

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC
MINISTRY OF PUBLIC HEALTH OF THE KYRGYZ REPUBLIC
I.K.AKHUNBAEV KYRGYZ STATE MEDICAL ACADEMY

APPROVE

Rector of KSMA d.m.s. prof.

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THE WORKING PROGRAM
OF THE STATE FINAL ATTESTATION OF GRADUATES
the direction of training on the specialty 560001 “General Medicine”
qualification (degree) of the graduate - Specialist (Doctor)
the form of training - full time
total volume of MEP – 360 credits

Bishkek 2018

compiled on the basis of	SES HPE on the specialty «General Medicine» №1179 app. 15.09.2015.	
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Abbreviations and designations. The following abbreviations are used in this program of state final examination:

HPE - higher professional education;

SAC – State attestation commission

SFE –State final examination

SES - State educational standard;

GUMC - main educational and methodological Committee

IC- instrumental competencies;

EC – elective course

CEC- clinical and expert commission

MSEC- medical and social expert commission

OK - general scientific competencies;

MEP - main educational program;

PC - professional competencies;

PHC - primary health care;

SPC - socio-personal and general cultural competencies.

EMA - educational and methodological association;

EMPC - educational and methodological profile committee

EPF – estimated price fund

CDCS and I - Center for the development of clinical skills and internship

1. General provisions

The final examination tests are designed to determine the practical value of the test and the theoretical readiness of the graduate to perform professional tasks set by the state educational standard, and to continue education in internship, residency or postgraduate studies in various areas of medicine.

The tests, which are part of the state final examination of the graduate, fully correspond to the main educational program in the specialty 560001 "General Medicine", which the graduate mastered during the training.

1.1. The purpose of the state final examination (SFE) of graduates of the I. K. Akhunbaev Kyrgyz State Medical Academy (KSMA) is to establish the compliance of the level of formation of knowledge, skills and abilities achieved as a result of mastering the educational professional program with the requirements of the state educational standard.

1.2. The objectives of the SFE are:

- determination of the compliance of the graduate training with the requirements of the educational standard in the direction of medical care;
- making a decision on the assignment of qualifications based on the results of the state final attestation and the issuance of the corresponding state diploma of higher professional education to the graduate;
- development of recommendations for improving the training of graduates.

1.3. The State final attestation is guided in its activities:

- The Law of the Kyrgyz Republic "On Education" of April 30, 2003. (with subsequent changes)
- The Regulation on the educational organization of Higher Professional education of the Kyrgyz Republic, approved by the Resolution of the Government of the Kyrgyz Republic No. 53 of February 3, 2004,
- The Regulation on the final state attestation of graduates of higher educational institutions of the Kyrgyz Republic, approved by the resolution of the Government of the Kyrgyz Republic of 29.12.2012. No. 346,
- State educational standard of higher professional education in the field of training (specialty) 560001 "General Medicine", approved by the Order of the Ministry of Education and Science of the Kyrgyz Republic, September 15, 2015 No. 1179/1.
- Regulations on the final state attestation of graduates of KSMA, approved by Order No. 137 of 24.05. 2018

2. COMPOSITION OF THE STATE ATTESTATION COMMISSION

The SFE is conducted by the State Attestation Commission (SAC), which ensures that each of its stages is carried out.

2.1. The SAC consists of the chairman and at least 4 members of the specified commission. The SAC is headed by the chairman, who organizes and controls the activities of all examination committees, ensures the unity of the requirements for graduates. The Chairman of the SAC is

appointed by a person who does not work in the KSMA, from among the following: leading specialists (professors, doctors of science) of the relevant profile, and in their absence-candidates of science or major specialists of organizations, institutions that are consumers of personnel in this profile.

The SAC is formed from among the teaching staff of the KSMA, as well as persons invited from health organizations. Members of the SAC can be: the head of the department and employees of the graduating departments who have an academic degree; chief specialists of the Ministry of Public Health of the Kyrgyz Republic.

2.2. The main functions of the State Examination commission are:

- control over the preparation of examination, test and practical questions, which are approved by the EMA and the GUMC of the KSMA.
- comprehensive assessment of the level of training of the graduate and the compliance of his training with the requirements of the state educational standard of higher education and the qualification characteristics in the specialty 560001 "General Medicine";
- making a decision on the assignment of qualifications based on the results of the SFE and the issuance of the corresponding diploma of higher education to the graduate;
- development of recommendations for improving the quality of professional training of specialists based on the analysis of the results of attestations of graduates.

2.3. For the period of the SFE to ensure the work of the state exam commission, the rector appoints the secretary of the commission from among the persons belonging to the teaching staff of the organization, researchers or administrative employees of the organization. The secretary of the SAC maintains protocols of meetings, submits the necessary materials to the appeal commission.

2.4. **The composition of the appeal commission** is formed from the number of persons belonging to the teaching staff of the KSMA and not included in the state attestation commissions.

The graduate can file an appeal application addressed to the chairman of the SAC on the day of passing the attestation at:

- incorrect questions, errors in the oral answers to the card and test questions;
- violation of the SAC of the established procedure for conducting State attestation;
- circumstances that prevent an objective assessment of the work of the SAC.

Dissatisfaction with the graduate level of the received assessment cannot be the basis for an appeal.

The Appeal Commission, at the discretion of the chairman or deputy, holds a meeting of the members of the SAC of the KSMA in the presence of the graduate. If the graduate does not appear without a documented valid reason, the application is rejected.

An additional survey of the graduate on the materials of the work and the exam is not provided. As a result of the appeal, the assessment can be changed (increased or decreased) by a commission and is drawn up by a protocol signed by the chairman and members of the SAC.

3.0 The PROCEDURE FOR CONDUCTING STATE FINAL EXAMINATION

The procedure for conducting state exam tests is being developed graduate departments on the basis of the above-mentioned normative documents (p. 1. 3.) and it is brought to the attention of students no later than six months before the start of the SFE.

The state exam is conducted according to the approved by the Rector of the Institute a program containing a list of questions to be submitted for the state exam, and recommendations for students to prepare for the state exam, including a list of recommended literature for preparing for the state exam.

The program of the state final exam, including the programs of the state examinations, the criteria for evaluating the results of passing the state examinations approved by the Rector of the Institute, as well as the procedure for filing and considering appeals, are brought to the attention of students no later than six months before the start of the state final exam.

Before the state exam, students are advised on the issues included in the program of the state exam.

To the final state tests, which are part of the state final exam, persons who have successfully completed the full development of the main educational program in the specialty are allowed.

Examination, test and practical questions are submitted to the EMA 30 days before the start of the SFE.

The schedule of state examinations is approved by the rector and communicated to students no later than one month before the start of the state exam.

After the students complete the theoretical training in the main educational program, the dean's office prepares the following documents:

- order on graduates admitted to state exams-no later than two weeks before the exams are held;
- each student's record book (submitted to the executive secretary SAC); All results of the state examination are announced on the day of its approval conduct of the event.

Students who do not pass the SFE due to non-attendance at the state examination for a disrespectful reason or in connection with the receipt of the rating "unsatisfactory" are expelled from the KSMA with the issuance of an academic certificate.

Repeated passage of the SFE is allowed no earlier than three months and no more than five years after passing the final state exam for the first time.

A graduate who has not passed the SFE for a valid reason (for medical reasons or in other exceptional cases, documented) is given the opportunity to pass the final exam without being expelled from the university.

All decisions of the SAC are formalized by protocols. The protocols of the meetings of the commissions are signed by the chairman and members of the SAC. The protocols of the SFE meeting are also signed by the secretary of the State Attestation Commission. The protocols of the meetings of the commissions are kept in the archive of the Institute.

Subject to successful completion of all the established types of final exam included in the state final examination, the graduate is assigned the appropriate professional qualification and is issued a state-issued diploma of higher professional medical education. The report on the work of the SFE is presented annually to the Academic Council of the Institute.

In connection with the implementation of the concept of continuous higher, postgraduate and additional professional education, the SFE should take into account that the graduate - this is a specialist who has a high-quality fundamental training, but at the same time having only the initial experience of its application in practice. Therefore, the quality criterion of higher medical education is to determine the ability of a graduate to apply the basic concepts, provisions of all disciplines of the curriculum as a methodological, theoretical and technological means of substantiating and

performing targeted types of cognitive and professional activities at the stages of his further study and work.

4.0 PROFESSIONAL TRAINING OF A UNIVERSITY GRADUATE IN THE SPECIALTY 560001 "GENERAL MEDICINE"

4.1. A graduate who has mastered the basic educational professional program in the specialty 560001 "General Medicine", for each pathological condition and disease **should know:**

- etiology and pathogenesis;
- modern classification;
- clinical picture, features of the course and possible complications of diseases in different age groups;
- syndromology of lesions of various organs and systems using the knowledge obtained in applied disciplines;
- diagnostic methods that allow you to make a diagnosis;
- justification of the patient's management tactics, treatment methods (medical, surgical) and prevention, to determine the prognosis.
- fundamentals of organization of outpatient care to the population, inpatient treatment of patients, assistance to victims in the centers of mass losses in the modern healthcare system of Kyrgyzstan;
- issues of organizing non-specific and specific prevention of major infectious and non-communicable diseases.
- rules of medical ethics, moral and ethical norms of relationships
- medical professionals among themselves and with patients.

4.2. A graduate doctor who has mastered the basic educational professional program in the specialty 560001 "General Medicine" **must be able to:**

- conduct a patient examination,
- make a preliminary diagnosis of general somatic disease,
- make a decision to refer him to the appropriate specialists,
- perform basic medical diagnostic and therapeutic measures in the provision of first aid in emergency and life-threatening situations states.

4.3. The objects of professional activity of the graduate are:

- Children and adolescents aged 15 to 18 years;
- adults over the age of 18;
- a set of tools and technologies aimed at creating conditions for the preservation of health, ensuring the prevention, diagnosis and treatment of diseases.

4.4. Graduates of the Faculty of "General Medicine" of the KSMA under the educational program in the direction of training in the specialty 560001 " General Medicine " should be prepared for the following types of professional activities:

- preventive maintenance;
- diagnostic;
- therapeutic;
- rehabilitation;

- educational;
- organizational and managerial structure;
- research and development.

4.5. Tasks of professional activity of the graduate.

The graduate who has mastered the program of the specialty in the specialty 560001 "General Medicine ", is ready to solve the following professional tasks in accordance with the types of professional activities that the program is focused on:

- *Preventive activities:*

- implementation of measures to promote the health of children, adolescents and adults;
- prevention of diseases among children, adolescents and adults;
- formation of motivation in the adult population and children to maintain and strengthen health;
- carrying out preventive and anti-epidemic measures aimed at preventing the occurrence of diseases;
- implementation of dispensary monitoring of the adult population, adolescents and children;
- carrying out sanitary and educational work among the adult population, children, their relatives and medical personnel in order to form a healthy lifestyle.

- *Diagnostic activity:*

- diagnosis of diseases and pathological conditions in children, adolescents and adults on the basis of proficiency in propaedeutic and laboratory-instrumental methods of research;
- diagnosis of emergency conditions in children, adolescents and adults;
- diagnosis of pregnancy.

- *Therapeutic activity:*

- treatment of adults, adolescents and children using therapeutic and surgical methods;
- management of physiological and pathological pregnancy;
- providing medical care to adults, adolescents and children in emergency situations;
- carrying out medical evacuation measures in an emergency situation and providing medical assistance to the population in extreme conditions of epidemics, in centers of mass destruction;
- organization of work with medicines and compliance with the rules of their use and storage.

- *Rehabilitation activity:*

- carrying out rehabilitation activities among adults, adolescents and children who have suffered a somatic disease, trauma or surgical intervention;
- the use of physical therapy, physiotherapy and resort factors in adults, adolescents and children, for preventive purposes and in need of rehabilitation.

- *Educational activity:*

- formation of positive medical behavior in the adult population, adolescents and children, aimed at maintaining and improving the level of health;
- formation of motivation in the adult population, adolescents and children for a healthy lifestyle, including the elimination of bad habits that adversely affect the health of the younger generation;
- training of adults, adolescents and children in the main health-improving activities that contribute to the prevention of diseases and health promotion.

- *Organizational and managerial type of activity:*

- knowledge of the health organization system and the patient referral system;
- maintaining medical records in the hospital and at the level of primary health care (PHC);
- compliance with the quality of medical and diagnostic and rehabilitation and preventive care for adults and children;
- conducting business correspondence (memos, letters, etc.).

- *Research activity:*

- analysis of scientific literature and official statistical reviews;
- preparation of reports on the specialty;
- participation in the statistical analysis and preparation of a report on the completed study.

4.6. The competencies of the university graduate as the total expected result of education upon completion of the development of the MEP HPE, checked at the SFE

A graduate who has mastered the MEP HPE in the specialty **560001 "General Medicine"** must have the following competencies:

Universal competencies:

General Scientific competencies (GC)

GC - 1- is able to analyze socially significant problems and processes, to use in practice the methods of the humanities, natural sciences, biomedical and clinical sciences in various types of professional and social activities;

GC – 2 - is able to analyze worldview, socially and personally significant problems, the main philosophical categories, to self-improvement;

GC – 3 - is able to analyze significant political events and trends, to master the main concepts and laws of the world historical process, to respect and respect the historical heritage and traditions, to possess knowledge of historical and medical terminology;

GC – 4 - able to analyze economic problems and social processes, use methods of economic relations in the health care system;

GC – 5 - capable of logical and reasoned analysis, public speech, discussion and polemics, educational and educational activities, cooperation and conflict resolution; tolerance;

GC – 6 - able and ready to learn one of the foreign languages at the level of everyday communication, to written and oral communication in the state language and official languages;

GC – 7 - is able to use management methods; organize the work of the team, find and make responsible management decisions within the framework of their professional competence;

GC – 8 - is able to carry out their activities taking into account the accepted in the society moral and legal norms; observe the rules of medical ethics, laws and regulations on working with confidential information; maintain medical confidentiality.

Instrumental competencies (IC)

IC - 1 - ability to work independently on a computer (elementary skills);

IC – 2 - ready for written and oral communication in the state language and official languages, able to master one of the foreign languages at the level of everyday communication;

IC – 3 - able to use management methods; organize the work of performers; find and make responsible management decisions in the context of different opinions and within the framework of their professional competence;

IC– 4 - willingness to work with information from various sources.

Socio-personal and general cultural competencies (SPC)

SPC – 1 - is able to implement the ethical and deontological aspects of medical practice communication activities with colleagues, nurses, and junior staff, adults and children;

SPC – 2 - is able and ready to identify the natural-scientific nature of problems that arise in the course of a doctor's professional activity;

SPC – 3 - is able to analyze medical information based on the principles of evidence-based medicine;

SPC – 4 - is able to apply modern social and hygienic methods of collecting and medical and statistical analysis of information on the health indicators of the child population;

SPC – 5 - is able to use methods of assessing natural (including climatogeographic) and medical and social environmental factors in the development of diseases in children and adolescents, to carry out their correction;

Professional (PC):

Professional competencies

PC - 1 - is able to analyze the results of its own activities to prevent medical errors, while being aware of the disciplinary, administrative, civil- legal and criminal liability;

PC – 2 - able and ready to conduct and interpret the survey, physical examination, clinical examination, results of modern laboratory and instrumental tests research, write a medical record of an outpatient and inpatient patient adult and child;

PC – 3 - capable of conducting pathophysiological analysis of clinical syndromes, justify pathogenetically justified methods (principles) of diagnosis, treatment, rehabilitation and prevention among adults and children, taking into account their age- gender groups;

PC – 4 - is able to apply methods of asepsis and antiseptics, use medical tools, know the technique of caring for sick adults and children;

PC – 5 - is capable of working with medical and technical equipment used in working with

patients, own computer equipment, receive information from various sources, work with information in global computer networks, apply the possibilities of modern information technologies for solving professional problems tasks;

PC – 6 - able to apply up-to-date information on population health indicators at the level of the medical center.

Preventive activities

PC – 7 - implement preventive measures to prevent infectious diseases, parasitic and non-communicable diseases, conduct sanitary and educational work on hygiene issues;

PC – 8 - is able to carry out preventive measures with the attached population to prevent the occurrence of the most common diseases, implement general health measures for the formation of a healthy lifestyle take into account risk factors, give recommendations for a healthy diet;

PC – 9 - is able to select individuals for observation, taking into account the results of mass surveillance tuberculin diagnostics and fluorographic examination, to evaluate its results with the purpose of early detection of tuberculosis;

PC – 10 - is able to carry out anti-epidemic measures, protect the population in hotbeds of particularly dangerous infections, in case of deterioration of the radiation situation and natural disasters.

Diagnostic activities

PC – 11 - is able and ready to make a diagnosis based on the results of biochemical tests and clinical studies, taking into account the course of pathology in organs, systems and the body as a whole;

PC – 12 - is able to analyze the patterns of functioning of individual organs and systems, use knowledge of anatomical and physiological features, basic methods of clinical and laboratory examination and assessment of the functional state of the body of an adult and children, for timely diagnosis of diseases and pathological processes;

PC – 13 - is able to identify the main pathological symptoms and syndromes in patients diseases, using knowledge of the basics of biomedical and clinical disciplines, taking into account the course of pathology in organs and systems of the body as a whole, analyze the patterns of functioning of organs and systems in various diseases and pathological processes, use the algorithm for making a diagnosis (main, concomitant, complications), taking into account the ICD-10, perform basic diagnostic measures to identify urgent and life-threatening conditions.

Therapeutic activity

PC- 14 - is able to perform the main therapeutic measures at the most frequent common diseases and conditions in adults and children; PC-15-is able to prescribe adequate treatment to patients in accordance with the diagnosis;

PC-16 - is able to provide the adult population and children with first aid in case of emergency and life-threatening conditions, to send patients to hospital on a planned and emergency basis;

PC -17 - is able to prescribe adequate treatment to patients in accordance with the diagnosis;

PC -18 - is able to provide first aid to adults and children in case of urgent and life-threatening conditions, send patients to the hospital on a planned and emergency basis.

Rehabilitation activity

PC- 19 - is able and ready to apply rehabilitation measures (medical, social and professional) among the adult population and children with the most common pathological conditions and injuries of the body;

PC- 20 - is able to make recommendations on the choice of the regime, determine indications and contraindications to the appointment of physical therapy, physiotherapy, non-drug therapy, use the main resort factors in the treatment of adults and children.

Educational activities

PC-21- capable of training secondary and junior medical personnel and patients rules of the sanitary and hygienic regime, ethical and deontological principles;

PC-22 - is able to teach the adult population, children the rules of medical behavior; to conduct hygienic procedures, to form the skills of a healthy lifestyle.

Organizational and management activities

PC-23 - is able to use the regulatory documentation adopted in the health care of the Kyrgyz Republic;

PC-24 - is able to use the knowledge of the organizational structure, health organizations. The system of referral and redirection;

PC-25 - is able to provide a rational organization of the work of secondary and junior medical personnel of medical and preventive institutions;

PC-26 - must know the main issues of the examination of working capacity (temporary) among the population, to carry out the prevention of disability among adults and children.

Research activity

PC-27 - ready to study scientific and medical information, domestic and foreign experience on the subject of research.

4.7. Learning outcomes verified by the SFE:

LO1: The ability to apply basic knowledge from the field of social and humanitarian, natural science, economic and biomedical disciplines in their professional activities (GC1, GC2, GC3, GC4, SPC2)

LO2: Ability to communicate orally and in writing in the state and official languages for solving professional tasks; proficiency in one of the foreign languages at the level of everyday communication (GC5, GC6, IC2)

LO3: The ability to carry out its activities in accordance with the moral and legal norms accepted in society (GC8, PC1, SPC1)

LO4: The ability to apply modern information technologies and medical and technical equipment in their practical activities (IC1, PC5)

LO5: The ability to apply the basic principles of organization and management in the field of public health protection in medical organizations and their structural divisions (GC7, IC3, PC23, PC24, PC25)

LO6: The ability to apply basic knowledge in the field of fundamental disciplines in professional activities for timely diagnosis and choice of therapy tactics (PC3, PC12, PC13)

LO7: The ability to use the results of clinical and laboratory-instrumental studies to make a diagnosis and determine the scope of therapy (PC2, PC11, PC13)

LO8: The ability to perform basic therapeutic measures for the most common diseases and conditions in adults and children, including life-threatening conditions (PC14, PC15, PC17, PC16, PC18)

LO9: The ability to apply knowledge of the forms and methods of sanitary and educational work for the implementation of preventive measures to prevent the development of diseases and preserve health (SPC5, PC7, PC8, PC9, PC22)

LO10: The ability to carry out anti-epidemic measures and organize the protection of the population and territories from the possible consequences of emergencies and natural disasters (PC10)

LO11: The ability to comply with the rules of the sanitary and hygienic regime in the health care facility, using aseptic and antiseptic methods; to master the technique of caring for sick adults and children (PC4, PC21)

LO12: The ability to conduct rehabilitation activities among adults, adolescents and children who have suffered a somatic disease, injury or surgery and knowledge of the main issues of the examination of working capacity (PC19, PC20, PC26)

LO13: The ability to collect and process health statistics for the analysis of information on health indicators of the population (SPC3, SPC4, PC6)

LO14: The ability to conduct research based on the principles of evidence-based medicine for the development of new methods and technologies in the field of healthcare (IC4, SPC2, SPC3, PC27).

5.0. STRUCTURE, SCOPE AND CONTENT OF THE STATE FINAL EXAMINATION

The total labor intensity of all stages of the final state examination is one credit (30 hours).

The state final examination of students in the specialty 560001 "General Medicine" is carried out according to the schedule and includes several mandatory tests:

1. State exam on the History of Kyrgyzstan (end of the IV semester)
2. State interdisciplinary comprehensive examination in the specialty (end of the XII semester).

The state exam on the "History of Kyrgyzstan" is conducted in the form of computer testing and monitors the following learning outcomes: GC1, GC3, GC4, IC4, SPC1 and SPC2.

The state comprehensive interdisciplinary final exam in the specialty is conducted in stages and includes a practical exam "curation at the bedside, test control of knowledge and an oral response on cards. The purpose of this exam is to control GC1 and GC8, SPC 1, SPC 2, SPC 3, SPC 4, SPC 5 and PC 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27.

5.1. Program of the State Exam on the History of Kyrgyzstan

5.1.1. **The form** of the State Examination is computer testing. Computer testing is carried out according to the schedule with the technical support of the CDCSandI of the KSMA. The exam is conducted according to standard test tasks, covering the content of the pre-exam "History of Kyrgyzstan". The exam is conducted in a computer lab. When passing the test, each examinee receives an individual task containing 50 questions using a special computer program by random sampling from the test. Within 45 minutes without a break, the student solves the test tasks, noting the correctly selected answer option. The criterion for evaluating knowledge is the number of correct answers to test tasks. The threshold result is considered to be 60 or more points. Criteria for evaluating test tasks: up to 60 points – "unsatisfactory", from 61 to 75 - "satisfactory", from 76 to

85 - "good" and from 86 to 100 - "excellent". The results of the test of the level of theoretical training are reported to students on the day of testing after the relevant documents are issued.

The student must report for testing at the time specified in the schedule.

During the testing, it is not allowed to use materials that are not intended for use during the exam, namely, phones, cheat sheets, attempts to communicate with other students or other persons, including using electronic means of communication, unauthorized movements of students, etc. These actions are the basis for removing the student from the classroom and then putting the rating "unsatisfactory" in the statement.

An example of the certification test material is in Appendix No. 1.

5.1.2. List of control questions submitted to the SFE on the History of Kyrgyzstan:

1. The oldest traces of man on the Tien Shan.
2. The Stone Age and the Bronze Age on the territory of Kyrgyzstan.
3. Saka and Usun periods in the history of Kyrgyzstan.
4. Kyrgyzstan in the period of the Turkic Khaganate.
5. Kyrgyz great power: education, development, reasons for the collapse of the state.
6. The Karakhanid Khaganate on the Tien Shan and its heirs (X-XIII centuries).
7. Kyrgyzstan in the period of Karluk and Karakhanid domination.
8. The Kyrgyz and Kyrgyzstan in the state of the Genghisids (XIII-XIV centuries).
9. Kyrgyz of the state of Mogolistan.
10. Ethnogenesis of the Kyrgyz people: stages, factors, theories.
11. The struggle of the Kyrgyz for national independence (XVI-XIX centuries).
12. Kyrgyzstan as part of the Kokand Khanate.
13. Kyrgyz relations with Russia: from the first embassies to the accession.
14. Annexation of Northern Kyrgyzstan to Russia.
15. Annexation of Southern Kyrgyzstan to Russia.
16. Kyrgyzstan as part of the Russian Empire: changes in socio-political and economic life.
17. The 1916 uprising in Kyrgyzstan: causes, nature, and consequences.
18. Features of the establishment of Soviet power in Kyrgyzstan. The essence of the Basmach movement.
19. Socio-economic transformations in Kyrgyzstan in the 20-30s.
20. Features of land and water reforms in Kyrgyzstan.
21. Attempts to create the Kyrgyz mountain region in 1922 and its causes.
22. From the Kirghiz Autonomous Oblast (KAO) to the Kirghiz SSR: formation and development of the Kirghiz Soviet Statehood.
23. Socio-economic development of Kyrgyzstan as a part of the USSR.
24. Kyrgyzstan during the Second World War. The heroes are Kyrgyzstanis.
25. Kyrgyzstan during the "thaw" and "stagnation" years"
26. Development of science, culture and education in Kyrgyzstan in the twentieth century.
27. Kyrgyzstan in the years of Perestroika and Glasnost.
28. Sovereign Kyrgyzstan: stages of formation, problems and prospects of development.
29. The state-political structure of modern Kyrgyzstan.
30. The main parties and political movements in Kyrgyzstan at the present stage.
31. The oldest traces of man on the Tien Shan. Paleolithic.
32. Stone tools.
33. Primitive beliefs.

34. Saki in the history of the ancient world.
35. The struggle of the Saks with the Persian kings.
36. In the struggle against the conquests of Alexander the Great.
37. Culture of the Saka tribes.
38. The origin of the Wusun people and the formation of the state.
39. Zhan Tsan's journey and the discovery of the Great Silk Road.
40. The city of Chigu on Issyk-Kul is the headquarters of the Wusun ruler.
41. The formation of the union of the Hunnu tribes.
42. The first mention of the ethnonym "Kyrgyz" (201 BC).
43. The migration of the Kyrgyz from Mongolia to the Yenisei.
44. Organization of the State of Davan.
45. Orkhon-Yenisei runic monuments of writing.
46. Ancient Turks.
47. Formation of the Turkic State.
48. The conquest of the Yenisei and Central Asia by the Kyrgyz Turks.
49. Istemi-kagan.
50. The Embassy of Maniach to Iran (567) and Constantinople (568).
51. The rise of the Western Turkic khaganate – the "state of the ten arrows".
52. Arab conquests in Central Asia.
53. The state of the Turgesh. The Karluk tribes.
54. Talas battle of the Arabs with the Chinese in 751.
55. Kagan Kyrgyzov Bars-beg.
56. The great power of the Kyrgyz.
57. Stone sculptures.
58. Ancient Kyrgyz and other types of writing.
59. Ideological views. Zoroastrianism, Tengrianism, Christianity, Buddhism, Islam.
60. Karakhanid Khaganate (X – early XIII centuries).
61. "Kutadgu bilik" by Yusup Balasaguni.
62. "Diwan lugat at-turk" by Mahmud Barshani (Kashgari).
63. Kyrgyz and Kyrgyzstan in the state of Chingizids. XIII-XIV centuries.
64. The conquest of the Yenisei and Tien Shan by the Mongols of the Kyrgyz.
65. Kyrgyz people in the Chagatai ulus.
66. The formation of the State of Haidu.
67. Tatar-Mongols in Asia.
68. The State of Mogolistan.
69. Ethnic origins of the Kyrgyz people.
70. Mohammed-Kyrgyz.
71. Dzungarian Khanate.
72. The struggle of the Kyrgyz with the Kalmaks and its reflection in the epic "Manas".
73. The Khoja movement in East Turkestan and the participation of the Kyrgyz in it.
74. Kyrgyz embassies to China.
75. Formation of the Kokand Khanate.
76. Kubat-biy – the leader of the Kyrgyz.
77. The role of Kyrgyz biys in palace intrigues. Kokanda
78. Alymbek and Kurmanjan-datka.
79. Land relations and the problem of nomadic feudalism.
80. Spiritual culture: oral folk art, religion and beliefs.

81. Kalygul, Arstanbek, Moldo Kylych, Moldo Niyaz.
82. The Embassy of I. Unkovsky (1722-1724).
83. The first Kyrgyz Embassy to Russia (1785).
84. Atak-biy. Abdrakhman Kuchakov and Shergazy are the first Kyrgyz ambassadors.
85. Embassy of F. K. Siebberstein to Issyk-Kul in 1825.
86. Kyrgyz uprisings of the late 18th century – the 70s of the 19th century.
87. Tailak-batyr, Atantay, Jantay, Baitik-batyr.
88. The rise and fall of Ormon Khan.
89. Borombay and Kachibek.
90. P. P. Semenov-Tyan-Shansky and Ch. Ch.Valikhanov in Kyrgyzstan.
91. " Military-scientific " expedition of M. D. Skobelev to Alai (1875-1876).
92. Shabdan Dzhantayev.
93. Kurmanjan-datha-the queen of Scarlet.
94. Kyrgyzstan is a colony of the Russian Empire.
95. The resettlement of Russian-Ukrainian peasants in Kyrgyzstan.
96. Emigration of Dungans and Uighurs from China to Kyrgyzstan.
97. Andijan uprising.
98. Russian scientists and travelers in Kyrgyzstan: Severtsov I. A., Fedchenko A. P., Radlov V. V., Musketov I. V., Przhevalsky N. M., Barthold V. V.
99. The first changes in culture and public education. Toktogul Satylganov and Togolok Moldo
100. Shvets-Bazarny.
101. Basmach Movement.
102. Attempts to create a Mountainous Kyrgyz region in 1922.
103. New economic policy in Kyrgyzstan.
104. The birth of professional fiction and science.
105. Kasym Tynystanov and Ishenaly Arabaev.
106. Repression of prominent figures in politics, science and culture of Kyrgyzstan in the 20-30s.
107. Political opposition to the totalitarian Stalinist regime.
108. Abdykerim Sydykov, Yusuf Abdrakhmanov, Bayaly Isakeyev, Torokul Aitmatov and others.
109. Heroic feats of Kyrgyzstanis on the battlefields.
110. The Constitution of the Kyrgyz SSR of 1977 slogans, declarations and life history truth.
111. The objective necessity of restructuring the entire social life of the country. Moscow SCSE and its reflection in Kyrgyzstan. Prohibition of the Communist Party of the Republic. The Bialowieza Agreement of the leaders of Russia, Ukraine and Belarus on the denunciation of the Union Treaty. The collapse of the USSR.
112. Recognition of the independent Kyrgyz Republic by the international community. Formation of parliamentarism and the institution of the President.
113. Consequences of the collapse of the traditional economic ties of the CIS states.
114. The formation of a multi-party system.
115. Kyrgyzstan on the world stage.
116. Establishment of diplomatic relations with foreign countries: Turkey, China, the United States, Russia, etc.
117. Science, culture and education in market conditions.
118. Kyrgyzstan in the system of international relations.

119. Relations with Russia, the United States, and China.
120. Problems of national security of Kyrgyzstan in the context of globalization.

5.1.3. List of references for preparation for the SFE on "History of Kyrgyzstan"

Main literature:

1. Nurbol Dos uulu Chotonov. "National History". - B., 2009.
2. Osmonov O. Zh. History of Kyrgyzstan. - B., 2000.
3. Osmonov O. Zh., Myrzakmatova A. Zh. Kyrgyzstan tarykhy – - B., 2000.

Additional literature:

1. Asankanov A. A., History of Kyrgyzstan. - Bishkek 2009.
2. Anwar Baitur. "Lectures of Kyrgyz History". 1-2-book. - Bishkek, 1992.
3. Barthold V. V. "Collected works on the history of Kyrgyzstan". - Bishkek, 1996.
4. Introduction to the history of the Kyrgyz Statehood. Course of lectures for universities B., 2004.
5. Voropaeva V., Dzhunushaliev D., Ploskikh V. History of the Fatherland. Short course of lectures on the history of Kyrgyzstan-B., 2005
6. Voropaeva V., Dzhunushaliev D., Kemelbayev N., Ploskikh V. Introduction to the History of Kyrgyz-Russian Relations: A Course of lectures – - B., 2001
7. Voropaeva V., Dzhunushaliev D., Ploskikh V. From the history of Kyrgyz-Russian relations (XVIII-XX centuries). A short course of lectures and a methodological guide – - B., 2001
8. History of the Kyrgyz and Kyrgyzstan. Textbook for universities – - B., 2000.
9. Koichuev T., Mokrynin V., Ploskikh V. Kyrgyz and their ancestors. - B. 1994.
10. Osmonov O. Zh., History of Kyrgyzstan (from ancient times to the present day) – Bishkek 2013, 2014., 2015.

Electronic resources

1. Website of the I. K. Akhunbaev KSMA <https://www.kgma.kg/index.php/ru/>
2. Kyrgyz Virtual Scientific Library www.kyrgyzstanvsl.org
3. Electronic resource "Electronic Library" of KSMA (library.kgma.kg)
4. Electronic resources of the eIFL project. http://bik.org.kg/ru/eifl_resources/
5. www.nlkgov.kg (National Library of the Kyrgyz Republic)
6. www.istok.net.kg (website of the National Academy of Sciences of the Kyrgyz Republic)

5.2. The program of the State final interdisciplinary comprehensive examination in the specialty.

The graduate's SFE includes a State final interdisciplinary three-stage exam.

The first stage of the SFE - "Curation at the patient's bedside" is a clinical stage that is carried out in the specialized departments of hospitals that are the clinical bases of the I. K. Akhunbaev KSMA and is designed to test the level of mastering practical skills.

The second stage of the SFE is an interdisciplinary test, which is conducted in a computer center using personal computers, and is aimed at checking the level of theoretical readiness through a computer-based test exam.

The third stage of the SFE is an oral interview in the main clinical disciplines.

5.2.1. Curation at the patient's bedside is intended to test professional competencies.

At this stage, the graduate is given the opportunity to demonstrate the consistent implementation of the necessary volume of skills and abilities for professional activity. In addition, at the first stage, the level of deontological education of students is determined and the effectiveness of teaching activities of departments and courses responsible for the practical training of students is evaluated.

The practical state exam is accepted at the clinical bases of the I. K. Akhunbaev KSMA.

It consists of two sections: a) examination at the bedside of a therapeutic patient with various pathologies, while evaluating the performance of one or more practical skills, and b) decoding and interpreting ECG images, radiographs, and laboratory data. According to the results of the exam with a separate test of practical readiness and theoretical knowledge, the student is given a general assessment. The results of the certification tests are announced on the same day after the registration of the SFE protocols and are determined by the grades "excellent", "good", "satisfactory", "unsatisfactory". A student who has shown positive results is admitted to the second stage of the final interdisciplinary exam.

Evaluation criteria for the practical part of the exam:

The answer is rated "excellent" if the graduate: fully demonstrates practical skills, without making mistakes. Exhaustively interprets the results obtained, observes the ethical and deontological principles and an individual approach to the patient.

The answer is rated "good" if the graduate performs most of the demonstrated practical skills, but there are minor errors. The student is able to interpret the data obtained with little difficulty, observes ethical and deontological principles and an individual approach to the patient.

The answer is rated "satisfactory" if the graduate demonstrates partial implementation of practical skills. The task is completed by no more than half, and a large number of mistakes are made. The student is not able to interpret the results obtained, and observes the ethical and deontological principles.

The answer is rated "unsatisfactory" if the graduate either does not perform practical skills at all, or performs them completely incorrectly. Does not follow an individual approach to the patient.

Practical skills when working with a patient

- Collection of complaints, medical history, and life history of the patient
- Physical examination of a patient with various pathologies in accordance with the algorithm (examination, palpation, percussion and auscultation of organs and systems)
- Evaluation of the results of the examination, identification of syndromes, making a preliminary diagnosis
- Preparation of the patient's examination plan
- Justification and clinical diagnosis

Evaluation of test results:

1. GFA, GUA, urinalysis according to Nechiporenko, Zimnitsky, daily protein loss in urine, urinalysis for microalbuminuria, coprogram, general sputum analysis;

2. Biochemical analysis of blood in non-infectious diseases of creatinine, total protein, protein fractions, cholesterol and lipid spectrum, uric acid, total bilirubin and its fraction, AST, ALT, ALP, blood amylase, serum electrolytes (potassium, sodium, calcium), C-reactive protein;
 3. Glomerular filtration rates,
 4. Fasting blood sugar, carbohydrate tolerance test, glycosylated hemoglobin
 5. Hormonal studies (TK, T4, TSH, cortisol)
 6. Studies of the immune status (immunoglobulins, rheumatoid factor, ADCP, ASL-O, antinuclear factor, antibodies to DNA).
- Markers of viral hepatitis A, B, C, D Coagulograms
- Tests of urine, sputum, blood for microflora and sensitivity to antibiotics Tests for HP (urease test, respiratory test, serological test)

Evaluation of the results of instrumental research methods:

Ultrasound examination of the abdominal cavity and pelvic organs

ECHOCARDIOGRAPHY

X-ray examination of the chest, abdomen, bones and joints ECG standard, VEM-test, daily monitoring of ECG and blood pressure

FEGDS

5.2.2. Computer testing is carried out according to the schedule with the technical support of CDCS and I of the KSMA. The test material covers the content of the professional disciplines of the specialty. The exam is conducted according to standard test tasks, covering the content of clinical disciplines. The exam to determine the level of theoretical training of graduates is conducted simultaneously in a computer class. When passing the test with the help of a special computer program that allows you to prepare individual test tasks by random sampling from the bank of test tasks, each examinee receives an individual task containing 100 questions. Within 90 minutes without a break, the graduate solves the test tasks, noting the correctly selected answer option. The criterion for evaluating the knowledge of graduates is the number of correct answers to test tasks. The threshold result is considered to be 60 or more points. Criteria for evaluating test tasks: up to 60 points – "unsatisfactory", from 61 to 75 – "satisfactory", from 76 to 85 – "good" and from 86 to 100 – "excellent". A student who answers 60% or more of the questions correctly is allowed to proceed to the next stage. In case of violation of the test procedure or refusal to comply with it, the chairman of the SAC has the right to remove the student from the test, and a corresponding act is drawn up. During the period of students' work on test tasks, members of the state examination commission are present in the audience.

The results of the test of the level of theoretical training are reported to graduates on the day of testing after the relevant documents are issued.

Subjects submitted to the state exam conducted in the form of a test control:

1) Internal diseases

Therapy (inpatient stage)

Outpatient therapy

Family medicine

Phthisiology

Adult infections

Neurology and medical genetics,

Dermatovenerology
Psychiatry
Clinical pharmacology
Occupational diseases

2) Surgery

Surgical diseases (inpatient stage)
Outpatient surgery
Anesthesiology and Resuscitation
Ophthalmology
Otorhinolaryngology
Oncology
Traumatology, orthopedics
Pediatric Surgery
Urology

3) Obstetrics and gynecology

Obstetrics and gynecology (inpatient stage)
Obstetrics and gynecology (outpatient stage)

4) Children's diseases

Children's diseases (inpatient stage)
Outpatient Pediatrics
Children's Infections

An example of the certification test material is in Appendix No. 2.

5.2.3. The theoretical oral examination on the card is the third final stage and it is given after passing the practical state exam and testing. Tickets are compiled by the issuing departments, reviewed and approved by the EMPC of the faculty of "General Medicine" of the I. K. Akhunbaev KSMA. The structure of the exam card includes questions on academic disciplines, the results of which are of decisive importance for the professional activities of graduates:

- Internal diseases;
- Obstetrics and gynecology;
- Surgical diseases;
- Pediatrics.

Getting-grades "satisfactory", "good" and "excellent" means successful completion of the stage. This stage is the final one.

Evaluation criteria for the final interview:

The answer is rated "excellent" if the graduate: deeply, fully and firmly assimilated the program material, exhaustively, consistently, competently and logically presents it, the answer closely links theory with practice; does not find it difficult to answer when modifying the task,

shows familiarity with the monographic literature, correctly justifies the decisions made, answers all questions of the ticket, as well as additional questions of the commission members.

The answer is rated "good" if the graduate: firmly knows the program material, competently and essentially presents it, does not allow significant inaccuracies in the answer to the question, correctly applies theoretical provisions to solve practical questions, tasks, has the necessary skills and techniques for their implementation, and answers 90% of the questions posed to him.

The answer is rated "satisfactory" if the graduate: knows only the main material, admits inaccuracies, insufficiently correct wording, violations of the sequence of presentation of the program material, and answers 80% of the questions.

The answer is rated "unsatisfactory" if the graduate: does not know a significant part of the program material, makes significant mistakes in answering questions, is not oriented in the main issues of the specialty.

The criteria for the overall assessment of the final interdisciplinary exam are "Excellent" if the average score for the previous stages is higher than or equal to 4.6. "Good" if the average score for the previous stages is from 3.6 to 4.5. "Satisfactory" if the average score for the previous stages is from 3.0 to 3.5. Retaking the final interdisciplinary exam in order to increase the positive score is not allowed. The results of the SFE are announced to the graduate on the same day after registration and approval in accordance with the established procedure, the minutes of the meeting of the state examination commission. According to the results of the three stages, the state examination commission issues a final assessment for the interdisciplinary exam. Grades "excellent", "good", "satisfactory" mean successful completion of the state exam.

At all stages of the SFE, the student is prohibited from carrying and using means of communication and electronic computing equipment, with the exception of non-programmable calculators, in addition, it is not allowed to use their own reference materials, including self-made ones. In the course of the answer before the examination board, the student has the right to use a sheet for preparing answers (draft), which after the answer is handed over to the secretary of the SAC (including if the student did not make any notes on it).

For each group of students, a separate protocol on passing the state exam is issued. In the minutes of the meeting of the SFE for the admission of the final interdisciplinary exam, grades are given for the practical and theoretical (testing and oral questioning) training of the student. The minutes of the meetings of the commissions are signed by the chairman, members and secretary of the SAC. The minutes of the meetings of the commissions are sewn together and stored in the archive of the KSMA named after I. K. Akhunbaev.

List of questions to be submitted to the state interdisciplinary comprehensive examination in the specialty "General Medicine"

I. Examination questions for the SFE in therapy

Pulmonology

1. Outpatient management of patients with acute respiratory viral infections: diagnostic criteria, severity, examination plan, indications for hospitalization. Examination of temporary disability (CEC), vaccination, prevention
2. Pneumonia. Definition. Etiology and pathogenesis. Classification.
3. Pneumonia. The clinic and criteria for the diagnosis of pneumonia, depending on the pathogen and severity. Complications of pneumonia.
4. Features of the clinic, course and treatment of pneumonia caused by atypical pathogens.

5. Outpatient management of patients with community-acquired pneumonia. Features of the course of pneumonia in the elderly and pregnant women. Indications for hospitalization. Examination of temporary disability (CEC, MSEC), medical examination.
6. COPD. Definition. Risk factors. Pathogenesis. Classification. The clinic. Diagnostics.
7. COPD. Integral assessment of COPD severity. Criteria for exacerbation. Complications. Principles of treatment.
8. Outpatient management of patients with COPD. Indications for hospitalization, Examination of temporary disability (CEC, MSEC), employment, medical examination, prevention.
9. Pleurisy. Definition. Etiology and pathogenesis. Classification.
10. Pleurisy. Modern management tactics of a patient with unilateral pleurisy. Principles of treatment. Complications. Prevention.
11. Bronchiectatic disease. Definition. Etiology and pathogenesis. Classification. The clinic. Diagnostics.
12. Bronchiectatic disease: patient management tactics. Antibacterial therapy. Prevention of exacerbations. Prognosis..
13. Bronchial asthma. Definition. Etiology. Pathogenesis. Classification.
14. Bronchial asthma. The clinic. Diagnostics. Assessment of the level of BA control.
15. Principles of treatment of bronchial asthma. Step therapy and monitoring of BA. Prevention. Prognosis..
16. Features of the etiology and pathogenesis, the clinic of aspirin asthma and asthma of physical effort. Principles of treatment.
17. Outpatient management of patients with bronchial asthma. Indications for hospitalization. Examination of temporary disability (CEC), employment, medical examination of patients, prevention
18. Relief of a choking attack in bronchial asthma.
19. Tobacco addiction. Definition. Classification. Diagnostics. Principles of treatment.
20. Emphysema of the lungs. Definition. Etiology, pathogenesis. Classification. Criteria for the diagnosis of primary and secondary emphysema of the lungs.
21. Acute respiratory failure: causes, diagnostic criteria, differentiated therapy.
22. Chronic respiratory failure. Definition. Etiology, pathogenesis. Classification. Principles of treatment. Prevention.
23. Chronic pulmonary heart. Reasons. Pathogenesis. Diagnostic criteria and treatment principles.
24. Disseminated lung diseases. Definition. Etiopathogenesis. Classification.
25. Idiopathic pulmonary fibrosis. Diagnostic criteria. Principles of treatment. Prognosis.
26. Pulmonary arterial hypertension. Classification. The concept of primary and secondary pulmonary arterial hypertension. Diagnosis criteria. Treatment tactics.

Cardiology

1. Coronary heart disease (CHD). Definition. Etiology. Risk factors, their significance. Classification of CHD.
2. Angina pectoris. Definition. Etiopathogenesis. Classification.
3. Stable angina: clinic, diagnosis, role of ECG, stress, and drug tests. Radionuclide and invasive diagnostic methods. Principles of treatment. Preventive measures.
4. Outpatient management of patients with CHD. Angina of tension. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.

5. ACS without lifting C. ST (Unstable angina). Classification. Diagnostic criteria. Treatment tactics at the prehospital and hospital stages.
6. ACS without lifting S. ST (Non-Q-wave AMI). Diagnostic criteria. Treatment tactics at the prehospital and hospital stages.
7. ACS with the rise of S. ST (Q-wave AMI). Types of AMI. Start options. Periods of myocardial infarction. Laboratory and instrumental diagnostics.
8. Tactics of AMI treatment at the prehospital and hospital stages. Indications for PCI (Stenting, CABG surgery)
9. Early complications of AMI. Acute left ventricular aneurysm. Diagnostic criteria and patient management tactics.
10. Acute heart failure (cardiogenic shock). Clinic, diagnosis and intensive care.
11. Acute heart failure (pulmonary edema). Clinic, diagnosis and intensive care.
12. Late complications of AMI. Dressler syndrome, diagnostic criteria and treatment principles.
13. Outpatient management of patients with AMI: medical and physical therapy rehabilitation. Examination of temporary disability (CEC), MSEC, medical examination of patients, prevention. Health resort rehabilitation.
14. Clinic and emergency care for PE.
15. Hypertension. Definition. Classification, clinical picture of target organ lesions, diagnosis.
16. Hypertension: non-drug and drug treatment methods. Principles of antihypertensive therapy, target blood pressure levels. Prognosis, prevention.
17. Outpatient management of patients with hypertension. Indications for hospitalization. Examination of temporary disability (CEC) and stand-up disability (MSEC), employment, medical examination of patients, prevention.
18. Hypertensive crises. Kinds. Emergency care.
19. Symptomatic arterial hypertension. Definition. Classification. 2-stage scheme of examination of a patient with arterial hypertension. WHO questionnaire for the exclusion of symptomatic hypertension.
20. Pheochromocytoma. Definition. Pathogenesis of arterial hypertension. The clinic. Diagnostics. Principles of treatment.
21. Primary hyperaldosteronism. Definition. Pathogenesis of arterial hypertension. The clinic. Diagnostics. Principles of treatment.
22. Coarctation of the aorta. Definition. Pathogenesis of arterial hypertension. The clinic. Diagnostics. Principles of treatment.
23. Vasorenal hypertension. Definition. The clinic. Diagnosis criteria. Principles of treatment.
24. Outpatient management of patients with symptomatic hypertension. Indications for hospitalization. Examination of temporary disability (CEC), medical examination of patients, prevention.
25. Myocarditis. Etiology and pathogenesis. Classification. Clinical picture.
26. Myocarditis. Laboratory and instrumental diagnostics. Treatment. Complications. Prognosis.
27. Infectious endocarditis. Definition, etiology, pathogenesis. Clinic: options for the onset of the disease. Laboratory and instrumental diagnostics.

28. Infectious endocarditis: diagnostic criteria. Features of the course in elderly and senile people. Course and outcomes. Treatment. Criteria of cure. Prognosis. Preventive measures.
29. Mitral valve insufficiency. Etiology and pathogenesis of hemodynamic disorders. Clinical picture. Stages of the course of mitral insufficiency. Diagnostics. Prognosis. Treatment.
30. Mitral stenosis. Etiology and pathogenesis of hemodynamic disorders. Clinical picture. Stages of the course of mitral stenosis. Diagnostics. Complications. Prognosis. Treatment.
31. Aortic valve insufficiency. Etiology, pathogenesis of hemodynamic disorders. Clinical picture. Diagnostics. Course. Complications. Prognosis. Treatment.
32. Stenosis of the aortic mouth. Etiology and pathogenesis of hemodynamic disorders. Diagnostics. Complications. Prognosis. Treatment.
33. Combined and combined heart defects. Definition. Features of hemodynamic disorders and clinics. Diagnostics. Treatment tactics.
34. Rheumatic fever. Definition. Etiology. Pathogenesis. Classification. Clinical manifestations.
35. Rheumatic fever. Kissel-Jones diagnostic criteria. Features of the course in adults and children.
36. Rheumatic fever. Classification. Principles of treatment and secondary prevention. Outpatient management of patients with rheumatic fever. Indications for hospitalization. Examination of temporary disability (CEC), medical examination. Primary and secondary prevention.
37. Dilated cardiomyopathy. Definition. Etiology. Pathogenesis of intracardiac hemodynamic disorders.
38. Dilated cardiomyopathy. Clinical manifestations. Tactics and results of the diagnostic examination. Course and complications. Treatment. Prognosis.
39. Hypertrophic cardiomyopathy. Definition. Etiology. Pathogenesis of intracardiac hemodynamic disorders.
40. Hypertrophic cardiomyopathy. Clinical manifestations. Tactics and results of the diagnostic examination. Course and complications. Treatment. Prognosis.
41. Pericarditis. Etiology. Classification. Pathogenesis and hemodynamic disorders in exudative pericarditis.
42. Dry pericarditis. The clinic. Laboratory and instrumental diagnostics. Principles of treatment.
43. Exudative pericarditis. Cardiac tamponade. The clinic. Diagnostic criteria. Principles of treatment. Prognosis.. Preventive measures.
44. Disorders of excitability. Reasons. Pathogenesis. Classification.
45. Atrial fibrillation. Definition. Pathogenesis of hemodynamic disorders. Classification. Clinical manifestations. Diagnostics. ECG signs. Treatment
46. Paroxysmal tachycardia. Definition. Pathogenesis of hemodynamic disorders. Classification. Clinical manifestations. Diagnostics. ECG signs. Treatment.
47. Extrasystolic arrhythmia. Definition. Pathogenesis of hemodynamic disorders. Classification. Clinical manifestations. Diagnostics. ECG signs. Treatment.
48. Heart blockages. Classification. Clinical manifestations. Diagnostics. Antiarrhythmic therapy.
49. Morgagni–Edems-Stokes syndrome. Clinic, diagnosis and treatment tactics.
50. Primary circulatory arrest. Asystole. Diagnosis criteria. Tactics of emergency therapy.
51. Primary circulatory arrest. Ventricular fibrillation. Diagnosis criteria. Tactics of emergency therapy.

52. Chronic heart failure. Classification, clinic, diagnosis, and principles of therapy.
53. Outpatient management of patients with CHF. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.

Gastroenterology

1. Gastroesophageal reflux disease. Risk factors, etiopathogenesis. Clinical picture.
2. Gastroesophageal reflux disease. Diagnostic methods and treatment principles.
3. Chronic gastritis. Definition. Etiology, pathogenesis. The clinic.
4. Chronic gastritis. Methods for detecting H. pylori. Complications. Treatment. Primary and secondary prevention of chronic gastritis.
5. Outpatient management of patients with chronic gastritis. Diagnostic criteria: clinical, laboratory and instrumental diagnostic methods. Indications for hospitalization. Prevention of complications.
6. Peptic ulcer of the stomach and 12 duodenum. Etiology, pathogenesis, diagnostic criteria.
7. Peptic ulcer of the stomach and 12 duodenum. Principles of drug therapy of gastroduodenal zone lesions. The use of physiotherapy and spa factors in the rehabilitation of patients. Prevention of recurrent ulcers and complications.
8. Outpatient management of patients with gastric ulcer and duodenal ulcer. Diagnosis criteria. Indications for hospitalization. Tactics of the polyclinic therapist in the event of complications. Anti-relapse therapy. Secondary prevention. Spa treatment.
9. Chronic hepatitis: etiology, pathogenesis. Classification.
10. Chronic hepatitis: The main syndromes. Treatment depends on the etiology. Prevention, rehabilitation. Prognosis..
11. Chronic viral hepatitis, features of clinical manifestations, diagnosis and treatment.
12. Outpatient management of patients with chronic viral hepatitis. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.
13. Cirrhosis of the liver. Causes, risk factors. Pathogenesis of portal hypertension and ascites. Classification. Clinical manifestations.
14. Cirrhosis of the liver. Diagnostic criteria. Principles of treatment. Complications of cirrhosis of the liver.
15. Complication of cirrhosis of the liver. Portal hypertension and esophageal varicose veins. Emergency care for bleeding from varicose veins of the esophagus. Prevention of repeated bleeding. Therapeutic measures.
16. Outpatient management of patients with cirrhosis of the liver. Principles of treatment, prevention of complications, indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.
17. Ulcerative colitis. The role of genetic and environmental factors in the development of the disease. Symptoms of intestinal and extra-intestinal manifestations.
18. Ulcerative colitis. Classification, clinic, complications. Diagnostic paths. Complications.
19. Chronic granulomatous enteritis (Crohn's disease). Classification. Clinic, complications. Diagnostics. Treatment, prognosis
20. Irritable bowel syndrome. Diagnostic criteria, diagnosis and treatment depending on the clinical variant.
21. Chronic cholecystitis. Etiology, risk factors, pathogenesis.
22. Chronic cholecystitis. Diagnostic criteria: clinical, objective, functional, and instrumental. Treatment. The use of physical therapy and physical therapy.

23. Biliary dyskinesia. Principles of development and clinical manifestations. Management tactics. Treatment and prevention.

24. Outpatient management of patients with gallbladder dyskinesia and cholecystitis. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention

25. Outpatient management of patients with postcholecystectomy syndrome: diagnostic criteria, treatment, indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention (primary, secondary).

26. Chronic pancreatitis: classification, clinical picture, diagnosis,

27. Chronic pancreatitis: the main directions of conservative treatment: relief of pain, compensation for exocrine insufficiency, correction of nutritional status disorders.

28. Outpatient management of patients with chronic pancreatitis. Causes of pain, correction. Principles of treatment, indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention

Endocrinology

1. Type 1 diabetes mellitus. Etiology, pathogenesis, features of the course, diagnosis, treatment. Insulin therapy, the method of appointment.

2. Type 2 diabetes mellitus. Etiology, pathogenesis. Risk factors, criteria diagnostics. Principles of treatment. Oral hypoglycemic drugs, classification, indications, contraindications.

3. Diabetic nephropathy: classification, clinic, diagnosis, treatment. Risk factors.

4. Diabetic macroangiopathy: classification, clinical manifestations, diagnosis, treatment, risk factors.

5. Ketoacidotic coma: causes, clinic, diagnosis and emergency care.

6. Hypoglycemic coma: causes, clinic, diagnosis and emergency care.

7. Diffuse toxic goiter, thyrotoxic heart, ophthalmopathy: clinical manifestations, diagnosis, treatment.

8. Endemic goiter. Iodine deficiency diseases. Clinic, treatment, prevention, types of prevention.

9. Hypothyroidism. Definition, etiology, pathogenesis, clinic, classification, diagnosis, treatment.

10. Diabetes insipidus: etiology, pathogenesis, clinic, diagnosis, treatment.

11. Chronic adrenal insufficiency (Addison's disease): etiology, pathogenesis, clinic, diagnosis, complications, treatment.

12. Itsenko-Cushing's syndrome and disease: clinic, diagnosis, complications, treatment.

13. Obesity. Methods of detection, prevention of complications. Obesity as a risk factor for diabetes, metabolic syndrome, atherosclerosis, and hypertension. Treatment.

14. Acromegaly and gigantism, etiology, pathogenesis, clinic, diagnosis, treatment.

Nephrology

1. Acute glomerulonephritis. Definition. Etiology, risk factors. Pathogenesis.

2. Acute glomerulonephritis. Classification. Diagnostics. Principles of treatment. Outcomes.

3. Outpatient management of patients with acute glomerulonephritis. Diagnostic criteria. Indications for hospitalization. Principles of treatment. Prognosis, primary and secondary prevention.

4. Chronic glomerulonephritis. Etiology, pathogenesis, classification.

5. Chronic glomerulonephritis. Clinical picture, laboratory and instrumental diagnostics. Treatment, prognosis.
6. Outpatient management of patients with chronic glomerulonephritis. Criteria for the diagnosis of clinical forms of the disease. Indications for hospitalization. Prevention.
7. Chronic pyelonephritis. Definition. Etiology, pathogenesis, clinic
8. Chronic pyelonephritis. Laboratory and instrumental studies. Outcome, treatment, prognosis.
9. Outpatient management of patients with chronic pyelonephritis. Diagnosis criteria. Indications for hospitalization. Principles of management. Prevention.
10. Nephrotic syndrome: definition. Clinical manifestations. Diagnostic capabilities. Principles of treatment.
11. Kidney amyloidosis: definition, predisposing factors, classification, main links of pathogenesis.
12. Amyloidosis of the kidneys: clinical, laboratory and instrumental criteria for diagnosis, principles of therapy, prognosis.
13. Acute renal injury: definition, etiology, classification, pathogenesis, clinic
14. Acute renal injury: laboratory and instrumental diagnostics, principles of therapy, prevention and prognosis.
15. Chronic kidney disease(CKD): definition, etiology, pathogenesis, classification, clinical picture
16. Chronic kidney disease: laboratory and instrumental diagnostics, principles of therapy, prevention and prognosis.
17. Outpatient management of patients with CKD. Principles of treatment, indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.
18. Toxic kidney damage: definition, etiology, classification, pathogenesis, clinic, diagnosis, treatment.

Rheumatology

1. Rheumatoid arthritis. Definition. Etiology. Risk factors. Pathogenesis. Classification. Diagnostic criteria.
2. Principles of treatment of rheumatoid arthritis. Modern basic therapy. The importance of physical therapy and physical therapy in the rehabilitation of patients with rheumatoid arthritis.
3. Outpatient management of patients with rheumatoid arthritis. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention. Primary and secondary prevention.
4. Osteoarthritis. Definition. Etiopathogenesis. Features of the joint syndrome clinic. Diagnosis and treatment principles.
5. Outpatient management of patients with osteoarthritis. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, prevention.
6. Reactive arthritis. Features of the joint syndrome. Diagnostic criteria. Principles of treatment.
7. Ankylosing spondylitis. Definition. Etiology. Pathogenesis. Assessment of functional mobility of the spine. Features of the joint syndrome clinic. Diagnosis criteria. Principles of treatment.

8. Gout. Definition. Etiology. Pathogenesis. Features of the joint syndrome clinic. Clinic of acute gouty arthritis. Diagnosis criteria. Treatment of gout in remission. Prevention. Nonpharmacological and medicinal methods of treatment.

9. Outpatient management of patients with gout: indications for hospitalization. Treatment of gout in remission. Examination of temporary disability (CEC), MSEC, medical examination, prevention.

10. Systemic lupus erythematosus. Definition. Etiopathogenesis. Clinical manifestations. Diagnostic criteria. Indices of SLE activity and severity.

11. Principles of SLE treatment. The concept of biological therapy of SLE. Prognosis. Prevention.

12. Systemic scleroderma. Definition, etiopathogenesis. Classification. Stages of skin changes. Sclerodermic organ damage (meaning lung and kidney damage). Raynaud's syndrome. Diagnostic criteria.

13. Systemic scleroderma. Pathogenetic immunosuppressive and antifibrotic therapy.

14. Inflammatory myopathies. Dermatomyositis (polymyositis). Definition. Etiology and pathogenesis. Classification. Clinical picture. Complications.

15. Dermatomyositis (polymyositis). Laboratory and instrumental diagnostics. Morphological diagnostics. Diagnostic criteria. Treatment.

16. Outpatient management of patients with diffuse connective tissue diseases. Criteria for the diagnosis of SLE, systemic scleroderma. Indications for hospitalization. Principles of treatment.

17. Systemic vasculitis. Classification. Polyarteritis nodosa. Diagnostic criteria. Principles of treatment.

18. Systemic vasculitis: Wegener's granulomatosis. Arteritis Takayasu. Diagnostic criteria. Principles of treatment.

19. Osteoporosis. The concept of the problem. Classification. Complications. Laboratory and instrumental diagnostics. Principles of treatment and prevention.

20. Medicinal disease. Clinical forms and manifestations of certain types of LB (urticaria, Quincke's edema).

21. Drug disease - anaphylactic shock. Pathogenesis of anaphylactic shock. Current options. Emergency care. Prognosis.

Hematology

1. Hemoblastosis. Classification. Leukemia. Tumor progression of leukemia.

2. Diagnostic criteria and differential diagnosis of acute myeloblastic leukemia with end-stage chronic myeloid leukemia.

3. Paraproteinemic hemoblastoses. Multiple myeloma. Differential diagnosis of multiple myeloma with monoclonal gammopathies.

4. Erythremia and diagnosis criteria. Differential diagnosis of erythremia with secondary erythrocytosis.

5. Hemophilia. Types, classification, diagnosis criteria, treatment features.

6. Hemorrhagic vasculitis. Diagnosis criteria. Differential diagnosis with thrombocytopenic purpura, thrombocytopathies. Principles of treatment.

7. Iron deficiency anemia. Clinic, laboratory diagnostics, treatment, prevention.

8. Main criteria and differential diagnosis of acute lymphoblastic leukemia with chronic lymphocytic leukemia.

9. DIC-syndrome. Definition. Diagnostic criteria. Stages. Principles of emergency therapy. Prevention.

10. Differential diagnosis and differential therapy of lymphadenopathies.

11. Differential diagnosis and differential therapy of splenomegaly.

12. Outpatient management of patients with iron deficiency anemia. Diagnostic criteria and classification of IDA. Indications for hospitalization. Examination of temporary disability (CEC), MSEC, medical examination, primary and secondary prevention.

13. Outpatient treatment of patients with folic-deficient, hypo- and aplastic anemia. Diagnostic criteria, indications for hospitalization. CEC, MSEC, medical examination by a general practitioner.

Family medicine

1. Headache syndrome in the work of a general practitioner. Life-threatening headaches. Diagnostic algorithm, classification, treatment (migraine, cluster headache).

2. Vertigo syndrome in the work of a general practitioner. Diagnostic algorithm, classification, treatment.

3. The "knee pain" syndrome in the work of a general practitioner. Diagnostic algorithm, classification, treatment.

4. Gerontology in the work of a general practitioner, the principles of management of patients with cardiovascular, bronchopulmonary pathology.

5. The "pain in the hand" syndrome in the work of a general practitioner. Diagnostic algorithm, classification, treatment.

6. The "abdominal pain" syndrome in the work of a general practitioner. Algorithm for the diagnosis of life-threatening diseases, manifested by abdominal pain, management tactics, treatment.

7. Diarrhea in the practice of a family doctor. Classification, algorithm of diagnosis and treatment.

8. Outpatient management of patients with urinary infection in the work of a general practitioner, the algorithm of diagnosis and treatment.

II. Examination questions for the SFE in Surgery

1. Indications and contraindications for surgical treatment of diffuse toxic goiter. Ultrasound examination with fine needle aspiration biopsy (ultrasound+TAB). Ultrasound technique+TAB. Indications for thyroid biopsy.

2. Preoperative preparation and methods of surgery for diffuse toxic goiter. The scope of the operation and postoperative complications.

3. Complications of acute thyroiditis (abscess, phlegmon of the neck, purulent mediastinitis). ***Surgical treatment.***

4. Indications for surgery for autoimmune thyroiditis (Hashimoto's goiter). The volume of the operation. Postoperative management.

5. Surgical treatment of fibrotic thyroiditis (thyroiditridel). The scope of the surgical intervention, the dangers during the operation.

6. Surgical interventions for hypothyroidism. Preoperative preparation. Complications.

7. Preoperative preparation and surgical treatment for primary hyperparathyroidism.

8. Acute lactation mastitis. Clinical picture, diagnosis, differential diagnosis.

9. Acute lactation mastitis. Conservative and surgical treatment.

10. Foreign bodies of the esophagus. Clinical picture, diagnosis and treatment.
11. Chemical burns of the esophagus. Clinical picture, diagnosis and differential diagnosis. Treatment.
12. Cicatricial strictures of the esophagus: clinic, localization and forms of narrowing, diagnosis and differential diagnosis.
13. Cicatricial strictures of the esophagus: treatment, methods of augmentation, indications for surgery and methods of surgery, complications.
14. Achalasia of the cardia (cardiospasm). Clinical picture and diagnosis. Differential diagnosis and treatment.
15. Esophageal diverticula. Clinical picture, diagnosis and differential diagnosis. Classification. Indications for surgery, methods of surgical treatment.
16. Gastroesophageal reflux disease: indications for surgery, methods of surgery, complications.
17. Bleeding from varicose veins of the esophagus: clinic, diagnosis, differential diagnosis.
18. Bleeding from varicose veins of the esophagus: treatment, indications for surgery, methods of surgical treatment.
19. Absolute and relative indications for surgical treatment of gastric ulcer and duodenal ulcer. Gastrointestinal bleeding: clinic, diagnosis, treatment, medical examination.
20. The concept of bleeding and blood loss. Classification of bleeding. Clinic and assessment of the severity of blood loss.
21. Perforative ulcer of the stomach and duodenum: classification, clinic, diagnosis, differential diagnosis.
22. Perforated ulcer of the stomach and duodenum: indications for suturing, resection and vagotomy.
23. Peptic ulcer of the stomach and duodenum, complicated by bleeding: clinic, diagnosis, differential diagnosis, conservative treatment.
24. Peptic ulcer of the stomach and duodenum, complicated by bleeding: indications for surgery, methods of surgical treatment.
25. Temporary and final stop of bleeding. Complications of bleeding.
26. Peptic ulcer of the stomach and duodenum, complicated by pylorostenosis: indications for surgery, methods of surgical treatment.
27. Peptic ulcer of the stomach and duodenum, complicated by pylorostenosis: clinical picture, diagnosis and differential diagnosis.
28. Mallory-Weiss syndrome: clinical picture, diagnosis and differential diagnosis. Treatment.
29. Diseases of the operated stomach: general classification. Dumping syndrome, clinical picture, diagnosis and differential diagnosis. Treatment.
30. Diseases of the operated stomach: adductor loop syndrome-clinic, diagnosis, differential diagnosis, indications for surgery, methods of surgical treatment.
31. Peptic ulcer of the anastomosis: clinic, diagnosis, differential diagnosis.
32. Peptic ulcer of the anastomosis: treatment, indications for surgery, methods of surgical treatment, complications.
33. Gallstone disease: classification, clinic, diagnosis and differential diagnosis, treatment.
34. Acute cholecystitis: classification, clinic, diagnosis, differential diagnosis, treatment, indications for surgery, methods of surgical treatment.

35. Chronic calculous cholecystitis: classification, clinic, diagnosis, differential diagnosis, treatment, indications for surgery, methods of surgical treatment.
36. Choledocholithiasis: clinical picture, diagnosis, differential diagnosis.
37. Choledocholithiasis: complications, indications and methods of surgical and endoscopic treatment.
38. Postcholecystectomy syndrome: definition, clinic, diagnosis, differential diagnosis, indications for surgery and methods of surgical treatment.
39. Acute pancreatitis: clinical picture, diagnosis and differential diagnosis.
40. Acute pancreatitis: complications, conservative treatment, indications for surgery, methods of surgical treatment.
41. Cysts, fistulas of the pancreas: classification, clinic, diagnosis, differential diagnosis and treatment.
42. Abdominal hernias: definition, classification, elements and types of hernia.
43. Inguinal hernias: surgical anatomy of the inguinal region, clinic, diagnosis, differential diagnosis, methods of surgical treatment.
44. Femoral hernias: clinic, diagnosis, differential diagnosis, methods of surgical treatment.
45. Umbilical hernias: clinic, diagnosis, differential diagnosis, methods of surgical treatment.
46. Hernias of the white line of the abdomen: clinic, diagnosis, differential diagnosis, methods of surgical treatment.
47. Postoperative and traumatic hernias: clinic, diagnosis, differential diagnosis, methods of surgical treatment.
48. Hiatal hernias: classification, clinic, diagnosis and differential diagnosis.
49. Hernias of the esophageal orifice of the diaphragm: indications for surgery and methods of surgery.
50. Diaphragmatic hernias: Larrey, Bohdalek. Clinical picture, diagnosis and differential diagnosis. Treatment.
51. Pinched hernias: definition, classification, clinic, diagnosis, differential diagnosis, features and stages of surgical treatment.
52. Acute appendicitis: clinical picture, diagnosis, differential diagnosis, treatment.
53. Acute appendicitis: features of the clinical course, depending on the location, in children, in pregnant women and in the elderly
54. Acute appendicitis: preoperative and postoperative complications, clinic, diagnosis, treatment.
55. Hemorrhoid disease: classification, clinical picture.
56. Hemorrhoid disease: complications, indications for surgery, methods of surgical treatment.
57. Acute paraproctitis: classification, clinical picture, diagnosis, treatment.
58. Pararectal fistulas: classification, clinical picture.
59. Pararectal fistulas: diagnosis, methods of surgical treatment.
60. Anal fissure. Clinical picture, diagnosis and differential diagnosis. Treatment.
61. Rectal prolapse. Clinical picture. Diagnostics and differential diagnostics. Treatment
62. Rectal polyps and polyposis: clinical picture, diagnosis and differential diagnosis. Treatment.
63. Intestinal obstruction. Clinical picture and diagnosis.
64. Intestinal obstruction: classification, differential diagnosis.

65. Dynamic intestinal obstruction: clinical picture, diagnosis and differential diagnosis.
66. Dynamic intestinal obstruction: treatment, indications for surgery, methods of surgical treatment, complications.
67. Obturation intestinal obstruction: clinic, diagnosis, differential diagnosis.
68. Obturation intestinal obstruction: indications for surgery, methods of surgical treatment, complications.
69. Strangulation intestinal obstruction (inversion, nodulation, infringement): definition of the concept, clinic, diagnosis, differential diagnosis.
70. Strangulation intestinal obstruction: treatment, indications for surgery, methods of surgical treatment, complications.
71. Acute adhesive intestinal obstruction: clinic, diagnosis, indications for conservative and surgical treatment
72. Intestinal intussusception: definition of the concept, types of intussusception, causes, clinic, diagnosis, differential diagnosis.
73. Intestinal intussusception: treatment, indications for surgery and methods of surgical treatment, complications.
74. Open liver injuries (stab, cut, gunshot). Clinical picture and diagnosis. Treatment.
75. Closed liver injuries (ruptures, fractures, separation). Clinical picture and diagnosis. Treatment.
76. Liver abscesses. Clinical picture, diagnosis and differential diagnosis. Treatment.
77. Echinococcosis of the liver: Morphology and biology of echinococcosis. Ways of infection and the development of echinococcosis in humans. Clinical picture and diagnosis. Differential diagnosis
78. Echinococcosis of the liver: Complications. Treatment. Preventive measures.
79. Alveococcosis of the liver: Clinical picture and diagnosis. Differential diagnosis.
80. Alveococcosis of the liver: Complications. Treatment. Preventive measures.
81. Nonparasitic liver cysts. Clinical picture, diagnosis and treatment.
82. Lung abscess and gangrene: classification, clinical picture, diagnosis and differential diagnosis.
83. Lung abscess and gangrene: indications for surgery, types of surgical interventions, complications.
84. Indications and contraindications for surgical treatment of bronchiectatic disease, the scope of surgical intervention.
85. Echinococcosis of the lungs: clinic, diagnosis, differential diagnosis.
86. Echinococcosis of the lungs: indications for surgery, methods of surgery, complications.
87. Alveococcosis of the lungs: definition, pathways of infection, endemic zones in Kyrgyzstan, clinical picture and differential diagnosis.
88. Alveococcosis of the lungs: classification, stages of the course of alveococcosis of the lungs, methods of surgical treatment, preventive measures.
89. Nonparasitic lung cysts: classification, clinic, diagnosis and differential diagnosis. Treatment.
90. Empyema of the pleura: classification, clinical picture, diagnosis and differential diagnosis. Treatment.
91. Acute purulent pleurisy: classification, clinic, diagnosis and differential diagnosis.
92. Acute purulent pleurisy: treatment, indications for drainage of the pleural cavity.
93. Damage to the spleen. Clinical picture, diagnosis and treatment.

94. Splenectomy: indications for surgery, contraindications, methods of surgical intervention, complications.
95. Injuries of the heart and pericardium. Clinical picture and diagnosis. Treatment.
96. Acute purulent mediastinitis: clinical picture, diagnosis and differential diagnosis.
97. Obliterating atherosclerosis of the vessels of the lower extremities: clinical picture, diagnosis and differential diagnosis.
98. Obliterating atherosclerosis of the vessels of the lower extremities: treatment, indications for surgery, methods of surgical treatment, complications.
99. Obliterating endarteritis: clinical picture, diagnosis and differential diagnosis
100. Obliterating endarteritis: principles of conservative treatment, indications for surgery, methods of surgical treatment.
101. Thrombosis and embolism in the arterial system. Clinical picture and diagnosis. Treatment.
103. Varicose veins of the lower extremities. Clinical picture and diagnosis.
104. Varicose veins of the lower extremities. Conservative and surgical methods of treatment.
105. Postthrombophlebitic syndrome. Clinical picture. Differential diagnosis and treatment.
106. Acute thrombophlebitis of the superficial veins. Clinical picture, diagnosis and differential diagnosis. Treatment.
107. Acute deep vein thrombosis of the lower extremities. Clinical picture, diagnosis differential diagnosis. Treatment.
108. Open injuries of the small intestine: clinical picture, diagnosis and treatment.
109. Diverticulum of the small intestine (Meckel). Clinical picture, diagnosis and differential diagnosis. Complications. Treatment.
110. Indications for surgical treatment of Crohn's disease. Preoperative preparation, the scope of surgical intervention and management in the postoperative period.
111. Intestinal fistulas: classification, clinic, diagnosis, differential diagnosis, indications for surgery, methods of surgical treatment.
112. Hirschsprung's disease: clinical picture, diagnosis.
113. Hirschsprung's disease: differential diagnosis, complications, treatment.
114. Indications and scope of surgical intervention in non-specific ulcerative colitis. Complications.
115. Diverticula of the colon: Clinical picture and diagnosis.
116. Diverticula of the colon: Complications. Treatment.
117. Polyps and polyposis of the colon: Clinical picture and diagnosis.
118. Polyps and polyposis of the colon: types of polyps. Complications and treatment.
119. Chronic colostasis: clinical picture, diagnosis and differential diagnosis.
120. Chronic colostasis: complications, conservative and surgical treatment.
121. Peritonitis: clinical picture and diagnosis.
122. Peritonitis: classification, differential diagnosis and treatment.
123. Frostbite: classification, clinic, diagnosis, treatment.
124. Burns: classification, methods for determining the area and depth of burns, treatment.
125. Bedsores: causes, clinical picture, treatment, prevention.
126. Wound and wound infection. Wound detection and symptoms. Types of surgical treatment of wounds.
127. Classification of wounds: phases of the wound process, types of wound healing. Treatment of wounds depending on the phases of the wound process.

128. Acute hematogenous osteomyelitis: clinical picture, diagnosis, treatment.
129. Furuncle and furunculosis: clinical picture, diagnosis and treatment.
130. Carbuncle. Clinical picture. Treatment.
131. Abscesses and phlegmons. Clinical picture and treatment.
132. Hydroadenitis: clinical picture, diagnosis, treatment
133. Indications for surgical treatment of erysipelas depending on the forms of erysipelas.
134. Clostridial infection. Gas gangrene: clinical picture, treatment.
135. Tetanus: classification, clinical picture, diagnosis, treatment, prevention.
136. Blood and blood substitutes. Blood transfusion: indications, methods, methods of transfusion of blood and blood components, complications.
137. Blood groups and Rh-affiliation: rules for determining the blood group with standard serums and tsoliklons.
138. Pneumothorax and hemothorax: classification, clinical picture, diagnosis, treatment.
139. Panaritium: classification, clinic, diagnosis, treatment.
140. Burn disease: stages, diagnosis, treatment.
141. Burns: classification, local treatment of burns.
142. Electrotrauma: classification, clinical picture, first aid.
143. Long-term tissue compression syndrome: clinical picture, first aid.
144. Dry gangrene. Wet gangrene. Clinical picture, diagnosis and differential diagnosis. Treatment.
145. Pyopneumothorax: clinical picture, diagnosis and differential diagnosis. Treatment.
146. Pneumothorax and hemothorax: classification, clinical picture, diagnosis and differential diagnosis, treatment.
147. Preoperative period. Features of preparing patients for emergency surgery.
148. Closed abdominal injuries. Clinical picture of intra-abdominal bleeding. General principles of diagnosis and treatment.
149. Closed abdominal injuries. Clinical picture of a hollow organ rupture. Diagnostics and differential diagnostics. Treatment.
150. Invasive and non-invasive diagnostic methods in surgery.
151. Peritonitis of newborns. Classification. Clinical picture. Diagnostics. Features of surgical treatment.
152. Necrotic ulcerative enterocolitis of newborns, stages, features of the clinical course, complications, indications for surgical treatment
153. High congenital intestinal obstruction, clinic, diagnosis, differential diagnosis, features of surgical treatment.
154. Low congenital intestinal obstruction in children, clinic, diagnosis, features of surgical treatment. Complications.
155. Pylorostenosis in children. Clinical picture, diagnosis. Features of surgical treatment. Complications.
156. Anorectal malformations. Classification. Clinical picture and diagnosis. Features of surgical treatment.
157. Intestinal intussusception in children, classification, clinic and diagnosis. Features of surgical treatment, complications.
158. Omphalocele in newborns, classification, features of the clinical course and surgical treatment. Complications.
159. Spinal hernias in children. Classification, clinic, diagnosis indications for surgical treatment.

160. Cerebral hernias in children. Classification, clinic, features of diagnosis and surgical treatment.
161. Hydrocephalus in children. Classification, features of surgical treatment, complications
162. Purulent-inflammatory diseases of soft tissues (necrotic phlegmon of newborns, lymphadenitis, mastitis, paraproctitis). The clinic. Features of diagnosis and surgical treatment. Complications.
163. Omphalitis of newborns, classification, clinic, diagnosis. Indications for surgical treatment, complications.
164. Acute hematogenous osteomyelitis. Clinic for young children. Flow patterns. Diagnostics. Surgical treatment, complications and their prevention.
165. Acute bacterial destruction of the lungs. Classification. Clinical forms. Diagnostics. Methods of treatment. Surgical tactics in young children.
166. Abnormalities of testicular development and descent in children. Clinical forms. Diagnostics. Indications for surgery. Terms of surgical treatment. Principles of operation.
167. Achalasia of the esophagus in children, clinic, diagnosis, features of surgical treatment.
168. Esophageal chaliasia in children. Clinic, diagnosis, features of surgical treatment.
169. Atresia of the biliary tract in newborns, classification, features of the clinical course and indications for surgical treatment, complications.

III. Exam questions for the SFE

Pediatrics

1. Integrated Management of Childhood Diseases (IMCD): assessment and classification of a sick child aged 2 months to 5 years. Problems that the child has, common signs of danger.
2. Integrated Management of Childhood Diseases (IMCD): assessment and classification of a child with cough, difficulty breathing and asthma, followed by observation of a child aged 2 months to 5 years.
3. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with diarrhea. Consultation, treatment of diarrhea (plan A, B, C) observation.
4. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with fever. Consultation, observation.
5. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with a sore throat. Consultation, observation.
6. Integrated Management of Childhood Diseases (IMCD): assessment, classification, treatment of ear infection and observation of a child aged 2 months to 5 years.
7. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with low weight and anemia. Consultation, treatment, observation.
8. Integrated Management of Childhood Diseases(IMCD): recommendations for feeding a healthy child (up to 6 months; from 6 to 12 months) and during illness
9. Integrated Management of Childhood Diseases(IMCD): recommendations for feeding a healthy child (from 12 months to 2 years and older) and during illness.
10. Integrated Management of Childhood Diseases (IMCD): a sick child aged from 1 week to 2 months with a possible bacterial infection. Carrying consultations, observation.
11. .Integrated Management of Childhood Diseases (IMCD): a sick child aged 1 week to 2 months with diarrhea. Consultation, observation. Mother's advice on home care for the baby.

12. Integrated Management of Childhood Diseases (IMCD): a sick child aged 1 week to 2 months with feeding problems or low weight. Advising the mother on the correct position and application of the baby to the breast.

13. Dispensary monitoring of children of the first year of life by risk groups.

14. Absolute and relative indications and contraindications for vaccination behavior on the part of the mother and child.

Pediatric Endocrinology

1. Pituitary nanism, clinical manifestations, diagnosis, treatment.

2. Differential diagnosis of pituitary nanism with other types of stunting.

3. Congenital hypothyroidism, classification, clinical manifestations, diagnosis, neonatal screening.

4. Congenital hypothyroidism, treatment, medical examination.

5. Type 1 diabetes mellitus in children, classification, clinical manifestations, principles of treatment. Insulin therapy.

6. Delayed sexual development in boys, clinic, diagnosis.

7. Delayed sexual development in girls, clinic, diagnosis.

8. Congenital dysfunction of the adrenal cortex, salt form, clinic, diagnosis.

9. Congenital dysfunction of the adrenal cortex, virile form, clinic, diagnosis.

10. Congenital dysfunction of the adrenal cortex, treatment, medical examination.

11. Diffuse endemic goiter in children, classification, clinic, diagnosis, treatment, prevention.

Early life. Gastroenterology.

1. Rickets, classification, clinical manifestations of rickets depending on the period of the disease.

2. Rickets, causes, vitamin D metabolism.

3. Prevention of rickets (ante - and postnatal). Methods of prevention.

4. Rickets, treatment (non-drug and medication).

5. Spasmophilia, classification. The connection of rickets with spasmophilia. Clinical manifestations, diagnosis, treatment.

6. Latent form of spasmophilia, diagnosis, treatment. Outpatient monitoring.

7. Spasmophilia, obvious form, diagnosis. Emergency care.

8. Hypervitaminosis D, classification. Clinical manifestations, diagnosis, treatment, prevention.

9. Exudative-catarrhal diathesis, clinical manifestations, diagnosis. Outpatient monitoring.

10. Neuro-arthritic diathesis, definition, clinical manifestations, diagnosis. Outpatient monitoring.

11. Lymphatic-hypoplastic diathesis, definition, clinical manifestations, diagnosis, management tactics. Outpatient monitoring.

12. Sorting of sick children according to the recommendations of the "Pocket guide". Urgent and priority signs.

13. Eating disorders in young children, classification. Assessment of physical development by indices (taking into account gender, height, weight, age).

14. Acute severe eating disorder. 10 stages of rehabilitation treatment.

15. Malabsorption syndrome in children (celiac disease, disaccharidase deficiency). Causes, clinical manifestations, diagnosis, management tactics.

16. Lactase deficiency in children, causes, classification. Clinical manifestations, diagnosis, treatment principles. Type of Holzel, type of Durand lactase insufficiency.

17. Functional disorders of the gastrointestinal tract in young children. Classification according to the Roman criteria.

18. Biliary dyskinesia in children. Classification, clinic, diagnosis. Indicator of the motor function of the gallbladder during ultrasound examination. Treatment depends on the form of the disease.

19. Non-specific ulcerative colitis in children. Clinic, diagnosis, treatment, dynamic monitoring.

Questions on pediatric nephrology

1. Post-streptococcal nephritic syndrome in children, diagnostic criteria, therapy tactics.
2. Steroid-dependent nephrotic syndrome in children, diagnostic criteria, therapy tactics.
3. Rapidly progressing glomerulonephritis (RPGN) in children, clinical options, diagnostic criteria, therapy tactics.

4. Hereditary nephritis. Alport syndrome, diagnostic criteria, management tactics.

5. Uncomplicated urinary tract infections in children, diagnostic criteria, management tactics.

6. Acute kidney injury in children. Acute hemodialysis in children. Access to hemodialysis. Complications of hemodialysis.

7. Chronic kidney disease (CKD) in children, diagnostic criteria, treatment tactics.

8. Phosphate-diabetes in children, diagnostic criteria, therapy tactics.

9. Reflux nephropathy in children, diagnostic criteria, therapy tactics.

Hospital pediatrics with a course of neonatology

1. Premature newborns: morphofunctional features, care, feeding

2. Intrauterine hypoxia and asphyxia of newborns. Primary resuscitation for asphyxia.

3. Birth injuries. Intracranial hemorrhages in newborns (clinic, diagnosis, prevention)

4. Spinal birth injuries. Duchenne-Erb paralysis, Desjerins-Klumpke, Kofferat syndrome.

5. Hemolytic disease of a newborn child. Causes, clinic, diagnosis, treatment, prevention.

6. Hemolytic disease of a newborn child. Bilirubin encephalopathy (nuclear jaundice)

7. Hereditary jaundice of newborns. Jaundice of Kriegler-Nayar, Gilbert

8. Hemorrhagic disease of a newborn child. Clinical manifestations, diagnosis, treatment, prevention

9. Intrauterine infections of viral etiology in newborns. Cytomegalovirus, herpetic infections. Measles rubella.

10. Intrauterine bacterial infections in newborns. Listeriosis. Mycoplasmosis. Chlamydia.

11. Intrauterine infections in newborns. Toxoplasmosis. Clinical manifestations, diagnosis.

12. Embryo-and fetopathy of newborns. Causes, clinic, diagnosis, prevention.

13. Pneumopathies of newborns. Clinical manifestations, assessment of the severity of respiratory disorders on the modified Downs scale.

14. Pneumopathies of newborns. Treatment, prevention.

15. Pneumonia in newborns. Etiology, clinic, diagnosis, treatment, prevention.
16. Non-infectious diseases of the skin and subcutaneous tissue of a newborn child. Diaper rash. Sweating. Sclerema. Sclerodema.
17. Infectious diseases of the skin and subcutaneous tissue of a newborn child. Vesiculopustulosis. Pemphigus of the newborn. Ritter's exfoliative dermatitis.
18. Infectious diseases of the umbilical wound and umbilical cord of a newborn child. Catarrhal omphalitis. Purulent omphalitis. Gangrene of the umbilical cord.
19. Sepsis of newborns. Early and late sepsis (etiology). Transmission paths. The main links in the pathogenesis of sepsis.
20. Sepsis of newborns. The clinic depends on the etiology. Treatment. Prevention.
21. Congenital heart defects in children. Classification. Outpatient monitoring of children with CHD.
22. Congenital heart defects in children. VSDH (hemodynamics, clinical manifestations, diagnosis, treatment).
23. Congenital heart defects in children. ASD (hemodynamics, clinical manifestations, diagnosis, treatment).
24. Congenital heart defects in children. ODA (hemodynamics, clinical manifestations, diagnosis, treatment).
25. Congenital heart defects in children. Tetrad of Fallot (hemodynamics, clinical manifestations, diagnosis, treatment).
26. Congenital heart defects in children. Aortic coarctation (hemodynamics, clinical manifestations, diagnosis, treatment).
27. Myocarditis in children. Classification. Clinical manifestations. Diagnostics. Treatment.
28. Cardiomyopathies in children. Classification. The clinic. Treatment.
29. Acute rheumatic fever in children. Classification. Prevention.
30. Acute rheumatic fever in children. Clinic (carditis, arthritis, minor chorea, rheumatic nodules, annular erythema). Diagnostics.
31. Acute rheumatic fever in children. Treatment. Prevention (primary, secondary). Outpatient monitoring.
32. Systemic lupus erythematosus in children. Classification. Clinical manifestations. Diagnostics. Treatment. Prevention.
33. Juvenile dermatomyositis. Classification. Clinical manifestations. Diagnostics. Treatment. Prevention.
34. Systemic scleroderma in children. Clinical manifestations. Treatment.
35. Juvenile rheumatoid arthritis. Classification. Clinical manifestations. Diagnostics. Treatment. Outpatient monitoring.
36. Acute bronchitis in children. Classification. Clinic of acute obstructive bronchitis. Diagnostics. Treatment.
37. Acute bronchiolitis in children. The clinic. Diagnostics. Treatment.
38. Acute pneumonia in children. Classification. Clinical manifestations. Diagnostics. Treatment.
39. Bronchial asthma in children. Classification. Clinical manifestations. Principles of treatment. Outpatient monitoring of children with BA.
40. Bronchial asthma in children. Criteria of severity. Clinic of asthmatic status. Principles of treatment.
41. Hemorrhagic vasculitis in children. Classification. Clinical manifestations. Diagnostics. Treatment. Prevention. Outpatient monitoring.

43. Idiopathic thrombocytopenic purpura in children. Classification. Clinical manifestations. Diagnostics. Treatment. Prevention. Outpatient monitoring.

44. Thrombocytopathies in children. Classification. Glanzmann's disease, Willebrand's disease, Bernard-Soulier's disease (pathogenesis, clinic, diagnosis, treatment). Outpatient monitoring of children with thrombocytopathies.

45. Hemophilia in children. Definition. Mechanisms of hereditary transmission. Classification. The clinic. Diagnostics. Principles of treatment.

46. Hemolytic anemia in children. Definition. Types of hemolysis (intracellular, intravascular). Classification. Course, outcomes, complications. Emergency care for hemolytic crisis.

47. Iron deficiency anemia in children. Diagnostics. Treatment. Prevention. Outpatient monitoring.

48. Aplastic anemia in children. Classification. Diagnostics. Treatment.

IV. Examination questions for the SFE in Obstetrics and Gynecology

1. The menstrual cycle and its regulation. Ovarian cycle. The uterine cycle.

2. Juvenile bleeding. The clinic. Principles of treatment. Hormonal hemostasis.

3. Dysfunctional uterine bleeding of the reproductive and premenopausal periods. The clinic. Diagnostics. Treatment.

4. Hyperplastic processes of the endometrium. Classification. Diagnostics. Principles of treatment.

5. Amenorrhea. Classification. Management tactics.

6. Sheehan's syndrome (postpartum hypopituitarism). Reasons. The clinic. Diagnostics. Treatment.

7. Ectopic pregnancy (progressive tubal pregnancy) Differential diagnosis. Treatment methods.

8. Ovarian tumors: follicular cyst, corpus luteum cyst, paraovarial cysts Treatment. Indications for surgical treatment.

9. Hormone-producing ovarian tumors. The clinic. Diagnostics. Treatment.

10. Natural methods of family planning. Barrier methods of family planning. Advantages and disadvantages.

11. Polycystic ovary syndrome (PCOS). The clinic. Diagnostics. Treatment.

12. Uterine forms of amenorrhea. Reasons. The clinic. Diagnostics. Treatment.

13. Hyperprolactinemia. Etiology of primary and secondary hyperprolactinemia. The clinic. Diagnostics. Treatment.

14. Premenstrual syndrome. Clinical manifestations. Diagnostics. Treatment.

15. Menopausal syndrome. Reasons. Types of menopausal disorders. The clinic. Diagnostics. Treatment: non-drug, medication, hormonal.

16. Dermoid ovarian cyst (mature teratoma). Etiopathogenesis. The clinic. Diagnostics. Treatment.

17. Algodismenorrhea. Reasons. Classification. Diagnostics. Treatment.

18. Ectopic pregnancy, interrupted by the type of tubal abortion. Etiology, classification, clinic, diagnosis. Treatment.

19. Leukoplakia, erythroplakia of the cervix. Etiology. Diagnostics. Treatment

20. Salpingoophorites of non-specific etiology. The clinic. Diagnostics. Treatment.

21. Endometritis. The clinic. Diagnostics. Treatment. Prevention.
22. Parametrite, Classification, Clinic. Diagnostics. Treatment.
23. Tuboovarial education. The clinic. Diagnostics. Treatment.
24. Endocervicitis. Clinic, diagnosis, treatment, prevention.
25. Hematocolpos, a hematometer in girls. Etiopathogenesis. The clinic. Diagnostics. Treatment.
26. Abortion. Types of abortion. Medical abortion. Indications.
27. Infected abortion. Reasons. The clinic. Diagnostics. Basic principles of treatment.
28. Functional diagnostic tests for evaluating the menstrual cycle.
29. Bacterial vaginosis. The clinic. Diagnostics. Treatment.
30. Ovarian depletion syndrome, resistant ovarian syndrome. Etiology. Reason. The clinic. Diagnostics. Treatments.
31. Torsion of the leg of the ovarian cyst. The clinic. Diagnostics. The volume of surgical intervention. Possible complications.
32. Omission and prolapse of the genitals . Diagnostics . The clinic. Correction methods.
33. Ovarian endometriosis. The clinic. Diagnostics. Treatment.
34. Adenomyosis. Classification. The clinic. Diagnostics. Treatment.
35. Background diseases of the cervix. Classification. Diagnostics. Treatment.
36. Uterine fibroids. Classification. The clinic. Diagnostics. Treatment. Indications and contraindications for surgical treatment of uterine fibroids.
37. Subserous uterine fibroids. The clinic. Diagnostics. Management tactics.
38. Submucous uterine fibroids. The clinic. Diagnostics. Management tactics.
39. Acute abdomen in gynecology. Violation of the nutrition of the myomatous node. The clinic. Diagnostics. Management tactics.
40. Ectopic pregnancy, interrupted by the type of rupture of the tube. The clinic. Diagnostics. Treatment.
41. Ovarian apoplexy. Classification. Clinical picture. Diagnostics. Treatment.
42. Erosion of the cervix. Etiology. The clinic. Diagnostics. Treatment.
43. A barren marriage. Definition. Kinds. The survey algorithm.
44. Tubal factor of infertility. Diagnostics. Methods of correction of the pipe factor.
45. Bartholinite. Etiopotogenesis. The clinic. Diagnostics. Treatment.
46. Chlamydia of the genitals. The clinic. Diagnostic methods. Treatment.
47. Pelvioperitonitis. Etiology. The clinic. Classification. Treatment.
48. Genital herpes. The clinic. Diagnosis and treatment.
49. Contraception. Kinds. Hormonal contraception. Indications, contraindications.
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51. The reasons for the onset of labor. The concept of the body's readiness for childbirth.
52. Periods of labor. Partogram. Its role in the evaluation of labor activity.
53. Biomechanism of labor in anterior occipital presentation.
54. Biomechanism of labor in posterior occipital presentation.
55. Intrauterine fetal hypoxia. Causes of occurrence. Diagnostics. Treatment.
56. Modern methods of studying the intrauterine state of the fetus: gravidogram, ECG, FKG, cardiotocography, amnioscopy, ultrasound, ultrasound-Doppler study.
57. Birth trauma of the mother. Causes of occurrence. Classification. Clinic, treatment and prevention.

58. Ruptures of the cervix. Classification. The clinic. Early diagnosis. Treatment tactics.
59. Vaginal ruptures. Clinic, treatment and prevention.
60. Ruptures of the perineum. Classification. Clinic, treatment and prevention.
61. Hematoma of the external genitals and vagina. Clinic, treatment and prevention.
62. Rupture of the uterus during pregnancy, during childbirth. Causes of occurrence. Mechanism of occurrence and classification.
63. The clinical picture of a threatening, incipient and complete rupture of the uterus. Diagnosis, treatment, prevention.
64. Operations used in obstetrics: operation of manual separation of the placenta and isolation of the afterbirth, manual examination of the postpartum uterus. Perineal incisions. Perineotomy. Episiotomy. Indications and techniques of these operations, methods of suturing.
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68. Lack of water. Causes, diagnosis. The course of pregnancy and treatment. Management of labor.
69. Preterm birth. Classification. The clinic. Obstetric and therapeutic tactics for the management of threatened and preterm labor.
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71. Pelvic presentation. Classification, diagnosis. Management of the first and second periods of labor.
72. Biomechanism of labor in the pelvic presentation of the fetus. Possible complications for the fetus and newborn. Indications for Cesarean section surgery.
73. Manual aids for pelvic presentation of the fetus. Possible complications for the fetus and newborn. Indications for Cesarean section surgery.
74. Transverse and oblique position of the fetus. Diagnostics. The course of pregnancy and childbirth. The neglected transverse position of the fetus.
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76. Disordinated labor activity. Clinic, diagnosis. The course and features of labor management.
77. Anomalies of labor activity. Excessively strong labor activity, labor management.
78. Classification of extensor presentations of the head. Causes of occurrence. Management of pregnancy and childbirth.
79. Features of the biomechanism of labor in anterior-head insertion. Diagnostics and differential diagnostics. The course and management of labor.
80. Features of the biomechanism of labor during frontal insertion. Diagnostics and differential diagnostics. The course and management of labor.
81. Features of the biomechanism of labor during facial insertion. Diagnostics and differential diagnostics. The course and management of labor.
82. Asynclitic insertion of the fetal head. Anterior-parietal, posterior-parietal insertion.
83. Anatomically narrow pelvis. Reasons. Classification of narrow pelvises - according to the features of the structure, shape and degree of narrowing.

84. Clinically narrow pelvis. Functional assessment of the pelvis in childbirth. Signs of a clinically narrow pelvis. Indications for Cesarean section.

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86. Hypertensive disorders during pregnancy. WHO classification. Mild preeclampsia during pregnancy and childbirth. Clinic, diagnostics, modern methods of treatment.

87. Severe preeclampsia during pregnancy and childbirth. Clinic, diagnostics, modern methods of treatment.

88. Eclampsia. Clinic, diagnosis (phases of the attack). First aid. Modern methods of treatment. Eclamptic status. Prevention of repeated attacks.

89. Premature detachment of the normally located placenta. Causes of occurrence. Clinical picture. Diagnostics, differential diagnostics. Obstetric tactics and treatment.

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91. The main causes of postpartum bleeding. Diagnostics. Hypo - and atonic postpartum bleeding. Causes, clinic, treatment. Tactics for bleeding in the subsequent and early postpartum period.

92. Violation of the processes of separation of the placenta and the release of the afterbirth. Causes, prevention, diagnosis and treatment. Operation of manual separation of the placenta and isolation of the afterbirth, manual examination of the postpartum uterus. Indications and techniques of these operations.

93. Classification of postpartum septic diseases, features of the course of septic postpartum infection. Reasons. Ways of spreading the infection. Clinic, treatment.

94. Postpartum endometritis. Causes of occurrence Etiology, clinic, treatment.

95. Peritonitis after cesarean section. Causes of the occurrence of Flow features. Treatment.

96. Cesarean section. Indications for cesarean section during pregnancy and childbirth. Stages of the operation.

97. Conditions for performing a Caesarean section. Possible complications. Contraindications to Cesarean section surgery.

98. Obstetric applications of obstetric forceps. Complications and contraindications.

99. Vacuum extraction of the fetus. Indications. Conditions. Contraindications. Operation technique. Complications.

100. Fruit-destroying operations. Embryotomy. Craniotomy. Decapitation. Evisceration. Indications, conditions. Techniques and outcomes of operations.

101. Organization of outpatient care for pregnant women - registration for pregnancy, the order of management according to the clinical protocols of the Kyrgyz Republic. Medical examination of a healthy woman with a physiological pregnancy.

102. Determination of risk factors for a pregnant woman. Order 202.

103. Determination of the term of pregnancy and the date of upcoming delivery in an outpatient setting (by the first day of menstruation, by the movement of the fetus, etc.), dubious, probable and reliable signs of pregnancy. Issuance of prenatal and postpartum sick leave.

104. Management of pathological pregnancy by a family doctor, diagnosis, risk factors for perinatal pathology. Postponed pregnancy, diagnosis. Indications for termination of pregnancy.

105. Management by a general practitioner of pregnant women with early obstetric pathology (vomiting, ptialism, jaundice). The frequency of follow-up, examination by specialist doctors, the frequency of laboratory and other diagnostic tests, medical and health measures, indications for hospitalization. Indications for termination of pregnancy.

106. Management by a general practitioner of pregnant women with late obstetric pathology (gestational hypertension, preeclampsia, eclampsia). The frequency of follow-up, examination by specialist doctors, the frequency of laboratory and other diagnostic tests, medical and health measures, indications for hospitalization. Indications for termination of pregnancy.

107. Management by a general practitioner of pregnant women with heart defects, hypertension: the frequency of observation, examination by specialists, the frequency of laboratory and other diagnostic tests by a family doctor, indications for hospitalization, treatment. Indications for termination of pregnancy.

108. Management by a general practitioner of pregnant women with kidney diseases (glomerulonephritis, pyelonephritis, CRF): the frequency of observation, examination by specialists, the frequency of laboratory and other diagnostic tests, treatment, indications for hospitalization. Indications for termination of pregnancy.

109. Management by a general practitioner of pregnant women with diabetes mellitus: frequency of follow-up, examination by specialists, frequency of laboratory and other diagnostic tests, treatment, indications for hospitalization. Indications for termination of pregnancy.

110. Management by a general practitioner of pregnant women with iron deficiency anemia: the frequency of observation, examination by specialists, the frequency of laboratory and other diagnostic tests, treatment, indications for hospitalization.

111. Management by a general practitioner of pregnant women with STDs (syphilis, gonorrhea, chlamydia, etc.), the frequency of follow-up, examination by specialists, the frequency of laboratory and other diagnostic tests, treatment, indications for hospitalization. Indications for termination of pregnancy.

112. Management of pregnant women with HIV by a general practitioner/AIDS: frequency of follow-up, examination by specialists, frequency of laboratory and other diagnostic tests, treatment, indications for hospitalization. Indications for termination of pregnancy.

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Appendix 1

Example of attestation testing material
I. K. Akhunbaev Kyrgyz State Medical Academy
Faculty of "GENERAL MEDICINE"
STATE ATTESTATION
on the History of Kyrgyzstan 2nd year students

Select only one correct answer

1. History is a science that studies
 - a. atmospheric composition
 - b. humanity's past
 - c. natural resources
 - d. the future of man
2. The science that studies the origin and kinship relations of people, genera, surnames, generations is called ...
 - a. heraldry
 - b. ethnography
 - c. geneology
 - d. humanismatics
3. Studying the "traces" about the past, about how people lived, what events took place at a particular time, we call:
 - a. written sources
 - b. historical sources
 - c. oral sources
 - d. related sources
4. The science that studies the origin of man from bone remains ...
 - a. anthropology
 - b. geology
 - c. archeology
 - d. heraldry
5. The time before the Birth of Christ it is called the period ...
 - a. before our era
 - b. our era
 - c. future of our era
 - d. after our era

Appendix 2

Example of the results of clinical, biochemical and immunological tests of blood and urine, conclusions of ultrasound of internal organs, R-gram, ECG, ECHOCG, EGDS for the practical exam "Curation at the patient's bedside"

Total blood count: hemoglobin-99.4 g / l, red blood cells-3.4 x10¹²/l, color index-0.87, hematocrit-29.8%, platelets-179, 0x10⁹/l, white blood cells-6, 8x10⁹/l, rod-3%, segmental-82%, lymphocytes-9%, monocytes-5%, ESR-18 mm/h.

Biochemical blood tests: total protein-66 g / l, albumin 40%, cholesterol-7.22 mmol/l. Blood sugar – 4.3 mmol / L. ALT-24 IU/L, AST-11 IU/L.

Serum creatinine. blood – 87.2 mmol/l. **Urinary creatinine** - 6.85 mmol/24.0 hrs. GFR - 62.88 ml / min. **Creatinine clearance** (according to the Cockcroft-Gault formula) - 31.9 ml / min. GFR (MDRD) - 52.4 ml / min/1.73 m².

Blood troponin – 2.0 ng / ml, in dynamics-0.6 ng / ml.

Blood electrolytes: sodium – 142 mmol/l, potassium – 4.10 mmol/L, calcium – 1.11 mmol/l.

Serum iron - 29.0 mmol/l, in dynamics-17.9 mmol/l.

Serological tests: ASL-O-1: 298, SRB-otr.

Coagulogram: Fibrinogen-6660 mg / l, fibrinolytic activity-200 min, ethanol test positive, APTT-32 sec., prothrombin time 20 sec., prothrombin test-80%, thrombin time-28 sec., INR-1.3.

Interpret the following analysis:

T4sfree – 38 nmol/L
TSH – 0.05 mMe/L

Interpret the following analysis:

At to TPO-0 IU / ml
ADC – 138 units / ml
*RF – 52 IU / ml
*CRP – 67 mg / l .

Interpret the following analysis:

* ANF – 1:160
* AT to ds DNA – 34 IU / ml
* C3-47 mg / l, C4-5 mg/l

Interpret the following analysis:

* CRP-142 mg/l
* RF – 24 IU / ml
* Blood uric acid – 637 µmol/l

General analysis of urine: Quantity-200.0, color-s / w, transparency-sl / cloudy, reaction-acidic, relative density-1010, protein-1025 mg / l, ep. flat 4-5-4 in n / s., leukocytes 6-7-8 in n/s., red blood cells: unchanged 1-0-2 in n/s., changed 8-7 in n / s., mucus (+).

General analysis of urine: quantity-100.0, color-c / yellow, transparency-c / cloudy, reaction-acidic, relative density-1010, protein-125 mg/l, flat epithelium-units per square meter, white blood cells-4-5-4 in pl. zr., red blood cells unchanged-units in p/zr, changed-1-0-1 in p / zr.

Urine according to Nechiporenko: White blood cells-1000 in 1 ml of urine, Red blood cells-1500 in 1 ml of urine, no Cylinders.

The daily excretion of protein in the urine is 7081 mg/day, the daily diuresis is 1000 ml.

Analysis of pleural punctate: Quantity-0.5 l

Transparency-full.

Color-sol. / yellow.

Ud. density - 1022

The Rivalt reaction is positive.

White blood cells-10-15 in the n / a., of which more than 80% of lymphocytes

Red blood cells – 1 -2 in the n / zr.

ECG: Sinus rhythm. Heart rate-90 beats. per minute. Cicatricial changes of the antero-septal wall of the LV. Subendocardial ischemia of the anterior-septal region, the lateral wall of the LV. Hypertrophy of the left atrium. Left ventricular hypertrophy.

ECG: Sinus rhythm. Heart rate-65 beats per minute. Focal changes in the posterior wall of the LV, in the dynamics of violation of the processes of repolarization of the posterior wall of the LV. Subendocardial ischemia of the anterior-septal region, lower-lateral LV wall is preserved. AV block of the first degree (PQ-0.20 sec).

Echocardiography: The aorta is compacted, diameter-3.12 cm. Aortic valve: movable flaps, full opening. Mitral valve: in antiphase, regurgitation (+). Tricuspid valve - in antiphase. The pulmonary artery is not dilated. Mean pulmonary arterial pressure-22 mm Hg Left atrium-3.2 cm, left ventricle: end-diastolic size-5.45 cm, end-systolic size-4.3 cm, EF-30%. The thickness of the posterior wall of the left ventricle – 1.0 cm, the thickness of the interventricular septum -1.0 cm. Right ventricle – 2.1 cm. PSPJ-0.4 cm. Hypokinesis of the middle and lower third of the LVM, the apex and anterior wall of the LV.

Chest X-ray examination: In the lungs, the margins are transparent, the roots of the lungs are not wide. The heart with an accentuated waist is not expanded across. KTI - 48%. The aorta is compacted, and there is marginal calcification in the area of the arch.

Daily ECG monitoring: 22.00 h. Total QRS-58331. HRSsr. -44 in min; hrssmin-25 in 05: 41: 15h.; hrsmax. -92 in min. in 16:08: 24h. Ventricular extrasystoles-26 isolated. Supraventricular extrasystoles-53 isolated. 158 episodes of sinus bradycardia, 2 pauses lasting 2.8-4.1 seconds at 05: 41: 51h. and at 16: 24:57h.; frequent episodes of c-a block IIst., Mobitz I-II. 2 episodes of the rhythm from the AV connection with a heart rate of 65-85 per minute from 10: 32 to 10: 49h; 16: 08: 00 with a heart rate of 92 per minute lasting 3 minutes. There are no episodes of ischemia.

Daily ECG monitoring: 22h. 25min. Total QRS-84458. There are no ventricular extrasystoles. Supraventricular extrasystoles-17 isolated. HRSsr. -63 in min; HR max. - 111 in min at 12: 26h.; hrmin. -44 in min at 02:59h. During the entire recording-horizontal offset c.ST at 0.50-0.85 mm on 1 channel. 5 episodes of horizontal depression c.ST on 1mm on 1channel: 12: 10 with heart rate-87 in min-16min; 13:44 with heart RATE-84 in min- 6min; 14: 42 with heart RATE-58 in min-18min; 21:50h. with heart RATE-56 in min-4min; 10:12 with heart RATE-85 in min-10min.

VEM sample: Heart rate-86 v min. BP-14080 mmHg. Total amount of work performed: 1350kgm(300x3+450x1). The threshold load power is 50W. Aerobic load capacity is 85%. The criteria for stopping the test are the achievement of diagnostic aerobic capacity. During the test-pressing pain behind the sternum and in the precordial region with radiation to the subcapular region; shortness of breath, weakness, light dizziness, nausea. The pain was gone by 7-

th min. 2 min. after sublingual administration of isoket. Max. heart rate-160 v min. Max. BP=190/90mmHg DP-n / o ME-3,1. ECG load codes-Horizontal depression c.ST at 1.5 mm in V5, at 1 mm in I, II, avF, V4-V6, from the 3rd min VP-obliquely descending depression c.ST; recovery c.ST by the 7th minute of rest, 2 minutes after sublingual.receiving isoket spray. Single

supraventricular and ventricular ES. LP overload. Zacl: Coronary insufficiency. FC II-III. Hypertensive reaction.

Fibroscan: indirect elastometry was used to determine the elasticity of the liver, which is 31.6 kPa, which with a confidence of more than 95% corresponds to the stage of fibrosis F4 (according to METAVIR).

Ultrasound of the kidneys: Kidneys: the shape is normal, the contours are even, the dimensions are right 103x44 mm, left 105x44 mm, parenchyma of increased echogenicity, homogeneous. CHLS is not expanded, cortical-medullary differentiation is indistinct.

USDG of the liver and spleen vessels: Portal vein: d-10; Vmear-15cm/s; Vvol-06ml / min.

Hepatic artery: d-3.9; Vmax-56cm/s; Ri-0.76; Pi-1.2. Splenic vein: d-5 4; Vmear- 14; Vvol-192ml / min. Splenic artery:d-5.4; Vmax-100 cm/s; Ri-0.63; Pi-1.26.: there were no hemodynamically significant signs of portal hypertension.

USDG of the neck vessels: The brachiocephalic trunk is low. Subclavian arteries-not changed. Vertebral artery: right-0.37 cm, angular bend at the level of C6, left-0.40 cm smoothed C-shaped bend in the I segment. Common carotid artery-no plaques, right: d-0.67 cm thickness of the intima-media complex-0.05 cm, left: d-0.63 cm, thickness of the intima-media complex-0.05 cm. ICA: right-0.49 cm, left-0.52 cm. NSA: right-0.48 cm, left-0.46 cm. Zacl: The carotid arteries are not altered. Hemodynamically significant bends of the vertebral artery on the left.

Appendix 3

Example of the material of attestation testing I. K. Akhunbaev Kyrgyz State Medical Academy faculty of "General Medicine"

STATE FINAL ATTESTATION OF GRADUATES Select only one correct answer

1. A 72-year-old patient complains of swelling on the legs, a feeling of heaviness in the right hypochondrium, shortness of breath at rest. He has been suffering from COPD for more than 25 years. Objectively: orthopnea, swollen neck veins, diffuse cyanosis, acrocyanosis. The chest is barrel-shaped, with sharply weakened vesicular respiration on both sides. The accent of the second tone is above the pulmonary artery. Liver +3 cm. What complicated the course of COPD in the patient?

- A. **Chronic pulmonary heart disease**
- B. Pulmonary embolism
- C. Acute left ventricular failure
- D. Diffuse pneumosclerosis
- E. Community-acquired pneumonia

2. For the diagnosis of early pregnancy, the most important is:

- A. Evaluation of doubtful signs of pregnancy
- B. Assessment of probable signs of pregnancy
- C. C. Vaginal examination data
- D. **immunological pregnancy tests**
- E. Ultrasound data

3. Post-streptococcal nephritic syndrome in children is established when:

- A. replication of hepatitis B virus by PCR-serum
- B. presence of antibodies to non-denatured DNA
- C. Hepatitis D virus replication

D. ASLO titer 1:600

- E. Replication of the hepatitis C virus

4. What disease is indicated by: premature birth with a fetal weight of less than 3 kg, the presence of a large placenta, signs of intrauterine asphyxia, high hemoglobin levels, saddle nose, early appearance of edematous syndrome:

A. congenital nephrotic syndrome

- B. Alport syndrome
- C. Nephronophthisis Fanconi
- D. oligomeganephronia
- E. secondary nephritic syndrome

5. A set of measures aimed at combating surgical infection is called:

A. Antiseptic

- B. Asepsis
- C. Disinfection
- D. Surgical treatment
- E. Washing

Appendix No. 4

**Standard version of exam cards
(at the final interview of the state interdisciplinary exam)
I. K. Akhunbaev Kyrgyz State Medical Academy
Faculty of "General Medicine»
STATE FINAL ATTESTATION OF GRADUATES
Interdisciplinary interview**

Exam card No. 1

1. Outpatient management of patients with acute respiratory viral infections: diagnostic criteria, severity, examination plan, indications for hospitalization. Treatment of acute respiratory viral infections on an outpatient basis, examination of temporary disability (CEC), vaccination, prevention
 2. Indications and contraindications for surgical treatment of diffuse toxic goiter. Ultrasound examination with fine-needle aspiration biopsy (ULTRASOUND+TAB), the method of conducting. Indications for thyroid biopsy.
 3. The menstrual cycle and its regulation. Ovarian cycle. The uterine cycle.
 4. Integrated Management of Childhood Diseases (IMCD): assessment and classification of a sick child aged 2 months to 5 years. Problems that the child has, common signs of danger.
- Approved at the meeting of the EMPC no of _ _ _ _ 2018.**

Exam card No. 2

1. Differential diagnosis and differential therapy for pulmonary infiltrates (pneumonia, lung cancer, pulmonary tuberculosis).
2. Preoperative preparation and methods of surgery for diffuse toxic goiter. The scope of the operation and postoperative complications.
3. Juvenile bleeding. The clinic. Principles of treatment. Hormonal hemostasis.

4. Integrated Management of Childhood Diseases(IMCD): assessment and classification of a child with cough, difficulty breathing and asthma, followed by follow-up of a child aged 2 months to 5 years.

Approved at the meeting of the EMPC no. of _ _ _ _ _ 2018.

Exam card No. 3

1. Pneumonia. Classification. Clinic and diagnostic criteria. Principles of treatment. Evaluation of the effectiveness and criteria for discontinuation of antibacterial therapy.

2. Complications of acute thyroiditis (abscess, neck phlegmon, purulent mediastinitis). Surgical treatment.

3. Dysfunctional uterine bleeding in premenopause. The clinic. Diagnostics. Treatment. Diagnostic curettage of the uterine cavity. Indication, technique.

4. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with diarrhea. Consultation, treatment of diarrhea (plan A, B, C) observation.

Approved at the meeting of the UMPC no. of _ _ _ _ _ 2018.

Exam card No. 4

1. Outpatient management of patients with community-acquired pneumonia. Features of the course of pneumonia in the elderly and pregnant women. Indications for hospitalization. Examination of temporary disability (CEC), medical examination.

2. Indications for surgery for autoimmune thyroiditis (Hashimoto's goiter). The volume of the operation. Postoperative management.

3. Hyperplastic processes of the endometrium. Classification. Diagnostics. Principles of treatment.

4. Integrated Management of Childhood Diseases (IMCD): a sick child aged 2 months to 5 years with fever. Consultation, observation.

Approved at the meeting of the EMPC no. of _ _ _ _ _ 2018.

Exam card No. 5

1. Differential diagnosis and differential therapy of obstructive syndrome (COPD, bronchial asthma).

2. Surgical treatment for fibrotic thyroiditis (Riedel's thyroiditis). The scope of the surgical intervention, the dangers during the operation.

3. Violation of the menstrual cycle. Amenorrhea. Classification. Management tactics.

4. Integrated Management of Childhood Diseases (IVBDV): a sick child aged 2 months to 5 years with a sore throat. Consultation, observation.

Approved at the meeting of the EMPC no. of _ _ _ _ _ 2018.

Content of the EF

No., tests	Content	Number of sets of n/a (tasks)
1. History of Kyrgyzstan	Test tasks with standards of answers in the attached electronic medium in the form of a link to the program and in the printed version	250 (on a flash drive)

2. Final interdisciplinary comprehensive exam in the specialty	2.1. Curation at the patient's bedside	List of results of clinical, biochemical and immunological tests of blood and urine, conclusions of ultrasound of internal organs, R-gram, ECG, ECHO CG, EGDS, etc.	250 (on a flash drive)
	2.2. Computer testing	Test tasks with standards of answers in the attached electronic medium in the form of a link to the program and in the printed version	5000 (on a flash drive)
	2.3. Oral card survey	Questions on therapy, surgery, pediatrics, obstetrics and gynecology for oral complex exam in the specialty	500 in the program and on a flash drive

