



ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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Syllabus

Working Academic Programme of the Discipline «Geriatrics in General Practice» Educational Programme: 6B10112 – «General Medical Practice»


1.	General Information on the Discipline		
1.1	Discipline Code: ZhTDPG 6308	1.6	Academic Year: 2025-2026
1.2	Discipline Title: «Geriatrics in General Practice»	1.7	Course: 6
1.3	Prerequisites: Internal Diseases at the Primary Health Care (PHC) Level	1.8	Semester: 12
1.4	Post-requisites: Residency-level and doctoral-level disciplines.	1.9	Number of Credits (ECTS): 4
1.5	Cycle: PD (Professional Discipline)	1.10	Component: Elective Component (EC)
2.	Course Description (maximum 50 words):		
The course provides algorithms for rational differential diagnosis, management tactics, and dynamic monitoring of elderly patients in outpatient settings with syndromes affecting the respiratory, cardiovascular, gastrointestinal, urinary, haematopoietic, and endocrine systems. It covers the principles of primary health care, management of elderly patients considering their characteristics, assessment of temporary and permanent disability, medical and social expertise, organisation of palliative care in outpatient settings, as well as communication skills and patient support.			
3.	Form of Summative Assessment		
3.1	Testing	3.5	Course Paper
3.2	Written	3.6	Essay
3.3	Oral +	3.7	Project
3.2	OSCE	3.8	Other (specify)
4.	Course Objectives		
To train specialists — obstetrician-gynaecologists — possessing the required scope of theoretical knowledge, practical skills, and communication competencies. The course aims to provide interns with advanced mastery of professional abilities essential for delivering qualified medical care to women in outpatient settings, at home, and in maternity hospitals or inpatient facilities during normal and complicated pregnancy, labour, and the postpartum period, as well as in gynaecological disorders, in accordance with modern standards and principles of evidence-based medicine.			
5.	Final Learning Outcomes (Discipline Learning Outcomes – DLOs)		
LO 1	Demonstrates developing knowledge, understanding, and application in the areas of diagnosis, treatment, follow-up, rehabilitation, and medical and social assessment of elderly and senile patients with various pathologies, in accordance with clinical protocols, regulatory documents, and the legislation of the Republic of Kazakhstan in the field of healthcare (normative and legal framework).		
LO 2	Is able to analyse the results of screening programmes and carry out preventive measures for the most common diseases among elderly and senile patients at the level of primary health care (PHC).		
LO 3	Is able to conduct outpatient consultations, provide hospital-replacing (day-care) services, and arrange planned hospital admissions (through the electronic referral portal) for elderly and senile patients.		

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LO 4	Is able to provide emergency medical care within the scope of primary medical care at the pre-hospital stage for elderly and senile patients.					
LO 5	Is able to apply information technologies and demonstrate understanding of the principles of implementing the Compulsory Social Health Insurance (CSHI) system. Is able to apply scientific principles and evidence-based knowledge in clinical practice. Demonstrates commitment to continuous self-education and professional development.					
LO 6	Is able to communicate effectively in clinical practice, taking into account the psychological characteristics and multicultural backgrounds of elderly and senile patients, while adhering to the principles of medical ethics and deontology.					
5.1	Discipline LO	Programme Learning Outcomes (PLOs) Related to the Discipline Learning Outcomes (DLOs)				
	LO 1	LO 2. Organises professional activities within the legal and organisational framework of the healthcare system of the Republic of Kazakhstan to implement the national health promotion policy. LO 5. Develops a plan for laboratory and instrumental examinations for patients with the most common diseases in childhood and adulthood in accordance with current clinical guidelines, interprets the results, and formulates the diagnosis according to ICD-10 when a disease is identified.				
	LO 2	LO 6. Analyses the results of screening programmes and evaluates the effectiveness of preventive interventions for the most common diseases in adults and children.				
	LO 3 LO 4	LO 4. Conducts outpatient consultations, diagnosis, treatment, dynamic follow-up, and rehabilitation of paediatric and adult patients, including pregnant women.				
	LO 5	LO 9. Applies electronic databases of the healthcare system of the Republic of Kazakhstan that ensure the documentation of medical service delivery processes.				
	LO 6	LO 10. Organises medico-social care and aeromedical support; plans and implements population-level prevention and health-promotion activities.				
6.	Detailed Information about the Discipline					
6.1	Venue (Building, Classroom): Rented building near City Polyclinic No. 5; City Polyclinic No. 8; City Polyclinic No. 13; Polyclinic at City Hospital No. 2; Park Health Polyclinic; Kameya Clinic. Address: Shymkent city — 194 A Sairam Street; 2 Baitursynov Street; 10 Respublika Street; 92 Zhandosov Street; 26 Kabanbai Batyr Avenue.					
6.2	Number of Hours 120	Lectures	Practical Classes	Laboratory Classes	Guided Independent Study (GIS)	Independent Student Work (ISW)
		-	40	-	12	68
7.	Teaching Staff Information					
№	Full Name	Degrees and Position		Email Address:		
1.	Dosybaeva Gulzhan Nurbekovna	Doctor of Medical Sciences, Professor		gulzhandosybayeva@gmail.com		

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10	Zhiyen Asiya Kasymkyzy		Assistant Lecturer	azhiien80@mail.ru		
8.	Thematic Plan					
Week/Day	Topic Title	Summary	Discipline LO	Number of hours	Methods/Learning Technologies	Forms/methods of assessment

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1	Practical Class Topic: Chronic Obstructive Pulmonary Disease (COPD) and Bronchial Asthma (BA) in Elderly and Senile Patients	Features of the Clinical Presentation of COPD and Bronchial Asthma in Elderly and Senile Patients. Dynamic follow-up and specific aspects of treatment and management in Primary Health Care (PHC) settings. Characteristics of post-COVID manifestations of the respiratory system in this patient category. Geriatric rehabilitation.	LO 1 LO 2 LO 3 LO 4	4	Clinical reasoning pathway (CRP) for this topic Oral questioning Training through clinical case-based learning	Checklist for working with the clinical reasoning pathway (CRP) Checklist for assessing oral examination for this topic Checklist for solving a clinical case and providing care in critical and emergency situations
	Guided Independent Study (GIS) and Independent Student Work (ISW) ISW Assignment: Fundamentals of Organising Geriatric Care	Order of the Ministry of Health of the Republic of Kazakhstan No. 55/2021. Assessment of temporary and permanent disability. Medical and social expertise. Organisation of palliative care in outpatient settings. Communication skills and patient support.	LO 1 LO 2 LO 5 LO 6	1/5	Analysis of a thematic presentation Receiving patients together with physicians in outpatient clinic rooms	Checklist: preparation of thematic reports and presentations Checklist for outpatient patient consultations and medical record keeping (feedback – diary defence).
2	Practical class. Topic: Pulmonary arterial hypertension in elderly and senile patients.	Causes and clinical features of pulmonary hypertension (respiratory failure) in elderly and senile patients.	LO 1 LO 2 LO 3	4	Clinical reasoning pathway (CRP) for this topic Oral questioning	Checklist for working with the clinical reasoning pathway (CRP) Checklist for oral questioning

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		Dynamic follow-up and specific aspects of treatment and management at the level of primary health care (PHC).			Training through clinical case-based learning	Checklist for solving a clinical situation, providing assistance in critical–emergency situations
	GIS / ISW. ISW assignment: Interstitial lung diseases	Idiopathic pulmonary fibrosis (IPF). Progressive pulmonary fibrosis (PPF).	LO 3 LO 4 LO 5	1/6	Analysis of thematic presentation. RBL. Analysis of scientific articles.	Checklist: preparation of thematic reports in the form of presentations. Checklist: Working with scientific articles
3	Practical class. Topic: Arterial hypertension in elderly and senile patients.	Clinical features of AH (essential and secondary) in elderly and senile patients. Dynamic follow-up, specific aspects of treatment and management at the level of PHC. Geriatric rehabilitation.	LO 1 LO 2 LO 3	4	Clinical reasoning pathway (CRP) for this topic Review of test questions. Analysis of a thematic presentation Receiving patients together with physicians in outpatient clinic rooms	Checklist for working with the clinical reasoning pathway (CRP) Checklist: completion of test tasks Checklist: preparation of thematic reports, presentations Checklist of outpatient patient reception, maintaining medical documentation (feedback – defence of diaries)
	GIS / ISW. ISW assignment: Complications of AH and comorbidity.	Clinical features of hypertensive crises in elderly and senile patients. Specific aspects of treatment depending on comorbidity with arterial hypertension (AH): ischaemic heart disease (IHD), prostatic adenoma,	LO 1 LO 3 LO 4 LO 6	1/6	Analysis of thematic presentation. Patient consultations with physicians in polyclinic rooms	Checklist: preparation of thematic reports and presentations. Checklist: outpatient patient consultations and medical record keeping (feedback – diary defence).

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		climacteric cardiomyopathy (CMP), and chronic cerebral ischaemia (CCI).				
4	Practical class. Topic: IHD and cardiac arrhythmias in geriatrics	Common forms of ischaemic heart disease (IHD) in elderly and senile patients, and specific features of pharmacotherapy.	LO 2 LO 5 LO 6	4	Clinical reasoning pathway (CRP) for this topic Oral questioning SP method (Standardized Patient)	Checklist for working with the clinical reasoning pathway (CRP) Checklist for oral questioning Checklist SP
	GIS / ISW. ISW assignment: Cardiac arrhythmias	Common cardiac arrhythmias in elderly and senile patients, specific features of pharmacotherapy, and ECG diagnostics.	LO 3 LO 4 LO 6	1/6	Analysis of thematic presentation. Analysis of specific clinical cases (with ECG findings).	Evaluation of thematic reports and presentations. Checklist: ECG interpretation algorithm.
5	Practical class. Topic: Heart failure in geriatrics	AHF – LVF, RVF – in elderly and senile patients. CHF with systolic and diastolic dysfunction: causes (by nosological entities), clinical features, and pharmacotherapy specifics. Congestive complications: cardiac fibrosis of the liver, congestive and hypodynamic pneumonia, congestive nephropathy, enteropathy, and encephalopathy.	LO 1 LO 3 LO 4	4	Clinical reasoning pathway (CRP) for this topic Oral questioning, work in small groups.	Checklist for working with the clinical reasoning pathway (CRP) Checklist: oral questioning Checklist for solving a clinical situation, providing assistance in critical–emergency situations
	GIS / ISW.	The importance of	LO 1	2/5	Analysis of	Evaluation of

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	ISW assignment: General and organisational measures for the management of patients with CHF. Midterm control 1.	non-pharmacological methods of rehabilitation. Features of geriatric rehabilitation for elderly and senile patients with CHF in PHC and hospice settings. Topics 1–5.	LO 3 LO 6		thematic presentation. Completion of test tasks (midterm control).	thematic reports and presentations. Checklist: completion of test tasks.
6	Practical class. Topic: Geriatric aspects in gastroenterology and dietetics.	Specific features of the management of peptic ulcer disease of the stomach and duodenum, chronic gastritis, pancreatitis, cholecystitis, hepatitis and liver cirrhosis, and colitis.	LO 1 LO 2 LO 3 LO 4	4	Clinical reasoning pathway (CRP) for this topic Review of test questions. Clinical case-based learning.	Checklist for working with the clinical reasoning pathway (CRP) Checklist: completion of test tasks. Checklist: solving clinical situations and providing assistance in critical and emergency conditions.
	GIS / ISW. ISW assignment: Common syndromes in geriatric gastroenterology.	Other local and general somatic syndromes in geriatric gastroenterology. Clinical presentation, diagnosis, and treatment of the following conditions: Dyspeptic syndrome with manifestations of heartburn, anorexia, nausea, and vomiting Syndromes of diarrhoea and constipation Jaundice syndrome	LO 1- LO4	1/6	Analysis of thematic presentation	Evaluation of thematic reports and presentations.

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7	Practical class. Topic: Geriatric aspects of nephrology	Clinical and therapeutic features of chronic kidney disease (CKD) in elderly and senile patients: -Arterial hypertension, proteinuria, nephropathy, and primary renal shrinkage -Diabetes mellitus, diabetic nephropathy, and glomerulosclerosis -Pathology of the prostate gland -Urinary tract infections (UTIs)	LO 1- LO 4	4	Clinical reasoning pathway (CRP) for this topic Review of test questions. Clinical case-based learning.	Checklist for working with the clinical reasoning pathway (CRP) Checklist: completion of test tasks. Checklist: solving clinical situations and providing assistance in critical and emergency conditions.
	GIS / ISW. ISW assignment: Chronic renal failure (CRF) in elderly and senile patients	CRF in elderly and senile patients	LO 1 LO 3 LO4 LO 6	1/6	Analysis of thematic presentation. Patient consultations with physicians in polyclinic rooms.	Checklist: preparation of thematic reports and presentations. Checklist: outpatient patient consultations and medical record keeping (feedback – diary defence).
8	Practical class. Topic: Endocrine and metabolic disorders in elderly and senile patients.	Diabetes mellitus, hypothyroidism, and hyperthyroidism (in various nosological forms) in elderly and senile patients. Hypocorticism and hypercorticism (in various nosological forms) in elderly and senile patients.	LO 1 LO 2 LO 3	4	Oral questioning, work in small groups. Assessment of practical skills in the CPS	Checklist: oral questioning Checklist for solving a clinical situation, providing assistance in critical– emergency situations Checklist for

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		Geriatric rehabilitation.				demonstration of practical skills in the CPS
	GIS / ISW. ISW assignment: Haematology issues in geriatrics.	Deficiency anaemias in elderly patients. Clinical features and treatment specifics.	LO 1 LO 2 LO 3 LO 6	1\6	Analysis of thematic presentation. Patient consultations with physicians in polyclinic rooms.	Evaluation of thematic reports and presentations. Checklist: outpatient patient consultations and medical record keeping (feedback – diary defence).
9	Practical class. Topic: Musculoskeletal syndrome in elderly and senile patients	Osteoporosis, rheumatoid arthritis (RA), gout, osteoarthritis (OA), and degenerative–dystrophic changes of the spine in elderly and senile patients.	LO 1- LO 4	4	Analysis of test tasks Training through clinical situations	Checklist: completion of test tasks Checklist for solving a clinical situation, providing assistance in critical–emergency situations
	GIS / ISW. ISW assignment: Chronic pain syndrome.	Chronic pain syndrome and methods of its management.	LO 1 LO 3 LO 4 LO 6	1\5	Analysis of thematic presentation. Patient consultations with physicians in polyclinic rooms.	Checklist: preparation of thematic reports and presentations. Checklist: outpatient patient consultations and medical record keeping (feedback – diary defence).
10	Practical class. Topic: Malnutrition in elderly and senile patients. Senile asthenia.	Causes and clinical features of protein–energy malnutrition in elderly and senile patients. Causes and clinical features of senile asthenia. Management approach of the GP.	LO 1 LO 3 LO 4	4	Review of test questions. Clinical case-based learning.	Checklist: completion of test tasks. Checklist: solving clinical situations and providing assistance in critical and emergency conditions.
	GIS / ISW. ISW assignment: Senile asthenia.	Causes and clinical features of senile asthenia. Management	LO1- LO 4	2\5	Analysis of thematic presentation.	Checklist: preparation of thematic reports and presentations.


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	Midterm control 2	tactics of the GP. Topics 6–10.			Completion of test tasks (midterm control).	Checklist: completion of test tasks.
	Preparation and conduct of interim assessment.					12 ч


9.	Teaching methods and forms of assessment.	
9.1	Lectures	-
9.2	Practical Classes	Oral questioning, CRP (Clinical Reasoning Pathway) for this topic, small-group work, training through clinical situations, SP (Standardized Patient), analysis of test tasks, assessment of practical skills in the CPS.
9.3	GIS / ISW	Analysis of thematic presentations; patient consultations with physicians in polyclinic rooms; analysis of specific clinical cases (with ECG findings); RBL – analysis of scientific articles.
9.4	Midterm control	Testing

10.	Assessment criteria				
10.1	Assessment criteria for learning outcomes of the discipline				
№ LO	Title of Learning Outcomes	Unsatisfactory	Satisfactory	Good	Excellent
LO1	Demonstrates developing knowledge, understanding, and application in the areas of diagnosis, treatment, dispensary observation, rehabilitation measures, and medical-social expertise of elderly and senile patients with various pathologies, in accordance with clinical protocols, regulatory documents, and the legislation of the Republic of Kazakhstan in the field of healthcare (normative and legal framework).	The intern experiences difficulty in making a diagnosis and does not demonstrate competence in developing a treatment and follow-up (dispensary) plan for the most common diseases in elderly and senile patients, as recommended in the educational programme/syllabus. (Lacks logical consistency.)	The intern demonstrates below-average knowledge in making a diagnosis, making significant errors in developing a treatment and follow-up (dispensary) plan for the most common diseases in elderly and senile patients, as recommended in the educational programme/syllabus. (Logical and clinical thinking is inconsistent.)	The intern demonstrates good knowledge, making only occasional errors in diagnosis, and in developing treatment and follow-up (dispensary) plans for the most common diseases in elderly and senile patients, as recommended in the educational programme/syllabus. (Logical and clinical thinking is consistent.)	The intern effectively demonstrates comprehensive knowledge in making diagnoses and in developing treatment and follow-up (dispensary) plans for the most common diseases in elderly and senile patients, as recommended in the educational programme/syllabus. (Logical and clinical thinking is well-structured.)

LO2	Is able to analyse the results of screening programmes and carry out preventive measures for the most common diseases in elderly and senile patients at the level of Primary Health Care (PHC)	The intern demonstrates insufficient knowledge in analysing the results of screening programmes and in conducting preventive measures for the most common diseases in elderly and senile patients at the level of PHC.	The intern demonstrates poor knowledge in analysing the results of screening programmes and in carrying out preventive measures for the most common diseases in elderly and senile patients at the level of PHC.	The intern demonstrates sufficient knowledge, making only occasional errors in analysing the results of screening programmes and in conducting preventive measures for the most common diseases in elderly and senile patients at the level of PHC.	The intern demonstrates sufficient knowledge in analysing the results of screening programmes and in conducting preventive measures for the most common diseases in elderly and senile patients at the level of PHC.
LO 3	Is able to carry out outpatient consultations, provide day-care (hospital-substituting) medical services, and arrange planned hospitalisation (through the electronic portal) for elderly and senile patients.	The intern does not demonstrate knowledge in conducting outpatient consultations, providing day-care (hospital-substituting) medical services, and arranging planned hospitalisation (through the electronic portal) for elderly and senile patients.	The intern demonstrates below-average knowledge, making serious errors in addressing issues related to outpatient management, day-care (hospital-substituting) medical services, and planned hospitalisation (through the electronic portal) for elderly and senile patients.	The intern demonstrates good knowledge, making only occasional errors in addressing issues related to outpatient management, day-care (hospital-substituting) medical services, and planned hospitalisation (through the electronic portal) for elderly and senile patients.	The intern demonstrates comprehensive knowledge in addressing issues related to outpatient management, day-care (hospital-substituting) medical services, and planned hospitalisation (through the electronic portal) for elderly and senile patients.
LO4	Is able to provide emergency medical care within the scope of primary medical care at the pre-hospital stage for elderly and senile patients.	The intern does not demonstrate knowledge or practical skills in providing emergency medical care at the pre-hospital	The intern demonstrates limited knowledge, gives vague answers, and makes serious errors in practical skills related to providing emergency medical	The intern demonstrates sufficient knowledge and practical skills, making only occasional errors in providing	The intern demonstrates comprehensive knowledge with well-reasoned and complete answers, as well as proficient

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		stage to elderly and senile patients.	care at the pre-hospital stage to elderly and senile patients.	emergency medical care at the pre-hospital stage to elderly and senile patients.	practical skills in providing emergency medical care at the pre-hospital stage to elderly and senile patients.
LO5	Is able to apply information technologies and possess knowledge of the principles of implementing the Compulsory Social Health Insurance (CSHI) system. Is able to apply scientific principles and knowledge in clinical practice. Is capable of continuous self-education and professional development.	The intern does not possess skills in using information technologies or knowledge of the principles of implementing the Compulsory Social Health Insurance (CSHI) system in geriatric practice. The intern is unable to apply scientific knowledge in clinical practice and shows no ability for continuous self-education or professional development.	The intern demonstrates below-average knowledge of information technologies and the principles of implementing the Compulsory Social Health Insurance (CSHI) system in geriatric practice. The intern applies scientific knowledge weakly in clinical practice but shows the ability for self-education and development.	The intern possesses and applies information technologies and the principles of implementing the Compulsory Social Health Insurance (CSHI) system in geriatric practice but makes minor errors in applying scientific principles and knowledge in clinical practice. The intern is capable of self-education and development.	The intern effectively possesses and applies information technologies and the principles of implementing the Compulsory Social Health Insurance (CSHI) system in geriatric practice, and also applies scientific principles and knowledge in clinical practice. The intern is capable of self-education and development.
LO6	Is able to communicate effectively in clinical practice, taking into account the psychological characteristics and multicultural background of elderly and senile patients, while observing the principles of medical ethics and deontology.	The intern demonstrates insufficient communication skills when interacting with elderly and senile patients and does not adhere to the principles of medical ethics and deontology.	The intern demonstrates average communication skills when interacting with elderly and senile patients, making errors in applying the principles of medical ethics and deontology.	The intern demonstrates good communication skills when interacting with elderly and senile patients, making minor errors in applying the principles of medical ethics and deontology.	The intern communicates effectively, taking into account the psychological characteristics and multicultural background of elderly and senile patients, while fully adhering to the principles of medical ethics and deontology.
10.2	Methods and Criteria of Assessment				

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Checklist for Practical Training Session

Checklist of Criteria for Assessing Knowledge in Oral Examination

Form of Assessment	Assessment	Assessment Criteria
Oral Examination	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	<ul style="list-style-type: none"> – The intern has mastered all the tasks specified in the syllabus; answers are comprehensive and based on core literature. – Demonstrates knowledge of regulatory documents (orders, clinical protocols) relevant to the topic. – Defines the requirements for inpatient and substituting technologies while conducting an assessment of work capacity. – Has mastered the prevention of emergency conditions that may develop within the nosologies of the topic and the provision of urgent medical care when they occur. – Possesses in-depth knowledge of the topic, shows attention to research, and understands psychological issues. – During the oral response, the intern made no mistakes, provided critical evaluation based on theory, concepts, and directions of the studied discipline, and applied scientific achievements from related fields.
	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%)	<ul style="list-style-type: none"> – The intern has mastered all tasks specified in the programme; answers are comprehensive and based on core literature. – Demonstrates command of regulatory documents (orders, clinical protocols) corresponding to the topic; identifies requirements for inpatient and substituting technologies while conducting an assessment of work capacity. – Has mastered the prevention of emergency conditions that may develop within the nosologies of the topic and the provision of urgent care when they occur; focuses on continuous learning for in-depth mastery of the topic and has studied psychological aspects. – During the response, the intern did not make serious errors; minor inaccuracies were self-corrected, and the intern systematised the programme materials with the instructor's guidance.
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	<ul style="list-style-type: none"> – The medical intern made inaccuracies and non-critical errors during the response, had read only the core textbooks recommended by the instructor, and experienced considerable difficulty in systematising the materials. – Has not mastered all tasks specified in the syllabus; answers are incomplete; lacks full knowledge of regulatory documents (orders, clinical protocols). – Is unable to conduct assessment of work capacity and does not know the precise indications for inpatient care and hospital-substituting technologies. – Does not sufficiently know the prevention of emergency conditions that may develop within the topic's nosologies and cannot fully provide emergency care when they occur; does not demonstrate a commitment to continuous improvement of knowledge.

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	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	– The medical intern made fundamental errors during the response and did not study the main academic literature on the topics. – Is unable to use scientific terminology correctly; the answers contain clear stylistic and linguistic mistakes.
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The checklist for completing test assignments is assessed using a multi-point knowledge evaluation system.

Checklist for Solving Clinical Situations and Providing Assistance in Critical and Emergency Conditions

Form of Assessment	Assessment	Assessment Criteria
Solving Clinical Situations and Providing Assistance in Critical and Emergency Conditions	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	-Integrates the patient's symptoms with the leading syndrome(s) and accurately predicts the suspected nosology. -Competently formulates an examination plan; performs differential diagnosis and substantiates the clinical diagnosis (by classification and structure). -Provides emergency care; plans treatment and rehabilitation measures. -Demonstrates top-level clinical reasoning and deep knowledge, drawing on scientific advances from relevant disciplines.
	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%)	-The patient made errors in combining symptoms with the leading syndrome(s) and in predicting the suspected nosology. -Competently formulates an examination plan; performs differential diagnosis and substantiates the clinical diagnosis (according to classification and structure). -Provides emergency care; plans therapeutic and rehabilitation measures and independently corrects some minor inaccuracies in answers.
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	– Made significant errors in correlating the patient's symptoms with the leading syndrome(s) and in determining the preliminary nosology. – Did not formulate a complete examination plan. – Was unable to perform differential diagnosis and failed to establish a clinical diagnosis in accordance with the classification and structure. – Provided emergency care but made serious mistakes in planning treatment and rehabilitation measures.
	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	Did not cope with the assigned task, making fundamental errors and inconsistencies.

Checklist for Assessing Practical Skills


Form of Assessment	Assessment	Assessment Criteria
Practical Skills Assessment	Excellent Corresponds to the following grades:	– The trainee actively participated in the practical skills assessment.

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	A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	– Performed the practical skill correctly without errors, demonstrating deep knowledge and applying it effectively in practice. – The trainee participated well in the practical skills assessment. – Performed the practical skill correctly and demonstrated good knowledge, with minor inaccuracies and non-critical mistakes that were self-corrected.
	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%)	– The trainee actively participated in the practical skills assessment. – Performed the practical skill correctly without errors, demonstrating deep knowledge and applying it effectively in practice. – The trainee participated well in the practical skills assessment. – Performed the practical skill correctly and demonstrated good knowledge, with minor inaccuracies and non-critical mistakes that were self-corrected.
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	-The trainee was passive during the practical skills assessment. -Performed the practical skill with fundamental errors, relying on the instructor's assistance.
	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	–The trainee demonstrated very poor orientation while performing the practical skill. –Made serious errors during the execution of the practical skill. –Was unable to answer the instructor's questions.

Checklist for Work in Small Groups


Form of Assessment	Assessment	Assessment Criteria
Work in Small Groups	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	– Actively participated in group work, demonstrating original thinking. – Showed deep knowledge of the material. – Applied scientific achievements from other disciplines during discussions.
	Good Corresponds to the following grades: B+ (3,33; 85 - 89%) B (3,0; 80 - 84%)	– Actively participated in group work. – Demonstrated good knowledge of the material. – Made minor inaccuracies or non-critical errors, which were self-corrected.

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	B- (2,67; 75 - 79%) C+ (2,33; 70 - 74%)	
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	– Was passive during group work. – Made inaccuracies and non-critical errors. – Experienced considerable difficulty in systematising the material.
	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	– Did not participate in group work. – Made fundamental errors and inaccuracies when answering the instructor's questions. – Did not use scientific terminology in responses.
Checklist for SRO/GIS (Self-Directed and Guided Independent Study)		
Checklist for the Preparation of Thematic Reports and Presentations		
Form of Assessment	Assessment	Assessment Criteria
Presentation of the Topic	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Evaluation Parameters (Each parameter is assessed according to the following criteria; assessment levels: lower – 4.5, upper – 5.0) Completion of the task in full, accuracy, logical consistency, and the ability to evaluate correctly and draw sound conclusions. – Identified the main problems of the patient. – Assessed anamnesis data. – Evaluated findings from the physical examination. – Established a preliminary diagnosis. – According to the Clinical Practice Guidelines (CPGs), developed a plan for laboratory and instrumental investigations. – Correctly interpreted the results of laboratory investigations. – Correctly interpreted the results of instrumental investigations. – Justified the diagnosis. – Established the final diagnosis. – In accordance with the Clinical Practice Guidelines (CPGs), developed a treatment plan. – Formulated the treatment plan considering the following, based on the CPGs and scientific advances in the field: – pharmacodynamics of medications, – drug interactions, – contraindications, – age-related features, – comorbid conditions. – Developed a plan for preventive measures. Presentation: The presentation is prepared independently and submitted within the specified timeframe, consisting of at least 20 slides. A minimum of 5 literature sources is used. The slides are informative and concise. During the defence, the author demonstrates a deep understanding of the topic and does not make errors when answering questions in the discussion.

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<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>	<p>Evaluation Parameters (Each parameter is assessed according to the following criteria; assessment levels: lower – 3.5, upper – 4.45) Completion of the task in full, accuracy, logical sequence, and the ability to evaluate correctly and draw logical conclusions.</p> <ul style="list-style-type: none"> – Identified the main problems of the patient. – Assessed anamnesis data. – Evaluated findings from the physical examination. – Established a preliminary diagnosis. – In accordance with the Clinical Practice Guidelines (CPGs), developed a plan for laboratory and instrumental investigations. – Correctly interpreted the results of laboratory investigations. – Correctly interpreted the results of instrumental investigations. – Justified the diagnosis. – Established the final diagnosis. – In accordance with the Clinical Practice Guidelines (CPGs), developed a treatment plan. – Based on the CPGs and scientific advances in the field, formulated a treatment plan considering: <ul style="list-style-type: none"> – pharmacodynamics of drugs, – drug interactions, – contraindications, – age-related characteristics, – comorbid conditions. – Developed a plan for preventive measures. <p>Presentation: The presentation is prepared independently and submitted on time, consisting of at least 20 slides. A minimum of 5 literature sources is used. The slides are informative and concise. During the defence, the author demonstrates good knowledge of the topic, makes non-critical errors when answering questions, and corrects them independently.</p>
<p>Satisfactory Corresponds to the following grades:</p> <p>C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55- 59%) D- (1,0; 50- 54%)</p>	<p>Evaluation Parameters (Each parameter is assessed according to the following criteria; assessment levels: lower – 2.5, upper – 3.45) Completion of the task in full, accuracy, sequence, and the ability to evaluate correctly and draw logical conclusions.</p> <ul style="list-style-type: none"> – Identified the main problems of the patient. – Assessed anamnesis data. – Evaluated findings from the physical examination. – Established a preliminary diagnosis. – In accordance with the Clinical Practice Guidelines (CPGs), developed a plan for laboratory and instrumental investigations. – Correctly interpreted the results of laboratory investigations. – Correctly interpreted the results of instrumental investigations. – Justified the diagnosis. – Established the final diagnosis. – In accordance with the CPGs, developed a treatment plan. – Based on the CPGs and relevant scientific advances, formulated a treatment plan considering: <ul style="list-style-type: none"> – pharmacodynamics of medications, – drug interactions,

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	<ul style="list-style-type: none"> – contraindications, – age-related characteristics, – comorbid conditions. <p>Developed a plan for preventive measures.</p> <p>Presentation: The presentation is prepared independently and submitted within the specified deadline, consisting of at least 20 slides. A minimum of 5 literature sources is used. The slides are not sufficiently informative. During the defence, the author makes non-critical errors when answering questions.</p>
<p>Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)</p>	<p>Evaluation Parameters (Each parameter is assessed according to the following criteria; assessment levels: 2.45 and below)</p> <p>Completion of the task in full, accuracy, logical sequence, and the ability to evaluate correctly and draw logical conclusions.</p> <ul style="list-style-type: none"> – Identified the main problems of the patient. – Assessed anamnesis data. – Evaluated findings from the physical examination. – Established a preliminary diagnosis. – In accordance with the Clinical Practice Guidelines (CPGs), developed a plan for laboratory and instrumental investigations. – Correctly interpreted the results of laboratory investigations. – Correctly interpreted the results of instrumental investigations. – Justified the diagnosis. – Established the final diagnosis. – In accordance with the CPGs, developed a treatment plan. – Based on the CPGs and scientific advances in the field, formulated a treatment plan considering: <ul style="list-style-type: none"> – pharmacodynamics of drugs, – drug interactions, – contraindications, – age-related characteristics, – comorbid conditions. – Developed a plan for preventive measures. <p>Presentation: The presentation was not submitted within the designated timeframe, contains fewer than 20 slides, and uses fewer than five literature sources. The slides are uninformative. During the defence, the author makes serious errors when answering questions and does not demonstrate understanding of their own material.</p>

Checklist for Outpatient Patient Reception and Maintenance of Medical Documentation (Feedback – Diary Defence)


Form of Assessment	Assessment	Assessment Criteria
Outpatient Management of Patients	<p>Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)</p>	<ul style="list-style-type: none"> -Actively participated in the outpatient management of patients. -Accurately and competently completed the medical documentation. -Correctly applied the relevant ministerial orders and clinical protocols during patient encounters. -Completed the internship logbooks accurately and on

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	time, submitted them for review in due time, and obtained the supervisor's signature.
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%)	-Participated in the outpatient management of patients and completed medical documentation competently. -Correctly applied the relevant ministerial orders and clinical protocols during patient encounters. -Completed the internship logbooks accurately and on time, submitted them for review in due time, and obtained the supervisor's signature. -Independently corrected minor, non-critical errors.
Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	-Participated in the outpatient management of patients only passively. -Completed medical documentation inaccurately and demonstrated incorrect application of ministerial orders and clinical protocols during patient encounters. -Submitted internship logbooks late and with multiple errors; corrections were made only during the supervisor's review and with the supervisor's assistance, after which the logbook was signed.
Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	-Very infrequent participation in outpatient patient encounters. -Inability or unwillingness to complete medical documentation. -Lack of knowledge of clinical protocols and ministerial orders. -Internship logbooks completed late and incorrectly; the logbook remains unsigned.

ECG Interpretation Algorithm Checklist


Form of Assessment	Assessment	Assessment Criteria
Preparation of ECG Copies and 12-Lead ECG Recordings Obtained Directly from Patients with Various Pathologies According to the Programme (Syllabus)	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Completed a full written ECG analysis following all key steps: -identified the source of the rhythm; -determined the heart rate and its regularity; -determined the electrical axis of the heart visually and using the α -angle; -analysed all ECG components and their regularity in comparison with normal values, including an assessment of pathological changes such as rhythm and conduction disturbances; cardiomyopathies (hypertrophy and dilatation, specific and non-specific changes in cardiomyopathies of various aetiologies); ischaemic manifestations (myocardial ischaemia, ischaemic injury, ischaemic necrosis, etc.) and impaired myocardial contractility; -produced an ECG conclusion by integrating the findings from all stages of the analysis. Correlated the ECG conclusion with the patient's clinical syndromes and used it in diagnostic decision-making. Demonstrated original thinking, showed a deep

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	understanding of the material, and used leading literature sources.
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%)	Completed a full written ECG analysis following all key steps: -identified the source of the rhythm; -determined the heart rate and its regularity; -determined the electrical axis of the heart visually and using the α -angle; -analysed all ECG components and their regularity in comparison with normal values, including an assessment of pathological changes such as rhythm and conduction disturbances; cardiomyopathies (hypertrophy and dilatation, specific and non-specific changes in cardiomyopathies of various aetiologies); ischaemic manifestations (myocardial ischaemia, ischaemic injury, ischaemic necrosis, etc.) and impaired myocardial contractility; -produced an ECG conclusion by integrating the findings from all stages of the analysis. Correlated the ECG conclusion with the patient's clinical syndromes. Demonstrated a deep understanding of the material, while allowing minor, non-critical inaccuracies and errors, which were subsequently corrected independently.
Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	Prepared an ECG analysis record without following all key steps: -identified the source of the rhythm; -determined the heart rate, but did not assess its regularity; -determined the electrical axis of the heart only visually; -analysed not all ECG components, with an incomplete assessment of pathological changes and omission of some pathological signs; -produced an ECG conclusion based on data from only part of the analytical steps. Was unable to relate the ECG conclusion to the patient's clinical syndromes. Made noticeable errors.
Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	Did not complete the task; in attempting to answer, made fundamental errors and inaccuracies.

Scientific Article Analysis Checklist


Form of Assessment	Assessment	Assessment Criteria
Analysis of Scientific Articles	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	Actively participated in the analysis of scientific articles, demonstrating broad and in-depth knowledge: -understands the relevance and the aim of the article in relation to the subject being studied; -is familiar with modern methods and equipment used in the research;

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		-is able to apply the conclusions and recommendations presented in the article (based on ministerial orders and clinical protocols); -showed interest in the leading scholars cited in the article and demonstrated awareness of the structure and requirements of a scientific paper.
	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%)	Participated in the analysis of scientific articles: -understands the relevance and the aim of the article in relation to the subject being studied; -is familiar with the modern methods and equipment used in the research; -is able to apply the conclusions and recommendations of the study presented in the article (based on ministerial orders and clinical protocols); -has become acquainted with the leading scholars cited in the article and shows interest in the structure and requirements of a scientific paper. Made minor inaccuracies.
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	Participated in the analysis of scientific articles: -understands the relevance and aim of the article only in general terms; -does not fully understand the modern methods and equipment used in the research; -has an incomplete understanding of the conclusions and recommendations presented in the article; -shows little interest in the leading scholars cited in the article, as well as in the structure and formal requirements of scientific papers. There are significant omissions in presentations.
	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F (0; 0 - 24%)	Did not participate in the analysis of scientific articles and is unable to answer the instructor's questions. Made fundamental errors and inaccuracies and did not use scientific terminology.
Midterm Assessment		
Boundary Control Testing Is Assessed Using a Multigrade (Multi-point) Knowledge Evaluation System		
Checklist for Oral Examination Tickets		
Form of Assessment	Assessment	Assessment Criteria
A. Oral Questioning	Excellent Corresponds to the following grades: A (4,0; 95 - 100%) A- (3,67; 90 - 94%)	A.The intern made no mistakes in the response and has a complete and accurate knowledge of the theoretical content of the discipline. Provides differentiated and well-structured answers, fully applying the fundamentals of related and basic disciplines. Demonstrates a high level of analytical thinking, deep professional knowledge, and uses scientific achievements


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B. Solving Clinical Cases		relevant to the discipline. B.Integrates the patient's symptoms with the leading syndrome, accurately predicts the suspected nosology; Competently formulates a diagnostic work-up plan; performs differential diagnosis and substantiates the clinical diagnosis (according to classification and diagnostic structure); Provides emergency medical care; plans therapeutic and rehabilitation measures.
	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%)	A.The intern did not make any significant errors in the response and has complete and accurate knowledge of the theoretical content of the discipline. Analyses the answers, fully applies the fundamentals of related and basic disciplines, and independently corrects occasional minor errors. B.The intern made non-critical errors in integrating the patient's symptoms with the leading syndrome(s) and in predicting the suspected nosology; Competently formulates a diagnostic work-up plan; Performs differential diagnosis and substantiates the clinical diagnosis (according to accepted classifications and diagnostic frameworks); Provides emergency medical care; Plans therapeutic and rehabilitation measures, and independently corrects some inaccurate responses.
	Satisfactory Corresponds to the following grades: C (2,0; 65 - 69%) C- (1,67; 60 - 64%) D+ (1,33; 55-59%) D- (1,0; 50-54%)	A.The intern did not make any significant errors in the responses and has complete and accurate knowledge of the theoretical content of the discipline. Analyses their answers, fully applies the fundamentals of related and basic disciplines, and independently corrects occasional isolated errors. B.The intern made non-critical errors in combining the patient's symptoms with the leading syndrome/syndromes and in predicting the suspected nosology; Competently formulates a diagnostic work-up plan; performs differential diagnosis and substantiates the clinical diagnosis (in accordance with accepted classifications and diagnostic structure); Provides emergency care; plans therapeutic and rehabilitation measures and independently corrects some inaccurate responses.
	Unsatisfactory Corresponds to the following grade: FX (0; 0 - 49%) F(0; 0 - 24%)	A.The intern made fundamental (critical) errors in the responses, has only a limited knowledge of the theoretical content of the discipline; the answers are very poor and indirect, and the intern does not know the fundamentals of the basic disciplines. B.The intern did not cope with the assigned task, made fundamental (critical) errors and demonstrated significant inconsistencies.
Multigrade Knowledge Assessment System		
Letter Grade	Numeric Equivalent of	Percentage
		Traditional Grading System


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System	Points	Composition	
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	Good
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	
C	2,0	65-69	Satisfactory
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	
FX	0,5	25-49	Unsatisfactory
F	0	0-24	

11.	Learning Resources
Electronic resources, including but not limited to: databases, animations, simulators, professional blogs, websites, and other electronic reference materials (e.g., videos, audio materials, digests).	<ul style="list-style-type: none"> • SKMA Electronic Library – https://e-lib.skma.edu.kz/genres • Republican Interuniversity Electronic Library (RIEL) – http://rmebrk.kz/ • Aknurpress Digital Library – https://www.aknurpress.kz/ • “Epigraph” Electronic Library – http://www.elib.kz/ • Epigraph – Multimedia Textbook Portal – https://mbook.kz/ru/index/ • IPR SMART Electronic Library System – https://www.iprbookshop.ru/auth • “Zan” Information and Legal System – https://zan.kz/ru • Medline Ultimate (EBSCO) • eBook Medical Collection (EBSCO) • Scopus – https://www.scopus.com/
Electronic Textbooks	<p>Electronic Resources / Электронные ресурсы</p> <p>Elderly Age [Electronic resource]: Treatment and Prevention of Diseases: Practical Guidelines. – Electronic text data (21.0 MB). – Moscow: “Ravnovesie” Publishing House, 2006. – 1 electronic optical disc (CD-ROM).</p> <p>Internal Diseases. Vol. 2 [Electronic resource]: Textbook / edited by V. S. Moiseev. – 3rd ed., revised and expanded. – Electronic text data (45.1 MB). – Moscow: GEOTAR–Media, 2015. – 895 p.</p> <p>Internal Diseases. Vol. 1 [Electronic resource]: Textbook / edited by V. S. Moiseev. – 3rd ed., revised and expanded. – Electronic text data (66.5 MB). – Moscow: GEOTAR–Media, 2015. – 960 p.</p> <p>Ішкі аурулар. Ревматология модулі [Electronic resource] / Internal Diseases Module. Rheumatology: Textbook / L. G. Turgunova, T. K. Dyusembaeva, A. R. Alina. – Electronic text data (1.42 MB). – Moscow: “Litterra”, 2016. – 264 pp. – electronic optical disc (CD-ROM).</p> <p>Ішкі аурулар. Гастроэнтерология модулі [Electronic resource] / Internal Diseases Module. Gastroenterology: Textbook / E. M. Laryushina. – Electronic text data (1.42 MB). – Moscow: “Litterra”, 2016. – 384 pp. – electronic optical disc (CD-ROM).</p>

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	<p>Ішкі аурулар. Гематология модулі [Electronic resource] / Internal Diseases Module. Hematology: Textbook / L. G. Turgunova. – Electronic text data (1.42 MB). – Moscow: “Litterra”, 2016. – 240 pp. – electronic optical disc (CD-ROM).</p> <p>Online Textbooks and Open Access Sources</p> <p>Gerontology and Geriatrics / Bekmurzayeva E.K., Seidakhmetova A.A., Seidaliyeva F.M., Sadykova G.S., Umiraliyeva G.A. – 2019. Link: https://aknurpress.kz/reader/web/1839</p> <p>Selected Lectures on Gerontology and Geriatrics / Turlanov K.M., Nuftiyeva A.I., Sarmanova N.A., Shametova A.N. – 2019. Link: http://rmebrk.kz/book/1136507</p> <p>Features of the Clinical Course and Treatment of Cardiovascular Diseases in Elderly Patients at the Prehospital Stage / A. I. Nuftiyeva – 2019. Link: https://aknurpress.kz/reader/web/1361</p> <p>Gerontology and Geriatrics: Selected Lectures. Study Guide / K.M. Turlanov, A.I. Nuftiyeva, N.A. Sarmanova, A.N. Shametova. – 2nd edition. – Karaganda: AKNUR, 2019. – 224 p. Link: http://rmebrk.kz/book/1173874</p> <p>Gerontology and Geriatrics: Selected Lectures. Study Guide / K.M. Turlanov, A.I. Nuftiyeva, N.A. Sarmanova, A.N. Shametova. – Karaganda: Ak Nur, 2014. – 285 p. Link: http://rmebrk.kz/book/1136507</p> <p>Gerontology and Geriatrics: Study Guide / E.K. Bekmurzayeva, A.A. Seidakhmetova, F.M. Seidaliyeva, et al.; South Kazakhstan State Pharmaceutical Academy. – Shymkent, 2012. – 120 p. Link: http://rmebrk.kz/book/1169984</p> <p>D. Dyussupova, A.A. Relevant Issues of Geriatrics: Educational and Methodological Manual. – Almaty: Evero, 2020. Link: https://www.elib.kz/ru/search/read_book/187/</p> <p>Dyussupova A., et al. Important Questions of Geriatrics: Educational and Methodological Guide / A. Dyussupova, M. Espenbetova, Zh. Zh. – Almaty: “Evero”, 2020. Link: https://www.elib.kz/ru/search/read_book/286</p>
<p>Literature</p>	<p>Main Literature</p> <p>Bekmurzayeva E.K. Gerontology and Geriatrics. Study Guide. – Aknur, 2024.</p> <p>Selected Lectures on Gerontology and Geriatrics: Study Guide / K. M. Turlanov et al. – 2nd ed. – Karaganda: AKNUR, 2019.</p> <p>Denisova T.P., Tyultaeba L.A. Geriatric Gastroenterology: Selected Lectures. – Moscow: Medical Information Agency LLC, 2011. – 336 p.</p> <p>Gerontology and Geriatrics: Study Guide / E.K. Bekmurzayeva et al.; Ministry of Health of the Republic of Kazakhstan; Center for Medical Education and Scientific Innovative Technologies; South Kazakhstan State Pharmaceutical Academy. – Shymkent, 2012. – 120 p.</p> <p>Guide to Gerontology and Geriatrics. In 4 vols. Vol. 1. Fundamentals of Gerontology. General Geriatrics: Textbook / edited by V.N. Yarygin, A.S. Melentyev. – Moscow: GEOTAR–Media, 2010.</p> <p>Guide to Gerontology and Geriatrics. In 4 vols. Vol. 2. Introduction to Clinical Geriatrics: Textbook / edited by V.N. Yarygin, A.S. Melentyev. – Moscow: GEOTAR–Media, 2010. – 784 p.</p> <p>Gerontology and Geriatrics: Study Guide / E.K. Bemurzayeva et al. – Karaganda: Sky Systems, 2023. – 159 p.</p> <p>Guide to Gerontology and Geriatrics. In 4 vols. Vol. 3. Clinical Geriatrics: Textbook</p>

ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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	/ edited by V.N. Yarygin, A.S. Melentyev. – Moscow: GEOTAR–Media, 2010. – 896 p. Supplementary Literature Dyussupova A.A., Espenbetova M.Zh., Zh. M. Zhumanbayeva. Important Issues of Geriatrics: Educational and Methodological Manual. – Almaty: Evero, 2013. – 152 p. Scientific Foundations of Healthy Longevity and Anti-Aging / Nazarbayev University; Center for Life Sciences; edited by A. Sharman, Zh. Zhumadilov. – New York, 2011. – 184 p. Dyussupova A.A. Current Issues of Geriatrics: Educational and Methodological Manual. – Almaty: Evero, 2012. – 171 p. Palliative Care and Support for Frail Elderly Patients: Methodological Guidelines / G.A. Alibayeva et al. – Karaganda: Medet Group LLP, 2023. – 208 p.
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12.	Course Policy
	<p>The intern must:</p> <ol style="list-style-type: none"> 1) comply with medical ethics and deontology; 2) observe subordination; 3) demonstrate tolerance, openness, and goodwill toward peers and instructors; 4) refrain from smoking on the academy premises; 5) maintain cleanliness in the department; 6) avoid damaging furniture in the classrooms; 7) handle textbooks with care; 8) comply with the dress code of a medical university student; 9) follow safety regulations; 10) wear masks during epidemic periods; 11) maintain silence and order during breaks. <p>Penalties for Non-Compliance</p> <p>Failure to comply with the above requirements results in the following disciplinary measures:</p> <ol style="list-style-type: none"> 1) if a GIA (SRO) assignment is submitted late without a valid excuse (after the designated week), it will not be accepted; 2) a single violation of the course policy results in a formal warning to the student; 3) repeated violations of the course policy result in reporting the student's behavior to the faculty dean's office.

13.	Academic Policy Based on the Moral and Ethical Values of the Academy
13.1	Academic Policy. Section 4: Student Honor Code
13.2	<p>GRADING POLICY</p> <p>Several forms of knowledge assessment are used during the class. The average grade is recorded in the journal.</p> <ol style="list-style-type: none"> 1. A student who does not achieve the minimum passing score (50%) in any form of assessment (current assessment, Midterm Control №1 and/or №2) is not allowed to take the

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	<p>final examination in the discipline.</p> <p>2. The final rating required for admission to the examination must be at least 50 points (60%). It is calculated automatically based on:</p> <ul style="list-style-type: none"> – the average score of the current assessment (40%) + – the average score of the midterm controls (20%). <p>3. Intermediate attestation – oral examination (ticket-based system).</p>
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14. Approval and Revision			
Date of Approval by the Library and Information Center	Minutes № 9 dated «27» 08 2025	Head of the Library and Information Center Darbiecheva R.I	Signature 
Date of Department Approval	Minutes № 1 dated «27» 08 2025	Head of the Department, Doctor of Medical Sciences, Professor Dosybayeva G.N.	Signature 
Date of Approval by the Academic Committee of the Educational Programme	Minutes № 1 dated «28» 08 2025	Chair of the Academic Committee of the Educational Programme "Medicine" Auezkhankyzы Dana	Signature 
Date of Department Revision	Minutes № 3 dated «28» 10 2025	Head of the Department, Doctor of Medical Sciences, Professor Dosybayeva G.N.	Signature 
Date of Revision by the Academic Committee of the Educational Programme	Minutes № 2 dated «24» 10 2025	Chair of the Academic Committee of the Educational Programme "Medicine" Auezkhankyzы Dana	Signature 