OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Оңтүстік Қазақстан медицина академиясы» АҚ	na. edu.kl s
Department of Family Medicine	69-11/2025 Стр. 1 из 30
Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice"	2 skilly sign

Syllabus of the Discipline "Geriatrics in General Practitioner Practice" Educational Program: 6B10101 "General Medicine"

1.	General Information about the	Discipline	30 11 1 2 Val. 39. 30 1 1 2. 144
1.1	Discipline Code: OVP 7301-4	1.6	Academic Year: 2025–2026
1.2	Discipline Title: Geriatrics in General Practitioner Practice	1.7	Year of Study: 7
1.3	Prerequisites: Outpatient and Polyclinic Therapy, Outpatient and Polyclinic Cardiology	1.8	Semester: 13, 14
1.4	Postrequisites: Internal Diseases	1.9	Number of Credits (ECTS): 3 credits
1.5	Cycle: PD (Professional Disciplines)	1.10	Component: EC (Elective Component)
6,777.		Y V	5, 14, 30, 90, Kr 22, 14, 20, 40, 1
2.	Content of the discipline (maximu	m 50 words):	22 W C M. T

Frailty syndrome – definition, clinical presentation, diagnosis, treatment. Major geriatric syndromes: falls, sarcopenia, osteoporosis, malnutrition syndrome, functional dependence, depression, dementia, urinary incontinence, sleep disorders, polypharmacy, pain syndrome, sensory deficits. Comprehensive geriatric assessment. Evaluation of medication safety for elderly patients. Management of elderly patients with cardiovascular diseases and frailty syndrome. Management of elderly patients with functional impairments (mobility-limited, cognitively impaired). Management of patients with falls. Management of elderly patients with malnutrition syndrome.

3.	Form of Summative Asses	ssment	10 40. Th 26 40 60 40. Th 36 40
3.1	Testing	3.5	Coursework
3.2	Written exam +	3.6	Essay
3.3	Oral exam	3.7	Project
3.4	Assessment of practical skills +	3.8	Other (please specify)
4	Course Objectives	W	2, We of your of the the

Preparation of a general practitioner equipped with the knowledge, skills, and practical abilities required to independently conduct diagnostic, therapeutic, rehabilitative, and preventive measures for the most common diseases in the adult population, both in outpatient settings and at home, in accordance with modern principles of evidence-based medicine.

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5.	Final Learning Outcomes (Course Learning Outcomes):							
LO1	Recommends and justifies a plan for clinical, laboratory, and instrumental examination of an elderly patient, taking into account age, functional, cognitive, and somatic status.							
LO2	Uses examination results to establish a well-founded diagnosis, develop an individualized treatment plan, conduct follow-up monitoring and rehabilitation involving the patient and							
J. M.	their relatives. Applies clinical protocols of the Ministry of Health of the Republic of Kazakhstan and international guidelines in the assessment of therapeutic pathology in geriatric							
1 3. N	patients.							
LO3	Prescribes justified pharmacological and non-pharmacological therapy for elderly patients, taking into account comorbidities, frailty syndrome, risk of polypharmacy, and drug							
V	interactions. Develops an individualized management and rehabilitation plan for elderly patients based on evidence-based medicine principles and clinical guidelines.							
LO4	Able to promptly recognize and provide pre-medical and primary medical care for the most common emergency conditions in elderly patients (acute heart failure, hypoglycemia,							
11/2	stroke, falls, delirium, etc.). Proficient in algorithms for managing geriatric patients at the pre-hospital and outpatient stages.							
LO5	Applies information technologies in clinical practice and documentation management; is proficient in the principles of implementing Compulsory Social Health Insurance (CSHI) and							

LO6	medical ethics and deontology	rly patients and their relatives, taking into account the psychological characteristics of aging and cognitive impairments. Adheres to the principles of , ensuring continuity within the multidisciplinary team in managing geriatric patients. Demonstrates professional responsibility and empathy in caring fo ose with limited mobility and dependency.								
5.1	LO of the Discipline	Learning outcomes of the educational program (EP) associated with the learning outcomes (LO) of the discipline								
XI.	LO6	LO1 - Applies patient-centered care skills, utilizes interpersonal and communication skills with patients, their families, and colleagues while adhering to bioethical principles and patient rights.								
901	LO2 LO3	LO2 – Organizes their activities within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan to implement the nation's health promotion policy.								
2.E	LO5	LO3 – Plans continuous personal and professional development to improve the quality of medical care based on self-assessment, self-education, and lifelong learning.								
	LO1	LO4 – To practice outpatient consultation, diagnosis, treatment, follow-up, and rehabilitation of pediatric and adult patients, including pregnant								
	LO2	women.								
14 / C	LO3	LO 5 – Develops a plan for laboratory and instrumental examinations of patients with the most common diseases in pediatric and adult populations according to current clinical guidelines, interprets the results, and formulates a diagnosis according to ICD-10 upon disease detection.								
15	Skyrus is Egginish	LO6 – Analyzes the results of screening programs and evaluates the effectiveness of preventive interventions for the most common diseases in adults and children.								
11	LO5	LO 7 – Effectively uses information technologies in healthcare and is proficient in the principles of implementing compulsory social health insurance								
). [LO4	LO8 - Assesses the clinical condition, levels of organ functional impairment, and disease complications requiring emergency care and determination of hospitalization indications.								
Sgn	LO5	LO 9 – Uses electronic databases of the healthcare system of the Republic of Kazakhstan that ensure documentation of medical service delivery processes.								
(g.	LO1 LO3	LO 10 – Organizes medical and social assistance, and carries out preventive and health promotion activities among the population.								
6.	1. SON 1/4 3, 18W	Detailed Information about the Course								
6.1	Email: femmed_skma@mail.	nt, 26 Askarova St., CP No. 13								
6.2	Number of Hours	Lectures Practical Classes Laboratory SROP SRO								

ONTÚSTIK-OAZAOSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АК Department of Family Medicine Department of Family Medicine Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice" SOUTH KAZAKHSTAN MEDICAL ACADEMY AO «Южно-Казахстанская медицинская академия» 69-11/2025 Стр. 3 из 30

7.	S. M. V. Sp. Va. E.	Information abo	out Instructors	900 / Kr	1 3. 11. 3.	10. Kr 2, We 3's Y		
No	Full Name	Academic Degrees and Positions:	3. 11, 3;	900.	Email Address	Mr. Mr. St. Wo. S.		
9(1)	Nazipa Shakmanovna Bektibayeva	Candidate of Medical Sciences (PhD), Associate Professor	bnsh64@mail.r	10. CO.	MAN SKANO	3.60 911. 15 3K My		
2	Dinara Sabyrzhanovna Narzullayeva	Assistant	dinara.narzullay	<u>/eva@mail.r</u>	ш // // // // // // // // // // // // //	13. M.		
8.	7. Vo 6, 111, 11 5/2	Themat	ic Plan	e Plan				
Week/ Day	Topic Title	Brief Description	Course Learning Outcomes (CLO)	Number of Hours	Teaching Methods/Technologies	Assessment Forms/Methods		
SKUS SKUS	Practical Class Topic: Frailty Syndrome and Polymorbidity in the Elderly	Frailty syndrome: definition, clinical presentation, diagnosis, and treatment. Management of mobility-limited and cognitively impaired patients. Comprehensive geriatric assessment. Functional dependence. Medication safety in the elderly (assessment of polypharmacy).	LO 1,2,3	3. du. k	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.		
du.kl du.kl	SROP / SRO Assignment Topic: Geriatric Syndromes: Diagnosis, Prevention, and Management	Main Geriatric Syndromes: Falls, Sarcopenia, Malnutrition, Dementia, Depression, Sleep Disorders Pain Syndrome, Sensory Deficits, Urinary Incontinence. Management of patients with geriatric syndromes (falls, malnutrition, etc.)	S GOODING	1/6	SROP (Instructor- Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based Learning	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis		
25	Practical Class Topic: COPD in Elderly and Geriatric Patients Geriatric Rehabilitation Features of Respiratory System Involvement in This Patient Category	Clinical features of COPD in elderly and geriatric patients. Differential diagnosis with bronchial asthmate Features of treatment and management of patients in primary health care settings. Clinical features of pneumonia in this patient group with COVID-19.	LO 1,2,3	L SKUS	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.		

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SKULO SK SK SK SK SK SK SK SK SK SK SK SK SK	SROP / SRO Assignment Topic: Fundamentals of Geriatric Care Organization (Regulations). General Issues of Geriatrics	Current trends in the organization and quality management of geriatric care. Age structure of the population. Aging and diseases, diagnostic features in elderly and geriatric patients. Working with clinical protocols.	LO 1,5,6	1/6	SROP (Instructor- Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based Learning	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis
M3.	Practical Class Topic: Hypertension in Elderly and Geriatric Patients. Features of Treatment in Men and Women. Geriatric Rehabilitation.	Copic: Hypertension in Elderly and geriatric patients. Geriatric Patients. Features of Specific aspects of treatment and management of elderly and geriatric patients in primary health care		a.edu.k	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
du kl du kl du kl du kl du kl du kl	SROP / SRO Assignment Topic: Hypertensive Crises in Elderly and Geriatric Patients	Clinical features of hypertensive crises in elderly and geriatric patients. Specific aspects of treatment depending on comorbidities with hypertension: prostate adenoma, climacteric cardiomyopathy, chronic cerebral ischemia. Working with clinical protocols.	LO 1,4,5,6	7/6 0 54 54 7/1	SROP (Instructor-Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based Learning	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis
46	Practical Class Topic: Issues of Ischemic Heart Disease and Arrhythmias in Geriatrics. Chronic and Acute Heart Failure (Left and Right Ventricular Failure) in	Common forms of ischemic heart disease (IHD) in elderly and geriatric patients, features of pharmacotherapy. Chronic heart failure (CHF) with systolic and diastolic dysfunction, their causes (in nosological units). Specifics of medication therapy in elderly	LO 1,2,3	L SKIND	Standardized Patient Method, solving clinical case scenarios	Test assignments, Checklist for the "SP" method, Clinical case scenarios

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Ways	Elderly and Geriatric Patients.	patients. Working with clinical protocols.	41 Wg. 36	Joyn'h	1 3 skill 6	Mr. M. Skylusis 6
gedni grikt kr	SROP / SRO Assignment Topic: Features of Geriatric Rehabilitation of Elderly and Geriatric Patients: Issues of Ischemic Heart Disease and Arrhythmias with Chronic Heart Failure in Primary Health Care and Hospice Settings. Clinical Features and Treatment Tactics.	Clinical features of chronic heart failure (CHF) in elderly and geriatric patients. Congestion-related problems: cardiac liver fibrosis, congestive and hypodynamic pneumonia, congestive nephropathy, enteropathy, and encephalopathy. The role of pharmacological rehabilitation methods.	LO 1,5,6	2/6	SROP (Instructor-Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based Learning	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis
1111	Midterm Assessment №1	The assessment includes content from practical classes and SROP topics 1–4.	KWO.S.	o duir	KT 2K, My. Sig	Testing
8.5 3.4.4.	Practical Class Topic: Geriatric Aspects in Gastroenterology and Dietetics. Features of Management of Elderly and Geriatric Patients with Kidney Diseases.	Features of management of gastric and duodenal ulcers, chronic gastritis, pancreatitis, cholecystitis, hepatitis, liver cirrhosis, and colitis. Clinical features and treatment of chronic kidney disease (CKD) in elderly and geriatric patients: hypertension, proteinuria, nephropathy, primary renal sclerosis; diabetes mellitus, diabetic nephropathy, and glomerulosclerosis; prostate pathology. Working with clinical protocols.	LO 1,2,3,4	L SKINA.	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
Sqn's	SROP / SRO Assignment Topic: Other Local and General Somatic Syndromes in Geriatric Gastroenterology. Chronic Kidney Disease in Elderly and Geriatric Patients.	Clinical presentation, diagnosis, and treatment of conditions: Dyspeptic syndrome with manifestations of heartburn, anorexia, nausea, and vomiting; diarrhea and constipation syndromes; jaundice syndrome. Epidemiology of chronic kidney disease (CKD) in elderly and geriatric patients.	LO 1,5,6	2/6	SROP (Instructor-Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis

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KT SKI	Practical Class Topic: Endocrine and Metabolic Disorders in Elderly and Geriatric Patients. Geriatric Rehabilitation.	Diabetes mellitus, hypothyroidism, and hyperthyroidism (in various nosologies) in elderly and geriatric patients. Specifics of treatment and management of patients with endocrine disorders in primary health care settings: hypocorticism and hypercorticism (in various nosologies) in elderly and geriatric patients. Working with clinical protocols.	LO 1,2,3	skug edi	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
KT CAK	SROP / SRO Assignment. Topic: Endocrine pathology in elderly and geriatric patients. Hematology issues in geriatrics.	i.kl. skina. edu.kl.	LO 1,5,6	kung equi	SROP (Instructor- Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based Learning	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis
70	Practical Class Topic: Musculoskeletal Syndrome in Elderly and Geriatric Patients.	Osteoporosis, rheumatoid arthritis (RA), gout, osteoarthritis (OA), and degenerative-dystrophic changes of the spine in elderly and geriatric patients.	LO 1,3	55	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
17 P	SROP / SRO Assignment Topic: Chronic Pain Syndrome and Methods of Its Management.	Pain as a Medical and Social Problem. Terminology and Classification of Pain. Mechanism of Chronic Pain Syndrome Development. Algorithm for Clinical Examination of Patients and Indications for Consultations with Specialists for Patients with Geriatric Problems. The assessment includes the content of the practical sessions and SRI (Self-Directed Learning) topics 5-7.	L3,5,6	1/6	SROP (Instructor- Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF) SRO (Student's Independent Work): Research-Based	Checklist for Assessment of Departmental Work Checklist for Portfolio Evaluation Checklist for Scientific Article Analysis

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Midter	rm Assessment №2		e assessment includes sses and SROP top	les content from practical	3 Stua	Learning	Testing	
Prepara	ation and Conducting of Midt			24 Mg Seg 111.	(10% of the	e total number of hours allocated for the dis	scipline – 9 hours)	
9.	My Jinghi Kh	Shille	3. 90. KJ	Teaching and Asse	essment Meth	ods:	19. 60 11 1 T SK	
9.1	Lectures	TO SKY	Not provided.	K 1 2 K KULO JES	90,11	3K My Sign 911. KT 3 2K	My Jeognik K	
9.2	Practical Classes	W. KI	Case-based discus	sion, solving situational prob	lems, Standard	lized Patient (SP) methodology	s, Kursis Spr. Kr	
Skus	Wasedniky Sk	Would be by	commissions, eng diseases, portfolio	practical skills at the Clinical and Practical Training Center (CPTC); presenting at scientific conferences, participating in medical ad commissions, engaging in activities promoting healthy lifestyles, participating in the rehabilitation of patients with socially significal diseases, portfolio formation / PF. SRO: Research-Based Learning (RBL)				
				ased Learning (RBL)	12 st	Ws. 50 M. T 35, Ws	· 601 1 7 2 2KU	
9.4	Midterm Assessment	Striction	Testing	7/1, VS. 60, "1	nt Criteria	100 50 41 1 3 1 3 1 1 3 1 1 1 3 1 1 1 3 1 1 1 1	· s car / 1 2 5 4 4 5 5 4 4 5 5 4 4 5 5 4 4 5 5 4 4 5 5 6 6 6 6	
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	Assessment Criteria for L	Unsatisfactory	Testing mes of the Disciplin	Assessmen	Sp. Kr	Good Confidently applies diagnostic and	Excellent	

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sking 1 sking	a.eduKl. sk. kna.edu.kl kna.edu.kl 1. skna.edu.kl 1. skna.edu.kl	or use of clinical guidelines and literature specified in the course syllabus. Lacks systematic thinking; clinical decision- making is fragmented and lacks justification.	lacks in-depth analysis. Signs of clinical reasoning are present but weak and require further development.	cases. Demonstrates clinical reasoning, though minor inaccuracies or simplifications in justifications may occur.	and individualized plan for laboratory and instrumental investigations in strict accordance with Clinical Protocols. Confidently uses the scientific and methodological literature recommended in the syllabus, demonstrating a critical approach to information and the ability to apply it in clinical practice.
	Uses examination results to establish a well-founded diagnosis, develop an individualized treatment plan, organize follow-up care, and rehabilitation involving the patient and their relatives. Applies clinical protocols of the Ministry of Health of the Republic of Kazakhstan and international guidelines when assessing therapeutic pathology in geriatric patients.	Unable to interpret examination results and does not use them to establish a well-founded diagnosis. Fails to develop an individualized treatment plan and does not consider the specific characteristics of elderly patients. There is no approach to follow-up care or rehabilitation. Does not demonstrate skills in interacting with the patient and their relatives. Does not use clinical protocols of the Ministry of Health of the Republic of Kazakhstan or international guidelines, and is unfamiliar with their structure and purpose. Decisions are made intuitively, without justification or scientific basis.	Partially familiar with interpreting examination results and uses them in making a diagnosis, but allows for inaccuracies or a formal approach. The individualization of the treatment plan and follow-up care is weakly expressed. Patient and family involvement in the treatment process is episodic. Ministry of Health of the Republic of Kazakhstan protocols and international recommendations are known but applied limitedly or without deep understanding. The approach to geriatric patients does not always take into account the specifics of age and multimorbidity.	Accurately uses examination data to establish a well-founded diagnosis and develops an individualized treatment plan taking into account the patient's age, comorbidities, and psychosocial status. Plans stages of follow-up care and incorporates elements of rehabilitation. Actively involves the patient and their relatives in the treatment process. Confidently navigates the Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan and international guidelines, applying them in the assessment of therapeutic pathology in elderly patients. Minor inaccuracies may occur but do not affect the overall clinical logic and validity of decisions.	Demonstrates a high level of clinical reasoning, clearly interprets examination results, and on this basis formulates a well-founded, pathogenetically justified diagnosis. Develops a comprehensive, individualized treatment plan that includes pharmacotherapy, rehabilitation measures, and follow-up care. Actively involves the patient and their relatives in decision-making. Skillfully and critically applies the Clinical Protocols of the Ministry of Health of the Republic of Kazakhstan and international guidelines, adapting them to the specific clinical situation of the geriatric patient. Takes into account aspects of multimorbidity, polypharmacotherapy, and functional and cognitive status.

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LO3	Prescribes justified pharmacological and non-pharmacological therapies for elderly patients, taking into account comorbidities, geriatric frailty, risk of polypharmacy, and drug interactions. Develops an individualized management and rehabilitation plan for the elderly patient based on the principles of evidence-based medicine and clinical guidelines.	Lacks the skills to prescribe justified pharmacological and non-pharmacological therapies for elderly patients. Ignores the specifics of comorbidities and geriatric frailty, does not consider the risk of polypharmacy or potentially harmful drug interactions. Prescriptions are routine, unscientific, or potentially harmful. An individualized management and rehabilitation plan is either absent or formally created without adherence to the principles of evidence-based medicine and clinical guidelines. Does not demonstrate understanding of modern approaches to treating elderly patients.	or anticipate possible drug interactions. Non-pharmacological therapy is mentioned but not specified. An individualized management and rehabilitation plan is developed but only partially aligns with clinical guidelines and principles of evidence-based medicine. The approach is insufficiently structured and requires improvement.	Justifies the prescription of both pharmacological and non-pharmacological therapies, taking into account age, multimorbidity, functional status, and geriatric frailty. Demonstrates awareness of the risk of polypharmacy and strives to avoid potentially dangerous drug combinations. Develops an individualized management and rehabilitation plan based on clinical guidelines and principles of evidence-based medicine. Shows understanding of the role of an interdisciplinary approach and the socio-psychological aspects of caring for elderly patients. Minor inaccuracies in drug selection or prioritization of interventions may occur.	Confidently and convincingly prescribes both pharmacological and non-pharmacological therapies, taking into account all key geriatric aspects: age, multimorbidity, geriatric frailty, risk of polypharmacy, pharmacokinetics, and pharmacodynamics in the elderly. Able to assess drug interactions and avoid prescribing potentially inappropriate or harmful medications. Develops a comprehensive, individualized management and rehabilitation plan based on evidence-based medicine principles and clinical guidelines (Ministry of Health of the Republic of Kazakhstan, international guidelines). Considers the patient's functional, cognitive, social, and psycho-emotional aspects. Demonstrates clinical reasoning and an interprofessional approach.
LO4	Able to promptly recognize and provide premedical and primary medical care for the most common emergency conditions in elderly patients (acute heart failure, hypoglycemia,	Unable to promptly recognize the most common emergency conditions in elderly patients. Makes significant diagnostic errors when suspecting acute cardiovascular, metabolic, neurological, or psychiatric disorders (e.g., hypoglycemia,	Recognizes some emergency conditions characteristic of elderly patients, but does so with delay or insufficient confidence. The algorithms for providing care are known in theory but are applied hesitantly and with breaches in sequence in practice. Errors occur in the management tactics, especially in situations requiring rapid	Able to promptly recognize the main emergency conditions in elderly patients (acute heart failure, hypoglycemia, acute cerebrovascular accident, delirium, falls, etc.) and provide initial care in accordance with established algorithms. Demonstrates confident knowledge of management tactics at the pre-hospital	Confidently and promptly recognizes all major emergency conditions in elderly patients, including atypical clinical presentations characteristic of geriatric practice. Proficiently applies pre-medical and initial medical care

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acute cerebrovascular accident, falls, delirium, etc.). Proficient in algorithms for managing geriatric patients at the pre-hospital and outpatient stages.	acute cerebrovascular accident, delirium). Lacks proficiency in algorithms for pre-medical and primary medical care at the pre-hospital or outpatient stages. Unable to adequately assess the clinical situation; actions do not comply with emergency care standards.	response. Actions lack consistency, and skills require significant improvement.	and outpatient stages, taking into account the specific characteristics of geriatric patients. Minor shortcomings in prioritization of actions may occur, but they do not reduce overall clinical adequacy.	algorithms, including management of falls, delirium, hypoglycemia, acute cerebrovascular accidents, and acute heart failure. Demonstrates clinical reasoning, prioritizes interventions, accurately assesses risks, and collaborates effectively with a multidisciplinary team. Acts in accordance with standards and clinical guidelines, ensuring safety and continuity of care at pre-hospital and outpatient stages.
and clinical research data when selecting	Does not demonstrate skills in using information technologies in clinical practice. Lacks knowledge of digital documentation basics and is unfamiliar with the principles of OMS (Mandatory Social Health Insurance) and digital healthcare platforms (e.g., DAMUMED, MedData, eGovMed, etc.). Does not utilize scientific methods or clinical research data when justifying patient management strategies. Does not participate in discussions or implementation of new technologies in medical practice. Shows no interest in innovations or evidence-based medicine.	Is generally familiar with the basics of applying information technologies in medicine and is able to perform basic functions related to digital documentation management. Has a general understanding of the OMS system and digital healthcare services but uses them hesitantly or formally. The use of scientific data and clinical research is limited and superficial. Participation in discussions about new methods is passive, lacking independent initiative or critical reflection.	Confidently uses information technologies in clinical practice and medical documentation management. Navigates digital healthcare platforms and understands the principles of OMS, applying them in planning and coordinating medical care. Utilizes scientific methods and clinical research data to choose management strategies for elderly patients, demonstrates willingness to adopt new technologies, and actively participates in discussions and implementation of innovative solutions. Minor gaps in depth of analysis or justification may occur.	Fluently and systematically applies information technologies in clinical practice, including electronic documentation management, telemedicine, data monitoring, and digital resources for quality of care assessment. Confidently understands the principles of implementation and operation of the OMS system and digital healthcare platforms in the Republic of Kazakhstan. Actively utilizes scientific data, clinical studies, and meta-analyses when choosing management strategies for elderly patients. Demonstrates initiative in mastering and implementing new technologies, showing

ONTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Department of Family Medicine Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice" SOUTH KAZAKHSTAN MEDICAL ACADEMY AO «Южно-Казахстанская медицинская академия» 69-11/2025 Стр. 11 из 30

SKUS.	Social States	Kusi eggniff is eku	Mara edu iki se skula e	segniki ki skusise ed	innovative thinking and participation in scientific-practical projects or digital healthcare pilot programs.
LO6	Effectively interacts with elderly patients and their relatives, taking into account the psychological aspects of aging and cognitive impairments. Adheres to the principles of medical ethics and deontology, ensuring continuity within the multidisciplinary team in the management of geriatric patients. Demonstrates professional responsibility and empathy in the care of geriatric patients, especially those who are immobile or dependent.	The intern does not demonstrate the ability to effectively interact with elderly patients and their relatives. Fails to consider the psychological aspects of aging and cognitive impairments. Communication is formal and lacks respectful and ethical treatment of vulnerable patient groups. Principles of medical ethics and deontology are not observed or are violated. The student shows no interest in teamwork and does not ensure continuity within the multidisciplinary environment. Empathy and professional responsibility are absent, especially when managing dependent and immobile patients.	The intern strives to interact with elderly patients and their relatives but does so without sufficient consideration of agerelated and cognitive characteristics. Occasionally, difficulties arise in establishing a trusting relationship. Ethical standards are mostly observed, but deontological principles are applied in a formal manner. Interaction with the multidisciplinary team is limited, and continuity in patient care needs improvement. Empathy is weakly expressed, and professional responsibility is inconsistent, especially in complex clinical situations.	The intern demonstrates confident and respectful communication with elderly patients, taking into account the psychology of aging, cognitive, and emotional changes. They effectively engage in dialogue with the patient's relatives and are capable of explaining the treatment and care plan. The intern adheres to medical ethics and deontology principles and shows responsibility. They participate in the multidisciplinary team and support continuity of care. They exhibit compassion and attentive attitude toward immobile and dependent patients, although the level of empathy may be somewhat limited in emotionally challenging situations.	The intern interacts with elderly patients effectively and sensitively, demonstrating a deep understanding of the psychology of aging, cognitive impairments, as well as sensory and emotional changes. They are skilled at establishing trusting relationships and adapt their communication style to the patient's and their family's level of perception and emotional state. They consistently adhere to medical ethics and deontology standards, showing a high level of professional responsibility. The intern actively participates in the multidisciplinary team, ensuring continuity of care at all stages of patient management. They exhibit pronounced empathy, humanism, and a caring attitude, especially towards dependent, vulnerable, and immobile patients.
- 5	- Wr. S. M. M.	24, 40, 60 M. I.	10.2 Methods and Evaluation Criteri Checklist for Practical Session	1 3. 60 11 1 3 10.	10, 14, 12, 14, 1
VI.	Form of Assessment	Grade	Gueckiist for Practical Session	Evaluation Criteria	,, , , , , , , , , , , , , , , , , , , ,
1	Case Study Discussion	"Excellent corresponds to the	Evaluation Parameters	Lydiudion Criteria	The strain of th
GU.	Cast Study Discussion	following grades:" A (4,0; 95 - 100%)	(Each parameter is assessed according to the task, accuracy, consistency, ability to co		

	OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ ОНТОКТІК-QAZAQSTAN MEDICAL ACADEMY ACADEMY AO «Южно-Казахстанская медицинская академия»	Jeg Egnin K
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5	"Geriatrics in General Practice"	1 3 M. 3. 99

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1. K. J. SKILLIS	Working	Department of Family Medicine g Curriculum (Syllabus) for the discipline	69-11/2025 Стр. 12 из 30
0 0 11 5	AU 3. 9/1 / 3/ /	"Geriatrics in General Practice"	1 3K, 49. 60.
skina eduliki skina eduliki skina eduliki eduliki eduliki skina eduliki skina eduliki skina eduliki skina eduliki skina eduliki skina eduliki skina eduliki	A- (3,67; 90 - 94%)	Identified the main problems of the patient Assessed anamnesis data Assessed physical examination data Made a preliminary diagnosis Developed a laboratory investigation plan according to CPDG and curren Developed an instrumental investigation plan according to CPDG Developed an instrumental investigation plan according to CPDG Developed an instrumental investigation plan according to CPDG and cur Correctly interpreted laboratory test results Correctly interpreted instrumental test results Justified the diagnosis Made a final diagnosis Developed a treatment plan according to CPDG Developed a treatment plan according to CPDG Developed a treatment plan according to CPDG and current scientific evice Pharmacodynamics of drugs Drug interactions Contraindications Age-related characteristics Comorbid conditions Developed a plan for preventive measures according to CPDG and current	t scientific evidence on the issue rent scientific evidence on the issue dence on the issue dence on the issue considering: Is and Diagnostic Guidelines (CPD) t scientific evidence on the issue
sedu jukl skraasedu kl skraasedu kl skraasedu kl skraasedu kl skraasedu skraasedu kl	"Good corresponds to the following grades:" B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)	Evaluation parameters (each parameter is assessed according to the following crite 4.45): fully completed the task, accuracy, consistency, ability to correctly evaluate Identified the main problems of the patient Assessed the anamnesis data Assessed the physical examination data Made a preliminary diagnosis Developed a laboratory investigation plan according to Clinical Protocols Developed a laboratory investigation plan according to CPTG and current Developed an instrumental investigation plan according to CPTG Developed an instrumental investigation plan according to CPTG and cur Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Justified their diagnosis Made a final diagnosis	and make logical conclusions): and Treatment Guidelines (CPTG) scientific evidence on the issue

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	"Geriatrics in General Practice"	1 3 1/11 23.
	3, 7/1, 1/1 - 5/2, 10, 60, 1/1, 1/1, 1/6, 20, 60, 1/4, 1 2, 1/2, 20, 1/4, 1 2, 1/4, 20, 1/4, 20, 1/4, 20, 1/4,	K 2, 14, 20, 5

7. 1.		partment of Family Medicine	69-11/2025 Стр. 13 из 30
500 1.Kr		urriculum (Syllabus) for the discipline	50 771, 17 , 3p, War 60, 771;
Carly N	13, 14, 20, 11, 2, 10, 10.	eriatrics in General Practice"	0, 60 M. T. H. W. C.
na eduluki skria eduki skria	Satisfactory corresponds to scores: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	Developed a treatment plan according to CPTG Developed a treatment plan according to CPTG and current pharmacodynamics of drugs drug interactions contraindications age-related features comorbid conditions Developed a prevention plan according to CPTG Developed a prevention plan according to CPTG and current Evaluation parameters (each parameter is assessed according to the fraction of the patient assessed the main problems of the patient Assessed the anamnesis data Assessed the physical examination data Justified their diagnosis Made a preliminary diagnosis Developed a laboratory investigation plan according to CPT Developed an instrumental investigation plan according to CPT Developed an instrumental investigation plan according to Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Made a final diagnosis Developed a treatment plan according to CPTG Developed a treatment plan according to CPTG Developed a treatment plan according to CPTG Developed a freatment plan according to CPTG Developed a prevention plan according to CPTG	nt scientific evidence on the issue following criteria (score levels: lower – 2.5; upper ectly evaluate and make logical conclusions): nical Protocols and Treatment Guidelines (CPTG) TG and current scientific evidence on the issue CPTG CPTG and current scientific evidence on the issue certain and current scientific evidence on the issue scientific evidence, taking into account:
111.17	Unsatisfactory Corresponds to the evaluation:	Evaluation parameters (each parameter is assessed according to the formula completeness of task performance, accuracy, consistency, ability to complete the completeness of task performance.	
2 10 11 11	FX (0; 0 - 49%)	Identified the main problems of the patient	

1	OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ ОНТОВТІКТІК - QAZAQSTAN MEDICAL ACADEMY ACADEMY AO «Южно-Казахстанская медицинская академия»	Was Egnin 1
J'	T 2 96, 43. 60, 114, 1 2, 96, 43. 69, 114, 1 2, 160, 3. 29, 14, 1 2, 160, 3. 2, 90. 16, 2	69-11/2025 Стр. 14 из 30
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M.	Working Curriculum (Syllabus) for the discipline	" " " " " " " " " " " " " " " " " " "
	"Geriatrics in General Practice"	1 3 1/11 - 2.

SAN TO SKRUGUS EL	Working C	рагtment of Family Medicine стр. 14 из 30 urriculum (Syllabus) for the discipline deriatrics in General Practice"
skria edu.kl. skria edu.kl. kl. skria edu.kl.	F(0; 0 - 24%)	Assessed the anamnesis data Assessed the physical examination data Made a preliminary diagnosis Developed a laboratory investigation plan according to Clinical Protocols and Treatment Guidelines (CPTG) Developed a laboratory investigation plan according to CPTG and current scientific evidence on the issue Developed an instrumental investigation plan according to CPTG Developed an instrumental investigation plan according to CPTG and current scientific evidence on the issue Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Justified their diagnosis Made a final diagnosis Developed a treatment plan according to CPTG Developed a treatment plan according to CPTG Developed a treatment plan according to CPTG and current scientific evidence, taking into account: pharmacodynamics of drugs drug interactions contraindications age-related features comorbid conditions Developed a prevention plan according to CPTG
2 Situational tasks	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Evaluation Parameters (Each parameter is assessed according to the following criteria (assessment levels: lower – 4.5; upper – 5.0)): Identified the patient's main problems Assessed the anamnesis data Assessed the physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan according to clinical guidelines (CPG) Developed an instrumental investigation plan according to CPG

3	OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Онтустік Қазақстан медицина академиясы» АҚ	Us equitive st
	1 3 M. 3. Op. 14 2. M. 3. 19. 14 2. M. 3 is 10. 14 25 W. 15 3.	69-11/2025
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10, 15 sp 10, 36		Curriculum (Syllabus) for the discipline	7 3 KU 30 60 11
7:0 90. Kr 26. Wo	20, 10, 10 et, 40	"Geriatrics in General Practice"	17. K. J. S. M. S. S. O.
3. 90. 10 36 W.	26 M. 1 2k	TAILE 1 - C	0 10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
W. 3 6 90. 15 22 16	10 3 60 M. K. B	Established a final diagnosis Developed a treatment plan according to CPG	EC 117 1 2 5/11 23.
My 3:0 9/11, Kr 22,	140 Jies 411. KJ	Developed a treatment plan according to CPG and current scientific re	search on the given issue, taking into
2, 10,0 Vic. 40, 15	L'Us Signature K	account:	Vs. 60"11" F. 1" 2 EKII.
2 21 My J. C. M. K.	26, Wo. 3'60, M.	Pharmacodynamics of medications	Kr. Vs. 600" 14" 1" 3 4
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411. KJ 24 Way 64	M. M. ch. Wo.	Developed a prevention plan according to CPG	14 2 Thurst 31
6, 40. 1 34 Via.	SO 17 1 1 2 1 1	Developed a prevention plan according to CPG and current scientific	research on the given issue
	"Good corresponds to the	Evaluation Parameters	300 14 3 150
	ollowing grades:"	(Each parameter is assessed according to the following criteria (assessment lev completed in full, accuracy, consistency, ability to evaluate correctly and draw	
	3+ (3,33; 85 - 89%) 3 (3,0; 80 - 84%)	Identified the patient's main problems	logical conclusions).
	3- (2,67; 75 - 79%)	Assessed the anamnesis data	Sie go. Kr 2 2 /
	C+ (2,33; 70 - 74%)	Assessed the physical examination findings	Klys Jie Mr. Kr. Sk.
17 K. Vs. 60 711.6	1 cki, vs. 601"	Established a preliminary diagnosis	2 10 5 W. Kr 3
1.11 st. vs. 600"	1, 2/4/1, 23. 00/	Developed a laboratory investigation plan according to clinical guidel Developed a laboratory investigation plan according to CPG and currently control of the control of t	
Mir 1 24, Vs. 600	1.4. 1. 3. Kl. 3.	Developed a laboratory investigation plan according to CPG and curred Developed an instrumental investigation plan according to CPG	int scientific research on the given iss
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D. 68, 17, 1 3, 40, 29	, 500 /Kr 1 2, 1/2	Correctly interpreted the laboratory investigation results	11. 15 2k Wo. 60
3. 600 1 K 1 2 KU	3. Op. 14, 2,	Correctly interpreted the instrumental investigation results Justified the conclusions	So 17. 17 34 40.
FU. 3. 600 1/4 2 2, 17	1,0 3'0 90, Kr	Established a final diagnosis	80 M. 1 2/2 Wa.
1 1 1 2 . Of 1 1 2	Kyle Sign, Kr	Developed a treatment plan according to CPG	10, 60 411. 15 ex. 2
2. My 3.0 90, K	21 My Jing 4/11. K	Developed a treatment plan according to CPG and current scientific re	search on the given issue, taking into
1 2, 12, 3's 90. K	22 Wy 25 M.	account:	H. Ws. 602" 114" 5
Kr 2 2, My 3' 5 90.	7 26 Wo 560 Y	Pharmacodynamics of medications Drug interactions	24, vg. 80, "1.4. 1"
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		Age-specific characteristics	

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	"Geriatrics in General Practice"	1 3 1/11, 35
<u>S</u>)	~ '10', '17 , 35 '40', '60 '77', '17 , 35, '40', '50 "7', 17 , 35, '40', '50', "15, "7 3, '50', "3', "90', "1	Kr 2 Mis Sign

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1UX	Taloni	Department of Family Medicine king Curriculum (Syllabus) for the discipline CTp. 16 из 30	917. 1
20,2	7) - A SALVAN	"Geriatrics in General Practice"	70.
C		Genatics in General Flactice	-
10.	BO 1. 3 Kg. 10 60 1 2	Comorbid conditions	10. O.
1	1 500 1/4 1 2 My 35 600 1/4 1	Developed a prevention plan according to CPG	Wo.
MJ.	13. 39. 14. 2 Ku. 3: 30. K.	Developed a prevention plan according to CPG and current scientific research on the given issue	4, 00
2, 1	Satisfactory	Evaluation Parameters	KI,
. 5	corresponds to scores:	(Each parameter is assessed according to the following criteria (assessment levels: lower – 2.5; upper – 3.45)): task
	C (2,0; 65 - 69%)	completed in full, accuracy, consistency, ability to evaluate correctly and draw logical conclusions):	1,5
11	C- (1,67; 60 - 64%)	Identified the patient's main problems	K
1.1.	D+ (1,33; 55-59%)	Assessed the anamnesis data	7. V
	D- (1,0; 50-54%)	Assessed the physical examination findings	11).
790	1 Kr 22 W. Kr 22 W.	Established a preliminary diagnosis	000,11
(19. 15 3/ W. To 10. 15 34.	Developed a laboratory investigation plan according to clinical guidelines (CPG)	7.00
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UQ.	60 "1'L" V 5/7. 18. 60 "1'L" V	Developed an instrumental investigation plan according to CPG	ile = =iGrap
1, 3	00 1/4 1 3 1/41 VS. CON 1/4	Developed an instrumental investigation plan according to CPG and current scientific research on the	ne given
1/1/	13. 300 / K 2 2 KU. 3: 300 / A	issue Correctly interpreted the laboratory investigation results	H. W.
5, 1	(" " " " " " " " " " " " " " " " " " "	Correctly interpreted the laboratory investigation results Correctly interpreted the instrumental investigation results	, KI,
. 5	1.40 VES 411. 151 24.40 ES 4	Justified the conclusions	1 2. N
	24. 40 60 M. 15 84. 40. 60	Established a final diagnosis	1,5
11	5/7, vs. 60, "12, T, 5/7, vs.	Developed a treatment plan according to CPG	KI.
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70.	1 2, My 2 20 M 1 2, My	account:	16
290	1 Kr 32 1/4 26 4/2. Kr 32 14	Pharmacodynamics of medications	000
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71. 1	9. 00 11 2 MU. 39. 00 14	Comorbid conditions	Vo.
MU.	1 3 14 3 14 3 16 30. A	Developed a prevention plan according to CPG	7/7, V.
51 V	100 50 M. M. 12 12 W. Jes 10.	Developed a prevention plan according to CPG and current scientific research on the given issue	3. K11.
5	Unsatisfactory	The intern does not demonstrate understanding of the patient's problems. Did not study the materials of the C	Clinical
1	Corresponds to the evaluat		2 5
1.1	FX (0; 0 - 49%)	(Each parameter is assessed according to the following criteria (assessment levels: 2.45 and below): task com-	mpleted i
. Kr	F(0; 0 - 24%)	full, accuracy, consistency, ability to evaluate correctly and draw logical conclusions)	Присиса

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	"Geriatrics in General Practice"	1 3 1/11 2.
		Kr. 2, 141, 36

34	«Оңтүстік Қазақстан медици		ONTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY IHA академиясы» АҚ AKADEMIASY AKA	Wasasaniki X
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7	7. KT 34, Wg.		rriculum (Syllabus) for the discipline eriatrics in General Practice''	K Skrille sier gi
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Work in the General Practice Department	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment levels: lowe completion, confidence, accuracy, consistency, ability to assess correctly and draw liphysicians, feedback from patients) Outpatient Reception: Effectively identified the patient's main problems using communication sk Effectively collected and evaluated the patient's anamnesis using communi Assessed the physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan according to Clinical Guidelines Developed an instrumental investigation plan according to CPG and current sc Developed an instrumental investigation plan according to CPG and current issue Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Established a final diagnosis Developed a treatment plan according to CPG Developed a prevention plan according to CPG and current scientific resear Developed a prevention plan according to CPG and current scientific resear Work in the day-care unit or home-based inpatient care Work in the screening room Work with the Clinical Medical Information System (CMIS) Completion of medical documentation Territorial (District) Work: Home visits (active follow-up care) Patronage (supervised patient care, including chronic and vulnerable patient	ogical conclusions, feedback from the given is section skills (CPG) ientific research on the given is section the given is section the given is section the given is such on the given issue the on the given is such on the given is such that the given is
7.47	ky z skria edu. ky	"Good corresponds to the following grades:" B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)	Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment levels: lowe completion volume, confidence, accuracy, consistency, ability to evaluate correctly feedback from physicians, feedback from patients) Outpatient Reception: Effectively identified the patient's main problems using communication skills	and draw logical conclusions,

S. Sky W.	3. 6911. Kr 2 22. Kr	1, 18: 891. 14 2 Kus sign. 15 3K Kus sign. 15 3K, Ws. 3	150 411. KT 2 KI, Wg. 5 600
N 54	18. 60 Mil 13	71, 12, 69, 17, 1, 2, 71, 13, 99, 14, 12, 71, 13, 99, 14, 12, 70,	, 3° 5, 90. 15 34, 140, 3° 6
11.KZ 54	Kuo sier egniniki	ONTÚSTIK-OAZAQSTAN CÓBO SOUTH KAZAKHSTAN MEDISINA AKADEMIASY AKADEMIASY ACADEMY	Who is equility of 3 study
77.17	2/1, 19. 60, 11;	«Оңтүстік Қазақстан медицина академиясы» АҚ О«Южно-Казахстанская медицинская академия»	No. 14 (2025)
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Mar egn	Nik T S. Kulusis	Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice"	1 2 KI Ma. 3.60 Mir K
-, Wo. 6,	10.15 St. U.S.	, 60 " 1: 41 " 42, " 40, 60, " 1: 41, " 3: 41, "	20, 15 2 2 10.
St. Wa.	50 M. 1 34.	Assessed physical examination findings	- 90. Kr 25 My 310 90
12 H2	3 60 271-17 34	Established a preliminary diagnosis	" Se 40. Kr Se Wo Se
11 94	13. 00, 14. 1	Developed a laboratory investigation plan in accordance with Clinical C	
Y 1 2 N	TI, 18. 00, 14.	Developed a laboratory investigation plan in accordance with CPG and	current scientific research on the given
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90. Kr	Pr. 1410 3'10 40. 1	Developed an instrumental investigation plan in accordance with CPG Developed an instrumental investigation plan in accordance with CPG a	and current eciontific recearch on the
2 40 KI	St. Wo Ser Yn	given issue	did cuitent scientific research on the
S. 11.	M St. Wo. En	Correctly interpreted laboratory investigation results	2, Ku, 3' 90. K
(0, 6h Y)	1. 17 94, 20, 6	Correctly interpreted instrumental investigation results	Kr. 22, W. Sic. M. Kr
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K11. VD. 0	30 1/L 3 1/L	Developed a treatment plan in accordance with CPG	10. 15 ch 20. 60 11.
3, 174, 3:	2 90. Kr 22, M.	Developed a treatment plan in accordance with CPG and current scienti	ific research on the given issue
ST. 100	S YOU KIN ST	Developed a preventive care plan in accordance with CPG and current s	

90, 151 24 My 3:60 91		Department of Family Medicine	69-11/2025 Стр. 18 из 30
60, 11, 17 2, Thurs.		Curriculum (Syllabus) for the discipline Geriatrics in General Practice"	70. K 24, Wy. 50, 411. K
18. 6 11/1/1 SK 18.	60, 14, 12, 17, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Gerialites in General Fractice	19. 15 3x 43 30 10
Ana. Bedi du. K. S. Skir. Skir	kna.edu.kl.kl.kl.kl.kl.kl.kl.kl.kl.kl.kl.kl.kl.	Assessed physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan in accordance with Clinical Developed a laboratory investigation plan in accordance with CPG issue Developed an instrumental investigation plan in accordance with C Developed an instrumental investigation plan in accordance with C given issue Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Established a final diagnosis Developed a treatment plan in accordance with CPG Developed a treatment plan in accordance with CPG and current sc Developed a preventive care plan in accordance with CPG and current work in a day-care facility or home-based inpatient care Work in a screening office Work with the Clinical Medical Information System (CMIS) Completion of medical documentation Territorial (District) Work: Active follow-up (home visits) Patronage (ongoing care and monitoring of chronic or vulnerable positions)	and current scientific research on the given PG PG and current scientific research on the ientific research on the given issue ent scientific research on the given issue
indediction of skind of the ski	Satisfactory corresponds to scores: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment leve completion volume, confidence, accuracy, consistency, ability to evaluate confeedback from physicians, feedback from patients) Outpatient Reception: Effectively identified the patient's main problems using communicate Effectively assessed anamnesis data using communication skills Assessed physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan in accordance with CPG issue Developed an instrumental investigation plan in accordance with CPG	orrectly and draw logical conclusions, ation skills cal Guidelines (CPG) and current scientific research on the given

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1.	OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Оңтүстік Қазақстан медицина академиясы» АҚ	Jis edn'n'y
	Department of Family Medicine	69-11/2025 Стр. 19 из 30
), T	Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice"	SK1, Wg. 60,

Working Curr	rtment of Family Medicine riculum (Syllabus) for the discipline	Стр. 19 из 30
	"Icillim (Syllabiis) for the discipline	3. 10, V. K
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	iatrics in General Practice"	60 77. 17 30 VO. 60 W
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1 5 70. 10 34 40 5 70. 10 3	given issue Correctly interpreted laboratory investigation results	1, 13. 60 11 1 2. N. 3.
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1 36 W 50 M. 1 36 W 60 1	Work in a day-care unit or home-based inpatient care	"1' 1' 3 KI VS. OO 'I'K
1 1 36 40 00 M. 1 36 40. 9	Work in a screening office	20, 14, 2, 17, 3:0 90, 14
77. 15 . 46. 49. 60. 77. 1 . 56, 29. I	Work with the Clinical Medical Information System (CMIS)	90. Kr 25 140 3 10 40.
3 " " 5 " 5 " 5 " 5 " " 5 " " 5 " " 5 " " 5 "	Completion of medical documentation	" Se 40. 15 24. Wo Ser 4.
90, 1/2, 2, 1/2, 35, 90, 1/2, 2, 1/4		, 6, 77, 17 ch, 40, 60
y 90, 10, 2, 16, 26, 90, 10, 22,1		V3. 60 775 17 , 94, V3.
		erable conditions)
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		ad draw togical conclusions, feedback from
F(U, U - 2470)		17 34 40 60 M. 15
1 2, 70, 3 , 40 Th 22, 40, 3 is 91	Fifectively identified the natient's main problems using commun	nication skills
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\$ "" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Guidelines (CPG)
100 "14" 12 M. 10. 10. 14 2. 10.	Developed a laboratory investigation plan according to CPG and	
3. 30 Th 2 2 W. 3. 30 Th 22	Developed an instrumental investigation plan according to CPG	Wa 60 M. 15 ch. Wa.
1 2 0 10 10 10 10 10 10 10 10 10 10 10 10 1	Developed an instrumental investigation plan according to CPG	and current scientific research on the given
40 55 40. 1 BE 40 55 10. 11	issue	The 3. 600 14 1 2. M.
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56, vs. so. "14 T 356, vs. so. "14	Correctly interpreted instrumental investigation results	2 34 Mg 3 6 40. KT 34
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	Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%)	Developed a treatment plan in accordance with CPG Developed a preventive care plan in accordance with CPG and current Developed a preventive care plan in accordance with CPG and c Work in a day-care unit or home-based inpatient care Work in a screening office Work with the Clinical Medical Information System (CMIS) Completion of medical documentation Territorial (District) Work: Active follow-up (home visits) Patronage (monitoring and care for patients with chronic or vuln Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%) F(0; 0 - 24%) F(0; 0 - 24%) Evaluation Parameters (Each parameter is assessed according to the following criteria (assessment volume, confidence, accuracy, consistency, ability to evaluate correctly and physicians, feedback from patients) Outpatient Reception: Effectively assessed anamnesis data using communication skills Assessed physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan according to CPG Developed an instrumental investigation plan according to CPG Developed an instrumental investigation plan according to CPG

1.	OŃTÚSTIK-OAZAOSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ ОНТОКТІК-ОАZAOSTAN MEDICAL ACADEMY АСАДЕМУ АО «Южно-Казахстанская медицинская академия»	rus edn'h k	SKUS.
	Department of Family Medicine	69-11/2025 Стр. 20 из 30	K1 54
	Working Curriculum (Syllabus) for the discipline	1 24, 03. 60,	1.1.
	"Geriatrics in General Practice"	1 3 1/1 3.	90 /Kr
6,	~ 10. 15 36 40. 60 10. 15 36, 23. 60 "11, 17 36, 23. 60" 14 1 3. 16, 23. 90"	The S. My S.	900.
	Worked in the day-care unit or provided home inpatient care	D. 17 21 1/10	70

4	Kusi seegnik	«Оңтүстік Қазақстан медици	ONTÚSTIK-OAZAOSTAN MEDISINA AKADEMIASY ина академиясы» АК ОМТÚSTIK-OAZAOSTAN SOUTH KAZAKHSTAN MEDICAL ACADEMY AO «Южно-Казахстанская медицинская академи	SKULGIEGHTIKT Z
	1. 3, 41, 73. 60	1K1 2 KU 3:0 91	2, 14 2, 14, 2's, 47, 15 26, 14, 5, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	69-11/2025
F	1 3 10, 13: 00,		partment of Family Medicine	Стр. 20 из 30
Ι.	1.4. 1. 3. Ku. 3.		urriculum (Syllabus) for the discipline eriatrics in General Practice"	11. 17 24, Wo. 60
	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		erialrics in General Practice	10. 11 3h Wa
3,20	kwa squikl sk.	regions edu. ky sky	Worked in the day-care unit or provided home inpatient care Worked in the screening office Worked with the Clinical Medical Information System (CMIS) Completed medical documentation Territorial (District) Work: Active follow-up (home visits) Patronage (monitoring and care of chronic or vulnerable patients)	skugiegniki Ki si skur
7.1	Portfolio Formation (PF)	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%)	Parameters (Each parameter is evaluated according to the following criteria (evaluation le completion volume, timeliness, accuracy, report literacy, correct formatters)	evels: lower – 4.5; upper – 5.0):tas
1 4 6 8 7 1 4 6 6 7 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	edu.kl. kl. skriva na.edu.kl. kl. skriva skria.edu.kl. kl. skriva 1. kl. kl. skriva.edu.kl. na.edu.kl. kl. skriva edu.kl. kl. skriva skriva.edu.kl. skriva.edu.kl. skriva skriva.edu.kl. skriva.edu.kl. skriva.edu.kl. skriva.edu.kl. skriva.edu.kl. skriva.edu.kl. skriva.edu.kl. skriv	'Good corresponds to the	from patients): Clinical workload: Working with the Medical Information System (MIS) Correct formulation of diagnoses Diagnostic procedures Interpretation of laboratory test results Interpretation of instrumental examination results Treatment Work in the screening office On-duty shifts Completion of medical documentation Health education and promotion activities: Primary prevention Preparation of health bulletins Publication of articles in mass media Lectures and talks Organization of Health Days Medical check-ups (dispensary observation) Participation in Health Schools Participation in medical conferences Participation in pathological and anatomical conferences Participation in scientific and practical conferences Work in the library, media library, internet resources	a edu. kl. kl. skriva edu.

2, Kur Jin Sp. Kr 22	4, 3 s. 41. A 26, 40, 3 s. 11. 15 24, 42. 60, 41. 17 . 34, 43.	60, 11. 1 5kg, Vs. 60
1 S. Kura 3. 6 60. 1. Kr. 1. S.	Thurst of grills & Thurst of the thing is of 91. At spill	19. 3. 60 411. KT 3 3KI, Wg.
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1 3 KL 3. 60	1/4 2, 10, 3's 20, 14 2, 14, 2 S. 10, 15 Sp. 10, 15	69-11/2025
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3: 30 K 3 My 3:	Working Curriculum (Syllabus) for the discipline	7.1
10 St. Wa	"Geriatrics in General Practice"	2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 skus siegniky sk	B+ (3,33; 85 - 89%) completion volume, timeliness, accuracy, report literacy, correct formatting, for B (3,0; 80 - 84%) patients) B- (2,67; 75 - 79%) Clinical Workload: C+ (2,33; 70 - 74%) Working with the Clinical Medical Information System (CMIS)	feedback from doctors, feedback from
K 2 W 3 6 40. K	Accurate diagnosis formulation	Th. 13. 100 11 2 Th.
7. 1 2 . Wo En 47.	Diagnostic procedures	2. KU, 3. 30, K, 22, M
11, 17 Ch. Vo. 60, 11,	Interpretation of laboratory test results	2, My 30, Mr. R. 24
60, 17.4. 17. 45, 43. 00,	Interpretation of instrumental examination results	T 22 W. S. M. T
· 00 1 3 . W. 03.	Treatment	11 4 40 60 11.
3. 70, V. 2. 10, V.	Work in the screening room On-call duties	11.K. 17 2 CKII, VS. 600 11.K.

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A Strain and Works	Department of Family Medicine ng Curriculum (Syllabus) for the discipline	Стр. 21 из 30
WORK WORK	"Geriatrics in General Practice"	2, 19 1 3 2 Klyco se gl
B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)	completion volume, timeliness, accuracy, report literacy, correct formatting, for patients) Clinical Workload: Working with the Clinical Medical Information System (CMIS) Accurate diagnosis formulation Diagnostic procedures Interpretation of laboratory test results Interpretation of instrumental examination results Treatment Work in the screening room On-call duties Completion of medical documentation Health Education and Promotion Activities: Primary prevention Preparation of health bulletins Publication of articles in mass media Lectures and talks Organization of Health Days Medical check-ups (dispensary observation) Participation in Health Schools Participation in medical conferences Participation in pathological and anatomical conferences Participation in scientific and practical conferences Work in the library, media library, and online resources	eedback from doctors, feedback from
Satisfactory corresponds to scores C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	Parameters (Each parameter is evaluated based on the following criteria (evaluation rang completion volume, timeliness, accuracy, report literacy, proper formatting, fe patients) Clinical Workload: Work with the Clinical Medical Information System (CMIS) Accurate diagnosis formulation Diagnostic procedures Interpretation of laboratory test results Interpretation of instrumental examination results Treatment	

ONTÚSTIK-QAZAQSTAN
MEDISINA
AKADEMIASY
«Онтустік Қазақстан медицина академиясы» АК

Department of Family Medicine

Working Curriculum (Syllabus) for the discipline

"Geriatrics in General Practice"

SOUTH KAZAKHSTAN
MEDICAL
ACADEMY
AO «Южно-Казахстанская медицинская академия»

69-11/2025

Стр. 22 из 30

· A·	70 10 20	20 10 10 67 10	
Mo	Sc. 901. KT 2K	160, 3 60 Mr. KT , 3kg,	Work in the screening room On-call duties
	3:0 M. M. 2	1. W. S. M. M. B.	Completion of medical documentation
SK.	JO 60 111. 17	2/2, War 60 4/11/11	Health Education and Promotion Activities:
1 3	5 40. 60 771.	et, vs. so. 1:k	Primary prevention
11.	K1, V3. 500 11 K	1 3 KI 33. 30 1. K	Preparation of health bulletins
1	J. 17(1, 59. 30)	K. 2. My. 2:0 9/1.	Publication of articles in the media
o Kr	1 2, My 2:0 40	IN SE WOODEN	Lectures and talks
VO.	AL SK 100 60	17. 15 et 40, 60,	Organization of Health Days
Gr YN	1 7 3/2 Vio. 6	3771.17 94, 03.	Medical check-ups (dispensary observation)
. 60.	11. 1. 1. 10.	600 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Participation in Health Schools
D. 0	100 1 Kg, 2	3. 300 Kr 22, My	Participation in medical conferences
1, 2.	90. Kr 20, M	3: 40. KT 36. W	Participation in pathological and anatomical conferences
Mr.	3 C 411. KT 24.	40 60 411. 15 CK	Participation in scientific and practical conferences
37	10, 6, 10., 11, 5	4 va. 60 117 1	Work in the library, media library, and internet resources
Ch.	Va. 60 111-11	76, vo. 60, 174 1.	10, 3, 3, 10, 15, 3, 10, 3, 40, 10, 3, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
1 3	F1 v3. 500 11.	Unsatisfactory	The intern did not prepare the portfolio in accordance with the required parameters.
7 1 7	, 171, 3. Op. 14	Corresponds to the evaluation:	Each parameter is evaluated based on the following criteria (evaluation level: 2.45 and below): task completion
W.	2, 140, 3:0. 40.	FX (0; 0 - 49%)	volume, timeliness, accuracy, report literacy, proper formatting, feedback from doctors, feedback from patients.
0. M	Se We so YI	F(0; 0 - 24%)	1, 1, 5/2, 20, 60, 174, 1, 5/4, 29, 60, 174, 1 2, 771, 28, 30, 1/4, 2, 2)
70.	17 34 Vio. 60	M. T. Sp. Ws. 80	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 7/	1-11 et vio		lf-Study Checklist – Analysis of Scientific Articles
3	Research-Based	"Excellent corresponds to the	Correct article selection, scientific or clinical value, mastery of the material, providing accurate, clear, and concise
V9.	Learning (RBL)	following grades:"	explanations. Able to explain research results. Analyzes research findings (e.g., the article review is thorough and
1 20.	290, Kr 2, 14	A (4,0; 95 - 100%)	adequate), accuracy and structure of the review (provides clear information for each idea). Speech (e.g., full volume,
1000	Sign Yn. Kr Sk	A- (3,67; 90 - 94%)	pace, intonation, effective use of pauses) and presentation manner (gestures are effective but not excessive, maintains
97.0	19 6 711. 11 5	1, VO. 60 1/11/11	eye contact, posture in front of the audience, use of the lectern). Ability to achieve results (e.g., accuracy, sense of
4/1	03. 80,11.		experience).
1. 7.	M, 3. 30, 1/4	"Good corresponds to the	Correct article selection, scientific or clinical value, mastery of the material, providing accurate, clear, and concise
H	, Ku, 5: 990. K	following grades:"	explanations. Able to explain research results. When analyzing research findings (e.g., the article review is thorough and
KL	Se Mr Se M.	B+ (3,33; 85 - 89%)	adequate), some inaccuracies and inconsistencies in the review are present. Speech (e.g., full volume, pace, intonation,
17. 1	1 84, 40, 60, 71	B (3,0; 80 - 84%)	effective use of pauses) and presentation manner (gestures are effective but not excessive, maintains eye contact, posture
111.1	17 4, 48, 60	B- (2,67; 75 - 79%)	in front of the audience, use of the lectern). Ability to achieve results (e.g., accuracy, sense of experience).
0	7 3 10	C+ (2,33; 70 - 74%)	190. 18. 22. 40. 18. 32. 40. 62. 40. 18. 40. 62. 40. 18. 41. 41. 42. 42. 42. 42. 42. 41. 41. 41. 41. 41. 41. 41. 41. 41. 41
$\mathcal{X} = \lambda$	N / 21 / 1/2	Satisfactory	Correct article selection, scientific or clinical value, incomplete mastery of the material, did not provide accurate, clear,

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)/ 1.	OŃTÚSTIK-OAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Оңтүстік Қазақстан медицина академиясы» АҚ	igis equirk s	Skula .
,	Department of Family Medicine	69-11/2025 Стр. 23 из 30	11 5K
Ċ,	Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice"	1 3K, Wg. 60,	NI.KI

7. 1 34		Department of Family Medicine	69-11/2025 Стр. 23 из 30
EC MILY		Curriculum (Syllabus) for the discipline 'Geriatrics in General Practice"	Segn. 18 Jest Mig 3'60 911.
Prug sqr ing equi	corresponds to scores: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	and concise explanations. There are inaccuracies in explaining the resear the research findings. Speech (e.g., adequate volume, pace, intonation, e (gestures are effective but excessive, maintains eye contact, posture in finare not fully achieved (e.g., accuracy, sense of experience).	ffective use of pauses) and presentation mann ront of the audience, use of the lectern). Resul
1. K1 5Kno	Unsatisfactory Corresponds to the evaluation FX (0; 0 - 49%) F(0; 0 - 24%)	Incorrect article selection regarding scientific or clinical value, lacks man: clear, and concise explanations. Unable to explain the research results. So does not use effective pauses) and presentation manner (gestures are effective). Results were not achieved.	Speech (e.g., adequate volume, pace, intonatio
Y17. KT	24. Wo 6, M. 15 84. WO.	Checkpoint assessment	200 14 1 3. My 31 290 1
Testing	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%) "Good corresponds to the following grades:" B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)	kugaga sepranga sepra	is edu. Kr. S. Skulus e skilus est. Skulus
09:6911/1 10:11/1	Satisfactory corresponds to scores: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	70-89% correct answers.	ia.edu.kl skrita.edu.kl edu.kl skrita.edu.kl
ZKUS'S GOL	Unsatisfactory Corresponds to the evaluation FX (0; 0 - 49%) F(0; 0 - 24%)	n: 50-69% correct answers.	skurgierenniky skrugi
MIKI SKIN	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	e Meнee 50% correct answers.	1.KT 2 SKULG'S SGITINKT SI
70.1	ch 20, 60 7/11/15 th 30	Checklist for Practical Skills Assessment	90. K 25 W 3:0 90.
	171 3 30 14 3 1/1	2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1	C 70. 11 84 40 60 11

OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ Онтустік Қазақстан медицина академиясы» АҚ	us egniniki s
Department of Family Medicine	69-11/2025 Стр. 24 из 30
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177. 17 36 40. 60 77. 17 36, 30. 60 77. 1 34. 25. 60 77. 1 3. 70, 35. 30.	K 2, 14, 3;

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1 3 KW 3 . COM.	1 2 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of the spilling is the the spilling so the to	69-11/2025
17 2, Kur 3: 9		partment of Family Medicine	Стр. 24 из 30
11. 1 2. AU. 3.		urriculum (Syllabus) for the discipline	, 17 2/ War 60 11
Sp. 14. 13. 14. 13.	0 10, 11, 2, 4,0	Geriatrics in General Practice"	19. 17 34 Wa. Go
Acquisition of practical	"Excellent corresponds to the	Parameters	10. 11 34 Vo.
skills:	following grades:"	(Each parameter is evaluated according to the following criteria (evaluation leve	
13. 000 11 2	A (4,0; 95 - 100%)	completion volume, timeliness, accuracy, report literacy, correct formatting	g, feedback from doctors, feedbac
77, V3. 60, 11/4 1	A- (3,67; 90 - 94%)	from patients): Evaluation criteria:	40 60 M. 1 34
KII 39. 600 11K	1 2, 1/1, 3, 30, 1	Conducted patient interview	1, Way 60 411, 17
1. P. CKI, 23. CO.	- 1 S. Kur Jie gar.	Performed general examination	2K War 60 471. KT
1 3 HU 39. 690.	The Si Mile Sie of	Conducted physical examination by organs and systems:	34, Wg. 60 471. 1
17 2 15 10	D. The Sight Sie	Respiratory system:	17 3/ WS. 60 17:
ir is the sign	Syp. Kr 2 21 Mys 3	Palpation Percussion	1, 17 ex. Us. 60 %
30 1/4 1 2 KUI	is 90. Kr 2 24 Miles	Auscultation	M. 15 2/1, US. 60
of the sixth	3.0 9p. Kr 2 24 12	Circulatory system:	11. 15 ch. Us.
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K11, 03. 690 1/4	Ze The Jie 90. Kr	Gastrointestinal tract (GIT):	Wa. 60 111: 17 94
S. Kur Sie 90, Kr	26 Wy 3:60 M.	Palpation	F. W. 60 111 1 1
1 2, Thursday office	Fr 26 100 Jin 911.	Percussion	ch, 43. 60 111. 11
Fr 2 s. Thurs Sign	the service see !	Auscultation	2/1, U.S. 60 11/1/2
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5	140, 60 10. 10		Checklist for Midterm Assessment (Ora		10 10 14 15 1
1	Oral response (Questions 1 and 2) Solving case-based tasks	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%)		inaccuracies during the response. He/she dithin the studied discipline and is able to cr	
77) 	(Question 3)	A- (3,67; 90 - 94%)		d original thinking, showed deep knowledge blines during the discussion.	e of the material, and referred to

Oral response (Questions 1 and 2) Solving case-based tasks (Question 3)	"Good corresponds to the following grades:" B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%)	were corrected independently. He/she was able to system	response but made minor inaccuracies or significant errors the natize the course material with the help of the instructor. ge of the material, and made minor inaccuracies or significan
1 24, 29. 60	C+ (2,33; 70 - 74%)	1 2, My 3's 90. Kr 2, Mg	5. 40. KT 24. W. 62. 40. 15
Oral response (Questions 1 and 2) Solving case-based tasks Satisfactory corresponds to scores: Solving case-based tasks Satisfactory corresponds to scores: Solving case-based tasks Satisfactory the intern made inaccuracies and minor errors during the response, relied solely on the course literature recomb to the instructor, and experienced significant difficulties in systematizing the material. During the response, the intern made inaccuracies and minor errors and had considerable difficulty organizing the material.		in systematizing the material.	
(Question 3)	C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	material.	1 skulgi egriniki 1 skulugi egr
Oral response (Questions	Unsatisfactory	The intern made fundamental errors during the response,	, was unable to use scientific terminology related to the
		discipline, and gave answers with serious mistakes.	11, 1, 10, 13, 10, 14, 1, 11, 1
Solving case-based tasks	FX (0; 0 - 49%) F(0: 0 - 24%)		ow-up questions from the instructor, the intern made
	F(0; 0 - 24%)	fundamental errors and inaccuracies and showed poor ur	
Solving case-based tasks	F(0; 0 - 24%) Mul		nderstanding of scientific terminology.
Solving case-based tasks (Question 3)	F(0; 0 - 24%) Mul Numeric score equivalent	fundamental errors and inaccuracies and showed poor ur ltigrade (or multi-point) knowledge assessment system	
Solving case-based tasks (Question 3)	F(0; 0 - 24%) Mul Numeric score equivalent	fundamental errors and inaccuracies and showed poor un ltigrade (or multi-point) knowledge assessment system Percentage (%)	Grade according to the traditional system
Solving case-based tasks (Question 3) er grade A	F(0; 0 - 24%) Mul Numeric score equivalent 4,0	fundamental errors and inaccuracies and showed poor ur ltigrade (or multi-point) knowledge assessment system Percentage (%) 95-100	nderstanding of scientific terminology.
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er grade A A - B + B B - C + C C - D+ D-	F(0; 0 - 24%) Mul Numeric score equivalent 4,0 3,67 3,33 3,0 2,67 2,33 2,0 1,67 1,33 1,0	fundamental errors and inaccuracies and showed poor unatigrade (or multi-point) knowledge assessment system Percentage (%) 95-100 90-94 85-89 80-84 75-79 70-74 65-69 60-64 55-59 50-54	Grade according to the traditional system Excellent Good Satisfactory / Fair
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30 / Fr 1 3 / KIII - 3.	2. Geriatric Nephrology: A Guide for Physicians / ed. E. S. Lapteva. – Moscow: GEOTAR-Media, 2024. – 288 p.: ill. – (Library of the				
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1 90 K 2 W	3. Diusupova, A. A. Current Issues of Geriatrics: Teaching and Methodological Manual / A. A. Diusupova. – Almaty: Evero, 2012. – 171 p.				
A ST ST ST					
12.	DISCIPLINE POLICY:				

Requirements for Interns, Attendance, Behavior, Grading Policy, Penalties, Incentives, etc.

Attend classes in proper attire (coat, cap) and bring a stethoscope and sphygmomanometer.

Be punctual and responsible.

Attendance at practical classes and SROP (self-regulated educational activities) is mandatory. Actively participate in the learning process.

Students who miss a class (unless officially excused by the dean's order) will receive a mark "H" (absent). Classes missed without a valid reason cannot be made up. In the electronic journal, a "0" grade is assigned next to the "H" mark two days before the exam.

Missed classes due to a valid reason must be made up upon submission of a supporting document. The student must provide the certificate to the dean's office no later than 5 working days from receiving it and submit a request addressed to the dean to get a make-up sheet indicating the deadline for completion, which is valid for 30 days from the date of issue by the dean's office. Grades obtained from the make-up work are entered into the electronic journal next to the "H" mark. If no supporting documents are provided or if they are submitted later than 5 working days after returning to studies, the absence is considered unexcused.

Students excused from classes by the dean's order will not receive the "H" mark; instead, an average performance grade is assigned. The intermediate assessment must still be completed. Each intern must complete all forms of SROP assignments, both individual and group activities, and submit them according to the schedule.

All written work is subject to plagiarism checks.

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

Eating in classrooms is strictly prohibited.

Follow safety regulations in educational rooms.

Comply with the internal rules of the academy and clinical bases where classes are held.

Be tolerant, open, and friendly towards peers and instructors.

Treat departmental property with care.

Turn off mobile phones during class.

Fulfill mandatory duties at the clinical bases of the department (one duty shift per week).

13.	Academic policy based on the moral and ethical values of the academy				
13.1	Π. 4 Intern Code of Honor.				
13.2	GRADING POLICY:				
1. Wo & So Yn.	Several forms of knowledge assessment are used during the course. The journal records an average grade.				
ch, vo. 60,"	An intern who does not achieve a passing score (50%) in any type of assessment (current control, midterm control #1 and/or #2) is not allowed to take the final				
171, VS. 50	exam for the discipline.				
1 2, My. V.	The final rating required to be admitted to the exam must be at least 50 points (60%), which is automatically calculated based on the average score of current				
4 9 11/1	control (40%) + average score of midterm controls (20%).				
). Kg 24 Wa	The interim assessment is conducted in two stages: practical skills assessment by OSCE (Objective Structured Clinical Examination) and testing.				
14.	APPROVAL AND REVIEW				
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