


ONTÜSTIK QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казakhstanская медицинская академия»
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Syllabus

Educational program for the discipline “Emergency Surgery”

Educational program: 6B10121 «Surgery»

1.	General information about the discipline		
1.1	Discipline code: ShH 6304	1.6	Academic year: 2025-2026
1.2	Discipline name: Thoracic Surgery	1.7	Course: 6
1.3	Prerequisite: General Surgery	1.8	Semester: 12
1.4	Postrequisite: Residency-level courses	1.9	Number of credits (ECTS):10 credits
1.5	Cycle: PD	1.10	Component: UC
2.	Course content		
Development of knowledge, qualifications, and practical skills in diagnosing and selecting treatment tactics for emergency surgical diseases and injuries of the esophagus, stomach, intestinal tract, abdominal organs, and strangulated hernias, as well as providing the necessary medical care.			
3.	Form of summative assessment		
3.1	Testing ✓	3.5	Coursework
3.2	Written ✓	3.6	Essay
3.3	Verbal exam	3.7	Project
3.4	Practical skills ✓	3.8	Other (specify)
4.	Objectives of the discipline		
To train a highly qualified surgical doctor capable of independently providing qualified medical care for various conditions and diseases requiring surgical intervention.			
5.	Learning outcomes (subject LO)		
LO1	Knowledge of the pathogenesis, clinical signs, diagnosis, and modern treatment methods for acute surgical diseases.		
LO2	Able to assess the patient's general condition, provide initial surgical and resuscitation care,		
LO3	Performs basic emergency surgical procedures such as primary surgical wound care, controlling hemorrhage, suturing, and drainage.		
LO4	Based on the patient's complaints and examination findings, identifies an acute surgical pathology and is able to select an effective treatment strategy.		
LO5	Can establish effective communication with the patient, their relatives, and the multidisciplinary medical team, coordinate actions in emergency situations, and adhere to the principles of medical ethics and deontology.		

5.1 LO of discipline	The results of training EP related to the LO of the discipline
LO 1	LO1 Capable of acting in accordance with their specialty within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan, providing basic surgical care in emergency situations, diagnosing and treating injuries and emergencies in aviation medicine, ensuring primary and secondary prevention of surgical diseases, and working as part of a multidisciplinary professional team to implement public health strengthening policies.

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LO 2	LO2Able to interact effectively with the patient, their environment, and healthcare professionals in order to achieve the best possible outcomes for the patient through the use of inclusive education methods.
LO 3	
LO 4	LO6 Capable of making clinical diagnoses, prescribing treatment plans, and evaluating their effectiveness based on evidence-based medicine while providing highly specialized surgical care
LO5	

6. Detailed information about the discipline


6.1	Lectures	Practical exercises	Independent work of a student with a teacher	Independent work of a student	Lectures
		-	100	30	170

7. Information about teachers


№	Full name	Degrees and position	Email address
1.	Zhumagulov Kopzhan Nurbabaevich	Candidate of MS.	zhumagulov.kopzhan@mail.ru

8. Thematic plan


Week	Topic name	Summary	The result of learning	Number of hours	Forms/ methods/ technologies of training	Assessment forms/ methods
1	<i>Practical lesson</i> Acute pancreatitis.	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO6	4	Defending the disease history of patients under supervision, the patient's diagnostic and treatment tactics from an evidence-based medicine perspective, debate, and discussion of the lesson topic.	Checklist: «Assessment of practical skills»
	SIWT.SIW Acute pancreatitis.	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results.	Clinical case monitoring
2	<i>Practical lesson</i> Gallstone disease. Acute calculous and non-calculous cholecystitis. Choledocholithiasis.	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Participation in rounds on medical wards. Discussion.	Practical Skills Assessment Checklist.
	SIWT.SIW Gallstone disease. Acute calculous and non-	Modern diagnostic and treatment methods. Selecting	LO1 LO2 LO4	1/7	Participation in rounds, clinical analysis of a	Checklist: Assessment of practical skills

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	calculous cholecystitis. Choledocholithiasis.	treatment tactics based on modern concepts.			patient from a clinical case. Discussions, feedback. Discussions, Feedback.	
3.	<i>Practical lesson</i> Perforated ulcer of the stomach and duodenum	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Discussion of patient examination and treatment results. .	Clinical case monitoring
	SIWT.SIW Perforated ulcer of the stomach and duodenum	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Defending the disease history of patients under supervision, the patient’s diagnostic and treatment tactics from an evidence-based medicine perspective, debate, and discussion of the lesson topic.	Checklist: «Assessment of practical skills
4.	<i>Practical lesson</i> Incarcerated hernia	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback.	Checklist: Assessment of practical skills
	SIWT.SIW Incarcerated hernia	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results.	Clinical case monitoring
5.	<i>Practical lesson</i> Internal organ injuries Rupture of internal organs	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Defending the disease history of patients under supervision, the patient’s diagnostic and treatment tactics from an evidence-based medicine	Checklist: «Assessment of practical skills

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					perspective, debate, and discussion of the lesson topic.	
	SIWT.SIW Internal organ injuries Rupture of internal organs	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results.	Clinical case monitoring
6.	<i>Practical lesson</i> Acute gynecological and urological diseases	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Participation in rounds on medical wards. Discussions, Feedback.	Practical Skills Assessment Checklist.
	SIWT.SIW Acute gynecological and urological diseases	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results. Portfolio.	Clinical case monitoring
7.	<i>Practical lesson</i> Diverticular disease of the small and large intestines	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Participation in rounds on medical wards, Thematic clinical analysis of the patient, Discussions, Feedback.	Checklist: «Assessment of practical skills
	SIWT.SIW Diverticular disease of the small and large intestines	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Curation. Discussion of patient examination and treatment results.	Solving situational tasks.
8.	<i>Practical lesson</i> Damage to the small and large intestines	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Discussing the lesson topic Discussion.CBL.	Checklist: «Assessment of practical skills
	SIWT.SIW Damage to the small and large intestines	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results. Portfolio.	Clinical case monitoring

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9.	<p><i>Practical lesson</i> Obstructive intestinal obstruction</p>	<p>Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.</p>	<p>LO1LO2 4 LO3</p>		<p>Discussion, Discussing the lesson topic. Performing practical skills</p>	<p>Checklist for assessing the mastery of practical skills.</p>
	<p>SIWT.SIW Obstructive intestinal obstruction</p>	<p>Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.</p>	<p>LO1 LO2 LO4</p>	1/7	<p>Curation. Discussion of patient examination and treatment results.</p>	<p>Solving situational tasks.</p>
10	<p><i>Practical lesson</i> Strangulated intestinal obstruction.</p>	<p>Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.</p>	<p>LO1LO2 4 LO3</p>		<p>Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.</p>	<p>Checklist: Assessment of practical skills</p>
	<p>SIWT.SIW Strangulated intestinal obstruction.</p>	<p>Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.</p>	<p>LO1 LO2 LO4</p>	1/7	<p>Curation. Discussion of patient examination and treatment results.</p>	<p>Oral questions and solving situational problems.</p>
11.	<p><i>Practical lesson</i> Abdominal polytrauma.</p>	<p>Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.</p>	<p>LO1LO2 4 LO3</p>		<p>Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.</p>	<p>Checklist: Assessment of practical skills</p>
	<p>SIWT.SIW Abdominal polytrauma.</p>	<p>Modern diagnostic and treatment methods. Selecting</p>	<p>LO1 LO2 LO4</p>	1/7	<p>Discussion of patient examination and</p>	<p>Clinical case monitoring</p>

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		treatment tactics based on modern concepts.			treatment results.	
12.	<i>Practical lesson</i> Thoracic trauma	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO6	4	Discussing the lesson topic	Assessment of practical and professional skills
	SIWT.SIW Thoracic trauma Midterm examination 1	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results.	Analysis of a clinical case. Tests
13.	Practical lesson acute paraproctitis	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO1LO2 LO3	4	Defending the disease history of patients under supervision, the patient's diagnostic and treatment tactics from an evidence-based medicine perspective, debate, and discussion of the lesson topic.	Checklist: «Assessment of practical skills
	SIWT.SIW acute paraproctitis	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO1 LO2 LO4	1/7	Discussion of patient examination and treatment results.	Clinical case monitoring
14	Practical lesson Paraproctitis, pararectal abscess.	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO6	4	Participation in rounds on medical wards. Discussions, Feedback.	Practical Skills Assessment Checklist.
	SIWT.SIW Paraproctitis, pararectal abscess.	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	1/7	Discussion of patient examination and treatment results.	Clinical case monitoring
15	Practical lesson Acute lung abscess	Etiology, pathogenesis, clinical	LO2 LO4	4	Participation in rounds on	Checklist: «Assessment of

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		presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO5		medical wards, Thematic clinical analysis of the patient, Discussions, Feedback.	practical skills
	SIWT.SIW Acute lung abscess	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	1/7	Curation. Discussion of patient examination and treatment results.	Solving situational tasks.
16	Practical lesson Pulmonary gangrene	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Discussing the lesson topic Discussion.CBL.	Checklist: «Assessment of practical skills
	SIWT.SIW Pulmonary gangrene	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	1/8	Discussion of patient examination and treatment results.	Clinical case monitoring
17	Practical lesson Acute thromboses of the leg veins.	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Discussion, Discussing the lesson topic. Performing practical skills	Checklist for assessing the mastery of practical skills.
	SIWT.SIW Acute thromboses of the leg veins	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	1/8	Curation. Discussion of patient examination and treatment results.	Solving situational tasks.
18	Practical lesson Thromboses and arterial emboli	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.	Checklist: Assessment of practical skills
	SIWT.SIW Thromboses and arterial emboli	Modern diagnostic and treatment methods. Selecting treatment tactics	LO2 LO4 LO5	1/7	Curation. Discussion of patient examination and	Oral questions and solving situational problems.

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		based on modern concepts.			treatment results.	
19	Practical lesson Acute thrombophlebitis of the leg veins.	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.	Checklist: Assessment of practical skills
	SIWT.SIW Acute thrombophlebitis of the leg veins.	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Discussion of patient examination and treatment results. Portfolio.	Clinical case monitoring
20	Practical lesson Peritonitis	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Discussing the lesson topic	Assessment of practical and professional skills
	SIWT.SIW Peritonitis	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/5	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.	Checklist: Assessment of practical skills
21	Practical lesson Bleeding and hemorrhagic shock	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Curation. Discussion of patient examination and treatment results.	Oral questions and solving situational problems.
	SIWT.SIW Bleeding and hemorrhagic shock	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.	Checklist: Assessment of practical skills
22	Practical lesson Injuries and traumatic	Etiology, pathogenesis, clinical	LO2 LO4	4	Defending the disease history of	Checklist: Assessment of

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	infections	presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO5		patients under supervision, the patient’s diagnostic and treatment tactics from an evidence-based medicine perspective, debate, and discussion of the lesson topic.	practical skills
	SIWT.SIW Injuries and traumatic infections	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Discussion of patient examination and treatment results.	Clinical case monitoring
23	Practical lesson Polytrauma and Emergency Care Algorithm	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Defending the disease history of patients under supervision, the patient’s diagnostic and treatment tactics from an evidence-based medicine perspective, debate, and discussion of the lesson topic.	Checklist: «Assessment of practical skills
	SIWT.SIW Polytrauma and Emergency Care Algorithm	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Discussion of patient examination and treatment results.	Clinical case monitoring
24	Practical lesson Urgent Urological Conditions	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Defending the disease history of patients under supervision, the patient’s diagnostic and treatment tactics from an evidence-based medicine perspective,	Checklist: «Assessment of practical skills

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					debate, and discussion of the lesson topic.	
	SIWT.SIW Urgent Urological Conditions	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Discussion of patient examination and treatment results. Portfolio.	Clinical case monitoring. Portfolio, diary check.
25	Practical lesson Traumatic brain injury	Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Prediction.	LO2 LO4 LO5	4	Participation in rounds, clinical analysis of a patient from a clinical case. Discussions, feedback. Discussions, Feedback.	Checklist: Assessment of practical skills
	SIWT.SIW Traumatic brain injury Midterm examination 2	Modern diagnostic and treatment methods. Selecting treatment tactics based on modern concepts.	LO2 LO4 LO5	2/7	Discussion of patient examination and treatment results.	Analysis of a clinical case. Tests


9. Teaching methods and types of assessment

9.1	Lecture	not considered
9.2	Practical lesson	Discussing the lesson topic. CBL. Assessment of practical skills.
9.3	SIWT.SIW	Curation, Solving situational tasks. Monitoring of clinical work. Oral questioning. Portfolio and journal review.
9.4	Midterm examination	Tests


10. Evaluation criteria

10.1 Criteria for evaluating the results of teaching disciplines


№	Learning outcomes	Unsatisfactory	Satisfactory	Good	Excellent
LO1	Knowledge of the pathogenesis, clinical signs, diagnosis, and modern treatment methods for acute surgical diseases.	1. Cannot demonstrate knowledge and understanding when substantiating and formulating a clinical diagnosis, does not apply nosological classification 2. Unable to formulate	1. Demonstrates insufficient knowledge and understanding when substantiating and formulating a clinical diagnosis, and does not use the nosological classification based on	1. Can formulate and substantiate a clinical diagnosis using nosological classification 2. Is capable of determining treatment tactics, calculating	1. Independently substantiates and formulates a clinical diagnosis using nosological classification. 2. Independently develops treatment tactics and plans

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		a treatment plan, calculate medications, and assess the effectiveness of therapy for patients with oncological and infectious profiles. 3. Has not engaged with primary literature..	the MSE RK. 2. Makes inaccuracies and errors in treatment tactics, medication calculations, and in assessing the effectiveness of therapy for patients with an oncological profile. 3. Does not fully utilize the literature recommended in the syllabus.	medications, and evaluating the effectiveness of therapy for patients with an oncological profile based on the principles of evidence-based practice 3. Uses the literature recommended in the syllabus.	based on the KP of the Ministry of Health of the Republic of Kazakhstan, calculates medications and infusion therapy as needed, and evaluates indicators of therapy effectiveness. 3. Analyzes prescriptions for patients with an oncological profile based on the principles of evidence-based practice at all levels of care. 4. Uses literature from scientific databases.
LO2	Able to assess the patient's general condition, provide initial surgical and resuscitation care,	1. Fails to apply the fundamentals of communication skills when interacting with a patient with an oncological profile and their environment. 2. Makes gross errors when interacting with healthcare professionals. 3. Fails to achieve positive outcomes for a patient with an oncological profile	1. Demonstrates inadequate communication skills with a patient with an oncology profile and their environment. 2. Makes mistakes when interacting with healthcare professionals. 3. Cannot fully achieve a good outcome for a patient with an oncological profile	1. Can communicate effectively with a patient with an oncological profile and their environment, using communication skills 2. Able to collaborate with healthcare professionals to achieve the best outcomes for a patient with an oncological profile	1. Independently and effectively uses communication skills to interact with a patient with an oncology profile and their environment. 2. Independently collaborates with healthcare professionals to achieve the best outcomes for a patient with an oncology profile.
LO3	Performs basic emergency surgical procedures such as primary surgical wound care, controlling hemorrhage, suturing, and drainage.	1. Inability to assess cancer risk. 2. Fails to use effective methods to ensure a reliable level of safety and quality of care for a patient with an oncological profile.	1. Makes errors in assessing the risk of malignancies 2. Does not adequately use effective methods to ensure a reliable level of safety and quality of medical care for a patient with an oncological profile	1. Can demonstrate risk assessment for malignant diseases 2. Is able to demonstrate the use of effective methods to ensure a high level of safety and quality of medical care for a patient with an	1. Independently assesses the risk of oncological diseases 2. Independently uses the most effective methods to ensure a high level of safety and quality of medical care for a patient with an oncological profile

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				oncological profile	
H4	Based on the patient's complaints and examination findings, identifies an acute surgical pathology and is able to select an effective treatment strategy.	1. Unable to demonstrate knowledge of oncological diseases within the legal and organizational framework of the Republic of Kazakhstan's healthcare system 2. Does not demonstrate the ability to provide basic care in emergency situations 3. Makes gross errors in conducting anti-epidemic measures 4. Is unable to work as part of professional teams to implement a national health promotion policy	1. The legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases allows for inaccuracies. 2. Allows for fundamental errors in providing basic care during emergencies. 3. Does not demonstrate full knowledge in conducting anti-epidemic measures 4. Insufficient to work as part of professional teams to implement a national health promotion policy	1. Capable of operating within the legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases 2. Capable of providing basic care in emergency situations 3. Capable of conducting anti-epidemic measures 4. Able to work as part of professional teams to implement national health promotion policies.	1. Acts independently within the legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases 2. Provides first-line care independently in emergencies 3. Conducts anti-epidemic measures independently 4. Works effectively as part of professional teams to implement national health promotion policies


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LO5	Can establish effective communication with the patient, their relatives, and the multidisciplinary medical team, coordinate actions in emergency situations, and adhere to the principles of medical ethics and deontology.	1. Incapable of demonstrating knowledge of oncology within the legal and organizational framework of the Republic of Kazakhstan's healthcare system 2. Does not demonstrate the ability to provide basic care in emergency situations 3. Makes gross errors in conducting anti-epidemic measures 4. Is unable to work as part of professional teams to implement a national health promotion policy	1. The legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases allows for inaccuracies. 2. Allows for fundamental errors in providing basic care during emergencies. 3. Does not demonstrate full knowledge in conducting anti-epidemic measures 4. Insufficient to work as part of professional teams to implement a national health promotion policy	1. Capable of operating within the legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases 2. Capable of providing basic assistance in emergency situations 3. Capable of conducting anti-epidemic measures 4. Able to work as part of professional teams to implement national health promotion policies.	1. Acts independently within the legal and organizational framework of the Republic of Kazakhstan's healthcare system for oncological diseases 2. Provides first-line care independently in emergencies 3. Conducts anti-epidemic measures independently 4. Works effectively as part of professional teams to implement national health promotion policies
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10.2. Evaluation Criteria

Checklist for a practical lesson


Assessment of practical skills	Excellent: A(4,0;95-100%) /A-(3,67;90-94%)	Anamnesis taking: systematically collected, the history fully reflects the disease's development. Physical examination: systematic, technically correct, and effective. Formulation of a preliminary diagnosis: correctly established, with justification provided. Prescription of laboratory-instrumental diagnostic methods for the disease: complete and adequate Analysis (interpretation) of the patient's examination results: complete and correct Differential diagnosis: complete Final diagnosis and its justification: selection of a complete, justified treatment: treatment is very adequate understanding of the mechanism of action of the prescribed treatment: complete determination of prognosis and prevention: adequate, complete
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	<p>Good:</p> <p>B+(3,33; 85-89%)</p> <p>B(3,0; 80-84%)</p> <p>B-(2,67; 75-79%)</p> <p>C+(2,33; 70-74%)</p>	<p>Anamnesis taking: systematically collected, but without adequate clarification of the nature of the main symptoms and their potential causes</p> <p>Physical examination: systematically performed, but with minor technical inaccuracies</p> <p>Formulating a preliminary diagnosis: correctly established, but with no rationale</p> <p>prescription of laboratory-instrumental studies for the disease: adequate, but with minor shortcomings. Interpretation of patient's studies: insignificant</p> <p>Differential diagnosis: correct with inaccuracies, but not with all similar diseases</p> <p>Final diagnosis and its rationale: diagnosis of the primary disease is complete, but comorbidities are not addressed. choice of therapy: correct, but insufficiently comprehensive or polypharmacy. understanding of the mechanism of action of the prescribed therapy: makes errors in non-essential details. Definition of prediction and prevention: adequate, but not complete.</p>
	<p>Satisfactory:</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>Anamnesis taking: Collected by recording facts that do not provide insight into the nature of the disease and the development of symptoms. Physical examination: Not fully performed due to technical errors.</p> <p>Formulation of a preliminary diagnosis: The leading syndrome is identified, but there is no diagnostic conclusion.</p> <p>Assignment of laboratory-instrumental examination methods for the disease: not fully adequate</p> <p>Analysis (interpretation) of the patient's examination results: partially correct with significant errors</p> <p>Differential diagnosis: incomplete</p> <p>Final diagnosis and its justification: diagnosis insufficiently justified, complications and comorbidities not identified. Selection of treatment: treatment for the primary and secondary disease is incomplete. Understanding of the mechanism of action of the prescribed treatment: Partial. Determination of prediction and prevention:</p>

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		insufficient, inadequate, and incomplete
	Unsatisfactory: FX(0,5;25-49%) F(0; 0-24%)	<p>Anamnesis taking: Facts were collected in a detailed, disorderly manner that was irrelevant to diagnosis. It was gathered unsystematically with significant errors.</p> <p>Physical examination: Performed without manual skills, was ineffective and carried out haphazardly with errors.</p> <p>Formulation of a preliminary diagnosis: Incorrectly established, only the disease class is indicated</p> <p>Assignment of laboratory and instrumental studies for the disease: Inappropriate and inadequately prescribed</p> <p>Analysis (interpretation) of patient examination results: Improper assessment leading to contraindications, in many cases incorrect</p> <p>Differential diagnosis: Inadequate, ineffective Final diagnosis and its justification: Lack of clinical reasoning, diagnosis poorly substantiated, unconvincing Choice of treatment: Contraindicated medications were prescribed, inadequate in both relevance and dosage.</p> <p>Understanding the mechanism of action of prescribed treatment: Cannot explain correctly, makes many mistakes.</p> <p>Identifying prognosis and prevention: Could not identify, inadequate.</p>
2. Checklists for assessing SIWT/SIW		
Assessment of clinical work	Excellent: A (4,0; 95-100%) A- (3,67; 90-94%)	Comprehensive and systematic evaluation of the patient Proper collection of the medical history and clarification of complaints Correct application of physical examination techniques

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		<p>Ability to formulate a diagnostic plan</p>
	<p>Good: B+ (3,33; 85-89%) B (3,0; 80-84%) B- (2,67; 75-79%) C+ (2,33; 70-74%)</p>	<p>The patient examination is systematic, but minor errors occur. The history taking has captured the essential information, but some additional details are needed. Physical examination techniques are applied, but sometimes orderliness and precision are lacking. A diagnostic plan can be formulated, but consultation with a supervisor is required. Results of investigations are correctly analyzed, but a full interpretation is lacking. A treatment plan is proposed, but with guidance from a supervisor. Communication skills are adequate, but confidence is lacking at times. Medical documentation is generally correct, but occasional errors occur. Clinical reasoning is established, but struggles with making specific decisions.</p>
	<p>Satisfactory: C (2,0; 65-69%); C- (1,67; 60-64%); D+ (1,33; 55-59%) D (1,0; 50-54%)</p>	<p>There is a lack of systematic approach in working with the patient. The medical history is incomplete, with important details omitted. The physical examination was superficial. The diagnostic plan is unclear. They do not fully understand the test results. The treatment plan is unclear and requires direct assistance from their supervisor. Communication is weak, and a lack of confidence is evident. They make many errors when filling out medical documents. Clinical reasoning is not yet developed, making decision-making difficult.</p>
	<p>Unsatisfactory FX (0,5; 25-49%) F (0; 0-24 %)</p>	<p>No work is done with the patient or no activity is observed at all. Basic principles are not followed when taking the patient's history. Physical examination is not performed or is carried out only in a formal manner. No diagnostic plan or it is incorrect. Does not complete documentation or makes systematic errors. Communication skills are very poor. Does not adhere to professional conduct and ethics.</p>

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		Unable to make clinical decisions or properly assess the situation.
Oral request:	<p>Excellent:</p> <p>A (4,0; 95-100%)</p> <p>A- (3,67; 90-94%)</p>	It is awarded if the learner makes no errors or inaccuracies in their response. It is guided by the theories, concepts, and approaches of the subject under study and evaluates them critically, drawing on the scientific achievements of other disciplines.
	<p>Good:</p> <p>B+ (3,33; 85-89%)</p> <p>B (3,0; 80-84%)</p> <p>B- (2,67; 75-79%)</p> <p>C+ (2,33; 70-74%)</p>	If, when answering, the student does not make gross errors but does allow non-principled inaccuracies or minor mistakes that they themselves correct, and if, with the teacher's assistance, they are able to organize the program material, a grade is awarded.
	<p>Satisfactory:</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>Unsatisfactory:</p> <p>FX (0,5; 25-49%)</p> <p>F (0; 0-24%)</p>	<p>If a student makes inaccuracies and non-principled errors in their responses, limits themselves to only the textbooks indicated by the teacher, and encounters significant difficulties in organizing the material, they receive a failing grade.</p> <p>If the student makes fundamental errors in their response, fails to review the primary literature on the lesson topic, cannot use the subject's scientific terminology, and answers with gross stylistic and logical mistakes, they receive a failing grade.</p>
	<p>Unsatisfactory:</p> <p>FX(0,5;25-49%)</p> <p>F(0; 0-24%)</p>	<p>Consciousness: Confused, unresponsive</p> <p>Response to commands:</p> <p>No response, no improvement</p> <p>Learning: No desire, no knowledge</p> <p>Patient's attitude:</p> <p>Does not engage in personal contact</p> <p>Interaction with peers: Unreliable</p> <p>Interaction with nursing staff:</p> <p>Unreliable, rude,</p> <p>Stress behaviors:</p> <p>Inappropriate, stupor</p> <p>Group skills: Unreliable or disruptive</p> <p>Medical record keeping: Sloppy, incorrect, not timely</p> <p>Practical skills:</p> <p>Inconvenient, fearful, even refuses to perform basic procedures</p>
Solving situational problems:	<p>Excellent:</p> <p>A(4,0; 95-100%)</p>	All parts of the situational report have been properly analyzed. The diagnostic decision is

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	A-(3,67;90-94%)	<p>clear and evidence-based. Therapeutic and tactical decisions have been recommended in accordance with the protocol.</p> <p>Clinical reasoning and analytical skills are at a high level.</p> <p>Ability to propose alternative solutions.</p> <p>Proficiently uses medical terminology.</p> <p>Time management for task completion was efficient.</p> <p>Teamwork/ Demonstrated initiative and leadership when working in a team/group.</p> <p>Patient safety and ethical principles were taken into account. Provided clear, comprehensive answers to questions, demonstrating depth of clinical knowledge.</p>
	<p>Good:</p> <p>B+ (3,33; 85-89%)</p> <p>B (3,0; 80-84%)</p> <p>B- (2,67; 75-79%)</p> <p>C+ (2,33; 70-74%)</p>	<p>The content of the situational report is incomplete. Errors were made in diagnosis or there is no diagnosis.</p> <p>The therapeutic tactics were not properly recommended or were completely absent.</p> <p>Clinical reasoning skills are very low.</p> <p>Significant errors in the use of medical terminology.</p> <p>Unable to use time effectively; task incomplete.</p> <p>Unable to provide clear, correct answers to questions.</p> <p>Patient safety and medical ethics were not observed.</p> <p>Did not participate in group work or participated passively.</p> <p>Required minimum requirements were not met.</p>
	<p>Satisfactory:</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>Unsatisfactory:</p> <p>FX (0,5; 25-49%)</p> <p>F (0; 0-24%)</p>	<p>Failure to fully understand the content of the situational report</p> <p>Errors in diagnosis or no diagnosis</p> <p>Improper or nonexistent therapeutic tactics</p> <p>Clinical reasoning skills are very poor.</p> <p>Significant errors in the use of medical terminology.</p> <p>Unable to use time effectively; task incomplete.</p> <p>Unable to provide clear, correct answers to questions.</p> <p>Patient safety and medical ethics were not observed. The mandatory minimum requirements were not met.</p>

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		<p>Unsatisfactory: FX(0,5;25-49%) F(0; 0-24%)</p>	<p>Failure to fully understand the content of the situational report Errors in diagnosis or no diagnosis Improper or nonexistent therapeutic tactics Clinical reasoning skills are very poor. Significant errors in the use of medical terminology. Unable to use time effectively; task incomplete. Unable to provide clear, correct answers to questions. Patient safety and medical ethics were not observed. The required minimum requirements were not met. It is difficult to form a general understanding of the student's achievements. Portfolio. Typically, it presents sketchy information from various categories. It is impossible to determine the level of progress in learning and the development of qualities that demonstrate key general cultural and professional competencies from such a portfolio.</p>
	Portfolio	<p>Excellent: A(4,0;95-100%) A-(3,67;90-94%)</p>	<p>The portfolio is complete, with its structure clearly maintained. All documents, assignments, analyses, and reflections were submitted on time. The portfolio provides evidence of learning achievements and professional development.</p> <p>Contributions to clinical cases are documented.</p>
		<p>Good: B+(3,33; 85-89%) B(3,0; 80-84%) B-(2,67; 75-79%) C+(2,33; 70-74%)</p>	<p>The portfolio structure meets the general requirements. The majority of documents and assignments were completed on time. Learning achievements and practical activities are adequately demonstrated. Clinical cases were analyzed at an average level. Slight difficulties were observed when answering questions. The portfolio's content generally meets the requirements, but it is incomplete.</p>
		<p>Satisfactory: C(2,0; 65-69%); C-(1,67; 60-64%); D+(1,33;55-59%) D(1,0;50-54%)</p>	<p>The portfolio structure is incomplete, but the main sections are covered. Documents were submitted late or are incomplete. Clinical examples and practical assignments are limited. Theoretical and practical connection. There are linguistic and structural errors.</p>

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		<p>During the defense, the content was not fully developed.</p> <p>There were significant difficulties in answering questions.</p> <p>A personal perspective was insufficient.</p> <p>It meets the general requirements, but the quality is low.</p>
	<p>Unsatisfactory: FX (0,5; 25-49%) F (0; 0-24%)</p>	<p>Portfolio is incomplete or not submitted at all.</p> <p>Personal learning plan not completed.</p> <p>Participation in clinical curation not documented.</p> <p>No information on conference/seminar attendance.</p> <p>Portfolio structure and content do not meet requirements.</p>
Diary	<p>Excellent: A(4,0;95-100%) A-(3,67;90-94%)</p>	<p>The chart is filled out completely, neatly, and in compliance with requirements every day.</p> <p>A specific clinical activity (clinical presentation, investigations, procedures) is recorded for each day.</p> <p>The notes on patient management, observation, diagnosis, and treatment are specific.</p> <p>It has the attending physician's signature and notes.</p> <p>Medical terminology is used correctly.</p> <p>The intern has their own thoughts and reflections.</p>
	<p>Good: B+(3,33; 85-89%) B(3,0; 80-84%) B-(2,67; 75-79%) C+(2,33; 70-74%)</p>	<p>The diary was filled out daily, but is incomplete on some days. Although clinical activities are recorded, the descriptions are brief. The diagnostic and treatment notes contain some vague passages.</p> <p>The diary structure aligns with the curriculum but is incomplete. At least 70% of the sections are covered.</p>
	<p>Satisfactory: C(2,0; 65-69%); C-(1,67; 60-64%); D+(1,33;55-59%) D(1,0;50-54%)</p>	<p>There are days when the diary was not filled out.</p> <p>The information is superficial; specific medical descriptions are missing.</p> <p>Clinical tasks are either incomplete or unstructured.</p> <p>The attending physician's signature is missing in some sections. Medical terminology is often distorted or omitted.</p> <p>The diary's structure partially aligns with the curriculum.</p> <p>The writing format and neatness are not maintained.</p>


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		Only 50–69% of the total content has been completed.
	Unsatisfactory: FX (0,5; 25-49%) F (0; 0-24%)	The diary is either not filled out or is very sparsely filled. The information is incomplete; there are no medical descriptions. The diary's content does not align with academic or clinical work. Medical terminology is not used or is completely distorted. The record structure is not preserved at all. The diary content is insufficient and unclear. Does not meet general requirements and requires complete revision.

Checklist for Midterm Assessment

The test is graded according to the multiple-choice system for assessing knowledge.

11.	Multipoint system for educational assessment:		
Rating according to the letter system	Points numerical equivalent	Percentage content	Assessment according to the traditional system
A	4,0	95-100	Excellent
A-	3,67	90-94	
B +	3,33	85-89	Good
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	Satisfactory
C	2,0	65-69	
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	Unsatisfactory
FX	0,5	25-49	
F	0	0-24	
11.	Educational resources		
Electronic resources	<ol style="list-style-type: none"> 1. YUKMA Electronic Library - https://e-lib.skma.edu.kz/genres 2. Republican Inter-University Electronic Library (RMEL) - http://rmebrk.kz/ 3. Aknurpress Digital Library - https://www.aknurpress.kz/ 4. E-Library “Epigraph” - http://www.elib.kz/ 5. Epigraph - Multimedia Textbook Portal https://mbook.kz/ru/index/ 6. EBS IPR SMART https://www.iprbookshop.ru/auth 7. Legal Information System “Zang” - https://zan.kz/ru 8. Medline Ultimate EBSCO - https://research.ebsco.com/ 9. eBook Medical Collection EBSCO - https://research.ebsco.com/ 		
	10. Scopus - https://www.scopus.com/		

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4. Basic principles of general surgery. / Sadykanov U.S., Aubakirova D.N., Makhmetova Zh.S., Esembaeva L.K., 2016 <https://aknurpress.kz/reader/web/2338>
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12. Kaldybaev M.A. General Surgery – Textbook (Volume I). – 2020. – 432 p. https://www.elib.kz/ru/search/read_book/828/
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14. Principles of anatomy- Richard M. Renneboog, M.Sc. 288p -2023y <https://research.ebsco.com/c/tptjkn/search/details/ozdc4b2crr?db=nlebk&limiters=None&q=anatomy%20and%20physiology&searchMode=boolean>
15. Operative Techniques in Surgery- [Mary Hawn](#)- 5589p <https://research.ebsco.com/c/tptjkn/search/details/5ehstwgdk5?db=nlebk&limiters=None&q=surgery&searchMode=boolean>
16. Master Techniques in Surgery: Vascular Surgery: Arterial Procedures - [R. Clement Darling](#); [C. Keith Ozaki](#) – 2016y – 578p <https://research.ebsco.com/c/tptjkn/search/details/off7lsp3qz?db=nlebk&limiters=None&q=surgery&searchMode=boolean>

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2. Surgery. Vol. 1: Textbook / B. D. Nurakhmanov, A. S. Ibadildin, A. B. Nurakhmanov. - Almaty : Newbook, 2021.
3. Surgery. Vol. 2 : textbook / B. D. Nurakhmanov, A. S. Ibadilidin, A.B. Nurakhmanov. - Almaty : Newbook, 2021.
4. Surgical Diseases : textbook / A. Zh. Nurmakov, D. A. Nurmakov ; S. D. Asfendiyarov Kazakh National Medical University. - Almaty : Newbook, 2021.

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5. Surgical Diseases: Textbook. 2 Volumes. Volume 1 / Kazakh language trans. A. N. Baymahanov ; ed. M. I. Kuzin. - 4th edition, revised and supplemented. - M.: GEOTAR-Media, 2018. - 560 pp.

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12.	Discipline policy	
Requirements for interns during the training process:	Penalties for Non-Compliance	
Do not miss classes without a valid reason.	In case of an unexcused absence, no penalty points will be added, but it will be removed from the attendance rating.	
Be active in class.	This affects the increase in rating.	
Interns' appearance.	Interns will not be allowed to attend class if their appearance does not meet the requirements, and “absent” will be recorded in the academic journal.	
Punctual submission of their own work according to the schedule.	If they fail to submit their assignments on time according to the schedule, a “0” will be recorded in the academic journal.	
Mandatory attendance at the SIWT class.	For missing a single SIWT class, penalty points will be deducted from the passing grade on a 100-point scale.	
No late arrivals to class.	If an intern is late for class, they will not be admitted, and “absent” will be recorded in the class log.	
No engaging in other activities during class.	The instructor has the right to lower the intern's grade if they are found to be engaged in other activities during class.	

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Maintain composure, respect instructors and fellow students, and be kind.	In case of a warning, the matter will be discussed at a department meeting, and the intern's parents will be notified.
Take care of the department's property.	In the event of property damage, the intern will be required to make restitution.
Make up missed classes, with or without a reason, in a timely manner.	Make-up work for missed classes will not be accepted without a make-up permission slip from the dean.
Duty intern	according to the internship program, the medical intern is on duty twice a week in order to improve clinical skills. During the duty, the intern participates as an assistant alongside the main doctor, actively engages in the process of receiving, examining, treating, and monitoring patients, and takes part in medical procedures (siphon enemas, novocaine blockades, etc.). The intern also assists in surgeries and provides assistance to emergency patients admitted to the clinic.
Filling out the Portfolio and Diary	is carried out as a document confirming the professional growth, skill development, and knowledge formation of the intern, with the results of the completed work attached to a special portfolio. The medical intern must keep a special diary: patient curation, wound dressing, medical procedures performed, clinical and instrumental examinations conducted, reviews with senior colleagues conducted in the clinic, and duty reports completed according to the schedule. The intern's portfolio should include a photo report of all work completed in the departments according to the calendar-based thematic plan (curation, manipulations, procedures, dressing, surgeries, etc.), printed copies of published scientific articles, and certificates from attended conferences and master classes.
Have a valid health certificate.	An intern without a health certificate will not be permitted to attend the clinic; “absent” will be recorded in the class log.

13. Academic policy based on the Academy's moral and ethical values

Academic Policy. Section 4: Student Code of Honor

Course Grading Policy

Academic Policy. Sec. 4. Student Code of Honor

Academy students are patriots of the Republic of Kazakhstan; the Flag, the Coat of Arms, the National Anthem, and the State Language are the main attributes of an independent Kazakhstan. Students cherish and preserve the glorious traditions and moral values dedicated to the Academy's legacy.


Students fully recognize and respect national priorities and centuries-old spiritual and moral values, and meet the highest standards for the moral and ethical status of a citizen of the Republic of Kazakhstan. Students consciously consider inter-ethnic and interfaith harmony to be the foundation of our values and unity.

Students are advocates and promoters of a healthy mental and physical lifestyle. Students consciously and actively participate in the creative process of civic self-determination, self-actualization, self-improvement, and personal growth in their professional, intellectual, and cultural-moral development.

Students remember that the teacher is their instructor, mentor, and educator who deserves deep respect and honor. Students maintain a submissive relationship with their instructor and the Academy leadership.

Students maintain order, courtesy, and sociability; in public places and in their personal lives, they observe generally accepted moral and ethical norms, practice self-criticism, and hold themselves and their actions to high standards.

Students and assistants are actively encouraged to reject and oppose any manifestations of corruption, corrupt mindsets, and corrupt behavior within the Academy.

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Oral Exam: Know the lesson topic from primary and supplementary information. Present the lesson topic without stylistic errors.


Work in the ward: Maintain active participation in ward duties, procedures, and conferences. Accurately report on patients. Complete the logbook in a timely and accurate manner.

Tests: Answer 90-100% of test questions correctly.

Situational tasks: Provide completely correct answers to situational tasks.

14. Confirmation and Review

Date of agreement with the Library and Information Center	Protocol № <u>9</u> <u>27.08.25</u>	Head of Library and Information Center	Signature
Date of approval by the department	Protocol № <u>1</u> <u>28.08.25</u>	Head of Department, m.d., Acting Professor	Signature
Date of approval for EP AC	Protocol № <u>1</u> <u>28.08.25</u>	B.A. Abdurakhmanov	Signature
Date of review at the department	Protocol № <u>3</u> <u>23.10.25</u>	Chairman «Medicine» AC Auezkhankyzy D.	Signature
Date of review at EP AC	Protocol № <u>2</u> <u>24.10.25</u>	Head of Department, m.d., Acting Professor	Signature
		B.A. Abdurakhmanov	Signature
		Chairman «Medicine» EP AC Auezkhankyzy D.	Signature

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