

ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ  SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»		
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Syllabus
Department of Pediatrics-2
Working Curriculum of the Discipline: «Outpatient and Polyclinic Endocrinology (Pediatric)»
Educational Program: 7R01108 «Endocrinology (Adult, Pediatric)»

1.	1. General Information about the Discipline:		
1.1	Course Code: R-OPE(P)	1.6	Academic Year: 2025–2026
1.2	Course Title: «Outpatient and Polyclinic Endocrinology (Pediatric)»	1.7	Year of Study: 1 (first)
1.3	Prerequisites: Internship: «Pediatric Diseases in General Medical Practice»	1.8	Semester: –
1.4	Postrequisites: Final State Certification, doctoral disciplines.	1.9	Credits (ECTS): 10 credits / 300 hours
1.5	Cycle: Major (PD)	1.10	Component: TMC(OK)
2.	Course Description (minimum 50 words):		
Organization of outpatient and polyclinic care for pediatric patients with endocrine disorders. Peculiarities of the course of endocrine diseases in childhood. Issues of timely diagnosis, treatment, prevention, and rehabilitation using clinical protocols and guidelines in pediatric endocrinology. Provision of outpatient, consultative-diagnostic, and hospital-substituting care in pediatric endocrinology.			
3.	Forms of Summative Assessment:		
3.1	Oral examination +	3.5	CBL (Case-Based Learning) method +
3.2	Case analysis / situational problem solving +	3.6	SA +
3.3	Case study (case-based method) +	3.7	DOPS +
3.4	Assessment of practical skills at the patient’s bedside +	3.8	Testing +
4.	Course Objectives:		
Advanced training of a specialist capable of providing qualified medical care to children, aimed at promoting long-term health throughout an individual’s life in accordance with modern principles of evidence-based medicine.			
5.	Learning Outcomes (LO of the Discipline):		
LO 1.	Able to identify major pathological symptoms and syndromes in children using knowledge of fundamental biomedical and clinical disciplines; apply diagnostic algorithms (primary, comorbid conditions, and complications) in accordance with modern clinical protocols and considering the International Statistical Classification of Diseases and Related Health Problems (ICD).		
LO 2.	Able to effectively interact with patients, their families, and healthcare professionals to achieve the best possible patient outcomes; demonstrates readiness to promote motivation among the population, patients, and their families to preserve and strengthen their own		

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1	Gulmira Yerseitovna Bektenova	Head of Department, Professor	bekten_gulmira@mail.ru	Research Focus: Pediatrics, Neonatology	Author of textbooks: “Diseases of Early Childhood”, “Erte Zhastagy Balalar Aurylary”, “Emergency Care for Children in Pediatric Practice”. Author of over 95 scientific articles, holds 1 patent.		
2	Salima Isakhodzhaevna Ashurova	Assistant	ashurova62@mail.ru	Research Focus: Pediatrics, Pediatric Endocrinology	Author of 30 scientific publications.		
	Information about Clinical Mentors						
1	Nurlan Nurgaliyevich Bekenov	Associate Professor	BekenovN@mail.ru	Research Focus: Pediatrics, Pediatric Endocrinology	Author of over 80 scientific publications.		
2	Gulzira Spabekovna Adilbekova	Assistant	ashikbayeva@mail.ru	Research Focus: Pediatrics	Author of 20 scientific publications.		
8.	Thematic Plan						
Days	Topic Title	Brief Description		CLOs	Number of Hours	Forms/Meth ods/Teaching Technologies	Forms/Methods of Assessment
1	Practical lesson. Topic: General Issues in Organizing Endocrinological Care for Children and Adolescents	General issues in organizing endocrinological care for children and adolescents. History of the development of endocrinological care in the Republic of Kazakhstan and abroad. Principles of organizing endocrinological care in the Republic of Kazakhstan and abroad. Standards for equipping a pediatric endocrinologist’s outpatient clinic.		LO 1,2	2	Oral questioning on the topic content	Checklists:Current Control Assessment (CCA) Oral Response

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	SRRP. CRR topic and task: Endocrinological Care for Children and Adolescents: Place in the Healthcare System	Endocrinological care for children and adolescents: place in the healthcare system. Tasks and functions of endocrinological outpatient consultations and inpatient departments. Equipment. Organization of work for a pediatric endocrinologist. Interaction of endocrinological consultations and inpatient departments with other medical institutions.	LO 2,3	6,5/1,5	Analysis of scientific articles. Presentation and portfolio development .	Checklists: Analysis of scientific articles Preparation of thematic presentations on the topic Portfolio assessment
2	Practical lesson. Topic: Medical Statistics and Demography Issues. Standards for Medical Documentation in the Republic of Kazakhstan	Content: Medical statistics and demography issues Standards for medical documentation in the Republic of Kazakhstan Analysis of the activities of endocrinological outpatient consultations and inpatient departments General methodological and statistical approaches Record-keeping, reporting, and documentation management in endocrinological consultations and inpatient departments	LO 3,4	2	Oral questioning on the topic content	Checklists: Current Control Assessment (CCA) Oral Response
	SRRP. CRR topic and task: Ethics and Deontology in Pediatric Endocrinology	Content: Ethics and deontology in pediatric endocrinology. Ethical issues in endocrinological consultation and treatment of children and adolescents. Responsibility of the pediatric endocrinologist for diagnosis and prescribed treatment of children and adolescents with endocrine disorders	LO 1,2	6,5/1,5	Patient Supervision. Presentation and Portfolio Development .	Checklists: “Practical Skills Assessment Criteria” Portfolio Evaluation

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3	Practical lesson. Topic: Principle of Confidentiality in the Work of a Pediatric Endocrinologist	Content: Principle of confidentiality in the work of a pediatric endocrinologist. Ethical issues in recommending and conducting prenatal diagnostics. Ethical issues in newborn screening.	LO 2,3	2	Analysis of specific cases / solving situational tasks	Checklists: Preparation and solution of situational tasks
	SRRP. CRR topic and task: Legal Aspects of Providing Endocrinological Care to Children and Adolescents	Content: Legal aspects of providing endocrinological care to children and adolescents. Key regulatory acts of the Republic of Kazakhstan relevant to providing medical care to children and adolescents with endocrine disorders. Medical and social examination of children and adolescents with endocrine disorders. Indications and procedures for referral to medical and social examination (MSE). Social support for children and adolescents with endocrine disorders.	LO 3,4	6,5/1,5	Assessment Methods: DOPS – assessment of practical procedure mastery SA – Self Assessment	Checklists: “DOPS – Assessment” “Practical Skills Assessment Criteria” “360° Evaluation”
4	Practical lesson. Topic: General Principles of Diagnosis and Treatment of Endocrine Disorders	Content: General principles of diagnosis and treatment of endocrine disorders. General patterns of onset and development of endocrine diseases. Endocrine system: central and peripheral components. Types of hormones. Hormone-competent, hormone-resistant, and hormone-dependent structures. Target organs, tissues, and cells. Mechanisms of hormone action on the body: through the central nervous system, via the	LO 1,2	2	Case-study (method of specific situations)	Checklists: Preparation and solution of situational tasks

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		afferent part of the reflex arc, or by direct action on effectors without nervous system involvement. Feedback principle in the regulation of the endocrine system.				
	SRRP. CRR topic and task: Endocrinopathies. Primary Disorders of Peripheral Endocrine Gland Function	Content: Endocrinopathies. Primary disorders of peripheral endocrine gland function. Hypofunction and hyperfunction of endocrine glands. Infectious diseases as a cause of peripheral endocrine gland damage. Tumorous lesions of endocrine glands. Inflammatory processes in glands of autoimmune origin. Local trophic disorders. Vascular disorders resulting from ischemia, thrombosis, hemorrhage, or vascular sclerosis.	LO 2,3	6,5/1,5	PS – Patient examination Preparation of presentations and portfolio formation	Checklists: Practical Skills Assessment Criteria Topic Presentation Portfolio Evaluation
5	Practical lesson. Topic: Endocrinopathies: Congenital and Hereditary Forms of Endocrine Pathology. Congenital Defects of Endocrine Gland Development	Content: Endocrinopathies: congenital and hereditary forms of endocrine pathology. Congenital defects in endocrine gland development. Hereditary anomalies of enzyme structure responsible for hormone synthesis, conversion of prohormone to hormone, and secretion into systemic circulation. Deficiency of substrates required for hormone synthesis.	LO 3,4	2	Clinical situational training with thematic patients	Checklists: Solving situational tasks Practical skills assessment criteria Professional skills evaluation
	SRRP. CRR topic and task: Endocrinopathies. Secondary Disorders of	Content: Endocrinopathies: secondary disorders of peripheral endocrine gland function.	LO 1,2	6,5/1,5	PA – Peer Assessment Preparation	“360° Evaluation” Topic Presentation Portfolio Evaluation

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	Peripheral Endocrine Gland Function. Hypo- and Hyperfunction in Secondary Disorders	Hypofunction and hyperfunction of endocrine glands in secondary disorders. Secondary hypofunction of endocrine glands of pituitary origin. Hyperfunctional central (pituitary) disorders. Differential diagnostic features of primary and secondary endocrinopathies.			of presentations and portfolio formation	
6	Practical lesson. Topic: Endocrinopathies. Tertiary Endocrinopathies	Content: Endocrinopathies: tertiary endocrinopathies Central hypothalamic disorders. Etiological factors of excessive and insufficient production of releasing factors.	LO 2,3	2	Oral questioning on the topic content Patient demonstration	Checklists: Current Control Assessment (CCA) Oral Response “Practical Skills Assessment Criteria”
	SRRP. CRR topic and task: Extraclandular Peripheral Forms of Endocrine Disorders. Impaired Hormone Transport to Target Cells	Content: Extraclandular peripheral forms of endocrine disorders. Impaired transport of hormones to target cells. Impaired hormone reception in target organs. Disorders of hormone metabolism and inactivation. Changes in the level of free hormone fraction in blood and tissues due to alterations in the structure of transport proteins. Liver insufficiency and impaired glucuronidation processes. Congenital and acquired abnormalities in the structure of target organ receptors responsible for specific hormone binding in tissues Impairment of the “permissive” action of	LO 3,4	6,5/1,5	PS – Patient examination Clinical case presentation (defense)	“360° Evaluation” (mentor assessment) “Practical Skills Assessment Criteria”

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		hormones.				
7	Practical lesson. Topic: Specific Features of Patient Examination in Endocrine Diseases	Content: Specific features of examining patients with endocrine diseases The importance of medical history, clinical presentation analysis, and physical examination in diagnosing endocrine pathology	LO 1,2	2	Oral questioning on the topic content	Checklists: Current Control Assessment (CCA) Oral Response.
	SRRP. CRR topic and task: Types of research for endocrine pathology in children. Hormonal studies. Hypo- and hyperfunction of the endocrine glands.	Types of testing for endocrine pathology in children. Hormonal testing. Hypo- and hyperfunction of the endocrine glands. Method for determining basal levels of a significant hormone. Method for determining hormone levels dynamically, taking into account the circadian rhythm of its secretion. Method for determining hormone levels during a functional test. Method for determining hormone metabolite levels. External and internal factors influencing hormone levels and hormonal test results. Automated methods of hormonal analysis.	LO 2,3	6,5/1,5	DOPS – assessment of mastery of practical procedures. Presentation preparation, portfolio creation.	Checklists: Assessment of residents' mastery of practical skills. Presentation of the topic. Portfolio assessment.
8	Practical lesson. Topic: Types of Investigations in Pediatric Endocrine Pathology. Hormonal Studies. Hypo- and Hyperfunction of Endocrine Glands	Content: Types of investigations in pediatric endocrine pathology. Hormonal studies. Hypofunction and hyperfunction of endocrine glands. Methods for determining baseline hormone levels. Methods for assessing hormone levels	LO 3,4	2	DOPS – assessment of practical procedure mastery Preparation of presentations and portfolio	Checklists: Assessment of residents' practical skills acquisition Topic Presentation Portfolio Evaluation

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		dynamically, considering circadian rhythm of secretion. Methods for determining hormone levels under functional testing conditions. Methods for determining hormone metabolites External and internal factors influencing hormone levels and the results of hormonal studies. Automated methods of hormonal analysis.			formation	
	SRRP. CRR topic and task: Molecular genetic methods in endocrinology.	Molecular genetic methods in endocrinology. Use in clinical practice. Karyotyping. The study of sexual chromatin. Direct genetic analysis.	PO 1,2	6,5/1,5	Participation in rounds and consultations Participation in extracurricular consultations	Checklists: Criteria for assessing practical skills: Professional skills. Criteria for assessing the independent work of a resident.
9	Practical lesson. Topic: Hormone therapy. Hormone replacement therapy for endocrine gland insufficiency.	Hormone therapy. Hormone replacement therapy for endocrine gland insufficiency. Pharmacodynamic therapy. Suppressive therapy. Stimulating therapy to activate the activity of peripheral endocrine glands.	PO 2,3	2	Individual work. Situational tasks.	Checklists: Assessment of current control (OTC). An oral response.
	SRRN. CPR topic and task: Age-related features of endocrine pathology in children of different age groups and adolescents.	Age-related features of endocrine pathology in children of different age groups and adolescents. Anatomical and physiological features of the development of endocrine organs in children of various age groups and adolescents.	PO 3,4	6,5/1,5	PS - Examination of the patient. Analysis of	Checklists: "Assessment 3600" (mentor, department head, resident, doctor on duty). Presentation of the topic.

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					scientific articles and preparation of presentations , portfolio formation.	Portfolio evaluation.
10	A practical lesson. Topic: Anatomical and physiological features of the development of endocrine organs in children of different age groups and adolescents are normal.	Anatomical and physiological features of the development of endocrine organs in children of different age groups and adolescents are normal. Anatomical and physiological features of the development of endocrine organs in children of different age groups and adolescents with various endocrine pathologies.	PO 1,2	2	An oral survey on the content of the topic.	Checklists: Assessment of current control (OTC). Oral response.
	SRRN. CPR topic and task: Auxology and Medical Anthropology.	Auxology and medical anthropology. Auxology. The main issues and problems. Norms of human growth and development in different age periods. Features of growth and development of children and adolescents with endocrine pathologies. Medical anthropology. The main issues and problems. Features of examination and treatment of children with endocrine pathology through the prism of medical anthropology.	PO 2,3	6,5/1,5	DOPS - assessment of mastering practical procedures. Preparation of presentations , portfolio formation.	Checklists: Assessment of a resident's mastery of practical skills. Presentation of the topic. Portfolio evaluation.
11	A practical lesson. Topic: Fundamentals of communication psychology in the examination and	Fundamentals of communication psychology in the examination and treatment of children and adolescents with endocrine pathology. Psychoemotional characteristics of children and adolescents in different age periods.	PO 3,4	2	An oral survey on the content of the topic.	Checklists: Assessment of current control (OTC). Oral response.

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	treatment of children and adolescents with endocrine pathology.	Psychoemotional features of children and adolescents with various endocrine diseases. Principles of consultation and management of the treatment process, taking into account the psycho-emotional characteristics of children and adolescents with endocrine pathology.				
	SRRN. CPR topic and task: Topic and task of the CPR: Pathology of the hypothalamic-pituitary system in children and adolescents.	Pathologies of the hypothalamic-pituitary system in children and adolescents. Anatomy and physiology of the hypothalamic-pituitary system in children and adolescents. Anatomy of the pituitary gland. Anatomy of the hypothalamus. The portal system of the pituitary gland. Hormones of the pituitary gland. Physiological functions of pituitary hormones. Hypothalamic hormones. Physiological functions of hypothalamic hormones.	PO 1,2	6,5/1,5	Analysis of scientific articles. Presentation, portfolio formation.	Checklists: Analysis of scientific articles. Preparation of thematic messages in the form of presentations on the topic. Portfolio evaluation.
12	A practical lesson. Topic: Methods of examination of children and adolescents with pathology of the hypothalamic-pituitary system.	Methods of examination of children and adolescents with pathology of the hypothalamic-pituitary system. Physical methods. The importance of clinical picture data for diagnosis. Laboratory methods. The study of pituitary hormones by methods of determining the basal hormone level and the method of functional tests. Laboratory diagnosis of growth hormone levels by means of an insulin hypoglycemia test (deficiency) and an oral glucose tolerance test (excess). Laboratory diagnosis of thyroid-stimulating hormone (TSH) levels by determining basal levels of TSH and free T4. Laboratory diagnosis of luteinizing hormone	PO 2,3	2	An oral survey on the content of the topic.	Checklists: Assessment of current control (OTC). An oral response.

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		(LH) and follicle-stimulating hormone (FSH) levels by determining basal levels of LH, FSH and sex hormones. Laboratory diagnosis of adrenocorticotrophic hormone ACTH levels by means of a test with insulin hypoglycemia (deficiency) and small and large dexamethasone samples (excess). Laboratory diagnostics of prolactin levels by determining the basal prolactin level.				
	SRRN. CPR topic and task: Topic and task of the CPR: Instrumental research methods for children and adolescents with pathology of the hypothalamic-pituitary system..	Instrumental research methods for children and adolescents with pathology of the hypothalamic-pituitary system. X-ray screening. X-ray diagnostics of intracellular tumors of the pituitary gland. Computed tomography of the pituitary gland. Magnetic resonance imaging is a method of visualization of the pituitary gland and hypothalamus and a method of topical diagnosis of neoplasms of the hypothalamic-pituitary region.	PO 3,4	6,5/1,5	Patient care. Presentation, portfolio formation.	Checklists: "Criteria for assessing practical skills." Portfolio evaluation.
13	A practical lesson. Topic: Hormone-inactive bulky formations and infiltrative processes of the hypothalamic-pituitary region.	Hormone-inactive bulky formations and infiltrative processes of the hypothalamic-pituitary region. Hormone-inactive pituitary adenomas (GNAG), craniopharyngioma, and other pituitary adenomas. The etiology is monocanal somatic mutations and impaired embryonic differentiation of Rathke's pocket cells. Pathogenesis. Epidemiology. The main clinical manifestations are adeno-hypophysial insufficiency syndrome, diabetes insipidus syndrome, hyperprolactinemia syndrome,	PO 1,2	2	Analyzing a specific situation/ solving situational problems.	Checklists: Preparation and solution of situational tasks.

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		neurological symptoms (chiasmal syndrome, cranial nerve paralysis, headache, nausea, vomiting). Diagnostics: MRI of the brain, hormonal confirmation of deficiency of tropic hormones of the pituitary gland. Differential diagnosis. Treatment. Forecast.				
	SRRN. CPR topic and task: Gigantism and acromegaly in children and adolescents.	Gigantism and acromegaly in children and adolescents. The etiology is excessive secretion of growth hormone by pituitary adenoma (somatotropinoma). The pathogenesis of gigantism and acromegaly. Epidemiology. The main clinical manifestations are changes in appearance, splanchnomegaly with the subsequent development of organ failure, headaches, sleep apnea syndrome, pituitary insufficiency, chiasmal syndrome, symptomatic diabetes mellitus, the development of benign and malignant tumors of various localization. Diagnosis: basal growth hormone level determination method, standard glucose tolerance test (CGTT), IGF-1 level determination method, pituitary MRI for adenoma imaging, complication screening. Differential diagnosis. Treatment: surgical method – transsphenoidal removal of pituitary adenoma, somatostatin analogues, growth hormone receptor blockers, radiation therapy. Forecast.	PO 2,3	6,5/1,5	DOPS - assessment of mastering practical procedures. SA - self-assessment.	Checklists: "DOPS assessment". "Criteria for assessing practical skills". "Assessment 3600".
14	A practical lesson.	Hypopituitarism (hypothalamic-pituitary	PO 3,4	2	Case study	Checklists: Preparation

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	Topic: Hypopituitarism (hypothalamic-pituitary insufficiency).	insufficiency). Etiology. Pathogenesis. Epidemiology. The main clinical manifestations are partial hypopituitarism, panhypopituitarism in Schien-Simmonds syndrome, pituitary nanism (and panhypopituitary nanism). Diagnostics: medical history, test with insulin hypoglycemia (secondary hypocorticism - ACTH and cortisol deficiency), method for determining basal TSH and T4 levels (secondary hypothyroidism - TSH deficiency or norm and T4 deficiency), method for determining basal LH/FSH and E2/T levels (secondary hypogonadism – LH/FSH and E2/T deficiency), a test with insulin hypoglycemia (deficiency of GH and IRF-1). Differential diagnosis. Treatment: surgical, hormone replacement therapy for secondary hypocorticism, hypothyroidism, hypogonadism; replacement therapy with drugs of genetically engineered human hormone. Forecast.			(the method of specific situations).	and solution of situational tasks.
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	SRRN. CPR topic and task: ACTH-dependent Cushing's syndrome (CK). Itsenko-Cushing's disease.	ACTH-dependent Cushing's syndrome (CK). Itsenko-Cushing's disease. Etiological classification of SC. Types of ACTH-dependent SC. Itsenko-Cushing's disease. Etiology of ACTH-dependent SC disease. Pathogenesis. Etiology. The main clinical manifestations of ACTH-dependent SC. Diagnostics. Differential diagnosis. Treatment. Forecast.	PO 1,2	6,5/1,5	PS - Examination of the patient. Preparation of presentations, portfolio formation.	Checklists: Criteria for assessing practical skills. Presentation of the topic. Portfolio evaluation.
15	A practical lesson. Topic: Diabetes insipidus in children.	Diabetes insipidus in children. The etiology is central (hypothalamic-pituitary) and renal diabetes insipidus (ND). Idiopathic, symptomatic (tumors) and congenital (Wolfram syndrome (DIDMOAD), autosomal dominant) central HD. Acquired (toxic, kidney pathology) and congenital HD. Pathogenesis of central and renal renal insufficiency. Epidemiology. The main clinical manifestations. Diagnosis of ND: polyuria (>3 liters per day), normoglycemia (excluding diabetes mellitus), low relative density of urine (<1005), hyposmolarity of urine (<300 cm/kg), absence of kidney pathology, hypercalcemia and hypokalemia, dry-eating test, MRI. Differential diagnosis. Treatment: desmopressin therapy (adiurethine). Forecast.	PO 2,3	2	Clinical situational training, thematic patients.	Checklists: Solving situational problems; criteria for assessing practical skills, professional skills.
	SRRN. CPR topic and task: The topic and task of the CPR: The	Empty Turkish saddle syndrome (PTSD). Etiology. Insufficiency of the Turkish saddle diaphragm. Primary and secondary PTSD.	PO 3,4	6,5/1,5	PA is the partner's rating.	Checklists: "Estimate 3600". Presentation of the topic.

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	syndrome of the "empty" Turkish saddle (PTSD).	Pathogenesis. Epidemiology. The main clinical manifestations are neuro-ophthalmological symptoms, endocrine and metabolic disorders, and symptoms of pituitary insufficiency. Diagnosis: MRI scan. Treatment and prognosis.			Preparation of presentations, portfolio formation.	Portfolio evaluation.
	Boundary control No. 1	The control includes the content of the topic of practical classes and CRR 1-15 days and.	RO 1,2,3,4			Mini clinical exam to assess practical skills at the patient's bedside.
16	A practical lesson. Topic: Thyroid pathology in children and adolescents.	Pathology of the thyroid gland in children and adolescents. Anatomy and physiology of the thyroid gland in children and adolescents. Anatomy of the thyroid gland. Thyroid hormones: thyroxine (T4), triiodothyronine (T3), calcitonin. Physiology of the thyroid gland. Regulation and maintenance of basic metabolism. The calorific effect of thyroid hormones. Methods of examination of children and adolescents with thyroid pathology. Physical methods. Medical history data. Palpation data. WHO classification. Laboratory methods. A method for determining basal TSH levels, free and bound T4 and T3.	PO 1,2	2	An oral survey on the content of the topic.	Checklists: Assessment of current control (OTC). Oral response.
	SRRN. CPR topic and task: Instrumental research methods for children and adolescents with thyroid pathology.	Instrumental research methods for children and adolescents with thyroid pathology. Ultrasound, scintigraphy, puncture biopsy. Computer and magnetic resonance imaging, radiography of the neck organs.	PO 2,3	6,5/1,5	Analysis of scientific articles. Presentation, portfolio formation.	Checklists: Analysis of scientific articles. Preparation of thematic messages in the form of presentations on the topic. Portfolio

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						evaluation.
17	A practical lesson. Topic: Classification of thyroid diseases. Graves' disease.	Classification of thyroid diseases. Graves' disease. Graves' disease and diffuse toxic goiter – etiology. Autoimmune polyglandular syndrome type II. Pathogenesis. Epidemiology. The main clinical manifestations. Diagnostics. Differential diagnosis. Treatment – conservative therapy (thiourea preparations), surgical treatment (thyroidectomy, marginal subtotal resection of the thyroid gland) and therapy with radioactive 131. Prognosis.	PO 3,4	2	An oral survey on the content of the topic.	Checklists: Assessment of current control (OTC). An oral response.
	SRRN. CPR topic and task: Hypothyroidism in children.	Hypothyroidism in children. Primary (autoimmune thyroiditis, surgical removal of the thyroid gland, radioactive 131 therapy, severe iodine deficiency, thyroid malformations (dysgenesis and ectopia) and secondary (pituitary insufficiency, large tumors of the hypothalamic-pituitary region, pituitary radiation, isolated TSH deficiency). Acquired hypothyroidism. Etiology. Pathogenesis, epidemiology. The main problems of clinical diagnosis of hypothyroidism. Hypothyroidism "masks": gastroenterological, rheumatological, dermatological, gynecological, cardiological, psychiatric. Diagnostics. Differential diagnosis. Treatment.	PO 1,2	6,5/1,5	Patient care. Presentation, portfolio formation.	Checklists: "Criteria for assessing practical skills." Portfolio evaluation.
18	A practical lesson. Topic: Congenital	Congenital hypothyroidism. Etiology. Pathogenesis, epidemiology. The main clinical	PO 2,3	2	Analyzing a specific	Checklists: Preparation and solution of situational

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	hypothyroidism.	manifestations in newborns, at 3-4 months of life, at 5-6 months of life. Neonatal screening. Differential diagnosis. Treatment is levothyroxine replacement therapy. Forecast.			situation/ solving situational problems.	tasks.
	SRRN. CPR topic and task: Topic and assignment of independent study: Thyroiditis. Autoimmune thyroiditis. Chronic autoimmune thyroiditis.	Thyroiditis. Autoimmune thyroiditis. Subacute thyroiditis. Chronic autoimmune thyroiditis. Etiology. Pathogenesis. Epidemiology. Main clinical manifestations and diagnosis. Differential diagnosis. Treatment – levothyroxine replacement therapy. Prognosis.	PO 3,4	6,5/1,5	DOPS – assessment of practical procedural skills. SA – self-assessment (Self Assessment).	Checklists: “DOPS – assessment.” “Criteria for assessment of practical skills.” “360-degree assessment.”
19	Practical lesson. Topic: Nodular and multinodular euthyroid goiter.	Nodular and multinodular euthyroid goiter. Common nosological forms: nodular colloid goiter with varying degrees of proliferation, follicular adenomas, malignant thyroid tumors. Etiology. Pathogenesis in tumors and in nodular colloid goiter. Epidemiology. Main clinical manifestations. Diagnosis: palpation and thyroid ultrasound, fine-needle aspiration biopsy, scintigraphy. Differential diagnosis. Treatment: surgical management and radioiodine 131I therapy. Prognosis.	PO 1,2	2	Case study (method of specific clinical situations).	Checklists: Preparation and solving of case-based tasks.
	SRRN. CPR topic and task: Iodine deficiency disorders (IDD).	Iodine deficiency disorders (IDD). Epidemiology of iodine deficiency disorders. Diffuse euthyroid goiter. Etiology. Endemic	PO 2,3	6,5/1,5	PS – patient examination.	Checklists: Criteria for assessment of practical skills.

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		and sporadic diffuse euthyroid goiter. Pathogenesis. Epidemiology. Main clinical manifestations. Diagnosis: palpation, thyroid ultrasound, measurement of TSH level. Differential diagnosis. Treatment: iodine therapy, suppressive therapy with levothyroxine, combined therapy with potassium iodide and levothyroxine. Prognosis.			Preparation of presentations, portfolio development..	Presentation of the topic. Portfolio assessment.
20	Practical lesson. Topic: Disorders of the parathyroid glands in children and adolescents. Diagnostic methods for parathyroid gland diseases.	Disorders of the parathyroid glands in children and adolescents. Anatomy and physiology of the parathyroid glands (PTG) in children and adolescents. Anatomy of the parathyroid glands. Physiology of the parathyroid glands. Parathyroid hormones. Forms of parathyroid hormone and its functions. Regulation of calcium metabolism. Synthesis and metabolism of vitamin D3. Bone remodeling process. Diagnostic methods for parathyroid gland diseases. Physical examination methods. Laboratory methods. Instrumental methods.	PO 3,4	2	Clinical case-based learning, thematic patients.	Checklists: solving case-based tasks; criteria for assessment of practical skills; professional skills.
	SRRN. CPR topic and task: Primary hyperparathyroidism. Secondary hyperparathyroidism.	Primary hyperparathyroidism. Secondary hyperparathyroidism. Etiology. Pathogenesis. Epidemiology. Main clinical manifestations. Diagnosis. Differential diagnosis. Treatment: absolute and relative indications for surgical treatment, active surveillance, pharmacological treatment – drugs of choice for osteoporosis management and treatment of hypercalcemic crisis. Prognosis.	PO 1,2	6,5/1,5	PA – peer assessment (partner assessment). Preparation of presentations, portfolio development.	Checklists: “360-degree assessment.” Presentation of the topic. Portfolio assessment.

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21	Practical lesson. Topic: Hypoparathyroidism.	Hypoparathyroidism. Etiology. Pathogenesis and epidemiology. Main clinical manifestations. Diagnosis: first stage – initial diagnosis of hypoparathyroidism; second stage – identification of the nosological form. The role of genetic testing. Follow-up of patients with hypoparathyroidism. Treatment of hypocalcemia: emergency management in acute cases and long-term maintenance therapy.	PO 2,3	2	Oral examination on the topic content. Patient demonstration.	Checklists: Current assessment (CA). Oral response. “Criteria for assessment of practical skills.”
	SRRN. CPR topic and task: Disorders of the pancreas in children and adolescents.	Disorders of the pancreas in children and adolescents. Anatomy and physiology of the pancreas. Anatomy and physiology of the thyroid gland. Thyroid hormones. Clinical aspects of carbohydrate metabolism physiology. Diagnostic methods for pancreatic diseases. Laboratory diagnostics and criteria for diabetes mellitus compensation. Laboratory diagnostics in congenital hyperinsulinism.	PO 3,4	6,5/1,5	PS – patient examination . Clinical case presentation .	Checklists: “360-degree assessment” by the mentor. “Criteria for assessment of practical skills.”
22	Practical lesson. Topic: Diabetes mellitus in children. Diagnostic criteria.	Diabetes mellitus in children. Diagnostic criteria. Diagnostic criteria based on fasting plasma glucose levels and oral glucose tolerance test (OGTT) results. Classification of diabetes mellitus. Type 1 diabetes mellitus (T1DM). Autoimmune diabetes mellitus and idiopathic diabetes mellitus. Type 2 diabetes mellitus (T2DM).	PO 1,2	2	Oral examination on the topic content.	Checklists: Current assessment (CA). Oral response.
	SRRN. CPR topic and task: Other specific types	Other specific types of diabetes mellitus. Genetic defects of beta-cell function. Genetic	PO 2,3	6,5/1,5	DOPS – assessment	Checklists: Assessment of residents’

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	of diabetes mellitus. Genetic defects of beta-cell function.	defects of insulin action: type A insulin resistance, leprechaunism, Rabson–Mendenhall syndrome, lipodystrophic diabetes. Diseases of the exocrine pancreas. Endocrinopathies: acromegaly, Cushing’s syndrome, glucagonoma, pheochromocytoma, hyperthyroidism, somatostatinoma, aldosteronoma.			of procedural skills acquisition. Preparation of presentations, portfolio development.	acquisition of practical skills. Topic presentation. Portfolio assessment.
23	Practical lesson. Topic: Other genetic syndromes associated with diabetes mellitus.	Other genetic syndromes associated with diabetes mellitus: Wolfram syndrome, Down syndrome, Turner syndrome, Klinefelter syndrome, Laurence–Moon–Biedl syndrome, Prader–Willi syndrome, Friedreich’s ataxia, Huntington’s disease, porphyria, myotonic dystrophy. Gestational diabetes mellitus.	PO 3,4	2	Oral examination on the topic content. Patient demonstration. CBL method.	Checklists: Current assessment (CA). Oral response. Criteria for assessment of practical skills.
	SRRN. CPR topic and task: Type 1 diabetes mellitus (T1DM).	Type 1 diabetes mellitus (T1DM). Definition. Etiology and pathogenesis. Risk of developing T1DM in relatives of affected patients. Clinical manifestations. Disease course phases: preclinical diabetes, manifestation, onset, partial remission (“honeymoon period”), chronic phase with lifelong insulin dependence, unstable pubertal phase, stable post-pubertal period. Diagnosis of type 1 diabetes mellitus: laboratory investigations – blood glucose level, urine glucose testing, blood and urine ketone determination, glycated hemoglobin level, specific	PO 1,2	6,5/1,5	Participation in ward rounds and consultations. Participation in after-hours consultations.	Checklists: Criteria for assessment of practical skills. Professional skills. Criteria for assessment of residents’ independent work (SRR).

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		autoantibodies, C-peptide.				
24	Practical lesson. Topic: Treatment of type 1 diabetes mellitus.	Treatment of type 1 diabetes mellitus. Insulin therapy: insulin doses, insulin delivery devices, insulin administration regimens, insulin preparations. Diet therapy: diet therapy based on carbohydrate counting (bread units). Physical activity. Self-monitoring: glucometers, target glycemic control parameters, continuous glucose monitoring systems. Insulin pump therapy. Advantages of insulin pumps. Indications for insulin pump therapy. Contraindications – contraindications for transition to insulin pump therapy. Conditions for initiation of insulin pump therapy. Conditions for discontinuation of pump therapy.	PO 2,3	2	Individual work. Case-based tasks.	Checklists: Current assessment (CA). Oral response.
	SRRN. CPR topic and task: Diabetic ketoacidosis and ketoacidotic coma (DKA).	Diabetic ketoacidosis and ketoacidotic coma (DKA). Definition. Etiology and pathogenesis. Biochemical criteria of DKA. Clinical presentation of DKA. Treatment of DKA: rehydration, insulin therapy, correction of potassium levels, management of acidosis, patient monitoring, complications of therapy. Management of patients with type 1 diabetes mellitus during intercurrent illnesses. Surgical management in patients with type 1 diabetes mellitus.	PO 3,4	6,5/1,5	PS – patient examination . Analysis of scientific articles and preparation of presentations, portfolio development.	Checklists: “360-degree assessment” (mentor, head of department, resident, on-duty physician). Topic presentation. Portfolio assessment.
25	Practical lesson. Topic: Hypoglycemia.	Hypoglycemia. Definition. Causes of hypoglycemia. Pathogenesis. Clinical	PO 1,2	2	Oral examination	Checklists: Current assessment (CA).

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		presentation (neuroglycopenic symptoms, autonomic symptoms). Severity grades of hypoglycemic states. Treatment. Complications of type 1 diabetes mellitus. Risk factors for complications. Pathogenesis of specific complications. Initiation of screening for complications of type 1 diabetes mellitus. Diabetic retinopathy. Definition. Pathogenesis. Classification. Main screening methods. Treatment. Indications for retinal laser photocoagulation. Diabetic nephropathy. Definition. Classification. Screening methods. Treatment. Diabetic distal polyneuropathy. Screening. Treatment. Lipoid necrobiosis. Cheiropathy.			on the topic content.	Oral response.
	SRRN. CPR topic and task: Type 2 diabetes mellitus (T2DM).	Type 2 diabetes mellitus (T2DM). Definition. Etiology and pathogenesis. Epidemiology. Risk of developing T2DM in relatives of affected patients. Clinical manifestations. Diagnosis: laboratory investigations – blood glucose level, urine glucose testing, blood and urine ketones, glycated hemoglobin level, immunoreactive insulin level, calculation of insulin resistance indices, detection of specific autoantibodies (ICA, GAD antibodies, tyrosine phosphatase antibodies), biochemical blood analysis (ALT, AST activity, HDL, LDL, triglycerides, total cholesterol, urea, creatinine, uric acid, C-reactive protein).	PO 2,3	6,5/1,5	DOPS – assessment of procedural skills acquisition. Preparation of presentations , portfolio development.	Checklists: Assessment of the resident’s acquisition of practical skills. Topic presentation. Portfolio assessment.
26	Practical lesson.	Diagnosis of type 2 diabetes mellitus (T2DM):	PO 3,4	2	Oral	Checklists:

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	Topic: Diagnosis of type 2 diabetes mellitus (T2DM).	laboratory investigations – blood glucose level, urine glucose testing, blood and urine ketone determination, glycated hemoglobin level, immunoreactive insulin level, calculation of insulin resistance indices, detection of specific autoantibodies (ICA, GAD antibodies, tyrosine phosphatase antibodies), biochemical blood analysis (ALT, AST activity, HDL, LDL, triglycerides, total cholesterol, urea, creatinine, uric acid, C-reactive protein).			examination on the topic content.	Current assessment (CA). Oral response.
	SRRN. CPR topic and task: Treatment of type 2 diabetes mellitus (T2DM).	Treatment of type 2 diabetes mellitus (T2DM). Diet therapy and physical activity. Pharmacological treatment: biguanides and insulin. Self-monitoring: glucometers, target glycemic control parameters. Complications of T2DM. Risk factors for complications. Pathogenesis of specific complications. Initiation of screening for T2DM complications. Arterial hypertension and albuminuria. Dyslipidemia.	PO 1,2	6,5/1,5	Analysis of scientific articles. Presentation, portfolio development.	Checklists: Analysis of scientific articles. Preparation of thematic presentations. Portfolio assessment
27	Practical lesson. Topic: Congenital hyperinsulinism (CHI).	Congenital hyperinsulinism (CHI). Definition. Classification of CHI. Transient and persistent forms of CHI. Etiological variants of CHI: mutations in genes involved in the regulation of insulin secretion; syndromic forms; complications of intrauterine and perinatal development. Morphological forms of CHI: diffuse, focal, atypical. Etiopathogenesis. Clinical presentation.	PO 2,3	2	Oral examination on the topic content.	Checklists: Current assessment (CA). Oral response.

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	SRRN. CPR topic and task: Diagnosis of congenital hyperinsulinism (CHI). Treatment of congenital hyperinsulinism (CHI).	Diagnosis of congenital hyperinsulinism (CHI). Treatment of congenital hyperinsulinism (CHI). Clinical evaluation of patients with CHI: characteristic complaints, medical history, physical examination findings. Laboratory diagnostics: fasting test, stimulation tests, genetic testing. Differential diagnosis of focal and diffuse forms of CHI. Diet therapy. Emergency management of hyperinsulinemic hypoglycemia. Pharmacological treatment. Surgical management of CHI. Long-term follow-up of patients with CHI. Self-monitoring and parental education.	PO 3,4	6,5/1,5	Patient management. Presentation, portfolio development.	Checklists: “Criteria for assessment of practical skills.” Portfolio assessment.
28	Practical lesson. Topic: Adrenal gland disorders in children and adolescents.	Adrenal gland disorders in children and adolescents. Anatomy and physiology of the adrenal glands. ACTH-independent zona glomerulosa and ACTH-dependent zona fasciculata and zona reticularis of the adrenal cortex. Adrenal hormones – three classes of corticosteroids: mineralocorticoids, glucocorticoids, and androgens. Functions of the adrenal cortex. Renin–angiotensin–aldosterone system. Adrenaline and noradrenaline.	PO 1,2	2	Case analysis / solving situational tasks.	Checklists: Preparation and solving of case-based tasks.
	SRRN. CPR topic and task: Methods of examination of patients with adrenal gland diseases.	Methods of examination of patients with adrenal gland diseases. Physical methods – history taking and physical examination in the diagnosis of adrenal disorders. Laboratory methods – functional tests: low-dose and high-	PO 2,3	6,5/1,5	DOPS – assessment of procedural skills acquisition.	Checklists: “DOPS – assessment.” “Criteria for assessment of practical skills.” “360 ⁰ assessment.”

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		dose dexamethasone suppression tests, ACTH stimulation test, insulin-induced hypoglycemia test, measurement of basal aldosterone and renin levels, orthostatic test, measurement of basal DHEA (DHEA-S) level, 17-hydroxyprogesterone, measurement of plasma and urinary metanephrines, urinary vanillylmandelic acid excretion. Instrumental methods – CT and MRI.			SA – self-assessment (Self Assessment).	
29	Practical lesson. Topic: Adrenal insufficiency (AI) (hypocortisolism). Primary and secondary adrenal insufficiency.	Adrenal insufficiency (AI) (hypocortisolism). Primary and secondary adrenal insufficiency. Primary adrenal insufficiency. Definition. Chronic primary adrenal insufficiency (CPAI). Etiopathogenesis. Epidemiology.	PO 3,4	2	Case study (method of specific situations).	Checklists: Preparation and solving of case-based tasks.
	SRRN. CPR topic and task: Diagnosis: three stages of diagnosing adrenal insufficiency.	Diagnosis: three stages of diagnosing adrenal insufficiency. Initial diagnosis of adrenal insufficiency: indications for initial evaluation, diagnosis of glucocorticoid deficiency, diagnosis of mineralocorticoid deficiency. Confirmatory diagnosis of adrenal insufficiency, stimulation tests: ACTH stimulation test, diagnosis of mineralocorticoid deficiency. Diagnosis of nosological form: determination of the etiology of chronic primary adrenal insufficiency, algorithm for differential diagnosis of chronic primary adrenal insufficiency.	PO 1,2	6,5/1,5	PS – patient examination . Preparation of presentations, portfolio development.	Checklists: Criteria for assessment of practical skills. Topic presentation. Portfolio assessment.
30	Practical lesson.	Anatomy and physiology of the gonads in	PO 2,3	2	Clinical	Checklists: solving case-

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	Topic: Anatomy and physiology of the gonads in boys across different age periods.	boys across different age periods. Endocrine activity of the gonads in boys during different age periods. Production of male sex hormones (androgens) by Leydig cells (testosterone) and Sertoli cells (inhibin) of the testes. Prepubertal and pubertal periods of gonadal endocrine activity in boys. Testosterone and its biological effects on all body tissues. Hypothalamic–pituitary regulation: tonic GnRH-secreting center, effects of LH and FSH.			case-based training, thematic patients.	based tasks; criteria for assessment of practical skills; professional skills.
	SRRN. CPR topic and task: Hypogonadism in children. Forms of hypergonadotropic hypogonadism. Turner syndrome. Klinefelter syndrome. Noonan syndrome.	Hypogonadism in children. Forms of hypergonadotropic hypogonadism. Turner syndrome, Klinefelter syndrome, Noonan syndrome. Definition. Classification. Epidemiology and pathogenesis. Clinical presentation. Diagnosis. Differential diagnosis. Treatment. Criteria for treatment effectiveness.	PO 3,4	6,5/1,5	PA – peer assessment (partner assessment). Preparation of presentations, portfolio development.	Checklists: “360 ⁰ assessment.” Topic presentation. Portfolio assessment.
	Boundary control No. 2	The control includes the content of the topic of practical classes and CRR 16-30 days and.	RO 1,2,3,4			Mini clinical exam to assess practical skills at the patient's bedside.
	Preparation and conduct of interim assessment.			30		
9.1	Lectures:	The residency program does not include lectures.				
9.2	Practical exercises::	An oral survey. Analysis of a specific situation / solving situational problems. Withase-study (method of specific situations). Clinical situational training, thematic patients. Demonstration of the patient. Metod SBL.				
9.3	SRP/SRP:	Independent clinical work under the guidance of a clinical mentor includes: edaily participation in medical conferences, consultation of at least 3 neonatological patients who are in the hospital under the				

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		supervision of a clinical mentor/teacher, maintaining medical documentation on the electronic resource of the medical institution, participating in rounds with other doctors/teachers, consultations, clinical reviews; performing medical tasks. manipulations according to the resident's PPI. Patient supervision. DOPS-assessment of mastering practical procedures. SA - Self Assessment. PS - Examination of the patient. PA - the partner's rating. Review of the clinical case. Participate in rounds and consultations. Participate in extracurricular consultations. Analysis of scientific articles and preparation of presentations, portfolio formation. DOPS-assessment of mastering practical procedures. Preparation of presentations, creation of a portfolio. Independent work of a resident may include studying theoretical material, searching for relevant information in information resources (UpToDate, Cochrane, etc.). Portfolio development, clinic duties, research work, etc			
9.4	Border control:	Mini clinical exam to assess practical skills at the patient's bedside.			
10.	Evaluation criteria:				
10.1	Criteria for evaluating the discipline's learning outcomes:				
no. LO	LO disciplines	Unsatisfactory	Satisfactory	Good	Excellent
LO 1.	Able to identify the main pathological symptoms and syndromes in children by applying knowledge of basic biomedical and clinical disciplines, using diagnostic algorithms (for primary, comorbid, and complication diagnoses) in accordance with	Unable to demonstrate knowledge and understanding when justifying and formulating a clinical diagnosis; does not use nosological classification. Unable to develop a treatment plan, calculate medications, or assess the effectiveness of therapy for pediatric patients. Has not studied the core literature.	Demonstrates insufficient knowledge and understanding when justifying and formulating a clinical diagnosis; does not use the nosological classification based on the Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan. Makes inaccuracies and errors in treatment tactics, medication calculations, and assessment of therapy effectiveness for pediatric patients. Does not fully utilize the	Able to justify and formulate a clinical diagnosis using nosological classification. Capable of determining treatment tactics based on the Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan, calculating medications, and assessing therapy effectiveness for pediatric patients	Independently justifies and formulates a clinical diagnosis using nosological classification. Independently develops management strategies and a treatment plan based on the Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan, calculates medications and, if necessary, infusion therapy, and evaluates indicators of therapy

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	current clinical protocols and taking into account the International Statistical Classification of Diseases and Related Health Problems (ICD).		literature recommended in the syllabus.	according to the principles of evidence-based practice. Uses the literature recommended in the syllabus.	effectiveness. Analyzes prescriptions according to the principles of evidence-based practice at all levels of healthcare for pediatric patients. Uses literature from scientific databases.
LO 2.	Able to effectively interact with the patient, their family, and healthcare professionals to achieve the best outcomes for the patient, and demonstrates readiness to foster motivation among the public, patients, and their family members aimed at maintaining and improving their own health and the health of others.	Does not apply the fundamentals of communication skills in interactions with pediatric patients and their environment. Makes serious errors when interacting with healthcare professionals. Does not achieve positive outcomes for pediatric patients..	Demonstrates insufficient communication skills in interactions with pediatric patients and their environment. Makes errors when interacting with healthcare professionals. Does not fully achieve optimal outcomes for pediatric patients.	Able to effectively interact with pediatric patients and their environment using communication skills. Able to collaborate with healthcare professionals in order to achieve optimal outcomes for pediatric patients.	Independently and effectively uses communication skills in interactions with pediatric patients and their environment. Independently collaborates with healthcare professionals to achieve the best outcomes for pediatric patients.
LO 3.	Able to participate	Unable to assess risks	Makes errors in assessing risks	Able to demonstrate risk	Independently assesses

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	in the provision of emergency medical care to children in conditions requiring urgent medical intervention. Able to assess risks and apply the most effective methods to ensure a high level of safety and quality of medical care for children.	associated with pediatric conditions. Does not use effective methods to ensure an adequate level of safety and quality of medical care for pediatric patients..	associated with pediatric conditions. Insufficiently uses effective methods to ensure an adequate level of safety and quality of medical care for pediatric patients.	assessment for pediatric conditions. Able to demonstrate the use of effective methods to ensure a high level of safety and quality of medical care for pediatric patients.	risks associated with pediatric conditions. Independently applies the most effective methods to ensure a high level of safety and quality of medical care for pediatric patients.
LO 4.	Able to use methods for searching, processing, and applying information in the field of pediatrics; capable of conducting systematic analysis of medical information in pediatrics and neonatology based on the principles of evidence-based	Unable to formulate appropriate research questions in the field of pediatrics. Unable to critically evaluate professional literature. Does not participate in the work of a research team.	Makes errors in formulating appropriate research questions in the field of pediatrics. Insufficiently able to critically evaluate professional literature. Passive in participation in the work of a research team..	Able to formulate appropriate research questions in the field of pediatrics. Able to critically evaluate professional literature. Participates in the work of a research team..	Independently formulates appropriate research questions in the field of pediatrics. Independently critically evaluates professional literature. Independently and effectively uses international databases in daily practice. Actively participates in the work of a research team.

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	medicine; performs statistical analysis of practical activity results, and collects and processes clinical and epidemiological data in the field of maternal and child healthcare.				
10.2	Evaluation criteria:				
	Checklists for practical training:				
	Checklists: Ongoing Assessment (Formative Assessment): Oral Response.	Fully Meets the Criteria: A (4,0; 95-100%) A- (3,67; 90-94%)	The resident made no errors or inaccuracies during the response. Demonstrates strong knowledge of theory, concepts, and current directions in the studied discipline, using recent monographs, guidelines, and internet sources, and provides critical evaluation of them. Integrates scientific advances from related disciplines. Actively participated with the supervisor in medical rounds, case conferences, peer review of medical records, and in providing neonatal care to newborns.		
		Meets the Criteria Well B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	The resident did not make any major errors during the response, though minor inaccuracies were present. Was able to systematize the program material with the help of a textbook. Had limited participation with the supervisor in medical rounds, case conferences, peer review of medical records, and in providing neonatal care to newborns.		
		Satisfactorily Meets the Criteria	The resident made inaccuracies and minor errors during the response, relied only on widely known textbook literature, and experienced significant difficulty in		

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		C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	systematizing the material. Rarely participated with the supervisor in medical rounds, case conferences, peer review of medical records, and in providing neonatal care to newborns.
		Does Not Meet the Criteria FX (0,5; 25-49%) F (0; 0-24%)	The resident made fundamental errors during the response, did not study the literature on the topic of the session, and was unable to use the scientific terminology of the discipline, responding with serious stylistic and logical mistakes. Did not participate with the supervisor in medical rounds, case conferences, peer review of medical records, or in providing neonatal care to newborns.
	Checklists: Solving Situational Tasks. Analysis of Specific Situations (Case Study).	Fully Meets the Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Clinical Case Analysis: logical, consistent, and thorough analysis of the clinical problem. Correct Formulation of Preliminary and/or Clinical Diagnosis: the diagnosis is complete and accurate, including all necessary characteristics. Justification of Diagnosis: clear and well-reasoned, based on clinical and laboratory data. Differential Diagnosis: appropriate and well-argued selection of possible differential diagnoses. Investigation Plan: comprehensive, aligned with the clinical problem. Treatment Plan: treatment follows current standards and accounts for age-specific considerations. Prognosis and Prevention: formulated correctly and justified. Presentation and Logical Structure: the solution is well-organized and logically presented. Overall: A complete, logically structured, and well-justified analysis of the clinical case. All key aspects are addressed: complaints, medical history, physical examination, preliminary and differential diagnosis, investigation plan, evidence-based treatment, and preventive measures. The solution complies with current clinical protocols and guidelines.
		Meets the Criteria Well	Clinical Case Analysis: partially correct analysis, with gaps or errors.

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		B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	Correct Formulation of Preliminary and/or Clinical Diagnosis: diagnosis is partially formulated or contains errors. Justification of Diagnosis: partially justified, with incomplete data analysis. Differential Diagnosis: partially correct selection of differential diagnoses. Investigation Plan: investigation plan is partially complete, with some shortcomings. Treatment Plan: treatment is partially correct, with some inconsistencies. Prognosis and Prevention: partially correct. Presentation and Logical Structure: contains structural or language errors. Overall: A generally correct solution to the case. The main stages of clinical reasoning are presented. Minor inaccuracies may be present (e.g., one differential diagnosis point omitted or treatment rationale not fully justified) but do not affect the correctness of the main diagnosis and management strategy.
		Satisfactorily Meets the Criteria C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	Clinical Case Analysis: superficial analysis, with major errors. Correct Formulation of Preliminary and/or Clinical Diagnosis: incorrect diagnosis or no diagnosis provided. Justification of Diagnosis: absent or inconsistent with the case data. Differential Diagnosis: major errors or lack of differentiation. Investigation Plan: incorrect or incomplete investigation plan. Treatment Plan: incorrect or absent treatment. Prognosis and Prevention: absent or unjustified. Presentation and Logical Structure: unstructured or unclear response. Overall: A partially correct solution. There are significant omissions (e.g., failure to recognize a key diagnostic element or incomplete investigation plan). One or two diagnostic or management errors may be present, but overall understanding of the clinical situation is demonstrated.
		Does Not Meet the Criteria FX (0,5; 25-49%) F (0; 0-24%)	Clinical Case Analysis: major errors. Correct Formulation of Preliminary and/or Clinical Diagnosis: no diagnosis provided.

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			Justification of Diagnosis: absent. Differential Diagnosis: no differentiation performed. Investigation Plan: incorrect plan. Treatment Plan: treatment absent. Prognosis and Prevention: absent. Presentation and Logical Structure: unstructured response. Overall: Incorrect or unsystematic case analysis. Key errors in diagnosis or patient management. Lacks clinical reasoning, and actions do not comply with current guidelines.
	Checklists: Assessment Criteria for Practical Skills and Professional Competencies.	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	History Taking: systematically collected; fully reflects the course and progression of the disease. Physical Examination: conducted systematically, technically correct and effective. Preliminary Diagnosis: correctly established and justified. Selection of Laboratory and Instrumental Investigations: complete and appropriate. Interpretation of Patient Investigation Results: complete and correct. Differential Diagnosis: complete. Final Diagnosis and Justification: complete and well-substantiated. Treatment Choice: highly appropriate. Understanding the Mechanism of the Prescribed Treatment: complete. Prognosis and Prevention: adequate and comprehensive.
		Meets the Assessment Criteria Well B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	History Taking: systematically collected, but lacks sufficient clarification of the main symptoms and their possible causes. Physical Examination: systematic, but with minor technical inaccuracies. Preliminary Diagnosis: correctly established, but not justified. Selection of Laboratory and Instrumental Investigations: adequate, with minor shortcomings. Interpretation of Patient Investigation Results: correct, with minor inaccuracies. Differential Diagnosis: addressed, but not covering all relevant conditions. Final Diagnosis and Justification: main disease diagnosis is complete, but

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			comorbidities are not indicated. Treatment Choice: correct, but incomplete or showing polypharmacy. Understanding the Mechanism of the Prescribed Treatment: minor errors in non-critical details. Prognosis and Prevention: adequate, but not complete.
		Satisfactorily Meets the Assessment Criteria C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	History Taking: facts collected, but do not provide a clear understanding of the disease essence or the sequence of symptom development. Physical Examination: technically incomplete, with significant errors. Preliminary Diagnosis: main syndrome identified, but no diagnostic conclusion provided. Selection of Laboratory and Instrumental Investigations: not fully adequate. Interpretation of Patient Investigation Results: partially correct, with significant errors. Differential Diagnosis: incomplete. Final Diagnosis and Justification: insufficiently justified; complications and comorbidities not identified. Treatment Choice: incomplete for primary and secondary conditions. Understanding the Mechanism of the Prescribed Treatment: partial. Prognosis and Prevention: inadequate and incomplete.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	History Taking: details collected chaotically, with facts irrelevant for diagnosis. Physical Examination: lacks manual skills. Preliminary Diagnosis: incorrect. Selection of Laboratory and Instrumental Investigations: contraindicated tests prescribed. Interpretation of Patient Investigation Results: mostly incorrect. Differential Diagnosis: ineffective. Final Diagnosis and Justification: diagnosis justified chaotically, less convincingly. Treatment Choice: drugs with adverse effects prescribed. Understanding the Mechanism of the Prescribed Treatment: unable to explain correctly. Prognosis and Prevention: unable to determine.

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Checklists for RCPN and RCP			
	Checklists: 360° Assessment by the Mentor	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Preparation / Continuous Self-Education: consistently engages in self-learning; for example, supports statements with appropriate references and prepares concise summaries. Responsibility: takes ownership of their learning; for example, manages their study plan, actively seeks improvement, and critically evaluates information sources. Participation: actively engages in group learning; for example, contributes to discussions and diligently completes tasks. Teamwork Skills: demonstrates effective group skills; for example, takes initiative, shows respect and integrity toward others, and helps resolve misunderstandings or conflicts. Communication: effective in peer communication; for example, uses verbal and non-verbal cues appropriately and actively listens. Professionalism: demonstrates advanced professional behavior; for example, shows strong engagement, confidence, attentiveness to feedback, and the ability to learn from it. Reflection: high level of self-analysis; for example, recognizes limitations in knowledge or abilities without becoming defensive or blaming others. Critical Thinking: highly developed critical thinking; demonstrates skills in core tasks such as hypothesis generation, applying knowledge to practical situations, critically evaluating information, verbalizing conclusions, and explaining the reasoning process. Learning Skills: effective learning strategies; reflects on problem-based questions related to the situation, organizes information appropriately, uses notes, or summarizes material for better retention by self and others. Practical Skills: strives for execution, seeks opportunities, and demonstrates reliability and competence.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	Preparation / Continuous Self-Education: lacks motivation for self-improvement; for example, insufficient study of problem-based questions, minimal contribution to group knowledge, does not accumulate or organize learning material. Responsibility: does not take responsibility for own learning; for example, relies on

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			others to complete the learning plan, hides mistakes, rarely critically evaluates resources. Participation: inactive in group learning; for example, minimally engages in discussions, passively completes tasks. Teamwork Skills: demonstrates ineffective group skills; for example, inappropriate interference, poor discussion skills, interrupts, avoids responding, or ignores others, dominating or showing intolerance. Communication: difficulty communicating with peers; for example, poor listening skills, unable to attend to verbal, non-verbal, or emotional cues. Professionalism: lacks professional behavior; for example, unmotivated behavior, insecurity, difficulty accepting feedback. Critical Thinking: deficient critical thinking; for example, struggles with core tasks, rarely generates hypotheses, fails to apply knowledge in practice, or cannot critically evaluate information due to lack of attention or reasoning skills. Learning Skills: ineffective learning; low-quality reporting on problem-based questions, poorly structured, ineffective use of notes, does not summarize material, unable to explain content to others. Practical Skills: hesitant or fearful, may refuse to perform basic procedures.
	Checklists: 360° Assessment by the Department Head	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Reliability: responsible, strives to be helpful. Response to Instructions: responds correctly, improves consistently, learns from mistakes. Learning / Knowledge: possesses good knowledge and broad understanding, strives for deeper learning. Attitude Toward Patients: reliable and compassionate. Attitude Toward Colleagues: sets a tone of mutual respect and dignity. Attitude Toward Medical Staff: sets a tone of mutual respect and dignity. Actions Under Stress: full self-control, makes constructive decisions. Teamwork Skills: able to organize work or be an effective team member. Medical Record Keeping: accurate, careful, and timely. Practical Skills: strives to perform, seeks opportunities, reliable and competent.

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		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	Reliability: unclear, unreliable. Response to Instructions: does not respond, shows no improvement. Learning / Knowledge: lacks motivation and knowledge. Attitude Toward Patients: does not engage personally. Attitude Toward Colleagues: unreliable. Attitude Toward Medical Staff: unreliable, rude. Actions Under Stress: inadequate, freezes under pressure. Teamwork Skills: unreliable or disruptive. Medical Record Keeping: careless, incorrect, or untimely. Practical Skills: hesitant, fearful, may refuse to perform basic procedures.
	Checklists: 360° Assessment of the Resident	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Надежность: Ответственный, стремится быть полезным; Ответ на инструкцию: Правильно реагирует, последовательно совершенствуется, учится на ошибках; Обучение: Обладает хорошим знанием и кругозором, стремится к большему знанию; Отношение к пациенту: Надежный и пленительный; Отношение к коллегам: Задаёт тон взаимного уважения и достоинства; Отношение к медперсоналу: Задаёт тон взаимного уважения и достоинства; Действия в стрессе: Полное самоуправление, конструктивные решения; Групповые навыки: Может организовать работу или быть эффективным членом команды; Ведение истории болезни: Грамотно, аккуратно, своевременно; Практические навыки: Стремится к исполнению, ищет возможности, надежен и квалифицирован.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	Reliability: unclear, unreliable. Response to Instructions: does not respond, shows no improvement. Learning / Knowledge: lacks motivation and knowledge. Attitude Toward Patients: does not engage personally. Attitude Toward Colleagues: unreliable.

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			Attitude Toward Medical Staff: unreliable, rude. Actions Under Stress: inadequate, freezes under pressure. Teamwork Skills: unreliable or disengaged. Medical Record Keeping: careless, incorrect, or untimely. Practical Skills: hesitant, fearful, may refuse to perform basic procedures.
	Checklists: 360° Assessment of the On-Call Physician	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Reliability: responsible, strives to be helpful. Response to Instructions: responds correctly, improves consistently, learns from mistakes. Learning / Knowledge: possesses good knowledge and broad understanding, strives for deeper learning. Attitude Toward Patients: reliable and compassionate. Attitude Toward Colleagues: sets a tone of mutual respect and dignity. Attitude Toward Medical Staff: sets a tone of mutual respect and dignity. Actions Under Stress: full self-control, makes constructive decisions. Teamwork Skills: able to organize work or be an effective team member. Medical Record Keeping: accurate, careful, and timely. Practical Skills: strives to perform, seeks opportunities, reliable and competent.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	Reliability: unclear, unreliable. Response to Instructions: does not respond, shows no improvement. Learning / Knowledge: lacks motivation and knowledge. Attitude Toward Patients: does not engage personally. Attitude Toward Colleagues: unreliable. Attitude Toward Medical Staff: unreliable, rude. Actions Under Stress: inadequate, freezes under pressure. Teamwork Skills: unreliable or disengaged. Medical Record Keeping: careless, incorrect, or untimely. Practical Skills: hesitant, fearful, may refuse to perform basic procedures.
	Checklists: DOPS Assessment	Fully Meets the Assessment Criteria	The procedure was performed completely correctly, competently, and safely. All steps were followed. Communication was of a high standard. Documentation was

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		A (4,0; 95-100%) A- (3,67; 90-94%)	completed accurately.
		Meets the Assessment Criteria Well B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	Overall correct performance, but with 1–2 minor errors (e.g., slight deviations in technique or wording). Patient safety was not compromised.
		Meets the Assessment Criteria Satisfactorily C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	The procedure was performed with several errors, but without major violations. The clinical outcome was achieved, but there were gaps in logic, technique, or communication.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	Serious breaches of methodology, technique, or safety rules. Lack of understanding of the procedure. Errors that could affect the patient’s condition.
	Checklists: Preparation of Thematic Presentations	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	The presentation was prepared independently, submitted on time, and contains at least 20 slides. At least 5 literary sources were used. Slides are informative and concise. During the defense, the presenter demonstrates deep knowledge of the topic and makes no errors when answering questions during the discussion.
		Meets the Assessment Criteria Well B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	The presentation was prepared independently, submitted on time, and contains at least 20 slides. It draws on at least 5 literary sources. The slides are informative and concise. During the defense, the presenter demonstrates good knowledge of the topic and may make minor, non-critical errors when answering questions, which are promptly corrected.
		Meets the Assessment Criteria Satisfactorily	The presentation was prepared independently and submitted on time, containing at least 20 slides and using at least 5 literary sources. However, the slides lack

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		C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	substantive content. During the defense, the presenter makes significant errors when answering questions.
		Does Not Meet the Assessment Criteria FX (0,5; 25-49%) F (0; 0-24%)	The presentation was not submitted on time and contains fewer than 20 slides, using fewer than 5 literary sources. The slides lack substantive content. During the defense, the presenter makes major errors when answering questions and is not familiar with their own material.
	Checklists: Assessment Criteria for Resident Independent Work (RIW) – Analysis of Scientific Articles	Fully Meets the Assessment Criteria A (4,0; 95-100%) A- (3,67; 90-94%)	Demonstrates knowledge and understanding of medical research: Knowledge is systematic and fully reflects understanding of medical research. Able to solve tasks within their qualification using scientific approaches: Solutions are correct. Uses scientific information and principles of evidence-based medicine for development within their qualification: Justification is provided in full. Demonstrates self-analysis skills: Fully utilized. Uses public speaking and presentation skills in hospital conferences, seminars, and discussions: Fully and appropriately applied. Able to conduct research and work towards scientific outcomes: Actively participates, presents results, engages the audience, and convincingly communicates findings. Medical research demonstrates knowledge and understanding: Conducts research, summarizes results, and publishes findings.
		Well matches the grades B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	Demonstrates knowledge and understanding of medical research: Knowledge is factual but does not provide a complete understanding of the essence of the research. Able to solve tasks within their qualifications using scientific approaches: Correct solutions. Uses scientific information and principles of evidence-based medicine for development within their qualifications: Foundations are partial. Demonstrates self-analysis skills: Partially applied. Uses oratory skills and public speaking at in-hospital conferences, seminars, and discussions: Adequate, but with minor errors.

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			Able to conduct research and achieve scientific results: Poor presentations and reports. Medical research demonstrates knowledge and understanding: Conducts research; conclusions are partial, analysis is incomplete.
		Satisfactorily matches the grades C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	Demonstrates knowledge and understanding of medical research: Fact clarification, not meaningful. Able to solve tasks within their qualifications using scientific approaches: Struggles to find solutions, cannot justify them. Uses scientific information and principles of evidence-based medicine for development within their qualifications: Uses unreliable or incomplete information. Demonstrates self-analysis skills: Diagnosis is not detailed, low reliability. Uses oratory skills and public speaking at in-hospital conferences, seminars, and discussions: Rarely participates, lacks enthusiasm. Able to conduct research and achieve scientific results: Conducts research but cannot systematize it. Medical research demonstrates knowledge and understanding: Fact clarification that is not meaningful.
		Does not satisfactorily match the grades FX (0,5; 25-49%) F (0; 0-24%)	Demonstrates knowledge and understanding of medical research: Does not demonstrate. Able to solve tasks within their qualifications using scientific approaches: Cannot solve problems. Uses scientific information and principles of evidence-based medicine for development within their qualifications: Does not use. Demonstrates self-analysis skills: Does not demonstrate. Uses oratory skills and public speaking at in-hospital conferences, seminars, and discussions: Does not participate. Able to conduct research and achieve scientific results: Does not conduct research. Medical research demonstrates knowledge and understanding: Does not demonstrate.
	Checklists: Portfolio Evaluation	Fully matches the grades A (4,0; 95-100%) A- (3,67; 90-94%)	The portfolio includes all mandatory sections (topics, reports, reflections, presentations, etc.). Each part is completed with high quality, logically structured, and neatly presented.

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			Clear evidence of individual work and independent approach is demonstrated. Examples of participation in research activities are provided (questionnaires, analyses, statistics, reviews, etc.). Modern sources are used, and ethical standards are observed.
		Well matches the grades B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	All main sections are present. Most parts are completed correctly, but there are some stylistic or logical shortcomings in certain areas. Analysis and conclusions are included, but not always sufficiently deep. Overall presentation is neat, with minor imperfections.
		Satisfactorily matches the grades C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	Portfolio sections are partially missing or not fully completed. Content is fragmented, with some topics covered superficially. Contains a lot of formal material and little analysis. Presentation is untidy or does not meet the requirements.
		Does not satisfactorily match the grades FX (0,5; 25-49%) F (0; 0-24%)	The portfolio is missing or almost entirely incomplete. Content does not reflect work in the discipline. Key requirements for structure and presentation are not met.
	Checklist for Midterm Assessment:		
	Checklists: Milestone Assessment. Mini Clinical Examination for Evaluating Bedside Practical Skills.	Отлично соответствует оценкам: A (4,0; 95-100%) A- (3,67; 90-94%)	The resident confidently and competently completes all stages of the pediatric examination. Demonstrates thorough knowledge of age-specific norms, sound clinical reasoning, and correct examination techniques. Interactions with both the child and the parents are professional and appropriate. No errors were noted.
		Perfectly corresponds to the assessments: B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)	The task was performed correctly, but minor inaccuracies were noted (in the sequence of actions, diagnosis formulation, or explanation). These minor issues do not affect the outcome or patient safety. Overall, communication is good.

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	Satisfactorily corresponds to the assessments: C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)	There are significant shortcomings: some examination steps were omitted, data interpretation was partially incorrect, or the history was superficial. Communication needs improvement. Clinical reasoning is not always logical. Errors are not severe but are significant.
	Unsatisfactorily corresponds to the assessments: FX (0,5; 25-49%) F (0; 0-24%)	Serious errors in technique, reasoning, or professional behavior. Misunderstanding of the task. Basic principles of interaction with the child and parents are violated. Clinical reasoning is poorly developed. There is a risk to the patient.
Multi-global knowledge assessment system.		

Letter system score	Digital equivalent Points	Percentage	Traditional system score
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	Good
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	
C	2,0	65-69	Satisfactory
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	
FX	0,5	25-49	Not satisfactory
F	0	0-24	

11.	Learning Resources:
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Electronic resources, including but not limited to: databases, animations, simulators, professional blogs, websites, and other electronic reference materials (e.g., videos, audio recordings, digests):	Ambulatory and Outpatient Pediatrics [Electronic resource]: textbook / E. T. Dadambayev. – Electronic text data (). – Almaty: Epigraph, 2016. Modern Diagnosis of Common Endocrine System Diseases [Electronic resource]: study guide / Ministry of Health and Social Development of RK, YUKGFA. – Electronic text data (680 MB). – [s.l.]: Shymkent, 2015. – 1 electronic optical disc (CD-ROM). Pediatric Endocrinology: Atlas [Electronic resource]: textbook / edited by I. I. Dedov. – Electronic text data (47.1 MB). – Moscow: GEOTAR-Media, 2017. Modern Diagnosis of Common Endocrine System Diseases – Bekmurzaeva E.K., Smetova R.A., Seydaliyeva F.M., Aralbayeva. – Available at: https://aknurpress.kz/login/1842 Clinical Endocrinology: Study Guide / T. V. Mokhort, Z. V. Zabarovskaya, A. P. Shepelkevich. – Minsk: Vyssheyshaya Shkola, 2013. – 416 p. – Available at: https://www.iprbookshop.ru/24062 Diagnosis of Internal Diseases. Book 3: Diagnosis of Endocrine System Diseases / A. N. Okorokov. – 2nd ed. – Moscow: Medical Literature, 2025. – 173 p. – Available at: https://www.iprbookshop.ru/149568
Journals (Electronic Journals):	Journals (Electronic Journals): http://www.pediatrics.org – Pediatrics named after G.N. Speransky https://e.pediatry-practice.ru/ – Practicing Pediatrician http://www.elibrary.kz/databases/zhurnal – Pediatrics and Pediatric Surgery https://lib.kaznmu.kz/wp-content/uploads/voprosy-prakticheskoy-pediatricii – Practical Pediatrics https://lib.kaznmu.kz/wp-content/uploads/klinicheskaya-medicina – Clinical Medicine https://lib.kaznmu.kz/wp-content/uploads/densauly – Densauly

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Literature:	Core Literature: 1. Dedov, I. I., Mel’nichenko, G. A., Fadeev, V. V. <i>Endocrinology: Textbook</i> / I. I. Dedov et al.; Russian translation by A. T. Alipova; responsible editor Zh. Abilayuly. – 2nd ed., revised and expanded. – Moscow: GEOTAR-Media, 2013. – 400 p. 2. Ametov, A. S., Shustov, S. B., Khalimov, Yu. Sh. <i>Endocrinology</i> / recommended by Russian Medical Academy of Postgraduate Education. – Moscow: GEOTAR-Media, 2016. – 352 p. 3. Datkaeva, G. M. <i>Recommendations for Diagnosis, Treatment, and Prevention of Obesity in Children and Adolescents: Study Guide</i> / G. M. Datkaeva. – Shymkent: Alem Publishing, 2024. – 144 p. 4. Clinical Protocols of the Republic of Kazakhstan Supplementary Literature: Bazarbekova, R. B. <i>Pediatric and Adolescent Endocrinology: Manual</i> / R. B. Bazarbekova. – Almaty: Telman Offset & Print TOO, 2014. – 252 p. Botabaev, N. T. <i>Comprehensive Analysis and Medical-Social Rehabilitation of Disability from Endocrine Disorders in Children [Text]</i> / N. T. Botabaev. – Shymkent: OQMA, 2018. – 60 p. <i>Endocrinology: Clinical Recommendations</i> / edited by I. I. Dedov. – Moscow: GEOTAR-Media, 2016. – 592 p. Dedov, I. I. <i>Pediatric Endocrinology: Textbook</i> / I. I. Dedov et al. – Moscow: GEOTAR-Media, 2023. – 256 p., illustrated <i>Endocrinology: National Guidelines</i> / edited by I. I. Dedov, G. A. Mel’nichenko. – 2nd ed., revised and expanded. – Moscow: GEOTAR-Media, 2024. – 1112 p., illustrated Otto, N. Yu., Sagitova, G. R. <i>Type 1 Diabetes in Children and Adolescents: Monograph</i> – Astrakhan: Astrakhan State Medical University Publishing, 2015. – 59 p. Gardner, D., Shoback, D. <i>Basic and Clinical Endocrinology [Text]</i> / translated from English by V. I. Kandror et al. – Moscow: BINOM, 2022. – 695 p.
12.	Discipline Policy:
Discipline Policy Requirements for Residents: Attendance, Behavior, Grading Policy, Penalties, Incentives, etc. 1. Attend classes in proper uniform (lab coat, cap).	

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2. Be punctual and responsible.
3. Attendance at SRRN (practical skill sessions) is mandatory. If a resident is absent, a mark “H” is entered in the academic and electronic journal.
4. Actively participate in the learning process.
5. Do not be late or skip classes. In case of illness, provide a medical certificate and a make-up sheet indicating the SRRN session, valid for 30 days from submission to the dean’s office.
6. Missed classes without a valid reason are not made up. Residents who skip classes without justification will receive a “0” in the electronic journal alongside the “H” mark, and penalty points will be applied:
 - Penalty for missing 1 lecture: 1.0 point deducted from the border control assessment.
 - Penalty for missing 1 SRRN session: 2.0 points deducted from the SRRN grade.
7. Each resident must complete all SRR assignments and submit them according to the schedule.
8. For every practical class and SRRN session, all residents must be well-prepared, participate actively in discussions, and engage with the topic.
9. All written work (essays, presentations, etc.) will be checked for plagiarism.
10. Maintain cleanliness of personal workspace and adhere to personal hygiene standards.
11. Eating in classrooms is strictly prohibited.
12. Follow safety rules in the training rooms.
13. Adhere to the internal regulations of the academy and maintain proper professional ethics.
14. Be tolerant, open, and respectful towards peers and instructors.
15. Treat department property with care.
16. Turn off mobile phones during class time.

13.	Academic Policy Based on the Moral and Ethical Values of the Academy
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13.1	Section 4: Resident’s Code of Honor
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13.2	Grading Policy Policy and Procedures: General departmental requirements for residents during training, penalties for non-compliance, etc. Examples of requirements: Attendance with a valid health/sanitary certificate for Practical lesson.s. Strict adherence to medical uniform (lab coats, masks, caps, additional footwear). Strict compliance with personal hygiene and safety protocols in the hospital. Duty shifts in the admissions department.
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	Strict observance of internal regulations and courteous interaction with patients, doctors, and department staff. Penalties: Residents who miss 3 sessions without a valid reason will receive a report submitted to the residency office. Missed sessions must be compensated by hospital duty shifts, a literature review, and a written report. Final Assessment: The final exam is conducted in two stages: knowledge testing/interview and evaluation of practical skills. Residents are admitted to the exam only if they have fully completed the program and achieved the minimum passing rating. Calculation of Ratings: Resident knowledge is assessed using a point-based letter rating system: 60% current assessment, 40% final assessment. The final course grade is automatically calculated based on the average of current assessments, the average of mid-term assessments, and the final assessment score: Final Grade (100%) = Admission Rating (60%) + Final Assessment (40%) Admission Rating (60%) = Average of Mid-term Assessments (20%) + Average of Current Assessments (40%) Average of Mid-term Assessments = (Mid-term Control 1 + Mid-term Control 2) / 2 Average of Current Assessments = arithmetic mean of current assessments including SRR performance Final Grade (100%) = Mid-term Average × 0.2 + Current Average × 0.4 + Final Assessment × 0.4 Where: Mid-term Average (MTA) – average of mid-term assessments Current Average (CA) – average of current assessments Final Assessment (FA) – score of the final exam Eligibility for Final Assessment: Residents who have completed the training program and fulfilled their individual study plan are admitted to the final certification. The purpose of the final assessment is to evaluate the learning outcomes and competencies acquired during residency. The final assessment includes two stages: Knowledge evaluation (computer-based testing) Skills evaluation The goal of the final assessment is to determine the professional readiness of graduates upon completion of the residency program. Residents who pass both knowledge and skills evaluations receive a certificate of completion of residency. These results also form the basis for issuing a specialist certificate. Appeal Procedures:
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	Residents may appeal if they are dissatisfied with exam or test scores. Appeals are permitted in cases of disagreement between the instructor and resident over specific questions (tests or tickets). Appeals are also permitted if exam questions or test items are incorrect or do not correspond to the subject matter. Residents must submit an appeal no later than 1:00 PM on the next working day after the exam results are posted. The appeals committee must review the appeal within one day and decide whether to revise the grade or uphold the original grade. The decision of the appeals committee is based on a re-evaluation of the resident’s work. The committee’s decision is documented in the resident’s appeal form, which is then used to update the exam record. The final decision of the appeals committee is sent to the registrar’s office in writing, along with the exam record.
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14.	Approval and revision:		
Date of approval	Protocol No	. Full name of the Head of the Department and Chairman of the AK OP	Signature
Date of approval with the Library and Information Center	Protocol No. <u>7</u>	Darbicheva R.I.	
<u>04.06.2025</u>			
Date of approval at the department	Protocol No. <u>11</u>	Bektenova G. E.	
<u>24.06.2025</u>			
Date одоброf approval for ATo OP	Protocol No. <u>5a</u>	Bektenova G. E.	
<u>26.06.2025</u>			
Date of revision	Protocol No. <u> </u>	Bektenova G. E.	
Date of revision on ATo OP	Protocol No. <u> </u>	Bektenova G. E.	