


ONTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		51/11-2025 1page of 28

SYLLABUS
Work program of the discipline «Internal diseases-1»
Educational program: 6B10115 "Medicine"


1. General information about the discipline			
1.1	Discipline Code: ID 4317	1.6	Academic year: 2025-2026
1.2	Name of discipline: Internal diseases -1	1.7	Course: 4
1.3	Prerequisites: General Pathology, Digestive and endocrine systems in pathology, Genitourinary system in pathology, Cardiovascular system in pathology, Respiratory system in pathology, Blood and lymph in pathology	1.8	Semester: 7
1.4	Postrequisites: Internal diseases-2	1.9	Number of credits (ECTS): 5
1.5	Cycle: PD	1.10	Component: MC

2. Description of the discipline (maximum 150 words)	
Effective measures aimed at the diagnosis, treatment and prevention of the main forms of diseases of the respiratory, cardiovascular, and urinary systems. Postcovid syndrome. Diagnosis, provision of qualified and urgent medical care for urgent and life-threatening conditions. Research and evaluation of treatment outcomes based on scientific evidence. Maintaining medical records (medical history).	

3. Summative assessment form *			
3.1	Testing ✓	3.5	Solution of situational problems
3.2	Writing	3.6	Writing a case history
3.3	Oral	3.7	Other (specify)
3.4	OSPE/OSKE or practical skills intake ✓		

4. Aims of the discipline	
To form the student's skills of clinical thinking, based on knowledge of the pathophysiological mechanisms of the course and outcome of diseases, physical and clinical - laboratory methods of examination and choice of drugs in adult patients with the main clinical syndromes of internal diseases.	

5. Learning outcomes (RO disciplines)	
LO1	Demonstrates knowledge and understanding of the diagnosis, treatment, and follow-up of therapeutic diseases based on the principles of evidence-based medicine.
LO 2	Able to formulate a clinical diagnosis, develop a treatment plan, and evaluate its effectiveness in accordance with evidence-based practice at all levels of healthcare delivery.
LO3	Demonstrates skills in providing emergency and urgent medical care, and determines indications for hospitalization in therapeutic conditions.
LO4	Demonstrates effective communication skills: able to interact productively with patients, their families, and healthcare professionals to achieve optimal patient outcomes; able to act within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan; able to work as part of a team.
LO5	Able to provide basic assistance in emergency situations and conduct health education and awareness-raising activities with the population.

ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		51/11-2025 2page of 28

LO6	Demonstrates skills in the effective use of information technologies; able to complete medical documentation, participate in research activities, and engage in continuous self-learning and professional development.	
5.1	LO disciplines	The learning outcomes of the EP with which the LO disciplines are associated
	LO4	OH 4. Promotes activities within the framework of the RK health legislation to ensure quality health care.
	LO 2	OH 5. Demonstrates skills in formulating a clinical diagnosis, prescribing a treatment plan based on evidence-based practices.
	LO1, LO 2, LO 3, LO 5	OH 6 Conducts outpatient appointments, diagnosis, treatment, follow-up and rehabilitation of pediatric and adult patients, including pregnant women, based on evidence-based practice principles.
	LO 6	OH 9. Works in the electronic databases of the RK health care system, providing documentation of the processes of medical services and management of medical and statistical information as part of the processes of digitalization of health care.
	LO 1, LO 2	OH 11. Analyzes the effectiveness of diagnosis and treatment results, applying the principles of personalized medicine.

6.	Detailed information about the discipline					
6.1	Venue (building, auditorium):Shymkent, SKMA sq. AL-FARABI 1, tel.: 40-82-26, 40-82-22 (1800), www.ukma.kz , www.ukma.kz/ru , therapy_med@mail.ru Clinical bases: – Regional Clinic Hospital – City hospital №2 – Heart Center Shymkent – Medical Center "Sunkar Premium" – Medical center "Profmedservice" – Medical center "Spine Clinic"					
6.2	Number of hours 150	Lectures	Prakt. zan.	Lab. zan.	SRSP	SRS
	Internal diseases-1	15	35	-	15	85

7.	Information about teachers		
No	Full name	Degrees and position	Email address
1	Asanova Galiya Kutymbetovna	Candidate of Medical Sciences, Associate Professor, Head of the Department	agk_26@mail.ru
2	Abseitova Saule Raimbekovna	Doctor of Medical Sciences, Professor	saule_1947@mail.ru
3	Abdukhalykov Abai Magzhanovich	Professor	abai47@mail.ru
4	Turtaeva Aigul Yelubayevna	Candidate of Medical Sciences, Acting Professor	curtcha@mail.ru

5	Kushekbaeva Asiya Ergeshovna	Associate Professor	dr_asia@mail.ru
6	Bekzhigitov Spandiyar Bayzhigitovich	Doctor of Medical Sciences, Professor	bekzhigitov63@mail.ru
7	Ashirov Bolat Anvarovich	Candidate of Medical Sciences, Associate Professor	ashirov.bolat.80@mail.ru
8	Serikbayeva Mira Turdalievna	Assistant	Semira70@mail.ru

8. Thematic plan in the discipline "Internal Diseases-1" (VII) semester						
day s	Topic name	Summary	LO disciplines	Number of hours	Forms/ methods/ learning technologies	Forms/ evaluation methods nia
1	Lecture. Theme: Bronchitis acute and chronic	Bronchitis is acute and chronic. Definition, etiology. Pathophysiological mechanisms of bronchitis development. Classification. Clinic, diagnostics. Pharmacodynamics of bronchodilators, anti-inflammatory, antiviral, antibacterial, mucolytic drugs. Dispensary supervision.	LO 1, 2	1	Overview lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Bronchitis acute and chronic	Broncho-obstructive syndrome, respiratory failure syndrome. clinical picture. Pathophysiological mechanisms of development broncho-obstructive syndrome, respiratory failure syndrome. Diagnosis, tactics of patient management. Pharmacodynamics of bronchodilators, anti-inflammatory, antiviral, antibacterial, mucolytic drugs.	LO 1, 2	3	Small-Group Work. Completion of Test Assignments	Oral Assessment . Checklist for Test Assignment Performance
	SIWT/ SIW. Theme Fibrosing alveolitis	fibrosing alveolitis. Etiology. Pathophysiological mechanisms of development of fibrosing alveolitis. Classification. Clinical manifestations. differential diagnosis. Principles of treatment. Pharmacodynamics of anti-inflammatory drugs, corticosteroids, cytostatics.	LO 1, 2	1/6	Topic Discussion. Project Work: Development of a Scientific Project Plan	Review and Solving of Case-Based Clinical Scenarios. Project Evaluation
2	Lecture. Theme: Pneumonia.	Pneumonia. Definition, etiology. Pathophysiological mechanisms of pneumonia development. Classification. Clinic, diagnostics. Treatment. Pharmacodynamics of anti-inflammatory, antiviral, antibacterial drugs. Medical examination, prevention.	LO 1, 3	1	Thematic Lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Pneumonia	Pneumonia. Features of the clinic with different pathogens. Pathophysiological mechanisms of pneumonia development. Atypical pneumonia (caused by intracellular pathogens). Clinic, diagnostics. Pharmacodynamics of anti-inflammatory,	LO 1, 3	3	Standardized Patient Activity. Completion of Case-Based Tasks	Standardize d Patient Checklist. Checklist for Case-Based Task

		antiviral, antibacterial drugs. Dispensary supervision.				Performance
	SIWT/ SIW. Theme Tumors of the lungs. Project:	Tumors of the lungs. Etiology. Pathophysiological mechanisms of development of lung tumors. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamicschemo-radiation therapy.Indications for surgical treatment. Project: Prospective observational multicenter study of patients with arterial hypertension and chronic kidney disease in Kazakhstan	LO 1, 3	1/6	Work with Literature and the RBL Electronic Database	Analysis of Scientific Articles. Checklist for Developing Case-Based Tasks
3	Lecture. Theme: COPD	COPD Definition, etiology, classification, exacerbation criteria. Pathophysiological mechanisms of COPD development. Clinic, diagnostics. Treatment. Pharmacodynamics of bronchodilators, anti-inflammatory, antiviral, antibacterial, mucolytic drugs. Clinical examination, prevention, sanatorium treatment.	LO 3, 5	2	Informative Lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Chronic obstructive pulmonary disease. (COPD)	Chronic obstructive pulmonary disease. (COPD) Definition, etiology, classification, exacerbation criteria. Pathophysiological mechanisms of COPD development. Clinic, diagnostics. Treatment. Pharmacodynamics of bronchodilators, anti-inflammatory, antiviral, antibacterial, mucolytic drugs. Clinical examination, prevention, sanatorium treatment	LO 3, 5	3	Small-Group Work. Mastering Practical Skills	Oral Assessment . Evaluation of Practical Skill Mastery
	SIWT/ SIW. Theme: Acute respiratory failure	Acute respiratory failure. Definition and classification. Pathophysiological mechanisms of development of acute respiratory failure. clinic, toliniko-diagnostic criteria. Pharmacodynamics of bonchidilators - 1st line; β2-agonists: bronchodilators; glucocorticoids; anticholinergics: tiotropium bromide, iprotropium bromide; mucolytic drugs: ambroxol, N-acetylcysteine; kinesitherapy: postural drainage; oxygen therapy; diuretics. Medical examination, prevention.	LO 3, 5	1/5	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
4	Lecture. Theme: Bronchial asthma.	Bronchial asthma. Etiology. Pathogenesis. Pathophysiological mechanisms of development of bronchial asthma. Classification. Clinic, diagnostics. Treatment. Pharmacodynamics of bronchodilators (b 2 adrenomimetics, ICS, systemic corticosteroids), antileukotriene drugs (ALR) (montelukast). Clinical examination, prevention, Sanatorium treatment.	LO 1, 6	1	Problem-Based Lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme:	Bronchial asthma. Emphysema of the lungs. Etiology. Pathophysiological mechanisms of development of bronchial asthma, pulmonary emphysema. Classification. Clinic of asthma	LO 1, 6	3	Standardized Patient Activity. Completion	Standardize d Patient Checklist. Checklist

	Bronchial asthma (BA). Emphysema	attack and interictal period. Treatment during an attack and in the non-attack period. Spa treatment. Pathophysiological mechanisms of the development of status asthmaticus. Definition, clinic. Pharmacodynamics of bronchodilators (b 2 adrenomimetics, ICS, systemic corticosteroids).			of Test Assignments	for Test Assignment Performance
	SIWT/ SIW. Theme Sarcoidosis of the lungs	Sarcoidosis of the lungs. Etiology. Pathophysiological mechanisms of development of sarcoidosis. Classification. Clinical manifestations. differential diagnosis. Pharmacodynamics of corticosteroids, cytostatics, tumor necrosis factor inhibitors (Thalidomide and Pentoxifylline) and monoclonal antibodies (Etanercept, Infliximab).	LO 1, 6	1/6	Development of Case-Based Tasks	Analysis of Scientific Articles. Solving Case-Based Tasks
5	Lecture. Theme: Pleurisy.	Pleurisy. Types of pleurisy, etiology, pathophysiological mechanisms of pleurisy development. Characteristics of exudate, clinic, radiological diagnostics. Pharmacodynamics of anti-inflammatory, antiviral, antibacterial drugs. Outcomes, prevention.	LO 3, 4	1	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Bronchiectasis. Abscess and gangrene of the lungs	bronchiectasis. Abscess and gangrene of the lungs. Modern ideas about etiology. Pathophysiological mechanisms development of bronchiectasis, abscess and gangrene of the lungs. clinical picture. Major clinical syndromes. Clinical forms and variants of the course. Outcomes. Pharmacodynamics of anti-inflammatory, antibacterial drugs. Treatment. Prevention. Clinical examination of patients	LO 3, 4	2	Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the RK	Oral Assessment . Checklist for Solving Case-Based Tasks
	SIWT/ SIW. Theme Pulmonary heart	Pulmonary heart. TOclassification of pulmonary hypertension. Chronic cor pulmonale: classification. Pathophysiological mechanisms development cor pulmonale, pulmonary hypertension. TOclassification of pulmonary hypertension. Clinic. Compensated and decompensated cor pulmonale. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamics of endothelin receptor antagonists (ERs): ambrisentan, bosentan; calcium channel blockers (CCBs): amlodipine, diltiazem, nifedipine; phosphodiesterase subtype 5 inhibitors (IFDE-5): sildenafil, tadalafil; prostanoids: iloprost, soluble guanylate cyclase stimulators (SGCC): riociguat; diuretics; cardiac glycosides, indirect oral anticoagulants.	LO 3, 4	1/6	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
6	Lecture. Theme:	Arterial hypertension.	LO 4, 6	2	Problem-based lecture	Feedback Session



Department of Therapy and Cardiology

Work program of the discipline «Internal diseases -1»

SYLLABUS

51/11-2025

6page of 28


<p>Arterial hypertension .</p>	<p>Definition, etiology. Pathophysiological mechanisms of development of arterial hypertension. Classification. Clinic, diagnostics. Pharmacodynamics of antihypertensive drugs, angiotensin-converting enzyme inhibitors; calcium channel blockers; blockers of beta-adrenergic receptors; angiotensin II receptor antagonists; diuretics; aldosterone antagonists; lipid-lowering drugs: statins, omega-3 polyunsaturated fatty acids, fibrates. Prevention, dispensary observation, sanatorium treatment. hypertensive crises. Pathophysiological mechanisms of development of hypertensive crisis. Classification, clinic, diagnostics. Urgent Care.</p>				<p>(Question– Answer Format)</p>
<p>Practical lesson. Theme: Arterial hypertension</p>	<p>Arterial hypertension. Definition, etiology. Pathophysiological mechanisms of development of arterial hypertension. Classification. Clinic, diagnostics. Pharmacodynamics of antihypertensive drugs, angiotensin-converting enzyme inhibitors; calcium channel blockers; blockers of beta-adrenergic receptors; angiotensin II receptor antagonists; diuretics; aldosterone antagonists; lipid-lowering drugs: statins, omega-3 polyunsaturated fatty acids, fibrates. Prevention, dispensary observation, sanatorium treatment. hypertensive crises. Pathophysiological mechanisms of development of hypertensive crisis. Classification, clinic, diagnosis, emergency care, Pharmacodynamics of antihypertensive drugs, angiotensin-converting enzyme inhibitors: enalaprilat; calcium channel blockers: nifedipine; beta-adrenergic blockers: propranolol; diuretics: furosemide; magnesium sulfate; centrally acting drugs: clonidine.</p>	<p>LO 4, 6</p>	<p>3</p>	<p>Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan</p>	<p>Oral Assessment . Checklist for Case-Based Tasks</p>
<p>SIWT/ SIW. Theme Symptomatic arterial hypertension.</p>	<p>Symptomatic arterial hypertension. Definition, etiology. Pathophysiological mechanisms of development of symptomatic arterial hypertension. Classification. Clinic, diagnostics. Etiopathogenetic treatment. Pharmacodynamics of anti-inflammatory, antibacterial, nephroprotective, antihypertensive, lipid-lowering drugs. Prevention, dispensary observation, sanatorium treatment.</p>	<p>LO 4, 6</p>	<p>1/5</p>	<p>Development of Case-Based Tasks / Project Work</p>	<p>Analysis of Scientific Articles, Checklist for Developing Case-Based Tasks; Project Evaluation</p>
<p>7 Lecture. Theme: Atherosclerosis.</p>	<p>Atherosclerosis. Definition, etiology, Pathophysiological mechanisms of atherosclerosis development. Pharmacodynamics of lipid-lowering drugs: HMG-CoA reductase inhibitors, cholesterol</p>	<p>LO 4, 5</p>	<p>1</p>	<p>Thematic lecture</p>	<p>Feedback Session (Question– Answer Format)</p>



		absorption inhibitors: ezetimibe; PCSK9 inhibitors; fibrates; omega-3 polyunsaturated fatty acids. Prevention;				
	Practical lesson. Theme: Atherosclerosis	Atherosclerosis. Definition, etiology, Pathophysiological mechanisms of atherosclerosis development. Pharmacodynamics of lipid-lowering drugs: HMG-CoA reductase inhibitors, cholesterol absorption inhibitors: ezetimibe; PCSK9 inhibitors; fibrates; omega-3 polyunsaturated fatty acids. Prevention.	LO 4, 5	3	Small-Group Work. Solving Case-Based Tasks	Oral Assessment . Checklist for Solving Case-Based Tasks
	SIWT/ SIW. Theme Infectious Endocarditis Frontier control №1	Infective endocarditis. Definition. Etiology, Pathophysiological mechanisms of development of infective endocarditis. Classification. Clinic. Diagnostics. Pharmacodynamics of antibacterial drugs: b-lactams: benzylpenicillin, ampicillin; cefazolin; sulfonamides; aminoglycosides: gentamicin; Glycopeptides: vancomycin. Prevention.	LO 4, 5	1/6	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
8	Lecture. Theme: Cardiac ischemia	Cardiac ischemia. Definition. Etiology, Pathophysiological mechanisms of development of coronary heart disease. Classification. Clinic. Diagnostics. Pharmacodynamics antianginal drugs: nitrates, β -blockers, calcium antagonists, narcotic analgesics; lipid-lowering drugs; antiplatelet agents, anticoagulants, fibrinolytics. Prevention, dispensary observation.	LO 5, 6	2	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Ischemic heart disease (CHD). angina pectoris	ischemic heart disease. Angina. Definition. Etiology. Pathophysiological mechanisms of development of stenocardia. Risk factors. Classification. Clinic. Diagnostics. Pharmacodynamics of antianginal drugs: nitrates, β -blockers, calcium antagonists, narcotic analgesics; lipid-lowering drugs; antiplatelet agents. Prevention, dispensary observation.	LO 5, 6	2	Small-Group Work; Working with the Clinical Protocol of the Ministry of Health of the RK	Oral Assessment and Checklist for Performing Case-Based Tasks
	SIWT/ SIW. Theme: Cardiomyopathy	Cardiomyopathy. Definition. Etiology, Pathophysiological mechanisms of development of cardiomyopathies. Classification. Clinic. Diagnostics. Pharmacodynamics of β -blockers, calcium antagonists, diuretics, aldosterone antagonists, antiplatelet agents; inotropic drugs. Heart transplant. Prevention of sudden cardiac death.	LO 5, 6	2/6	Development of Case-Based Tasks	Analysis of Scientific Articles; Checklist for Developing Case-Based Tasks
9	Lecture. Theme: Myocardial infarction	Myocardial infarction. Definition. Etiology, Pathophysiological mechanisms of myocardial infarction. Classification. Clinic. Diagnostics. Pharmacodynamics	LO 2, 3	1	Problem-Based Lecture	Feedback Session (Question–

		antianginal drugs: nitrates, β -blockers, calcium antagonists, narcotic analgesics; lipid-lowering drugs; antiplatelet agents, anticoagulants, fibrinolytics. Prevention, dispensary observation.				Answer Format)
	Practical lesson. Theme: Ischemic heart disease (CHD). myocardial infarction	Myocardial infarction. Definition. Etiology, Pathophysiological mechanisms of myocardial infarction. Classification. Clinic. Diagnostics. Pharmacodynamics antianginal drugs: nitrates, β -blockers, calcium antagonists, narcotic analgesics; lipid-lowering drugs; antiplatelet agents, anticoagulants, fibrinolytics. Prevention, dispensary observation. Sudden coronary death. Definition, clinic. Emergency therapy at the stage of clinical death. Acute left ventricular heart failure. Etiology, pathogenesis, clinic, diagnostics, treatment.	LO 2, 3	3	Small-Group Work; Mastery of Practical Skills	Oral Assessment ; Evaluation of Practical Skills
	SIWT/ SIW. Theme Sudden coronary death	Sudden coronary death. Definition, clinic. Cardiopulmonary resuscitation. Emergency therapy at the stage of clinical death.	LO 2, 3	2/6	Project Work	Analysis of Scientific Articles; Project Evaluation
10	Lecture. Theme: Chronic Kidney Disease	Chronic kidney disease (CKD): definition and etiology. Pathophysiological mechanisms of chronic kidney disease. Classification. Clinical manifestations. Differential diagnosis. Principles of treatment. Pharmacotherapy aimed at slowing the progression of chronic kidney disease, pharmacodynamics of nephroprotective and cardioprotective agents. Indications for hemodialysis and kidney transplantation.	LO 2,6	1	Thematic lecture	Feedback Session (Question– Answer Format)
	Practical lesson Chronic Kidney Disease	Chronic kidney disease (CKD): definition and etiology. Pathophysiological mechanisms of chronic kidney disease. Classification. Clinical manifestations. Differential diagnosis. Principles of treatment. Pharmacotherapy aimed at slowing the progression of chronic kidney disease, pharmacodynamics of nephroprotective and cardioprotective agents. Indications for hemodialysis and kidney transplantation.	LO 2,6	2	Small-Group Work; Mastery of Practical Skills	Oral Assessment ; Evaluation of Practical Skills
	SIWT/ SIW. Theme Chronic Kidney Disease	Chronic kidney disease (CKD): definition and etiology. Pathophysiological mechanisms of chronic kidney disease. Classification. Clinical manifestations. Differential diagnosis. Principles of treatment.	LO 2,6	3/5	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks

11	<p>Lecture. Theme: Glomerulonephritis, acute and chronic</p>	<p>Glomerulonephritis acute and chronic. Definition, etiology. Pathophysiological mechanisms of development of acute, chronic glomerulonephritis. Classification. Diagnostics. Pharmacodynamics of immunosuppressive drugs: prednisolone, methylprednisolone, cyclophosphamide; calcineurin inhibitors: cyclosporine, tacrolimus; antihypertensive, nephroprotective drugs: angiotensin-converting enzyme inhibitors: fosinopril, enalapril, ramipril; calcium channel blockers: amlodipine, nifedipine; beta-adrenergic blockers: carvedilol; angiotensin II receptor antagonists: losartan, irbesartan; statins; diuretics: loop-furosemide, hypothiazide, with inefficiency - ultrafiltration; with severe azotemia and hyperkalemia - hemodialysis. Dispensary supervision. Sanatorium treatment, prevention.</p>	LO 1, 2, 4	1	Thematic lecture	Feedback Session (Question–Answer Format)
	<p>Practical lesson. Theme: Acute and chronic glomerulonephritis</p>	<p>Acute and chronic glomerulonephritis. Modern ideas about the etiology and Pathophysiological mechanisms development acute, chronic glomerulonephritis. Classification. Diagnostics. Pharmacodynamics of immunosuppressive drugs: prednisolone, methylprednisolone, cyclophosphamide; calcineurin inhibitors: cyclosporine, tacrolimus; antihypertensive, nephroprotective drugs: angiotensin-converting enzyme inhibitors: fosinopril, enalapril, ramipril; calcium channel blockers: amlodipine, nifedipine; beta-adrenergic blockers: carvedilol; angiotensin II receptor antagonists: losartan, irbesartan; statins; diuretics: loop-furosemide, hypothiazide, with inefficiency - ultrafiltration; with severe azotemia and hyperkalemia - hemodialysis. Dispensary supervision. Sanatorium treatment, prevention.</p>	LO 1, 2, 4	3	Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan	Oral Assessment ; Checklist for Solving Case-Based Tasks
	<p>SIWT/ SIW. Theme: Types of nephropathy.</p>	<p>Definition. Types of nephropathy. Dysmetabolic nephropathy: diabetic nephropathy, gouty nephropathy; cardiorenal syndrome; hepatorenal syndrome; nephropathy in diffuse connective tissue diseases; drug nephropathy; nephropathy in pregnancy. Pathophysiological mechanisms of development of nephropathies. Differential diagnosis. Pharmacodynamics antihypertensive, nephroprotective drugs: angiotensin-converting enzyme inhibitors; calcium channel blockers; blockers of beta-adrenergic receptors; angiotensin II receptor antagonists; diuretics.</p>	LO 1, 2, 4	1/6	Development of Case-Based Tasks	Analysis of Scientific Articles; Solving Case-Based Tasks

ONTUSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		51/11-2025 10page of 28

12	Lecture. Theme: Acute renal failure	Acute renal failure, concept, classification, Pathophysiological mechanisms of development of acute renal failure. Clinical diagnostic criteria. Medical treatment of AKI according to etiology. Treatment of complications: renal function replacement therapy (RRT), hemodiafiltration, hemodialysis; hemosorption, plasmadsorption, therapeutic plasma exchange.	LO 2, 5	1	Problem-based lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Acute renal failure	Acute renal failure. Definition. Modern ideas about etiology and pathogenesis. clinical picture. Major clinical syndromes. Diagnostics, tactics of patient management	LO 2, 5	3	Standardized Patient Activity. Completion of Case-Based Tasks	Standardized Patient Checklist; Checklist for Performing Case-Based Tasks
	SIWT/ SIW. Theme: Acute and chronic tubulointerstitial nephritis. Frontier control №2	Acute and chronic tubulointerstitial nephritis. Definition. Etiology. Pathophysiological mechanisms of development of acute and chronic tubulointerstitial nephritis. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamics of anti-inflammatory, antibacterial drugs: penicillins, cephalosporins, fluoroquinolones; nephroprotective drugs: angiotensin-converting enzyme inhibitors; angiotensin II receptor antagonists.	LO 2, 5	2/6	Discussion of the Session Topic; Work with Literature and the RBL Electronic Database	Analysis of Scientific Articles; Checklist for Developing Case-Based Tasks

Preparation and conducting of intermediate certification 15 hours

9. Teaching methods and forms of controls		
9.1	Lectures	Overview, Problem-Based, Informative, and Thematic Lectures; Feedback Session (Question–Answer Format)
9.2	Practical lessons	Discussion of the Session Topic; Small-Group Work; Oral Assessment; Completion of Test Assignments, Standardized Patient Activity; Standardized Patient Checklist; Solving Case-Based Tasks, Mastery of Practical Skills; Evaluation of Practical Skills, Clinical Case Review; Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan
9.3	SIWT/ SIW	Discussion of the Session Topic; Project Work: Development of a Scientific Project Plan; Review and Solving of Case-Based Tasks; Project Evaluation, Analysis of Scientific Articles; Development of Case-Based Tasks
9.4	Frontier control	Testing; Oral Assessment

10.		Evaluation criteria			
10.1		Criteria for assessing the learning outcomes of the discipline			
№ LO	Name of learning outcomes	Unsatisfactory	Satisfactorily	Good	Great
LO 1	Demonstrates knowledge and understanding of the diagnosis, treatment, and follow-up of	Unable to correctly name or explain the basic diagnostic methods for therapeutic diseases.	Knows the basic diagnostic methods and stages of patient evaluation. Makes minor errors	Correctly selects the main diagnostic methods and justifies their use.	Demonstrates a deep understanding of diagnostics: selects optimal methods.

	therapeutic diseases based on the principles of evidence-based medicine.	Makes major errors in diagnostic algorithms and data interpretation. Does not know or applies incorrect principles of evidence-based medicine. Does not understand approaches to treatment and follow-up.	when selecting diagnostic tests but can correct them with instructor guidance. Names the main principles of treatment and follow-up but explains them superficially. Applies elements of evidence-based medicine, though without confident justification.	Properly formulates the main principles of treatment and stages of follow-up. Explains clinical decisions based on evidence-based medicine (guidelines, recommendations), though not always in depth.	considering their sensitivity, specificity, and indications. Justifies treatment using current clinical guidelines. Applies evidence-based medicine correctly, critically evaluating the quality of evidence.
LO 2	Able to formulate a clinical diagnosis, develop a treatment plan, and evaluate its effectiveness in accordance with evidence-based practice at all levels of healthcare delivery.	The diagnosis is formulated incorrectly; the prescribed treatment is inappropriate or does not comply with clinical guidelines; the effectiveness of therapy is not evaluated.	The diagnosis is partially correct; basic treatment is prescribed with minor errors; the effectiveness of therapy is evaluated superficially.	The diagnosis is formulated correctly; the treatment is prescribed appropriately and in accordance with clinical guidelines; the effectiveness of therapy is evaluated adequately.	The diagnosis is comprehensive and well-justified; the treatment is selected optimally based on evidence-based medicine; the effectiveness of therapy is evaluated thoroughly and with sound reasoning.
LO 3	Demonstrates skills in providing emergency and urgent medical care, and determines indications for hospitalization in therapeutic conditions.	Unable to provide emergency care; makes critical errors; does not know the indications for hospitalization.	Performs the basic steps of emergency care but with inaccuracies; knows the indications for hospitalization only partially.	Provides emergency care confidently; correctly determines the indications for hospitalization; makes minimal inaccuracies.	Provides emergency care quickly and competently; accurately identifies hospitalization indications in various clinical situations; demonstrates confident clinical reasoning.
LO 4	Demonstrates effective communication skills: able to interact productively with patients, their families, and healthcare professionals to achieve optimal patient outcomes; able to act within the	Unable to provide basic assistance in emergency situations; makes critical errors; cannot explain the principles of health education and public awareness.	Communicates correctly but with difficulties; interaction with patients and colleagues is limited; adheres only to basic ethical and deontological principles.	Communicates effectively with patients and the team; adheres to ethical and legal norms; interacts confidently and constructively.	Demonstrates high-level communication skills; establishes a trusting relationship; works effectively as part of a team; acts confidently within the legal and organizational framework;



	legal and organizational framework of the healthcare system of the Republic of Kazakhstan; able to work as part of a team.				contributes to improved clinical outcomes.
LO 5	Able to provide basic assistance in emergency situations and conduct health education and awareness-raising activities with the population.	Unable to provide basic assistance in emergency situations; makes critical errors; cannot explain the principles of health education and public awareness.	Performs basic actions in emergency situations but with inaccuracies; can provide general information to the population, but incompletely.	Provides basic assistance in emergency situations confidently; correctly explains preventive measures and appropriate behavior to the population; makes minimal inaccuracies.	Provides basic assistance in emergency situations clearly and competently; conducts health education effectively; is able to adapt information to the audience; demonstrates confident communication and organizational skills.
LO 6	Demonstrates skills in the effective use of information technologies; able to complete medical documentation, participate in research activities, and engage in continuous self-learning and professional development.	Does not possess basic IT skills; makes errors when completing documentation; does not understand the principles of research work; does not demonstrate interest in self-directed learning.	Uses IT and electronic systems at a basic level; completes documentation with minor errors; participates in research tasks to a limited extent; shows interest in self-learning, but inconsistently.	Confidently uses IT tools and electronic databases; completes documentation correctly; actively participates in research tasks; demonstrates consistent self-learning.	Effectively uses digital technologies and databases; completes documentation accurately and without errors; shows initiative in research activities; demonstrates a high level of independent learning and professional development.

10.2

Methods and Assessment Criteria

Checklist for practical class


№	Form of control	Assessment	Evaluation criteria
1	Oral Examination	Excellent A (4.0; 95–100%)	The student demonstrates deep knowledge and a full understanding of the material. Confidently answers all questions without errors. Provides practical examples, uses professional and scientific terminology, logically argues their position. Gives detailed answers and draws independent conclusions.

	A- (3,67; 90-94%)	The answer is complete and logical; minor inaccuracies do not distort the meaning. Demonstrates understanding of theoretical concepts and their application in practice. Defends their point of view with arguments and uses professional terminology.
	Good Corresponds to grades: B+ (3.33; 85–89%)	The answer is generally correct and logical, but contains minor non-critical errors. Demonstrates good understanding of the topic but does not always deeply explain causal relationships.
	B (3,0; 80-84%)	The answer is essentially correct but incomplete. Some gaps in logical structure are present. The student struggles to apply theory in practice and requires prompting from the instructor.
	B- (2,67; 75-79%)	The answer partially reveals the topic. Contains inaccuracies in terminology and formulations. Weak argumentation; examples are incomplete. Understanding is satisfactory.
	C+ (2,33; 70-74%)	The answer is limited to basic points of the topic. Errors occur but are corrected after instructor's hints. Professional terms are not always used appropriately.
	Satisfactory C (2,0; 65-69%)	Answer is incomplete; basic conceptual errors occur. Material is presented unsystematically, logic is violated. Requires constant clarifications from the instructor.
	C- (1,67; 60-64%)	The student struggles to answer; knowledge is superficial and fragmented. Makes essential errors and does not always understand the question.
	D+ (1,0; 50-54%)	Formal answer that does not reflect the essence of the question. Minimal knowledge. Numerous errors, lack of logical sequence.
	Unsatisfactory FX (0,5; 25-49%)	Answer is incomplete and incorrect. Does not understand basic concepts. Does not use scientific terminology, unable to apply knowledge in practice.
	F (0; 0-24 %)	No answer or a completely incorrect answer. Does not possess the material; no understanding of the topic.
2	Solving Case-Based Tasks	
	Excellent A (4.0; 95–100%)	The student demonstrates deep knowledge and clinical reasoning. Correctly interprets all anamnesis, physical, and laboratory findings. Logically and convincingly formulates the diagnosis and selects optimal diagnostic and treatment methods. Justifies decisions based on evidence-based medicine. The answer is complete, logical, and independent.
	A- (3,67; 90-94%)	The solution is correct, with minor inaccuracies that do not affect the clinical conclusion. Confidently applies diagnostic and treatment algorithms. Logical reasoning demonstrated; structured response.
	Good B+ (3.33; 85–89%)	Generally solves the case correctly, but with some inaccuracies in diagnosis or management. Adequate argumentation but not fully comprehensive.
	B (3,0; 80-84%)	Main steps completed correctly, but lacks depth of analysis. Possible errors in data interpretation or treatment choice. Requires refinement.
	B- (2,67; 75-79%)	Partially correct solution; correct diagnostic direction but errors in details. Cannot always justify decisions; needs instructor assistance.
	C+ (2,33; 70-74%)	Contains significant inaccuracies. Knows main steps but applies them incorrectly. Logical gaps and weak justification.
	Satisfactory C (2,0; 65-69%)	Task partially completed. Errors in diagnosis and management. Cannot connect clinical data with results. Understanding is superficial.
	C- (1,67; 60-64%)	Incomplete solution with major diagnostic and therapeutic errors. Poor clinical reasoning.



Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 14page of 28
---	----------------------------

		D+ (1,0; 50-54%)	Formal attempt with many essential errors. Incorrect diagnosis and treatment. No clinical logic.
		Unsatisfactory FX (0,5; 25-49%)	Solution does not meet the requirements. No understanding of the clinical scenario.
		F (0; 0-24 %)	No solution. Complete lack of knowledge or clinical reasoning.
3	Evaluation of Practical Skills	Excellent Corresponds to grades: A (4.0; 95–100%)	The learner demonstrates the full scope of the skill without errors; performs confidently, logically, and consistently; communication is appropriate; all steps and patient safety requirements are fully observed.
		A- (3,67; 90-94%)	The skill is performed almost perfectly, with minimal inaccuracies that do not affect the quality of the result. Clinical reasoning and technique are at a high level.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The skill is performed well, the sequence is maintained, but there are some minor shortcomings in details or communication. The clinical decision is correct.
		B (3,0; 80-84%)	The main steps are performed correctly; minor errors are present, but they are not critical and do not affect the overall outcome.
		B- (2,67; 75-79%)	The learner performs the skill generally correctly, but makes several mistakes in technique or logic; improvement in sequence and consistency is required.
		C+ (2,33; 70-74%)	The skill is performed at an acceptable level but with noticeable deficiencies. Some steps are omitted or performed insecurely. Additional practice is required.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	The minimum requirements are met. There are several errors and deviations from the protocol, but critical steps are completed. The skill needs improvement.
		C- (1,67; 60-64%)	The learner performs only part of the skill; the sequence is disrupted; significant mistakes are present that require retraining.
		D+ (1,0; 50-54%)	The skill is performed very inconsistently; important steps are omitted; understanding of the process is superficial.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The learner understands the general principle, but the technique is incorrect. Most steps are performed improperly or not performed at all. The skill must be relearned.
		F (0; 0-24 %)	The learner does not possess the skill; there is no understanding of the sequence, technique, or clinical purpose.
4	Standardized Patient Checklist	Excellent Corresponds to grades: A (4.0; 95–100%)	The learner demonstrates a high level of clinical and communication competence. Fully adheres to the patient-interaction algorithm: – greeting, introduction, explanation of the purpose of the encounter; – structured, logical, and comprehensive history taking; – open-ended and clarifying questions; – active listening and empathy; – clear summarizing and explanation of the management plan.
		A- (3,67; 90-94%)	The learner conducts the consultation with high quality but makes minor inaccuracies (e.g., omits one question or fails to clarify a small detail). Communication remains professional and respectful. The overall structure is maintained.

ONTUSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 15page of 28

	Good Corresponds to grades: B+ (3,33; 85–89%)	The learner interacts with the patient confidently, but there are minor structural deviations or insufficient depth of questioning. Empathy is present, but inconsistently. Most steps are performed correctly.
	B (3,0; 80-84%)	The main elements of the interview are covered: chief complaint, history of present illness, past medical history, medications, allergies, social habits. Some questions are omitted or asked superficially. Communication is respectful but sometimes mechanical.
	B- (2,67; 75-79%)	The structure of the interview is partially disrupted. Some important components of the history are missing. The patient understands the clinician but perceives the consultation as somewhat formal.
	C+ (2,33; 70-74%)	The learner asks the essential questions but does so inconsistently. There are difficulties with the logical flow of the interview, limited empathy, and occasional incorrect phrasing.
	Satisfactory Corresponds to grades: C (2,0; 65-69%)	The minimum requirements are met: the chief complaint and part of the history are collected. Major components are omitted, and the structure is disrupted. Communication is dry, without establishing rapport. Significant improvement is needed.
	C- (1,67; 60-64%)	The learner asks questions in a disorganized manner and does not follow an interview structure. The patient feels discomfort or misunderstanding. Empathy is minimal. A significant portion of information is not collected.
	D+ (1,0; 50-54%)	Most key elements are missing: no introduction, no structure, no explanation of the plan. The patient does not feel heard.
	Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The learner understands the general idea of the interview but is unable to implement it. Most questions are irrelevant or absent. Communication is disrupted, and the algorithm is not followed.
	F (0; 0-24 %)	The learner does not possess clinical interviewing skills. There is no structure, no communication, and no understanding of the task. Patient safety is compromised, and communication is entirely ineffective.

Checklist for independent work of students (SROP/SRO)

№	Form of control	Assessment	Evaluation criteria
1	Analysis of Scientific Articles	Excellent Corresponds to grades: A (4.0; 95–100%)	The presentation is completed at a high scientific and analytical level. The student demonstrates deep understanding of the topic, thoroughly analyzes the article, evaluates the validity of the data, research methods, and conclusions. Applies an evidence-based approach, provides a critical review of the source, and formulates independent conclusions. The presentation is logical, well-structured, with high-quality visual and verbal delivery. Confidently and convincingly answers questions.
		A- (3,67; 90-94%)	The student confidently presents the material, demonstrates understanding of the study, correctly evaluates data and conclusions. Minor inaccuracies do not affect the overall quality. The presentation is well structured; argumentation is logical and answers are clear.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The material is generally presented correctly, but lacks deep critical analysis. Minor inaccuracies in interpreting the data may be present. The structure is logical, design is adequate, argumentation is sufficient.



Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 16page of 28
---	----------------------------

	B (3,0; 80-84%)	The analysis is superficial, with insufficient assessment of methodology and scientific relevance. Contains errors; argumentation is weak. Answers require prompting.	
	B- (2,67; 75-79%)	The presentation is informative but lacks critical analysis. Facts are presented without interpretation. Errors in evaluating article conclusions; average quality of slides.	
	C+ (2,33; 70-74%)	Shows limited understanding of the topic. Retells content without analysis. Fails to identify key findings or scientific novelty. Structure violated; formal presentation.	
	Satisfactory Corresponds to grades: C (2,0; 65-69%)	Minimal analysis; no independent conclusions. Major errors in interpreting data. Slides poorly structured; oral presentation unconvincing.	
	C- (1,67; 60-64%)	A simple retelling, no analysis. Lacks understanding of methodology or clinical significance. Presentation does not meet academic standards.	
	D+ (1,0; 50-54%)	Work is formal. Logical and data interpretation errors. No critical analysis. Cannot answer content-related questions.	
	Unsatisfactory Corresponds to grades: FX (0,5; 25-49%) F (0; 0-24 %)	Presentation does not match the topic or contains major errors. No understanding of material; missing structure, analysis, or conclusions. Presentation missing or entirely irrelevant. No analysis or understanding of scientific content.	
2	Develop ment of Case- Based Tasks	Excellent Corresponds to grades: A (4.0; 95–100%)	The case-based task fully meets methodological requirements and clinical logic. It includes: a clear clinical scenario; a structured history; objective findings (physical examination, laboratory tests, imaging or instrumental studies); a logical framework for clinical reasoning; appropriate answer options or expected solution steps; absence of errors, inaccuracies, or ambiguities. The wording is clear, concise, and professionally formulated.
		A- (3,67; 90-94%)	The case is of high quality, but minor shortcomings are present: one diagnostic step may be missing, the history is slightly simplified, or a secondary detail is omitted. The overall clinical meaning is preserved.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The case is well developed and structurally consistent, but lacks sufficient detail. One or two important elements may be simplified or shortened. There are no errors, but the overall quality could be improved.
		B (3,0; 80-84%)	The case is solvable and logical, but the history is partially incomplete; some objective data are missing; some statements require clarification. Nevertheless, the clinical reasoning chain can still be reconstructed.
		B- (2,67; 75-79%)	Key components are present but incomplete: inaccuracies in wording; disrupted sequence; incomplete diagnostic information. Clinical logic is evident, but needs strengthening.
		C+ (2,33; 70-74%)	The case is constructed, but the quality is compromised: the structure is fragmented; parts of the history and objective findings are missing; stylistic and methodological errors are present. The topic is understood, but requires revision.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	The case is formally created, but important data are missing; clinical logic is disrupted; some details are incorrect or unnecessary; the wording is inconsistent.
		C- (1,67; 60-64%)	Most of the case is fragmented. History, diagnostic steps, and examination findings are presented superficially. There are logical gaps, terminology errors, and structural violations.
		D+ (1,0; 50-54%)	The case is constructed incorrectly: key aspects are missing; clinical logic



Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 17page of 28
---	----------------------------

			is incorrect; data contradict each other; the structure is absent. The case cannot be completed.
	Unsatisfactory	Corresponds to grades: FX (0,5; 25-49%)	There is an attempt to create a case, but the result is irrelevant: the data are inconsistent; no clinical meaning; diagnosis or management plan cannot be formulated.
	F (0; 0-24 %)		The case-based task is not created or is entirely incorrect. There is no clinical logic, no structure, no data. The task cannot be assessed.
Project work assessment criteria			
1	Defining the Aim and Planning the Project	Excellent Corresponds to grades: A (4.0; 95–100%)	The project aim is clearly formulated, achievable, and logically aligned with the project tasks. The work plan is realistic and includes stages, timelines, and required resources.
		A- (3,67; 90-94%)	The aim is clear and achievable; the plan is logical overall but some stages are not fully detailed.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The aim is formulated correctly, but the plan is superficial and lacks detail.
		B (3,0; 80-84%)	The aim is understandable, but the plan contains unclear elements and lacks sequence.
		B- (2,67; 75-79%)	The aim is general and does not fully reflect the essence of the project; the plan is fragmented.
		C+ (2,33; 70-74%)	The aim is partially formulated; parts of the plan are missing.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	The aim is not specific; the plan is unrealistic or missing.
		C- (1,67; 60-64%)	The aim and plan do not correspond to the project topic.
		D+ (1,0; 50-54%)	The aim and plan do not match the project content.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The aim is absent; the plan is not provided.
F (0; 0-24 %)	No aim and no plan provided at all.		
2	Formulation and Justification of the Project Problem	Excellent Corresponds to grades: A (4.0; 95–100%)	The problem is clearly, logically, and scientifically justified. Full explanation of relevance supported by modern research sources. Demonstrates deep understanding and analytical thinking.
		A- (3,67; 90-94%)	The problem is defined correctly; justification is logical with examples and sources. Minor analytical simplifications.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The problem is correctly identified but justification is brief and not deeply analytical.
		B (3,0; 80-84%)	The problem is relevant but justification is superficial. Limited connection between the problem and the project aim.
		B- (2,67; 75-79%)	The problem is stated but insufficiently specific; justification is weak and not source-based.
		C+ (2,33; 70-74%)	Problem described in general terms without demonstrating relevance; argumentation weak or absent.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	Problem stated formally with no logical connection to the aim; no evidence of its significance.
		C- (1,67; 60-64%)	Problem incorrectly formulated or distorted; justification absent.



		D+ (1,0; 50-54%)	Problem partially stated but unrelated to the topic; no argumentation.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	Problem not defined; no justification; misunderstanding of the task.
		F (0; 0-24 %)	Complete absence of problem formulation and analysis.
3	Diversity of Information Sources	Excellent Corresponds to grades: A (4.0; 95–100%)	The student uses a wide range of diverse, up-to-date, peer-reviewed sources (at least 12–15). Includes international publications, professional guidelines, and scientific articles. Demonstrates deep analytical understanding, causal links, and critical thinking.
		A- (3,67; 90-94%)	Uses 10–12 high-quality, diverse sources including scientific articles. Comprehensive and systematic topic coverage with minor depth issues.
		Good Corresponds to grades: B+ (3.33; 85–89%)	Uses 8–10 sources, some scientific. Good diversity; topic covered adequately but with descriptive rather than analytical emphasis.
		B (3,0; 80-84%)	Uses 6–8 sources, mainly textbooks and acceptable online resources. Good content coverage but limited analysis.
		B- (2,67; 75-79%)	Uses 5–6 sources; limited diversity. Topic covered superficially; minimal analysis.
		C+ (2,33; 70-74%)	Uses 4–5 basic, similar sources. Insufficient depth; mainly descriptive.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	Uses 3–4 sources; questionable relevance; fragmented topic coverage.
		C- (1,67; 60-64%)	Uses 2–3 sources; little depth; no analysis; major content gaps.
		D+ (1,0; 50-54%)	Uses 1–2 low-quality sources; citation errors; minimal understanding.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	Uses 1 irrelevant source or none; incorrect or extremely superficial content.
		F (0; 0-24 %)	No sources used; topic not addressed.
4	Analysis of Project Process, Results, and Conclusions	Excellent Corresponds to grades: A (4.0; 95–100%)	Deep, logical, and sequential analysis. All stages clearly described; methods justified. Results interpreted scientifically with comparison to literature. Conclusions well-reasoned and fully aligned with project aim.
		A- (3,67; 90-94%)	Almost complete analysis; logical description of stages; correct interpretation; well-formulated conclusions with slight limitations in depth.
		Good Corresponds to grades: B+ (3.33; 85–89%)	Detailed description of stages; correct interpretation with limited depth; conclusions accurate but partly descriptive.
		B (3,0; 80-84%)	Partially superficial analysis; limited alignment with theory. Conclusions brief and incomplete.
		B- (2,67; 75-79%)	Analysis simplified; insufficient interpretation; incomplete conclusions.
		C+ (2,33; 70-74%)	Weak analysis; minimal process description; superficial interpretation; general conclusions.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	Fragmented analysis; incorrect or minimal interpretation; conclusions vague or unrelated to results.
		C- (1,67; 60-64%)	Practically no analysis; incomplete description; unsupported conclusions.
		D+ (1,0; 50-54%)	Minimal analysis; incorrect interpretation; conclusions not based on data



		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%) F (0; 0-24 %)	No analysis or major errors; chaotic or incorrect results; no valid conclusions. Complete lack of analysis, results, or conclusions.
5	Achievement of the Project Aim and Alignment with Content	Excellent Corresponds to grades: A (4.0; 95–100%)	The aim is fully achieved. All tasks completed and logically aligned with the aim. Project content fully corresponds to the topic; deep understanding and structural completeness demonstrated.
		A- (3,67; 90-94%)	Aim nearly fully achieved; all main tasks completed; minor structural inconsistencies.
		Good Corresponds to grades: B+ (3.33; 85–89%)	Aim achieved but some tasks not fully addressed; content mostly aligned.
		B (3,0; 80-84%)	Aim partially achieved; some tasks completed; partial misalignment.
		B- (2,67; 75-79%)	Aim incompletely achieved; content partially deviates.
		C+ (2,33; 70-74%)	Aim weakly achieved; significant content inconsistencies.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	Aim minimally achieved; fragmented content.
		C- (1,67; 60-64%)	Significant misalignment between aim and content.
		D+ (1,0; 50-54%)	Aim not achieved; content partially related.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%) F (0; 0-24 %)	Aim barely reflected; content irrelevant. Aim not achieved; content unrelated.
6	Compliance with Written Formatting Requirements	Excellent Corresponds to grades: A (4.0; 95–100%)	Fully complies with all formatting requirements: structure, font, spacing, margins, citation style, references, tables, figures. Text is polished and professional.
		A- (3,67; 90-94%)	Formatting nearly perfect; minor discrepancies.
		Good Corresponds to grades: B+ (3.33; 85–89%)	Most requirements met; minor errors in font consistency or references.
		B (3,0; 80-84%)	Partial compliance; errors in headings, spacing, or referencing.
		B- (2,67; 75-79%)	Multiple significant formatting violations.
		C+ (2,33; 70-74%)	Many errors; structure inconsistent; formatting weak.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	Poor formatting; inconsistent fonts, flawed structure.
		C- (1,67; 60-64%)	Major formatting errors; difficult to read.
		D+ (1,0; 50-54%)	Very poor formatting; no referencing.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%) F (0; 0-24 %)	Formatting requirements not met; chaotic presentation. No formatting; text lacks structure entirely.
7	Quality of Presentat	Excellent Corresponds to grades: A (4.0; 95–100%)	Delivered confidently and professionally. Speaker demonstrates full mastery of the material, speaks clearly without reading. Visual materials effective; strong audience engagement. Excellent structure and timing.
		A- (3,67; 90-94%)	Confident delivery; minor issues with visuals or phrasing.


	ion Delivery	Good Corresponds to grades: B+ (3,33; 85–89%)	Generally confident; clear structure; minor weaknesses in expressiveness.
		B (3,0; 80-84%)	Acceptable delivery; frequent reliance on slides; limited audience contact.
		B- (2,67; 75-79%)	Uncertain delivery; weak dynamics; overloaded or poorly designed visuals.
		C+ (2,33; 70-74%)	The presenter reads the text from the slides or from a sheet. Delivery is monotonous, with weak audience engagement. Visual materials contain errors (small font, overcrowded slides). Answers to questions are superficial.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	The delivery of the material is weak. Structure is disrupted, and logical flow is not consistently maintained. There is significant dependence on the presentation text. Visual materials are of insufficient quality. Answers to questions are incomplete.
		C- (1,67; 60-64%)	The presentation is disorganized. The presenter reads the entire text, with almost no interaction with the audience. The presentation contains noticeable formatting errors. Answers to questions are inaccurate or absent.
		D+ (1,0; 50-54%)	The presenter clearly does not master the material. The presentation is inconsistent and poorly designed. Answers to questions are incorrect or absent.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The presentation does not meet the requirements: the report is missing or significantly violates structural norms. The presenter does not understand the material; visual materials are missing or of extremely poor quality.
8	Quality of the final product	F (0; 0-24 %)	The presentation is not delivered or is entirely non-compliant with requirements. The report is absent, there is no audience engagement, and the content is not covered.
		Excellent Corresponds to grades: A (4.0; 95–100%)	The final product is completed at a highly professional level. It fully meets the project's goals and objectives. The product is functional, logically structured, aesthetically designed, and contains original solutions. There are no errors or deficiencies. Practical value is high, and real implementation is possible.
		A- (3,67; 90-94%)	The final product is of high quality, well-designed, and fully functional. Minor shortcomings are present but do not affect functionality. Practical value and logical structure are preserved.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The product is completed at a good level and meets the requirements. Minor flaws in design, structure, or functionality may be present, but the overall objective is achieved. Practical application is possible with minimal revisions.
		B (3,0; 80-84%)	The product is generally of good quality but contains several noticeable shortcomings. Functionality is partially limited. Design or structure requires improvement.
		B- (2,67; 75-79%)	The final product is completed satisfactorily but has limited functionality, weak design elements, or incomplete compliance with the requirements. Significant revision is needed for practical use.
		C+ (2,33; 70-74%)	The product is completed at a basic level: functionality works only partially, design is weak, and there are technical or logical errors. Compliance with the requirements is partial.
		Satisfactory Corresponds to grades:	The product is completed formally. Functionality is low. It contains errors and deficiencies that hinder full use. Significant reworking is required.



	C (2,0; 65-69%)	
	C- (1,67; 60-64%)	The quality of the final product is low: serious errors, numerous shortcomings, and incomplete compliance with the requirements. Practical value is minimal.
	D+ (1,0; 50-54%)	The product is almost non-functional or contains critical errors. Requirements are met only partially or formally.
	Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The final product does not meet the requirements. Functionality is absent or performed incorrectly. The product cannot be used for its intended purpose.
	F (0; 0-24 %)	The final product is completely absent or entirely unusable. The task has not been completed.

Checklist for Midterm Assessment


1	Oral Examination	Excellent Corresponds to grades: A (4.0; 95–100%)	The student demonstrates deep knowledge and a complete understanding of the material. Confidently answers all questions without errors. Provides practical examples, uses professional and scientific terminology, and articulates arguments logically. Gives comprehensive answers and draws independent conclusions.
		A- (3,67; 90-94%)	The answer is complete and logical; minor inaccuracies do not distort the meaning. Demonstrates understanding of theoretical concepts and their application in practice. Defends their point of view with well-reasoned arguments and uses professional terminology appropriately.
		Good Corresponds to grades: B+ (3.33; 85–89%)	The answer is generally correct and logical, but contains some minor, non-critical errors or inaccuracies. Demonstrates good understanding of the topic, although causal relationships are not always fully explored.
		B (3,0; 80-84%)	The answer is essentially correct but incomplete. Some gaps in logic are present. The student struggles to apply theory in practice and requires clarifying questions from the instructor.
		B- (2,67; 75-79%)	The answer partially reveals the topic. Inaccuracies in terminology and formulations are present. Argumentation is weak, and examples are incomplete. Understanding of the topic is satisfactory.
		C+ (2,33; 70-74%)	The answer is limited to basic points. Occasional errors occur but are corrected after the instructor's prompt. Professional terminology is used inconsistently or not always appropriately.
		Satisfactory Corresponds to grades: C (2,0; 65-69%)	The answer is incomplete and contains errors in basic concepts. Material is presented unsystematically, with logical inconsistencies. The student requires constant clarifications from the instructor.
		C- (1,67; 60-64%)	The student struggles to answer. Knowledge is superficial and fragmented. Makes fundamental errors and does not always understand the question.
		D+ (1,0; 50-54%)	The answer is formal and does not reflect the essence of the question. The student possesses minimal knowledge of the topic. Numerous errors are present, and the answer lacks logical sequence.
		Unsatisfactory Corresponds to grades: FX (0,5; 25-49%)	The answer is incomplete and incorrect. The student has not mastered the basic concepts of the topic. Does not use scientific terminology and is unable to apply knowledge in practice.
F (0; 0-24 %)	No answer is provided, or the answer contains a complete set of errors. The student does not possess the material and demonstrates no		

ONTUSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		51/11-2025 22page of 28

		understanding of the topic. The level of knowledge cannot be assessed.
2	Testing	Is conducted using a multi-point knowledge assessment system

10.3 Multi-point knowledge assessment system			
Letter grade	Digital equivalent of points	Percentage	Traditional assessment
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	Fine
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	Satisfactorily
C	2,0	65-69	
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	Unsatisfactory
FX	0,5	25-49	
F		0-24	

11. Learning Resources	
Electronic resources	1. Electronic library SKMA https://e-lib.skma.edu.kz/genres 2. Republican Interuniversity Electronic Library - http://rmebrk.kz/ 3. Digital library "Aknurpress" - - https://www.aknurpress.kz/ 4. Electronic library "Epigraph" - http://www.elib.kz/ 5. Epigraph - a portal of multimedia textbooks - https://mbook.kz/ru/index/ 6. ЭБС IPR SMART https://www.iprbookshop.ru/auth 7. Information and legal system "Zan"- https://zan.kz/ru 8. Medline Ultimate EBSCO - https://research.ebsco.com/ 9. eBook Medical Collection EBSCO - https://research.ebsco.com/ 10. Scopus - https://www.scopus.com/ 11. Clinical guidelines 2020. Arterial hypertension in adults. https://youtu.be/3pjNOCw2PwM 12. Chronic kidney disease. Acute kidney injury. Tatiana Adasheva. https://youtu.be/gfAYX1BGpWU
Electronic books	1. Saul Suster, David Suster. Biopsy Interpretation of the Lung [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=4004a4a3-99a2-3497-90a3-1fc211b32cce 2. Stryuk R.I. Internal diseases [Electronic resource]: part 1: textbook / R.I. Stryuk, I.V. Maev - Almaty: Evero Publishing House, 2020. - 296 p. Epigraph. 3. Stryuk R.I. Internal diseases [Electronic resource]: part 2: textbook / R.I. Stryuk, I.V. Maev - Almaty: Evero Publishing House, 2020. - 284 p. Epigraph 4. Clinical guidelines 2020. Arterial hypertension in adults. https://youtu.be/3pjNOCw2PwM 5. Chronic kidney disease. Acute kidney injury. Tatiana Adasheva. https://youtu.be/gfAYX1BGpWU

ONTŪSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 23page of 28

6. Клинические задачи по дисциплине «Внутренние болезни» (на английском языке) = Clinical Cases in Internal Diseases Specialty (in English) : учебно-методическое пособие по пропедевтике внутренних болезней / Е. К. Шаварова, М. А. Ефремовцева, Е. А. Троицкая [и др.] ; под редакцией Ж. Д. Кобалава. — Москва : Российский университет дружбы народов, 2018. — 92 с.: <https://www.iprbookshop.ru/91009>.

6. Ali I. Musani, Hervé Dutau. Advances in Interventional Pulmonology [Internet]. Vol. 00001. Sharjah: Bentham Science Publishers; 2017 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=c7dee296-d1bc-3d18-b92d-3177f2ff3a0d>

7. Mushtaq Haroon. Clinical Examination and Applied Medicine, Volume II : Pulmonology Series [Internet]. NEW YORK: Momentum Press; 2019 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=12677dfc-68f3-3afa-8f1a-a7a407d1fdfd>

8. Mushtaq Haroon. Clinical Examination and Applied Medicine, Volume I : Pulmonology Series [Internet]. NEW YORK: Momentum Press; 2019 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=48f50881-6ee6-3d47-879c-dfbc93ec4cdd>

9. Adrian Shifren, Derek E. Byers, Chad A. Witt. The Washington Manual Pulmonary Medicine Subspecialty Consult [Internet]. 2nd ed. Hagerstown: Wolters Kluwer Health; 2016 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=ddea6c08-45ed-3da1-9805-c2aaef918e48>

10. Saul Suster, David Suster. Biopsy Interpretation of the Lung [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=4004a4a3-99a2-3497-90a3-1fc211b32cce>

11. David Laflamme. Cardiology : A Practical Handbook [Internet]. Paris: CRC Press; 2016 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=b1f35411-d253-3715-9d00-7d9a0fadd962>


12. Marc S Sabatine. Pocket Cardiology [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=c19b915c-dbe5-3043-995c-37f76755ab02>

13. Stephen Devries, James Dalen. Integrative Cardiology [Internet]. Oxford: Oxford University Press; 2011 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=f3d1245c-b4f9-31b6-b8f1-c8843025a15d>

14. Jeremy Brown, Jay Mazel, Saul Myerson, Robin Choudhury, Andrew Mitchell. Cardiology Emergencies [Internet]. New York: Oxford University Press; 2011 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=4b9c37c8-0773-3cae-81b3-575cb46564d8>

15. Wael A. Jaber, Manuel D. Cerqueira. Nuclear Cardiology Review: A Self-Assessment Tool [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2018 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=d0a77e93-8945-3261-9a61-cdb66d2a8e30>

16. Punit Ramrakha, Jonathan Hill. Oxford Handbook of Cardiology [Internet]. Second edition. Oxford: OUP Oxford; 2012 [cited 2025 Dec 19]. Available from:

ONTUSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS	51/11-2025 24page of 28

<https://research.ebsco.com/linkprocessor/plink?id=38317f62-986b-32f0-ac59-bfdb19980743>

17. Justin Sadhu, Mustafa Husaini, Dominique Williams. The Washington Manual Cardiology Subspecialty Consult [Internet]. Fourth edition. Philadelphia, PA: Wolters Kluwer Health; 2022 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=39d3dd55-1d74-30ac-b7e2-3b1bf0e34df0>.

18. Brian P. Griffin, Samir R. Kapadia, Venu Menon. The Cleveland Clinic Cardiology Board Review [Internet]. Third edition. Philadelphia: Wolters Kluwer Health; 2022 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=f87857f5-a14f-3965-8c60-8d189d7a5f96>

19. Mauro Moscucci, Mauricio G. Cohen, Stanley J. Chetcuti. Atlas of Cardiac Catheterization and Interventional Cardiology [Internet]. Philadelphia: Wolters Kluwer Health; 2019 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=9bbc7db8-311c-3f58-9645-a5d466289e2a>

20. Ezra Amsterdam, Roger Blumenthal, Nathan Wong. ASPC Manual of Preventive Cardiology [Internet]. New York, NY: Demos Medical; 2015 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=b75808a2-ba80-31f7-a1ec-1803fa482547>

21. George JC. Evidence-based Guide to Interventional Cardiology and Endovascular Medicine [Internet]. New York: Nova Science Publishers, Inc; 2013 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=6700c822-d3ed-374f-94d8-979bb256032e>

22. Woon Ahn, Jai Radhakrishnan. Pocket Nephrology [Internet]. [N.p.]: Wolters Kluwer Health; 2019 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=df045423-073b-3f8d-ac96-ba1de207a068>


23. David J. Leehey. Nephrology Rounds [Internet]. Philadelphia: Lippincott Williams & Wilkins; 2016 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=37eceb9d-9e5d-38ea-95dd-ea5d55e3b0c9>

24. Robert W. Schrier. Manual of Nephrology [Internet]. Eighth edition. Philadelphia, PA: Wolters Kluwer Health; 2015 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=f726656e-36d7-3c74-b925-3e48174fd117>


25. David J. Leehey, Irfan Moinuddin. Handbook of Nephrology [Internet]. Philadelphia: Wolters Kluwer Health; 2013 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=b24dbbf5-7d12-3fb4-b9ec-62435b77ef53>

26. Christopher S. Wilcox, Michael Choi, Mark S. Segal, Limeng Chen, Winfred W. Williams. Handbook of Nephrology and Hypertension [Internet]. Seventh edition. Philadelphia: Wolters Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=2ff6806c-6145-312d-96c1-0d669a84b82a>

27. Phuong-Chi Pham, Phuong-Thu T. Pham. Nephrology and Hypertension Board Review [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: <https://research.ebsco.com/linkprocessor/plink?id=ea7b9a8d-8815-3cc5-899b-bc62a863a7f0>

ONTÜSTİK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»	51/11-2025 25page of 28
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		




	<p>28. Jay L. Koyner, Joel Topf, Edgar Lerma. Handbook of Critical Care Nephrology [Internet]. Baltimore: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=b68503c1-8f7f-3164-a9af-5057c00f8957</p> <p>29. Renal Dietitians Dietetic Practice Group RRMRCCLF Editor. National Kidney Diet Professional Guide and Handouts, 3rd Ed [Internet]. [Place of publication not identified]: Academy of Nutrition and Dietetics; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=85d2a895-c7ce-322a-8c13-60ba1a33636c</p>
Literature Pulmonology	<p>Basic literature</p> <ol style="list-style-type: none"> 1. Bickley , L. S. Bates' Guide to Physical Examination and History Taking [Text] : textbook / L. S. Bickley , Szilagyi P. G., R. M. Hoffman. - 12 nd ed. - Philadelphia : Wolters Kluwer , 2017. - 1034 p. 2. Harrison's principles of internal medicine : textbook. Vol. 1 / ed. Dan L. Longo. - 18th ed. - New York : McGraw-Hill Medical, 2012. - 1796 3. Harrison's principles of internal medicine : textbook. Vol. 2 / ed. Dan L. Longo. - 18th ed. - New York : McGraw-Hill Medical, 2012. - 3610 4. Ivashkin, V. T. Internal diseases propedeutics [Текст] : textbook / V. T. Ivashkin, A. V. Okhlobystin. - ; The book is recommended by the Educational and Metodological association on Medical and Pharmaceutical Education of Russia. - M. : GEOTAR-Media, 2016. - 176 p. <p>Additional literature</p> <ol style="list-style-type: none"> 1. Kumar , Vinay. Robbins and Cotran. Pathologic Basis of Disease south Asia edition/V. Kumar , Abyl K. Abbas, Jon C. Aster. Reed Elsevier india private limmed. 2015. 1391 2. Harrison’s Manual of Medicine. Editors Dennis L.Kasper, Antony S.Fauci MD[and others]. 19 th ed – New Delhi, 2016. – 1210 p.
Cardiology	<p>Basic literature</p> <ol style="list-style-type: none"> 1. Diagnosis of internal diseases by syndromes [Text] : training manual / E. K. Bekmurzaeva. - Almaty : Эпиграф, 2022. - 128 p. - ISBN 978-601-352-964-6 : 8500.00 Tr. Перевод заглавия: Диагностика внутренних заболеваний по синдромам. <p>Additional literature</p> <ol style="list-style-type: none"> 1. Harrison’s Manual of Medicine. Editors Dennis L.Kasper, Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине
Nephrology	<p>Basic literature</p> <ol style="list-style-type: none"> 1. Diagnosis of internal diseases by syndromes : training manual / E. K. Bekmurzaeva. - Almaty : Эпиграф, 2022. - 128 p. - 8500.00 Tr. Перевод заглавия: Диагностика внутренних заболеваний по синдромам <p>Additional literature</p> <ol style="list-style-type: none"> 1. Harrison’s Manual of Medicine. Editors Dennis L.Kasper, Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине

ONTUSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	 SKMA -1979-	SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Therapy and Cardiology Work program of the discipline «Internal diseases -1» SYLLABUS		51/11-2025 26page of 28

12	Discipline policy
<ul style="list-style-type: none"> – Absence from classes without a valid reason is not allowed. – Make up missed classes in a timely manner for a valid reason. – Attend classes, IWLTs and lectures on time. – Learners must have an appropriate outfit (robe, cap, change of shoes, etc.). – The learner has a medical sanitary record. – Timely completion of tasks according to IWL. – The learner must treat learners and his fellow teachers with respect. – Careful attitude of learners towards the property of the department. – Training requirements, penalties – Attendance of lectures is mandatory. In the event of 3 (three) unexcused absences from lectures, an official report will be issued for the student, and 10 (ten) points will be deducted from the midterm assessment score. – a learner who fails to appear at the midterm control without a good reason is not allowed to take the exam in the discipline. A learner who does not appear for midterm control for a good reason, immediately after starting classes, submits an application addressed to the dean, provides supporting documents (due to illness, family circumstance or other objective reasons), receives a work sheet that is valid for the period specified in clause 12.4. The results of the midterm control are provided to the dean’s office in the form of a report before the end of the control week. – The IWLgrade is given during IWLT classes according to the schedule in the educational journal of progress and the electronic journal, taking into account penalty points are deducted from the IWL grades). <p>if you miss one IWLT lesson - a penalty point of 2.0; a learner who has not achieved a passing score (50%) on one of the types of controls (current control, midterm control No. 1 and/or No. 2) is not allowed to take the exam in the discipline.</p>	

13.	Academic policy based on the moral and ethical values of the academy
<p>www.ukma.kz, → Section: Academic Policy Clause 4. Student Honor Code</p> <p>Discipline grading policy</p> <ul style="list-style-type: none"> –Midterm control of students’ knowledge is carried out at least twice during one academic period on 8/12 days of theoretical training with the results of midterm tests entered into an electronic journal, taking into account penalty points for missed lectures (missed lectures in the form of penalty points are subtracted from midterm control grades) . –The results of the midterm control are provided to the dean’s office in the form of a report before the end of the control week. –The examination grade is assigned based on the results of the current and midterm controls - the assessment of the admission rating (ARA) (60%) and the final control - the exam grade (40%). –ORD (admission rating assessment) is defined as the average value of points for practical classes, SRO, and midterm control. –A student who has scored a minimum ORD score of 1 (15%) or higher is allowed to take the exam. – The final grade for the discipline will be the sum of the current academic performance (CPR) and the exam grade. The final grade according to the point-rating letter system is: <ul style="list-style-type: none"> – percentage of the final grade – Digital equivalent of points – letter equivalent of points <p>assessment according to the traditional system</p>	

Department of Therapy and Cardiology	51/11-2025
Work program of the discipline «Internal diseases -1»	27page of 28
SYLLABUS	

14. Coordination, Approval, and Revision			
Date of coordination with the Library and Information Center	Protocol № 7	Full Name of the Head of the Library and Information Center	Signature
	23.06.2025	Carbicheva R.I	
Date of approval at the department	Protocol № 1	Full Name of the Head of the Department	Signature
	28.06.2025	Асанова Т.К.	
Date of approval by the Educational Program Academic Committee (EPAC)	Protocol № 6	Full Name of the Chair of the EPAC	Signature
	27.06.2025	Аманжолдин Д.	
Date of revision at the department	Protocol № _	Full Name of the Head of the Department	Signature
Date of revision by the Educational Program Academic Committee (EPAC)	Protocol № _	Full Name of the Chair of the EPAC	Signature

