


ОНТҮСТІК-ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Онтүстік Қазақстан медицина академиясы» АҚ	 <b>SKMA</b> -1979-	SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
Department of Propaedeutics of Internal Diseases Work program (syllabus) for the discipline "Propaedeutics of Internal Diseases"		47 / 11 ( ) P.1out of 24

**SYLLABUS**  
**Working curriculum for the discipline "Propaedeutics of Internal Diseases"**  
 6B10117 – “Dentistry” educational program

<b>1.</b>	<b>General information about the discipline</b>		
1.1	<b>Discipline code:</b> PVB 3219	1.6	<b>Academic year:</b> 2025-2026
1.2	<b>Discipline name:</b> Propaedeutics of internal diseases	1.7	<b>Well:</b> 3
1.3	<b>Prerequisites:</b> General pathology.	1.8	<b>Semester:</b> 6
1.4	<b>Postrequisites:</b> Infectious diseases	1.9	<b>Number of credits (ECTS):</b> 4 credits
1.5	<b>Cycle:</b> BP	1.10	<b>Component:</b> residential complex
<b>2.</b>	<b>Description of the course (maximum 50 words)</b>		
Develop skills in subjective (questioning) and objective (palpation, percussion, and auscultation) examination of patients. Understand the basics of semiotics and syndromology. Justify the need for basic clinical examination methods for internal diseases based on collected data. Completing medical documentation. Planning laboratory and instrumental studies. Basic communication skills when interacting with patients.			
<b>3.</b>	<b>Summative assessment form</b>		
3.1	Testing ✓	3.5	Coursework
3.2	Writing	3.6	Essay
3.3	Oral	3.7	Project
3.4	Reception of practical skills ✓	3.8	Other (specify)
<b>4.</b>	<b>Objectives of the discipline</b>		
To develop students' clinical thinking skills based on knowledge of the pathophysiological mechanisms of the course and outcome of diseases, physical and clinical laboratory examination methods, and the choice of drugs in adults with the main clinical syndromes of internal diseases.			
<b>5.</b>	<b>Final learning outcomes (LO of the discipline)</b>		
RO 1.	Demonstrates knowledge and understanding of the basics of semiotics and pathogenesis and morphogenesis of pathology in adults with the main clinical syndromes of internal diseases		
RO 2.	Proficient in interviewing adults, uses clinical reasoning in collecting information when developing an examination plan; outlines the scope of primary and secondary studies to clarify the syndrome of damage in pathology in adults with major clinical syndromes		
RO 3.	Proficient in interviewing adults, uses clinical reasoning in collecting information when developing an examination plan; outlines the scope of primary and secondary studies to clarify the syndrome of damage in pathology internal medicine, formulates a syndromic diagnosis, fills out the medical history		
RO 4.	Reports information, ideas, problems and solutions to patients and their family members, and is proficient in ethical and deontological standards in communicating with patients, their relatives and colleagues		
5.1	<b>RO discipline</b>	<b>Learning outcomes of the EP, which are associated with the discipline's RO</b>	
	RO 1	RO 1.Demonstrate and apply knowledge and skills in the biomedical, clinical, epidemiological, and social-behavioral sciences that contribute to the development of a well-rounded individual with a broad outlook and culture of thinking.	
	RO 2	RO 3.Demonstrate interpersonal and communication skills, based on adherence to ethical, deontological, and inclusive principles, leading to effective information exchange and collaboration with patients, their families, and healthcare professionals, including through the use of information technology.	
	RO 3	RO 4.To provide effective patient-centered care that includes appropriate and effective interventions for the diagnosis, treatment and prevention of dental diseases	
	RO 4	RO 7.Conduct educational and preventive work with patients, individually, in group	

and in communities, to strengthen and maintain their health and dynamically monitor patients using medical information systems.

**6. Detailed information about the discipline**

6.1 **Venue (building, auditorium):**Classes in internal medicine propaedeutics are held in the department's classrooms and the Center for Practical Nursing, which are equipped with specialized simulation models and computer systems.

The location of the department: Shymkent, ParkHealth clinic, e-mail: propedevtica\_yb@mail.ru

If you have any questions regarding training and/or technical support, please call and/or email the numbers listed on the SKMA JSC website in the CALL-Center section, Helpdesk on the main page of the website.

6.2	<b>Number of hours</b>	<b>Lectures</b>	<b>Practical lesson</b>	<b>SROP</b>	<b>SRO</b>
		8	32	56/12	12

**7. Information about teachers**

No.	Full name	Degrees and position	Email address
1.	Bekmurzaeva Elmira Kuanyshevna	Head of Department, Doctor of Medical Sciences, Professor	Elmira-bek@mail.ru
2.	Sadykova Gulzhan Saparovna	PhD, Acting Associate Professor	gulzhan2171@mail.ru
3	Akhaeva Laura Zhaksylykovna	assistant	Laura1990a00@mail.ru
4	Baydullaev Bakhram Muzaffarovich	assistant	bbm2055@mail.ru
5	Toktarova Gulnaz Abdimalikovna	assistant	Toktar_8585@mail.ru
6	Balabek Gauhar Bakytzhankyzy	assistant	balabek.g@mail.ru

**8. Thematic plan**

Week/day	Topic Title	Summary	RO disciplines	Number of hours	Methods/ learning technologies	Forms/ evaluation methods
1	Lecture.. Questioning, examination, palpation, percussion, and auscultation of the chest of patients with respiratory pathology. Diagnostic value.	Survey of patients with respiratory diseases: primary and secondary complaints, and their pathogenesis. Developmental and life history characteristics of the disease: the role of factors in the development of respiratory diseases. Static and dynamic examination of the chest. Determination of respiratory rate, type, and rhythm. Palpation of the chest. Determination of chest resistance and vocal vibration.	RO 3	1	Overview lecture	Feedback (Quick poll)

		<p>Comparative percussion of the lungs: methods of implementation, diagnostic value.</p> <p>Topographic percussion of the lungs: methods for determining the upper and lower boundaries of the lungs, Kroening fields. Diagnostic value.</p> <p>Method for determining the active mobility of the lower edge of the lung, diagnostic value of lung auscultation</p>				
<p>Practical lesson. Questioning, examination, palpation, percussion, and auscultation of the chest of patients with respiratory pathology. Diagnostic value.</p>	<p>Survey of patients with respiratory diseases: primary and secondary complaints, and their pathogenesis.</p> <p>Developmental and life history characteristics of the disease: the role of factors in the development of respiratory diseases.</p> <p>Static and dynamic examination of the chest. Determination of respiratory rate, type, and rhythm. Palpation of the chest. Determination of chest resistance and vocal vibration.</p> <p>Comparative percussion of the lungs: methods of implementation, diagnostic value.</p> <p>Topographic percussion of the lungs: methods for determining the upper and lower boundaries of the lungs, and the location of the crening. Diagnostic value.</p> <p>Method for determining the active mobility of the lower edge of the lung, diagnostic value of lung</p>	<p>RO 1.2</p>	<p>3</p>	<p>Discussion of the lesson topic, acquisition of practical skills, solving situational problems.</p>	<p>Assessment of practical skills, assessment of solutions to situational problems.</p>	

		auscultation				
	SROP. Consultation on the implementation of SRO 2. SRO assignment Subject:Diagnostic value of laboratory and instrumental methods for examining the respiratory system. Examination of external respiratory function.	Familiarization with the basic methods of laboratory and instrumental research and identification of a number of diagnostic signs that are criteria for the pathological process of the respiratory system.	RO 4	1/5	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
2	Lecture. Leading clinical syndromes (pulmonary tissue consolidation, bronchial obstruction, increased airiness in the lung, the presence of fluid and cavities in the lung, respiratory) in pulmonology.	Predisposing factors and causes leading to the development of pulmonary tissue consolidation syndrome, bronchial obstruction, and increased airiness in the lungs. Predisposing factors and causes leading to the development of fluid and cavity syndrome in the lungs and respiratory failure. Clinical features.	RO 3	1	Overview lecture	Feedback (Quick poll)
	Practical lesson: Leading clinical syndromes (pulmonary tissue consolidation, bronchial obstruction, increased airiness in the lung, presence of fluid and cavity in the lung, respiratory failure) in pulmonology. Diagnostic value.	Predisposing factors and causes leading to the development of pulmonary tissue compaction syndrome, impaired bronchial patency, and increased airiness in the lungs. Predisposing factors and causes leading to the development of fluid and cavity syndrome in the lung, respiratory failure. Clinical features.	RO 1.2	3	Discussion of the lesson topic, acquisition of practical skills, work in small groups	Practical Skills Assessment Small Group Work Assessment
	SROP. Consultation on SRO implementation. SRO assignment Subject:Diagnostic value of laboratory and instrumental research methods for leading clinical syndromes of respiratory diseases.	Laboratory and instrumental research methods for leading clinical syndromes of respiratory diseases.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
3	Lecture. Questioning, examination, palpation, percussion, and auscultation	A survey of patients with cardiovascular pathologies. Data from	RO 3	1	Overview lecture	Feedback (Quick poll)

<p>of patients with cardiovascular pathologies. Diagnostic significance.</p>	<p>physical examination methods on the physiological state of the cardiovascular system. General overview: * general condition, consciousness, position in bed, posture, examination of the skin and mucous membranes, examination of the nails and phalanges of the fingers; - a look at the heart area - the heartbeat, its position. Palpation of the heart area: - determination of the cardiac tip beat, rules for palpation of the cardiac tip beat, its physiological characteristics or properties - localization, volume, height, force. Cardiac percussion: - purpose of percussion; rules and procedure for cardiac percussion - position of the physician, volunteer, position of the pleximeter, force of the beat; - determination of the boundaries of the relative closure of the heart - left, right and upper, position of the physician, volunteer, position of the pleximeter, force of the beat; - determination of the boundaries of absolute and relative closure of the heart, - boundaries of the vascular bundle and configuration of the heart - rules and procedures, position of the doctor, volunteer, pleximeter - finger placement, impact force;</p>			
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	<p>Cardiac auscultation: heart sounds, their origin, and the mechanism of formation of the first and second sounds. Determining the projection of the valves on the anterior chest surface, rules, procedure, and technique of cardiac auscultation—the order of listening to the heart valves, characteristics of normal sounds. Strengthening and weakening of heart sounds. Classification of heart murmurs. Diagnostic value.</p>				
<p>Practical lesson. Questioning, examination, palpation, percussion and auscultation of the chest of patients with cardiovascular pathology. Diagnostic value.</p>	<p>Patient complaints characteristic of cardiovascular diseases, primary and secondary. Examination of the heart area, determination of the diagnostic significance of the detected changes. Palpation of the heart area. Heart tip stimuli: definition, concept, and examination methods. Causes of negative cardiac stimuli. Examination and palpation of large vessels. Arterial pulse examination. Changes in the heart area during diseases. Cardiac percussion: boundaries of absolute and relative cardiac closure. Determination methods. Method for determining the cardiac iliac joint, determining the right and left contours and configuration of the heart. Auscultation of the</p>	RO 1.2	3	<p>Discussion of the lesson topic, acquisition of practical skills, solving situational problems.</p>	<p>Assessment of practical skills, assessment of solutions to situational problems.</p>

		heartDiagnostic value.				
	SROP. Consultation on the implementation of SRO 3. SRO task Subject:Diagnostic value of laboratory research methods in cardiovascular diseases.	Introduction to the basic methods of laboratory research and identification of a number of diagnostic signs that are criteria for the pathological process of the cardiovascular system.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
4	Lecture. Leading clinical syndromes (high blood pressure and coronary heart disease, acute and chronic coronary insufficiency, valvular disease) in cardiology.	Predisposing factors and causes leading to the development of high blood pressure syndrome and ischemic heart disease. Predisposing factors and causes leading to the development of acute and chronic coronary insufficiency syndrome, valvular lesions. Clinical features.	RO 3	1	Overview lecture	Feedback (Quick poll)
	Practical lesson: Leading clinical syndromes (high blood pressure and ischemic heart disease, valvular damage) in cardiology. Diagnostic value	Predisposing factors and causes leading to the development of high blood pressure syndrome and ischemic heart disease, damage to the valvular apparatus. Clinical features.	RO 1.2	3	Discussion of the lesson topic, acquisition of practical skills, work in small groups	Practical Skills Assessment Small Group Work Assessment
	SROP. Consultation on SRO implementation. SRO assignment Subject:Diagnostic value of laboratory studies in leading clinical syndromes of cardiovascular diseases.	Laboratory research methods for leading clinical syndromes of cardiovascular diseases.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
5	Lecture. Methods of examination of patients with digestive system pathology.Palpation, percussion, auscultation. Leading clinical syndromes in gastroenterology and hepatology (gastric and intestinal dyspepsia, jaundice and liver failure)Diagnostic	Survey of patients with gastrointestinal pathology. Data from physical examination methods of the digestive system under physiological conditions. General examination of patients with gastrointestinal pathology. Objective examination methods:	RO 3	1	Overview lecture	Blitz survey on the topic

<p>value.</p>	<p>examination of gastrointestinal tract diseases, diagnostic value of superficial and deep palpation of the abdominal cavity, percussion of the liver and spleen, auscultation of abdominal organs. Examination of the skin, oral cavity, and abdomen in the sitting and supine positions. Deep palpation of the abdomen using the Obraztsov method. Detection of Shalpulsky noise. Predisposing factors and causes leading to the development of gastric and intestinal dyspepsia syndrome. Predisposing factors and causes leading to the development of jaundice and liver failure syndrome. Clinical features.</p>			
<p>Practical lesson. Methods of examination of patients with digestive system pathology. Palpation, percussion, auscultation. Leading clinical syndromes in gastroenterology and hepatology (gastric and intestinal dyspepsia, jaundice and liver failure) Diagnostic value.</p>	<p>Survey of patients with gastrointestinal pathology. Data from physical examination methods of the digestive system under physiological conditions. General examination of patients with gastrointestinal pathology. Objective examination methods: examination of gastrointestinal tract diseases, diagnostic value of superficial and deep palpation of the abdominal cavity, percussion of the liver and spleen, auscultation of abdominal organs.</p>	<p>RO 1.2</p>	<p>3</p>	<p>Discussion of the lesson topic, acquisition of practical skills, solving situational problems. Assessment of practical skills, assessment of solutions to situational problems.</p>

		Examination of the skin, oral cavity, and abdomen in the sitting and supine positions. Deep palpation of the abdomen using the Obraztsov method. Detection of Shalpulsky noise. Predisposing factors and causes leading to the development of gastric and intestinal dyspepsia syndrome. Predisposing factors and causes leading to the development of jaundice and liver failure syndrome. Clinical features.				
	SROP. Consultation on SRO implementation. SRO assignment Subject: Diagnostic value of instrumental research methods in leading clinical syndromes of diseases of the gastro-hepatobiliary system.	Familiarization with the basic methods of instrumental research and determination of diagnostic signs that are criteria for pathological processes of the gastro-hepatobiliary system.	RO 4	2/5	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
	Border control No. 1	Control includes the content of lectures, practical classes and SRO topics over the course of 1-6 days.			Demonstration of practical skills, defense of medical history	Assessment of practical skills using tickets, assessment of medical history
6	Lecture. Leading clinical syndromes (dysuric, nephrotic, nephritic, hypertensive, and renal failure) in nephrology.	Predisposing factors and causes leading to the development of dysuric, nephrotic, nephritic, hypertensive syndromes and (acute and chronic) renal failure.	RO 3	1	Overview lecture	Blitz survey on the topic
	Practical lesson: Leading clinical syndromes (dysuric, nephrotic, nephritic, hypertensive, and renal failure) in nephrology. Diagnostic value.	Predisposing factors and causes leading to the development of dysuric, nephrotic, nephritic, and hypertensive syndromes and (acute and chronic) renal failure. Clinical	RO 1.2	3	Discussion of the lesson topic, acquisition of practical skills, work in small groups	Practical Skills Assessment Small Group Work Assessment

	SROP. Consultation on SRO implementation. SRO assignment Subject: Diagnostic value of laboratory and instrumental research methods for leading clinical syndromes of diseases of the genitourinary system.	features. Laboratory and instrumental research methods for leading clinical syndromes of diseases of the genitourinary system.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
7	Lecture. Leading clinical syndromes (hypo-hyperthyroidism and hypo-hyperglycemia) in endocrinology.	Predisposing factors and causes leading to the development of hypo-hyperthyroidism syndrome and hypo - hyperglycemia.	RO 3	1	Overview lecture	Feedback (Quick poll)
	Practical lesson: Leading clinical syndromes (hypo-hyperthyroidism and hypo-hyperglycemia) in endocrinology. Diagnostic value.	Predisposing factors and causes leading to the development of hypo-hyperthyroidism syndrome and Hypo-hyperglycemia. Clinical features.	RO 1.2	3	Discussion of the lesson topic, acquisition of practical skills, solving situational problems.	Assessment of practical skills, assessment of solutions to situational problems.
	SROP. Consultation on SRO implementation. SRO assignment Topic: Diagnostic value of laboratory research methods for leading clinical syndromes of endocrine diseases.	Laboratory research methods for leading clinical syndromes of endocrine system diseases.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
8	Lecture. Leading clinical syndromes (anemic, hemorrhagic, and thrombocytopenic) in hematology.	Predisposing factors and causes leading to the development of anemic, hemorrhagic and thrombocytopenic syndrome.	RO 3	1	Overview lecture	Feedback (Quick poll)
	Practical lesson: Leading clinical syndromes (anemic, hemorrhagic, and thrombocytopenic) in hematology. Diagnostic significance.	Predisposing factors and causes leading to the development of anemic, Hemorrhagic and thrombocytopenic syndrome. Clinical features.	RO 1.2	3	Discussion of the lesson topic, acquisition of practical skills, work in small groups	Practical Skills Assessment Small Group Work Assessment
	SROP. Consultation on SRO implementation. SRO assignment Topic: Diagnostic value of laboratory research	Laboratory research methods for leading clinical syndromes of diseases of the hematopoietic system.	RO 4	1/6	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning,

	methods for leading clinical syndromes of diseases of the hematopoietic system.					presentation assessment
9	Practical lesson: Leading clinical syndromes in rheumatology. Diagnostic significance.	Principles of questioning, collecting anamnesis and objective method of examining patients with leading clinical syndromes (arthritis and arthrosis) of the musculoskeletal system.	RO 1.2	4	Discussion of the lesson topic, acquisition of practical skills, solving situational problems.	Assessment of practical skills, assessment of solutions to situational problems.
	SROP. Consultation on SRO implementation. SRO assignment Subject: Laboratory testing methods for patients with musculoskeletal disorders. Diagnostic value.	Methods and techniques for examining the musculoskeletal system. The main symptoms of musculoskeletal diseases and acute allergies are of diagnostic value.	RO 4	1/5	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
10	Practical lesson: Leading clinical syndromes in neurology. Diagnostic significance.	Principles of questioning, collecting anamnesis and objective method of examining patients with leading clinical syndromes (meningeal and cerebrovascular accidents) of the nervous system.	RO 1.2	4	Discussion of the lesson topic, acquisition of practical skills, work in small groups	Practical Skills Assessment Small Group Work Assessment
	SROP. Consultation on SRO implementation. SRO assignment Topic: Diagnostic value of laboratory and instrumental research methods in leading clinical syndromes of the nervous system.	Laboratory research methods for leading clinical syndromes of diseases of the nervous system.	RO 4	2/5	Reception of practical skills, preparation of presentations	Practical skills assessment, Oral questioning, presentation assessment
	Border control No. 2	The control includes the content of lectures, practical classes and SRO topics over the course of 7-12 days.			Demonstration of practical skills, defense of medical history	Assessment of practical skills using tickets, assessment of medical history
		Preparation and conduct of interim assessment		12		
<b>9.</b>	<b>Methods of learning and teaching</b>					
9.1	Lectures	Overview				
9.2	Practical classes	Discussion of the topic, oral questioning, practical skills, solving situational problems, work in small groups.				

9.3	SRO/SROP	Reception of practical skills, discussion of the topic
9.4	Border control	Demonstration of practical skills, defense of medical history.
<b>10.</b>	<b>Evaluation criteria</b>	

### 10.1. Criteria for assessing the learning outcomes of the discipline

No. RO	Name of learning outcomes	Unsatisfactory	Satisfactorily	Fine	Great
RO 1.	Demonstrates knowledge and understanding of the basics of semiotics and pathogenesis and morphogenesis of pathology in adults with the main clinical syndromes of internal diseases	1) is not able to determine the basics of semiotics and syndromology, the main parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) does not explain the etiology and pathogenesis of various diseases.	1) has difficulty defining the basics of semiotics and syndromology 2) knows the basic parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) has difficulty determining the etiology and pathogenesis of various diseases	1) defines the foundations of semiotics and syndromology 2) applies knowledge of the basic parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) explains the etiology and pathogenesis of various diseases.	1) independently determines the basics of semiotics and syndromology 2) analyzes the main parameters of laboratory and instrumental studies of pathological processes of organs and systems. 3) analyzes issues of etiology and pathogenesis of various diseases.
RO 2.	Proficient in interviewing adults, uses clinical reasoning in collecting information when developing an examination plan; outlines the scope of primary and secondary studies to clarify the syndrome of damage in pathology in adults with major clinical syndromes	1) is not able to determine the basics of semiotics and syndromology, the main parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) does not explain the etiology and pathogenesis of	1) has difficulty defining the basics of semiotics and syndromology 2) knows the basic parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) has difficulty	1) defines the foundations of semiotics and syndromology 2) applies knowledge of the basic parameters of laboratory and instrumental studies of pathological processes of organs and systems 3) explains the etiology and pathogenesis	1) independently determines the basics of semiotics and syndromology 2) analyzes the main parameters of laboratory and instrumental studies of pathological processes of organs and systems. 3) analyzes issues of etiology and pathogenesis of various diseases.

		various diseases.	determining the etiology and pathogenesis of various diseases	of various diseases.	
RO 3.	Proficient in interviewing adults, uses clinical reasoning in collecting information when developing an examination plan; outlines the scope of primary and secondary studies to clarify the syndrome of damage in pathology internal medicine, formulates a syndromic diagnosis, fills out the medical history	1) is unable to conduct questioning, physical examination of the patient, or draw up an examination plan.NHe cannot communicate normally with his colleagues.	1) makes inaccuracies when conducting questioning and physical examination of patients 2) has difficulty collecting information and drawing up an examination plan; 3) is unable to justify the plan of primary and additional studies to clarify the lesion syndrome.WIT Hcommunicate s falsely with colleagues.	1) conducts questioning and physical examination of patients 2) collects information when drawing up a survey plan; 3) justifies the planned volume of basic and additional studies to clarify the lesion syndrome. Communicates easily with colleagues.	1) is proficient in methods of conducting interviews and physical examinations 2) conducts independently questioning, physical examination of patients 3) uses clinical thinking in collecting information when preparing an examination plan 4) justifies the planned volume of basic and additional research to clarify the damage syndrome. Relationships with colleagues are at a very high level.
RO 4.	Reports information, ideas, problems and solutions to patients and their family members, and is proficient in ethical and deontological standards in communicating with patients, their relatives and colleagues	1) is unable to conduct questioning, physical examination of the patient, or draw up an examination plan.NHe cannot communicate normally with his colleagues.	1) makes inaccuracies when conducting questioning and physical examination of patients 2) has difficulty collecting information and drawing up an examination plan; 3) is	1) conducts questioning and physical examination of patients 2) collects information when drawing up a survey plan; 3) justifies the planned volume of basic and additional studies to	1) is proficient in methods of conducting interviews and physical examinations 2) conducts independently questioning, physical examination of patients 3) uses clinical thinking in collecting information when

		unable to justify the plan of primary and additional studies to clarify the lesion syndrome. WIT Hcommunicate s falsely with colleagues.	clarify the lesion syndrome. Communicates easily with colleagues.	preparing an examination plan 4) justifies the planned volume of basic and additional research to clarify the damage syndrome. Relationships with colleagues are at a very high level.
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**10.2. Methods and criteria for evaluation****Checklist for the practical lesson**

No		Level			
		Great	Fine	Satisfy telno	Dissatisfied telno
Practical classes:					
1	Possession of practical skills of working in small groups	30	21	15	0
2	Oral answer on questionsthis task	30	21	15	0
3	Completing test assignments	12	8	6	0
4	Solving situational problems	28	20	14	0
	General:	100	70	50	0

**Checklist for assessing a lesson**

Form of control	Grade	Evaluation criteria
<b>Discussion of the topic, implementation of practical skills.</b>	Greatcorresponds to points: A (4.0; 95-100%); A- (3.67; 90-94%)	<ul style="list-style-type: none"> <li>- The student is proficient in interviewing and examining patients. They correctly and accurately select questions when collecting anamnesis, accurately analyze primary and secondary complaints, and are well-versed in the collected anamnesis and medical history.</li> <li>- Conduct a physical examination accurately:               <ul style="list-style-type: none"> <li>- general examination (examination of the skin and subcutaneous fat, visible mucous membrane, measurement of respiratory rate, heart rate, blood pressure);</li> <li>- palpation (determination of resistance, pain, vocal fremitus, localization, amplitude, area, strength, pulsation, consistency, mobility, diameters, peristalsis, zones of pain, rigidity),</li> <li>- Percussion (determination of comparative, topographic boundaries of the lungs, area, excursion; determination of absolute and relative boundaries of the heart, configuration, diameter and vascular bundle; determination of the boundaries of the liver, spleen and stomach, percussion symptom);</li> <li>- auscultation (listening to vesicular and bronchial breathing, wheezing, crepitations, pleural friction rub in the lungs;</li> </ul> </li> </ul>

		<p>listening to normal and pathological heart tones and murmurs, diastolic and systolic murmur).</p> <ul style="list-style-type: none"> <li>- Substantiates and makes a tentative syndromic diagnosis.</li> <li>- Used additional literature in preparation for the lesson.</li> </ul> <p>Systematizes material on the topic. Communicates effectively in medical practice, objectively conveys relevant information, and is proficient in and applies ethical and deontological standards when performing tasks.</p> <p>skill;</p>
	<p>Fine corresponds to B+ scores (3.33; 85-89%) B (3.0; 80-84%) B- (2.67; 75-79%) C+ (2.33; 70-74%)</p>	<ul style="list-style-type: none"> <li>- The trainee is proficient in interviewing and examining patients. They choose the right questions when collecting anamnesis, accurately analyze primary and secondary complaints, and are well-versed in the collected anamnesis and medical history.</li> <li>-It is good to conduct a physical examination:             <ul style="list-style-type: none"> <li>- general examination (examination of the skin and subcutaneous fat, visible mucous membrane, measurement of respiratory rate, heart rate, blood pressure);</li> <li>- palpation (determination of resistance, pain, vocal fremitus, localization, amplitude, area, strength, pulsation, consistency, mobility, diameters, peristalsis, zones of pain, rigidity),</li> <li>- Percussion (determination of comparative, topographic boundaries of the lungs, area, excursion; determination of absolute and relative boundaries of the heart, configuration, diameter and vascular bundle; determination of the boundaries of the liver, spleen and stomach, percussion symptom);</li> <li>- auscultation (listening to vesicular and bronchial breathing, wheezing, crepitations, pleural friction rub in the lungs; listening to normal and pathological heart tones and murmurs, diastolic and systolic murmur).</li> </ul> </li> </ul> <p>Makes a presumptive syndrome diagnosis without substantiating the data.</p>
	<p>Satisfactorily corresponds to points C (2.0; 65-69%) C- (1.67; 60-64%) D+ (1.33; 55-59%) D- (1.0; 50-54%)</p>	<ul style="list-style-type: none"> <li>- The student is able to navigate through questioning and examining patients, analyzes primary and secondary complaints with errors, and is poorly oriented in the collected anamnesis of life and illness.</li> <li>- There are errors in the physical examination:             <ul style="list-style-type: none"> <li>- general examination (examination of the skin and subcutaneous fat, visible mucous membrane, measurement of respiratory rate, heart rate, blood pressure);</li> <li>- palpation (determination of resistance, pain, vocal fremitus, localization, amplitude, area, strength, pulsation, consistency, mobility, diameters, peristalsis, zones of pain, rigidity),</li> <li>- Percussion (determination of comparative, topographic boundaries of the lungs, area, excursion; determination of absolute and relative boundaries of the heart, configuration, diameter and vascular bundle; determination of the boundaries of the liver, spleen and stomach, tingling symptom);</li> <li>- auscultation (listening to vesicular and bronchial breathing,</li> </ul> </li> </ul>

		<p>wheezing, crepitations, pleural friction rub in the lungs; listening to normal and pathological heart tones and murmurs, diastolic and systolic murmur).</p> <ul style="list-style-type: none"> <li>- Incapable of correlating the relationship between primary symptoms and syndromes. Provides a presumptive syndrome-based diagnosis without supporting evidence.</li> </ul> <p>Low level of communication in medical practice; subjectively conveys appropriate information;</p>
	Unsatisfactory corresponds to FX points (0.5; 25-49%)	<p>The student has no idea about the main and secondary complaints and is not familiar with the collected anamnesis of life and illness.</p> <ul style="list-style-type: none"> <li>- Incapable of conducting practical exercises and interpreting their results. Doesn't see the connection between objective physical examination data:</li> <li>- general examination (examination of the skin and subcutaneous fat, visible mucous membrane, measurement of respiratory rate, heart rate, blood pressure);</li> <li>- palpation (determination of resistance, pain, vocal fremitus, localization, amplitude, area, strength, pulsation, consistency, mobility, diameters, peristalsis, zones of pain, rigidity),</li> <li>- Percussion (determination of comparative, topographic boundaries of the lungs, area, excursion; determination of absolute and relative boundaries of the heart, configuration, diameter and vascular bundle; determination of the boundaries of the liver, spleen and stomach, percussion symptom);</li> <li>- Auscultation (listening to vesicular and bronchial breathing, wheezing, crepitations, pleural friction rub in the lungs; listening to normal and pathological heart tones and murmurs, diastolic and systolic murmur).</li> </ul>
	Unsatisfactory corresponds to points F (0; 0-24%)	<p>Doesn't find or correlate the relationship between the main symptoms and syndromes. Makes a presumptive syndrome-based diagnosis without substantiating the data.</p> <ul style="list-style-type: none"> <li>- Did not participate in group work. Incapable of communicating in medical practice; does not convey appropriate information; does not possess or apply ethical and deontological standards when performing the skill. Gross errors when answering the instructor's questions. without using specific terminology in answers.</li> </ul>

**Situational Task Assessment Sheet**

No.	Evaluation criteria	Points
1	<p>Demonstrates original thinking when solving situational problems. Fully utilizes theoretical knowledge necessary for solving the problem.</p> <p>Demonstrates excellent knowledge of reference biochemical parameters when interpreting proposed biofluid analysis data.</p> <p>Demonstrates the ability to draw logical conclusions from situational problems while demonstrating a thorough understanding of the required course material.</p>	"Excellent" 90-100%

2	Possesses the necessary knowledge to solve a given situational problem. Allows for minor inaccuracies when discussing a given case. Capable of drawing correct conclusions based on the proposed situational problem.	"Good" 70-89%
3	Allows minor inaccuracies when discussing a given problem, has difficulty interpreting the analyses proposed in the situational problem, and draws conclusions with difficulty.	"Satisfactory" 50-69%
4	Makes fundamental mistakes in discussing situational problems. Passive, unable to draw appropriate conclusions.	"Unsatisfactory" 0-49%

**SRO and SROP checklist**

N o.	Evaluation criteria	Level			
		Great	Fine	Satisfy telno	Dissatisfied telno
<b>SRO and SROP:</b>					
1	Practicing practical skills	50	35	25	0
2	Preparing a presentation	50	35	25	0
	General	100	70	50	0

**Checklist for students' independent work (SRO)**

5	<b>Implementation of practical skills</b>	<b>Great Corresponds ratings:</b> A (4.0; 95-100%); A- (3.67; 90-94%)	Has good command of patient interviews and examinations. Demonstrates practical skills in palpation, percussion, auscultation, and general examination. The medical history was written according to the algorithm and correctly, with no errors. He used more than five sources and monographs on specific diseases to write the medical history. He completed the test assignments 90-100%.
		<b>Fine Meets the ratings:</b> B+ (3.33; 85-9%); B (3.0; 80-84%); B- (2.67; 75-79%); C+ (2.33; 70-74%)	The student is proficient in questioning and examining patients, and has made minor inaccuracies or significant errors, which were corrected by the student. Demonstrates practical skills in palpation, percussion, auscultation, and general examination. The medical history was written according to the algorithm and correctly, with minor errors. The patient used fewer than five sources and monographs on specific diseases to write the medical history. He completed test assignments at 70-89%.
		<b>Satisfactorily Meets the ratings:</b> C(2.0; 65-69%) C-(1.67; 60-64%) D+ (1.33; 55-59%) D(1.0; 50-54%)	He is able to navigate through questioning and examining patients. When demonstrating practical skills (conducting palpation, percussion, auscultation and general examination), he showed incomplete knowledge of the material on the given topic, while making fundamental mistakes. The medical history was written according to the algorithm and correctly, but made some fundamental errors. He used fewer than three sources to write the medical history. He completes test assignments at 50-69%.
		<b>Unsatisfactory</b> FX (0.5; 25-49%)	Failed to demonstrate practical skills. Incorrect description of medical history. Test assignments performed at 0-49%.

F (0; 0-24%)

**Checklist for assessing written assignments during midterm assessment**

Form control	Grade	Evaluation criteria
Solving situational problems using tickets	"Great" 90-100%	<ul style="list-style-type: none"> <li>- The student accurately analyzes primary and secondary complaints and is well-versed in the collected anamnesis of life and illness.</li> <li>- Links data from objective physical examination (palpation, auscultation, percussion), correctly interprets data from laboratory and instrumental studies.</li> <li>Able to evaluate pathophysiological patterns of research results.</li> <li>- Finds and compares the relationship between the main symptoms and syndromes.</li> <li>- Substantiates and makes a tentative syndrome-based diagnosis.</li> <li>-The student answered the question on the problem without any errors.</li> <li>based on understanding, knowledge and clinical thinking regarding the given clinical situation.</li> <li>- The student has an excellent understanding of primary and secondary complaints and is well versed in the collected anamnesis of life and illness.</li> </ul>
	"Fine" 70-89%	<ul style="list-style-type: none"> <li>- Links data from objective physical examination (palpation, auscultation, percussion), and incorrectly interprets data from laboratory and instrumental studies.</li> <li>-There are errors in assessing the pathophysiological patterns of the research results.</li> <li>- Finds and compares the relationship between the main symptoms and syndromes.</li> <li>- Makes a presumptive syndrome diagnosis without substantiating the data</li> <li>-The student did not answer the question on the problem in full for this clinical situation.</li> <li>- The student analyzes primary and secondary complaints with errors and is poorly oriented in the collected anamnesis of life and illness.</li> </ul>
	«Satisfactory" 50-69%	<ul style="list-style-type: none"> <li>- Links data from objective physical examination (palpation, auscultation, percussion), correctly interprets data from laboratory and instrumental studies.</li> <li>-Unable to evaluate the pathophysiological patterns of research results.</li> <li>-Unable to compare the relationship between the main symptoms and syndromes.</li> <li>- Makes a presumptive syndrome diagnosis without substantiating the data</li> <li>-The student answered the question on the task without understanding, knowledge, and clinical thinking regarding the given clinical situation.</li> </ul>
	"Unsatisfactory" 0-49%	<ul style="list-style-type: none"> <li>- The student has no idea about the main and secondary complaints and is not familiar with the collected anamnesis of life and illness.</li> <li>- Does not see the connection between objective physical</li> </ul>

examination data (palpation, auscultation, percussion), and incorrectly interprets laboratory and instrumental examination data.

- Does not know how to evaluate the pathophysiological patterns of research results.
- Does not find and is not able to compare the connection between the main symptoms and syndromes.
- Makes a presumptive syndrome diagnosis without substantiating the data.
- The student gave an incorrect answer to the question on the task.

## 10.2 Letter Grading System Assessments

Letter grading system	Digital equivalent of points	Percentage content	Assessment according to the traditional system
A	4.0	95-100	Great
A -	3.67	90-94	
B +	3.33	85-89	Fine
IN	3.0	80-84	
IN -	2.67	75-79	
C +	2.33	70-74	Satisfactorily
WITH	2.0	65-69	
WITH -	1.67	60-64	
D+	1.33	55-59	
D-	1.0	50-54	Not satisfactory
FX	0.5	25-49	
F	0	0-24	

## 11. Educational resources

Electronic resources	<ul style="list-style-type: none"> <li>• Electronic library of SKMA - <a href="https://e-lib.skma.edu.kz/genres">https://e-lib.skma.edu.kz/genres</a></li> <li>• Republican Interuniversity Electronic Library (RIEL) – <a href="http://rmebrk.kz/">http://rmebrk.kz/</a></li> <li>• Digital library "Aknurpress" - <a href="https://www.aknurpress.kz/">https://www.aknurpress.kz/</a></li> <li>• Electronic library "Epigraph" - <a href="http://www.elib.kz/">http://www.elib.kz/</a></li> <li>• Epigraph - a portal for multimedia textbooks <a href="https://mbook.kz/ru/index/">https://mbook.kz/ru/index/</a></li> <li>• <b>EBS IPR SMART</b> <a href="https://www.iprbookshop.ru/auth">https://www.iprbookshop.ru/auth</a></li> <li>• information and legal system "Заң» - <a href="https://zan.kz/ru">https://zan.kz/ru</a></li> <li>• Medline Ultimate EVSCO</li> <li>• eBook Medical Collection EBSCO</li> <li>Scopus - <a href="https://www.scopus.com/">https://www.scopus.com/</a></li> </ul>
Electronic textbooks	<ol style="list-style-type: none"> <li>1) Ivashkin, VT Internal diseases propedeutics [Electronic resource]: textbook. - Electronic text data. (142 MB). - M: GEOTAR - Media, 2017. - electronic optical disc</li> <li>2) Ishki aurular./Bimurzaev G.N., Zaripova G.K. , 2020. <a href="https://aknurpress.kz/reader/web/2594">https://aknurpress.kz/reader/web/2594</a></li> <li>3) Ishki aurular clinics. Erzhanova G.A., Mukhanova A.K., 2016/<a href="https://aknurpress.kz/reader/web/2370">https://aknurpress.kz/reader/web/2370</a></li> <li>4) Ishki aurular propedeuticsynan zhardayattyk tapsyrmalar Orazova B.O., Marchenko T.V.,</li> </ol>

2016/<https://aknurpress.kz/reader/web/2348>

5) Akhmetov Kayyrgali Zhaleluly. Ishki aurular propaedeutics for clinics. Almaty: "Evero", 2020. – 262 bet

[https://elib.kz/ru/search/read\\_book/22/](https://elib.kz/ru/search/read_book/22/)

6) Internal non-infectious diseases with clinical radiological assessment. KSU named after A. Baitursynov, 2011. – 94 p.

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7) Ajay K. Singh. Joseph Loscalzo. The Brigham Intensive Review of Internal Medicine Question and Answer Companion: Oxford: Oxford University Press. 2014 // eBook Collection EBSCO

8) Thomas Ciesielski. Washington Manual General Internal Medicine Consult: Third edition. Philadelphia: Wolters Kluwer Health. 2017 // eBook Collection EBSCO

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10) Internal Medicine. Vol. 2 [Electronic resource]: textbook / edited by V. S. Moiseev. - 3rd ed., corrected and supplemented. - Electronic text data. (45.1 MB). - M.: GEOTAR - Media, 2015. - 895

11) Propaedeutics of internal diseases: Textbook. / T.S. Ryabova, E.S. Ryss, V.Ya. Plotkin et al. - St. Petersburg: SpetsLit, 2015. - 414 p. <http://rmebrk.kz/book/1174389>

12) Internal diseases in the work of a general practitioner: Study guide. / K.Zh. Sadykova, Sh.U. Skenderova, S.K. Sattiev. -

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13) Propaedeutics of Internal Diseases: Textbook. – 6th edition, Volume I

reworked and additional – Almaty: Evero, 2020. – 400 p.

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21) Pimenov, Yu. S. Internal Medicine. Volume 1: study guide / Yu. S. Pimenov, I. V. Roganova, L. N. Finko. - Moscow: REAVIZ, 2008. - 146 p. / Digital educational resource IPR

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- 4) Mukhin, N. A. **Ішкі аурулар** propaedeutics: okulyk. - M.: GEOTAR - Media, 2015
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- 6) Vasilenko, V. Kh. Ishki aurular propaedeutics. T. 2: okulyk / mem. tilge aud. K. Askambay. - Almaty: Evero, 2015. - 176 b. With
- 7) Aitbembet, B. N. **Ішкі** arza aurularynyn propedeutics: okulyk Almaty: Evero, 2014. - 568 bet.-
- 8) Makolkin, V. I. Ishki aurular: okulyk. - M.: GEOTAR - Media, 2014. - 976 bet
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- 6) Diagnosis of internal diseases by syndromes: training manual / EK Bekmurzaeva. - Almaty: Epigraph, 2022. - 128 s.
- 7) Seydakhmetova A. A.Ishki aurular meteorology and factors of taueldiligi: monograph / A.

A. Seidakhmetova. - Shymkent, 2025. - 108 b. - Matin.



**12. Discipline policy**

Student expectations, attendance, behavior, grading policies, penalties, incentives, etc.

1. During classes, wear special clothing (gown, cap).
2. Mandatory attendance of lectures, practical classes and SROPS according to the schedule.
3. Don't be late or miss lectures or classes. If you are sick, provide a medical certificate and a work permit stating the due date, valid for 30 days from the date it is received from the dean's office.
4. Unexcused absences are not made up. Students who miss classes without an excuse are assigned a "0" next to the "n" mark in their electronic journal and receive penalty points:
  - the penalty point for missing 1 lecture is 1.0 point from the midterm assessment grades;
  - The penalty point for missing 1 SRO lesson is 2.0 points from the SRO assessment.
5. Attendance at SRO classes is mandatory. If a student is absent from SRO classes, an "n" mark is added to the student's academic record and electronic journal.
6. Each student must complete all forms of SRO assignments and submit them according to the schedule.
7. For each practical lesson and SRO, all students must prepare promptly and clearly and take an active part in the discussion of the topic.
8. Be responsible for the sanitary condition of your workplace and personal hygiene.
9. Eating food in the classrooms is strictly prohibited.
10. Observe safety regulations when working with simulation dummies
11. Observe the Academy's internal regulations and ethics of conduct.
12. Be tolerant, open and friendly towards fellow students and teachers.
13. Treats the department's property with care.

**13. Academic policy based on the moral and ethical values of the academy****13.1** P. 4 Student Honor Code**13.2** GRADING POLICY

1. Several forms of knowledge assessment are used in class. The average grade is entered into the gradebook.
2. A student who does not achieve a passing score (50%) in one of the types of tests (current control, midterm control No. 1 and/or No. 2) is not admitted to the exam in the discipline.
3. The final rating for admission to the exam in a discipline must be at least 50 points (60%), which is calculated automatically based on the average score of the current control (40%) + the average score of the interim controls (20%).
4. Final certification is carried out in two stages: acceptance of proactive skills and testing.

<b>14. Утверждение и пересмотр</b>			
Дата согласования с Библиотечно-информационным центром	Протокол №	Ф.И.О. руководителя БИЦ	Подпись
«25» 05 2025г.	7	Дарбичева Р.И.	
Дата одобрения на АК ОП	Протокол №	Ф.И.О. председателя АК ОП	Подпись
«30» 06 2025г.	6	Кецбаева Л.О.	
Дата утверждения на кафедре	Протокол №	Ф.И.О. заведующего кафедрой	Подпись
«26» 06 2025г.	11	Кафедра «Пропедевтика внутренних болезней» д.м.н., профессор Бекмурзаева Э.К.	