

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  
Shchenko NM

“ ”  2021 year

CURRICULUM WORK PROGRAM

General practice - family medicine

Developer	Zack M.U
Head of the Department of	Zack M.U
Developer	
Guarantor of the educational	Klymenko MO
program	
Director of the Institute	Grishchenko GV
Chief of EMD	Shkirchak SI



### 1. Description of the discipline

Characteristic	Characteristics of the discipline	
General Practice - Family Medicine Names of the Discipline	22 "Health Protection".	
Specialty 222 "Medicine".	Specialization (if any)	
Educational program Medicine	Degree of Higher Education Master	
Course Status Vibrant	Course number 6	
School year 2020-2021		
Semester numbers: Daytime form Correspondence form	11th, 12th	
Total number of ECTS credits/hs 3.0 credits (1.5/1.5) / 90 (45/45)	Course structure:	
- lectures	- practical classes	
- Student self-study work full-time form	-	
44.5 (20/24.5)	46 (22/24)	Заочна форма
Class time commitment 49%	Teaching language: eng	
Form of control (if any) ASSESSMENT for the 11th semester	Form of results-based control Differentiated examination - 12th semester	
Characteristic	Characteristics of the discipline	Заочна форма
General Practice - Family Medicine Names of the Discipline	Knowledge area 22 "Health Protection".	
Specialty 222 "Medicine".	Specialization (if any)	
Educational program Medicine	Degree of Higher Education Master	
Course Status Vibrant	Course number 6	
year 2021-2022		

## 1. Purpose, tasks and planned learning outcomes

The purpose of teaching / studying the discipline "General Practice - Family Medicine" is for students to master the methods and techniques of clinical examination of the patient, the peculiarities of professional communication between doctor and patient, subjective and objective manifestations of diseases (symptoms and syndromes), causes and mechanisms 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.

**Learning objectives:** acquisition by the student of competences, knowledge, abilities and skills for realization of professional activity on a specialty with:

- 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
  - 1) interpretation of the relationship between the patient's complaints and a preliminary assessment of the affected system of the adult and child population
  - 2) generalization of results of interrogation and inspection of sick adults, children and distinction on their basis of the main symptoms and syndromes
- 3) analysis of the results of laboratory and instrumental studies of the affected systems
  - 1) 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.
  - 2) providing emergency medical care at the pre-hospital stage of treatment in a family outpatient clinic
  - 3) 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 a 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 the general methodological approaches to clinical examination of adults and child population
  - 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 specialist 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 records 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 PCB;
- 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 methods of 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(*OIII*) and focused on formation competencies:

**common (3K) – 3K3-3K5, 3K8 *OIII*:**

- 3K3. Knowledge and understanding of the subject area and understanding
- 3K4. Ability to adapt and act in a new situation.
- 3K5. Ability to make an informed decision; work in a team; interpersonal skills.
- 3K8. Definiteness and perseverance in terms of tasks and responsibilities.

**Professional *pc* –1 –7, 11, 13, 14, 16 - 18 :**

1. Patient interviewing skills
2. Ability to determine the required list of laboratory and instrumental studies and evaluate their results.
3. Ability to establish a preliminary and clinical diagnosis of the disease.
4. Ability to determine the required mode of work and rest in the treatment of diseases.
5. Ability to determine the nature of nutrition in the treatment of diseases.
6. Ability to determine the principles and nature of disease treatment.
7. Ability to diagnose emergencies.
11. Skills to perform medical manipulations.
13. Family planning counseling skills.
14. Ability to carry out sanitary and hygienic and preventive measures.
16. Ability to determine the tactics of management of persons subject to dispensary supervision.
17. Ability to conduct a performance examination.
18. Ability to keep medical records.

According to the educational-professional program, the program learning outcomes are expected ***PLO 2, PLO 3, PLO 8, PLO 11, PLO 13- PLO 18, PLO 22, PLO 23, PLO 25, PLO 28, PLO 30, PLO 32, PLO 33, PLO 35, PLO 41 OIII***:

***PLO 2*** : His mother specialized in conceptual knowledge, acquired in the process of learning. Be able to solve complex problems and problems that affect professional activity. It is clear and unknown that the representatives of their own results check, know and explain that they are justified, to specialists and non-specialists. Responsible for making decisions in difficult circumstances

***PLO 3***: Have deep 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.

PLO 8: Have deep 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.

IPPH 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 the interview with the patient, according to the standard scheme of the patient's survey. 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 cardiovascular system (examination and palpation of the heart area and surface vessels, recognition of percussion intervals of the heart and vessels, auscultation of the heart and vessels);
- - examination of the respiratory organs (examination of the thoracic cavity and upper biliary tract, palpation of the thoracic cavity, 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 data calculation of fetal weight and auscultation of its heartbeat**

- PIPH 13. -In the conditions of the health care institution, its subdivision and among the adjoined population:

To be able to identify and record the leading clinical symptom or syndrome (according to list

1) by making an informed decision, using the patient's anamnesis, physical examination data, knowledge of the person, his/her organs and systems, and adhering to the relevant ethical and legal standards.

Be able to determine the most significant or syndromic diagnosis of the disease (according to list 2) by making an informed decision, by means of comparison with standards, using the previous history of the patient and the patient's examination data, on the basis of the leading clinical symptom or syndrome,

Using the knowledge about the person, his/her organs and systems, respecting relevant ethical and legal

- PIPH 14. Under the conditions of the health care institution, its subdivision:

- Perform laboratory and/or instrumental examination of the patient (according to list 4) by making an informed decision, on the basis of the most significant or syndromic diagnosis, according to standard schemes, using knowledge of the person, his/her organs and systems, following the relevant ethical and legal norms.

- Perform differential diagnostics of diseases (according to list 2) by taking a well-grounded decision, according to a certain algorithm, using the most highly significant or syndromic diagnosis, Laboratory and instrumental examination of the patient, knowledge of the human being, its organs and systems, and respecting relevant ethical and legal norms.

- Establish an initial clinical diagnosis (in list 2) by taking a well-grounded decision and logical analysis, using the most highly significant or syndromic diagnosis, laboratory and instrumental examination of the patient, findings of differential diagnostics, knowledge of the human being, its organs and systems, following the relevant ethical and legal standards.

- PPH 15. To determine the necessary mode of work and rest during treatment of the disease (according to list 2), in a health care facility, at home with the patient as well as at the stages of medical evacuation, including. In Polish conditions, on the basis of the preceding clinical diagnosis, using knowledge about the person, his or her organs and systems, and complying with relevant ethical and legal norms, by accepting

The decision is based on the existing algorithms and standard schemes.

- PPH 16. Determine the necessary treatment nutrition when treating the disease (according to list 2), in a health care facility, in the patient's home and at the stages of medical evacuation, including in polite conditions based on the preceding clinical diagnosis. 2) in a health care institution, at the patient's home or in the patient's room during the medical evacuation stages, including in polite conditions on the basis of the preceding clinical diagnosis, using knowledge about the person, his or her organs and systems, and following the relevant medical, mathematical and legal rules.

ethical and legal norms, by taking a substantiated decision according to the current algorithms and standard schemes.

- PPH 17. Determine the nature of treatment (conservative, operative) of the disease (according to List 2), in a health care facility, in the patient's home and in the stages of medical evacuation, including. In Polish conditions on the basis of the preceding clinical diagnosis, using knowledge about the person, his/her organs and systems, adhering to appropriate ethical and legal norms, by taking a decision based on the existing algorithms and standard schemes. To determine the principles of treatment of the disease (according to List 2), in the conditions of the health care institution, at the patient's home and at the stages of medical evacuation, including In these conditions, using the preceding clinical diagnosis, using knowledge about the person, his or her organs and systems, and complying with relevant ethical and legal rules, by accepting

The decision is based on the existing algorithms and standard schemes.

- PPH 18. Determine the diagnosis (list 3) by making a informed decision and assessment of the person's condition, under any circumstances (at home, on the street, in a health care facility, in its subdivisions), including Under extraordinary circumstances, in polite conditions, with lack of information and limited time, using standardized methods of physical examination and possible anamnesis, knowledge about the person, his/her organs and systems, following proper ethical and legal standards.

- PPH 22. Perform medical manipulations (according to list 5) in a medical facility, at home or in the workplace on the basis of the previous clinical diagnosis and/or the patient's condition indicators, Using knowledge of the human being, its organs and systems, adhering to appropriate ethical and legal norms, by making a informed decision and using standard methods.

- PPH 23. Under the conditions of the medical treatment facility on the basis of anamnestic data, general examination, bimanual, external and internal obstetric examination of the wartime and maternity, using knowledge of the human being, its organs and systems, respecting appropriate ethical and legal standards, by making a reasoned decision, using a standard procedure:

- - Evaluate the general state of the wartime, labor and childbirth;
- - Determine the timing of the pregnancy;
- - Determine the prenatal period and fetal weight;
- - Determine pelvic dimensions of the female pelvis;
- - Determine and assess the fetal topography in the uterus
- - Determine the tactics for managing your pregnancy;
- - Determine and evaluate the condition of the fetus during utero pregnancy;
- - Determine the tactics for the management of pregnancy;
- - Evaluate the general state of the newborn;
- - Evaluate the postpartum state;
- - Determine the state of uterine involution;
- - To provide rational treatment for pregnant women, children of the first year of life and children with stunted growth, and premature babies;

- Evaluate the state of lochia and lactation.

PIPH 25. Formulate, under the conditions of the institution of health protection, its division in the industry, using a generalized procedure for assessing the health status of people, knowledge about people, their bodies and systems, by adhering to appropriate ethical and legal norms, by taking a decision based on them, among the fixed population: Dispensary groups of patients; groups of healthy people subject to dispensary supervision (newborns, children, adolescents, pregnant women, representatives of professions that have to undergo obligatory dispensary supervision).

PIPH 28. Organize the conduct of secondary and tertiary prophylactic measures among the enrolled population, using a universal procedure for assessing the health status of the people (screening, preventive medical examination, Applying for medical help), knowledge about the person, his or her organs and systems, respecting relevant ethical and legal standards, by adopting a grounded decision, under the conditions of the health care facility, in particular:

form groups of dispensary supervision;

organize treatment and rehabilitation activities differentiated by the dispensary group.

- PIPH 30. Under the conditions of the health care institution, its department: detection and early diagnosis of infectious diseases (according to the list<sup>2</sup>); primary preventive measures in the midst of infectious diseases.

- PIPH 32. In a health care facility or at the patient's home, based on the received data on the patient's health status, using standard schemes, using knowledge of the person, his/her organs and systems, following the relevant ethical and legal norms, by making a substantiated decision:

Determine the tactics of examination and secondary prevention of patients who are subject to dispensary supervision;

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

Calculate and prescribe the necessary nutritional products for children of the first year of life.

- PIPH 33. Determine the presence and degree of disability, type, degree and duration of disability by drawing up the appropriate documents, under the conditions of the health care facility on the basis of the data on the disease and its course, the specifics of the professional activity of the person.

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

- Screening for the most important non-infectious diseases;

- Evaluate in dynamics and in comparison with average statistical data the indicators of morbidity, including chronic non-infectious diseases, mortality, integrated health indicators;

- Identify risk factors for the occurrence and reversal of diseases; form the risk groups of the population.

- PIPH 41. Under the conditions of the health care institution or its subdivision according to standard methods:

- to conduct the selection and use unofficial clinical protocols for the provision of medical care, which were developed on the basis of evidence-based medicine;

- Participate in the development of local protocols for the provision of medical care;

- - Control the quality of medical care on the basis of statistical data, expert evaluation and data from sociological research using indicators of the structure, process and results of activity;
- - Identify the factors that interfere with the improvement of the quality and safety of medical care.

### **1. Program of the educational discipline**

**The organization of the educational process is carried out according to the European Credit Transfer and Accumulation System (ECTS).**

**The program of the educational discipline consists of two blocks:**

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

##### **Sections:**

1. Modern approaches to socio-medical and organizational support for PMTCT in cities and rural areas.
2. peculiarities of the organization of medical, palliative and hospice care.
3. Use of Informatics Methods in Clinical Medicine. Family and insurance medicine in Ukraine.
4. Medical and Social Aspects of Population Health - the Basis of Preventive and Medicinal Medicine. Monitoring of the state of health.
5. Providing uncomplicated pre-hospital care in the practice of the family physician (general practitioner).

#### **BLOCK 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND SUPERVISED VISITING OF THE MOST WIDESPREAD PEDIATRIC PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

##### **Sections:**

Chapter 1: Differential Diagnostics of the Most Widespread Diseases of the Respiratory System in Children. Non-directive support for the main non-directive conditions.

Chapter 2: Differential Diagnostics of the Most Widespread Diseases of the Blood Circulatory System in Children. Non-directive support for the main non-directive conditions.

Chapter 3: Differential Diagnostics of the Most Widespread Diseases of the Disease System in Children. Non-directive support for the main non-directive conditions.

Chapter 4: Differential diagnostics of the most widespread diseases of the urinary system in children. Non-directive aid for the main non-directive conditions.

Chapter 5. Supervision of healthy and sick children in a clinic setting. Non-emergent care for the main non-emergent conditions. Counseling in the context of non-viral illness.

## BLOCK 1. TOPICAL ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE

### *Section 1*

#### *Current Approaches to Social and Medical and Organizational Support for ПМЦД*

#### **Specific objectives:**

- To clarify the place of family medicine in the general health care structure;
- Explain the basic model of ПМЦД;
- Explain the principles of family care - continuity of medical care;
- Characterize the main functions of the family physician - ability to communicate with the patient and his family and solve their socio-medical problems;
- Analyze the indicators of the necessary accounting medical documentation of the institutions of family medicine.

**Theme 1:** The place of family medicine in the general structure of health care. Organization of the work of the family physician.

The principles of organization of the current system of PMTCT and its disadvantages. Basic Principles and Benefits of the New PMTCT Model. The feasibility of the transition from hospital-territorial provision of medical care to family medicine. Principles of family-based care for the population - continuity of medical care. Basic accounting medical documentation in family medicine institutions. The main functions and content of the work of the family physician.

Specific features of the work of the family physician and hospital therapist. Peculiarities of the family therapist's communication with the patient and his/her parent. Psychogenic, deontological aspects of family therapist activity. Medical and social problems of the family.

#### *Table of Contents Section 2.*

#### *Peculiarities of organization of medical, palliative and hospice care.*

#### Specific Objectives:

After completing the study of the curriculum, students will know:

- Formation and development of the idea of hospice work and palliative care;
- The notion of the death process (phase) and death;
- The concept of a "non-viral disease";
- Characteristics of an incurable patient;
- The concept of quality of life of a patient with a nonviral disease and his or her relatives;
- ways of communication with a nonviral patient and his/her relatives
- The forms of organization of PCD;
- The concept of pain management and other disabling symptoms;
- The principles of the team approach in PCD;
- Psychological and spiritual aspects of PCD;
- ethical and legal problems of the PCD;
- The notion of emotional burnout syndrome, prevention methods;

**Theme 2:** Counseling in the context of involuntary illness and near-death experiences. The concept of counseling and its ethical principles. Counseling skills.

Diagnose non-viral disease, the thermal state and its phases. Diagnose and treat pain syndrome with a wide range of modern pain relief technologies. Perform diagnosis, treatment of other significant symptoms (vomiting, sciatica, etc.), that accompany non-villicular condition.

**Theme 3:** Organizing medical care for the incurable patients. Care, methods of palliative treatment of the main symptoms and syndromes.

Calculate the dose of analgesic drugs and write appropriate prescriptions. Keep records of potent and narcotic drugs in accordance with current legislation. Carry out reanimation measures for those who are not emotionally ill.

**Theme 4:** Clinical classification of pain. Mechanism of occurrence of pain in nonviral patients. Principles of treatment of chronic pain syndrome, modern treatment schemes. Invalid condition in the context of nonvillicular disease and near death.

Provide psychological support to non-villainly ill people and their relatives during the illness and the period of grief. Apply the rules of conduct for the deceased person in accordance with the law. Observe bioethical and legal norms during the provision of PHC. Consult with incurable patients and their loved ones on medical and non-medical care during nonviolent illness, including care, food, social, legal and spiritual support, etc.

**Theme 5:** Principles of the multidisciplinary approach to working with incurable patients and their relatives. Repeating bad news. The notion of emotional burnout syndrome, methods of prevention. Working in a multidisciplinary team. Apply methods of prevention of emotional burnout syndrome and fight against its consequences.

### **The section 3**

#### **Use of Informatics Methods in Clinical Medicine. Family and insurance medicine in Ukraine**

Specific objectives:

- Interpret the general characteristic of the directions of practical use of medical informatics.
- Analyze the data of automated clinical examination.
- To analyze the data of telemetric monitoring of functional indicators of patients with cardiovascular diseases (rhythm disturbances, ischemic heart disease, arterial hypertension, etc.).
- Approve these screening methods (AT measurement) in order to study the influence of certain risk factors on the development and course of arterial hypertension.
- Relate the obtained data of telemetric monitoring of the health status of the population with the aim of improving the indicators of work performance of the family physician.
- Interpret the concept of "medical insurance", "insurance medicine" - the goals and objectives;
- To identify the components of health insurance, and know the duties and rights of the subjects of insurance;
- to learn the activities of the family physician in the conditions of insurance medicine in Ukraine.

**Theme 6:** Fundamentals of information support for the clinic, outpatient clinic of the family physician.

Automated management systems for primary care. Automated systems for the examination and rehabilitation of patients. Automated systems for analyzing the results of functional examinations. Implementation of telemedicine in the practice of the family physician. The feasibility of introducing the screening method into the practice of family medicine. Introduction of new technologies in the delivery of medical services on the basis of evidence-based medicine.

**Theme 7:** Structure of medical insurance, activity of family physician in the conditions of insurance medicine.

The procedure of medical insurance. The structure of the SMSD insurance policy. The economic essence of insured medicine. Sources of financing insurance medicine. The patient's rights to free choice of doctor under medical insurance. Organization of the doctor's work in state and non-state health care institutions. Problems of implementing insurance medicine in Ukraine. Organization of quality control for different types of insurance.

**Table of Contents Section 4.**  
**Medical and social aspects of public health - the basis of preventive and curative medicine.**

**Specific objectives:**

- To master the basic principles of medical and preventive assistance to the population of Ukraine.
- To be able to assess the state of health.
- To analyze the significance of risk factors and know their classification.
- Identify early signs of the main clinical syndromes during preventive examinations and conducting medical examinations.
- To master the methodology of making outpatient programs for the most widespread therapeutic diseases (cardiovascular, bronchial and pulmonary, cranial cavity organs, the liver and visceral system, musculoskeletal system and blood diseases) and conducting an examination of incompetence.

**Theme 8:** Medical and Social Aspects of Population Health. The role of the family physician in popularizing a healthy way of life, prevention and medical check-ups.

The concept of health, prognosis, disease. Functional clinical syndromes in the practice of the family physician. The ability to determine the state of health, to create a medical and social passport of health. General principles of health improvement. Risk factors of disease occurrence, their exacerbation and complications, fight against risk factors. Primary and secondary prevention. Modern views on prophylaxis and clinical examination, taking into account the assessment of the health status, age, the state of the individual and identification of risk factors.

**Theme 9:** Organization of post-operative therapeutic care for the most common diseases of the therapeutic profile.

Relationship between the family physician and the secondary and tertiary levels of medical care. Indications and contraindications for the management of patients in outpatient settings (first level), day care centers, organization of residential care at home. Influence of the family on the process of care and reducing the risk of developing pathological conditions.

Conducting long-term follow-up of patients after their hospitalization and rehabilitation in outpatient settings. Carrying out medical and social examinations of disability in the outpatient setting.

Application of the elaborated program of family problems management, taking into account the existing risk factors, assessment of the psychological state and family health, conducting prevention, early diagnosis, treatment and rehabilitation when a functional and organic pathology of the therapeutic profile is detected.

**Table of Contents Section 5.**

**Providing non-emergency pre-hospital care in the practice of the family physician.**

**Specific objectives:**

- Know the organization and content of the work of the institutions of emergency medical care.
- 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 non-emergency medical care in the practice of the family physician.
- Be able to carry out cardio-legal reanimation: renewal of the airways, treatment of arrhythmias, defibrillation.
- Know how to stop external bleeding.
- Know the doses, indications and contraindications for the use of basic medicines.
- Identify the cases that require urgent medical assistance from a family doctor (mental disturbance, heart attack, pain, pain in the back, bleeding, psychomotor trauma, bites, fire, electrical injuries, drowning, trauma, low and high temperatures).

**Theme 10.** Organizing the provision of non-emergency medical care in the practice of the family physician. Non-Acute Care by a Family Physician in Case of an Accidental Death on the Pre-Hospital Stage

Basic Principles and the Role of the Family Physician in Providing Non-Acute Care in the City and Village.

The need for timely medical care to reduce legality and inovalizatsii - the final decrease in costs to the budget of the state. Frequency of rapt death in the general structure of mortality.

Causes of death penalty. Variances of blood circulation stoppage. Additional means of investigation for determining the type of blood circulation discontinuity.

Methodology of aid for cardiac arrest, primary respiratory arrest, and traumatic death.

**Theme 11.** Invalid aid in the practice of the family physician in the pain syndrome.

Diagnose pain syndromes in different clinical situations.

Distinguish between acute and chronic pain. Conduct differential diagnosis between somatic pain and psychosomatic disorders. Diagnose pain syndrome in different clinical situations and conduct its treatment.

Methodology of care for patients with acute coronary syndrome in the pre-hospital phase.

Treatment strategy for patients with acute arterial occlusion regardless of the location of its occurrence.

**Theme 12.** Providing non-emergency care in the practice of the family therapist in cases of malpractice and loss of competence.

Sudomas and non-emergency assistance at the prehospital stage. Classification by court. Peculiarities of rendering assistance in cases of generalized and localized judgments. Provision of urgent assistance in case of loss of competence. Causes of loss of consciousness.

Topic 13. Emergency treatment in the practice of the family physician for stings, bites, electrical injuries, drowning and low and high temperatures.

Stings, bites, electrical injuries, drowning is unavoidable assistance on the pre-hospital stage. Clasifikatsiya elektroopikiv. Peculiarities of rendering aid in case of hypothermic and hyperthermic conditions.



**BLOCK 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND SUPERVISED VISITING OF THE MOST WIDESPREAD PEDIATRIC PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

**Section 1.**

**Differential Diagnostics of the Most Widespread Diseases of the Respiratory System in Children.**

**Specific objectives:**

- To identify different clinical variants and complications of the most widespread respiratory diseases in children
- Determine clinical management tactics for the most common respiratory disorders in children
- Demonstrate skills in the management of medical documentation of children with respiratory organ pathology
- Plan examinations of sick children and interpret the results in the
- The most common respiratory diseases
- Perform differential diagnosis and make an initial clinical diagnosis for the most common respiratory organ diseases Diagnose and provide emergency care for uncontrolled conditions caused by respiratory organ diseases in children.

**Theme 1:** Differential diagnosis of pneumonia in children. Pneumonia complications. Current clinical symptoms and syndromes in different clinical variants and complications of pneumonia in children. Data of laboratory and instrumental examinations at different clinical variants of pneumonia and its complications (pleurisy, abscess, pitorax, pneumothorax). Differential diagnosis of pneumonia, bronchitis and bronchiolitis in children. Establishment of the preceding diagnosis. Treatment tactics of the patient with different clinical variants of the course of pneumonia and its complications. Prevention of pneumonia and its complications in children.

**Theme 2:** Emergency treatment for acute dyspnea. Diseases most commonly associated with acute dyspnea, clinical presentation, treatment, non-competitive support.

**Theme 3:** Differential diagnosis of bronchial obstruction syndrome in children. Typical clinical symptoms and syndromes in bronchial asthma, bronchiolitis and acute obstructive bronchitis in children. Peculiarities of the course of bronchial asthma in children depending on the degree of severity and the level of control. Data of laboratory and instrumental examinations of bronchial asthma, bronchiolitis and acute obstructive bronchitis and their complications. Differential diagnosis of bronchial asthma and bronchial obstruction syndrome in children of different ages. Establishment of the preliminary diagnosis. Management tactics for different clinical variants of bronchoobstructive syndrome and its complications in children. Prevention of bronchial asthma and bronchial obstruction syndrome in children of different ages.

**Theme 4:** Emergency aid in case of an attack of jaundice. Factors that contribute to the development of asthmatic status, clinical picture of asthmatic status. Non-emergency assistance, drugs that are used for attacks of jaundice and asthmatic status.

**Theme 5:** Differential diagnosis of chronic nonspecific lung diseases. Current clinical symptoms and syndromes in chronic bronchitis, bronchiectatic disease, adverse and congenital diseases of the bronchopulmonary

Bronchocytosis, idiopathic lung hemosiderosis, primary circulatory dyskinesia, Willems-Campbell syndrome, bronchomalacia, lung aplasia and hepatoplasia,  $\alpha$ 1-antitrypsin deficiency, broncholegenic dysplasia, lung sequestrations) in children. Data of laboratory and instrumental examinations in chronic bronchitis, bronchoectatic disease, adverse and congenital diseases of the bronchopulmonary system and their complications. Differential diagnosis of chronic, adverse and congenital diseases of the bronchopulmonary system in children. Management tactics for

adverse, natural and chronic bronchopulmonary system diseases and their complications in children. Specific features of the management of patients in the thermal stage of the disease.

**Theme 6:** Prevention of adverse, natural and chronic diseases of the bronchopulmonary system in children. Factors contributing to the development of acute and chronic lung diseases, clinical picture. Non-emergent aid, drugs used in cases of poisonous attacks and asthmatic status.

## Section 2.

### Differential diagnosis of the most widespread diseases of the blood circulation system in children. Non-directive support for the main non-directive conditions in pulmonology and cardiology practice.

#### **Specific objectives :**

- To identify different clinical variants and complications of the most widespread circulatory system diseases in children
- Determine management tactics for the most widespread diseases of the circulatory system in children
- Demonstrate skills in maintaining medical records for children with blood circulation system pathology
- Planning examinations of the sick child and interpreting the results in the most common circulatory system diseases
- Perform differential diagnosis and make an initial clinical diagnosis of the most common circulatory system disorders
- Diagnose and provide urgent care for uncomplicated conditions caused by circulatory system disorders in children

**Theme 7:** Differential diagnosis of cardiomegaly in children.

Current clinical symptoms and syndromes of blood circulation system disorders in children accompanied by cardiomegaly. Clinical variants of the course and complications of myocarditis, endocarditis, pericarditis, cardiomyopathies, congenital and congestive heart defects in children. Data of laboratory and instrumental examinations in myocarditis, endocarditis, pericarditis, cardiomyopathy, congenital and swollen heart disease in children. Differential diagnosis in inflammatory and noninflammatory diseases of the circulatory system in children accompanied by cardiomegaly. Management tactics for myocarditis, endocarditis, pericarditis, cardiomyopathies, congenital and congestive heart defects in children. Treatment and prevention of chronic heart failure.

**Theme 8:** Emergency treatment for acute and chronic heart failure. Diseases that most often cause the development of heart failure, clinical picture of acute and chronic heart failure. Treatment, regimen and

Diet in patients with CH.

**Theme 9:** Differential Diagnostics of Cardiac Rhythm and Conductivity Disorders in Children. Children.

Common clinical symptoms and syndromes in extrasystole, paroxysmal tachycardia, mitotic arrhythmia, total atrioventricular blockade. Clinical variants

of the course of paroxysmal tachycardia and myotile arrhythmia in children. Data of instrumental investigations in cases of extrasystole, paroxysmal tachycardia, myotile arrhythmia, and complete atrioventricular blockade. Differential diagnosis of extrasystoles, paroxysmal tachycardia, mitotic arrhythmia and complete atrio-ventricular block.

**Theme 10.** Emergency aid in paroxysmal rhythm disturbances.

Management tactics for extrasystole, paroxysmal tachycardia, mitotic arrhythmia, total atrioventricular block in children. Prevention of cardiac rhythm disturbances and conductivity in children.

**Theme 11.** Differential diagnosis of systemic diseases of sporadic tissue and systemic vasculitis in children.

Current clinical symptoms and syndromes in juvenile rheumatoid arthritis, systemic wormovitch, acute rheumatic fever, dermatomyositis, scleroderma, Kawasaki disease, nodular poliarteritis and other systemic vasculitis in children. Clinical variants of the course and complications of systemic diseases of sporulated tissue and systemic vasculitis in children. Data of laboratory and instrumental examinations in systemic diseases of sporulated tissue and systemic vasculitis in children. Differential

diagnosis of systemic disorders of sporulation tissue in children. Differential diagnosis of arthritis in children. Management tactics of patients with systemic disorders of sporadic tissue and systemic vasculitis in children.

**Theme 12.** Prophylaxis of DZST.

Primary and secondary prevention of acute rheumatic fever in children.

**Theme 13.** Therapy of DZST.

Complex therapy for acute rheumatic fever, JIA, scleroderma, dermatomyositis, SCV.

### **Section 3.**

**Differential diagnostics of the most widespread diseases of traumatic organs in children.**

**Specific objectives:**

**- To identify different clinical variants and complications of the most widespread diseases of the traumatic system in children**

**- Determine case management tactics for the most widespread disorders of the traumatic system in children**

**- Demonstrate skills in maintaining medical documentation of patients with pathologies of the system of injuries in children**

**- Plan examinations of the sick child and interpret the results in the most widespread disorders of the trauma system**

**- Perform differential diagnosis and make an initial clinical diagnosis of the most common diseases of the trauma system**

**- Diagnose and provide urgent care for uncomplicated conditions caused by trauma in children**

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

Clinical picture, laboratory and instrumental methods of examination. Management tactics for children with functional and organ diseases of the stomach. Diagnosis of the complicated course of visceral disease of the stomach and duodenum in children, the tactics of the doctor of general practice, the provision of emergency care. Prevention of functional and organic diseases of the stomach in children.

**Theme 15.** Differential diagnosis of functional and organ diseases of the stomach and intestines in children.

Current clinical symptoms and syndromes of functional and organ diseases of the stomach and intestines in children (functional dyspepsia, disordered bowel syndrome, functional fixation, reflux disease, gastritis, ulcerative disease of the stomach and duodenum, dysaccharidic deficiency, nutritional heteropathy, celiac disease, cystic fibrosis, Crohn's disease, non-specific ulcerative colitis). Clinical and instrumental examinations and differential diagnosis of dyspeptic, abdominal pain syndrome, and gut vomiting disorder syndrome in children. Clinical variants of the course of visceral disease of the stomach and duodenum, nonspecific visceral colitis. Management tactics for children with functional and organic diseases of the stomach and intestines. Diagnosis of the complicated course of visceral disease of the stomach and duodenum in children, the tactics of a general practitioner, the provision of emergency care. Prophylaxis of functional and organic diseases of the stomach and intestines in children.

**Theme 16.** Emergency aid in children with a complicated course of visceral disease.

Clinical variants of the disease course, laboratory and instrumental examinations during differential diagnosis. Management tactics for the patient.

**Theme 17.** Differential Diagnostics of Hepatobiliary System Diseases in Children. Children.

Leading clinical symptoms and syndromes in biliary dyskinesias, acute and Chronic cholecystitis and chronic hepatitis in children. Clinical variants of the course of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children. Data of laboratory and instrumental examinations of 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. Management tactics in cases of biliary dyskinesia, acute and chronic cholecystitis and chronic hepatitis in children. Prevention of biliary dyskinesias, acute and chronic cholecystitis and

chronic hepatitis in children.

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

Management tactics for patients with biliary dyskinesias. Prevention of biliary dyskinesias, acute and chronic cholecystitis and chronic hepatitis in children.

**Section 4.**

**Differential diagnostics of the most widespread diseases of the urinary system in children. Non-directive support for the main non-directive conditions in gastroenterological and nephrological practice.**

**Specific objectives:**

- To identify different clinical variants and complications of the most widespread diseases of the urinary system in children
- Determine management tactics for the most widespread diseases of the urinary system in children
- Demonstrate skills in managing medical documentation of patients with pathologies of the urinary system
- Plan the examination of a sick child and interpret the results in the most widespread diseases of the circulatory system
- Make a differential diagnosis and make an initial clinical diagnosis of the most common diseases of the urinary system in children
- Diagnose and provide urgent care for uncomplicated conditions caused by diseases of the urinary system in children

**Theme 19.** Differential diagnosis of infectious and inflammatory diseases of the urinary system in children. Differential diagnosis of adverse diseases of the urinary system in children. Common clinical symptoms and syndromes in infectious and inflammatory diseases of the urinary system (infections of the urinary system, urethritis, cystitis, pyelonephritis), dysmetabolichnyh nephropathies, adverse tubulopathies (phosphate-diabetes, Debre-de-Thonne-Fanconi syndrome, niacidosis) and interstitial nephritis in children. Clinical variants of the course and complications of infectious and inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolic nephropathy and adverse tubulopathies in children. Data of laboratory and instrumental examinations of the most widespread infectious and inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolichnyh nephropathy and accidental tubulopathies in children. Differential diagnostics of the most widespread infectious and inflammatory diseases of the urinary system, interstitial nephritis, dysmetabolichnyh nephropathy and accidental tubulopathies in children. Management tactics for the most widespread infectious and inflammatory diseases of the urinary system and their complications, interstitial nephritis, dysmetabolic nephropathy and adverse tubulopathies in children.

Tema 20. Prophylaxis of infectious and inflammatory diseases of the urinary system in children.

Prevention of cystitis, pyelonephritis, urethritis in children.

**Theme 21.** Glomerulonephritis in children. Clinical and morphological variants of primary glomerulonephritis in children.

Differential diagnosis of acute poststreptococcal glomerulonephritis with Alport spastic nephritis, rapidly progressing glomerulonephritis, Berger's disease, etc. Nephrotic syndrome in children: differential diagnosis, complications. Clinical variants of chronic glomerulonephritis in children. Indications for nerve biopsy in children. Management tactics of an ill child in acute and chronic glomerulonephritis. Gostra nirk deficiency in children: etiology, pathogenesis, clinical and laboratory symptoms, differential diagnosis, management tactics for the affected children. Chronic Nyroid Disease in Children. Chronic Nirkov's Disease in Children: Leading Clinical and Laboratory Symptoms and Syndromes, Differential Diagnostics, Treatment and Prophylactic Tactics. Peculiarities of management of patients in the thermal stage of the disease.

**Theme 22.** Invalid aid in the case of ГПН and XXH.

**Theme 23.** Non-obligatory support in gastroenterological and nephrological practice.

Providing non-critical care for acute liver failure and complications, portal hypertension syndrome.

Non-obligatory aid in case of acute liver failure. Gostra nirkovaya insufficiency. Ekstrena booster care,

**Theme 24.** Dismetabolic nephropathies.

### **Section 5.**

#### **Dispensary care for healthy and sick children in the clinic setting. Non-obligatory support for the main non-obligatory conditions in the outpatient and clinic practice.**

#### **Specific objectives:**

**- To introduce different clinical variants and complications in the outpatient observation of healthy and sick children in the hospital**

**- Determine the tactics of children's management during outpatient observation of healthy and sick children.**

**- for healthy and sick children in the hospital**

**- Demonstrate skills in the management of pediatric medical records in the clinic**

**- Plan the examination of children and interpret the results obtained during the outpatient observation of healthy and sick children at the clinic**

**- Conduct differential diagnostics and make the preliminary clinical diagnosis for children on the outpatient visit to the clinic**

**- Diagnose and give urgent treatment to children in the outpatient clinic.**

**Theme 25. Medical monitoring of children in the first three years of life in the hospital.**

**The procedure of mandatory preventive examinations of children up to three years of age.**

The diet and nutrition of a child under three years of age. Assessment of physical and psychomotor development of the child up to three years old. General practitioner tactics for physical and neuropsychological development of children in their first three years of life. Principles of Effective Counseling. Differential diagnostics and prophylaxis of the most widespread deficit conditions (rickhit, malignant deficit anemia) in children of early age. Prophylactic treatment of children up to three years of age.

**Theme 26.** Physician's tactics in disorders of physical and neuropsychological development of young children.

**Theme 27.** The calendar of cleavages. Indications and contraindications for vaccinations.

**Theme 28.** Management tactics for children with chronic malignancies at the hospital.

Leading clinical symptoms and syndromes in children with manifestations of ills in the period of neonatal life. Clinical variants and complications of the course of neonatal ills at the polyclinical stage of observation. Data of laboratory and instrumental examinations in the diagnosis of hemolytic, con'yugation and mechanical zovytyany in newborns. Differential diagnosis of žovtjanika in newborn children. Management tactics of newborn children with symptoms of Žovtjanytsia on the hospital floor. Leading clinical symptoms and syndromes in children with perinatal pathology of the nervous system. Clinical variants of late manifestations of polovomal trauma and asphyxia of newborns. Data of laboratory and instrumental examinations in perinatal lesions of the nervous system in children. Differential diagnosis of perinatal CNS lesions in infants. Management tactics for children with perinatal CNS lesions in the clinic.

**Theme 29.** Integrated Management of Childhood Illnesses.

Strategy for Integral Management of Childhood Illnesses and its goal. General signs of insecurity of the child's condition. Assessment, classification, treatment, counseling and further monitoring of cough, respiratory disorders, dyspnea, ear problems, sore throat, fever, living disorders and anemia, presence of ILV infection in children from 2 months to 5 years old. Peculiarities of management of patients in the thermal stage of the disease. Counseling in the context of non-viral disease. Assessment, classification, treatment, counseling, and follow-up in children under 2 months of age with giardia, diarrhea, gestation problems, low body weight, extremely severe disease, and local bacterial infections.

**Theme 30.** Medical supervision of children of adolescence in the hospital.

The order of the mandatory preventive medical examinations of children of adolescent age. Dietary intake: prevention of obesity, cerebral diabetes. Evaluation of sexual maturation. Medical and psychological counseling. General practitioner tactics for vegetative dysfunctions and arterial hypertension. Differential diagnosis of primary and secondary arterial hypertension in children of juvenile age. Management tactics for patients with arterial hypertension in the hospital. Prevention of autonomic dysfunctions and arterial hypertension

in

children.

Providing uncomplicated aid in cases of hyperthermia and Sudomo syndromes, external body aspiration, allergic Quincke's blubber, anaphylactic shock, vegetative crises, hypertensive crises.

**STRUCTURE OF THE EDUCATIONAL DISCIPLINE "GENERAL PRACTICE - FAMILY MEDICINE"**

Theme	SSS	Practical exercises	INDIVIDUAL WORK
<b><u>BLOCK 1 CURRENT ISSUES IN GENERAL PRACTICE - FAMILY MEDICINE</u></b>  <b><u>Description of Section 1.</u></b> <b><u>Modern approaches to socio-medical and organizational support</u></b> <b><u>PMSD</u></b>			
<b>Theme 1: The place of family medicine in the general structure of health care. Organization of the work of the family physician.</b>	1	2	Analysis of clinical cases, work with clinical archives, preparation of a literature review of clinical cases that have difficulties in differential diagnosis and/or treatment, presentation at a clinical and/ or clinical-pathology conference.
<i>Table of Contents Section 2. Peculiarities of organization of medical, palliative and hospice care.</i>			
<b>Theme 2: Counseling in the context of involuntary illness and near-death experiences. The concept of conculturation and its ethical principles. Consulthood skills.</b>	2	2	
<b>Theme 3. Organization of medical care for the incurable patients. Care, methods of palliative treatment of the main symptoms and syndromes.</b>	2	2	
<b>Theme 4: Clinical classification of pain. Mechanism of pain occurrence in incurable patients. Principles of chronic pain syndrome treatment, modern treatment schemes. Invalid condition in the context of nonvillicular disease and near death.</b>	2	2	
<b>Theme 5: Principles of the multidisciplinary approach to working with incurable patients and their relatives. Repeating bad news. The notion of emotional burnout syndrome, prevention methods</b>	2	2	
<b>Section 3.</b> <b>Family and insurance medicine in Ukraine. Vitality</b>			

<i>of informatics methods in clinical medicine.</i>		
<b>Tema 6.</b> The structure of medical insurance, Family physician's activity in the conditions of insurance medicine. Fundamentals of information support of the clinic, outpatient clinic of the family physician	2	2
<b>Section 4. Medical and Social Aspects of Population Health - the Basis of Preventive and Medicinal Medicine</b>		
<b>Theme 7: Medical and Social Aspects of Population Health. The role of the family physician in</b> <b>The role of the family physician in popularizing the healthy way of life, prevention and medical check-ups.</b>	1	1
<b>Theme 9: Organization of medical therapeutic care for the most common diseases of the therapeutic profile</b>	1	1
<b>Section 5. Providing non-emergency pre-hospital care in the practice of the family physician.</b>		
<b>Theme 10. Organizing the provision of non-emergency medical care in the practice of the family physician. Non-obligatory care by a family physician in the event of an accidental death on the prehospital stage. Non-emergency care in the practice of the family physician for fires, bites, electrical injuries, drownings, and low and high low and high temperatures.</b>	2	2
<b>Theme 11. Principles of chronic pain syndrome treatment, modern treatment schemes. Non-involved conditions in the context of nonvillicular Disease and Near Death.</b>	2	2
<b>Theme 12. Providing non-emergency care in the practice of the family physician for Sudomas and loss of consciousness.</b>	2	2
<b>SIZE BLOCK 1, credits ECTS – 1.5</b> year in – 44.5	<b>20</b>	<b>24.5</b>
<b>BLOCK 2. DIFFERENTIAL DIAGNOSIS, EMERGENCY CARE AND SUPERVISED VISITING OF THE MOST WIDESPREAD PEDIATRIC PATHOLOGY IN THE FAMILY OUTPATIENT CLINIC</b>		



section 1			Analysis of clinical Cases, work with
<b><i>Differential diagnostics of the most widespread diseases of respiratory organs in children. Non-directive aid in case of the main non-directive conditions.</i></b>			the following are the most important aspects of the treatment of clinical cases: preparation of a literature review of clinical cases that have difficulties in differential diagnosis and/or treatment, presentation at a clinical and/ or clinical-pathology conference. Pathology and Pathology Conference.
Theme 1: Integrated Management of Childhood Illnesses.(IVCD).	-	1	
Theme 2: VLL-infection in the strategy of IVCDV	-	1	
Theme 3: Differential diagnosis of pneumonia in children.	-	1	
Theme 4: Pneumonia in children	-	1	
Theme 5. Management tactics for children with pneumonia	-	1	
Theme 6. Differential diagnosis of the syndrome Bronchial Obstruction Syndrome (BOS) in Children.	-	1	
Theme 7: Bronchial asthma in children. Diagnosis Modern treatment methods	1	-	
Theme 8: Emergency aid for acute dyspnea, an attack of the jaundice	1	-	
Theme 9: Differential Diagnostics Non-specific lung diseases (XH3JI)	1	-	
Theme 10. Bronchoectatic disease, Cystic fibrosis, chronic bronchitis	1	-	
Theme 11. Tactics for managing children with XH3JI	1	-	
Theme 12. Differential diagnosis of cardiomegaly in children.	-	1	
Theme 13. Tactics of examining children with Cardiomegaly	-	1	
Theme 14. Treatment tactics for children with diseases accompanied by cardiomegaly	-	1	
Theme 15. Differential Diagnostics of Cardiac Rhythm Disorders. Heart rhythm disorders in children.	1	-	
Theme 16. Non-emergency aid in Cardiology practice	1	-	
Topic 17. Diffusive diseases of the spolus tissue in children.	1	-	
Topic 18.UIA, gostra rheumatica fever.	1	-	
Topic 19. Systemic vasculitis	1	-	
Topic 20. Functional disorders of the SCT in Early Childhood	-	1	
Topic 21. Functional disorders of the SCT in Older Children	-	1	
Topic 22. Management tactics for children with functional diseases of the SCT	-	1	

Topic 23. Differential Diagnostics of Organic SCT diseases in young children	-	1
Topic 24. Differential diagnostics of organisms	1	-
SCT diseases in older children		
Topic 25. Non-emergency aid in the complicated course of varicose vein disease in children	1	-
Topic 26. Differential diagnostics Functional and organic diseases of the hepatobiliary system.	1	-
Topic 27. Differential Diagnostics Functional and organ diseases of the pyloric gland.	1	-
Topic 28. Modern Methods of Treatment of Functional and Organic Diseases of the Pancreas and Hepatobiliary System system	1	-
Topic 29. Differential diagnostics Infectious and inflammatory diseases of the urinary system in children.	-	1
Topic 30. Diagnostics and treatment of cystitis	-	1
Topic 31: Prevention of Infectious Diseases of the Sick and Diseases of the urinary system in children	-	1
Topic 32. Differential diagnostics Glomerulonephritis in children.	-	1
Topic 33. Principles of treatment glomerulonephritis in children.	-	1
Topic 34. Dismetabolic nephropathies	-	1
Topic 35. Tubulointerstitial nephritis	-	1
Topic 36. ГИИИ та XXH	-	1
Topic 37. Medical supervision of children up to three years of age in the clinic.	1	1
Topic 38. Differential Diagnosis of Tumors in Newborns	1	1
Topic 39. Vaccination of children, a calendar of chelators.	1	1
Topic 40. Indications and contraindications for vaccination	1	1
Topic 41. Vaccination of children with chronic diseases	1	1
Topic 42. Deficiencies in early childhood	1	1
Tema 43. BED in children	1	1
Tema 44. ZDA in children	1	1
Topic 45. Medical supervision of children in Polyclinic	1	1
Topic 46. Differential Diagnostics Arterial hypertension in children	1	-
Topic 47. Differential Diagnosis of Obesity in children.	1	-

Topic 48. Autonomic dysfunction syndrome	1	-	
--	---	---	--

Topic 49. Non-emergency support on the outpatient-polyclinic stage for anaphylactic shock	1	-	
Topic 50. Non-emergency support on the outpatient-polyclinic stage for Hyperthermia and Sudden Syndrome	1	-	
Topic 51. Prevention of Invalid Stations on the Outpatient-polyclinic	1	-	
<b>TOTAL BLOCK 2: credits ECTS – 1.5; yearin – 46</b>	22	24	
<b>TOTAL OF THE DISCIPLINE: 90 YEARS CREDITS: 3,0</b>	44	46	

#### 4. CONTENT OF THE TRAINING PROGRAMME

##### 4.1. THEMATIC PLAN OF THE PRACTICAL OCCUPATIONS

#### BLOCK 1. TOPICAL ISSUES OF GENERAL PRACTICE - FAMILY MEDICINE

№ 3/II	Topic	Number of hours
1	The place of family medicine in the general health care structure. Organization of work of the family physician.	2
2	Counselling in the context of involuntary illness and near-death experiences. The concept of counselling and its ethical Principles. Counselling skills.	2
3	Organisation of medical care for the incapacitated. Management, Methods of palliative care for the main symptoms and syndromes.	2
4	Clinical classification of pain. Mechanism of occurrence of pain in incurable patients. Principles of treatment of chronic pain syndrome, modern treatment regimen. Non-involved Conditions in the context of Nonviral disease and near-death experiences.	2
5	Principles of the multidisciplinary approach in working with incurable patients and their loved ones. Reversal of bad news. The Notion of emotional burÑout syndrome, Prevention methods.	2
6	Structure of health insurance, family physician's activity In the conditions of insurance medicine. Fundamentals of information support for the clinic, family physician outpatient clinic.	2
7	Medical and social aspects of population health. The role of the family physician in promoting a healthy lifestyle, Preventive health care and medical check-ups.	2
8	Organisation of Non-cardiac therapeutic care for the most common therapeutic diseases	2

9	Organising the provision of Non-emergency medical care in the practice of The practice of the family physician. Non-emergency follow-up care by a family physician in the event of an accidental death in the pre-hospital phase. Non-emergency care in the practice of the family physician for fires, bites, electrical injuries, drownings and exposure to low and high temperatures.	2
10	Principles of treatment of chronic pain syndrome, modern treatment regimens. Neurological conditions in the context of Non-viral disease and near-death experiences.	2
11	Providing Non-emergency care in the practice of the family physician in the case of malpractice and loss of competence.	2
	<b>Once with Block 1</b>	<b>24,5</b>

**BLOCK 2. DIFFERENTIAL DIAGNOSIS, NON-EMERGENCY SUPPORT AND FOLLOW-UP CARE FOR THE MOST COMMON PAEDIATRIC PATHOLOGIES PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

<b>Topic</b>	<b>Number of hours</b>
Topic 1. Integrated management of childhood diseases (IHDV).	1
Topic 2. HIV-Infektion in IHDV-Strategie	1
Topic 3: Differential diagnosis of pneumonia in children. Management tactics for children with pneumonia	2
Topic 4: Pneumonia in children	1
Topic 5: Differential diagnosis of bronchial obstruction syndrome (BOS) in children.	1
Topic 6: Differential diagnosis of cardiomegaly in children.	1
Topic 7: Examination tactics for children with cardiomegaly Treatment tactics for children with cardiomegaly-related diseases	1
Topic 8: Functional disorders of the SCT in young children. Functional SCT disorders in older children	1
Topic 9. Management tactics for children with functional disorders of the SCT. Differential diagnosis of organ diseases of the SCT in young children.	1
Topic 10. Differential diagnosis of infectious and inflammatory diseases of the system in children.	1
Topic 11. Diagnosis and treatment of cystitis. Prevention of infectious and inflammatory diseases of the urinary system in children	1
Topic 12. Differential diagnosis of glomerulonephritis in children. Principles of treatment of glomerulonephritis in children.	1
Topic 13. Dismetabolic nephropathies. Tubulointerstitial nephritis. Nephrotic nephritis and CPN.	2
Topic 14. Medical supervision of children under three years of age in a polyclinic.	1
Topic 15. Differential diagnosis of ills in newborns	1

Topic 16. Vaccination of children, calendar of vaccinations. Vaccination of children with chronic diseases	2
Topic 17. Indications and contraindications for vaccination	1
Topic 18. Deficiencies in young children	1
Topic 19. BEN in children. Medical supervision of adolescents in the clinic	2
Topic 20. MDAs in children	1
<b>Once with Block 2</b>	<b>24</b>

**SOMETHING FOR TWO BLOCKS (practical occupation, hour.) - 48 years.**

#### 4.1. THEMATIC PLAN FOR STUDENTS' SELF-STUDY

№ 3/II	Topic	Number of hours
<b>BLOCK 1. CURRENT ISSUES IN GENERAL PRACTICE - FAMILY MEDICINE</b>		
1	Preparing for practical exercises - theoretical training and Practical skills training	8
2	Preparing and writing a case history	4
3	Preparing for the pre-summer module control	4
4	Individual work: <ul style="list-style-type: none"> <li>• Reporting an abstract at the practical training session.</li> <li>• Reporting at the clinical conferences of the departments' bases.</li> <li>• Completion of the history of the disease in the practical lesson.</li> <li>• Writing theses, articles</li> </ul>	4
<b>Once with Block 1</b>		<b>20</b>

№ 3/II	Topic	Number of hours
<b>BLOCK 2. DIFFERENTIAL DIAGNOSIS, NON-EMERGENCY SUPPORT AND FOLLOW-UP CARE FOR THE MOST COMMON PAEDIATRIC PATHOLOGIES PATHOLOGY IN A FAMILY OUTPATIENT CLINIC</b>		
1	Preparing for practical exercises - theoretical training and Practical skills training	8
2	Preparing and writing a case history	6
3	Preparing for the pre-summer module control	4
4	Individual work: <ul style="list-style-type: none"> <li>• Reporting an abstract at the practical training session.</li> <li>• Reporting at the clinical conferences of the departments' bases.</li> <li>• Completion of the history of the disease in the practical lesson.</li> <li>• - Writing theses, articles</li> </ul>	4
<b>Once with Block 2</b>		<b>22</b>

**Together with the discipline (one hour of self-study) - 42 hours**

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

- 1.The subject and objectives of general medicine (family medicine). History of development. The main directions of development.
- 2.Current understanding of the structure of PMDS.  
Family physician's work features. Principles of family care. Accounting documentation in family medicine.Organization of the family therapist.The functions and scope of work of the family therapist.
- 4.Deontology and ethics of the family physician's relationship with the patient and family.
- 5.Addressing the socio-medical problems of the family.Assessment of performance indicators.
- 6.Family and insurance medicine in Ukraine.
- 7.Organization of quality control of various types of insurance.
- 8.Structure of Insurance Policies in PMTCT. 9.
- 9.Current methods of information support for family physician outpatient clinics.
- 10.The implementation of telemedicine in the practice of the family physician.
11. Screening method in family medicine.
- 12.Main principles of evidence-based medicine.
- 13.The concept of health, prognosis, and disease.
- 14.Functional clinical syndromes in the practice of the family physician.
- 15.General principles of health promotion.
- 16.Classification and importance of risk factors.
- 17.Current views on prevention, medical check-ups.
- 18.Indications and contraindications for outpatient treatment.
- 19.Benefits of medical care in day care centres.
- 20.Indications for the management of patients in the home, the organization of the hospital at home.
- 21.Carrying out medical and social and labour examinations in outpatient settings.
- 22.Compiling a family tree.
- 23.Composition of a step-by-step programme for the prevention of diseases in the family.
- 24.Providing Non-emergency care for the pre-hospital phase of the practice of the family physician.
- 25.Principles and the role of the family physician in the provision of Non-emergency care in the city and in the village.
- 26.Causes of rapt death.
- 27.Treatment of cardiac arrest.
- 28.Treatment of primary external respiratory dysfunction.
- 29.Provision of care for acute coronary syndrome in the preoperative phase.
- 30.Classification of the court.
- 31.Peculiarities of assistance in generalized and localized cases.
- 32.Causes of loss of competence.
- 33.Provision of emergency medical aid for loss of competence.
- 34.Providing Non-emergency care for rhythm disorders.
- 35.Providing Non-emergency pre-hospital care for asthmatic status.
- 36.Providing Non-emergency care for fires, bites.
- 37.Providing Non-emergency care for electrical injuries.
- 38.Providing Non-emergency care for drowning.

39. Emergency treatment for low and high temperatures. Role of family physician in implementing the national programmes of Ukraine on combating arterial hypertension, cerebral diabetes.
40. Acquaintance with skills of health establishment, early detection of deviations from the Norm and early diagnostics of diseases.
41. Planning of health screening and monitoring.
42. Training on how to manage patients in outpatient settings.
43. Identify the presence of basic clinical symptoms and syndromes during initial contact with the patient.
44. To be able to collect the history of the disease, life, insurance history, epidemiological history.
45. Application of physical examination methods: general examination, percussion, auscultation and palpation of organs to detect general and specific signs of diseases. External and internal obstetric examinations.
46. Conduct a differential diagnosis, know how to treat the most common diseases of the therapeutic profile.
47. Determination of the required volume of indications and contraindications to laboratory, instrumental, instrumental examinations. Organization of immediate execution and knowledge of the rules of preparation of the patient to the examination. Interpretation of the results of examinations of blood, liver, feces, dyspiroptic fluid, acid-ionic balance, the data of functional studies of respiratory organs, blood circulation, poisoning, liver, nerve and other organs and systems, ultrasound and radiological examinations.
48. Establishment of clinical diagnosis, identification of tactics for the conduct of the patient.
49. Evaluation of the plan and indications for medical or surgical treatment of the patient taking into account his condition. Identification of indications for hospitalization of patients and its organization. Organization of hospitalization in the home. Implementation of rehabilitation methods.
50. Prevention of diseases and analysis of the effectiveness of medical treatment.
51. Organization of sanitary and educational work to promote a healthy way of life.
52. Know how to conduct prophylactic measures for vaccination.
53. To be able to fill in and analyse the accounting documentation of family medicine institutions.
54. Communicate with the patient and parent.
55. Develop plans for the management of patients in the context of insured medicine.
56. To be able to analyse the data of the automated examination.
57. To be able to analyse the data of telemetric monitoring of functional indicators of patients with cardiovascular diseases (rhythm disturbances, ischemic heart disease, arterial hypertension).
58. To be able to create outpatient management programmes for the most common diseases of the cardiovascular system.
59. To be able to write outpatient management programs for the most common diseases of the bronchopulmonary system.
60. To be able to write outpatient management programs for the most common diseases of the traumatic system.
61. To be able to create outpatient management programmes for the most common diseases of the sore throat and visual system.
62. To be able to write outpatient management programmes for the most common diseases of the musculoskeletal system.
63. To be able to write outpatient management programmes for the most common blood disorders - anaemia.
64. Collaboration of family physician with secondary and tertiary levels of care.
65. Carrying out medical and social and labour examinations of inactivity in outpatient settings. Completion of the necessary documents for the LRC and medical and social expert committee.



66. The implementation of the family problem-solving programme.
67. Counselling in the context of Non-violent illness and near-death experiences. The Notion of counseling, skills of counseling, ethical principles. Care and psychological support for the nevillekovanNego khozitelNego illness and their loved ones.
68. The Notion of emotional burNout syndrome and prevention methods. Notification of bad news.
69. Legal aspects of palliative and hospice care. Legal and regulatory framework for palliative and hospice care. Ethical and socio-legal problems of euthanasia. 5.
70. Organization of palliative and hospice care in the world and Ukraine, relevance and prospects for development. Place and role of the family physician.
71. Peculiarities of organization of provision of PHC to children.
72. Levels of provision of PHC, forms, medical institutions, contingents served.
73. Hospice. Organization, objectives and scope of work. The structure, staffing.
74. Features of medical and social care for the summer population.
75. Multidisciplinary approach in PHC.
76. Psychological aspects of support for the unvaccinated patient and his relatives.
77. Spiritual aspects of support for the unvictimized person and their relatives.
78. Social aspects of support for the disadvantaged person and their relatives. 14.
79. NevidkladNesti v contextNesti ne vilikovogo zhoznaniya i blizkoj mortal'nykh.
80. Peculiarities of management of patients with cicatricial diabetes and other endocriNologic diseases in the thermal stages.
81. Clinical classification of pain. The concept of chronic pain syndrome. Mechanisms of occurrence of pain in incurable patients. Principles of chronic pain treatment, modern treatment regimen.
82. Characteristics of drugs used in palliative care. Treatment of chronic pain: opioids, co-analgesics, adjuvant agents. Modern treatment regimens, an individual approach.
83. Physiological and pathophysiological peculiarities of reanimation procedures in the context of thermal condition of Non-viral disease.
84. Ethical and legal problems of euthanasia.
85. Peculiarities of evaluation of critically ill patients, including children, with reduced progNosis of life.
86. Peculiarities of general and special care of critically ill, incurable and agonizing patients

**BLOCK 2. DIFFERENTIAL DIAGNOSIS, NON-EMERGENCY SUPPORT AND FOLLOW-UP CARE FOR THE MOST COMMON PAEDIATRIC PATHOLOGIES PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

1. Differential diagNosis of pneumonia in children. Management tactics for different clinical variants of pneumonia. Prevention of pneumonia and its complications in children.
2. Differential diagNosis of pneumonia complications (pleurisy, abscess, pyothorax, pneumothorax) in children. Management tactics for different clinical variants of pneumonia complications in children.
3. Differential diagNosis of bronchitis and bronchiolitis in children. Management tactics for different clinical variants of bronchitis in children. Prevention of bronchitis and bronchiolitis in children.
4. Emergency aid in acute dichal deficiency depending on the cause of occurrence and degree of severity.
5. Differential diagNosis of bronchial asthma and bronchial obstruction syndrome in children of different ages. Establishment of initial diagNosis. Management tactics in different clinical variants of bronchoobstructive syndrome and its complications in children.
6. Provision of emergency care for asthmatic status.
7. Prophylaxis of bronchial asthma and bronchial obstruction syndrome on the body of acute respiratory diseases in children of different ages.
8. Differential diagNosis of chronic, adverse and congenital diseases of the bronchopulmonary system (cystic fibrosis, idiopathic hemosiderosis of the lungs, primary ciliary dyskinesia, Willems-Campbell syndrome, bronchomalacia, lung aplasia and hepatoplasia,  $\alpha$ 1-antitrypsin deficiency, broncholegenic dysplasia, lung sequestration) in children. Management tactics for adverse, natural and chronic diseases of the bronchopulmonary system and their complications in children. Prevention of adverse, natural and chronic bronchopulmonary system diseases in children.

9. Differential diagnosis of inflammatory diseases of the heart (myocarditis, endocarditis, pericarditis) in children. Management tactics of an ill child in myocarditis, endocarditis, pericarditis.
10. Differential diagnosis of cardiomyopathies in children. Management tactics of an ill child at cardiomyopathy.
11. Differential diagnosis of congenital and inflammatory heart defects in children. Management tactics for children with congenital and inflammatory heart defects.
12. Emergency care for acute cardiac deficiency in children.
13. Secondary prophylaxis of infectious endocarditis in children.
14. Differential diagnosis of extrasystole, paroxysmal tachycardia, mitotic arrhythmia and complete atrio-ventricular block. Management tactics for extrasystole, paroxysmal tachycardia, mitotic arrhythmia, and total atrioventricular blockade in children. Prevention of cardiac rhythm disturbances and conductivity in children.
15. Providing urgent aid in paroxysmal tachycardia, mitotic arrhythmia, MACE syndrome in children.
16. Differential diagnosis of systemic diseases of sporulation tissue in children. Management tactics of patients with systemic disorders of sporulation tissue in children. Primary and secondary prophylaxis of acute rheumatic fever in children.
17. Differential diagnosis of systemic vasculitis in children. Management tactics of patients with systemic vasculitis in children.
18. Differential diagnosis of arthritis in children. Management tactics for children. Prevention of reactive arthritis in children.
19. Differential diagnosis of functional (syndrome of cyclic vomiting, functional dyspepsia) and organic (chronic gastritis, chronic gastroduodenitis, visceral disease of the stomach and duodenum) diseases of the upper intestinal tract in children. Management tactics for children with functional and organic diseases of the upper part of the traumatic tract in children. Prevention of bacterial disease and its complications. Provision of urgent aid in case of complicated course of visceral disease in children.
20. Differential diagnosis of functional (abdominal pain, subdivided intestinal syndrome, functional fixation) and organic (Non-specified visceral collapse) diseases of the intestine in children. Management tactics for children with functional and organ diseases of the intestine.
21. Differential diagnosis of primary (dysaccharide deficiency, exudative enteropathy, celiac disease, cystic fibrosis) and secondary (chronic enteritis, enterocolitis) intestinal disorders in children. Management tactics for children with primary and secondary vomeronasal dysfunction syndrome

22. Differential diagnosis of functional disorders of the biliary tract, acute and chronic cholecystitis in children. Management tactics for children with functional disorders of the biliary tract, gostromic and chronic cholecystitis. Prophylaxis of functional disorders of biliary tract, acute and chronic cholecystitis in children.
23. Differential diagnosis of acute and chronic pancreatitis in children. Management tactics of acute and chronic pancreatitis in children. Prophylaxis of acute and chronic pancreatitis in children.
24. Differential diagnosis of chronic hepatitis in children. Management tactics in chronic hepatitis in children. Prevention of chronic hepatitis and portal hypertension in children.
25. Administration of emergency aid in acute hepatic insufficiency and complications of the portal hypertension syndrome.
26. Differential diagnostics of the most widespread infectious and inflammatory diseases of the urinary system (infections of the urinary system, urethritis, cystitis, pyelonephritis). Tactics of management of the sick child at the most common infectious and inflammatory diseases of the urinary system and their complications. Prevention of urethritis, cystitis, pyelonephritis.
27. Differential diagnostics of adverse tubulopathies (phosphate-diabetes mellitus, DeBret-de-Toni-Fanconi syndrome, Nonsucrotic diabetes mellitus, nirkoviy tubular acidosis) in children. Management tactics of the sick child in adverse tubulopathies.
28. Differential diagnosis of dysmetabolic nephropathies in children. Management tactics of a diseased child in dysmetabolic nephropathies.
29. Principles of Chronic Nephropathy Treatment in Children.
30. Immediate support in cases of acute liver failure.
31. Differential diagnosis of acute and chronic glomerulonephritis, interstitial and adverse nephritis in children. Management tactics for acute and chronic glomerulonephritis in children.
32. Provision of emergency aid in acute nephritis in children.
33. The order of the mandatory preventive examinations of children under three years of age. Assessment of physical and psycho-motor development of the child up to three years of age.
34. A child up to three years of age should have a balanced diet and nutrition. Principles of effective counseling.
35. General practitioner tactics for physical and neuropsychological development of children in the first three years of life.
36. Differential diagnostics and prophylaxis of the most widespread defective conditions (rickets, malodorous deficit anemia) in young children.
37. Prophylactic splinting of children up to three years of age.
38. Differential diagnosis of ills in newborn children. Tactics for the management of newborns with symptoms of ills in the hospital.
39. Differential diagnosis of perinatal CNS lesions in neonates. Management tactics of children with perinatal CNS lesions in the clinic.
40. Integrated Management Strategy of Childhood Illnesses and its Goal. General signs of child's unsafe condition.
41. Assessment, classification, treatment, counseling and follow-up care for cough, dyspnea, diarrhea, earaches, sore throat, fever, impaired circulation and anemia, presence of ILV infection in children from 2 months to 5 years old.
42. Assessment, classification, treatment, counselling and follow-up in children under 2 months of age with giardia, diarrhoea, nutritional problems and low body weight, extremely severe disease and local bacterial infection.

43. Procedure for mandatory preventive medical examinations of young children.
44. Evaluation of physical development and sexual maturation of children of adolescent age.
45. Prevention of obesity in children. Medical and psychological counseling.
46. Clinical variants of vegetative dysfunctions in children. General practitioner tactics for autonomic dysfunctions and arterial hypertension in children. Prevention of autonomic dysfunctions and arterial hypertension in children.
47. Differential diagnosis of primary and secondary arterial hypertension in children of juvenile age.
48. Tactics of management of patients with arterial hypertension in the hospital.
49. Rendering urgent aid in cases of vegetative crises, hypertensive crisis.
50. Organisation of palliative care for children with non-viral diseases.
51. Counselling in the context of nonvillicular illness.
52. Psychological, spiritual and social aspects of palliative care for children and their families.

### **Individual tasks**

Selection and review of scientific literature on the topics of the program of family medicine at the choice of the student with the writing of the essay and its public defence.

Selection and review of scientific literature on the themes of science and research work of the department with the preparation of scientific reports at the meeting of the SNT or student conferences.

Scientific research on the themes of scientific and investigative work of the department with the publication of the results in scientific publications.

At the request of the student in the study time vidovidnymi topics he can perform personalized work, which is carried out at odd hours and successful at its implementation additionally evaluated the teacher.

The list and scope of individual tasks can be determined on a case-by-case basis, depending on the material and technical support of the departments.

#### **A checklist of individual tasks:**

1. Conducting a description of the demonstrative patient, his general examination and examination of the head, neck and ends, identifying the main symptoms and syndromes of the disease.
2. Conducting examinations of external respiratory function in the patients, processing the obtained data and reporting to the class.
3. ECG registration, participation in instrumental investigations of the cardiovascular system in indicative patients with data processing and reporting in the class.
4. Physical and instrumental examination of the indicative patient with preparation of review of scientific literature on the investigated case
5. Work with the literature and other sources of information and prepare an abstract about modern methods of examining patients in the hospital for internal diseases.
6. Work with literature and other sources of information and prepare an abstract about the peculiarities of syndromic diagnosis of the disease with a type of disease, reversed at the request of the student

#### **Assignments for self-study work**

The basic list of types of students' self-study work, developed in accordance with the structure of the academic discipline, is presented in the section "Self-study work".

A mandatory type of self-study for students is supervising patients and writing a detailed history of the disease, which is required in the study of the relevant topics:

1. Follow-up of the patient (description, physical examination, assessment of the results of instrumental and laboratory tests) with pathology of the cardiovascular system with writing the history of the disease and presentation of a clinical case at the practical training session.
2. Surveillance of the patient (description, physical examination, assessment of the results of instrumental and laboratory tests) with pathology of the bronchopulmonary system, with writing the history of the disease and presentation of the clinical case at the practical training session.
3. Case management (description, physical examination, assessment of instrumental and laboratory findings) of pathology of the trauma system, with writing of case histories and presentation of clinical cases at the practical session.

4. internal monitoring of the patient (description, physical examination, assessment of instrumental and laboratory findings) with pathology of the circulatory system, with writing up of case histories and presentation of clinical case during the practical session.
5. Routine observation of the patient (description, physical examination, assessment of the results of instrumental and laboratory tests) with endocrine system pathology with writing the history of the disease and presentation of the clinical case at the practical training session
6. Routine observation of the patient (description, physical examination, assessment of the results of instrumental and laboratory tests) with circulatory system pathology with writing of case histories and presentation of clinical case at the practical training session

**The student independently selects the disease for which he/she supervises the patient.**

**Typical test tasks for practical exercises:**

1. A 22-year-old woman is noted to be quickly fatigued. From her early childhood, the physicians heard a murmur in her heart area. Pulse 87/min, rhythmic. AT 95/60 mmHg. Percutaneous intervals of the heart were unchanged. The systolic murmur was most noticeable in the third intercostal space on the left side of the chest, the third tone was attenuated. Chest radiograph shows enlargement of the stovpipe and the left pulmonary artery vein. The most common in the patient is:
  - A* Stenosis of the pulmonary artery
  - B* Aortic arch stenosis
  - C* Thrombocytopenic purpura
  - D* Mitral valve prolapse
  - E* Pulmonary artery valve defect
2. A 35-year-old woman was admitted with complaints of severe pain all over the abdomen, nausea and vomiting. The condition worsened 2 days before hospitalization, when the skin of the extremities developed a dribbling haemorrhagic visipka, and the abdominal pain and bloody discharges from the rectum appeared. She had had a severe viral infection 2 months earlier. Overall status: BP 90/60 mmHg, HR ? 95/min, palpation is tense, and there are symptoms of subdistention of the rhythm. Blood tests show neutrophilic leukocytosis and eosinophilia, decreased number of erythrocytes and hemoglobin. What diagnosis can be made in the patient?

- A* Haemorrhagic vasculitis
- B* Haemophilia
- C* Thrombocytopenic purpura
- D* Crohn's disease
- E* Haemorrhoidal haemorrhage

3. 50-year-old patient presents with acute weakness, dizziness, plaques on the skin. A month ago he was diagnosed with angina, self-treated with antibiotics. Privately: Overall condition is poor, the skin and mucous membranes are bleak. The skin of the face and torso has different sized, blue and brown plaques. On palpation, the stomach is painless, the liver +1.5 cm protrudes from under the edge of the right rib arch. Blood count: EР -  $1,2 \times 10^{12}/\text{л}$ , HВ - 50 г/л, КП 0,70, тромбоцити –  $2 \times 10^9/\text{л}$ , анізопоїкілоцитоз. ШОЕ - 55 мм/год. What is the initial diagnosis?

- A* Thrombocytopenic purpura
- B* Haemorrhagic vasculitis, abdominal form
- C* Grave posthaemorrhagic anaemia
- D* Myeloma disease
- E* Haemophilia

#### 4.1 Ensuring the educational process

- a. Multimedia projectors, computers, screens for multimedia presentations, presentations.
- b. Demonstration screens, laptops, Power Point and Word files with tasks. "Croc-2" for practical and summarizing classes.
- c. The booklets.

In the study discipline used all kinds of teaching methods recommended for high school, namely:

- According to the sources of knowledge: verbal (explanation, conversation, discussion); manual (demonstration); practical (hands-on work, learning by doing), which are particularly emphasised when teaching the discipline;

- The teaching process logic: Analytical (identification of individual symptoms of the disease), synthetic (identification of the relationship between symptoms and syndromes of the disease), their combination - analytical-synthetic, As well as the inductive method (mainly in block 1), deductive method (in block 2), and their combination - the traductive method (in both modules);

- At the level of self-study activity: problem-based, partly-questioning and investigative.

Following and summarizing the above teaching methods, while studying the discipline is appropriate to implement such methods of organization of educational activities as:

- case study method,
- the problem-driven method,
- the method of individual educational-research assignments,
- method of competitive groups,
- the method of training technologies,

- The method of scientific conferences based on interactive, interdisciplinary and information-computer technology.

The types of educational activities of the student, according to the curriculum, are practical exercises, self-study of students.

The practical sessions last 2 academic years (80 hrs) and are held in a polyclinic and consist of four structural parts:

- 1) Theoretical study of the topic,

- 2) demonstration by the instructor of the methods of investigating a thematic case,
- 3) Students work on practical skills while receiving the patient under supervision of the instructor,
- 4) solving situational tasks and test-control of learning the material.

During the practical sessions, the main place is occupied by the practical skills of physical examination of the patient and direct work with the patients.

On the basis of assimilation of clinical methods of examination of the patient, ability to synthesize and interpret them, to evaluate and analyze the student forms the clinical thinking and skills to establish the diagnosis, recognition of additional examination and treatment.

Independent work of students occupies a significant place in the study of the discipline. In addition to the traditional transuditory training in the theoretical issues of general practice - family medicine, it includes the work of students in the treatment rooms, clinical laboratories and departments of functional diagnostics at the time after class, the efficiency of which must be ensured by the teachers and support staff of the department. Self-directed work includes the supervision of patients with a picture of the outpatient patient, which involves the description and full physical examination of the patient identifying the leading syndromes, the recognition of diagnostic manipulations and participation in the algorithm of medical assistance to the patient.

## **5. Summative control**

### **List of issues for the discussion hall**

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

1. Subject matter and objectives of general medicine (family medicine). History of development. The main directions of development.
2. Current understanding of the structure of PMDS.  
Family physician's work features. Principles of family care. Accounting documentation in family medicine.
4. organization of the family physician. The functions and scope of work of the family physician.
5. Deontology and ethics of the family physician's relationship with the patient and family.
6. Management of socio-medical problems of the family. Assessment of performance indicators.
7. Family and insurance medicine in Ukraine.
8. Organization of quality control of various types of insurance.
9. The structure of insurance policy in SMSD. 10.
10. Current Methods of Informational Support for Family Physician Outpatient Clinics.
11. The implementation of telemedicine in the practice of the family physician. 12.
12. Screening method in family medicine.
13. Main principles of evidence-based medicine.
14. The concept of health, prognosis, and disease.
15. Functional clinical syndromes in the practice of the family physician.
16. General principles of health promotion.
17. Classification and importance of risk factors. 18.
18. Current views on prevention, medical check-ups. 19.
19. Indications and contraindications for ambulatory care. 20.
20. Benefits of medical care in day-care centres.
21. Indications for the management of patients in the home, the organization of the hospital

at home.

22. Carrying out medical and social and labor examinations in outpatient settings.

23. Creating a family tree. 24.

24. Components of a Family Disease Prevention Programme. 25.

25. Providing Non-emergency care for the pre-hospital phase of the practice of the family physician.

26. Principles and the role of the family physician in the provision of Non-emergency care in the city and in the village.

27. Causes of rapt death.

28. Providing care for cardiac arrest. 29.

29. Treatment of primary external respiratory dysfunction. 30.

30. Provision of care for acute coronary syndrome in the preoperative phase. 31.

31. Classification of the court.

32. Peculiarities of assistance in generalized and localized cases.

33. Causes of loss of competence.

34. Provision of emergency medical aid for loss of competence.

35. Indispensable aid for rhythm disorders.

36. Providing Non-emergency care in the pre-hospital phase of asthmatic status. 37.

37. Providing Non-emergency care for fires, bites.

38. Providing Non-emergency care for electrical injuries. 39.

39. Providing Non-emergency care for drowning. 40.

40. Treatment of acute malnutrition in cases of exposure to high and low temperatures. Role of family physician in implementing the national programmes of Ukraine on combating arterial hypertension, cerebral diabetes.

41. Acquired skills of health establishment, early detection of deviations from the Norm and early diagnosis of diseases.

42. Scheduling of health screening and monitoring.

43. Training in the management of patients in outpatient settings.

44. Identify the presence of basic clinical symptoms and syndromes during initial contact with the patient.

45. To be able to collect the history of the disease, life, insurance history, epidemiological history.

46. Application of physical examination methods: physical examination, percussion, auscultation and palpation of organs to detect general and specific signs of diseases. External and internal obstetric examinations.

47. Conduct differential diagnosis, know how to equip them with the most common diseases of the therapeutic profile.

48. Determination of the necessary amount of indications and contraindications to laboratory, instrumental, apparatus examinations. Organization of immediate execution and knowledge of the rules of preparation of the patient to the examination. Interpretation of the results of examinations of blood, urine, feces, dyspiNeptic fluid, acid-ion balance, the data of functional studies of respiratory organs, blood circulation, poisoning, liver, nerve and other organs and systems, ultrasound and X-ray examinations.

49. Establishment of clinical diagnosis, determining the tactics of management of the patient.

50. The substantiation of the plan and indications for medical or surgical treatment.



51. the patient, taking into account his/her condition. Identification of indications for hospitalization of patients and its organization. The organization of the hospital at home. Implementation of rehabilitation methods.
52. Carrying out prevention of diseases and analysis of the effectiveness of the dispensary.
53. organising health education activities to promote healthy lifestyles.
54. Know how to carry out prophylactic vaccination procedures.
55. To be able to fill in and analyse the accounting documentation of family medicine institutions.
56. To be able to communicate with the patient and the parent.
57. Develop plans for the management of patients in the context of insured medicine.
58. To be able to analyse the data of the automated examination.
59. To be able to analyse the data of telemetric monitoring of functional indicators of patients with cardiovascular diseases (rhythm disturbances, ischemic heart disease, arterial hypertension).
60. To be able to create outpatient management programmes for the most common diseases of the cardiovascular system.
61. To be able to write outpatient management programmes for the most common diseases of the bronchopulmonary system. 10.
62. To be able to write outpatient management programs for the most common diseases of the traumatic system. 11.
63. To be able to create outpatient management programmes for the most common diseases of the esophagus and visceral system.
64. To be able to write outpatient management programs for the most common diseases of the musculoskeletal system.
65. To be able to write outpatient management programmes for the most common blood diseases - anaemia.
66. Collaboration of family physician with secondary and tertiary levels of medical care.
67. Carrying out medical and social and labour examinations of inactivity in outpatient settings. Completion of the necessary documents to the LRC and medical and social expert committee.
68. Implementing the developed programme for managing family problems. 17.
69. Counselling in the context of involuntary illness and near-death experiences. The concept of counselling, counselling skills, ethical principles. Care and psychological support for the invalid patient and his relatives.
70. The notion of emotional burnout syndrome and prevention methods. Notification of bad news.
71. Legal aspects of palliative and hospice care. Legal and regulatory framework for palliative and hospice care. Ethical and socio-legal problems of euthanasia. 20.
72. Organization of palliative and hospice care in the world and Ukraine, relevance and prospects for development. Place and role of the family physician.
73. Specific features of organization of provision of PHC to children.
74. Levels of provision of PHC, forms, medical institutions, contingents of service.
75. Hospice. Organization, objectives and scope of work. Structure, staffing.
76. Peculiarities of medical and social care for the summer population.
77. Multidisciplinary approach in PHC.
78. Psychological aspects of support for the unvaccinated patient and his relatives. 27.
79. Spiritual aspects of support for the unvictimized person and their relatives. 28.
80. Social aspects of support for the disadvantaged person and their relatives. 29.
81. Nevidokladnichnye staniy v contexti nevilikovogo zhoznaniya i blizkoe dalit'. 30.
82. Peculiarities of management of patients with cicatricial diabetes and other endocrinological diseases in the thermal stages.

83. Clinical classification of pain. Definition of chronic pain syndrome. Mechanisms of occurrence of pain in incurable patients. Principles of chronic pain treatment, modern treatment regimen. 2.
84. Characteristics of drugs used in palliative care. 2. Treatment of chronic pain: opioids, co-analgesics, adjuvant agents. Modern treatment regimens, an individual approach. 3.
85. Physiological and pathophysiological peculiarities of reanimation procedures in the context of the thermal state of Non-viral disease.
86. Ethical and legal problems of euthanasia.
87. Peculiarities of evaluation of critically ill patients, including children, with reduced prognosis of life.
88. Peculiarities of general and special care of critically ill, incurable and agonizing patients

**BLOCK 2. DIFFERENTIAL DIAGNOSIS, NON-EMERGENCY SUPPORT AND FOLLOW-UP CARE FOR THE MOST COMMON PAEDIATRIC PATHOLOGIES**  
**PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

1. Differential diagnosis of pneumonia in children. Management tactics for different clinical variants of pneumonia. Prevention of pneumonia and its complications in children.
2. Differential diagnosis of pneumonia complications (pleurisy, abscess, pyothorax, pneumothorax) in children. Management tactics for different clinical variants of pneumonia complications in children.
3. Differential diagnosis of bronchitis and bronchiolitis in children. Management tactics for different clinical variants of bronchitis in children. Prevention of bronchitis and bronchiolitis in children.
4. Emergency aid in acute dichal deficiency depending on the cause of occurrence and degree of severity.
5. Differential diagnosis of bronchial asthma and bronchial obstruction syndrome in children of different ages. Establishment of initial diagnosis. Management tactics in different clinical variants of bronchoobstructive syndrome and its complications in children.
6. Provision of emergency care for asthmatic status.
7. Prophylaxis of bronchial asthma and bronchial obstruction syndrome on the body of acute respiratory diseases in children of different ages.
8. Differential diagnosis of chronic, adverse and congenital diseases of the bronchopulmonary system (cystic fibrosis, idiopathic hemosiderosis of the lungs, primary ciliary dyskinesia, Willems-Campbell syndrome, bronchomalacia, lung aplasia and hepatoplasia,  $\alpha$ 1-antitrypsin deficiency, broncholegenic dysplasia, lung sequestration) in children. Management tactics for adverse, natural and chronic diseases of the bronchopulmonary system and their complications in children. Prevention of adverse, natural and chronic bronchopulmonary system diseases in children.
9. Differential diagnosis of inflammatory diseases of the heart (myocarditis, endocarditis, pericarditis) in children. Management tactics of an ill child in myocarditis, endocarditis, pericarditis.
10. Differential diagnosis of cardiomyopathies in children. Management tactics of an ill child at cardiomyopathy.
11. Differential diagnosis of congenital and inflammatory heart defects in children. Management tactics for children with congenital and inflammatory heart defects.
12. Emergency treatment of acute cardiac deficiency in children.
13. Secondary prophylaxis of infectious endocarditis in children.
14. Differential diagnosis of extrasystole, paroxysmal tachycardia, mitotic arrhythmia and complete atrio-ventricular block. Management tactics for extrasystole, paroxysmal tachycardia, mitotic arrhythmia, and total atrioventricular blockade in children. Prevention of cardiac rhythm disturbances and conductivity in children.
15. Providing urgent aid in paroxysmal tachycardia, mitotic arrhythmia, MACE syndrome in children.
16. Differential diagnosis of systemic diseases of sporulation tissue in children. Management tactics of patients with systemic disorders of sporulation tissue in children. Primary and secondary prophylaxis of acute rheumatic fever in children.
17. Differential diagnosis of systemic vasculitis in children. Management tactics of patients with systemic vasculitis in children.

18. Differential diagnosis of arthritis in children. Management tactics for children. Prevention of reactive arthritis in children.
19. Differential diagnosis of functional (syndrome of cyclic vomiting, functional dyspepsia) and organic (chronic gastritis, chronic gastroduodenitis, visceral disease of the stomach and duodenum) diseases of the upper intestinal tract in children. Management tactics for children with functional and organic diseases of the upper part of the traumatic tract in children. Prevention of bacterial disease and its complications. Provision of urgent aid in case of complicated course of visceral disease in children.
20. Differential diagnosis of functional (abdominal pain, subdivided intestinal syndrome, functional fixation) and organic (Non-specified visceral collapse) diseases of the intestine in children. Management tactics for children with functional and organ diseases of the intestine.
21. Differential diagnosis of primary (dysaccharide deficiency, exudative enteropathy, celiac disease, cystic fibrosis) and secondary (chronic enteritis, enterocolitis) intestinal disorders in children. Management tactics for children in primary and secondary gastrointestinal dysfunction syndrome.
22. Differential diagnosis of functional disorders of the biliary tract, acute and chronic cholecystitis in children. Management tactics for children with functional disorders of the biliary tract, gostromic 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. Management tactics for children with acute and chronic pancreatitis. Prevention of acute and chronic pancreatitis in children.
24. Differential diagnosis of chronic hepatitis in children. Management tactics in chronic hepatitis in children. Prevention of chronic hepatitis and portal hypertension in children.
25. Administration of emergency aid in acute hepatic deficiency and complications of portal hypertension syndrome.
26. Differential diagnosis of the most widespread infectious and inflammatory diseases of the urinary system (infections of the urinary system, urethritis, cystitis, pyelonephritis). Tactics management of the sick child at the most common infectious and inflammatory diseases of the urinary system and their complications. Prevention of urethritis, cystitis, pyelonephritis.
27. Differential diagnosis of adverse tubulopathies (phosphate-diabetes mellitus, DeBret-de-Toni-Fanconi syndrome, Nonsucrotic diabetes, nirky tubular acidosis) in children. Management tactics of the sick child in adverse tubulopathies.
28. Differential diagnosis of dysmetabolic nephropathies in children. Management tactics of the sick child in dysmetabolic nephropathies.
29. Principles of treatment of chronic nephropathy in children.
30. Emergency treatment in acute liver failure.

31. Differential diagnosis of acute and chronic glomerulonephritis, interstitial and adverse nephritis in children. Management tactics for acute and chronic glomerulonephritis in children.
32. Immediate care in acute nephritis in children.
33. The order of the mandatory preventive examinations of children under three years of age. Assessment of physical and psycho-motor development of the child up to three years of age.
34. A balanced diet and nutrition for children up to three years of age. Principles of Effective Counseling.
35. General practitioner tactics for physical and neuropsychological development of children in the first three years of life.
36. Differential diagnosis and prophylaxis of the most widespread defective conditions (rickets, malodorous deficit anemia) in children of early age.
37. Prophylactic splinting of children up to three years of age.
38. Differential diagnosis of ills in newborn children. Management tactics for newborns with symptoms of ills in the hospital.
39. Differential diagnosis of perinatal CNS lesions in neonates. Management tactics of children with perinatal CNS lesions in the clinic.
40. Strategy of Integral Management of Childhood Illnesses and its Goal. General signs of insecurity in the child.
41. Assessment, classification, treatment, counseling and follow-up care for cough, respiratory problems, dyspepsia, earaches, sore throat, fever, alveolar disorders and anemia, presence of ILV infection in children from 2 months to 5 years old.
42. Assessment, classification, treatment, counselling and subsequent follow-up in children under 2 months of age with giardia, diarrhoea, nutritional problems and low body weight, extremely severe disease and local bacterial infections.
43. The procedure and timing of mandatory preventive medical examinations for children of adolescent age.
44. Assessment of physical development and sexual maturation of children of adolescence. Prevention of obesity in adolescents. Medical and psychological counseling.
45. Clinical variants of vegetative dysfunctions in children. General practitioner tactics for autonomic dysfunctions and arterial hypertension in children. Prophylaxis of vegetative dysfunctions and arterial hypertension in children.
46. Differential diagnosis of primary and secondary arterial hypertension in children of juvenile age. Management tactics for patients with arterial hypertension in the hospital.
47. Rendering urgent aid in cases of vegetative crises, hypertensive crisis.
48. Organisation of palliative care for children with Non-viral diseases.
49. Counselling in the context of Nonviral diseases.
50. Psychological, spiritual and social aspects of palliative care for children and their families.

Sets of practical tasks are formed directly from the list of practical skills the student has to learn during the study of each of the two blocks of the discipline, which constitute standardised practical work according to the methodology of implementation.

### **List of practical skills**

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

1. To diagnose Non-viral disease, the thermal state and its phases.
2. To diagnose and treat pain syndrome with a wide range of modern healing technologies.
3. Calculate dose of pain relief device and write appropriate prescriptions.
4. To keep records and store potent and narcotic drugs in accordance with current legislation.
5. Diagnose and treat other significant symptoms (vomiting, sciatica, etc.) accompanying a Non-viral state.
6. Provide psychological support to Non-villicans and their relatives during the illness and grieving period.
7. Teach the specifics of management of the critically ill, including children, with reduced prognosis of life.
8. Advise incurable patients and their relatives on medical and Non-medical care during Nonviolent illness, including care, nutrition, social, legal and spiritual support.
9. Be able to work in a multidisciplinary team.

10. Communicate bad news to the patient and their relatives.
11. Carry out reanimation sessions with Non-villainly ill persons.
12. Be able to treat the deceased person in accordance with the law.
13. Observe bioethical and legal Norms when providing PHC.
14. Conduct prevention of emotional burnout syndrome and fight against its consequences.

**BLOCK 2. DIFFERENTIAL DIAGNOSIS, NON-EMERGENCY SUPPORT AND FOLLOW-UP CARE FOR THE MOST COMMON PAEDIATRIC PATHOLOGIES  
PATHOLOGY IN A FAMILY OUTPATIENT CLINIC**

**I. Analysis of laboratory and instrumental investigations**

1. Clinical blood count
2. Clinical blood count
3. Zimnitsky's blood count
4. Nechiporenko's blood count
5. Diastase blood count
6. Stool count
7. Blood Protein and its fractions, gastrophase indicators
8. Blood Glucose
9. Blood electrolytes
10. Blood lipid profile
11. Red blood phosphatase
12. Blood transaminases
13. Creatine, blood sedimentation
14. Total blood bilirubin and its fractions, analyze Polacek's curve
15. Coagulogram
16. Analyses of pleural fluid
17. Analyses of synovial fluid
18. General analysis of narcotinum
19. General immunologic blood profile
20. serologic reactions in autoimmune diseases
21. Microbiological examination of biologic rinds and species
22. Examination of the CNS, organs of the thoracic cranial cavity, the urinary system.
23. Examination of external respiratory function
24. Electrocardiography
25. Endoscopic Bronchial Examination
26. Endoscopic Traumatic Tract Examination
27. Echocardiography
28. Examinations of skeletons and joints
29. Examinations of CNS
30. Tuberculin diagnostics
31. Fractional analysis of gastric juice, gastric mucus and gastric pH-metry

**II. Medical manipulations**

1. Perform ECG registration
2. Perform drug injections
3. Measure arterial blood pressure
4. Perform urinary catheterization with a small probe
5. Perform pleural puncture
6. Perform contusion breathing, indirect heart massage
7. Identify blood type, Rh factor

**III. Assistance for Non-emergent conditions**

1. asthmatic status

2. Persistent dyspnea
3. Gostra cardiac insufficiency
4. Attack of paroxysmal tachycardia
5. Morgan's Adams-Stokes syndrome
6. Hypertensive crisis
7. Colapses
8. Acute hepatic insufficiency
9. Gostra nirkovaya insufficiency
10. Gastrointestinal haemorrhage
11. Colapses
12. Acute liver failure
13. Gostra nirkovaya insufficiency
14. Gastrointestinal haemorrhage

**"0" variant of the differentiation hall ticket ChorNemorsky National University in the name of Peter Mohyla**

**Educational-qualification level - master Major field of study: 22**

**Health Care Major 222 Medicine**

**Educational discipline - OTHER PRACTICE - Family Medicine**

**Variant 0**

1. The place of family medicine in the general health care structure and the principles of family health care for the population. Organization of work of the family physician. - **The maximum number of points - 20.**
2. Vaccination. Indications, contraindications. - **Maximum number of points - 20.**
3. Practical skills: algorithm of ECG registration and analysis in children. - **Maximal number of points - 20.**

**Situation:** An 82-year-old female patient was admitted to the Cardiology Reanimation Department with complaints of acute pain behind the chest, sensation of air brackets, weakness. Radiological examination of thoracic cavity organs Transverse size of the heart tini is enlarged, tricuspid shape with rounded cardio-phragmatic pits. Cardiac pacing is low amplitude, arrhythmic. Prior diagNesis? What diseases need differential diagNesis? What is the treatment for the disease? - **Maximum number of points - 20.**

*Approved at the meeting of the Department of Therapeutic and Surgical Disciplines, Minutes № \_\_\_\_\_ from «\_\_»\_2020 p.*

**Head of department**

**Professor Zak M.Y.**

**Examiner**

**Professor Zak M.Y.**

## Application of a summarised control work for unit 1

### The Krok-2 challenge

1. After lifting an important bag, the patient had severe pain in the transverse direction. The range of motion in the spine is restricted. No achilles reflex on the left side, anaesthesia of pain sensitivity on the external surface of the left lumbar spine occurred. Which disease is suspected?

- A Transverse-critical radiculitis
- B Lumbago
- C Lumbodynia
- D Degenerative neuritis
- E Spinal arachnoiditis

2. A patient with marked meningeal syndrome, petechial bruises on the skin, chills, body temperature 39°C, inflammatory changes in the peripheral blood and neutrophilic pleocytosis in the liquor has been diagnosed with suppurative meningitis. Which of the present syndromes in the patient is crucial for the diagnosis of meningitis?

- A Neutrophilic pleocytosis
- B Petechial skin lesions
- C Meningeal syndrome
- D Increased body temperature
- E Inflammatory changes in the blood

3. A 60-year-old patient had severe pain in his right hand for 2 days. On the 3rd day there were flaccid lesions in the form of lancets on the skin of the shoulder, forearm and chest.

The sensitivity in the area of the lesions is reduced. Which disease can be diagnosed?

- 1. A Herpetic ganglionitis
- 2. B Dermatitis
- 3. C Shynaeuspis radiculitis
- 4. D Psoriasis
- 5. E Allergies

4. A 70-year-old patient developed severe pain in the left side of the head in the area of the forehead and the left eye after hypothermia. After 3 days, against a background of increased body temperature of 37.6°C, left forehead and left upper arm became flaccid. Which disease can be diagnosed?

- A Herpetic ganglionitis
- B Trichiothoracic neuralgia
- C Cold allergy
- D Allergic dermatitis
- E Trichairitic neuritis

5. In a patient with lumpy operative pain in the right half of the thoracic clitoris a lancet-like laceration has appeared on the skin in the mid-thoracic region of the right side. Which disease should I think about?

- A Herpetic thoracic ganglionitis
- B Thoracic radiculitis
- C Vertebrogenic thoracalgia
- D Interstitial neuralgia
- E Myalgia

6. A patient who has sustained a clavicle fracture injury has developed atrophic paralysis of the right arm with impairment of all sensations in the arm. What disease should be considered?

- A Plexitis brachii
- B Schiothoracic radiculitis
- C Cubital canal syndrome
- D Cervicothoracic ganglionitis
- E Polyneuritis

7. The patient with Morgan-Edem-Stokes syndrome lost consciousness while walking on wards. The skin is pale, the eyes are wide, clonically thin, and the thoracic tissue is unruptured. Diagnosis:

- A Clinical death
- B Social death
- C Preagonia
- D Agony
- E Biologic death

8. A young woman has lost 8 kg of weight in 3 months, complains of heart palpitations, tightness of neck, feeling of "lump" when rolling, drudgery, tremors in the fingers, spinning eyes, subfebrile fever. What is the most likely early diagnosis?

- A Thyrotoxicosis
- B Hysteria.
- C Cerebral pneumonia.
- D Chroniosepsis.
- E Rheumatism.

9. A 25-year-old woman has had an abortion for a quarter of a year. She complains of loss of appetite, weakness, arthralgia, dark liver count two months later, and a pregnancy, which continues to worsen in her general condition. Suspected viral hepatitis. Which viral hepatitis marker is 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 had a plague on his hand 2 days after the body was dosed, which developed into a black-bottomed pustule with no painful docusy with the end of daughter's vesicles on the periphery.

One day later, it turned into a pustule with a black bottom, painless when dosed, with the extremity of daughter's vesicles on the periphery. There was painless blistering on the arm and shoulder. Body temperature rose to 39.0. Pulse 100, AT 95/60, Pulse rate 30 per minute. Which diagnosis is the most likely?

- A Sibylline
- B Plague
- C Tularemia
- D Brucellosis
- E Herpes simplex



**And so 30 problems with the following analysis of typical errors. And so 30 problems with the following analysis of typical errors.**

### **Application of a summative test work for unit 2**

#### **The Krok-2 challenge**

№. 1 In a 6-year-old female patient: retardation in physical development, attacks of indolence, choking, pallor of skin, enlargement of inter-heart, systolic drift in II intercostal space, accent of II tone over lung artery, systolo-diastolic ("machine") noise in interlobar area. Radiography of the OGC: aggravation of the lung maculation, cardiomegaly at the left heart segment, vipinannya arch of the lung artery. Diagnosis?

- A The ductus arteriosus is open.
- B Open oval window
- C Transposition of the magistral vessels
- D Lateral stenosis of the pulmonary artery

E Fallo's tetrad

№. 2 A 10-year-old patient was hospitalized due to persistent hyperthermia and pain in the joints. On examination the following was noted: visipus on the face in the form of "snowstorms", zaki, enlargement and painfulness of the knee and lumbar joints, widening of intervals and muffled heart tones, hepatomegaly. Laboratory: red blood cells - 2.8 g/l, white blood cells - 2.6 g/l, platelets - 100 g/l, CHOE 40mmol/l, protein- and zylinduria. What is your diagnosis?

- A Rheumatoid arthritis
- B Dermatomyositis
- C Vulnerable periarteritis
- D Rheumatism

E Systemic wormwood

№. 3 A 12-year-old patient was admitted to hospital with complaints of high fever, pain in the eyes, difficulty in eating. On the body: paraorbital blush with a purplish pinkish discoloration, palpation with pain and decreased muscle tone, capillarity in the fingertips and pillow regions, widening of intervals and muffled heart tones, hepato-splenomegaly. Blood creatinine - 150 μmol/l, blood creatinine - 10 mmol/l. What is your diagnosis?

- A Vulcic periarteritis
- B Dermatomyositis
- C Scleroderma
- D Juvenile rheumatoid arthritis
- E Systemic wormwood

№. 4 The patient is 8 years old and suffers from knee joint pain. He had suffered from angina three months earlier. The patient had three years of angina and had suffered from angina three years earlier,

Subcutaneous nodules above the joints and along the tendon line, enlargement of the heart, tachycardia, muffled tones. C-reactive protein - +++, ASL-O titer - 450 units. What is your diagnosis?

- A Rheumatism
- B Rheumatoid arthritis
- C Scleroderma
- D Vulnerable periarteritis

E Systemic wormwood

№. 5 The baby is 1.5 months old. The mother complains about the child throwing up 2-3 times after nursing from the first days of life. The patient's condition is not impaired. The curve of the body mass is unbroken. Lives m? yak, painless. No voluminous masses were detected on palpation. The discharge is 6-7 times a day, in insignificant numbers. What is the most likely

diagnosis?

- A Meckel's diverticulum
- B Pylorostenosis
- C Bowel obstruction
- D Chalazia
- E Pylorospasm

№. 6 Chlopchick is 3 years old. After birth there was a delay in meconium production. After the introduction of complementary food the patient had rare, blissful, greenish with domes of fat. Despite a good appetite, the patient is weak, susceptible to GERD and has a persistent cough, often with vomiting. What is the most likely diagnosis?

- A Intestinal dysbacteriosis
- B Mucoviscidosis
- C Exudative enteropathy
- D Dysaccharide deficiency
- E Celiac disease

№. 7 The child is 8 months old. After eating manna porridge for a month the boy lost his appetite and became disordered. Vomit was lethal, pustular, blistering, with fatty inclusions, 2-3 times a day, in considerable quantity. Underarm fat cells are pale, thin, especially on the breasts, ends. The fat is large, bloated - pseudo-ascites. What is the most likely diagnosis?

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

№. 8 The child is 12 years old and has been sick for 1.5 months. He complains of blood and mucus in the bowels, minor abdominal pain. Sense of well-being. Skin's clean and squeaky clean. The abdomen is mucous, slightly painful on palpation in the left ventral area. Peripheral blood count: H<sub>v</sub>-80 g/l, E<sub>r</sub>-3.0 T/l, L- 12.0 G/l, SZE-16 mm/year. What is the probable diagnosis?

- A Intestinal Invasion
- B Haemorrhoids
- C Acute dysentery
- D Non-scaphylactic bacterial colitis
- E Crohn's disease

№. 9 A 10-year-old boy has had hepatitis B for a year. In the last 3 months he has had a poor diet, increased fatigue, poor sleep, nausea. The skin is clean, sclerae are subicteric. The liver is palpable 2 cm below the costal edge, non-painful. ALT activity 2.2 mmol/l. What is the most likely diagnosis?

- A Chronic hepatitis
- B Gastrointestinal dyskinesia
- C Residual effects of previous hepatitis
- D Relapse of viral hepatitis
- E Liver cirrhosis

№10 A 12-year-old child in the acute phase of rheumatoid arthritis has dyspnea, pain in the heart area, which increases when lying down and when breathing. Heart rate 138 per cfm, tension of the veins, liver + 6 cm below the rib arch, enlargement of the heart obtuseness, cardiac tones are deaf. A paradoxical pulse of 15-20 mmHg. Physical signs and symptoms of the patient are most likely to be associated with which pathology:

- A Pericarditis
- B Myocarditis
- C Aneurysm of the coronary artery
- D Thrombosis of the coronary artery
- E Endocarditis Libman-

**And so 30 problems with the following analysis of typical mistakes.**

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

### **TEACHING METHODS**

a) practical exercises, b) students' self-study, c) consultations.

Thematic plans of practical exercises and SRS reveal the problematic issues of the relevant sections of general practice - family medicine. Maximum use is made of didactic tools (multimedia presentations, slides, educational films, demonstrations of thematic diseases).

Practical exercises are carried out in the clinic, which is a clinical base of the department.

Methods of organizing practical exercises in general practice - family medicine requires:

- Make the student a participant in the process of providing medical care to patients from the moment of their presentation, examination, diagnosis, treatment to the end of treatment;
- To acquire professional practical skills; skills of working in a team of students, doctors, other participants in the process of providing medical aid;
- To form the student, as a future practitioner, understanding of the responsibility for the level of its training, its improvement in the course of training and professional activity.

To implement this, it is necessary to give the student a detailed work plan for the clinic and provide the conditions for its implementation during the first session of the relevant section.

The plan must include:

- The study that the student has to study (or get acquainted with);
- Examination algorithms (protocols), diagnosis, treatment and prophylaxis according to evidence-based medicine standards;
- supervision of patients, which the student must perform during the cycle;
- The report of the outpatient picture of the patient in the teaching group, at the practical conferences.

**The patient's treatment includes:**

- 1) Study of the patient's condition, history of the disease and life, conducting an inventory of the organs and systems;
- 2) Performing a physical examination of the patient and identifying the main symptoms of the disease;
- 3) Analysis of laboratory and instrumental examination data;
- 4) Formulation of diagnosis;
- 5) determining treatment;
- 6) determination of primary and secondary prophylactic measures;
- 7) report the results of examination of the patient by a team of students in the study group, review under the supervision of the teacher the correctness of the diagnosis, differential diagnosis, the examination, treatment tactics, assessment of prognosis, prophylaxis.

In the practical sessions, students are recommended to keep protocols, which should include short information about the patients examined during the practical session, diagnosis, examination plan and the treatment to be administered.

CDS and individual work of students is 30-56% of the training plan. It includes:

- ✓ Pre- and post-attendance training of students on the subjects of the course;
- ✓ Students' work at the department's polyclinic base, including laboratories and rooms for functional diagnostics, and the interpretation of laboratory and instrumental methods of examination at the post-unit time;
- ✓ The practice of working with patients;
- ✓ individual workload (speaking at a scientific-practical conference, writing an article, submitting an abstract for a practical session, participating in a student workshop, discipline Olympiads, etc.);
- ✓ The work in the computer lab to prepare for the Croc-2 exam;
- ✓ Topics that are not part of the class syllabus.

The teachers of the department provide the opportunity to carry out the CDS during the practical sessions and conduct the control and evaluation of its implementation. The topics submitted for self-assessment are evaluated during the summative control.

## CONTROL METHODS

It is recommended that practical exercises include:

- 1) checking the initial level of knowledge with the help of tests;
- 2) students' debriefing on the lesson's topic;
- 3) leading 1-2 patients with diseases and conditions consistent with the theme of the lesson, followed by discussion of the correctness of diagnoses, Differential diagnosis and treatment procedures using evidence-based medicine and in accordance with National and European guidelines and protocols;
- 4) review the results of additional methods of investigation (laboratory and instrumental), which are used in the diagnosis and differential diagnosis, the review of which is stipulated by the topic of the practical training;
- 5) control of the final level of knowledge by the test tasks composed in the Krok-2 format.

Subject mastery (in-practice control) is controlled in the practical session in accordance with the specific objectives, the mastery of the content areas - in the practical summarizing sessions. It is recommended to use these tools to assess the level of students' training: computer tests, solving situational problems, laboratory research and interpretation and evaluation of their results, analysis and evaluation of the results of instrumental studies and parameters that characterize the functions of the human body, control of the acquisition of practical skills.

The final control is carried out by the head of the academic group after the students have mastered each topic of the discipline and are evaluated using a 200-point scale of the university, which corresponds to the 200-point scale of ETS.

Summary session (SST) - is held after logically completed part of the discipline, which consists of a set of training elements of the work program, which combines all types of training (theoretical, practical, etc.), which is not included in the curriculum. Elements of education - professionally (teaching disciplines, all kinds of practices, certification), which are implemented according to the appropriate forms of the educational process. The department provides information for preparing for PG at the information board at the site of the department these materials:

- basic test tasks LII "Krok-2";
- The list of theoretical issues (including those from the self-study work);
- The list of practical skills;
- The list of medicines, which prescriptions must be written by the student;
- list of medical records;
- criteria for evaluating the knowledge and skills of the students;
- a schedule of students' repercussions for missed classes during the semester.

Conducting the summary lessons:

1. Execution of test tasks package for the content of educational material, which includes the following:

- basic test tasks in the discipline, which cover the content of the teaching material of the pre-summarizing session of 30 tests, which correspond to the database "Croc-2". Evaluation criterion - 70.0% of correctly solved tasks; "satisfied" or "not satisfied"). 2;

In addition, the examination was based on the following criteria: a. evaluation of the practical skills mastery

"or failing to do it).

3. During the evaluation of the student's knowledge of theoretical issues, as well as the task for self-study included in this summary session, the student is evaluated on a bagatoball scale, as well as the evaluation of the IPA.

4. Assignments for practical and professional training, which reflect the skills and abilities during the supervision of thematic patients, evaluation of the results of laboratory and

instrumental methods of investigation and selection of treatment tactics, which are designated in the list of work program disciplines.

5. The tasks of diagnostics and rendering assistance in case of non-disabling conditions.

The summary session is accepted by the teacher of the academic group. Forms of the PL must be standardized and include control of all types of training (theoretical, practical, self-study, etc.), the solution of tests "Croc-2", provided by the working program of the discipline. At the beginning of the class, students solve the following tests

"Croc-2" to a number of 30 tasks, then during the reception of the patient group leader takes practical skills, which are assessed as "completed", "not completed", then the students write a letter of work, Each booklet contains 5 theoretical questions, which include questions for self-study, after which there is a confidential discussion with the student, after which the evaluation of the work is given.

**The final semester check** is carried out after the discipline is completed in the form of a summary examination paper (SEM).

**The SRC** is conducted by the head of the academic group at the last session. Students who have a score of at least 70 in the Fall semester and 40 in the Spring semester are admitted to the SSC. The maximum grade in the autumn term is 120, the maximum grade in the spring term is 80. The Fall semester grades are 50-80, the Spring semester grades are 30-40 (see table below).

**Assessment of the student's individual assignments.** At the meeting of the department approved the list of individual tasks (participation with presentations at the student conferences, professional Olympiads, preparation of analytical reviews with presentations to verify the

**The number of points** for their performance, which can be awarded as a credit (not more than 10), is determined.) Balls for individual assignments are only given to students on a one-time basis (committee - head of department, head teacher, teacher of the group) only under the condition of their successful completion and protection. In any case, the total amount of points for an IPA cannot exceed 120 points.

**Assessment of students' self-study work.** Mastery of the topics, which are only on self-study, is verified during the summarizing sessions and the summarizing control works.

In order to assess the results of training in the discipline conducted **control in the form of differential hall**. Only students who have completed two summary control works (block 1 and 2) in the discipline are admitted to the hall.

The General Practice - Family Medicine examination is the process by which the 6th year students are reviewed:

- The level of theoretical knowledge;
- Development of creative thinking;
- skills of self-study;
- Competences - the ability to synthesise the acquired knowledge and use it in solving

practical tasks.

The department provides the following materials for preparation for the examination at the information stand on the website of the department:

- The basic test tasks "Croc";
- The list of theoretical issues (including issues from the self-study work);
- The list of practical skills;
- List of pharmaceuticals, recipes for which the student must write;
- Criteria for evaluating students' knowledge and skills;
- A timetable for students to complete missed lessons during the semester.

### **Conducting the class.**

1. evaluation of theoretical knowledge in accordance with the forms created in the department, which contain two theoretical questions from the disciplines, which were studied during the academic year.

2.

The examination of the practical skills mastery. 2.

3. evaluation of situational problem solving.

Distribution of marks in evaluation - see above in the application of the hall ticket. The maximum score for the hall is 80 points, and the hall is considered complete if at least 50 points are achieved (the evaluation criteria are given below in the table).

### Grades awarded to students

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

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

In general practice-family medicine in each semester 15 practical exercises (30 academic years). Final control is carried out at the 14 practical exercises (15th practical lesson is reserved for PKD).

Accordingly, in the autumn semester the maximum grade for each practical lesson is: 120 points: 14 lessons = 8.6 points. The minimum assessment is 70 points : 14 lessons = 5 points. A grade lower than 5 points means "unsuccessful", the class is not graded and must be corrected according to the established procedure.

A student can receive 50-80 points on the RPC.

In the spring semester the maximum grade for each practical is: 80 points: 14 lessons = 5.7 points, the minimum - 40 points: 14 lessons = 2.9 points. A grade lower than 2.9 means "not satisfactory", the class is not marked and must be corrected according to the established procedure.

A student may receive 30 to 40 points on a PCR.

**The maximum positive score in the reference hall is 80 and the minimum is 50.**

#### Assessment of student success

Type of activity (task)	Maximum number of points
<b>Autumn semester (unit 1)</b>	
Practical sessions 1 to 14	8.6 points per class
All in 14 practical occupations	120
ПКР № 1 (practical occupation № 15)	80
All at once for the IPA and the PCR	200
<b>Spring semester (Unit 2)</b>	
Practical sessions 1 to 14	5,7 points per class
All in 14 practical occupations	80
ПКР № 2 (practical occupation № 15)	40
All at once for the IPA and the PCR	120
Differentiated hall	80
Together for spring term and hall	200

### Knowledge Assessment Criteria

A grade of 8-8.6 in the practical session in the Fall semester (5.1-5.7 grades in Spring semester), 71-80 grades in the CPD in the Fall semester (38-40 grades in Spring semester), and 71-80 grades at the examination (A on ECTS scale and 5 on national scale) the student's performance is evaluated if he/she demonstrates a thorough knowledge of all theoretical propositions and the ability to apply theoretical material for practical analysis and has no inaccuracies.

An assessment of 6-7 points in the autumn term (4-5 points in the spring term), 61-70 points in the PKR in the autumn term (35-37 points in the PKR in the spring term) and 61-70 points in the hall (B and C on the ECTS scale and 4 on the national scale) evaluates the performance, if it shows the knowledge of all theoretical statements, the ability to apply them in practice, but some inaccuracies in the principles are allowed.

A grade of 5 for the Fall semester (2.9-3 for the Spring semester), 50-60 for the CPD in the Fall semester (30-34 for the CPD in the Spring semester), and 50-60 for the GPA (D and E on the ECTS scale and 3 on the national scale) the student's performance is assessed under the condition The student's performance is assessed on the condition that he or she knows the main theoretical statements and can use them in practice.

## 7. RECOMMENDED LITERATURE

### 7.1. Basic (base)

1. Girina O.M., Pasijeshvili L.M., Popik G.S. Family medicine in 3 books. Kiev, Medicine, 2013.
2. The gene pool and health - the possibilities of the family physician in the context of disease prevention // O.I. Tymchenko et al. Timchenko et al. K: 2012. - C. 71.
3. Moskalenko V.F., Girina O.M. Organizational foundations of family medicine. Vol. 1. Kyiv, Medicine, 2007.
4. Moskalenko VF, Girina O.M. The most common diseases in the practice of family medicine. Vol. 2. Kiev, Medicine, 2008.
5. Sklyarov Ye.Y., Martiniuk I.O., Lemishko B.B. Policlinicheskaya pravo i simeyny likar. Kyiv, 2003.
1. Khvistyuk O.M., Rogozhin B.A., Korop A.F. The scope of prophylactic, diagnostic and treatment work of a general practitioner - family physician. Kharkiv, 2005.
2. Bodnar G.V. Paliative medical aid / G.V. Bondar, I.S. Vitenko, O.Y. Popovich. - Donetsk: Donetsk region. 2004. - 80 c.
3. Hromadske zdorov'ya (Public Health) : a textbook for students of higher medical schools / [V.F. Moskalenko, O.P. Gulchiy, T.S. Gruz'eva et al. - Vinnitsya : Nova Kniga, 2011. - 559 c.
4. Care and support of children with IDL infection: training manual for staff of children's institutions, parents, guardians, social workers and other persons who take care of children with IDL infection / [M.L. Ariayeva, N.N.]. L. Aryaev, N.V. Kotova, O.O. Stararets et al.] - K.: Kobza, 2003. - 168 c.
5. Kübler-Ross E. About death and dying / Kübler-Ross E. ; translated from English - Kyiv: "Sofia, 2001. - 317 c.
6. Campbell A. Medical ethics / Campbell A., Gillette G., Jones G. ; translated from English by Y.M. Lopukhin, B.G. Yudina. - Moscow : GEOTAR-Media, 2007. - 400 c.
7. Organization of palliative care at the regional level: a textbook for colleges / [T.Z. Biktimirov, V.I. Gorbunov, A.I. Nabegaev et al.] - Moscow - Ulyanovsk : Ulyanovsk State University, 2009. - 72 c.

## 7.2 Additional

1. an adapted evidence-based clinical practice guideline "Viral hepatitis C in adolescents", Kiev - 2016. Adapted clinical guidelines based on evidence-based "Viral hepatitis B (chronic)", Kiev - 2016.
3. Adapted evidence-based clinical guidelines "Hepatitis B virus. WHO position", Kiev - 2016.
4. Algorithms in the practice of gastroenterology // Edited by O.Y. Babak. - Kyiv: TOV. "Biblioteka Zdorov'ya Ukrainy", 2015. - 162 c.
5. Internal Medicine. In 3 vols. T. 1 / Edited by Prof. K.M. Amosova. - K.: Medicine, 2008. - 1056 c.
6. Internal Medicine. In 3 vols. T. 2 / A.S.Svintsitsky, L.F.Konoplyova, Y.I.Feshchenko et al; Edited by Prof. K.M.Amosova. - K.: Medicine, 2009. - 1088 c.
7. OIE. Information bulletin N°387 lute 2016. <http://www.who.int/mediacentre/factsheets/fs387/>
8. Diagnostics and treatment of diseases of blood system: Handbook [for students and physicians-interns]: to the 170th anniversary of the National Medical University named after A.O. Bogomolets / A.S. Svobodnya. O.O. Bogomolets / A.S. Svintsitsky, S.A. Husyeva, S.V. Skrypnichenko, I.O. Rodionova. - K. : Medkniga, 2011. - 335 c.
9. Zak K.P., Tronko M.D., Popova V.V., Butenko A.K. Cystic diabetes, immunity and cytokines. Kiev: Kniga-plus, 2014. - 500 c.
10. Clasifikatsiyi zhivaniyami organov traumatov: dovidnik / edited by N.V. Kharchenko / O.Y. Babak, O.A. Golubovska, N.B. Gubergrits, A.E. Dorofeev, T.D. Zvyagintseva, I.M. Skrypnyk, S.M. Tkach, G.D. Fadjenko, N.V. Kharchenko, M.B. Shcherbinina - Kirovograd: PP "Polium", 2015. - 54 c.
11. Clinical and radiological atlas for lung diseases diagnosis: training manual / L.D. Todoriko, I.O. Sem'yanov, A.V. Boiko, V.P. Shapovalov. - Chernivtsi: Meduniversitet, 2014. - 342 c.
12. Order of the Ministry of Health of Ukraine of 03.08.2012 <sup>1</sup> 600 "On approval and implementation of medical and technical documents for standardization of medical care for dyspepsia". Uniform clinical protocol for primary care "Dyspepsia".
13. Order of the Ministry of Health of Ukraine No. 1118 of 21.12.2012 "Unified clinical protocol of

Primary and secondary (specialized) medical care "Type 2 diabetes mellitus".

14. Fundamentals of nephrology / ed. by M.O. Kolesnik. - K.: Biblioteka Zdorov'ya Ukrainy, 2013. - 340 c.
15. Practicum of internal medicine: training manual / K.M. Amosova, L.F. Konoplova, L.L. Sidorova, G.V. Mostbauer and others. - K.: Ukrainian Medical Newsletter, 2012. - 416 c.
16. Standards of medical aid to patients with pathological conditions of thyroid and parathyroid glands in conditions of negative factors of prevalence (third edition, enlarged) / Edited by O.V. Kaminski. - Kharkiv: "Yurite", 2017. - 312c.
17. Todorko L.D. Basic syndromes and examination methods in pulmonology and physiotherapy : a training manual / L.D. Todorko, A.V. Boiko. - Kyiv:Medkniga, 2013. - 432 c.
18. Tronko ND, Sokolova LK, Kovzun EI, Paster IP Insulinotherapy: yesterday, today, tomorrow. - K.: Medkniga, 2014. - 192c.
19. 100 selected lectures on endocrinology. / Edited by Yu.I. Karachentsev, A.V. Kazakov, N.A. Kravchun, I.M. Ilyina. - X: 2014. - 948 c.
20. International Textbook 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. 4th 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.

## 7.2 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. Вебсайт Центру громадського здоров'я МОЗ України: <http://phc.org.ua/>
31. [Електронний ресурс]. – режим доступу <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)
- 33.