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| **С.Д.АСФЕНДИЯРОВ АТЫНДАҒЫ****ҚАЗАҚ ҰЛТТЫҚ МЕДИЦИНА УНИВЕРСИТЕТІ**  | **Эмблема университета** | **КАЗАХСКИЙ НАЦИОНАЛЬНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ ИМЕНИ С.Д.АСФЕНДИЯРОВА** |
| **DEPARTMENT OF CHILDREN INFECTIOUS DISEASES** **CONTROLLING AND MEASURING FACILITIES OF STUDENT’S INDEPENDENT WORK**  |

**Guidelines for Independent work of students**

**Lesson number 1**

**1. Topic**: Obstructive bronchitis.

**2. Objective:** To learn to diagnose obstructive bronchitis and to determine the tactics of therapy. (Bases-ruyas formed on the students' knowledge on integrated management of childhood illness)

**3. Assignments**

**Questions for self:**

- Learn how to diagnose obstructive bronchitis in children.

- Learn how to identify major clinical manifestations of obstructive bronchitis in children.

- Learn the tactics. Treatment.

- Learn how to evaluate the indications for hospitalization.

- Learn how to advise parents of a sick child at IMCI

- Follow-up of patients with obstructive bronchitis.

- Learn how to proactively manage chronic obstructive bronchitis.

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion

**5. Performance criteria** (requirements for the assignment)

Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.

Diagnostic algorithm:

*1. Requirements for registration*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2. The structure of the algorithm should include*: title page (issued in the form of) the introduction (definition of relevance of the theme); main part (algorithm provably reveals the basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject), references (7-10 different sources).

Treatment Plan:

*1.Trebovaniya to the design of treatment regimens*: the volume of work should be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiological, pathogenetic, and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the topic), list of references .

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks must be sufficiently accurate for the diagnosis, clinical case studies must be satisfied, Nena competently, in compliance with the cultural presentation, a correct design of the references-graphy.

*2. The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease

over time, indicating the survey and treatment), life history (specify only the information related to the disease), Physical findings the patient (izlo live-in systems with a description of pathology, respectively, subject in question); laboratory instruments, experimental methods (described analpzy and data instrumental studies, neobhidomye for the diagnosis of the basic principles of

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| **DEPARTMENT OF CHILDREN INFECTIOUS DISEASES** **CONTROLLING AND MEASURING FACILITIES OF STUDENT’S INDEPENDENT WORK**  |

treatment of references in the following list of references put the date of preparation of situational problems and signature of its author.

**6.Sroki deposit** - 4 Day of School

**7.Kritery assessment:**

**Criterion for evaluation of clinical case studies.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**8.Literatura**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

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| **DEPARTMENT OF CHILDREN INFECTIOUS DISEASES** **CONTROLLING AND MEASURING FACILITIES OF STUDENT’S INDEPENDENT WORK**  |

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.)**

**Questions**: - Program - IW BDV, its relevance, the strategy aims

 - Age-group of children.

 -The role of an integrated approach during the inspection of the child.

 -The choice of antibacterial drugs, and their validity.

 -Treatment of children with wheeze.

 - And preventive measures.

**Lesson number 2.**

**1.Tema: Pneumonia in children.**

**2. Purpose:** To form the knowledge to diagnose pneumonia and consolidate skills of patients with pneumonia using IMCI guidelines through the tables, algorithms, and counseling skills of parents sick child and to determine the time when the immediate need, but go to a medical facility

**3. Assignments**

• Build students' skills to assess sick children with pneumonia in modulus of IMCI;

• Build knowledge of the students classified as sick children with pneumonia modulo IMCI;

• Create the ability to examination of the patient with pneumonia to identify the severity of pneumonia-bottomium modulo IMCI;

• Create the ability to determine the severity of the condition, the degree of respiratory lesions of patients with pneumonia of children in absolute value of IMCI;

• Create a student's ability to advise the mother of a child with pneumonia and work with the sick child, as well as follow-up and the need to immediately return to the Medical Institutions;

**4.Form performance:** Algorithm for diagnosis, treatment plan, preparation of clinical situa-tion.

**5. Performance criteria** (requirements for the assignment):

**Requirements for registration: algorithms for diagnosis, treatment options, clinical situations-discriminatory objectives.**

**1. The algorithm of "assessment" of cough and shortness of breath:**

*1.1. Requirements for registration adgoritma "assessment":*

amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*1.2. The structure of the algorithm should include:*

cover sheet (issued in the form of) the introduction (the definition of the relevance of the theme: "pneumonia in children", and h) the main part (algorithm provably reveals the "assessment" am-yaniya children with pneumonia), conclusion (summarizing and provides a generalized conclusion on the topic) ; references (7-10 different sources).

**2. The classification scheme of pneumonia:**

*2.1.Trebovaniya to the design of classification schemes:*

volume of work should be within 3-4 printed pages, the work must be carried out competently, to, subject to the presentation of culture, in the course of the text must have the Xia-links to the literature used, the correct design of the bibliography.

*2.2.Primernaya structure of the classification scheme:*

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cover sheet (issued in the form), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals the classification of pneumonia); conclusion, the (summed up, or give a generalized conclusion on the topic), list of references.

**3.Sostavlenie clinical problem assessment and classification of pneumonia IMCI:**

*3.1.Trebovaniya to the design of clinical case studies:*

volume of the problem should be sufficient for the assessment and classification of pneumonia clinically situational task must be performed competently, in compliance with the culture of the presentation, should be the correct design of the bibliography.

*3.2. The structure of the clinical case studies should include:*

complaints of the patient with pneumonia, medical history (in chronological order to reflect the course of the disease over time, indicating the survey and treatment of patients with pneumonia), life history (specify only the information related to the disease), Physical findings the patient (duration of cough and shortness of breath , respiratory rate, chest indrawing, stridor at rest, wheeze), laboratory and instrumental methods (describe the data analysis and research tools (including x-rays of the lungs), necessary for the diagnosis, references, put the date after which the preparation of situational problem and the signature of its author.

**6. Deadline - the first landmark control.**

**7. Evaluation criteria.**

**Criterion for evaluation of clinical case studies.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**8.Literatura**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.).**

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

**Lesson 3**

**1. Topic: Types of fever curves**

**2. Purpose:** To develop and strengthen skills of diagnosis and differential diagnosis of infectious patients with fever.

**3. Learning objectives:**

• To teach students to understand the essence of a protective-adaptive reaction of the patient in the child's response to the introduction of infectious agents;

• To teach students to identify the stage of fever, the degree of temperature rise and the main types of fevers;

• Teach the student to advise the mother sick child with fever medi-Nome care of it and when to return immediately to a medical facility;

**4. Form of implementation:** Review reports, presentations, preparation of situational problems, algorithms, tests, role-playing game;

**5. Performance criteria** (requirements for the assignment)

Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.

Diagnostic algorithm:

*1. Requirements for registration*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2. The structure of the algorithm should include*: title page (issued in the form of) the introduction (definition of relevance of the theme); main part (algorithm provably reveals the basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject), references (7-10 different sources).

Treatment Plan:

*1.Trebovaniya to the design of treatment regimens*: the volume of work should be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiological, pathogenetic, and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the topic), list of references .

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem:* the volume of tasks must be sufficiently accurate for the diagnosis, clinical case studies must be satisfied, Nena competently, in compliance with the cultural presentation, a correct design of the references-graphy.

*2. The structure of the clinical case studies should include:*

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease

over time, indicating the survey and treatment), life history (specify only the information related to the disease), Physical findings the patient (izlo live-in systems with a description of pathology, respectively, subject in question); laboratory instruments, experimental methods (described analpzy and data instrumental studies, neobhidomye for the diagnosis of the basic principles of treatment of references in the following list of references put the date of preparation of situational problems and signature of its author.

**6.Sroki date - the first landmark control**

**7.Kritery assessment.**

**Criterion for evaluation of clinical case studies.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**8.Literatura:**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

**MORE:**

1. A comprehensive guide infectious disease. Moscow, Penguin Books, 2006

**9.Kontrol (questions, tests, tasks, etc.).**

• Development of a clinical situation

• Make a diagnostic algorithm

• Create a treatment plan

• Develop a training history

**Lesson number 4**

**1. Topic: Invasive diarrhea in children. Salmonellosis**

**2. Purpose:** The student should be able to diagnose and treat frequently encountered

forms of salmonellosis in children of any age and shape the students' knowledge on integrated vannomu management of childhood illness with salmonella.

**3. Assignments:**

1. Etiology and epidemiology of salmonellosis.

2.Harakteristika pathogen prevalent serovars. Features of hospital strains.

3.Osobennosti epidemiology in young children.

4.Klassifikatsiya, Clinical characteristics of salmonellosis. Basic principles of classification of.Gastrointestinal.Septicaemic form.

5.Bakterionositelstvo. Pathogenesis and pathomorphology of salmonellosis

6.Oslozhneniya, outcomes. Prolonged, chronic course.

7.Osobennosti clinic salmonellosis in children 1 year of life.

8. Clinic of mixed infection. Features of the clinic with hospital acquired infections.

9.Diagnostika, the differential diagnosis of salmonellosis.

10.Differentsialnaya diagnosis with other enteric infections.

11.Lechenie and prevention of salmonellosis. Indications for antibiotic therapy, duration, pre-select Parati, the role of antibiogram. Pathogenetic therapy.Treatment in period rekonva-lestsentsii.Treatment of protracted course.

12.Vedenie at home. Clinical supervision, prevention at the source.

**4.Forma venue:** The algorithm of diagnosis, treatment plan, preparation of clinical situation**.**

**5. Performance measures:**

**Requirements for registration:** algorithms for diagnosis, treatment options, clinical-tasks

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the presentation tech-hundred shall refer to the literature used, the correct design of the bibliography.

*2.Struktura algorithm should include*: title page / issued in the form of /; introduction / definition of the relevance of topics) bulk / algorithm provably reveals the basic principles of diagnosis /; conclusion / summarizes and provides a generalized conclusion on the subject /; references / 7 - 10 different source/

**Treatment Plan**:

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 PRINT-GOVERNMENTAL pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

*2.Struktura clinical situational tasks should include*: title page (making out-etsya shape) of the passport (name, age), patient complaints, medical history (reflected zit in the chronologically in the dynamics of the disease with an indication of the spent-following and treatment), life history (specify only the information related to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis) , the basic principles of treatment, bibliography, and after the date of the references put situational training objectives and the signature of its author.

**6. Deadline** - 8 classes per day.

**7. Evaluation Criteria**

**1.Kriterii situational assessment of clinical problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. References:**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol** (questions, tests, tasks, etc.).

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

**Lesson number 5**

**1. Topic:Invasive diarrhea. Shigellosis.**

**2. Objective:** To learn to diagnose and determine the tactics of shigellosis therapy (based on students' knowledge generated by integrated management of childhood illness)

**3. Assignments**

• Learn to diagnose shigellosis in children

• Learn to identify the main clinical manifestations of shigellosis among children teach tactics of treatment.

• Learn to assess the indications for hospitalization.

• Teach parents to advise a sick child at IMCI

• Follow-up of patients with shigellosis.

• Learn to be prevented shigellosis.

**4.The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion

**5.Performance criteria (requirements for the assignment)**

**Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.**

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the presentation tech-hundred shall refer to the literature used, the correct design of the bibliography.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably reveals the basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks must be sufficiently accurate for the diagnosis, clinical case studies should be performed graph-bunt, subject to the presentation of culture, the proper design of the bibliography.

*2. The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniem survey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6. Deadline - second landmark control**

**7. Evaluation Criteria**

**1.Kriterii situational assessment of clinical problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.)**

- Program - IW BDV with diarrhea

- Clinic manifest forms of shigellosis caused by shigellaflexneri

- Atypical forms, their role in the spread of disease

- complications, diagnosis, shigellosis, the differential diagnosis.

- The choice of antibiotics in shigellosis, their validity

- Sanitary-epidemic measures in the outbreak of shigellosis

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

 Making academic history

**Lesson 6**

**1. Title:Cholera in children**

**2. Purpose:** To teach the basic principles of diagnosis of cholera, differential diagnosis, to determine the form, severity of illness, make a plan examination and treatment of choles-ry. To teach the basic principles preduprzhdeniya, prevention of cholera in children.

**3. Assignments;**

 **Questions for self:**

1. The etiology, epidemiology, sources of infection and transmission of cholera.

2 Pathological changes and pathogenesis of cholera.

3 Clinical manifestations in detey.Osobennostialgida cholera in children.

4 Diagnosis and differential diagnosis

5 Laboratory dignostika cholera (bacteriological examination, serological digno cholera-stick)

6 general the principles of treatment

7 Features of oral rehydration.

8 Prevention,

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion.

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.**

**Diagnostic algorithm:**

*1. Requirements for registration*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2. The structure of the algorithm should include*: title page (issued in the form of) the introduction (definition of relevance of the theme); main part (algorithm provably reveals the basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject), references (7-10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the volume of work should be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiological, pathogenetic, and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the topic), list of references .

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks must be sufficiently accurate for the diagnosis, clinical case studies must be satisfied, Nena competently, in compliance with the cultural presentation, a correct design of the references-graphy.

*2. The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease

over time, indicating the survey and treatment), life history (specify only the information related to the disease), Physical findings the patient (izlo live-in systems with a description of pathology, respectively, subject in question); laboratory instruments, experimental methods (described Data analysis and instrumental studies, required for the diagnosis of the basic principles of treatment of references in the following list of references put the date of preparation of situational problems and signature of its author.

**6.Sroki date - the second landmark control**

**7.Kritery performance:**

**Criterion for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**8. Literature**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.)**

- Program - IW BDV with diarrhea

- The age group of children.

- The choice of antibacterial drugs, and their validity.

- The treatment of children with cholera

- Prevention activities.

-. Preparation of the clinical situation.

- Make a diagnostic algorithm:

- Make the scheme treat

- Making academic history

**Lesson number 7**

**1. Subject: escherichiosischildren ..**

**2. Purpose:** To familiarize with the basic principles of diagnosis, perform a differential dia-prognosis, to determine the form and severity of illness, make a plan examination, treatment and prevention of infection prevention esherihioznoy / EI /;

**3. Assignments:**

**Questions for self:**

• the allocation of four groups of EI in antigenic structure.

• Sources of infection and transmission;

• the susceptibility of children of different ages in EI;

• pathomorphological changes in the gut with EI;

• diagnosis and differential diagnosis of EI;

• osobenoosti clinical manifestations of different groups of EI;

• laboratory diagnosis of EI / bacteriological, serological /;

• treatment, depending on the severity of EI;

• Prediction and prevention of EI.

**4. The form of execution:** an algorithm for diagnosis, treatment plan, preparation of clinical situa-tion.

**5. Performance criteria / requirements for the assignment /**

**Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.**

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the presentation tech-hundred shall refer to the literature used, the correct design of the bibliography.

*2.Struktura algorithm should include*: title page / issued in the form of /; introduction / definition of the relevance of topics) bulk / algorithm provably reveals the basic principles of diagnosis /; conclusion / summarizes and provides a generalized conclusion on the subject /; references / 7 - 10 different source/

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 PRINT-GOVERNMENTAL pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

*2.Struktura clinical situational tasks should include*: title page (making out-etsya shape) of the passport (name, age), patient complaints, medical history (reflected zit in the chronologically in the dynamics of the disease with an indication of the spent-following and treatment), life history (specify only the information related to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis) , the basic principles of treatment, bibliography, and after the date of the references put situational training objectives and the signature of its author.

**6. Deadline - second landmark control.**

**7. Evaluation Criteria**

**1.Kriterii situational assessment of clinical problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

2.infektsionnye disease in children (diagnosis, control measures) under. Ed. Kuttykuzhanovoy GG

3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.)**

- Program - IW BDV with diarrhea

- 1.Sostavlenie clinical situation: EI caused EPKP, mid-weight form.

- 2.Sostavte diagnostic algorithm: the child is 3 years, a preliminary diagnosis THIS.

- 3.Sostavte regimen: a child 4 years, clinical diagnosis auspices.

- 4. Preparation of educational history

**Lesson number 8**

**1. Topic: Secretory diarrhea. Rotavirus gastroenteritis**

**2. Purpose:** To familiarize with the basic principles of diagnosis, perform a differential dia-prognosis, to determine the form and severity of illness, make a plan examination, treatment and prevention pro-rotavirus gastroenteritis

**3. Assignments:**

**Questions for self:**

• 1. The etiology, epidemiology, sources of infection and transmission of rotavirus infection.

• 2 Pathological changes and pathogenesis of rotavirus infection.

• 3 Clinical manifestations in children ..

• 4 The diagnosis and differential diagnosis

• 5Laboratornaya dignostika rotavirus infection.

• (virological examination, serological dignostika, PCR)

• 6 General principles of treatment

• 7 Features of oral rehydration therapy.

• 8 Prevention,

**4. The form of execution:** an algorithm for diagnosis, treatment plan, preparation of clinical situa-tion.

**5. Performance criteria / requirements for the assignment /**

**Requirements for registration: algorithms for diagnosis, treatment options, clinical situational problems.**

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the presentation tech-hundred shall refer to the literature used, the correct design of the bibliography.

*2.Struktura algorithm should include*: title page / issued in the form of /; introduction / definition of the relevance of topics) bulk / algorithm provably reveals the basic principles of diagnosis /; conclusion / summarizes and provides a generalized conclusion on the subject /; references / 7 - 10 different source/

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 PRINT-GOVERNMENTAL pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

*2.Struktura clinical situational tasks should include*: title page (making out-etsya shape) of the passport (name, age), patient complaints, medical history (reflected zit in the chronologically in the dynamics of the disease with an indication of the spent-following and treatment), life history (specify only the information related to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis) , the basic principles of treatment, bibliography, and after the date of the references put situational training objectives and the signature of its author.

**6. Deadline - second landmark control.**

**7. Evaluation Criteria**

**1.Kriterii situational assessment of clinical problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

 **Summary:**

1.Buklety IMCI training manuals, a CD with a computer program and learning to adapt IMCI.

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3.Timchenko VN Infectious diseases in children Saint-Petersburg, 2006.583.

MORE:

1.Rukovodyaschie principles of managing patients with cough or difficult breathing for Staciona-ditch first level in the Programme of Integrated Management of sick children (IMCI). Toolkit.Almaty, to 2004.91.

**9.Kontrol (questions, tests, tasks, etc.)**

- Program - IW BDV with diarrhea

- 1.Sostavlenie clinical situation: EI caused EPKP, mid-weight form.

- 2.Sostavte diagnostic algorithm: the child is 3 years, a preliminary diagnosis THIS.

- 3.Sostavte regimen: a child 4 years, clinical diagnosis auspices.

- 4. Preparation of educational history

**Lesson 9**

**1.Tema:diphtheria among children.**

**2. Session Purpose**: To teach the diagnosis of diphtheria in different periods of the disease, to conduct a differential diagnosis, detect complications, treatment, and to organize counter-measures.

**3. Assignments:**

1. Milestones in the study of diphtheria.

2. Etiology, epidemiology, pathogenesis of diphtheria.

3. Clinical manifestations of diphtheria process in different locations.

4.Osobennosticroupous inflammation. Anatomical and physiological features of the larynx, trachea, bronchi, in children of different ages.

5. Classification of the DCF (to SN Rozanov). The definition of "major."Periods of croup.Clinical symptoms that characterize each of the periods of the disease.Assessment of degree of stenosis of the larynx.Complications of diphtheria croup.Auxiliary diagnostic methods (direct and indirect laryngoscopy, bacteriological and serological methods).

6. Current methods of laboratory diagnosis.

7. Differential diagnosis of similar diseases.

8. Complications.

9. Treatment and prevention.

**4. The form of execution**: an algorithm for diagnosis, treatment plan, preparation of clinical situa-tion.

**5.Kriterii performance:**

**requirements for registration**: algorithms for diagnosis, treatment patterns, clinical situations-discriminatory objectives.

**Diagnostic algorithm**:

*1.Tebovaniya to registration*. The amount of work to be printed within 3-4 prostrate country, work should be done intelligently, with soblodeniem cultural exposition, in the course of the presen-text should refer to the literature used, the correct design of the bibliography,

 *2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably distribution opens up the basic principles of diagnosis), conclusion (summarizing or generalization is given schenny conclusion on the subject), references (7-10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 ne-chutney pages, the work must be performed competently, in compliance with the presen-culture of, in the course of islozheniya text should refer to the literature used; of correct execution bibliographies.

*2.Primernaya structure of the treatment regimen*: the title-list (drawn up in form), intro-tion (justification of the relevance of topics) bulk (Scheme conclusively reveals the etiology, biological, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on theme), a list of references.

**Preparation of clinical problems.**

*1. Requirements for clinical case studies*: 'the volume of the problem should be sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of biblio-graphy.

*2. The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age); complaints

patient, medical history (reflected in chronological order within

disease dynamics with an indication of the survey and treatment), history

life (specify only information relevant to the disease);

Physical findings the patient (presented "on systems with a description of the pathology

respectively, subject in question); laboragorno instrumental methods of investigation

(Describe the data analysis and research tools necessary for

diagnosis), the basic principles of treatment, references, and after the list

literature put the date of preparation of situational problems and signature of its author.

 **6. Deadline** 14-day training

 **7. Evaluation Criteria**

 **Criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

1. Infectious diseases in children. Timchenko VN St. Petersburg, 2006, 583

2. Infectious diseases and vaccination in children

3. Uchaikin VF, Nisevich NI, Shamsheva OV M, Manual for vuzov.2006g 688

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<http://www.mmbook.ru/>

<http://www.medlit.biz/>

<http://www.nrcmc.kz/>

<http://medwedi.ru/>

<http://www.rosmedic.ru/>

<http://www.medliter.ru/>

http://www. wm. article. Com

**Lesson 10**

**1.Tema: Measles in children.**

**2.Purpose:** Getting a diagnosis of measles in the different periods of illness, to carry out differential diagnosis rensitsialnuyu determine the form and severity of disease, detect complications, prescribe treatment and organize protivoepidimicheskie event.

**3.Zadaniya**

1.Vozbuditel measles, its morphological and cultural property.

2.Epidemiologicheskie particular source of measles infection, transmission, susceptibility, immunity.

3.Basicpotogeneza links. Secondary immunodefetsit developing in measles.

4.Patomorfologicheskie changes in measles in various organs and tissues.

5.Klassifikatsiya measles.

6.Klinicheskie signs of measles in the prodromal period, and period of eruptions and pigment-tion - supporting diagnostic features.

7.Klinichekayamitigirevannoy symptoms of measles and erased.

8.Kritery severity of measles.

9.Oslozhnenie measles - specific and nonspecific.

10.Osobennost measles in infants Age.

11.Differentsialny diagnosis of measles in the difference between periods of illness.

12.Kor in vaccinated children.

13.Oporno-diagnostic features of different periods of measles disease.

14.Laborotornoe diagnosis of measles: virological, seralogicheskoe, hematology.

15.Printsipy treatment. Indications for antibiotics.

16.Dispansernoe observation.

17.Spetsificheskoe and nonspecific prophylaxis.

**4.Forma performance:** Algorithm for diagnosis, treatment regimen, making the clinical situation.

**5.Kriterii performance:**

**requirements for registration**: algorithms for diagnosis, treatment patterns, clinical situations-discriminatory objectives.

**Diagnostic algorithm**:

*1.Tebovaniya to registration*. The amount of work to be printed within 3-4 prostrate country, work should be done intelligently, with soblodeniem cultural exposition, in the course of the presen-text should refer to the literature used, the correct design of the bibliography,

 *2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably distribution opens up the basic principles of diagnosis), conclusion (summarizing or generalization is given schenny conclusion on the subject), references (7-10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 ne-chutney pages, the work must be performed competently, in compliance with the presen-culture of, in the course of islozheniya text should refer to the literature used; of correct execution bibliographies.

*2.Primernaya structure of the treatment regimen*: the title-list (drawn up in form), intro-tion (justification of the relevance of topics) bulk (Scheme conclusively reveals the etiology, biological, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on theme), a list of references.

**Preparation of clinical problems.**

*1. Requirements for clinical case studies*: 'the volume of the problem should be sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of biblio-graphy.

*2. The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age); complaints

patient, medical history (reflected in chronological order within

disease dynamics with an indication of the survey and treatment), history

life (specify only information relevant to the disease);

Physical findings the patient (presented "on systems with a description of the pathology

respectively, subject in question); laboragorno instrumental methods of investigation

(Describe the data analysis and research tools necessary for

diagnosis), the basic principles of treatment, references, and after the list

literature put the date of preparation of situational problems and signature of its author.

 **6. Deadline** 3-D landmark control

 **7. Evaluation Criteria**

 **Criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Literature**

**Basic:**

1.Infektsionnye disease in children. Timchenko VN St. Petersburg, 2006, 583

2.Infektsionnye disease and vaccination in children

3.Uchaykin VF, Nisevich NI, Shamsheva OV M. Textbook for vuzov.2006g 688

**More:**

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<http://www.rosmedic.ru/>

<http://www.medliter.ru>;

http:www. wm. article, com

**9.Kontrol** (20 tests for source control, 10 situational problems)

-Preparation of clinical situations: typical measles prodrome.

-Drafting diagnostic algorithm: a child 9 months., A preliminary diagnosis: measles, during eruptions.

-Make a patient's treatment regimen 10 months. diagnosed with a severe form of measles complicated by the typical two degrees of focal pnevmaniey.

**Lesson 11**

**1. Subject** malaria in children.

**2. Goal**

the student should be able to diagnose and treat common forms of malaria in children, a pleasure of age in connection with possible sporadic (imported) cases of malaria.

**3. Assignments**

**Questions for self:**

1. The urgency of the problem.

2. Characteristics of the pathogen.

3. The cycle of the malaria parasite.

4. Epidemiology of malaria (source, transmission, susceptibility).

5. Pathological picture of malaria.

6. Clinical picture:

◦ especially falciparum malaria;

◦ features a four-malaria;

◦ tropical malaria;

◦ malariaovale.

7. Clinic of malaria in children in the first year of life.

8. Congenital malaria.

9. The course and prognosis of malaria.

10. Complications of malaria - cerebral edema, coma, algid, acute renal failure.

11. Diagnosis of malaria and the difficulties of today.

12. The differential diagnosis of early and late stages.

13. Treatment and prevention efforts.

**4. The form of execution:** The algorithm of diagnosis, treatment regimen,

compilation of the clinical situation

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of biblio-graphy.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably-em aperture basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniem survey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6 Deadline** 3-D landmark control

**7 Evaluation Criteria**

**The criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

A Kuttykozhanova GG Balalalardyninfektsiyalykaurulary Almaty, 2010. r.363

2 Infectious diseases in children.Timchenko VN St. Petersburg, 2008, 583 p.

3 Infectious diseases and vaccination in children Uchaikin VF, Nisevich NI, Shamsheva OV M, Manual for vuzov.2006g 688

4 Infectious diseases in children (diagnosis, control measures), ed. Kuttykuzhanovoy GG 160s.

5 Communicable diseases in children.Ed. E.N Simovyan.Rostov on Don. Phoenix 2007 763s

**MORE**

1. Childhood infectious diseases. VN Samarin, O.A.Sorokina. Bean.Nevsky Dialect. 2003

2. Diagnosis, differential diagnosis and treatment of childhood infections. Timchenko VN, Levanovich VV Mikhailov, IB Handbook. St. Petersburg, 2004, 383 pp.

3. Tropical diseases. Seydullaeva LB Almaty, 2002

4. Standards and algorithms activities in infectious diseases. Practical Guide.S.A.Amireev. T.A.Muminov, B.L.Cherkassky, K.S.Ospanov Almaty, 2007, 1tom.

5. Vector-borne infectious diseases in Europe. Their distribution and effects on public health. Norman Gratz. Proceedings of the WHO.156 p.

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<http://www.rosmedic.ru/>

<http://www.medliter.ru/>

WWW.Nauka. KZ

**9. control** (20 tests for the source control, 10 situational problems).

1. Create a diagnostic algorithm on the topics:

"Differential diagnosis of malaria in the early stages"

"Differential diagnosis of malaria in the later stages of the disease"

2. Make a clinical situation on theme: "The course of malaria in children 1 year of life."

3 Make a plan of treatment

Boy 12 years dz Malaria, caused by Plasmodium falciparum form of moderately

**Lesson 12**

**1.Tema:** Diseases that occur with the rash syndrome in children. Enterovirus infection.

**2. The purpose** of the clinical form of thinking skills in the diagnosis of "enterovirus infection" in children, especially in the early stages, with the classification, pathogenesis and antiretroviral clinic ente-infection, to generate the skills of differential diagnosis of enterovirus infection in children, develop the habit of treating, plan survey, of about -preventive activities.

**3. Assignments:**

**Questions for self:**

1.Etiologiya and epidemiology of enterovirus infection in children

2. Pathogenetic features of enterovirus infections in children

3. Morphological changes in the skin and in various organs and systems for enterovirus infection in children

4. Clinical manifestations of enterovirus infection in children

5. Indicators of severity.

6. Differential diagnosis of enterovirus infection in children

7. Laboratory Methods of enterovirus infection in children

8. Indications for hospitalization.

9. The principles of treatment.

10. Treatment in hospital.

11. Prevention of enterovirus infection in children

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion, educational history

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of biblio-graphy.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably-em aperture basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniemsurvey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6 Deadline** 3-D landmark control

**7 Evaluation Criteria**

**The criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

A Kuttykozhanova GG Balalalardyninfektsiyalykaurulary Almaty, 2010. r.363

2 Infectious diseases in children.Timchenko VN St. Petersburg, 2008, 395-403 p.

3 Infectious diseases and vaccination in children Uchaikin VF, Nisevich NI, Shamsheva OV M, Manual for vuzov.2006g 217-219

**MORE**

1. Standards and algorithms activities in infectious diseases. Practical Guide.S.A.Amireev. T.A.Muminov, B.L.Cherkassky, K.S.Ospanov Almaty, 2007, 1tom.

2. Infectious diseases in children. (Diagnostics, control measures), ed. Kuttykuzhanovoy GG 160s.

3. Infectious diseases in children. Ed. EN Simovyan.Rostov-on-Don.Phoenix, 2007. 763s

**9. Control: questions, tests, tasks.**

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

 Drafting Table diffusion / diagnosis of diseases that occur with the syndrome of rash in children

**Lesson 13**

**1.Tema:** Diseases that occur with the rash syndrome in children. Rubella.

**2. The purpose** of the clinical form of thinking skills in the diagnosis of "measles" of the of children, especially in the early stages, with the classification, pathogenesis and clinic of the disease, to form skills of differential diagnosis of rubella in children, develop the habit of treatment plan surveys, preventive measures.

**3. assignments:**

**Questions for self:**

1.Etiologiya and epidemiology of rubella in children

2. Pathogenetic features of rubella in children

3. Morphological changes in the skin and in various organs and systems during rubella in children

4. Clinical manifestations of rubella in children

5. Indicators of severity.

6. Differential diagnosis of rubella in children

7. Laboratory Methods of rubella in children

8. Indications for hospitalization.

9. The principles of treatment.

10. Treatment in hospital.

11. Prevention of rubella in children

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion, educational history

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of biblio-graphy.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably-em aperture basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniem survey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6 Deadline** 3-D landmark control

**7 Evaluation Criteria**

**The criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

1. Kuttykozhanova GG Balalalardyninfektsiyalyқaurulary Almaty.In 2010. r.363

2. Infectious diseases in children. Timchenko VN St. Petersburg. 2008, 86-91 p.

3. Infectious diseases and vaccination in children. Uchaikin VF, Nisevich N., Sham, OV-Sheva Moscow. The textbook for high schools. , 2006. 208-216s.

MORE:

1. Standards and algorithms activities in infectious diseases. How.S.A.Amireev., T.A.Muminov., B.L.Cherkassky., K.S.Ospanov. Almaty.Of 2007.1tom. 596s.

2. Infectious diseases in children. (Diagnostics, control measures), ed. Kuttykuzhanovoy GG 160s.

3. Infectious diseases in children. Ed. EN Simovyan.Rostov-on-Don.Phoenix, 2007. 763s

**9. Control: questions, tests, tasks.**

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

- Drafting Table diffusion / diagnosis of diseases that occur with the syndrome of rash in children

**Lesson 14**

**1.Tema:Diseases that occur with the rash syndrome in children. Scarlet fever**

**2. The purpose** of the clinical form of thinking skills in the diagnosis of "scarlet fever" in children, especially in the early stages, with the classification, pathogenesis and clinic of diseases of, to form skills in differential diagnosis of scarlet fever in children, develop the habit of treatment plan surveys, preventive measures.

**3. assignments:**

**Questions for self:**

1.Etiologiya and epidemiology of scarlet fever in children

2. Pathogenetic features of scarlet fever in children

3. Morphological changes in the skin and in various organs and systems of scarlet fever in children

4. Clinical manifestations of scarlet fever in children

5. Indicators of severity.

6. Differential diagnosis of scarlet fever in children

7. Laboratory Methods of scarlet fever in children

8. Indications for hospitalization.

9. The principles of treatment.

10. Treatment in hospital.

11. Prevention of scarlet fever in children

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion, educational history

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of biblio-graphy.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably-em aperture basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniemsurvey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6 Deadline** 3-D landmark control

**7 Evaluation Criteria**

**The criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
| 3 | The correctness of the description and interpretation of additional methods | described and interpreted by all the extra methods | there are some inaccuracies in the description and interpretation of additional research methods | Additional methods are described and interpreted with serious omissions | Additional methods are described and interpreted correctly |
| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the drawings, diagrams, when parsed Pathology | Algorithm is accurately available | There are some inaccuracies in Algorithm | These reflect some inaccuracies with serious omissions | Done incorrectly |
| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
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**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

1. Kuttykozhanova GG Balalalardyninfektsiyalyқaurulary Almaty.In 2010. r.363

2. Infectious diseases in children. Timchenko VN St. Petersburg. 2008, 118-125 p.

3. Infectious diseases and vaccination in children. Uchaikin VF, Nisevich N., Sham, OV-Sheva Moscow. The textbook for high schools. , 2006. 529-531s.

MORE:

1. Standards and algorithms activities in infectious diseases. How.S.A.Amireev., T.A.Muminov., B.L.Cherkassky., K.S.Ospanov. Almaty.Of 2007.1tom. 596s.

2. Infectious diseases in children. (Diagnostics, control measures), ed. Kuttykuzhanovoy GG 160s.

3. Infectious diseases in children. Ed. EN Simovyan.Rostov-on-Don.Phoenix, 2007. 763s

**9. Control: questions, tests, tasks.**

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

- Drafting Table diffusion / diagnosis of diseases that occur with the syndrome of rash in children

**Lesson 15**

**1.Tema: Diseases that occur with the syndrome of lymphadenopathy in children. Infectious mononucleosis.**

**2. The purpose** of the clinical form of thinking skills in the diagnosis of "infectious mononucleosis" in children, especially in the early stages, with the classification, pathogenesis and clinic of the disease, to form skills in differential diagnosis of infectious mo-nonukleoza in children, develop the habit of treatment plan surveys, preventive activities.

**3. Assignments:**

**Questions for self:**

1.Etiologiya and epidemiology of infectious mononucleosis in children

2. Pathogenetic features of infectious mononucleosis in children

3. Morphological changes in the skin and in various organs and systems for infectious mononucleosis in children

4. Clinical manifestations of infectious mononucleosis in children

5. Indicators of severity.

6. Differential diagnosis of infectious mononucleosis in children

7. Laboratory methods for studies of infectious mononucleosis in children

8. Indications for hospitalization.

9. The principles of treatment.

10. Treatment in hospital.

11. Prevention of infectious mononucleosis in children

**4. The form of execution:** The algorithm of diagnosis, treatment regimen, making the clinical situation-tion, educational history

**5. Performance criteria (requirements for the assignment)**

**Requirements for registration**: algorithms for diagnosis, treatment options, clinical situational problems.

**Diagnostic algorithm:**

*1.Trebovaniya to the design*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of biblio-graphy.

*2. The structure of the algorithm should include*: title page (issued in the form);

Introduction (definition of relevance of the topic), the main part (algorithm provably-em aperture basic principles of diagnosis), conclusion (summarizing and provides a generalized conclusion on the subject) References (7 - 10 different sources).

**Treatment Plan:**

*1.Trebovaniya to the design of treatment regimens*: the amount of work has to be within 3-4 printed pages, the work must be performed competently, in compliance with the presentation of culture, in the course of the text should refer to the literature used, the correct design of the bibliography.

*2.Primernaya structure of the treatment regimen*: the title page (the form is issued), introduction (rationale for the relevance of topics) bulk (Scheme conclusively reveals etiologiche-parameter, pathogenetic and symptomatic treatment), conclusion (summarizing and provides a generalized conclusion on the subject); bibliography.

**Preparation of clinical problems.**

*1.Trebovaniya to the design of clinical situational problem*: the volume of tasks to be it is sufficient for diagnosis, clinical case studies should be performed competently, in compliance with the cultural presentation, a correct design of the bibliography.

2. *The structure of the clinical case studies should include*:

cover sheet (issued in the form) of the passport (name, age), patient complaints, medical history (in chronological order to reflect the course of the disease over time, with the indicated zaniem survey and treatment), life history (specify only the information relevant to the disease), Physical findings the patient (present on systems with a description of pathology, respectively, subject in question); laboratory and instrumental methods (describe the data analysis and research tools needed for diagnosis), the basic principles of treatment, bibliography, list of references is placed after the date of situational training objectives and the signature of its author.

**6 Deadline** 3-D landmark control

**7 Evaluation Criteria**

**The criteria for evaluation of clinical case studies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | description of the validity of complaints and a history of the disease | all questions are answered accurately | there are some inaccuracies in the description and the claims history of the disease | history of complaints data contained serious omissions | history of complaints are set out correctly |
| 2 | The validity of objective evidence of disease coverage | objective data highlights exactly | There are some inaccuracies in the description of the objective data | Objective data reflected the serious omissions | objective data are reflected correctly |
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| 4 | Spies in the presence of four-ke main literature sources, lighting-absorbing joint variable of the states issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

**The correction factor: 4**

**For example:** 5 criteria received 25 points x 4 = 100 points.

* **Criteria for assessing treatment regimens**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
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| 3 | Quality drawn pictures and diagrams | High quality | Medium quality | quality | very poor quality |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
| 5 | Responses to control questions | hydrostaticand deep knowledge of the material | knowledge of the material issues, but minor inaccuracies in the responses | received answers to 1 of 3 questions | not answered the questions |

The correction factor: 4

**For example: 5 criteria received 25 points x 4 = 100 points**

* **Criteria for assessing diagnostic algorithm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| № | criteria | 5 points | 4 points | 3 points | 2 points |
| 1 | The presence of urgency and relevance | Reflected summary, there is a resume | There are some inaccuracies in the reflection of the relevance and urgency | the summary and the summary contained serious omissions | summaries reflect the urgency of properly |
| 2 | The accuracy of the algorithms for examination of patients parsed Pathology | The algorithm is composed exactly | There are some inaccuracies in the drafting of the algorithm | The algorithm is composed with serious omission | Algorithm made improperly |
| 3 | Use tables, diagrams, algorithms in the preparation of informative | illustrations of high quality | illustrations are informative, the average quality | illustrations is not enough informative | illustrations None |
| 4 | The presence in the list of the literature of the ground sources, lighting-absorbing joint belt status of the issue (monographs, periodicals), | complete list of sources that reflect the current state of the question | exhaustive list of sources that reflect the current state of the question | list includes older sources not reflecting the current state of the question | no list |
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**For example: 5 criteria received 25 points x 4 = 100 points**

**8. Literature**

**Summary**

1. Kuttykozhanova GG Balalalardyninfektsiyalyқaurulary Almaty.In 2010. r.363

2. Infectious diseases in children. Timchenko VN St. Petersburg. 2008, 224-230 p.

3. Infectious diseases and vaccination in children. Uchaikin VF, Nisevich N., Sham, OV-Sheva Moscow. The textbook for high schools. , 2006. 262-274s.

MORE:

1. Standards and algorithms activities in infectious diseases. How.S.A.Amireev., T.A.Muminov., B.L.Cherkassky., K.S.Ospanov. Almaty.Of 2007.1tom. 596s.

2. Infectious diseases in children. (Diagnostics, control measures), ed. Kuttykuzhanovoy GG 160s.

3. Infectious diseases in children. Ed. EN Simovyan.Rostov-on-Don.Phoenix, 2007. 763s

**9. Control: questions, tests, tasks.**

- Preparation of the clinical situation

- Make a diagnostic algorithm

- Make a regimen

- Making academic history

- Drafting Table diffusion / diagnosis of diseases that occur with the syndrome, hepato-splenomegaly.