



<p> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p>		<p> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>
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<p>Working Curriculum (Syllabus) for the discipline "Geriatrics in General Practice"</p>		

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


1.	General Information about the Discipline		
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)
2.	Content of the discipline (maximum 50 words):		
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 Assessment		
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		
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.			
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 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 patients.		
LO3	Prescribes justified pharmacological and non-pharmacological therapy for elderly patients, taking into account comorbidities, frailty syndrome, risk of polypharmacy, and drug 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, 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		

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	digital healthcare platforms. Uses scientific methods and clinical research data in selecting management strategies for elderly patients and participates in the introduction of new methods and technologies into practical healthcare.					
LO6	Effectively interacts with elderly patients and their relatives, taking into account the psychological characteristics of aging and cognitive impairments. Adheres to the principles of medical ethics and deontology, ensuring continuity within the multidisciplinary team in managing geriatric patients. Demonstrates professional responsibility and empathy in caring for geriatric patients, especially those 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				
	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.				
	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.				
	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 LO2 LO3	LO4 – To practice outpatient consultation, diagnosis, treatment, follow-up, and rehabilitation of pediatric and adult patients, including pregnant women.				
		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.				
		LO6 – Analyzes the results of screening programs and evaluates the effectiveness of preventive interventions for the most common diseases in adults and children.				
	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.				
		LO5	LO 9 – Uses electronic databases of the healthcare system of the Republic of Kazakhstan that ensure documentation of medical service delivery processes.			
	LO1 LO3	LO 10 – Organizes medical and social assistance, and carries out preventive and health promotion activities among the population.				
6.	Detailed Information about the Course					
6.1	Location (building, classroom): Department location: Shymkent, 26 Askarova St., CP No. 13 Email: femmed_skma@mail.ru For questions regarding training and/or technical support, please contact us by phone and/or email as listed on the JSC “YKMA” website in the CALL-Center or Helpdesk section on the homepage.					
6.2	Number of Hours	Lectures	Practical Classes	Laboratory Classes	SROP	SRO
		-	30	-	9	42

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7.	Information about Instructors					
No	Full Name	Academic Degrees and Positions:	Email Address			
1	Nazipa Shakmanovna Bektibayeva	Candidate of Medical Sciences (PhD), Associate Professor	bnsh64@mail.ru			
2	Dinara Sabyrzhanovna Narzullayeva	Assistant	dinara.narzullayeva@mail.ru			
8.	Thematic Plan					
Week/ Day	Topic Title	Brief Description	Course Learning Outcomes (CLO)	Number of Hours	Teaching Methods/Technologies	Assessment Forms/Methods
1	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	4	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
	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.)	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
2	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 asthma. 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	4	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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	with COVID-19 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
3	Practical Class Topic: Hypertension in Elderly and Geriatric Patients. Features of Treatment in Men and Women. Geriatric Rehabilitation.	Clinical features of hypertension in elderly and geriatric patients. Specific aspects of treatment and management of elderly and geriatric patients in primary health care settings.	LO 1,2,3,4	4	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
	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	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
4	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	4	Standardized Patient Method, solving clinical case scenarios	Test assignments, Checklist for the "SP" method, Clinical case scenarios

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	<p>Elderly and Geriatric Patients.</p> <p>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.</p>	<p>patients. Working with clinical protocols.</p> <p>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.</p>	LO 1,5,6	2/6	<p>SROP (Instructor-Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF)</p> <p>SRO (Student's Independent Work): Research-Based Learning</p>	<p>Checklist for Assessment of Departmental Work</p> <p>Checklist for Portfolio Evaluation</p> <p>Checklist for Scientific Article Analysis</p>
	Midterm Assessment №1	The assessment includes content from practical classes and SROP topics 1–4.				Testing
5	<p>Practical Class Topic: Geriatric Aspects in Gastroenterology and Dietetics. Features of Management of Elderly and Geriatric Patients with Kidney Diseases.</p> <p>SROP / SRO Assignment Topic: Other Local and General Somatic Syndromes in Geriatric Gastroenterology. Chronic Kidney Disease in Elderly and Geriatric Patients.</p>	<p>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.</p> <p>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.</p>	LO 1,2,3,4	4	<p>Case-based discussion of a patient, solving clinical case scenarios.</p>	<p>Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.</p>
			LO 1,5,6	2/6	<p>SROP (Instructor-Supervised Independent Work): Practice in the General Practitioner Department Portfolio Formation (PF)</p> <p>SRO (Student's Independent Work): Research-Based</p>	<p>Checklist for Assessment of Departmental Work</p> <p>Checklist for Portfolio Evaluation</p> <p>Checklist for Scientific Article Analysis</p>

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6	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	5	Learning Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
	SROP / SRO Assignment. Topic: Endocrine pathology in elderly and geriatric patients. Hematology issues in geriatrics.		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
7	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	5	Case-based discussion of a patient, solving clinical case scenarios.	Test assignments, assessment of case-based discussion using a checklist, clinical case scenarios.
	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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					Learning	
Midterm Assessment №2		The assessment includes content from practical classes and SROP topics 5–7				Testing
Preparation and Conducting of Midterm Assessment				(10% of the total number of hours allocated for the discipline – 9 hours)		
9.	Teaching and Assessment Methods:					
9.1	Lectures	Not provided.				
9.2	Practical Classes	Case-based discussion, solving situational problems, Standardized Patient (SP) methodology				
9.3	SRO/SROP (Self-Directed Learning / Clinical Practice Assignments)	SROP: Work in the General Practice Department: outpatient patient consultations, work in day hospital and home care settings, development of diagnostic and therapeutic-preventive plans, dynamic patient monitoring, interpretation of diagnostic test results, working with the Clinical Medical Information System (CMIS), work in screening units and functional offices. Medical expertise. Practicing practical skills at the Clinical and Practical Training Center (CPTC); presenting at scientific conferences, participating in medical advisory commissions, engaging in activities promoting healthy lifestyles, participating in the rehabilitation of patients with socially significant diseases, portfolio formation / PF. SRO: Research-Based Learning (RBL)				
9.4	Midterm Assessment	Testing				
10.	Assessment Criteria					
10.1	Assessment Criteria for Learning Outcomes of the Discipline					
№ LO	Learning Outcomes	Unsatisfactory	Satisfactory	Good	Excellent	
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.	Does not possess the skills to use diagnostic and differential diagnostic algorithms for the most common adult diseases. Makes serious mistakes when collecting complaints and anamnesis; does not follow a logical sequence during the physical examination. Is unable to develop a laboratory and instrumental examination plan in accordance with current Clinical Protocols. Did not demonstrate knowledge	Possesses basic skills in diagnosis and differential diagnosis of the most common adult diseases; however, makes occasional mistakes when collecting complaints and medical history. The sequence of physical examination is partially followed, with some violations of logic or structure. The diagnostic plan is developed but does not fully comply with Clinical Protocols, is not always well-founded, and reflects a limited understanding of the pathogenesis of conditions. Use of Clinical Protocols and recommended literature is occasional and	Confidently applies diagnostic and differential diagnostic algorithms for the most common adult diseases. Capable of collecting complaints and medical history in accordance with the clinical situation; demonstrates a consistent approach during physical examination. Develops a well-founded and structured plan for laboratory and instrumental examinations in accordance with Clinical Protocols. Has a good command of recommended literature and protocols, and applies them effectively in solving clinical	Fluently applies diagnostic and differential diagnostic algorithms demonstrating a high level of clinical reasoning and a systematic approach to analyzing complaints, medical history, and physical examination data. Able to conduct a structured and consistent clinical assessment of the patient, taking into account age-related characteristics, comorbidities, and the clinical context. Develops a well-justified, clear.	


		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.
LO2	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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LO 3	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.	Prescribes pharmacological therapy to elderly patients, but mostly follows general schemes with incomplete consideration of age-related features, comorbidities, and geriatric frailty. May fail to recognize the risk of polypharmacy 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 pre-medical 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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	<p>acute cerebrovascular accident, falls, delirium, etc.). Proficient in algorithms for managing geriatric patients at the pre-hospital and outpatient stages.</p>	<p>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.</p>	<p>response. Actions lack consistency, and skills require significant improvement.</p>	<p>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.</p>	<p>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.</p>
LO5	<p>Applies information technologies in clinical practice and documentation management, and is proficient in the principles of implementing OMS (Mandatory Health Insurance) and digital healthcare platforms. Utilizes scientific methods and clinical research data when selecting management strategies for elderly patients, and participates in the implementation of new methods and technologies in practical healthcare.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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</p>

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					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 age-related 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.
10.2 Methods and Evaluation Criteria					
Checklist for Practical Session					
	Form of Assessment	Grade	Evaluation Criteria		
1	Case Study Discussion	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%)	Evaluation Parameters (Each parameter is assessed according to the following criteria (grading levels: lower - 4.5; upper - 5.0): fully completed the task, accuracy, consistency, ability to correctly assess and make logical conclusions)		

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	<p>A- (3,67; 90 - 94%)</p>	<p>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 Clinical Protocols and Diagnostic Guidelines (CPDG) Developed a laboratory investigation plan according to CPDG and current scientific evidence on the issue Developed an instrumental investigation plan according to CPDG Developed an instrumental investigation plan according to CPDG and current scientific evidence on the issue 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 and current scientific evidence on the issue considering: Pharmacodynamics of drugs Drug interactions Contraindications Age-related characteristics Comorbid conditions Developed a plan for preventive measures according to Clinical Protocols and Diagnostic Guidelines (CPDG) Developed a plan for preventive measures according to CPDG and current scientific evidence on the issue</p>
	<p>"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%)</p>	<p>Evaluation parameters (each parameter is assessed according to the following criteria (score levels: lower – 3.5; upper – 4.45): fully completed the task, accuracy, consistency, ability to correctly evaluate and make logical conclusions): 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 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</p>

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		<p>Developed a treatment plan according to CPTG</p> <p>Developed a treatment plan according to CPTG and current scientific evidence, taking into account:</p> <ul style="list-style-type: none"> pharmacodynamics of drugs drug interactions contraindications age-related features comorbid conditions <p>Developed a prevention plan according to CPTG</p> <p>Developed a prevention plan according to CPTG and current scientific evidence on the issue</p>
	<p>Satisfactory</p> <p>corresponds to scores:</p> <p>C (2,0; 65 - 69%)</p> <p>C- (1,67; 60 - 64%)</p> <p>D+ (1,33; 55-59%)</p> <p>D- (1,0; 50-54%)</p>	<p>Evaluation parameters (each parameter is assessed according to the following criteria (score levels: lower – 2.5; upper – 3.45): fully completed the task, accuracy, consistency, ability to correctly evaluate and make logical conclusions):</p> <p>Identified the main problems of the patient</p> <p>Assessed the anamnesis data</p> <p>Assessed the physical examination data</p> <p>Justified their diagnosis</p> <p>Made a preliminary diagnosis</p> <p>Developed a laboratory investigation plan according to Clinical Protocols and Treatment Guidelines (CPTG)</p> <p>Developed a laboratory investigation plan according to CPTG and current scientific evidence on the issue</p> <p>Developed an instrumental investigation plan according to CPTG</p> <p>Developed an instrumental investigation plan according to CPTG and current scientific evidence on the issue</p> <p>Correctly interpreted laboratory investigation results</p> <p>Correctly interpreted instrumental investigation results</p> <p>Made a final diagnosis</p> <p>Developed a treatment plan according to CPTG</p> <p>Developed a treatment plan according to CPTG and current scientific evidence, taking into account:</p> <ul style="list-style-type: none"> - pharmacodynamics of drugs - drug interactions - contraindications - age-related features - comorbid conditions <p>Developed a prevention plan according to CPTG</p> <p>Developed a prevention plan according to CPTG and current scientific evidence on the issue</p>
	<p>Unsatisfactory</p> <p>Corresponds to the evaluation:</p> <p>FX (0; 0 - 49%)</p>	<p>Evaluation parameters (each parameter is assessed according to the following criteria (score levels: 2.45 and below): completeness of task performance, accuracy, consistency, ability to correctly evaluate and make logical conclusions):</p> <p>Identified the main problems of the patient</p>

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		F(0; 0 - 24%)	<p> 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 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 Developed a prevention plan according to CPTG and current scientific evidence on the issue </p>
2	Situational tasks	<p> "Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%) </p>	<p>Evaluation Parameters</p> <p>(Each parameter is assessed according to the following criteria (assessment levels: lower – 4.5; upper – 5.0)):</p> <p> 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 a laboratory investigation plan according to CPG and current scientific research on the given issue Developed an instrumental investigation plan according to CPG Developed an instrumental investigation plan according to CPG and current scientific research on the given issue Correctly interpreted the laboratory investigation results Correctly interpreted the instrumental investigation results Justified the conclusions </p>

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		<p>Established a final diagnosis Developed a treatment plan according to CPG Developed a treatment plan according to CPG and current scientific research on the given issue, taking into account:</p> <p>Pharmacodynamics of medications Drug interactions Contraindications Age-specific features Comorbid conditions</p> <p>Developed a prevention plan according to CPG Developed a prevention plan according to CPG and current scientific research on the given issue</p>
	<p>"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%)</p>	<p>Evaluation Parameters (Each parameter is assessed according to the following criteria (assessment levels: lower – 3.5; upper – 4.45): task completed in full, accuracy, consistency, ability to evaluate correctly and draw logical conclusions):</p> <p>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 a laboratory investigation plan according to CPG and current scientific research on the given issue Developed an instrumental investigation plan according to CPG Developed an instrumental investigation plan according to CPG and current scientific research on the given issue</p> <p>Correctly interpreted the laboratory investigation results Correctly interpreted the instrumental investigation results Justified the conclusions Established a final diagnosis Developed a treatment plan according to CPG Developed a treatment plan according to CPG and current scientific research on the given issue, taking into account:</p> <p>Pharmacodynamics of medications Drug interactions Contraindications Age-specific characteristics</p>

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		<p>Comorbid conditions</p> <p>Developed a prevention plan according to CPG</p> <p>Developed a prevention plan according to CPG and current scientific research on the given issue</p>
	<p>Satisfactory corresponds to scores:</p> <p>C (2,0; 65 - 69%)</p> <p>C- (1,67; 60 - 64%)</p> <p>D+ (1,33; 55-59%)</p> <p>D- (1,0; 50-54%)</p>	<p>Evaluation Parameters</p> <p>(Each parameter is assessed according to the following criteria (assessment levels: lower – 2.5; upper – 3.45): task completed in full, accuracy, consistency, ability to evaluate correctly and draw logical conclusions):</p> <p>Identified the patient's main problems</p> <p>Assessed the anamnesis data</p> <p>Assessed the physical examination findings</p> <p>Established a preliminary diagnosis</p> <p>Developed a laboratory investigation plan according to clinical guidelines (CPG)</p> <p>Developed a laboratory investigation plan according to CPG and current scientific research on the given issue</p> <p>Developed an instrumental investigation plan according to CPG</p> <p>Developed an instrumental investigation plan according to CPG and current scientific research on the given issue</p> <p>Correctly interpreted the laboratory investigation results</p> <p>Correctly interpreted the instrumental investigation results</p> <p>Justified the conclusions</p> <p>Established a final diagnosis</p> <p>Developed a treatment plan according to CPG</p> <p>Developed a treatment plan according to CPG and current scientific research on the given issue, taking into account:</p> <p>Pharmacodynamics of medications</p> <p>Drug interactions</p> <p>Contraindications</p> <p>Age-specific characteristics</p> <p>Comorbid conditions</p> <p>Developed a prevention plan according to CPG</p> <p>Developed a prevention plan according to CPG and current scientific research on the given issue</p>
	<p>Unsatisfactory</p> <p>Corresponds to the evaluation:</p> <p>FX (0; 0 - 49%)</p> <p>F(0; 0 - 24%)</p>	<p>The intern does not demonstrate understanding of the patient's problems. Did not study the materials of the Clinical Protocol.</p> <p>(Each parameter is assessed according to the following criteria (assessment levels: 2.45 and below): task completed in full, accuracy, consistency, ability to evaluate correctly and draw logical conclusions)</p>

Checklists for MNP / AMNP

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1	Work in the General Practice Department	<p>"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)</p>	<p>Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment levels: lower – 4.5; upper – 5.0): task completion, confidence, accuracy, consistency, ability to assess correctly and draw logical conclusions, feedback from physicians, feedback from patients) Outpatient Reception: Effectively identified the patient's main problems using communication skills Effectively collected and evaluated the patient's anamnesis using communication skills Assessed the physical examination findings Established a preliminary diagnosis Developed a laboratory investigation plan according to Clinical Guidelines (CPG) Developed a laboratory investigation plan according to CPG and current scientific research on the given issue Developed an instrumental investigation plan according to CPG Developed an instrumental investigation plan according to CPG and current scientific research on the given issue issue Correctly interpreted laboratory investigation results Correctly interpreted instrumental investigation results Established a final diagnosis Developed a treatment plan according to CPG Developed a treatment plan according to CPG and current scientific research on the given issue Developed a prevention plan according to CPG and current scientific research on the given issue 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 patients)</p>
		<p>"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%)</p>	<p>Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment levels: lower – 3.5; upper – 4.45): task completion volume, confidence, accuracy, consistency, ability to evaluate correctly and draw logical conclusions, feedback from physicians, feedback from patients) Outpatient Reception: Effectively identified the patient's main problems using communication skills Effectively assessed anamnesis data using communication skills</p>

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Assessed physical examination findings
Established a preliminary diagnosis
Developed a laboratory investigation plan in accordance with Clinical Guidelines (CPG)
Developed a laboratory investigation plan in accordance with CPG and current scientific research on the given issue
Developed an instrumental investigation plan in accordance with CPG
Developed an instrumental investigation plan in accordance with CPG and current scientific research on the 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 scientific research on the given issue
Developed a preventive care plan in accordance with CPG and current scientific research on the given issue
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 patients)

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 levels: lower – 2.5; upper – 3.45): task completion volume, confidence, accuracy, consistency, ability to evaluate correctly and draw logical conclusions, feedback from physicians, feedback from patients)
Outpatient Reception:
Effectively identified the patient's main problems using communication skills
Effectively assessed anamnesis data using communication skills
Assessed physical examination findings
Established a preliminary diagnosis
Developed a laboratory investigation plan in accordance with Clinical Guidelines (CPG)
Developed a laboratory investigation plan in accordance with CPG and current scientific research on the given issue
Developed an instrumental investigation plan in accordance with CPG

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			<p>Developed an instrumental investigation plan in accordance with CPG and current scientific research on the given issue</p> <p>Correctly interpreted laboratory investigation results</p> <p>Correctly interpreted instrumental investigation results</p> <p>Established a final diagnosis</p> <p>Developed a treatment plan in accordance with CPG</p> <p>Developed a treatment plan in accordance with CPG and current scientific research on the given issue</p> <p>Developed a preventive care plan in accordance with CPG and current scientific research on the given issue</p> <p>Work in a day-care unit or home-based inpatient care</p> <p>Work in a screening office</p> <p>Work with the Clinical Medical Information System (CMIS)</p> <p>Completion of medical documentation</p> <p>Territorial (District) Work:</p> <p>Active follow-up (home visits)</p> <p>Patronage (monitoring and care for patients with chronic or vulnerable conditions)</p>
		<p>Unsatisfactory</p> <p>Corresponds to the evaluation:</p> <p>FX (0; 0 - 49%)</p> <p>F(0; 0 - 24%)</p>	<p>Evaluation Parameters</p> <p>(Each parameter is assessed according to the following criteria (assessment levels: 2.45 and below): task completion volume, confidence, accuracy, consistency, ability to evaluate correctly and draw logical conclusions, feedback from physicians, feedback from patients)</p> <p>Outpatient Reception:</p> <p>Effectively identified the patient's main problems using communication skills</p> <p>Effectively assessed anamnesis data using communication skills</p> <p>Assessed physical examination findings</p> <p>Established a preliminary diagnosis</p> <p>Developed a laboratory investigation plan according to Clinical Guidelines (CPG)</p> <p>Developed a laboratory investigation plan according to CPG and current scientific research on the given issue</p> <p>Developed an instrumental investigation plan according to CPG</p> <p>Developed an instrumental investigation plan according to CPG and current scientific research on the given issue</p> <p>issue</p> <p>Correctly interpreted laboratory investigation results</p> <p>Correctly interpreted instrumental investigation results</p> <p>Established a final diagnosis</p> <p>Developed a treatment plan according to CPG</p> <p>Developed a treatment plan according to CPG and current scientific research on the given issue</p> <p>Developed a prevention plan according to CPG and current scientific research on the given issue</p>

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			<p> 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) </p>
2	Portfolio Formation (PF)	<p>"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)</p>	<p>Parameters (Each parameter is evaluated according to the following criteria (evaluation levels: lower – 4.5; upper – 5.0): task completion volume, timeliness, accuracy, report literacy, correct formatting, feedback from doctors, feedback from patients):</p> <p>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</p> <p>Health education and promotion activities: Primary prevention Preparation of health bulletins Publication of articles in mass media Lectures and talks Organization of Health Days</p> <p>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</p>
		<p>"Good corresponds to the following grades:"</p>	<p>Parameters (Each parameter is evaluated according to the following criteria (evaluation levels: lower – 3.5; upper – 4.45): task</p>

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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, feedback from doctors, feedback from 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

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 range: lower – 2.5; upper – 3.45): task completion volume, timeliness, accuracy, report literacy, proper formatting, feedback from doctors, feedback from 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

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			<div>Work in the screening room</div> <div>On-call duties</div> <div>Completion of medical documentation</div> <div>Health Education and Promotion Activities:</div> <div>Primary prevention</div> <div>Preparation of health bulletins</div> <div>Publication of articles in the media</div> <div>Lectures and talks</div> <div>Organization of Health Days</div> <div>Medical check-ups (dispensary observation)</div> <div>Participation in Health Schools</div> <div>Participation in medical conferences</div> <div>Participation in pathological and anatomical conferences</div> <div>Participation in scientific and practical conferences</div> <div>Work in the library, media library, and internet resources</div>
		Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%)	The intern did not prepare the portfolio in accordance with the required parameters. <i>Each parameter is evaluated based on the following criteria (evaluation level: 2.45 and below): task completion volume, timeliness, accuracy, report literacy, proper formatting, feedback from doctors, feedback from patients.</i>
Self-Study Checklist – Analysis of Scientific Articles			
3	Research-Based Learning (RBL)	"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Correct article selection, scientific or clinical value, mastery of the material, providing accurate, clear, and concise explanations. Able to explain research results. Analyzes research findings (e.g., the article review is thorough and adequate), accuracy and structure of the review (provides clear information for each idea). Speech (e.g., full volume, pace, intonation, effective use of pauses) and presentation manner (gestures are effective but not excessive, maintains eye contact, posture in front of the audience, use of the lectern). Ability to achieve results (e.g., accuracy, sense of experience).
		"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%)	Correct article selection, scientific or clinical value, mastery of the material, providing accurate, clear, and concise explanations. Able to explain research results. When analyzing research findings (e.g., the article review is thorough and adequate), some inaccuracies and inconsistencies in the review are present. Speech (e.g., full volume, pace, intonation, effective use of pauses) and presentation manner (gestures are effective but not excessive, maintains eye contact, posture in front of the audience, use of the lectern). Ability to achieve results (e.g., accuracy, sense of experience).
		Satisfactory	Correct article selection, scientific or clinical value, incomplete mastery of the material, did not provide accurate, clear,

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		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 research results. Experiences difficulties in analyzing the research findings. Speech (e.g., adequate volume, pace, intonation, effective use of pauses) and presentation manner (gestures are effective but excessive, maintains eye contact, posture in front of the audience, use of the lectern). Results are not fully achieved (e.g., accuracy, sense of experience).
		Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%)	Incorrect article selection regarding scientific or clinical value, lacks mastery of the material, did not provide accurate, clear, and concise explanations. Unable to explain the research results. Speech (e.g., adequate volume, pace, intonation, does not use effective pauses) and presentation manner (gestures are effective but excessive, fails to establish eye contact). Results were not achieved.
Checkpoint assessment			
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%)	90-100% correct answers.
		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.
		Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%)	50-69% correct answers.
		"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Менее 50% correct answers.
Checklist for Practical Skills Assessment			

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	Acquisition of practical skills:	<p>"Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%)</p>	<p>Parameters (Each parameter is evaluated according to the following criteria (evaluation levels: lower – 4.5; upper – 5.0): task completion volume, timeliness, accuracy, report literacy, correct formatting, feedback from doctors, feedback from patients):</p> <p>Evaluation criteria:</p> <ul style="list-style-type: none"> Conducted patient interview Performed general examination Conducted physical examination by organs and systems: <ul style="list-style-type: none"> Respiratory system: <ul style="list-style-type: none"> Palpation Percussion Auscultation Circulatory system: <ul style="list-style-type: none"> Palpation Percussion Auscultation Gastrointestinal tract (GIT): <ul style="list-style-type: none"> Palpation Percussion Auscultation Urinary system: <ul style="list-style-type: none"> Palpation Percussion Auscultation Endocrine system: <ul style="list-style-type: none"> Palpation Percussion <p> Correctly interpreted laboratory test results Correctly interpreted instrumental test results Effectively used communication skills Provided a competent conclusion </p>
		<p>"Good corresponds to the following grades:" B+ (3,33; 85 - 89%) B (3,0; 80 - 84%)</p>	<p>Evaluation Parameters (Each parameter is assessed based on the following criteria (assessment levels: lower – 3.5; upper – 4.45): task completion volume, confidence, accuracy, consistency, ability to evaluate correctly and draw logical conclusions, feedback from physicians, feedback from patients)</p>

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B- (2,67; 75 - 79%)
C+ (2,33; 70 - 74%)

Evaluation criteria:

Conducted patient interview
Performed general examination
Conducted physical examination by organs and systems:
Respiratory system:
Palpation
Percussion
Auscultation
Circulatory system:
Palpation
Percussion
Auscultation
Gastrointestinal tract (GIT):
Palpation
Percussion
Auscultation
Urinary system:
Palpation
Percussion
Auscultation
Endocrine system:
Palpation
Percussion
Correctly interpreted laboratory test results
Correctly interpreted instrumental test results
Effectively used communication skills
Provided a competent conclusion

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 range: lower – 2.5; upper – 3.45): task completion volume, timeliness, accuracy, report literacy, proper formatting, feedback from doctors, feedback from patients)

Evaluation criteria:

Conducted patient interview
Performed general examination

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		<p> Conducted physical examination by organs and systems: Respiratory system: Palpation Percussion Auscultation Circulatory system: Palpation Percussion Auscultation Gastrointestinal tract (GIT): Palpation Percussion Auscultation Urinary system: Palpation Percussion Auscultation Endocrine system: Palpation Percussion Correctly interpreted laboratory test results Correctly interpreted instrumental test results Effectively used communication skills Provided a competent conclusion </p>
	<p> Unsatisfactory Corresponds to the evaluation: FX (0; 0 - 49%) F(0; 0 - 24%) </p>	<p> He/She showed poor understanding during the practical work, with fundamental inaccuracies and serious mistakes made. </p>
Checklist for Midterm Assessment (Oral Exam)		
<p> Oral response (Questions 1 and 2) Solving case-based tasks (Question 3) </p>	<p> "Excellent corresponds to the following grades:" A (4,0; 95 - 100%) A- (3,67; 90 - 94%) </p>	<p> The intern did not make any mistakes or inaccuracies during the response. He/she demonstrates a solid understanding of the theories, concepts, and approaches within the studied discipline and is able to critically evaluate them, incorporating scientific advances from other fields. He/she responded actively, demonstrated original thinking, showed deep knowledge of the material, and referred to scientific achievements from other disciplines during the discussion. </p>

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Oral response (Questions 1 and 2) Solving case-based tasks (Question 3)	<p>"Good corresponds to the following grades:"</p> <p>B+ (3,33; 85 - 89%) B (3,0; 80 - 84%) B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)</p>	The intern did not make any major mistakes during the response but made minor inaccuracies or significant errors that were corrected independently. He/she was able to systematize the course material with the help of the instructor. The intern was actively engaged, demonstrated knowledge of the material, and made minor inaccuracies or significant errors that were corrected independently.
Oral response (Questions 1 and 2) Solving case-based tasks (Question 3)	<p>Satisfactory corresponds to scores:</p> <p>C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)</p>	The intern made inaccuracies and minor errors during the response, relied solely on the course literature recommended by 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.
Oral response (Questions 1 and 2) Solving case-based tasks (Question 3)	<p>Unsatisfactory Corresponds to the evaluation:</p> <p>FX (0; 0 - 49%) F(0; 0 - 24%)</p>	The intern made fundamental errors during the response, was unable to use scientific terminology related to the discipline, and gave answers with serious mistakes. No complete answer was provided; when answering follow-up questions from the instructor, the intern made fundamental errors and inaccuracies and showed poor understanding of scientific terminology.

Multigrade (or multi-point) knowledge assessment system


Letter grade	Numeric score equivalent	Percentage (%)	Grade according to the traditional system
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	
B	3,0	80-84	Good
B -	2,67	75-79	
C +	2,33	70-74	
C	2,0	65-69	Satisfactory / Fair
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	Unsatisfactory / Fail
FX	0,5	25-49	
F	0	0-24	

11.


Учебные ресурсы:

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<p>Electronic resources, including but not limited to: databases, animations, simulators, professional blogs, websites, and other electronic reference materials (e.g., videos, audio recordings, digests).</p>	<p>Electronic Resources of the BIC (Library and Information Center):</p> <ul style="list-style-type: none"> • Электронная библиотека ЮКМА - https://e-lib.skma.edu.kz/genres • Республиканская межвузовская электронная библиотека (РМЭБ) – http://rmebrk.kz/ • Цифровая библиотека «Аknurpress» - https://www.aknurpress.kz/ • Электронная библиотека «Эпиграф» - http://www.elib.kz/ • Эпиграф - портал мультимедийных учебников https://mbook.kz/ru/index/ • ЭБС IPR SMART https://www.iprbookshop.ru/auth • информационно-правовая система «Заң» - https://zan.kz/ru • Medline Ultimate EBSCO - https://research.ebsco.com/ • eBook Medical Collection EBSCO - https://research.ebsco.com/ • Scopus - https://www.scopus.com/
<p>Electronic textbooks</p>	<ol style="list-style-type: none"> 1. Arkhangel'skaya, G. S. Selected Lectures on Gerontology and Geriatrics : study guide / G. S. Arkhangel'skaya, R. F. Bakcheeva, P. V. Boriskin ; edited by Y. S. Pimenov. — Samara : REAVIZ, 2013. — 412 p. — Text : electronic // Digital educational resource IPR SMART : [site]. — URL: https://www.iprbookshop.ru/18403.html 2. Bulgakova, S. V. Comprehensive Geriatric Assessment: From Theory to Practice : study guide / S. V. Bulgakova, E. V. Treneva, D. P. Kurmaev. — Moscow : IPR Media, 2025. — 130 p. — ISBN 978-5-4497-4112-7. — Text : electronic // Digital educational resource IPR SMART : [site]. — URL: https://www.iprbookshop.ru/148093.html 3. Senile Asthenia Syndrome: Modern Aspects : study guide / S. V. Bulgakova, E. V. Treneva, D. P. Kurmaev [and others]. — Moscow : IPR Media, 2025. — 146 p. — ISBN 978-5-4497-4087-8. — Text : electronic // Digital educational resource IPR SMART : [site]. — URL: https://www.iprbookshop.ru/148307.html 4. Pristrom, M. S. Arterial Hypertension in Elderly Patients. Features of Therapy and Rehabilitation : monograph / M. S. Pristrom, S. L. Pristrom, V. E. Sushinsky. — Minsk : Belarusian Science, 2012. — 268 p. — ISBN 978-985-08-1428-9. — Text : electronic // Digital educational resource IPR SMART : [site]. — URL: https://www.iprbookshop.ru/11509.html 5. Bekmurzayeva, E. Q.; Seidakhmetova, A. A.; Seidaliyeva, F. M.; Sadykova, G. S.; Umiraliyeva, G. A. Gerontology and Geriatrics : study guide (2nd edition) // — Karaganda : Medet Group, 2024. — URL: https://www.aknurpress.kz/reader/web/1839 6. Nufteeva, A. I. Features of Clinical Course and Treatment of Cardiovascular Diseases in Elderly Patients at Pre-Hospital Stage. — 2019. — URL: https://www.aknurpress.kz/reader/web/1361 7. Turlanov, Q. M.; Nufteeva, A. I.; Sarmanova, N. A.; Shametova, A. N. Selected Lectures on Gerontology and Geriatrics : study guide. 2nd edition. — Karaganda : AKNUR, 2019. — 224 p. — URL: https://rmebrk.kz/book/1173874 8. Dyusupova, A. A. Current Issues of Geriatrics : study-methodical guide. — Almaty : Evero, 2020. — URL: https://www.elib.kz/ru/search/read_book/12743/ 9. Geriatrics, Авторы Patrick M. Kortebein, Kevin W. Means, New York : Demos Medical. 2013, https://research.ebsco.com/linkprocessor/plink?id=f93020c1-4824-3240-9ed8-cc5830eb9438 10. Geriatric Medicine: an Evidence-based Approach, Авторы Frank Lally, Christine Roffe, Oxford : OUP Oxford. 2014

<p style="text-align: center;"> ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ </p> <p style="text-align: center;">  </p> <p style="text-align: center;"> SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия» </p>	
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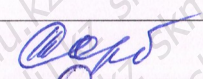
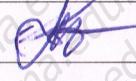
	https://research.ebsco.com/linkprocessor/plink?id=3c2ec6c6-ce5e-39b0-9814-53bfb20a779f 11. Fundamentals of Geriatric Pharmacotherapy, Авторы Lisa C. Hutchison, Rebecca B. Sleeper, Ed.: Second edition. Bethesda, Maryland : ASHP. 2015 https://research.ebsco.com/linkprocessor/plink?id=4fd7fac8-a813-3f7a-b023-5a5a29464c82
Literature	<p>Core Literature:</p> <ol style="list-style-type: none"> Geriatric Gastroenterology: A Guide for Physicians / ed. L. P. Khoroshinina. – Moscow: GEOTAR-Media, 2022. – 736 p.: ill. – (Library of the Geriatric Physician). Geriatric Nephrology: A Guide for Physicians / ed. E. S. Lapteva. – Moscow: GEOTAR-Media, 2024. – 288 p.: ill. – (Library of the Geriatric Physician). Geriatric Ophthalmology: A Guide for Physicians / ed. E. S. Lapteva. – Moscow: GEOTAR-Media, 2022. – 112 p.: ill. – (Library of the Geriatric Physician). Geriatric Pulmonology: A Guide for Physicians / ed. E. S. Lapteva. – Moscow: GEOTAR-Media, 2022. – 160 p.: ill. – (Library of the Geriatric Physician). Geriatric Syndromes: A Guide for Physicians / ed. E. S. Lapteva. – Moscow: GEOTAR-Media, 2023. – 144 p.: ill. – (Library of the Geriatric Physician). Palliative Care in Outpatient Settings: A Guide for Physicians / ed. O. Yu. Kuznetsova. – Moscow: GEOTAR-Media, 2021. – 336 p. <p>Additional</p> <ol style="list-style-type: none"> Diusupova, A. A. Important Issues of Geriatrics: Teaching and Methodological Manual / A. A. Diusupova, M. Zh. Espenbetova, Zh. M. Zhumanbaeva. – Almaty: Evero, 2013. – 152 p. Scientific Foundations of Quality Longevity and Anti-Aging: Scientific Edition / Nazarbayev University; Center for Life Sciences; eds. A. Sharman, Zh. Zhumadilov. – New York: n.p., 2011. – 184 p. Diusupova, A. A. Current Issues of Geriatrics: Teaching and Methodological Manual / A. A. Diusupova. – Almaty: Evero, 2012. – 171 p.
12.	DISCIPLINE POLICY:
<p>Requirements for Interns, Attendance, Behavior, Grading Policy, Penalties, Incentives, etc.</p> <p>Attend classes in proper attire (coat, cap) and bring a stethoscope and sphygmomanometer.</p> <p>Be punctual and responsible.</p> <p>Attendance at practical classes and SROP (self-regulated educational activities) is mandatory. Actively participate in the learning process.</p> <p>Students who miss a class (unless officially excused by the dean's order) will receive a mark "н" (absent). Classes missed without a valid reason cannot be made up. In the electronic journal, a "0" grade is assigned next to the "н" mark two days before the exam.</p> <p>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.</p> <p>Grades obtained from the make-up work are entered into the electronic journal next to the "н" 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.</p>	

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Students excused from classes by the dean's order will not receive the "н" 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	П. 4 Intern Code of Honor.
13.2	GRADING POLICY: Several forms of knowledge assessment are used during the course. The journal records an average grade. 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 exam for the discipline. 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

control (40%) + average score of midterm controls (20%).
The interim assessment is conducted in two stages: practical skills assessment by OSCE (Objective Structured Clinical Examination) and testing.

14.	APPROVAL AND REVIEW		
Date of coordination with the Library and Information Center	Protocol No. <u>7</u>	Full Name of the Head of the Library and Information Center	Signature
	<u>25.06.25</u>	Darbicheva R.I.	
Date of approval by the Department	Protocol No. <u>1</u>	Full name of the Head (or Head of Department)	
	<u>27.08.2025</u>	PhD in Medical Sciences, Associate Professor Kauyzbai Zh.A.	
Date of approval AC EP "Medicine"	Protocol No. <u>1</u>	Full name of the Chairman of the AC EP "Medicine"	
	<u>28.08.2025</u>	D. Auezhankyzy	