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## **SYLLABUS**

# **Department of General Practitioner - 1»**

Working curriculum disciplines « Outpatient - outpatient clinic cardiology »

Educational program 6 B 10101 - « General medicine"

1,	General information about the d	liscipline	90 1/4 2 Kill 3 9 390 1/4 20 1
1.1	code: OVP 6 30 1-5	1.6	Academic year: 2024 - 2025
1.2	Discipline name: Outpatient - outpatient clinic cardiology	1.7	Course: 6
1.3	Prerequisites: Fundamentals of General Medical Practice	1.8	Semester: 11-12
1.4	<b>Postrequisites :</b> 7th year internship course "Internal Medicine in General	1.9	Number of credits (ECTS): 3
. 00	Practitioner"	111, KJ	2/2, 49, 60, 47 , 47, 48, 600,
1.5	Cycle: PD	1.10	Component: CCH
2.0	Description of the discipline (maximu	ım 50 words	X 3, W 3, M 3, W

Description of the discipline (maximum 50 words)

Organization of cardiological care for the adult population of the Republic of Kazakhstan in outpatient settings. Algorithm for diagnostics and differential diagnostics of the most common cardiac diseases taking into account age characteristics, treatment, prevention, medical examination, rehabilitation. Disease management program for hypertension and CHF. Indications for hospitalization. Emergency and urgent medical care for adult cardiac patients. Communication skills, self-control, patient support.

3.	Summative Assessment For	m S W	90, 14 24 Rue 3:00 90. 15
3.1	Testing	3.5	Coursework
3.2	Written + State of the Control of th	3.6	Essay
3.3	Oral 1 3 3 10 10 10 10 10 10 10 10 10 10 10 10 10	3.7	Project
3.4	Assessment of practical skills +	3.8	Other (specify)
4.	Objectives of the discipline	e contract	1 24 00. 60 111. 1 xx 1

To train a general practitioner (GP) who has the required amount of knowledge, skills and practical abilities to independently carry out preventive, diagnostic,

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Working curriculun	n of the discipline "Outpatient cardiology"	Page 2 of 37
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eutic and rehabilitation measures for cardiac pa	tients within the competence of the GP in t	he primary health care system in accordance with the principles

1.Kr	3, KU10 3:00 9/10. KT	MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ АСАДЕМУ АО «Южно-Казахстанская медицинская академия»
	1 9 400	Department of Family Medicine 044 - 69 / ( )
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60.71	7. 1 34, Wg. 6,	30,71 je 1 3, 341, 35, 60,71 je 1 3, 341, 35, 610, 110, 2 se 144, 35, 610, 15, 1 26, 140, 3 is 3
		easures for cardiac patients within the competence of the GP in the primary health care system in accordance with the princip I modern achievements in therapeutic, diagnostic and pharmaceutical technologies.
5.	Jence-based medicine and	Final learning outcomes (LO of the discipline)
RO 1	Apply knowledge when	using the healthcare information system to provide cardiological care to the adult population within the competence of t
34	general practitioner, is pr	roficient in the preparation of medical documentation, including electronic documentation.
PO2	Applies diagnostic and d	lifferential diagnostic skills to the most common adult cardiac diseases
PO3	Demonstrates knowledge	e in developing a treatment and prevention plan for the most common adult cardiac diseases according to Clinical Protocols
PO4	Makes decisions on prov	viding emergency and urgent qualified medical care of the second category of complexity to adult cardiac patients.
RO5 RO6	of a disease management	t program for hypertension and CHF.
RO6	of a disease management Applies skills to effective conduct an examination	t program for hypertension and CHF.  Vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.
73.8C	of a disease management Applies skills to effective conduct an examination RO discipline	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO
RO6	of a disease management Applies skills to effective conduct an examination	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO
RO6	of a disease management Applies skills to effective conduct an examination  RO discipline  RO1	vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO  PO1 - Applies patient-centered care skills, uses interpersonal and communication skills with patients, their environmen
RO6	of a disease management Applies skills to effective conduct an examination RO discipline RO1 PO4	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO  PO1 - Applies patient-centered care skills, uses interpersonal and communication skills with patients, their environment and colleagues in compliance with bioethical principles and patient rights
RO6	of a disease management Applies skills to effective conduct an examination RO discipline RO1 PO4 RO6	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO  PO1 - Applies patient-centered care skills, uses interpersonal and communication skills with patients, their environments.
RO6	Applies skills to effective conduct an examination RO discipline RO1 PO4 RO6 PO2	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO  PO1 - Applies patient-centered care skills, uses interpersonal and communication skills with patients, their environment and colleagues in compliance with bioethical principles and patient rights  RO2 - Organizes its activities within the legal and organizational framework of the healthcare system of the Republic of t
RO6	of a disease management Applies skills to effective conduct an examination RO discipline RO1 PO4 RO6 PO2 PO3	t program for hypertension and CHF.  vely interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition of temporary and permanent loss of ability to work and professional suitability of cardiac patients.  Learning outcomes of the OP, which are associated with the discipline RO  PO1 - Applies patient-centered care skills, uses interpersonal and communication skills with patients, their environment and colleagues in compliance with bioethical principles and patient rights  RO2 - Organizes its activities within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan to implement the policy of strengthening the health of the nation  PO3 - Plans for continuous personal and professional growth to improve the quality of health care through self-assessment, self-

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6.2	Nt.	ımber of ho	urs N	Lectures	Practica	al. of an.	Lab. Z an.	SROP	SRO
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No.	Full name	K 19	Degrees and Position	400	90.1	J 51	Email add	dress	1 2/ Way 60 11.
100	Bektibaeva Nazipa Shakmano	vna	PhD , Associate Professor	Bnshe	4@mail.ru	· K	36 11/10	70.	1 2/2 Way 60 11
2	Temirkulova Sholpan Alibeko	vna	Associate Professor	sholpa	nt_kz@ma	ul.ru	SIMILO	2.00-01	2. 17 2/ Wo 6.
3	Emesheva Meruert Ataevna	60, (1)	Assistant	m.yer	nesheva@	mail.ru	2 2 11	10	90. K 26 100
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Week	Topic Title	Vo. Sc	Summary	11, 11,	RO	Numb	Methods	1/2	Forms/
/ Day	sking seredniky	Skug.	is equitify skiring is	di	scipline	er of hours	learning technologi	/ (h)	evaluation methods
Sking Sking	Practical lesson. Topic: Organization outpatient outpatient clinic cardiology help to an adult	outpatient for the po systems for the adult of the general	echnologies for organizing t and polyclinic cardiological car pulation. Health information or providing cardiological care to population within the competence al practitioner. Preventive - medicans, screening preventive medic	o e of cal	RO 1, RO 5	L SA JUKL JUKL JUKL	Clinical anal of the top sick	ic	Assessment of initial knowledge using test questions, criteria-based assessment

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<i>)</i>	to the population V RK. examinations of target population groups

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to the population V RK.	examinations of target population groups	· · · · · · · · · · · · · · · · · · ·	12 9	71, 43. 60 YI	1 3 8 W. W.
to the population view.	with subsequent health improvement and	Jo 3:60 41	). (I)	2K, Wa. 60	11.15 ch, W.
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3 tr. 13. 1	patients with CVD.	(1) SK (1)	10. 50	911. KJ 2K	Way 60 411, 1
1 641 03. 600 1.1. 1.3	Assessment of patients' condition for	Kr St.	11/10	50 40. 15 0	K. Wo. Sp. M.
-11 SKII VS. 800" 1.K. 1	conducting examination of temporary and	in. Kr 3	L'Wa	J. 60 911. KJ	St. Wo Ser 41,
7. 1 3 4 43. 60 11 14	permanent loss of working capacity and	Spr. Kr	55/10	10 J. C. 9/11. A	24. Wo Ser
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60 M. V. V. 600	Preparation of medical documentation as	23. Squ.	Kry	SILVING SIEGO	7. KT 24 Wo
. 50 Mil 1 341 W.S. 6	provided by healthcare legislation.	J. 3. 39	y. Kr	SILVINO	90, KT 24, W
SROP/SRO	Order and frequency	RO 1	1/6	Clinical work in	Criteria-based asses
Consultation upon completion SRO.	conducting screening inspections target population groups.	RO 5 RO 6	o'go.	the GP	Significant Strains
upon completion 310.	Screening cardio programs	KO 0	19.00	department	1, 3.0 gg, 1/th
SRO task:	Principles of Primary and	F. 7 3. K.	, 29.	900, 1K, 1 2,	Mus 3:0 90, 14
Carrying out preventive work	secondary prevention	111.11	K11, VS	Analysis of	S. KUI, Sie Son
A SK, WO SO MI, K	cardiovascular diseases	0 11.1.1	SKII.	scientific articles	1 2. AU. 3. O)
17. KJ 2K, WO 360 M.	vascular system. Effective interaction of GPs with patients, their family members and	60,111.14	1 24	by topics	1. 2. KU. VS.
4). KT SK, WO SO 41	colleagues when implementing a health	9. 600 411's		KI, VS. BOO!	14. 1 3. KU. VS.
10, 40, Kr 26, Wo 3'60	management program for hypertension and	Wa. Son	1.7.12	941, Wg. 60	111/4 J 3. Thu
	CHF.	2000	70:1	1 41,00.	60, 17. 1 3. H.
Practical lesson. Topic:	Tactics of the VOP sharp	RO 2	04	method or	60,111,11
Spicy cyndromo	coronary syndromes. Types and features	RO 4	SOLY	clinical	Va. 60, 111, 11
coronary syndrome	of the course, diagnostic criteria, tactics of	11 24	V3. 8	analysis	100 100 K

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hased skina of skina	SROP/SRO	management of unstable angina. ACS without ST segment elevation and with ST segment elevation: clinical presentation, diagnostics (clinical, instrumental and laboratory), differential diagnostics. Diagnostic strategy. Modern methods of treatment (at the prehospital stage) according to Clinical protocols. Prognosis. Complications. Treatment after discharge from hospital. Evaluation of the effectiveness and safety of diagnostic and therapeutic interventions. Algorithm for providing assistance in ACS	RO 2		Clinical work in	Criteria-based assessme
KT KT KT SKUS	Consultation By implementation of SRO. Exercise SRO: Tactics management in ACS complicated by cardiogenic shock.	complicated by cardiogenic shock at the prehospital level.	RO 2 RO 4	Kuly 6	the GP department  Analysis of scientific articles by topics	Chiena-based assessme
Mains Mains	Practical lesson. Topic: Arterial hypertension ( essential )	Algorithm for examination of patients with hypertension. Non-drug and drug methods of treating hypertension. Main groups of modern antihypertensive drugs, pharmacodynamics and pharmacokinetics. Tactics for choosing antihypertensive drugs in patients with hypertension, taking	RO 3 RO 5 RO 6	1 434 2.12 edu. (1	Solving problematic cases	Assessment of initial knowledge using test questions, criteria-base assessment

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	Department of Family Medicine 044 - 69 / ()
	Working curriculum of the discipline "Outpatient cardiology"  Page 6 of 37
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<i>)</i>	into account individual characteristics of

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90, K	21 10 5 911. M	orking curriculum of the discipline "Outpatient cardiolog	y <sup>u</sup>	SKI		e 6 of 37
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SKUS KUSKUS KUSKUS	SROP/SRO	into account individual characteristics of patients: comorbidity, risk groups, age, etc. Screening studies to detect hypertension and a health management program for hypertension. Effective interaction of GPs with patients, their family members and colleagues in the management of patients with hypertension.  Algorithm for providing assistance in	RO 2	1/6	Clinical work in	Criteria-based assessme
skus segn.	Consultation By implementation of SRO. Exercise SRO: Hypertensive crises.	hypertensive crises uncomplicated And complicated at the prehospital level	RO 4	odu.kl	the GP department  Analysis of scientific articles by topics	1.K1 s skn. na.ede 2du.K1 skna.ed 2du.K1 skna.ed
A. Skina Skina Skina Skina	Practical lesson. Topic: Chronic heart failure	Diagnostics and differential diagnostics. Clinical, laboratory and instrumental research methods. Treatment. Non-drug methods of treating heart failure. Features of medical tactics taking into account the main pathological process and stage of heart failure. Medical examination of patients with CHF. Effective interaction of GPs with patients, their family members and colleagues when implementing a health management program for CHF.	RO 2 RO 3 RO 6	L SKULL	Clinical analysis of the topic sick	Assessment of initial knowledge using test questions, criteria-based assessment

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SROP/SRO	Tactics of management of patients with R	O 2 2/6 Clinical work in Criteria-based assessment

3.69	SROP/SRO Consultation By implementation of SRO. task:	Tactics of management of patients with CHF of various etiologies: against the background of coronary heart disease, hypertension, acquired defects,	RO 2 RO 3	2/6	Clinical work in the GP department	Criteria-based assessmen
54	Diagnosis and treatment chronic heart failure	cardiomyopathy of various genesis. Choice of drugs in comorbid conditions.	KI SK SKNO	sies eg	Analysis of scientific articles by topics	kwa se egniniki ski
Kr	1 3 th v3. 607 14 1	Milestone Control-	1: Testing	3/ 1/10	ie Mily	SK, Wo. 60 111.
151 101 101 101 101	Practical lesson. Topic: Disturbance of rhythm and conduction	Clinical electrocardiography. ECG diagnostics of rhythm and conduction disorders. Classification and selection of antiarrhythmic drugs for various arrhythmias, taking into account the pharmacokinetics and pharmacodynamics of drugs against the background of comorbid conditions. Providing emergency care for life-threatening arrhythmias at the pre-hospital level. Effective interaction between the GP and the patient.	RO 2 RO 4 RO 6	J.K. K. Sking. et sking. e	method or clinical analysis	Assessment of initial knowledge using test questions, criteria-based assessment
19.6 19.6	SROP/SRO Consultation By implementation of SRO. task: Diagnosis and treatment rhythm and conduction disturbances	Tactics of managing patients with rhythm and conduction disorders. Providing emergency care for life-threatening arrhythmias at the prehospital level. Selection of antiarrhythmic drugs for various arrhythmias, taking into account comorbid conditions.	RO 2 RO 4	2/6	Clinical work in the GP department  Analysis of scientific articles by topics	Criteria-based assessmen

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6 Practical lesson.	Clinical electrocardiography. ECG RO 2 5 Clinical analysis Assessment of ini	itial

6	Practical lesson. Topic: Disturbance of rhythm and conduction	Clinical electrocardiography. ECG diagnostics of rhythm and conduction disorders. Classification and selection of antiarrhythmic drugs for various arrhythmias, taking into account the pharmacokinetics and pharmacodynamics of drugs against the background of comorbid conditions. Provision of emergency care at the prehospital level. Evaluation of the effectiveness and safety of therapeutic interventions.	RO 2 RO 3 RO 4	a.edu.k kna.ed	Clinical analysis of the topic sick	Assessment of initial knowledge using test questions, criteria-based assessment
1 41 3 4 5 4 5 4 5 4 5 4 5 6 6 6 6 6 6 6 6 6 6	SROP/SRO Consultation By implementation of SRO. task: Diagnosis and treatment rhythm and conduction disturbances	Tactics of managing patients with rhythm and conduction disorders. Providing emergency care for life-threatening arrhythmias at the prehospital level. Selection of antiarrhythmic drugs for various arrhythmias, taking into account comorbid conditions.	RO 2 RO 4	1/6	Clinical work in the GP department  Analysis of scientific articles by topics	Criteria-based assessmen
ina edu.	Practical lesson. Topic: Rational pharmacotherapy in cardiology	Fundamentals of rational pharmacotherapy, evidence-based medicine. Clinical and pharmacological approaches to substantiating the prescription, choice, and dosage regimen. Evaluation of the effectiveness and safety of drugs used in cardiology practice.	RO 3 RO 4	5	Clinical analysis of the topic sick	Assessment of initial knowledge using test questions, criteria-based assessment

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ch vo. 60 111, 11 th. vs.	Clinical and pharmacological expertise.	70.

9. 69 971. KJ 2 KW	Clinical and pharmacological expertise.  Errors and unjustified prescriptions of drugs to cardiac patients by general	Rusis egnik i skusis egnik i skusis
SROP/SRO Consultation By implementation task: Modern pharmacotherapy in cardiology in general	practitioners.  Interactions of drugs used in various cardiac diseases. Evaluations of the effectiveness and safety of drugs used in cardiology practice. Errors and unjustified prescriptions of drugs to cardiac patients by general practitioners.	RO 3 RO 4 Clinical work in the GP department  Analysis of scientific articles by topics
Preparation and imp	plementation of interim assessment	(10% of the total number of hours allocated to the discipline) – hours
JA 140. 3 60 411. 15	Boundary Control-2:	
9,	Teaching and assessn	ment methods :
<ul><li>9.1 Lectures</li><li>9.2 Practical classes</li></ul>	Standardized Patient Method, Clinical analysis thema patients), solving problematic cases.	atic patients (using a real patient as an example, analysis of ECGs o
9.3 SROP/SRO		entific articles by topic (search for data from scientific databases)
9.4 Border control	Testing	4. 3. 5. 97. 15 34 W. 3. 60 M. 15 34 W.
10.		Evaluation criteria
10.1	Criteria for assessing	the learning outcomes of the discipline

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RO	60 Mil 1 3/11	43. 60, 77. 4. 4 3 54, 43. 60, 17. 4 2, 544, 43. 690, 174, 22, 774, 35, 90, 141, 32, 744, 35					
RO 1	Name of learning	Applies knowledge when using a health information system to provide cardiological care to the adult population					
St. 10	outcomes	within the competence of the general practitioner, is proficient in the preparation of documentation, including					
	400 60 M.L.V	electronic documentation.					
	Great	Fully knowledgeable about the use of the health information system (HIS) in providing cardiological care to the adult					
· KI	SK, Wo. SO, YA	population within the competence of the general practitioner. Accurately and completely, correctly applies this knowledge					
17., N	1 2/ War 60	in practice, when working with the HIS of the polyclinic on issues of cardiac patients and when preparing medical					
, Y/) .,	17 34 WO. 6	documentation, including electronic.					
Sp. 7	7. 1 ch. 43.	Uses literature recommended in the syllabus .					
S	Fine	Does not fully possess all the necessary knowledge on how to use the information system					
Jo.	5, M. 1 3/1.	health care when providing cardiological care to the adult population within the competence of the general practitioner,					
, Wo	100 M. 12 3	makes inaccuracies and mistakes that are corrected by the intern himself when working with the polyclinic's information					
SK, (	Vo. 60 411.15	system on issues of cardiac patients and when preparing medical documentation, including electronic documentation. Us literature recommended in the syllabus in an incomplete volume.					
54	Satisfactorily	Does not fully possess the necessary knowledge to use the information system					
	Jansiacioniy	health care when providing cardiological care to the adult population within the competence of the general practitioner ar					
· VI	24, Way 60, 41	makes mistakes when preparing medical documentation, including electronic documentation. Has difficulties when work					
101., 1	1 24 War 60	with the outpatient health care system on issues related to cardiology patients.					
YU.	KT 24 WO. 6	I have not fully completed the literature recommended in the syllabus .					
6, 7	Unsatisfactory	Does not have the necessary knowledge of using the health information system when providing cardiological care to the					
\ •	M. M. 24. W.	adult population within the competence of the general practitioner and does not know how to work with the outpatient					
), S.C.	DOV AND A TOTAL	clinic's information system on issues related to cardiological patients. Has not studied the literature recommended in the					
Ugi.	10, 10, 15 BL						
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	14 1 24 Thursis Spilling Spill
<i>&gt;</i>	Great Has the skills to use diagnostic and differential diagnostic algorithms most

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7. N 3/2 VS	· 60 11 14 1 3 5 11 13 5 60 11 14 1 3 7 14 1 3 5 90 14 1 3 14 14 3 5 90 14 14 3 5 8 14 3 5 8 14 3 5 8 14 3 5 8
Great	Has the skills to use diagnostic and differential diagnostic algorithms most
80 10.11 SK	common cardiac diseases in adults. Collects complaints and
1 60 11. 11	anamnestic data of patients, clearly and consistently conducts objective examinations,
19. 60 11/4 1	draws up a plan of diagnostic studies in accordance with the Clinical Protocols, observing full
Vg. 500 11.	list of examinations at the outpatient level. Pr applies knowledge obtained from scientific databases.
Fine	Has the skills to use diagnostic and differential diagnostic algorithms most
1/7/1, VS. 500	common cardiac diseases in adults. Collects complaints and
1 2. KU, 3. 00	anamnestic data of patients, but does not follow the sequence in conducting objective
2, 12, 3	examinations, draws up a plan of diagnostic studies in accordance with the Clinical Protocols, but
The Sirkling	skips some tests from the list of examinations at the outpatient level. Uses
b. Kr 26 1600	literature recommended in the syllabus and Clinical protocols .
Satisfactorily	Does not fully master the skills of using diagnostic and differential diagnostic algorithms for the most common adult ca
10, 41 24	diseases. Does not fully collect complaints and anamnestic data from patients, does not follow the sequence of objectives.
2.60 M. KJ	examinations, and does not follow the recommendations specified in the Clinical Protocols. Has not fully worked throug
Vo. 50 411. 15	Clinical Protocols and literature recommended in the syllabus.
Unsatisfactory	Does not have the skills to use diagnostic and differential diagnostic algorithms
2/2, Way 60, 41.	most common cardiac diseases in adults. Makes gross errors when collecting complaints and anamnestic data from pati
SK, Wo. 60,7	does not follow the sequence when conducting
7 3/ WO. 61	objective examinations and is unable to draw up an examination plan in accordance with the Clinical Protocols. Has
17 ch. vs.	worked through the Clinical Protocols and the literature recommended in the syllabus .
RO3	Demonstrates knowledge in developing a treatment and prevention plan for the most common
LIVE IN CHILL	Cardiological diseases in adults according to Clinical Protocols.
Great	Uses knowledge to develop a treatment and prevention plan for the most common
, 60, 11, 1, 2,	cardiovascular diseases in adults. When developing a treatment and prevention plan, adhere to
19. 50r 14. 1	accurately and in full all the requirements specified in the Clinical Protocols, taking into account all
V. 3. 30, 1/2	individual characteristics of the patient, indications and contraindications of drugs.

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	Takes into account interactions of drugs from different groups when combined. Apply knowledge obtained from scientific

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The Service of	So 90. 15 26, 40 5 50, 40. 15 26, 40. 50, 10. 15 26, 40. 15 36, 40. 15 36, 40. 50,
SAILLY SKUR	Takes into account interactions of drugs from different groups when combined. Apply knowledge obtained from sciendatabases .
Fine Children Collins of the Collins	Uses knowledge to develop a treatment and prevention plan for the most common cardiovascular diseases in adults. When developing a treatment and prevention plan, it is allowed minor errors corrected by the intern himself, does not fully comply with the requirements, specified in the Clinical Protocols, taking into account all the individual characteristics of the patient, indications and contraindications of drugs. Takes into account interactions of drugs from different groups when combined in the syllabus and Clinical Protocols.
Satisfactorily	When developing a treatment and prevention plan for the most common cardiac diseases adults make inaccuracies and do not adhere to the requirements specified in the Clinical Protocols with taking into account all the individual characteristics of the patient, indications and contraindications of drugs drugs. Doesn't fully take <b>into</b> account interactions of drugs from different groups when combined. Not fully worked through the Clinical Protocols and literature recommended in the syllabus.
Unsatisfactory	When developing a treatment and prevention plan for the most common cardiac diseases adults make gross mistakes, do not adhere to the requirements specified in the Clinical Protocols, taking into account all individual characteristics of the patient, indications and contraindications of drugs drugs. Does n't <b>read</b> interactions of drugs from different groups when combined. Not worked out Clinical protocols and literature recommended in the syllabus.
RO 4	Makes decisions on providing emergency and urgent qualified medical care
1 34, Wa	the second category of complexity for adult cardiac patients.
Great	Conducts examinations accurately, fully, and consistently when assessing the condition of patients and correctly determines the tactics of providing assistance. Fully masters the skills of using algorithms for provi emergency and urgent qualified medical care of the second category of complexity to adult cardiac patients according Clinical Protocols. Knows how to evaluate the effectiveness of the measures provided and correctly monitors the function state of patients after providing assistance. Apply knowledge obtained from scientific databases.
Fine	Conducts examination in full, but inconsistently, when assessing the condition of patients. Correctly determines the taction

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gniki siku a senguk	OŃTÚSTIK-QAZAQSTAN  MEDISINA  AKADEMIASY  «Оңтүстік Қазақстан медицина академиясы» АҚ  ОНТОБІКТІК — ОДИНО — О
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8/2 VOL 60 1/1/1/1 SK1 V	providing assistance. Fully masters the skills of using algorithms for providing emergency and urgent qualified medical care

egranis egnyn ky	providing assistance. Fully masters the skills of using algorithms for providing emergency and urgent qualified medical cof the second category of complexity adult cardiac patients according to Clinical Protocols . Allows non-fundamental errors corrected by the intern himself when assessing the effectiveness of the measures provided. Correct monitors the functional state of patients after providing assistance . Uses literature recommended in the syllabus and Clin protocols .
Satisfactorily	Incompletely and inconsistently conducts examination when assessing the condition of patients and makes inaccuracies determining the tactics of providing assistance. Makes mistakes when using algorithms for providing emergency and urg qualified medical care of the second category of complexity to adult cardiac patients according to Clinical Protocols. Does have sufficient skills in assessing the effectiveness of the measures provided. Correctly conducts monitoring of the functio the condition of patients after providing assistance. I have not fully worked through the literature recommended in syllab and Clinical protocols.
Unsatisfactory	Does not have the skills to conduct an examination when assessing the condition of patients and does not know how determine the tactics of providing assistance. Makes gross errors when using algorithms for providing emergency care and emergency qualified medical care of the second category of complexity for cardiac patients adulthood according to Clinical Protocols . Does not have the skills to evaluate the effectiveness of the measures provided. Has not studied literature recommended in the syllabus and the Clinical Protocols .
RO 5	Evaluates the results of screening programs, participates in the implementation of preventive measures common cardiac diseases and implementation of disease management programs for hypertension and CHF.
Great	Applies skills in conducting screening studies, medical examinations, and rehabilitation patients with common cardiac diseases diseases and the implementation of management programs diseases of hypertension and CHF. Accurately and fully demonstrates knowledge of the assessment criteria effectiveness of screening studies and preventive measures and knows how to use them in practice. Conducts a comparat assessment of the effectiveness of PUS in patients with hypertension and CHF and dispensary patients with such diagnost that are not included in the PUS. Apply knowledge obtained from scientific databases.

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Fine	Applies skills in conducting screening studies, medical examinations, and rehabilitation	S. 70. 1

Fine	Applies skills in conducting screening studies, medical examinations, and rehabilitation patients with common cardiac diseases, but do not have sufficient skills in implementation of the disease management program for hypertension and CHF. Allows for inaccuracies in knowledge criteria for assessing the effectiveness of screening studies and preventive measures, has difficulty using them in practice. Makes minor mistakes in conducting a comparative assessment of the effectiveness of PUS in patients with hypertension and CHF and dispensi
KT Jekwa 9:697.	patients with such diagnoses that are not included in the PUS. Uses literature recommended in the syllabus.
Satisfactorily	Insufficient skills in conducting screening studies, medical examinations, rehabilitation of patients with common card diseases diseases, does not have the skills to implement a disease management program for hypertension and CHF. Mal mistakes when determining the criteria for assessing the effectiveness of screening studies and preventive measures, does know how to use them in practice. Has not fully studied the literature recommended in the syllabus.
Unsatisfactory	Does not have the skills to conduct screening tests, medical examinations, rehabilitation patients with common cardiac diseases diseases, does not have the skills to implement management programs for hypertension and CHF. Makes gross errors in determining criteria for assessing the effectiveness of screening studies and preventive measures.  Did not work through the literature recommended in the syllabus.
RO 6	Applies skills to effectively interact with patients, their family members and colleagues in a comprehensive assessment of the patient's condition to conduct an examination of temporary and permanent loss of ability to work a professional suitability of cardiac patients.
Great Sking of Sking	Has full communicative skills with a comprehensive assessment of the condition and degree limitations of life activity of cardiac patients to conduct an examination of the temporary and permanent loss of working capacity and professional suitability. Effectively establishes relationships with the patient's family members and colleagues when solving the patient's problem. Uses knowledge of effective communication when choosing rehabilitation measures and assessment of rehabilitation potential. It applies knowledge obtained from scientific databases.

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solving the patient's problem. Does not fully possess the skills of effective communication when choosing rehabilitation measures and assessing rehabilitation potential. Has not fully studied the literature recommended in the syllabus.  Unsatisfactory  Does not have communication skills to establish effective interaction with patients during a comprehensive assessment of condition and degree of disability of cardiac patients to conduct an examination of temporary and permanent loss of work capacity and professional suitability. Does not follow the rules of effective communication when communicating with patient's family members and with colleagues when solving the patient's problem. Does not have the skills of effect communication when choosing rehabilitation measures and assessing rehabilitation potential. Has not studied the literature ecommended in the syllabus.  Methods and criteria for evaluation  Checklist for practical lesson  Clinical analysis thematic patients  Great Assessment parameters (each parameter is assessed according to the following criteric corresponds ratings:  (assessment levels: lower - 4.5; upper - 5.0): fully completed the task, accuracy, consistence	VIN WY AV	«Оңтүстік Қазақстан медици			
Fine  Allows minor errors that are corrected by the intern himself when establishing an effective interactions with patients during a comprehensive assessment of the condition and degree of limitation of cardiac patients to conduct an examination of temporary and permanent loss of working capacity and professic suitability. Has an incomplete command of all the rules of effective communication with the patient's family members colleagues when solving the patient's problem. Has difficulties with effective communication when choosing rehabilitat measures and assessing the rehabilitation potential. Uses the literature recommended in the syllabus.  Makes mistakes in establishing effective interactions with patients when comprehensive assessment of the condition and degree of disability of cardiac patients to conduct an examination temporary and permanent loss of ability to work and professional suitability. Does not follow the rules of effect communication when communicating with the patient's family members. Has difficulty in teamwork with colleagues we solving the patient's problem. Does not fully possess the skills of effective communication when choosing rehabilitation potential. Has not fully studied the literature recommended in the syllabus.  Unsatisfactory  Does not have communication skills to establish effective interaction with patients during a comprehensive assessment of condition and degree of disability of cardiac patients to conduct an examination of temporary and permanent loss of work and professional suitability. Does not follow the rules of effective communication when choosing rehabilitation potential. Has not studied the literature recommended in the syllabus.  Methods and criteria for evaluation  Checklist for practical lesson  Checklist for practical lesson  Checklist for practical lesson  Checklist for practical lesson  Carat  Assessment parameters (each parameter is assessed according to the following crite corresponds ratings:  Assessment parameters (each parameter is assessed according to	1.5.1				
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Unsatisfactory  Does not have communication skills to establish effective interaction with patients during a comprehensive assessment of condition and degree of disability of cardiac patients to conduct an examination of temporary and permanent loss of work capacity and professional suitability. Does not follow the rules of effective communication when communicating with patient's family members and with colleagues when solving the patient's problem. Does not have the skills of effect communication when choosing rehabilitation measures and assessing rehabilitation potential. Has not studied the literature ecommended in the syllabus.  Methods and criteria for evaluation  Checklist for practical lesson  Clinical analysis thematic patients  Great  Assessment parameters (each parameter is assessed according to the following crite corresponds ratings: (assessment levels: lower - 4.5; upper - 5.0): fully completed the task, accuracy, consistence.	260 M. M 34.				
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ch vio 60, 111, 17, 17, 17, 1	A- (3.67: 90 - 94%) - identified the patient's main problems	The 2 1/1/2 of 10. 10 26 1/10. 1

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KT SKULS	siegniky skuc	A- (3.67; 90 - 94%)	<ul> <li>identified the patient's main problems</li> <li>assessed the anamnestic data</li> <li>assessed the physical examination data</li> <li>made a preliminary diagnosis</li> <li>according to the KPDiL, I drew up a laboratory research plan</li> <li>according to the efficiency and performance indicators and data scientific achievements on this</li> </ul>
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·· Sqr.	14, 7 2, 41, VS	1 90 KM 25 KM	issue, a plan for instrumental research was drawn up
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1, 49.	En 11.1.17 5K	1 48. 60 Mit 1 2. 9	- according to the efficiency and performance indicators and data scientific achievements on this issue, he
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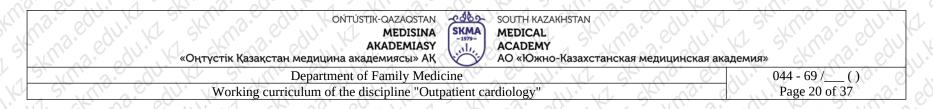
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Anaed edu. K. K. Skinae edu. K. S	B+ (3.33; 85 - 89%) IN (3.0; 80 - 84%) B- (2.67; 75 - 79%) C+ (2.33; 70 - 74%)	ability to correctly assess and draw logical conclusions):  - identified the patient's main problems  - assessed the anamnestic data  - assessed the physical examination data  - made a preliminary diagnosis  - according to the KPDiL, I drew up a laboratory research plan  - according to the efficiency and performance indicators and data scientific achievements on thi issue, a plan for laboratory research was drawn up  - according to the KPDiL, I drew up a plan of instrumental research  - according to the efficiency and performance indicators and data scientific achievements on thi issue, a plan for instrumental research was drawn up  - correctly interpreted the results of laboratory tests  - correctly interpreted the results of instrumental studies  - substantiated his diagnosis  - made a final diagnosis  - according to the KPDiL, I made a treatment plan  - according to the efficiency and performance indicators and data scientific achievements on thi issue, he made a treatment plan taking into account: - pharmacodynamics of drugs  - drug interactions  - contraindications  - age-related features  - comorbid conditions  - age-related features  - comorbid conditions  - according to the KPDiL, I drew up a plan of preventive measures  - according to the efficiency and performance indicators and data scientific achievements on this issue, he drew up a plan of preventive measures
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the was egginity as thurse	Sanith spring so grilly spring so	1.KT SKILLIS SOUGHINKT SKILLIS	siegn 471.KT
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skina ed du. k. k. skina ed du. k. k. skina ed edu. k. k. skina edu. k. skina edu. k. skina edu. k. k. skina edu. k. k. skina edu. k. k. skina edu. k. skina	corresponds ratings: WITH (2.0; 65 - 69%) C- (1.67; 60 - 64%) D+ (1.33; 55-59%) D- (1.0; 50-54%)	(assessment levels: lower - 2.5; upper - 3.45): fully completed the task, accuracy, consistency ability to correctly assess and draw logical conclusions):  - identified the patient's main problems  - assessed the anamnestic data  - assessed the physical examination data  - substantiated his diagnosis  - made a preliminary diagnosis  - according to the KPDiL, I drew up a plan for laboratory research  - according to the efficiency and performance indicators and data scientific achievements on this issue, a plan for laboratory research was drawn up  - according to the KPDiL, I drew up a plan of instrumental research  - according to the efficiency and performance indicators and data scientific achievements on this issue, a plan for instrumental research was drawn up  - correctly interpreted the results of laboratory tests  - correctly interpreted the results of instrumental studies  - made a final diagnosis  - according to the KPDiL, I made a treatment plan  - according to the EPDiL, I made a treatment plan  - according to the efficiency and performance indicators and data scientific achievements on this issue, he made a treatment plan taking into account: - pharmacodynamics of drugs  - drug interactions  - contraindications  - age-related features  - comorbid conditions  - age-related features  - comorbid conditions  - according to the KPDiL, I drew up a plan of preventive measures  - according to the efficiency and performance indicators and data scientific achievements on this issue, he drew up a plan of preventive measures
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7. 60 M. K. V. S. C.	1, 49. Egg 1114 1 2, 5ky	3, 89, 14, 1 3, Kur 3, 6, 90, 14, 3k,	The 3'er 911, 15 27, Was 50, 41
ing a sold in the sking sold i	Unsatisfactory corresponds to the assessment: FX (0; 0 - 49%) F( 0; 0 - 24%)	Assessment parameters (each parameter is ass (assessment levels: 2.45 and below): fully comple correctly assess and draw logical conclusions):  - identified the patient's main problems  - assessed the anamnestic data  - assessed the physical examination data  - made a preliminary diagnosis  - according to the KPDiL, I drew up a laboratory r  - according to the efficiency and performance indic issue, a plan for laboratory research was drawn up  - according to the KPDiL, I drew up a plan of instrict according to the efficiency and performance indic issue, a plan for instrumental research was drawn up  - correctly interpreted the results of laboratory test  - correctly interpreted the results of instrumental st  - substantiated his diagnosis  - made a final diagnosis  - according to the KPDiL, I made a treatment plan  - according to the efficiency and performance indic issue, he made a treatment plan taking into accountaing interactions  - contraindications  - age-related features  - comorbid conditions  - according to the KPDiL, I drew up a plan of preventive	research plan cators and data scientific achievements on this rumental research cators and data scientific achievements on this up ts studies cators and data scientific achievements on this int: - pharmacodynamics of drugs
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16, 10. 15 et.	Fine	Assessment parameters (each parameter is assessed according to the following criteria
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40 6 M. 1	B+ (3.33; 85 - 89%)	demonstrated knowledge and understanding of the classification of hypertension and CV risk
1, Wo 60 M. L	IN (3.0; 80 - 84%)	stratification to determine the degree of hypertension and risk group, correctly selected rational
Str. 13. 60,"1's	B- (2.67; 75 - 79%)	antihypertensive therapy:
1 24 23. 600.	C+ (2.33; 70 - 74%)	1. identified the patient's problems:

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Satisfactorily corresponds ratings: WITH (2.0; 65 - 69%) C- (1.67; 60 - 64%) D+ (1.33; 55-59%) D- (1.0; 50-54%)	stratification to determine the degree of hypertension and risk group, correctly selected rational antihypertensive therapy:  1. identified the patient's problems:  a) the patient's main problem  b) individual problems of the patient  2. Correctly determined: a) the degree of hypertension;  b) risk group  c) demonstrated knowledge and understanding of the classification of hypertension and CVD ris stratification  3. Correctly selected rational antihypertensive therapy taking into account:

34	OŃTÚSTIK-QAZAQSTAN  MEDISINA  AKADEMIASY  «Оңтүстік Қазақстан медицина академиясы» АҚ  ОНТУСТІК ҚАЗАҚСТАН МЕДИЦИНСКАЯ АКАДЕМІЯТЬНІКА ОТІВЬНІКА ОТ	демия»
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	Working curriculum of the discipline "Outpatient cardiology"	Page 22 of 37

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io sec	191, KJ 34, W	3. 60 M. KT 3K, X	- drug interactions
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1 24	Vg. 60111/4	Unsatisfactory	Evaluation parameters (each parameter is assessed according to the following criteria
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1	3. Thu, 3. 300.	assessment: FX (0; 0 -	demonstrated knowledge and understanding of the classification of hypertension and CV risk
3 //	2 Kulo Sign	49%)	stratification to determine the degree of hypertension and risk group, correctly selected rational
	HI S. MILLO S.C.	F(0; 0 - 24%)	antihypertensive therapy:
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3.	Dr. Kr. 21, Wes	3:00 Yr. KT 34 WG	a) the patient's main problem
1, 2.0	90. Kr 24. W	10 3 CM. 15 SK. 14	b) individual problems of the patient
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24	13.60 M. KJ 6	1, Wa 6, 41, 17	b) risk group
St. 1	Vo 3:60 417. KJ	2K, Wo 60 411, 15	c) demonstrated knowledge and understanding of the classification of hypertension and CVD risk
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3	). 60 // / J. 3	K1, VS: 60, 14, 2	The "Standardized Patient" Method

Clinical scenarios have been developed on the topics "ACS: Providing assistance in ACS complicated by ventricular fibrillation" and "Rhythm and conduction disturbances: Providing assistance in supraventricular tachycardia against the background of WPW syndrome", where checklists are indicated

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3. 60 47. 1 7 2 47. 43.	500 Mile 17 3 3/11/4/3	Checklists for SROP/SRO
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24 Wa. 60 M. L. V.	A (4.0; 95-100%)	upper - 5.0): volume of task completion, confidence, accuracy, consistency, ability to correctly assess and
1 34 Wig 60 Mr. 1	A- (3.67; 90-94%)	draw logical conclusions, feedback from doctors, feedback from patients):
15 36 Way 60 41.16	1 36 70	Outpatient appointment:
7 1 24 WO SON YO	, M 24, Wg. 60,	- effectively using communication skills identified the patient's main problems
10. A 24 Wa So	11. 15 24, Wa. G	- effectively using communication skills assessed anamnestic data
6 90. Kr 24 Wo is	M. M. Sp. Wg.	- assessed the physical examination data
3,0 9p. Kr 24, Wo	16, 411, 17 34, WO	- made a preliminary diagnosis
1, 2's 90. 15 2k, W	, 6, M. M 34.	<ul> <li>- according to the KPDiL, I drew up a laboratory research plan</li> <li>- according to the efficiency and performance indicators and data scientific achievements on this</li> </ul>
Mus 3 0 90. KJ 36	W. J. S. M. KJ 34.	issue, a plan for laboratory research was drawn up
3, My 3:0 91. 15 3	1/40, 56, 411., KJ	- according to the KPDiL, I drew up a plan of instrumental research
1 2, Ky 3:0 9/11. Kg	21 Mr J. 62 M. KJ	- according to the efficiency and performance indicators and data scientific achievements on this
1 2 Kus 3' 90. K	2 24 Mg 5 62 Mg.	issue, a plan for instrumental research was drawn up
1 2 xu 3 . 201.	Kr 22, Wo 56, 41,	- correctly interpreted the results of laboratory tests
1 1 2 My 3:00 91	, Kr 22, Wo 56, 5	- correctly interpreted the results of instrumental studies
Sp. At 2 St. Plus 3.00	m. Kr 24, Wo 56,	- made a final diagnosis
in an the service of	Mr. Kr 24 Wa	- according to the KPDiL, I made a treatment plan
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1, 3:0 90, The 22 Mills	3. 590. KT 24	problem made a treatment plan
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3 Ku 3. 90 K 3	, My 3: 90. K	drew up a plan of preventive measures - work in a day hospital or home hospital
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Kuraje Egninik 1 2k zkuraj	egn, Kr zkrus, se griff y zkrus, segriff	KT 2 KINUS S SOOGN'K KT 3 SKUND'S SOOGN'K KT
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	ent of Family Medicine the discipline "Outpatient cardiology"  Page 24 of 37
.K1 V1 SKU JUS GOT SKI KUS GOTO SKI KI SKU JUS GOTO SKI KI SKI KI	<ul> <li>work with KIIS</li> <li>preparation of medical documentation</li> <li>Work on the site:</li> <li>assets</li> <li>patronage</li> </ul>
Good with ratings: B+ (3.33; 85-89%) B (3.0; 80-84%) B- (2.67; 75-79%) C+ (2.33; 70-74%)	Parameters (each parameter is assessed according to the following criteria (assessment levels: lower - 3.5; upper - 4.45): volume of task completion, confidence, accuracy, consistency, ability to correctly assess and draw logical conclusions, feedback from doctors, feedback from patients):  Outpatient appointment:  - effectively using communication skills identified the patient's main problems  - effectively using communication skills assessed anamnestic data  - assessed the physical examination data  - made a preliminary diagnosis  - according to the KPDiL, I drew up a laboratory research plan  - according to the efficiency and performance indicators and data scientific achievements on this issue, a plan for laboratory research was drawn up  - according to the KPDiL, I drew up a plan of instrumental research  - according to the efficiency and performance indicators and data scientific achievements on this issue, a plan for instrumental research was drawn up  - correctly interpreted the results of laboratory tests  - correctly interpreted the results of instrumental studies  - made a final diagnosis  - according to the KPDiL, I made a treatment plan  - according to the efficiency and performance indicators and data scientific achievements on this issue, a treatment plan was drawn up
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ch 40, 60 717, 15 ch, 4	drew up a plan of preventive measures	K, 2, "W, 3's 90, Kr 2, W, 3's 90. 1
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15 84 W. 6 M. 15 9	- work in the screening room	30 1/4 1 2, 1/4, 30 90 1/4 2, 1/4, 30 9
1, 1, 16, 19, 60, 12, 1	- work with KIIS	10, 10, 24, 40, 6, 7/1, 11, CL. 40, 6,

squ'y skug's equ'y ka ekung equ'y ka	drew up a plan of preventive measures  - work in a day hospital or home hospital  - work in the screening room  - work with KIIS  - preparation of medical documentation  Work on the site:  - assets  - patronage
Satisfactory with corresponds to the assessments:  C (2.0; 65-69%);  C- (1.67; 60-64%)  D + (1, 33; 55-59)  D (1, 0; 50-54%)	lower - 2.5; upper - 3.45): volume of task completion, confidence, accuracy, consistency, ability to correctly assess and draw logical conclusions, feedback from doctors, feedback from patients):  Outpatient appointment: - effectively using communication skills identified the patient's main problems - effectively using communication skills assessed anamnestic data - assessed the physical examination data
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160 M. V	Str. Mo Co JU. J. Str. Market and Ortho	50 11 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
sking a ed du. A. Sking a edu	Skula sedi ki ki skula sedi ki s	<ul> <li>- according to the efficiency and performance indicators and data scientific achievements on this issue, a treatment plan was drawn up</li> <li>- according to the efficiency and performance indicators and data scientific achievements on this issue, he drew up a plan of preventive measures</li> <li>- work in a day hospital or home hospital</li> <li>- work in the screening room</li> <li>- work with KIIS</li> <li>- preparation of medical documentation</li> <li>Work on the site:</li> <li>- assets</li> </ul>
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1 8k 10, 6	FX (0.5; 25-49%)	logical conclusions, feedback from doctors, feedback from patients):
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7. 1 8 W	o. 60 411. 17 . 841. 48. 600 411. K	<ul> <li>effectively using communication skills identified the patient's main problems</li> <li>effectively using communication skills assessed anamnestic data</li> </ul>
M. KT CK	Wo 60 411. 17 - 3/2, Wg. 600 11	- assessed the physical examination data
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sogn. Kr 2 sk. Klyo	3.65 911. KT 2 2K, W.O. 3	60 40. 1 34, Wg. 60, 40. 1 34, Wg. 60, 41. 1, 2 34, Wg. 690
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1 - 2/11/19. 50, 11/2	nalysis of scientific articles by	topic (searching for data from scientific databases as a collective activity)
of sedu. The sking sed and ski	Great corresponds ratings: A (4.0; 95 - 100%) A- (3.67; 90 - 94%)	Correct article selection, scientific or clinical value, mastery of the material, provided an accurate, clear and concise explanation. Can explain research findings. Analyzes research findings (e.g.: article review is thorough and adequate), accuracy and structure of review (has clear information for each idea). Speech (e.g.: full volume, speed, intonation, effective use of pauses) and delivery style (gestures effective but not excessive, eye contact, posture in front of audience, use of podium). Ability to achieve results (e.g.: accuracy, sense of expertise).
1 Skus egnik	Fine corresponds ratings: B+ (3.33; 85 - 89%) IN (3.0; 80 - 84%)	Correct choice of article, scientific or clinical value, mastery of the material, provided an accurate, clear and concise explanation. Able to explain research results. When analyzing research results (e.g.: the article review is deep and adequate) allows for inaccuracies,

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sk vaiso sispiriki	B- (2.67; 75 - 79%) C+ (2.33; 70 - 74%)	inconsistency in review. Speech (Example: full volume, speed, intonation, effective use of pauses) and presentation style (gestures are effective but not excessive, eye contact, posture in front of the audience, use of the podium). Ability to achieve results (Example: accuracy, sense experience).
in the sking sking squared	Satisfactorily corresponds ratings: WITH (2.0; 65 - 69%) C- (1.67; 60 - 64%) D+ (1.33; 55-59%) D- (1.0; 50-54%)	Correct choice of article, scientific or clinical value, does not fully master the material, did not provide an accurate, clear and concise explanation. There are inaccuracies in explaining the results of the study. Has difficulty analyzing the results of the study. Speech (Example: full volume, speed, intonation, effective use of pauses) and manner of presentation (gestures effecti but excessive, making eye contact, posture in front of the audience, use of the podium). Results not fully achieved (Example: accuracy, sense of experience).
skus egniki senniki	Unsatisfactory corresponds to the assessment: FX (0; 0 - 49%), F( 0;0) - 24%)	Incorrect choice of article for scientific or clinical value, lack of mastery of material, failed to provide precise, clear and concise explanation. Unable to explain research results. Speech (Example: full volume, speed, intonation, does not use effective pauses) and presentation style (gestures effective but excessive, no eye contact ). Results not achieved.
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Mr. M. SKIMIS.	Excellent with ratings: A (4.0; 95-100%) A- (3.67; 90-94%)	90-100% correct answers.
in go. Kr 2 26 TW.	Good with ratings:	70-89% correct answers.
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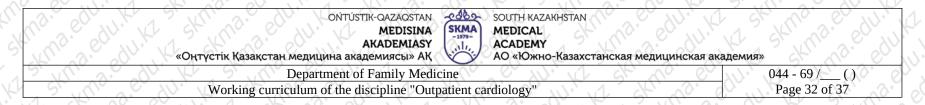
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10, 60, 40. KT 34, 4	Satisfactory with	50-69 % correct answers.
160 360 Mr. 1 34	corresponds to the	25. 500 Mig. 1 2 5/21, 25. 500 Mig. 2 5/21, 25. 5/21, 25. 5/21, 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
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26 Mg 3 60 411. K	C- (1.67; 60-64%);	1 24 War 60 Mr. V 24, War 60 Mr. V 2 541, War 601 11/1 1 2,
1 34 My 3 60 90.	D + (1, 33; 55-59%)	1 2 2 Way 60 m. 1 3 30, Way 60 m. 1 2 47, Way 601, 11/1
2, 1/4 2, 1/4 3:00 9.	D (1, 0; 50-54%)	1, 1 2 2 14, 43, 50 41, 15 26, 43, 60, 17, 15 17 24, 43, 60, 17, 15,
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600 1/4 7 2, Thurs	corresponding assessments:	6 90. Kr 2 36, W. 3 60, 90. Kr 26, W. 3 50, 90. Kr 26, W. 3. 60, "
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Ws. 50, 111, 17 3, 5K	F (0; 0- 2 4%)	13. 90, 14 2, 12, 3: 90. 15 26, 140 3'60 91. 15 36, 143.
94. 40 60 Mily	Checklis	t for midterm assessment (100% each) – written exam
1 Theoretical	Excellent with ratings:	It is given if the intern did not make any mistakes or inaccuracies during the answer. Is familiar wi
question:	A (4.0; 95-100%)	the theories, concepts and directions of the studied discipline and gives them a critical assessmen
1/17 2 thursier gni.	A- (3.67; 90-94%)	uses scientific achievements of other disciplines.
10. At 31, 103. 50	Good with ratings:	It is given if the intern did not make any serious mistakes in the answer, but there are min
in of the services	B+ (3.33; 85-89%)	inaccuracies. Not fully oriented in the theories, concepts and directions of the studied disciplin
13. 600. Kr 2 21. Kly	B (3.0; 80-84%)	and made mistakes in their critical analysis assessment, does not fully utilize the scientification
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71, Vs. 60, "14, V 2,	C+ (2.33; 70-74%)	121, 35 90, 15 22 14, 36, 90. 15 36, 40, 50, 40, 15, 14, 26, 40,
St. 13. 60, 11: 11	Satisfactory with	This is given if the intern made any mistakes during the answer. Not fully oriented in the theorie
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3. 90. Kg 22 KW	assessments:	assessment, does not fully utilize the scientific achievements of other disciplines.
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ck, 49. 60, 114. 1	D + (1, 33; 55-59%) D (1, 0; 50-54%)	2, Ky, 3: 90, 15 2, Ky, 3: 90, 15 34, (4,0, 3: 6, 41), 15 34
1 41 no. com/	Unsatisfactory with	This is given if the intern made a lot of mistakes during the answer. Is not oriented in the theorie
17 3/1 Was 60 M	corresponding assessments :	concepts and directions of the discipline being studied, and does not know how to use the scientifications of the discipline being studied.
7. 1 2/ War 60	FX (0.5; 25-49%)	achievements of other disciplines.
90. KJ 24, Wo. 56	F (0; 0- 2 4%)	deline venicino di otter disciplines.
2 Solution of the	Excellent with ratings:	did not make any mistakes or inaccuracies while solving the situational task . He is aware of the
situational problem	A (4.0; 95-100%)	patient's problems, gives them a critical assessment, correctly draws up a plan of diagnostic ar
, vs. 60, 1/4, 1/2, 9	A- (3.67; 90-94%)	treatment-and-prophylactic measures, correctly determines the tactics of further patients
24, 49. 60 Might	Chillian Egnith	management, has communication skills and uses scientific achievements on this problem and the
24 Was 60 Mig.	SKI, Wg. GOMINY	Clinical Protocol.
J 26 Was 60 Mil	Good with ratings:	The intern did not make any gross errors while solving the situational task, and made mine
Kr 24 140 560 41	B+ (3.33; 85-89%)	inaccuracies. He is familiar with the patient's problems, has some difficulties in critically assessing
n. At 25 The Jien	B (3.0; 80-84%)	them, makes some mistakes when drawing up a plan for diagnostic and treatment-and-prophylact
Egn. Kr 2 25 Klyn 3.	B- (2.67; 75-79%)	measures, has communication skills and does not use scientific achievements on this problem, b
1. 690 1. 1. 2. True	C+ (2.33; 70-74%)	has knowledge of the materials from the Clinical Protocol.
18. 50, Mit 1 2, The	10 - 60 14 1 2 10	1, 3; 9n, 15, 22, w, 3; 9n, 15, 2k, wo, 3; 5, 9n, 15, 3k, was
1, 43, 60, 41, 17 3	Satisfactory with	made inaccuracies and minor mistakes when solving the situational task, has some difficulties
St. 40. 60 M. 1	corresponds to the	analyzing the patient's problem and critically assessing it, makes mistakes when drawing up a pla
St 10, 6, 11, 1	assessments:	for diagnostic and treatment-and-prophylactic measures, has communication skills. Has not full

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	Department of Family Medicine 044 - 69 / ( )
	Working curriculum of the discipline "Outpatient cardiology"  Page 31 of 37
	it skrugged of the skrugged of
-	C (2.0: 65-69%): worked through the materials of the Clinical Protocol.

17.15 1 34. W. S. CO.	Department Working curriculum of the	of Family Medicine 044 - 69 / ( )
10. 1 St. Vo.	Working Curriculum of the	discipline "Outpatient cardiology" Page 31 of 37
	S. 40. 17 34 40. 6	discipline outputelli curdiology
E. M. K. 24 W.O.	C (2.0, CF C00())	A such a distribution of the Cale Cale Cale Cale Cale Cale Cale Cal
3.00 m. Kr 2 26 M.	C (2.0; 65-69%);	worked through the materials of the Clinical Protocol.
11. 13. 1 Op. 14. 1 21.	C- (1.67; 60-64%);	(40 3 60 90). A 34 (40, 3 60 90), A 34, 49, 30, 40, 40, 40,
The solution of the solution o	D+(1,33;55-59%)	1 14 3 6 90. K 26, Was see 911. T 2 26, Was 30 41. 1 36. W
341.13. 60,117.	D (1, 0; 50-54%) Unsatisfactory with	The intern is not familiar with the patient's problems, has poor communication skills. Has no
T 34, 48. 60, 11.	corresponding assessments :	worked through the materials of the Clinical Protocol.
1 3/ Ws. 80 41	FX (0.5; 25-49%)	worked through the materials of the Chinical Frotocol.
17. A 2/2 Way 60	F (0; 0- 2 4%)	10. K. 1 2 K. 13. 60, 11. K. 1 2 K. 13. 60, 11. 1 2. K. 12. 3. 60, 11.
3 Interpretation of	Matches ratings very well:	The intern clearly and consistently describes each indicator, correctly analyzes changes in the EC
laboratory and	A (4.0; 95-100%)	and laboratory test results, determines their clinical significance and provides a correct, complete
instrumental	A- (3.67; 90-94%)	justification for his/her conclusion.
research results :	The second	The 3 co 90. 15 28 The Jie 90. 15 25 Wes Jos 40. 15 35 Wes
SK, 40. 60 M. L.	Matches ratings well:	The intern clearly and consistently describes each indicator, changes in the ECG and laboratory te
2/ Wg. 60 M.L	B+ (3.33; 85-89%)	results, but allows for minor inaccuracies in the analysis of the identified changes, determining
17 26 Way 60 M.	B (3.0; 80-84%)	their clinical significance and substantiating his conclusion.
1. KJ 24 Way 50, 4	B- (2.67; 75-79%)	1. 1 3/1, 49, 60, 17, K, 1 2 4/1, 49, 60, 17, K, 1 2, 4/1, 49, 60, 17/1
m. Ar 24 Mo Sign	C+ (2.33; 70-74%)	Mr. 15 24 Was 60 M. 15 1 341, Was 60 "Mit " 3 541, Was 691" 14
San The Service	Satisfactorily meets the	The intern describes changes in the ECG and laboratory test results unclearly and inconsistently
3. 690 1.Kr 1 2, Kly	assessments:	makes mistakes in their analysis, and experiences great difficulty in determining their clinical
13. 60, 14, 1 2, 12	C (2.0; 65-69%);	significance and substantiating his conclusion.
	C- (1.67; 60-64%);	14, 25, 40, 10, 22, 44, 26, 40, 10, 10, 26, 40, 60, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1
11, 49, 69, 11, 14, 17 2,		
ckug egrankriz	D+ (1.07, 00-04%), D+ (1.33; 55-59%) D (1.0; 50-54%)	L'Augustin Spring Ser April 15 35 May Ser 917. A 35 May Ser 917. A 36, 14



11. 17 ch	Unsatisfactory The	ntern ca n't describe ECG changes and labo	oratory test results .
10 10. 11 St	correspondence with the	802"1"K" 3. 5KU, VS', SQU, "K	1 2, Kur 3's gn. Kr 2 24 Kur
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40, 560 M. M	FX (0.5; 25-49%)	Wa. 60, 111. 17 2 4/11. Va. 600	" 17 1 2 Kur 3. 6 90 1K 1 2 5 5
, Wo 560 411., 1	F (0; 0-24%)	K, Wg. 60, 17, K, 17, 841, Wg. 6	30, 11 1 2 5KU, 39 6 300, 11 1 2
21 1440 3:60 911.	Multi-po	oint knowledge assessment system:	60 17: 17 8KI Vg. 601 17: K
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A KING	4.0	95-100	Great
A -	3.67	90-94	25 Wo 3'65 M. 1 35 Way
B.+	3.33	85-89	Fine
O IN	3.0	80-84	The strain significant strains
IN - ALL	2.67	75-79	2. Kur 3. 6. 90. 18, 2 2
C+5 77	2.33	70-74	50,11.
WITH	2.0	65-69	Satisfactorily
WITH -	1.67	60-64	19, 60 471. N. 341, W.S. 600, 171.
D+	1.33	55-59	" " SO, 471- 17 - 370, War. 600,"
D- 2	1.0	50-54	26 Mg. 60 My. 15 3/1 Wg. 60
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e F. F.	7, 73, 60,0 14, 7 3, 71, 3	0-24	1 2 W. Je 97. 1 36 W.
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### Literature

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- 2. Cardiology: national guidelines / Russian Society of Cardiology; edited by E. V. Shlyakhto . 2nd ed., revised and enlarged. - M.: GEOTAR-Media, 2015. - 800 p.
- 3. Emergency cardiology: textbook / edited by P. P. Ogurtsov. M.: GEOTAR Media, 2016. 272 p.
- 4. Gorokhova, S. G. Diagnosis of cardiovascular diseases. Formulation, classification: manual /.. M.: GEOTAR - Media, 2016. - 304 p.
- 5. Arutyunov G. P. Diagnostics and treatment of diseases of the heart and blood vessels: a tutorial / M.: GEOTAR - Media, 2015. - 504 p.
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- 1. Ferri David, R. ECG interpretation. 10-day course: per. from English 2nd ed., rev. and processed M.: GEOTAR - Media, 2009.
- 2. Chronic heart failure: a guide / F. T. Ageev [et al.]. M.: GEOTAR Media, 2010.
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- 6. Taizhanova D.Zh. Differential diagnosis of cardiological syndrome: a teaching aid Almaty: Evero, 2014. - 140 p.
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	60 471, 15 3k, 23. 60 117	Media, 2016304 p.
	Va. 60 11. 17 . 47, Va. 600	9. Clinical protocols approved by the Expert Commission on Healthcare Development of the Ministry of Health
	, was commented to the was a	of the Republic of Kazakhstan (2013-20 22 )
	5/4, Wg. 60, 11. 1. 1. 5/41, Vg.	10. Pivina L.M. Algorithms for providing medical care in emergency conditions: textbook Almaty:
1	541, V3. 600 11/4 1 2 411, V3	TechSmith, 2023, 25 copies.
	7 3 9 3. 600 11 1 2 MU.	11. Pivina L.M. Syndromic approach in diagnostics and treatment of emergency conditions: textbook Almaty:
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TechSmith, 2023, 25 copies

equirements for interns, attendance, behavior, grading policies, penalties, incentives, etc.

Come to classes in uniform (gown, cap) and with a phonendoscope and tonometer;

Be punctual and responsible;

Attendance at practical classes and SROPS is mandatory. Actively participate in the educational process;

A student who misses a class (unless exempted from classes by order of the dean) is given a grade of "n", classes missed for an unjustified reason are not made up, in the electronic journal in the cell next to the mark "n", a grade of "0" is given 2 days before the start of the exam.

Missed classes for a valid reason are made up upon presentation of a supporting document. The student is required to provide a certificate to the dean's office no later than 5 working days from the date of its receipt and submits an application to the dean to receive a worksheet indicating the deadline, which is valid for 30 days from the date of its receipt in the dean's office. The grades received as a result of working the class are entered in the electronic journal in the cell next to the mark "n". In the absence of supporting documents or when they are submitted to the dean's office later than 5 working days after returning to study, the reason is considered invalid.

Students who missed classes due to the dean's order to be released are not given an "n" grade, but are given an average grade for their academic performance, and the midterm assessment is completed.

Each intern must complete all forms of SRO assignments in the form of individual and collective activities and submit them according to the schedule.

All types of written work by students are checked for plagiarism.

Be responsible for the sanitary condition of your workplace and personal hygiene.

- 10. Eating in classrooms is strictly prohibited.
- 11. Observe safety regulations in classrooms .
- 12. Comply with the internal regulations of the academy and clinical sites where classes are held.



- 13. Be tolerant, open and friendly towards fellow students and teachers.
- 14. Treats the department's property with care .
- 15. Turn off cell phones during school hours;
- 16. It is mandatory to perform shifts at the department's clinical sites (1 shift per week)

# Academic policy based on the moral and ethical values of the academy

## LEARNING OUTCOME ASSESSMENT POLICY:

- 1. The following types of control are used within the framework of the assessment system:
- 2. **Current monitoring** (CM) of students' academic performance is carried out by the teacher during classroom and extracurricular activities;
- 3. **midterm control** (MC) is carried out at least twice for each academic discipline; MC is part of the TC;
- 4. **The final assessment** (FA) is carried out in the form of an exam held upon completion of the study of the discipline; the rating for admission to the exam in the discipline must be at least 50 points (60%), which is calculated automatically based on the average assessment of the current assessment (40%) + the average assessment of the midterm assessments (20%).
- 5. **Intermediate certification is carried out in two stages: acceptance of practical skills using the** OSCE (objective structured clinical examination) method and testing.
- 6. In the context of DOT, the intermediate certification of students is carried out online: practical skills are assessed online on the Zoom, Webex platform; online proctoring technology is used for testing a system for verifying identity and confirming the results of online exams.

# 14. Coordination, approval and revision

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