal disorders, rickets and hypervitaminosis D in young children .**
- 4. Demonstrate mastery of the principles of treatment, rehabilitation and prevention of rickets, hypervitaminosis D, protein-energy deficiency and functional gastrointestinal disorders (cyclic vomiting syndrome, colic, functional diarrhea and functional constipation) in young children.**
- 5. Make a preliminary diagnosis of cyclic vomiting, functional diarrhea, colic and functional constipation; rickets and protein-energy deficiency in children.**
- 6. Provide a life expectancy for rickets, hypervitaminosis D, protein-energy deficiency, functional gastrointestinal disorders (cyclic vomiting syndrome, colic, functional diarrhea and functional constipation) in young children.**
- 7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatrics.**

Topic 1. Rickets. Hypervitaminosis D. Protein-energy deficiency.

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment of rickets. Prevention of rickets. Etiology, pathogenesis, clinic, diagnosis, prevention of hypervitaminosis D, emergency care and prognosis. Definition, classification, clinic, treatment and prevention of protein-energy deficiency in children.

Topic 2. Functional gastrointestinal disorders in young children

Definition, classification (according to Roman criteria III), etiology, pathogenesis, clinic and diagnosis of cyclic vomiting syndrome. Etiology, pathogenesis, classification, clinic and diagnosis of functional dyspepsia in young children. Etiology, pathogenesis, clinic, diagnosis of colic and functional constipation in young children. Treatment and prevention of functional gastrointestinal disorders. Forecast.

SECTION 2. DISEASES OF THE RESPIRATORY ORGANS IN CHILDREN

Specific goals:

- 1. To determine the etiological and pathogenetic factors of acute respiratory diseases of the upper respiratory tract (acute nasopharyngitis, acute pharyngitis, acute obstructive laryngitis, acute laryngopharyngitis, acute tracheitis, bronchitis, acute obstructive**

bronchitis, acute obstructive bronchitis, acute bronchitis, acute obstructive bronchitis). systems in children.

2. Classify acute respiratory diseases of the upper respiratory tract, acute bronchitis and pneumonia, respiratory failure, fever, convulsions, birth defects and chronic diseases of the bronchopulmonary system; to analyze the typical clinical picture of acute nasopharyngitis, acute pharyngitis, acute obstructive laryngitis (croup), acute laryngopharyngitis, acute tracheitis, acute bronchitis, acute obstructive bronchitis, acute bronchiolitis, recurrent hyperthermia in children and recurrent bronchitis and chronic diseases of the bronchopulmonary system in children.

3. Make a plan of examination and analyze the data of laboratory and instrumental examinations in the typical course of acute nasopharyngitis, acute pharyngitis, acute obstructive laryngitis (croup), acute laryngopharyngitis, acute tracheitis, acute bronchitis, acute vaginal bronchitis, acute obstructive bronchitis chronic diseases of the bronchopulmonary system in children.

4. Demonstrate mastery of the principles of treatment, rehabilitation and prevention of acute nasopharyngitis, acute pharyngitis, acute laryngopharyngitis, acute tracheitis, acute bronchitis, acute obstructive bronchitis, acute bronchiolitis, recurrent bronchitis and pneumonia, pneumonia and pneumonia in children.

5. Preliminary diagnosis of acute upper respiratory tract infections, acute bronchitis, pneumonia, congenital malformations and chronic diseases of the bronchopulmonary system in children.

6. To predict life in acute respiratory infections of the upper respiratory tract, acute bronchitis, pneumonia, birth defects and chronic diseases of the bronchopulmonary system in children .

7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatric pulmonology.

Topic 3. Acute respiratory infections of the upper respiratory tract in children

Etiology, pathogenesis, clinic, diagnosis, treatment and prevention of acute nasopharyngitis, acute pharyngitis, acute laryngopharyngitis, acute tracheitis in children. Clinic and emergency care for acute obstructive laryngitis (croup), hyperthermic syndrome and convulsions.

Topic 4. Acute bronchitis in children

Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of acute bronchitis, acute obstructive bronchitis, acute bronchiolitis and recurrent bronchitis in children.

Topic 5. Pneumonia in children

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of pneumonia in children. Forecast. Diagnosis and emergency care for respiratory failure in children.

Topic 6. Congenital malformations and chronic diseases of the bronchopulmonary system in children

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of congenital malformations and chronic diseases of the bronchopulmonary system in children. Forecast.

SECTION 3. ALLERGIC DISEASES IN CHILDREN

Specific goals:

1. To determine the etiological and pathogenetic factors of urticaria, atopic dermatitis, allergic rhinitis, bronchial asthma in children .

2. Classify and analyze the typical clinical picture of urticaria, atopic dermatitis, allergic rhinitis, bronchial asthma in children .

3. Make a survey plan and analyze the data of laboratory and instrumental examinations in the typical course of urticaria, atopic dermatitis, allergic rhinitis, bronchial asthma in children .
4. Demonstrate mastery of the principles of treatment, rehabilitation and prevention of urticaria, atopic dermatitis, allergic rhinitis and bronchial asthma in children .
5. With Tabitha previous diagnosis of urticaria, atopic dermatitis, allergic rhinitis, asthma in children .
6. To make a life prognosis for urticaria, atopic dermatitis, allergic rhinitis, bronchial asthma in children .
7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatric allergology.

Topic 7. Atopic dermatitis and allergic rhinitis in children. Urticaria in children

Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention of urticaria in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of atopic dermatitis in children, prognosis. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of allergic rhinitis in children, prognosis. Atopic march.

Topic 8. Bronchial asthma in children

Definition. Risk factors and pathophysiological mechanisms of bronchial asthma. Classification, clinic, diagnosis, treatment and prevention of bronchial asthma in children, prognosis. Emergency care for asthmatic status.

BLOCK 2 . Cardiorheumatology childhood digestive diseases AND C ECHOVOYI OF CHILDREN

SECTION 4. CHILDHOOD RHEUMATOLOGY OF CHILDHOOD

Specific goals:

1. To determine the etiological factors and hemodynamics in the most common congenital heart defects (AF) in children (ventricular septal defect (IBD), atrial septal defect (MVD), Fallot tetrad, coarctation of the aorta, pulmonary artery stenosis, arterial stenosis, aortic duct (VAP)); to determine the etiology and pathogenesis of carditis, infectious endocarditis, cardiomyopathies, acute rheumatic fever, dermatomyositis, scleroderma, JRA, reactive arthropathy, cardiac arrhythmias and conduction in children.
2. Classify and analyze the typical clinical picture of the most common airways in children, carditis, infectious endocarditis, cardiomyopathies, acute rheumatic fever, SLE, dermatomyositis, scleroderma, JRA, reactive arthropathy, cardiac arrhythmias and conduction in children.
3. Make a plan of examination and analyze the data of laboratory and instrumental examinations in the typical course of the most common congenital heart defects in children (IBE defect, WFP defect, Fallot's tetrad, aortic coarctation, pulmonary artery stenosis, aortic stenosis, transposition of main vessels and vascular infections). endocarditis, cardiomyopathies, acute rheumatic fever, dermatomyositis, scleroderma, SLE, JRA, reactive arthropathy, cardiac arrhythmias and conduction in children.
4. To demonstrate the principles of treatment, rehabilitation and prevention of the most common congenital heart defects in children (defect IBE defect MPP, Tetralogy of Fallot, coarctation of the aorta, stenosis of the pulmonary artery, aortic stenosis, transposition of great vessels and VAP), carditis, infective endocarditis, cardiomyopathy, acute rheumatic fever, dermatomyositis, scleroderma, SLE, JRA, reactive arthropathy, cardiac arrhythmias and conduction in children.

5. Preliminary diagnosis of the most common BBC, acute rheumatic fever, dermatomyositis, scleroderma, SLE, JRA, reactive arthropathy, carditis, cardiomyopathies, cardiac arrhythmias and conduction in children.

6. To make a prognosis for the most common congenital heart defects in children (IBE defect, WFP defect, Fallot's tetrad, aortic coarctation, pulmonary artery stenosis, aortic stenosis, transposition of main vessels and VAP), carditis, infectious endocarditis, cardiomyditis, carcardiomatitis, cardia , scleroderma, SLE, JRA, reactive arthropathy, cardiac arrhythmias and conduction in children.

7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatric cardiorheumatology.

Topic 9. The most common congenital heart defects in children

Etiology of the most common BBC in children. Classification of heart defects, hemodynamics in the most common VVS in children (IBE defect, WFP defect, Fallot's tetrad, aortic coarctation, pulmonary artery stenosis, aortic stenosis, transposition of arterial vessels and VAP). Diagnosis of the most common BBC in children. Physician tactics and prognosis in the most common BBC in children. Conservative treatment. Indications for cardiac surgery. Treatment of heart failure. Secondary prevention of infectious endocarditis.

Topic 10. Inflammatory and non-inflammatory heart disease in children

Carditis in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis. Cardiomyopathies in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.

Topic 13. Cardiac arrhythmias and conduction in children

Cardiac arrhythmias and conduction in children: classification, causes, clinic, diagnosis, treatment, prognosis.

Topic 12. Hypertension in children

Hypertension in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.

Topic 13. Acute rheumatic fever in children

Acute rheumatic fever in children: definition, classification, etiology, pathogenesis , clinic, diagnosis, treatment, primary and secondary prevention, prognosis.

Topic 14. Systemic connective tissue diseases in children

SLE, dermatomyositis, systemic scleroderma: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, dispensary observation, prognosis.

Topic 15. Reactive arthropathy, juvenile rheumatoid arthritis

Reactive arthropathies, JRA in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, rehabilitation, prognosis.

Topic 16. Infectious endocarditis in children : definition, classification, etiology, pathogenesis , clinic, diagnosis, treatment, primary and secondary prevention, prognosis.

SECTION 5. DISEASES OF THE DIGESTIVE ORGANS IN CHILDREN

Specific goals:

1. To determine the etiological and pathogenetic factors of functional (functional dyspepsia, abdominal pain, irritable bowel syndrome, functional constipation) and organic diseases of the digestive tract, bile ducts and pancreas in older children.
2. Classify and analyze the typical clinical picture of functional (functional dyspepsia, abdominal pain, irritable bowel syndrome, functional constipation) and organic diseases of the digestive tract, bile ducts and pancreas in older children.
3. Make a plan of examination and analyze the data of laboratory and instrumental examinations in the typical course of functional (functional dyspepsia, abdominal pain,

irritable bowel syndrome, functional constipation) and organic diseases of the digestive tract, bile ducts and pancreas in older children.

4. Demonstrate mastery of the principles of treatment, rehabilitation and prevention of functional and organic diseases of the digestive tract, biliary system and pancreas in older children.

5. Make a preliminary diagnosis of functional and organic diseases of the digestive tract, biliary system and pancreas in older children.

6. To predict life in functional and organic diseases of the digestive tract, bile ducts and pancreas in older children.

7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatric gastroenterology.

Topic 17. Functional and organic diseases of the esophagus and stomach in children

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention of functional dyspepsia, abdominal pain, gastroesophageal reflux, duodenogastric reflux, organic diseases of the esophagus and stomach in older children.

Topic 18. Functional and organic diseases of the intestine and biliary system in children

Definition, etiology, pathogenesis, clinic, diagnosis, treatment of irritable bowel syndrome, functional constipation, nonspecific ulcerative colitis, Crohn's disease, prognosis. Clinic, diagnosis, treatment and prevention of gallbladder and sphincter dysfunction Oddi, organic diseases of the biliary system.

Topic 19. Diseases of the pancreas in children

Definition, etiology, pathogenesis, clinic, diagnosis, treatment of exocrine insufficiency of the pancreas. Etiology, pathogenesis, clinic, diagnosis, treatment and prevention of acute and chronic pancreatitis, prognosis.

SECTION 6. DISEASES OF THE URINARY SYSTEM IN CHILDREN

Specific goals:

1. Determine the etiological and pathogenetic factors of urinary tract infections (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure and dysmetabolic nephropathy in children.

2. Classify and analyze the typical clinical picture of urinary tract infections (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure and dysmetabolic nephropathy in children.

3. Make a plan of examination and analyze the data of laboratory and instrumental examinations for urinary tract infections (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure, dysmetabolic nephropathy in children.

4. Demonstrate mastery of the principles of treatment, rehabilitation and prevention of urinary tract infections (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure, dysmetabolic nephropathy in children.

5. Make a preliminary diagnosis of urinary tract infection (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure and dysmetabolic nephropathy in children.

6. To make a life prognosis for urinary tract infections (cystitis, pyelonephritis); glomerulonephritis, chronic renal failure and dysmetabolic nephropathy in children.

7. Demonstrate mastery of moral and deontological principles of a medical specialist and the principles of professional subordination in pediatric nephrology.

Topic 20. Urinary tract infections in children

Definition, classification of urinary tract infections in children, differential diagnosis of lower and upper urinary tract infections. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention and prognosis of cystitis in children. Definition, etiology, pathogenesis, classification, clinic, diagnosis, treatment, prevention and prognosis of pyelonephritis in children.

Topic 21. Glomerulonephritis in children. Chronic renal failure in children

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention and prognosis of glomerulonephritis in children. Chronic renal failure: risk factors, etiology, pathogenesis, stages of the disease, clinic, diagnosis, treatment, prevention, prognosis.

Topic 22. Dysmetabolic nephropathy in children

Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention and prognosis of dysmetabolic nephropathy in children.

C structure of the discipline

Topic	Lectures	Practical training	CPC	Individual work
Block 1. The most common somatic diseases in young children, respiratory diseases and allergic diseases in children				Examination of a sick child, writing and defense of educational history.
Section 1. Diseases of young children				
1. Rickets. Hypervitaminosis "D". Protein and energy deficiency in children	2	4	1	
2. Functional gastrointestinal disorders in young children	2	4	1	
Section 2. Respiratory diseases in children				
3. Acute respiratory infections of the upper respiratory tract in children		4	1	
4. Acute bronchitis in children	1	4	1	
5. Pneumonia in children	1	4	1	
6. Congenital malformations and chronic diseases of the bronchopulmonary system in children			4	
Section 3. Allergic diseases in children				
7. Atopic dermatitis and allergic rhinitis in children. Urticaria in children		4	1	
8. Bronchial asthma in children		4	1	
Results and control of work № 1		2	3	
Block 2. Cardiorheumatology of childhood, diseases of the digestive system and urinary system in children				
Section 4. Cardiorheumatology of childhood				

9. The most common congenital heart disease in children	2	4	1
10. Inflammatory and non-inflammatory heart disease in children.		2	1
11. Cardiac arrhythmias and conduction in children		4	1
12. Hypertension in children		2	1
13. Acute rheumatic fever in children		4	1
14. Systemic connective tissue diseases in children		4	1
15. Reactive arthropathy, juvenile rheumatoid arthritis		2	1
16. Infectious endocarditis in children			4
Section 5. Gastroenterology of childhood			
17. Functional and organic diseases of the esophagus and stomach in older children	2	4	1
18. Functional and organic diseases of the intestine and biliary system in children		4	1
19. Diseases of the pancreas in children			4
Section 6. Diseases of the urinary system in children			
20. Urinary tract infections in children		2	1
21. Glomerulonephritis in children. Chronic renal failure in children		2	1
22. Dysmetabolic nephropathy in children			4
Individual VTS. Curation of patients, preparation of educational history of the disease		4	14
Results and control of work № 2		2	4
Total : ECTS credits - 4.5 , hours - 135; of them:	10	70	5 5

4. The content of the discipline

4.1 . THEMATIC PLAN OF LECTURES

BLOCK 1. The most common somatic diseases in children

№	Topic	Several. hours
1	Rickets. Hypervitaminosis "D"	2
2	Functional gastrointestinal disorders in young children	2
3	Bronchitis and pneumonia in children	2
4	The most common congenital heart defects in children	2
5	Functional and organic diseases of the digestive tract	2
	Total	10

4.2 . THEMATIC PLAN OF PRACTICAL CLASSES
BLOCK 1. The most common somatic diseases in children

№	Topic	Several. hours
Block 1. The most common somatic diseases in young children, respiratory diseases and allergic diseases in children		
1.2	Rickets. Hypervitaminosis "D". Protein and energy deficiency in children	4
3.4	Functional gastrointestinal disorders in young children	4
5.6	Acute respiratory infections in children	4
7.8	Acute bronchitis in children	4
9.10	Pneumonia in children	4
11.12	Atopic dermatitis and allergic rhinitis in children. Urticaria in children	4
13.14	Bronchial asthma in children	4
15	Final control work № 1	2
	Together for block 1	30
Block 2. Cardiorheumatology of childhood, diseases of the digestive system and urinary system in children		
16 , 17	The most common congenital heart defects in children	4
18	Inflammatory and non-inflammatory heart diseases in children	2
19 , 20	Cardiac arrhythmias and conduction in children	4
21	Hypertension in children	2
22 , 23	Acute rheumatic fever in children	4
24 , 25	Systemic connective tissue diseases in children	4
26	Reactive arthropathies, juvenile rheumatoid arthritis in children	2
27 , 28	Functional and organic diseases of the esophagus and stomach in children	4
29 , 30	Functional and organic diseases of the intestine and biliary system in children	4
31	Urinary tract infections in children	2
32	Glomerulonephritis in children. Chronic renal failure in children	2
33 , 34	Independent supervision of patients and preparation of educational history of the disease	4
35	Results and control of work № 2	2
	Together for block 2	40
Total		70

4.3 . THEMATIC PLAN OF INDEPENDENT WORK OF STUDENTS
BLOCK 1. The most common somatic diseases in children

№	See SRS	Number of hours	Types of control
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1	Preparation for practical classes	18	Current control in practical classes
2	Elaboration of topics that are not included in the lesson plan: 1. Congenital malformations and chronic diseases of the bronchopulmonary system in children 2. Infectious endocarditis in children. 3. Diseases of the pancreas in children. 4. Dysmetabolic nephropathy in children.	4 4 4 4	Final control
3	Individual VTS: a) curation of patients, writing and protection of medical history	14	Final control
4	Preparation for the final control	7	Final control
	Hours in general	55	

Typical test problems to be solved in practical classes:

1. **Which of the options for pathogenetic therapy is most appropriate in the mixed form of chronic glomerulonephritis:**
 - A. a combination of prednisolone, heparin, curantil and cytostatics
 - B. prednisolone monotherapy
 - C. combination of prednisolone and cytostatics
 - D. combination of prednisolone and heparin
 - E. a combination of prednisolone, heparin and curantil

2. **Which of the following provisions is incorrect for the treatment of nephrotic syndrome:**
 - A. all patients with nephrotic syndrome must be prescribed cytostatics
 - B. corticosteroid therapy is prescribed
 - C. the dose of diuretics is selected depending on the effect
 - D. with severe edema and hypercoagulation, heparin is prescribed
 - E. cytostatics are prescribed according to the indications

3. **Which statement about the nephritic variant is incorrect:**
 - A. the main pathogenetic mechanism of edema is an increase in hydrostatic pressure
 - B. edematous syndrome is often moderate
 - C. main pathogenetic mechanism of edema is vascular breach penetrated Mr. spine
 - D. in the genesis of such edema hypoproteinemia is not significant
 - E. in the genesis of such edema, hypoproteinemia is essential

4. **For salt-deficient exsiccosis is characterized by:**

- A. inhibition;
- B. hyperthermia;
- C. normothermia;
- D. excitation;
- E. hypertension.

5. **Indicate the drugs used for rehydration.**

- A. 5% glucose solution
- B. lipofundin;
- C. gelatinol;
- D. alvesin;
- E. rheopolyglucin

4.4. Ensuring the educational process

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

5. Final control

5.1 . LIST OF PRACTICAL SKILLS FOR FINAL CERTIFICATION

BLOCK 1: " The most common somatic diseases in children"

1. **Emergency care for vomiting syndrome in children.**
2. **Emergency care for spasmophilia (rickets).**
3. **Emergency care for hypervitaminosis D.**
4. **Calculation of the dose of vitamin D for the prevention and treatment of rickets.**
5. **Emergency care for seizures in children.**
6. **Emergency care for hyperthermia in children.**
7. **Emergency care in acute obstructive laryngitis.**
8. **Emergency care in acute valvular pneumothorax.**
9. **Emergency care for exudative pleurisy.**
10. **Indications for use and technique of pleural puncture.**
11. **Providing emergency care for respiratory failure in children.**

12. Indications and rules of oxygen therapy.
13. Providing emergency care for asthma attacks in children.
14. Providing emergency care for asthmatic status.
15. Emergency care for cardiogenic pulmonary edema.
16. Emergency care in acute heart failure.
17. Providing emergency care for vascular insufficiency (collapse, fainting).
18. Basic rules for prescribing cardiac glycosides.
19. Emergency care in case of asthma-cyanotic attack.
20. Changes in laboratory parameters in acute rheumatic fever in children. Their role in determining the activity of the rheumatic process.
21. Emergency care for peptic ulcer disease complicated by gastrointestinal bleeding.
22. Diet therapy of children of the first year of life with malnutrition of various degrees.
23. Diet therapy for children with chronic gastroduodenitis.
24. Diet therapy for peptic ulcer disease in children.
25. Diet therapy of children with diseases of the hepatobiliary system.
26. Diet therapy for children with pyelonephritis.
27. Diet therapy for children with glomerulonephritis.

5.2 LIST OF QUESTIONS FOR THE FINAL CERTIFICATION

BLOCK 1. The most common somatic diseases in children

1. Functional dyspepsia in young children: etiology, pathogenesis, classification, clinic, diagnosis, treatment, prevention.
2. Cyclic vomiting syndrome: definition, classification (according to Roman criteria III), etiology, pathogenesis, clinic and diagnosis, treatment, prevention.
3. Colic and functional constipation in young children: etiology, pathogenesis, clinic, diagnosis, treatment, prevention.
4. Rickets. Definition, etiology, pathogenesis, classification, clinic, diagnosis, treatment. Prevention of rickets.
5. Hypervitaminosis D. Etiology, pathogenesis, clinic, diagnosis, prevention, treatment, emergency care for acute hypervitaminosis D, prognosis.
6. Protein and energy deficiency in children. Definition, classification, clinic, treatment, prevention, prognosis.
7. Acute respiratory infections of the upper respiratory tract (acute nasopharyngitis, acute pharyngitis, acute laryngopharyngitis, acute tracheitis) in children. Etiology, pathogenesis, clinic, diagnosis, treatment and prevention .
8. Acute obstructive laryngitis (croup) in children. Etiology, pathogenesis, clinic and emergency care.
9. Therapeutic measures for fever and convulsions in children with SARS.
10. Acute bronchitis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention.
11. Acute obstructive bronchitis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention.
12. Acute bronchiolitis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention.
13. Recurrent bronchitis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention.
14. Pneumonia in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention of pneumonia in children. Forecast.
15. Acute respiratory failure in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, emergency care.

16. As a born defects and chronic bronchopulmonary diseases in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention. Forecast.
17. Atopic dermatitis in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention, prognosis. Atopic march.
18. Allergic rhinitis in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment and prevention, prognosis.
19. Urticaria in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention.
20. Bronchial asthma in children. Definition. Risk factors and pathophysiological mechanisms of bronchial asthma. Classification, clinic, diagnosis, treatment and prevention of bronchial asthma in children, prognosis.
21. Asthmatic status in children. Etiology, pathogenesis, clinic, diagnosis, emergency care.
22. The most common BBC in children. Etiology, classification of heart defects, hemodynamics in the most common VVS in children (IBE defect, WFP defect, Fallot's tetrad, aortic coarctation, pulmonary artery stenosis, aortic stenosis, arterial vascular transposition and VAP).
23. Diagnosis of the most common BBC in children. Physician tactics and prognosis in the most common BBC in children. Conservative treatment. Indications for cardiac surgery.
24. Diagnosis and treatment of heart failure in children with BBC. Secondary prevention of infectious endocarditis.
25. Carditis in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.
26. Cardiomyopathies in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.
27. Cardiac arrhythmias and conduction in children: classification, causes, clinic, diagnosis, treatment, prognosis.
28. Hypertension in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
29. Acute rheumatic fever in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, primary and secondary prevention, prognosis.
30. Systemic lupus erythematosus in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
31. Dermatomyositis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
32. Systemic scleroderma in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
33. Nodular enteritis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
34. JRA: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, rehabilitation, prognosis.
35. Reactive arthropathies in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.
36. Infectious endocarditis in children: definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, primary and secondary prevention, prognosis.
37. Functional dyspepsia, abdominal pain in older children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention.

38. Gastroesophageal reflux, duodenogastric reflux in older children. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention.
39. Organic diseases of the esophagus and stomach in older children. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention.
40. With Irritable bowel function and constipation in older children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
41. Nonspecific ulcerative colitis and Crohn's disease in children. Etiology, pathogenesis, clinic, diagnosis, treatment, prognosis.
42. Oddi gallbladder and sphincter dysfunction in children. Etiology, clinic, diagnosis, treatment and prevention.
43. Etiology, clinic, diagnosis, treatment and prevention of organic diseases of the biliary system in older children.
44. Exocrine insufficiency of the pancreas in children. Definition, etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention, prognosis.
45. Acute and chronic pancreatitis in children. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
46. Urinary tract infections in children. Definition, classification, differential diagnosis of lower and upper urinary tract infections.
47. Cystitis in children. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
48. Pyelonephritis in children. Definition, etiology, pathogenesis, classification, clinic, diagnosis, treatment, prevention, prognosis.
49. Glomerulonephritis in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.
50. Chronic renal failure in children. Risk factors, etiology, pathogenesis, stages of the disease, clinic, diagnosis, treatment, prevention, prognosis.
51. Dysmetabolic nephropathy in children. Definition, classification, etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis.

"0" version of the exam ticket
Petro Mohyla Black Sea National University
Educational qualification level - master
Field of knowledge: 22 Health care
specialty 222 Medicine

Academic discipline - **PEDIATRICS**

Option № 0

1. Functional dyspepsia in young children: etiology, pathogenesis, classification, clinic, diagnosis, treatment, prevention. - **maximum number of points - 20**
2. Hypervitaminosis D. Etiology, pathogenesis, clinic, diagnosis, prevention, treatment, emergency care for acute hypervitaminosis D, prognosis. - **maximum number of points - 20**
3. Recurrent bronchitis in children. Definition, etiology, pathogenesis, clinic, diagnosis, treatment and prevention. - **maximum number of points - 20**
4. Acute and chronic pancreatitis in children. Etiology, pathogenesis, clinic, diagnosis, treatment, prevention, prognosis. **maximum number of points - 20**

Approved at the meeting of the Department of "Medical Biology and Chemistry, Biochemistry, Microbiology, Physiology, Pathophysiology and Pharmacology", the protocol № ____ from " __ " _____ 2020.

**Head of the
Department, Assoc. ЗакМ.Ю.**

**Examiner Associate Professor B.Sc. Chernyshov
OV**

**Example of final control work
Solving problems Step-2**

- 1. The child is 4 months old. Develops normally. Objectively: the right border of relative cardiac dullness is on the right parasternal line, the upper - the second rib, the left - 2 cm outward from the midclavicular line. How to interpret the results?**

 - A. Cardiomyopathy
 - B. Age norm
 - C. Pulmonary hypertension
 - D. Congenital heart disease
 - E. Hypertrophy, carditis

- 2. At the girl of 9 months at objective inspection are noted: pallor of integuments, emergence of cyanosis during restlessness. Percussion: expansion of the heart in the transverse direction. Auscultatory: to the left of the sternum in 3-4 intercostal spaces a long systolic murmur is heard, which is carried out over the whole area of the heart and on the back. What congenital heart disease can be suspected in a child?**

 - A. Pulmonary artery stenosis
 - B. Fallot's tetrad
 - C. Interventricular septal defect
 - D. Atrial septal defect
 - E. Coarctation of the aorta

- 3. In a 1-month-old boy with symptoms of arousal, the circumference of the head is 37 cm, the size of the large umbilicus is 2x2 cm. stools are normal in composition and volume. Muscle tone is normal. Which diagnosis is most likely?**

 - A. Pylorostenosis
 - B. Meningitis
 - C. Pylorospasm
 - D. Microcephaly
 - E. Craniostenosis

- 4. The child is 7 months old. Body weight at birth - 3450 g. Is on natural feeding. Feeding was introduced in a timely manner. Determine your child's daily protein needs:**

 - A. 2.0 g / kg
 - B. 4.0 g / kg
 - C. 3.5 g / kg
 - D. 3.0 g / kg
 - E. 2.5 g / kg

- 5. A 13-year-old girl complains of a rise in body temperature to 37.4 °C during the last 2 months after SARS. Objectively: thin, diffuse enlargement of the thyroid gland of the II degree, its density on palpation, exophthalmos, tachycardia. What pathological syndrome occurs in the patient?**

- A. Hypothyroidism
- B. Thyrotoxicosis
- C. Hypoparathyroidism
- D. Thymomegaly
- E. Hyperparathyroidism

6. After a conversation with the mother of a seven-month-old boy who is breastfed, the pediatrician found out that the child is fed 7 times a day. How many feedings are set for a child of this age?

- A. 7 times
- B. 6 times
- C. 3 times
- D. 4 times
- E. 5 times

And so 20 problems with the subsequent analysis of typical errors.

6. Evaluation criteria and diagnostic tools for learning outcomes

Control methods

- **Survey (testing of theoretical knowledge and practical skills).**
- **Test control.**

Current control. Testing in practical classes of theoretical knowledge and mastery of practical skills, as well as the results of independent work of students. Supervised by teachers according to the specific purpose of the curriculum. Assessment of the level of students' training is carried out by: interviewing students, solving and analyzing situational tasks and test tasks, interpreting the results of clinical-instrumental and clinical-laboratory research, monitoring the acquisition of practical skills. Current control is carried out at each practical lesson in accordance with the specific objectives of each topic.

Intermediate control. Checking the possibility of students using for clinical and diagnostic analysis of theoretical knowledge and practical skills on all topics studied, as well as the results of independent work of students. Carried out in the last lesson on the topic by passing practical skills, solving situational problems and testing.

The final control work (RCC) is carried out upon completion of the study of all topics of each block in the last , control , lesson. To the PKR students which visited all the prescribed curriculum lectures, lecture classes, completed fully independent work in the learning process gained score not less than the minimum - **in the first block of 70 points in the second - 40** (see. lower)

In order to assess the results of training in pediatrics, the **final control** is conducted **in the form of an exam, which is recommended for academic disciplines, which is part of the integrated test exams EDKI and "Step-2"**. Students who have both PKRs are admitted to the exam.

Evaluation of educational activities

In assessing the educational activities of students , preference is given to standardized methods of control: testing, structured written work, solving situational problems, structured by the procedure of control of practical skills in conditions close to real.

During the assessment of mastering each topic for the current activity of the student , grades are set on a multi-point (200-point) scale of the university, which corresponds to the ECTS scale, taking into account the approved assessment criteria for the discipline. This takes into account all types of work provided by the curriculum. The student has the right to receive a grade

on each topic. The forms of assessment of learning activities includes an tion control of theoretical and practical training.

Distribution of points received by students

In the first block , the maximum number of points for the current educational activities of the student - **120**. Accordingly, in the first block, the maximum score for each topic is: 120 points: 7 topics = **17 points**.

The minimum score for each topic is: 70 points: 7 topics = **10 points**. A score below 10 points means "unsatisfactory", the topic is not credited and must be worked out in the prescribed manner.

For PKR № 1 a student can get a maximum of **80 points**. PKR is considered credited if the student received at least **50 points**.

The second block of the maximum number of points for current educational activity of student is **80**. And the story I disease as necessarily as indi a robot and considered and assessed as a separate topic classes . Accordingly, in the second block, the maximum score for each topic is: 80 points: 12 topics = **6,7 points**.

The minimum score for each topic is 40 points: 12 topics = **3.3 points**.

For PKR № 2 a student can get a maximum of **40 points**. PKR is considered credited if the student received at least **30 points**.

At the exam, a student can get a maximum of **80 points**. The exam is considered passed if the student has scored at least **50 points**. Distribution of points on the exam - see above in the example of the exam ticket.

Assessment of student performance

Block 1 (content of the evaluated activity)	Maximum number of points
Block 1	
Section 1	
Topic 1. Rickets. Hypervitaminosis "D". Protein and energy deficiency in children	17
Topic 2. Functional gastrointestinal disorders of young children	17
Section 2	
Topic 3. Acute respiratory infections of the upper respiratory tract in children	17
Topic 4. Acute bronchitis in children	17
Topic 5. Pneumonia in children	17
Section 3	
Topic 6. Atopic dermatitis and allergic rhinitis in children. Urticaria in children	17
Topic 7. Bronchial asthma in children	17
Together	120
Final control work № 1	80
Together for block 1	200
Block 2	
Section 4	
Topic 8. The most common congenital heart defects in children	6.7
Topic 9. Inflammatory and non-inflammatory heart disease in children	6.7
Topic 10. Cardiac arrhythmias and conduction in children	6.7
Topic 11. Hypertension in children	6.7
Topic 12. Acute rheumatic fever in children	6.7

Topic 13. Systemic connective tissue diseases in children	6.7
Topic 14. Reactive arthropathy, juvenile rheumatoid arthritis	6.7
Section 5	
Topic 15. Functional and organic diseases of the esophagus and stomach in older children	6.7
Topic 16. Functional and organic diseases of the intestine and biliary system in children	6.7
Section 6	
Topic 17. Urinary tract infections in children	6.7
Topic 18. Glomerulonephritis in children. Chronic renal failure in children	6.7
Individual independent work - curation of patients and writing a medical history	6.7
Together	80
Final control work № 2	40
Together for block 2	120
Final control (exam)	80
THE AMOUNT OF POINTS PER BLOCK	200

Evaluation criteria

Students' knowledge is assessed from both theoretical and practical training according to the following criteria:

16-17 points for the topic in the first block, 6.7 points for the topic in the second block, 71-80 points for PKR № 1, 38-40 points for PKR № 2 and 71-80 points for the exam ("excellent" in the national scale, and on the ECTS scale) - the student correctly answered 90-100% of the tests of the Step-2 format. Correctly, clearly logically and fully answers all standardized questions of the current topic, including questions of a lecture course and independent work, or an exam ticket. Closely connects theory with practice and correctly performs practical work with writing a conclusion on the results. Freely reads the results of laboratory tests, solves situational problems of increased complexity, is able to summarize the material, has the methods of laboratory tests to the extent necessary.

13 -1 5 points for the topic in the first block, 5-6 points for the topic in the second block, 61-70 points for PKR № 1, 35-37 points for PKR № 2 and 61-70 points for the exam ("good" for national scale, B and C on the ECTS scale) - the student correctly answered 70-89% of the Step-2 tests. Correctly and essentially answers the standardized questions of the current topic, lecture course and independent work or exam ticket. Demonstrates performance (knowledge) of practical skills. Correctly uses theoretical knowledge in solving practical problems. Is able to solve easy and medium situational problems. Has the necessary practical skills and techniques to perform them in excess of the required minimum.

10 -12 points on the subject in the first block, 3.3 -4 grade and by subject in the second block, 50-60 points on PKR number 1, 30-34 PKR points to number 2 and 50-60 score on the exam ("satisfactory »On the national scale, D and E on the ECTS scale) - the student correctly answered 50-69% of the tests of the Step-2 format. Incomplete, with the help of additional questions, answers standardized questions of current activity, lecture course and independent work or exam ticket. Not can independently build a clear, logical answer. During the answer and demonstration of practical skills, the student makes mistakes. The student solves only the easiest problems, has only a mandatory minimum of research methods.

Less than 10 points on the subject in the first block of 3.3 point while on the topic of the second block, 50 points on PKR number 1, 30 points on PKR number 2 and 50 points on the exam ("unsatisfactory" on the national scale, Fx and F for ECTS scale) - the student correctly answered less than 50% of the tests of the Step-2 format . Does not know the material of the current topic or questions of the exam ticket, can not build a logical answer, does not answer additional questions, does not understand the content of the material. Makes significant, gross mistakes when answering and demonstrating practical skills .

Criteria for assessing medical history

Assessment history as a compulsory individual student work , going pro at it with that in the process of individual work with the student teacher.

A score of 6.7 points ("excellent" on the national scale, and on the ECTS scale) is given if the student conducted a complete clinical examination of a sick child, described its results, correctly assessed the clinical condition of the patient, clinical changes in organs and systems, laboratory results and instrumental methods of examination, correctly determined the clinical diagnosis according to the classification of diseases and substantiated it, fully made a differential diagnosis, prescribed a complete and correct treatment, correctly determined the prognosis and means of its prevention.

A score of 5-6 points ("good" on the national scale, B and C on the ECTS scale) is given if the student has a complete clinical examination of a sick child, but made inaccuracies in assessing the clinical condition, laboratory and instrumental methods of examination, correctly determined the clinical diagnosis and substantiated it, did not make a full differential diagnosis, prescribed the right treatment, but not in full or with minor errors.

Score 3.3-4 points ("satisfactory" on the national scale, D and E on the ECTS scale) is given if the student made some mistakes in assessing the clinical condition of the patient, the results of clinical, laboratory and instrumental examination, diagnosis and justification , treatment or determining the prognosis of the disease.

A score of less than 3.3 points ("unsatisfactory" on the national scale, Fx and F on the ECTS scale) is given if the student has made significant errors in the analysis of clinical condition, results of clinical, laboratory and instrumental examination of a sick child, failed diagnosis, proper treatment.

The work is considered completed if the student receives a positive assessment in writing and defending a medical history.

7. RECOMMENDED LITERATURE

Basic

- 1. Children's diseases. For order. VMSidelnikov, VVBerezhny. K.: Здоров'я, 1999. - 734 с.**
- 2. Childhood medicine. Edited by PS Moshchych.- K .: Health, 1994. - Vol. 1 - 4. - 2350 p.**
- 3. Maidannik VG Pediatrics. Textbook (2nd edition, corrected and supplemented). - Харьков: Фолио, 2002. - 1125 с.**
- 4. Shabalov NP Children's diseases. Textbook.-Peter-Com, St. Petersburg, 2002.- 1080 p.**
- 5. Nelson textbook 18th Edition by Robert M. Kliegman, MD, Richard E. Behrman, MD, Hal B. Jenson, MD and Bonita F. Stanton, MD. Publisher: SAUNDERS**

Optional

- 1. Aryaev ML, Volosovets AP, Kotova NV, Starikova AA, Kononenko NA Pulmonology of children's age - Kiev: Health, 2004. - 608 p.**
- 2. Belozarov Yu.M. Pediatric cardiology. - M .: Medpress-inform. - 2004. - 600 p.**

3. Belokon NA, Kuberger MB Cardiovascular diseases in children. In 2 volumes.- M.: Medicine, 1987.- 928 p.
4. Vozyanov AF, Maidannik VG, Bidny VG, Bagdasarova IV Fundamentals of pediatric nephrology.- K.: Book plus, 2002.- 348 p.
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