The method of conducting an examination on discipline "infectious diseases", 5 year

Upon completion of the study of classroom activities provided for by the curriculum, the final annual examination (exam) is conducted. Students who do not have an academic debt are admitted to the final annual control, and scored at least the minimum (72-120) points. Students who have not written or defended the history of the illness or have not received it satisfactorily are not allowed to take an examination.

Current control is carried out on each practical lesson in accordance with the specific goals of the topic and includes standardized forms of control theoretical training and control of professional skills. Current control includes assessment of the initial level of knowledge (*oral or written express survey, test control using A test tasks*), assessment of the main stage of practical training (*control of professional skills during the management of patients, solving typical situational tasks*), assessment of the final level of knowledge on classes (*solution of situational tasks of level III, interpretation of the results of laboratory and other methods of examination of the patient*).

The admission to the exam, which is held on the last lesson, provides the following:

- computer testing;
- practical skills (interviewing and objective examination of the patient, formulating and substantiating the diagnosis, drawing up a survey plan to confirm the diagnosis, compiling the treatment plan, implementing the practical skills proposed by the instructor). Upon receiving positive marks, the student is admitted to the exam.

Exam structure: solution of situational tasks (40 points) and interview (40 points). An exam is considered enrolled if the student has scored at least 50 points out of a possible 80.

The final certification of the course of infectious diseases is carried out by adding points obtained in the practical, final lessons, and the final annual control.

Points for discipline for students who have successfully completed a discipline program are converted into a traditional four-point scale using absolute criteria as follows:

200-170 points - 5 (excellent);
169.9-140 points - 4 (well);
139.9-120 points - 3 (satisfactory);
119.9 points and below - 2 (unsatisfactory).

An example of a situational problem (written answer):

EXAMINATION TICKET No. 00

Ill Pylypenko Philip, 40, a sailor, lives in Sumy, was hospitalized on 08/07/2018. Complaints about the temperature increase to 40 ° C, headache, muscle and lumbar pain, nausea, multiple vomiting.

Anamnesis of the disease: fell ill suddenly, when in the morning of 07.08 the temperature increased to 40 0C, there was vomiting, vomiting of yellow color, and then all other complaints.

Epidemiological history: 4 days ago, arrived from Angola, where it was during the week before the departure for a trip, preventive vaccinations were not carried out.

On examination: faces are blurred, reddish-red, sclera and conjunctiva are hyperemic; tears, lips swollen, bright red. From the mouth feels a kind of "meat" smell. During the examination, there was vomiting, vomiting of dark brown color. The skin of the neck and upper chest is red, covered with petechiae rashes. Lymph nodes are not enlarged. Pulse 94 per min, rhythmic, satisfactory properties, AT - 105/65 mm Hg. Art. In the lungs, vesicular breathing, percussion - clear pulmonary sound. The activity of the heart is rhythmic, tones of weakened volume. Belly soft, painful when palpation in the right hypochondrium. Liver +3 cm, tight-elastic, smooth, moderately painful. Symptom tapping positive to the left. Urination and stools within normal limits. On the 5th day of illness, a short-term improvement is noted. From the 6th day the patient's condition deteriorated significantly: body temperature rose again to 40.5 0C, jaundice and hemorrhagic rash on the body and mucous membranes. Pulse 52 per minute, rhythmic, weak filling and stress, AT - 100/60 mm Hg. Art.

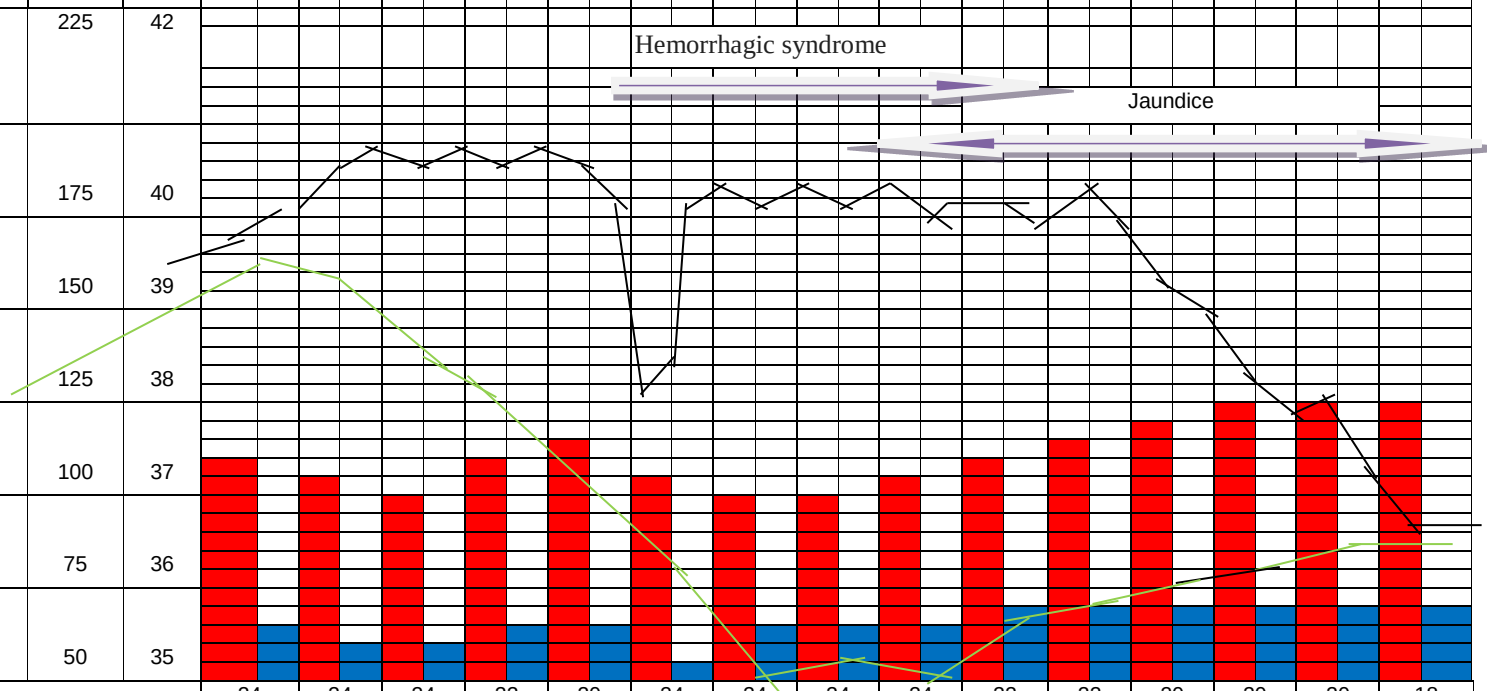
1. Give a characteristic of the temperature sheet.
2. Analyze the laboratory survey data.
3. Formulate and justify the clinical diagnosis.
4. Assign treatment (mandatory prescription recipe.
5. Assign dispensary observation.

MOZ UKRAINE _____ name institution		**medical documentation** **form 004/o** Approved by order of the MOZ in Ukraine **26.07.99 p. № 184**

T E M P E RA T U R E C HA R T

Card № 24 Surname, Name,Second name – Ivanov Petrov Sidorov Ward№ 2

			7VIII		8 VIII		9 VIII		10 VIII		11 VIII		12 VIII		13 VIII		14 VIII		15 VIII		16 VIII		17 VI II		18 VI II		19 VI II		20 VIII		21 VIII	
Date																														
Day of illness			1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Day of stay in a hospital			1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
П	AT	T^0	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P
130	225	42																														
100	175	40																														
90	150	39																														
80	125	38																														
70	100	37																														
60	75	36																														
50	50	35																														
breath			24		24		24		22		20		24		24		24		24		22		22		20		20		20		18	
weight			70		69		68		67,5		67		66,5		66,5		67		67		67,5		67,5		67,5		68		68,5		68,5	
Drunk liquid			1300		1300		1400		1400		1300		1200		1200		1300		1300		1400		1400		1300		1400		1350		1400	
daily urine quantity			1100		1100		1000		1000		1100		800		600		400		500		700		900		1000		1100		1100		1200	
			yellow		yellow		yellow		yellow		yellow		With blood		With blood		With blood		With blood		yellow		yellow		yellow		yellow		yellow		yellow	
Kopip																																
faeces			1		1		1		2		1		2		2		1		1		1		-		1		1		-		1	
mucus			-		-		-		-		-		-		-		-				-		-		-		-		-		-	
blood			-		-		-		-		-		+		+		+		+		+		-		-		-		-		-	



SEAL ANALYSIS No. 24

date of taking a biomaterial

Surname, name **Pylypenko P.**

40 years old

Establishment of the chapel's department

Number **50.0**

The color is **red**

Transparency is **muddy**

Relative density **1015**

Reaction

Protein -__ **5,3** _____ g / l

Glucose - _____ mmol / lx) _____ g% x)

Ketone bodies _____-

Blood reaction _____-

Bilirubin _____- Urobilinoids_____

Fatty acids_____- Indians_____

Epithelium**: 3-5 in pc**.

flat

transitional

renal

Leukocytes: **5-7 in pp.**

Erythrocytes: **20 in pp.**

unchanged

changed

Cylinders:

gialin **7-10 in pp.**

granular **3-5 in pp.**

waxy

Slip **a little**

Phosphate **Salt**

Bacteria

BIOCHEMICAL STUDIES OF BLOOD

PIP **Pylypenko P. P.** Norma

Glucose **4.8 mmol / L** (3.89-6.38 mmol / L)

Bilirubin total **48 μmol / L** (3.4-17 μmol / L)

Cholesterol **4.6 mmol / L** (3.1-5.2 mmol / L)

Triglycerides **1.1 mmol / L**(x 0.40-1.54 μmol / L m 0.45-1.82 μmol / l)

Urea **9.8 mmol / l** (1.7-8.3 mmol / l)

Creatinine **104μmol / l**,(53-80 μmol / l m 62-97 μmol / l)

Uric acid **0.25 mmol / l** (140-340 mg /% m 200-415 mg /%)

Gen. protein **65 g / l** (66-85 g / l)

Albumini _____

Globulins _____

a-amylase _____0-80 O / l

Lactate dehydrogenase **388 O / l**(220-420 O / liter)

Aspartate aminotransferase **855 O / 1** (5-40 O / l)

Alanine aminotransferase **756 O / l** (5-40 O / l)

Alkaline phosphatase_____(up to 104 O / l up to 117O / l)

a-hydroxybutyrate dehydrogenase _____(55-140 O / l)

Y-glutamyltransferase _____(is 7-32 O / l; 11 -50 O / l)

Creatine kinase_____(25-175 O / l 25-200 O / l)

Doctor-laboratory assistant M.P

CLINICAL ANALYSIS OF BLOOD

COBAS MICROS

Patient **Pylypenko P.**

Erythrocytes **2.5 * 1012 /1 (**3.9-5.0'10'12 / l) Anisocytosis ___Poykylocytosis ___Normoblasty_____

Hemoglobin **90g / l** (110-160 g / l) Reticulocytes (1 -8%) _____

Color indicator _____Polychromania (+) _____

Sedation of erythrocytes (0E) **20 mm / year**(w-8-15 mm / h m 8-10 mm / year)

Leukocytes 4,0-9,0·10^9/л	Basophils 0,5-1%	Eosinophils 1-5%	Neutrophils				Lymphocytes 18-38 %	Monocytes 2-10 %	Shear index
			Myelocz -	Young	Paloch - 1-5%	Seg. 50-72%			
2,5*10^9/л	1 %	3 %			1 0%	6 1%	2 0%	5 %	

Platelets **120 10 / 9l** (150-400.109)

Duration of bleeding ____Blood clotting: beginning _____ end _____

Date **Analysis completed**

STANDARD RESPONSE

1.Type of temperature curve - *febris continua*, from 5-6 days of the disease temperature cut, clinically coincides with the beginning of the stage of venous stasis, there are signs of hemorrhagic syndrome and jaundice. Tachycardia is replaced by bradycardia and does not correspond to the degree of temperature rise (Fage symptom). Blood pressure within the normal range. Physiological departures within normal limits.

2. In the clinical analysis of urine - signs of toxic nephropathy - inflammatory changes (the appearance of protein, leukocytes, a significant number of red blood cells, hyaline and granular cylinders). In the clinical analysis of blood - leukopenia, anemia, thrombocytopenia (signs of a hemorrhagic syndrome). In the biochemical analysis of the blood - signs of liver damage (increased levels of bilirubin, liver transaminases), renal insufficiency (increased creatinine and urea). Confirm the diagnosis can be done using the virological method, as well as serological methods (including ELISA), PCR.

3. Based on clinical and anamnestic and epidemiological data, namely:
absence of preventive measures (specific prophylaxis - vaccination), acute onset, presence of intoxication, hemorrhagic syndromes, signs of hepatic and renal insufficiency are present in the endemic region regarding yellow fever. In an objective examination - the "amarel mask," the symptom of Ferrari, the symptom of Faghe, an increase in the liver, the spleen - you can put the next clinical diagnosis: "Yellow fever unspecified, typical form of severe course. Acute hepatic-renal insufficiency II st.

4. Mandatory hospitalization in isolated chambers (boxes). Assign a strict bed mode. Conduct antiviral, pathogenetic and symptomatic therapy.

Rp.: Tab. Ribavirini 0,2 N.100
D.S. For 3 pills 2 times a day for 14 days.
#
Rp .: Contrycali 10000
D.T. d N. 10
S. The contents of the vial should be dissolved in 2 ml of solvent, administered intravenously 4 times a day in 200 ml of physiological saline solution for 2 days.
#
Rp .: Heparin 5 ml (5000 MO / ml)
D.T. d N. 5
S. Subcutaneously 1 ml every 4 hours.
#
Rp .: Sol. Vicasoli 1% 2 ml
D.T. d N. 10 in amp.
S. Intramuscularly 2 ml once daily for 4 days.
#
Rp .: Sol. Furosemide 1% 2 ml
D.T. d N. 10 in amp.
S. Intramuscularly, 2 ml 2 times a day for 3 days.

5. In a mild form for 4 months, with moderate to severe - until complete clinical recovery: the frequency of examination 2-3 times a year.

Example of a ticket (oral answer):

EXAMINATION TICKET No. 00

1. Typhoid fever: pathogenesis, clinic of the 2nd week of illness, differential diagnosis.
2. Plague: etiology, epidemiology, pathogenesis, classification.