FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "AMUR STATE MEDICAL ACADEMY" MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

AGREED

Vice-Rector for Academic Affairs,



April17, 2025 Decision of the CCMC April17, 2025 Protocol No. 7 APPROVED by decision of the Academic Council of the FSBEI HE Amur SMA of the Ministry of Health of the Russian Federation April 22, 2025 Protocol No. 15 Acting Rector of the FSBEI HE Amur SMA of the Ministry of Health of the Russian Federation

I.V. Zhukovets

EDUCATIONAL PROGRAM

ril 22, 2025

discipline "Endocrinology"

Specialty: 31.05.01 General Medicine Course: 5 Semester: 10 Total hours: 72 hrs. Total credits: 2 credit units Control form: credit-test, 10semester

Blagoveshchensk, 2025

The educational program of the discipline is designed in accordance with the requirements of the Federal State Educational Standard of Higher Education - specialist in specialty 31.05.01 General Medicine, approved by the order of the Ministry of Education and Science of Russia dated 08.12.2020 No. 988 (registered with the Ministry of Justice of Russia on 08.26.2020 No. 59493), BPEP HE (2021).

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APPROVED at the meeting of the Department of Faculty and Polyclinic Therapy, Protocol No. 6, dated April 3, 2025

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Conclusion of the Expert Commission on the review of the Educational Sciences:

Protocol No. 1, dated April 16, 2025

Expert of the Expert Commission, Holder of an Advanced Doctorate in Medical Sciences, Associate Professor

E.E. Molchanova

ÁPPROVED at the meeting of the CMC No. 3: Protocol No. 1, dated April 17, 2025

Chairman of the CMC No. 3,

Holder of an Advanced Doctorate (Doctor of Science) in Medical Sciences, Full Professor ______V.V. Voitsekhovsky

AGREED: Dean of the Medical Faculty, Ph.D. of Medical Sciences, Associate Professor _

N.G. Brush

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1. Explanatory note **1.1 Characteristics of the discipline**

The reform of healthcare and higher medical education requires the training of qualified doctors capable of solving complex issues of early diagnostics, rational treatment and prevention of various diseases. Knowledge of the basics of clinical medicine is important for the training of doctors of all specialties. When studying the discipline "Endocrinology", a picture of clinical thinking, medical deontology is formed, skills are mastered in examining patients, making decisions on prescribing treatment and providing emergency care in life-threatening conditions.

The physician's thought process, from the moment of meeting a patient or receiving the first preliminary information about him to the moment of his recovery or death, the result of which is the formation of a clinical diagnosis, an examination plan, treatment and its practical implementation, is usually called clinical thinking.

The practical course of the discipline begins with teaching this most important medical task. When presenting the lecture course of the discipline "Endocrinology", the connection between the topics and sections of the program is emphasized, ensuring the perception of the discipline as a single, integral science. The importance of endocrinology in modern medicine is determined not only by the widespread prevalence of endocrine diseases. Endocrinology has long outgrown the limits of a relatively closed discipline and has acquired general medical significance.

In the process of studying the discipline "Endocrinology", basic ideas about the methodology of clinical diagnosis, symptoms, clinical syndrome complexes, differential diagnostics, key principles of pharmacotherapy of the main nosological forms are formed, taking into account the clinical features of the course of diseases, the presence of complications and concomitant pathology.

The work program for the discipline "Endocrinology" provides for the development of professional skills in students through a complete clinical examination of patients, conducting syndromic differential diagnostics, which contributes to the establishment of a clinical diagnosis and the development of a plan for treatment, rehabilitation and preventive measures.

Classes in this discipline are conducted in accordance with the curriculum in classrooms, hospital wards, and in the Accreditation and Simulation Center.

1.2. The purpose and objectives of the discipline

- 1. The purpose of teaching the discipline is to prepare a highly qualified physician with certain knowledge and skills in the field of endocrinology, taking into account further professional activity in the specialty "General Medicine".
- **2.** The educational objectives of the discipline are to promote the development of clinical thinking and professional skills in students, and to teach students:
 - timely diagnosis of early manifestations of various endocrine diseases ;
 - correctly analyze clinical and anamnestic data, results of physical examination of the patient;
 - differential diagnostics of the main nosological forms of endocrine diseases ;
 - correctly interpret data from additional examination methods;
 - work with medical documentation in a hospital setting;
 - formulate a detailed clinical diagnosis in accordance with modern classifications;

- to draw up individual plans of treatment and rehabilitation measures for patients with various endocrine diseases depending on the etiological factor, features of pathogenesis, degree of activity of the pathological process, functional state of organs and systems;

- the basic principles of providing emergency care in urgent conditions within the nosological forms studied.

1.3. The place of the discipline in the structure of the main professional educational program of higher education

In accordance with the Federal State Educational Standard of Higher Education - a specialist in the specialty 31.05.01 General Medicine (2020), the discipline belongs to the disciplines of the basic part of Block 1. The total workload is 2 ZET (72 hours). The discipline "Endocrinology" belongs to the basic part, Block 1. When presenting the lecture course of the discipline and in practical classes, the connection between the topics and sections of the program is emphasized, while ensuring the perception of the discipline as a single holistic science.

Classes in the discipline "Endocrinology" are held according to the cyclic system of 10 classes in the 10th semester. Classes in the discipline are held in accordance with the curriculum in classrooms, hospital wards, in the Accreditation and Simulation Center.

As a result of studying the discipline "Endocrinology", students develop the foundations of clinical thinking, medical ethics and deontology, which are necessary for a future specialist, regardless of the field of his activity.

The program for the discipline "Endocrinology" is designed for 72 hours in the 10th semester, of which lectures - 14 hours, clinical practical classes - 34 hours, independent work of students - 24 hours.

In X In the semester, a test is held, consisting of 3 stages - defense of the educational medical history, theoretical and practical parts. The theoretical part is a survey of the student on tickets, the practical part is the interpretation of the results of clinical, laboratory and instrumental examinations, solving situational problems.

The forms of student training are: lectures, clinical practical classes, independent work in the classroom and outside the classroom.

1.4. Requirements for students

To study the discipline, knowledge, skills and abilities formed by previous disciplines are neces-			
sary:			
Latin			
Knowledge: Basic medical and pharmaceutical terminology in Latin.			
<i>Skills:</i> be able to apply knowledge for communication and obtaining information from medical litera-			
ture, medical documentation. (II - III level)			
Skills: applies medical and pharmaceutical terminology in Latin in professional activities			
Professional foreign language			
Knowledge: basic medical and pharmaceutical terminology in a foreign language. (II - III level)			
Skills : be able to apply knowledge for communication and obtaining information from foreign			
sources.			
Skills: applies medical and pharmaceutical terminology in a foreign language in professional activi-			
ties			
History of Medicine			
Knowledge: outstanding figures in medicine and health care, Nobel laureates, outstanding medical			
discoveries in the field of therapy, the influence of humanistic ideas on medicine. (II - III level)			
Skills: be able to competently and independently present and analyze the contribution of domestic			
scientists to the development of endocrinology.			
Skills: applies knowledge of the history of medicine in professional activities			
Philosophy			
Knowledge: methods and techniques of philosophical analysis of problems; forms and methods of			
scientific knowledge, their evolution; basic patterns and trends in the development of the world his-			
torical process; laws of dialectical materialism in medicine. (II - III level)			
Skills: be able to competently and independently express, analyze the forms and methods of scientific			
knowledge and the laws of dialectical materialism in medicine.			

Skills: applies scientific methods to analyze medical information

Bioethics

Knowledge: moral and ethical standards, rules and principles of professional medical conduct, rights of the patient and the doctor, basic ethical documents regulating the activities of the doctor. (II - III level)

Skills: be able to build and maintain working relationships with patients and other team members.

Skills: applies ethical standards to building relationships in a team and when working with patients

Histology

Knowledge: embryogenesis, histological structure of tissues and systems. (II - III level)

Skills: be able to determine age-related patterns of development of organs and systems; analyze the results of histophysiological research.

Skills: analyzes and evaluates the results of histological examination when interpreting pathology of the endocrine system

Microbiology with virology

Knowledge: the impact of microbes, viruses, rickettsia, fungi on the body. Microbiological diagnostics of infectious diseases. (Level II)

Skills: be able to analyze the results of microbiological diagnostics of infectious diseases.

Skills: applies knowledge of microbiology and virology in professional activities

Modern problems of regeneration

Knowledge: biological essence, main forms and phases of the main types of regeneration - physiological and reparative; general ideas about the possibility of stimulating regenerative processes occurring in the body; main types of stem cells, sources of their production, application in medicine. (II - III level)

Skills: be able to analyze the patterns of physiological and reparative regeneration and the importance of the immune and endocrine systems

Skills: applies knowledge of modern problems of regeneration microbiology with virology in professional activities

Physics, Mathematics. Medical informatics. Medical biophysics

Knowledge: mathematical methods for solving intellectual problems and their

application in medicine; theoretical foundations of informatics, collection, storage, search, processing, transformation, distribution of information in medical and biological systems, use of information computer systems in medicine and health care; principles of operation and design of equipment used in medicine, foundations of physical and mathematical laws reflected in medicine (II - III level).

Skills: be able to use educational, scientific, popular science literature, the Internet for professional activities, work with equipment taking into account safety regulations.

Skills: applies knowledge of physics, mathematics, medical informatics, medical biophysics in professional activities

Bioinorganic and biophysical chemistry in medicine

Knowledge: hormonal spectrum, biochemical constants of blood, buffer systems, hemoglobin oxygenation factors, erythrocyte metabolism. (II - III level).

Skills: be able to analyze the contribution of biochemical processes to the functioning of the endocrine, cardiovascular, respiratory, digestive, urinary, and hematopoietic systems, and interpret the results of the most common laboratory diagnostic methods to identify disorders in diseases of the endocrine system.

Skills: applies knowledge of bioinorganic and biophysical chemistry in medicine in professional activities

Biology

Knowledge: laws of genetics and its importance for medicine; patterns of heredity and variability in individual development as the basis for understanding the pathogenesis and etiology of hereditary and multifactorial diseases; biosphere and ecology, the phenomenon of parasitism and bioecological diseases. (II - III level).

Skills: be able to analyze patterns of heredity and variability in the development of endocrine system diseases.

Skills: applies knowledge of biology in professional activities

Anatomy

Knowledge: anatomical and physiological features of the endocrine, cardiovascular, digestive, and hematopoietic systems. (II - III level).

Skills: be able to analyze age- and gender-related features of the structure of organs and systems. *Skills:* applies knowledge of anatomy in professional activities

Normal Physiology

Knowledge: reflex arc, conditioned and unconditioned reflexes, physiology of the endocrine, cardio-vascular, digestive, urinary, respiratory and hematopoietic systems in the norm . (II - III level).

Skills : be able to analyze the importance of regulation of biological processes in the human body on the functioning of the endocrine, cardiovascular, digestive, urinary, respiratory, and hematopoietic systems.

Skills: applies knowledge of normal physiology in professional activities

Topographic anatomy, operative surgery

Knowledge: structure, topography of cells, tissues, organs and systems of the body in interaction with their function in norm and pathology. (Level II)

Skills: be able to analyze the functional features of the endocrine, cardiovascular, respiratory, digestive, urinary, and hematopoietic systems in normal and pathological conditions.

Skills: applies knowledge of topographic anatomy and surgical procedures in professional activities

Life safety, disaster medicine

Knowledge: acute and chronic diseases from exposure to ionizing radiation (radiation sickness). (Level II)

Skills: be able to analyze the impact of ionizing radiation on the development of pathologies of the endocrine, cardiovascular, digestive, urinary, respiratory, and hematopoietic systems .

Skills: applies knowledge of life safety, disaster medicine in professional activities

Pathophysiology, clinical pathophysiology

Knowledge: morphological changes in body tissues in pathologies of the endocrine, cardiovascular, respiratory, digestive, urinary and blood systems . (Level II)

Skills: be able to determine the contribution of pathophysiological processes to the development of diseases of internal organs.

Skills: applies knowledge of pathophysiology, clinical pathophysiology in professional activities

Pharmacology

Knowledge : mechanism of action and side effects of various drugs on the body. (II - III level) *Skills:* be able to write prescriptions for prescribed drugs, know the indications and contraindications for their use.

Skills: prescribes necessary medications for the treatment of endocrine system pathology

Propaedeutics of internal diseases

Skills: collection of complaints, anamnesis, objective methods of examination of patients (palpation, percussion, auscultation . (II - III level)

Knowledge: Be able to conduct anamnestic and physical examination, identify the main syndromes and symptoms of diseases of internal organs.

Skills: systematizes the obtained data from anamnesis, physical examination, additional research data for the diagnosis of endocrine system pathology

1.5 Interdisciplinary links with subsequent disciplines

The knowledge and skills acquired in the discipline "Endocrinology" are necessary for studying the following disciplines:

	Name of subsequent	Discipline
No.	disciplines	"Endocrinology"
p/p		
1	Hospital therapy	+
2	Outpatient therapy	+
	Public health and healthcare, health economics	
3		+
4	Phthisiology	+
5	Ophthalmology	+
6	Clinical pharmacology	+
7	Anesthesiology, resuscitation, intensive care	+
8	Hospital surgery, pediatric surgery	+
9	Obstetrics and gynecology	+

	(OPK) and professional (PK): UC -1, 3; GPC-1, 4, 7, 11; PC-1,2,3,4,5,6,10,12,14.				
No.	Code and name	Code and name of the in-		sult of studying the academ	-
	of competence	dicator of achievement of		"Endocrinology" student n	nust:
p/p	of competence	competence	Know	Be able to	To own
			Universal competencies		
		ID UC-1.1. Analyzes the	The main historical	To characterize the	The ability to analyze the
		problem situation as a system,	stages in the development	stages of development	significance of differential
		identifying its components and	of diagnostics of endo-	of endocrinology as a	diagnostics of endocrine
		the connections between them.	crine diseases, the subject	science and its role at	diseases at the present
		ID UC-1.2. Identifies gaps in	and objectives of the dis-	the present stage; to as-	stage; system analysis of
		information needed to solve	cipline, the relationship	sess the levels of organ-	the obtained data to resolve
	UC-1. Capable	problem situations and designs	with other medical-	ization of endocrine	problem situations in the
	of carrying out	processes to eliminate them.	biological and medical	diseases ; to assess the	professional sphere; meth-
	a critical analy-	ID UC-1.3. Applies systems	disciplines; the main terms	contribution of domes-	ods of developing and argu-
	sis of problem-	analysis to resolve problematic	and concepts used in the	tic scientists to the de-	ing a strategy for solving
1	atic situations	situations in the professional	differential diagnosis of	velopment of differen-	problem situations based on
	based on a sys-	sphere.	endocrine diseases ; mod-	tial diagnostics of endo-	a systemic and interdisci-
	tems approach,	ID UC-1.4. Uses logical and	ern concepts in the study	crine diseases ; to de-	plinary approach in differ-
	developing an	methodological tools for critical	of endocrinology;	velop and argue a strat-	ential diagnostics of endo-
	action strategy	evaluation of modern concepts	principles of using logi-	egy for solving problem	crine diseases ; a critical
		of a philosophical and social	cal and methodological	situations based on a	approach to the assessment
		nature in their subject area.	tools for critically as-	systemic and interdisci-	and reliability of infor-
		ID UC-1.5. Critically evalu-	sessing modern concepts	plinary approach to dif-	mation sources, methods of
		ates the reliability of infor-	of a philosophical and so-	ferential diagnostics of	working with contradictory
		mation sources, works with	cial nature in the differen-	endocrine diseases .	information obtained from
		contradictory information from	tial diagnosis of endocrine		different sources.

1.6. Requirements for the results of mastering the discipline

The study of the discipline "Endocrinology" is aimed at the formation of the following competencies: universal (UC), general professional

(OPK) and professional (PK): UC -1, 3; GPC-1, 4, 7, 11; PC-1,2,3,4,5,6,10,12,14.

		different sources.	diseases.		
2	UC-3. Able to organize and manage the work of a team, devel- oping a team strategy to achieve the set goal	 ID UC-3.1. Establishes and develops professional contacts in accordance with the needs of joint activities, including information exchange and development of a unified strategy; works in a tolerant team, perceives social, ethnic, religious and cultural differences. ID UC-3.2. Plans and adjusts the team's work taking into account the interests, behavioral characteristics and opinions of team members, distributes assignments and delegates authority to team members. ID UC-3.3. Selects constructive ways to resolve conflicts and contradictions in busi- 	Basic principles of toler- ant perception of social, ethnic, religious and cul- tural differences when working in a team; skills of effective and conflict-free communica- tion in a team	Tolerantly perceive social, ethnic, religious and cultural differences when working in a team; communicate effec- tively and without con- flict within a team, in- cluding developing a team strategy to achieve a goal.	The ability to develop a team strategy to achieve a set goal, including a professional one; methods of effective and conflict-free communication in a team; tolerance for social, ethnic, religious and cultural differences.
		and contradictions in busi- ness communication. ID UK-			

		3.4. Organizes discussions on a given topic and discussion of the results of the team's work with the involvement of opponents to the developed ideas. General profession	nal competencies		
		ID GPC-1.1. Carries out	Ethical and deontologi-	Conduct a physical ex-	Have communication
3	GPC -1. Capa- ble of imple- menting moral and legal norms, ethical and deontolog- ical principles in professional activities	 professional activities in accordance with ethical standards and moral principles. ID GPC-1.2. Organizes professional activities, guided by legislation in the field of healthcare, knowledge of medical ethics and deontology. ID GPC-1.3. Has the skills of presenting an independent point of view, analysis and logical thinking, public speaking, moral and ethical argumentation, conducting discussions and round tables, principles of medical deontology 	cal aspects of the rela- tionship "doctor-doctor", "doctor-patient"; principles of effective and conflict-free com- munication with patients; methods of effective communication between doctor and patient in dif- ficult situations; Basic requirements for the personality of a doc- tor; general principles for conducting discussions and round tables.	amination of the patient taking into account ethi- cal and deontological principles; communicate effective- ly and without conflict with patients, relatives, colleagues; to form effective rela- tionships with the pa- tient; to observe the prin- ciples of confidentiality; to conduct discussions, observing the principles of moral and ethical ar- gumentation.	skills with the patient and relatives colleagues, junior staff; identify problems with a patient's approach to a doc- tor; methods of verbal and non-verbal communication with the patient; principles of confidentiality in profes- sional activities and com- munication with colleagues; continuous improvement of communication skills in the professional activities of a doctor
4	GPC-4. Capa-	and medical ethics. ID GPC-4.1. Uses modern	Indications and contra-	Apply modern medical	The ability to use modern

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ble of using	medical technologies, special-	indications for the use of	technologies, specialized	medical technologies, spe-
medical prod-	ized equipment and medical	modern medical technol-	equipment, medical	cialized equipment, medical
ucts provided	products, disinfectants, drugs,	ogies, medical devices,	products, drugs in ac-	products, drugs and their
for by the pro-	including immunobiological	drugs, instrumental,	cordance with the proce-	combinations, from the
cedure for	and other substances and their	functional and laboratory	dure for providing medi-	standpoint of evidence-
providing	combinations when solving	examination methods in	cal care, from the stand-	based medicine in the dif-
medical care,	professional problems from	the differential diagnosis	point of evidence-based	ferential diagnosis of endo-
as well as con-	the standpoint of evidence-	of endocrine diseases ;	medicine in the field of	crine system diseases;
ducting patient	based medicine.	interpretation of the re-	differential diagnostics of	compare the results of addi-
examinations	ID GPC-4.2. Knows the in-	sults of the most com-	endocrine diseases ; pre-	tional examination methods
to establish a	dications and contraindica-	mon methods of instru-	scribe instrumental, func-	(instrumental, laboratory
diagnosis	tions for the appointment of	mental, laboratory and	tional and laboratory ex-	and functional diagnostics)
	instrumental, functional and	functional diagnostics;	amination methods; in-	to identify pathological
	laboratory examination meth-	methods of general clini-	terpret the results of in-	processes;
	ods, possible complications	cal examination of the	strumental, laboratory	methods of general clini-
	during the examination,	patient;	and functional diagnostic	cal examination of patients
	emergency care and their pre-	principles of formulat-	methods; conduct a clini-	of different ages;
	vention.	ing a preliminary diagno-	cal examination of the	formulation of a prelimi-
	ID GPC-4.3. Interprets the	sis and clinical diagnosis	patient; formulate a pre-	nary diagnosis and clinical
	results of the most common	of endocrine diseases ac-	liminary diagnosis and	diagnosis in accordance
	methods of instrumental, la-	cording to ICD.	clinical diagnosis in en-	with the ICD, taking into
	boratory and functional diag-		docrinology according to	account a set of clinical and
	nostics, thermometry to iden-		the ICD.	additional examination
	tify pathological processes.			methods (instrumental, la-
	ID GPC-4.4. Proficient in			boratory and functional).
	methods of general clinical			
	examination of patients of			
	various ages.			
	ID GPC-4.5. Formulates a			

		preliminary diagnosis and			
		clinical diagnosis according to			
		ICD.			
	GPC -7. Capa-	ID GPC-7.1. Selects a drug	Principles of selection	To select the optimal	The ability to prescribe
	ble of prescrib-	based on the totality of its	of a medicinal product	drug (taking into account	the optimal drug, select the
	-	2	_		
	ing treatment	pharmacokinetic and pharma-	based on the totality of	its pharmacokinetic and	preferred method of its use,
	and monitoring	codynamic characteristics for	its pharmacokinetic and	pharmacodynamic char-	taking into account the
	its effective-	the treatment of patients with	pharmacodynamic char-	acteristics) and the pre-	morphofunctional charac-
	ness and safety	various nosological forms in	acteristics for treatment	ferred method of its use;	teristics, physiological con-
		outpatient and inpatient set-	of patients with various	to identify the main and	ditions and pathological
		tings.	endocrine diseases ; ad-	side effects of drugs used	processes in diseases of the
		ID GPC -7.2. Selects the op-	vantages of the selected	in the differential diagno-	endocrine system, the pos-
		timal minimum of the most	drug and the preferred	sis of endocrine diseases	sible interaction of drugs
		effective means, using con-	method of its administra-	, taking into account the	with the combined use of
		venient methods of their ap-	tion; main and side ef-	morphofunctional fea-	various drugs;
5		plication.	fects of medicinal prod-	tures, physiological states	the ability to promptly
5		ID GPC-7.3. Explains the	ucts; morphofunctional	and pathological pro-	identify side effects of
		main and side effects of drugs,	features, physiological	cesses of the human	drugs used in the differen-
		the effects of their combined	states and pathological	body;	tial diagnosis of endocrine
		use and interaction with food,	processes in the body of	select over-the-counter	system diseases;
		taking into account the mor-	a patient with endocrine	medications and other	of the endocrine system
		phofunctional features, physi-	diseases when selecting a	pharmacy products tak-	based on a combination of
		ological states and pathologi-	medicinal product; re-	ing into account the	clinical, laboratory, instru-
		cal processes in the human	sults of possible interac-	physiological conditions	mental and other diagnostic
		body	tions of medicinal prod-	and pathological pro-	methods .
		ID GPC OPK-7.4. Prescribes	ucts with the combined	cesses in patients with	
		medicines in prescriptions for	use of various drugs in	endocrine diseases ; take	
		the treatment of diseases and	endocrinology; criteria	into account	
		correction of pathological	for the effectiveness and		
			for the effectiveness and	possible interaction of	

		conditions, based on the char- acteristics of the pharmacoki- netics and pharmacodynamics of drugs ID GPC-7.5. Takes into ac- count morphofunctional fea- tures, physiological states and pathological processes in the human body when choosing over-the-counter drugs and other pharmacy products. ID GPC-7.6. Analyzes the results of possible interactions of drugs during the combined use of various drugs. ID GPC-7.7. Evaluates the effectiveness and safety of drug therapy using a combina- tion of clinical, laboratory, in- strumental and other diagnos- tic methods.	safety of medicinal ther- apy based on the totality of clinical, laboratory, in- strumental and other methods for diagnosing endocrine diseases .	drugs with the combined use of various drugs in endocrinology; to evaluate the effec- tiveness and safety of drug therapy using a combination of clinical, laboratory, instrumental and other diagnostic methods in endocrinolo- gy.	
6	GPC-11. Ca-	ID GPC-11.1. Applies mod-	Basic methodological	Independently work	Ability to take a system-
	pable of pre-	ern methods of collecting and	approaches to working	with educational, scien-	atic approach to the analy-
	paring and ap-	processing information, con-	with educational, scien-	tific, reference, medical	sis of educational, scien-
	plying scien-	ducts statistical analysis of the	tific, reference, medical	literature, including on	tific, reference, medical in-
	tific, scientific-	obtained data in the profes-	literature, including the	the Internet (search and	formation, including Inter-
	production,	sional field and interprets the	Internet (methods of col-	select information) in the	net sources (methodology
	design, organi-	results to solve professional	lecting and processing in-	field of differential diag-	for collecting and pro-
	zational-	problems.	formation);	nosis of endocrine dis-	cessing information); basic

	1		1	
managerial and		algorithms and soft-	eases;	skills in using medical in
regulatory	analyzes problem situations,	ware tools to support de-	carry out statistical	formation systems and In
documentation	searches for and selects scien-	cision-making during the	processing, analysis of	ternet resources;
in the	tific, regulatory and organiza-	treatment and diagnostic	the obtained data and in-	methods of maintainin
healthcare sys-	tional documentation in ac-	process in the differential	terpret the results to	medical records;
tem	cordance with the specified	diagnosis of endocrine	solve professional prob-	the main scientific meth
	goals.	diseases ;	lems in the field of diag-	ods of knowledge: observation
	ID GPC 11.3. Interprets and	methods of collecting,	nostics and treatment of	tion, description, measure
	applies data from physical,	storing, searching, pro-	endocrine diseases ;	ment, experiment in th
	chemical, mathematical and	cessing, transforming and	interprets and applies	field of differential diagno
	other natural science concepts	distributing information	data from physical,	sis of diseases of the ende
	and methods to solve profes-	in medical information	chemical, mathematical	crine system;
	sional problems.	systems;	and other natural science	analysis and preparation
	ID GPC-11.4. Conducts sci-	methods of maintaining	concepts and methods to	of accounting and reporting
	entific and practical research,	medical records;	solve professional prob-	medical documentation an
	analyzes information using	Basic statistical meth-	lems in the field of dif-	methods for calculating
	the historical method and pre-	ods for solving intellec-	ferential diagnosis of en-	qualitative and quantitati
	pares publications based on	tual problems and their	docrine diseases .	indicators used in the d
	the research results.	application in differential		ferential diagnosis of end
	ID GPC-11.5. Analyzes and	diagnostics of endocrine		crine diseases.
	compiles accounting and re-	diseases .		
	porting medical documenta-			
	tion and calculates qualitative			
	and quantitative indicators			
	used in professional activities.			
Professional competenci	· · ·	I		
Perene				

7	PC-1. Capable of providing medical care in urgent and emergency sit- uations	 ID PC - 1.1. Identifies clinical signs of conditions requiring emergency medical care ID PC -1.2. Provides emergency medical care to patients with sudden acute illnesses, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life ID PC -1.3. Identifies conditions requiring emergency medical care ID PC - 1.4. Provides emergency medical care to patients with conditions that pose a threat to the patient's life ID PC -1.5. Identifies signs of sudden cessation of blood circulation and respiration ID PC - 1.6. Performs basic cardiopulmonary resuscitation in combination with electropulse therapy (defibrillation) in case of clinical death of the 	Clinical signs of condi- tions requiring emergen- cy medical care in the differential diagnosis of diseases endocrine sys- tem; methods of provid- ing emergency medical care for endocrine dis- eases.	To identify clinical signs of conditions re- quiring emergency medi- cal care in the differential diagnosis of endocrine diseases (hypoglycemia syndrome, acute adrenal insufficiency, thyrotoxic crisis); to provide emer- gency medical care for endocrine diseases.	The ability to diagnose endocrine diseases and provide emergency medical care in case of endocrine pathology.
		in combination with electro-			

8	PC-2. Capable of collecting and analyzing complaints, life history and medical histo- ry of the pa- tient in order to establish a diagnosis	 ID PC-2.1. Establishes contact with the patient. ID PC- 2.2. Collects complaints, specifies them, highlighting the main and secondary ones. ID PC- 2.3. Collects and analyzes information about the onset of the disease, the presence of risk factors, the dynamics of the development of symptoms and the course of the disease. ID PC- 2.4. Analyzes the timing of the first and repeated requests for medical care, the volume of therapy performed, and its effectiveness. ID PC- 2.5. Collects and evaluates information about the medical history, including data on past illnesses, injuries and surgeries, hereditary, professional, and epidemiological history. 	Methodology for col- lecting complaints (pri- mary, secondary) of a pa- tient with endocrine dis- eases ; methods for col- lecting the anamnesis of the disease (time of seek- ing medical care, dynam- ics of symptom devel- opment, volume of ther- apy performed and its ef- fectiveness), life history, including risk factors for endocrine diseases , data on past illnesses, injuries and surgeries, hereditary, professional, epidemio- logical anamnesis.	Establish contact with the patient; collect com- plaints and anamnesis of the patient's disease with endocrine pathology , analyze the obtained da- ta; determine the risk fac- tors of the patient's exist- ing endocrine disease ; evaluate information about the patient's life history, paying special attention to concomitant diseases, hereditary, al- lergic, professional, epi- demiological anamnesis.	The ability to establish contact, compliant relation- ships with a patient with endocrine pathology ; col- lecting complaints (prima- ry, secondary), disease his- tory (onset, dynamics of symptom development, seeking medical help, char- acteristics and volume of therapy and its effective- ness), life history (risk fac- tors, concomitant diseases, allergological, professional, epidemiological history) of the patient in the differen- tial diagnosis of endocrine diseases .
9	PC-3. Capable of conducting a physical ex- amination of a	ID PC-3.1. Conducts a complete physical examina- tion of the patient (inspection, palpation, percussion, auscul-	The methodology of a complete physical exam- ination of a patient with an endocrine disease (in-	Conduct a complete physical examination of a patient with an endocrine disease (inspection, pal-	Ability to conduct a complete physical ex- amination of a patient with an endocrine disease (in-

1	, <u> </u>		. 1 .
		1 1	spection, palpation, percus-
	· · · · · ·	, 1	sion, auscultation) and in-
	1	,	terpretation of its results;
mi- cessity, volume, sequence of	results; the need, scope,	need, scope, sequence of	refer the patient for diag-
hods diagnostic measures (laborato-	sequence of diagnostic	diagnostic measures and	nostic procedures (laborato-
es- ry, instrumental) and referral	measures and indications	indications for consulta-	ry, instrumental), for con-
iag- of the patient to specialist	for consultation with	tion with specialist doc-	sultation of the patient with
doctors for consultations	specialist doctors; the	tors; analyze and com-	medical specialists; analysis
ID PC-3.3. Analyzes the re-	methodology of analysis	pare the obtained clinical	and comparison of the ob-
sults of the patient examina-	and comparison of the	and diagnostic results of	tained clinical and diagnos-
tion, if necessary, justifies and	obtained clinical and di-	examination of a patient	tic results of examination of
plans the scope of additional	agnostic results of exam-	with an endocrine dis-	the patient with endocrine
studies.	ination of a patient with	ease ; determine indica-	system disease; the ability
ID PC-3.4. Interprets and	an endocrine disease ;	tions for the appointment	to analyze the main clinical
analyzes the results of collect-	indications for prescrib-	of additional examination	manifestations in the differ-
ing information about the pa-	ing additional examina-	methods; identify syn-	ential diagnosis of endo-
tient's disease, data obtained	tion methods (if neces-	dromes and symptoms	crine system diseases, es-
during laboratory and instru-	sary); principles of early	in the differential diagno-	tablish a clinical diagnosis
mental examinations and dur-	diagnosis, main symp-	sis of endocrine system	in accordance with the cur-
ing consultations with special-	toms and syndromes in	diseases, to substantiate	rent international statistical
ist doctors; if necessary, justi-	the differential diagnosis	their clinical diagnosis in	classification of diseases
fies and plans the scope of ad-	of endocrine diseases ;	accordance with the cur-	and related health problems
ditional research.	formulation of a diagno-	rent international statisti-	(ICD) and justify it; con-
ID PC-3.5. Performs early	sis taking into account	cal classification of dis-	duct differential diagnostics
diagnostics of internal organ	the current international	eases and related health	of identified endocrine sys-
diseases. Establishes a diag-	statistical classification	problems (ICD); to con-	tem diseases with other pa-
nosis taking into account the	of diseases and related	duct differential diagno-	thologies.
current international statistical	health problems (ICD);	sis of identified endo-	e
classification of diseases and	▲ • • • • • •		
	 ry, instrumental) and referral of the patient to specialist doctors for consultations ID PC-3.3. Analyzes the results of the patient examination, if necessary, justifies and plans the scope of additional studies. ID PC-3.4. Interprets and analyzes the results of collecting information about the patient's disease, data obtained during laboratory and instrumental examinations and during consultations with specialist doctors; if necessary, justifies and plans the scope of additional research. ID PC-3.5. Performs early diagnostics of internal organ diseases. Establishes a diagnosis taking into account the 	 sults ID PC-3.2. Justifies the ne- cessity, volume, sequence of diagnostic measures (laborato- ry, instrumental) and referral of the patient to specialist doctors for consultations ID PC-3.3. Analyzes the re- sults of the patient examina- tion, if necessary, justifies and plans the scope of additional studies. ID PC-3.4. Interprets and analyzes the results of collect- ing information about the pa- tient's disease, data obtained during laboratory and instru- mental examinations and dur- ing consultations with special- ist doctors; if necessary, justi- fies and plans the scope of ad- ditional research. ID PC-3.5. Performs early diagnostics of internal organ diseases. Establishes a diag- nosis taking into account the current international statistical 	 sults ID PC-3.2. Justifies the ne- cessity, volume, sequence of diagnostic measures (laborato- pes- pes- pes- pes- pes- pes- pes- pes

		related health problems (ICD)	endocrine diseases.		
		related health problems (ICD) ID PC-3.6. Conducts differ-	endocrine diseases.		
		ential diagnostics of endo-			
		crine diseases from other dis-			
		eases			
	PC-4. Capable	ID PC-4.1. Defines medical	Medical indications for	Determine medical in-	The ability to determine
	of determining	indications for the provision	the provision of emer-	dications for providing	medical indications for the
	indications for	1	-		
		of emergency, including	gency, including emer-	emergency, including	provision of emergency, in-
	hospitalization,	emergency specialized, medi-	gency specialized, medi-	emergency specialized,	cluding emergency special-
	indications for	cal care	cal care in the differential	medical care to a patient	ized, medical care in the
	emergency, in-	ID PC-4.2. Refer the patient	diagnosis of endocrine	with a disease of the en-	differential diagnosis of en-
	cluding emer-	for specialized medical care in	organs ; medical indica-	docrine organs; deter-	docrine diseases ; the abil-
	gency special-	inpatient or day hospital con-	tions for referring a pa-	mine medical indications	ity to determine medical in-
	ized, medical	ditions if there are medical in-	tient for specialized med-	for referring a patient for	dications for referring a pa-
	care	dications in accordance with	ical care in inpatient or	specialized medical care	tient for specialized medical
		the current procedures for	day hospital conditions,	in a hospital or day hos-	care in a hospital or day
10		providing medical care, clini-	principles of using medi-	pital, principles of using	hospital, principles of using
		cal guidelines (treatment pro-	cal devices in accordance	medical devices in ac-	medical devices in accord-
		tocols) on issues of providing	with current procedures	cordance with current	ance with current proce-
		medical care, taking into ac-	for the provision of med-	procedures for providing	dures for the provision of
		count the standards of medical	ical care, clinical rec-	medical care, clinical	medical care, clinical
		care	ommendations (treatment	recommendations (treat-	guidelines (treatment proto-
		ID PC-4.3. Uses medical	protocols) on issues of	ment protocols) in the	cols) on issues of providing
		products in accordance with	providing medical care	differential diagnosis of	medical care to patients
		current procedures for the	taking into account	diseases of the endocrine	with endocrine diseases.
		provision of medical care,	standards of medical care	system.	
		clinical recommendations	in differential diagnosis.	5,50011.	
		(treatment protocols) on is-	in anterentiar diagnosis.		
		(meannenn protocois) on is-			

		sues of providing medical			
		care, care taking into account			
		the standards of medical care.			
	PC-5. Able to	ID PC-5.1. Draws up a	Modern methods of	To draw up a treatment	The ability to develop an
	prescribe	treatment plan for the patient	application, mechanism	plan for a patient with	individual treatment plan
	treatment to	taking into account the diag-	of action, indications and	endocrine system diseas-	for a patient with endocrine
	patients	nosis, age of the patient, clini-	contraindications for the	es taking into account the	diseases , taking into ac-
		cal picture of the disease,	prescription of drugs,	diagnosis, age, clinical	count the diagnosis, age,
		presence of complications,	medical devices in the	picture of the disease in	clinical picture of the dis-
		concomitant pathology, in ac-	differential diagnosis of	accordance with the cur-	ease in accordance with the
		cordance with the current pro-	endocrine diseases (tak-	rent procedures for the	current procedures for the
		cedures for the provision of	ing into account the di-	provision of medical	provision of medical care,
		medical care, clinical recom-	agnosis, age and clinical	care, clinical recommen-	clinical recommendations
		mendations (treatment proto-	picture of the disease) in	dations (treatment proto-	(treatment protocols) on is-
		cols) on issues of providing	accordance with the cur-	cols) on issues of provid-	sues of providing medical
11		medical care taking into ac-	rent procedures for the	ing medical care taking	care, taking into account the
		count the standards of medical	provision of medical	into account the stand-	standards of medical care in
		care	care, clinical recommen-	ards of medical care in	the differential diagnosis of
		ID PC-5.2. Prescribes medi-	dations (treatment proto-	the differential diagnosis	endocrine diseases ; pre-
		cations, medical devices and	cols) on issues of provid-	of endocrine system dis-	scribe non-drug treatment
		therapeutic nutrition taking in-	ing medical care taking	eases;	for endocrine diseases ;
		to account the diagnosis, age	into account the stand-	prescribe medications,	provide palliative care to
		and clinical picture of the dis-	ards of medical care in	medical devices, non-	patients with endocrine dis-
		ease in accordance with the	the differential diagnosis	drug treatment for dis-	eases ; organize personal-
		current procedures for the	of endocrine diseases ;	eases of the endocrine	ized treatment of the pa-
		provision of medical care,	non-drug treatment tak-	organs; provide palliative	tient, including pregnant
		clinical recommendations,	ing into account the di-	care to patients with dis-	women, elderly and senile
		taking into account the stand-	agnosis, age and clinical	eases of the endocrine	patients with endocrine dis-

		ards of medical care ID PC-5.3. Prescribes non- drug treatment taking into ac- count the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical rec- ommendations, taking into account the standards of med- ical care ID PC-5.4. Provides pallia- tive medical care in coopera- tion with medical specialists and other medical workers ID PC-5.5. Organizes per- sonalized treatment of the pa- tient, including pregnant women, elderly and senile pa- tients	picture of endocrine dis- eases; principles of providing palliative care to patients with diseases of the endocrine organs; principles of organiz- ing personalized treat- ment of patients, includ- ing pregnant women, el- derly and senile patients with endocrine diseases.	organs; organize person- alized treatment of the patient, including preg- nant women, elderly and senile patients with en- docrine diseases, in ac- cordance with the current procedures for the provi- sion of medical care, clinical recommendations (treatment protocols).	eases in accordance with the current procedures for the provision of medical care, clinical guidelines (treatment protocols) on is- sues of providing medical care, taking into account the standards of medical care in endocrinology;
12	PC-6. Capable of monitoring the effective- ness and safety of the therapy being per- formed.	ID PC-6.1. Assesses the ef- fectiveness and safety of the use of drugs, medical devices, therapeutic nutrition and other methods of treatment ID PC-6.2. Takes into ac- count the pharmacodynamics and pharmacokinetics of the	Information on the ef- fectiveness and safety of using drugs, medical de- vices, therapeutic nutri- tion and other methods of treatment in the differen- tial diagnosis of endo- crine system diseases ;	To evaluate the effec- tiveness and safety of the use of drugs, medical de- vices, therapeutic nutri- tion and other methods of treating patients with en- docrine pathology; take into account the	The ability to assess the effectiveness and safety of the use of drugs, medical devices, therapeutic nutri- tion and other methods of treating diseases of the en- docrine system; the ability to take into ac-

	main groups of drugs, pre- vents the development of ad- verse drug reactions, and cor- rects them if they occur.	pharmacodynamics and pharmacokinetics of the main groups of drugs used in the differential diagnosis of endocrine diseases.	pharmacodynamics and pharmacokinetics of drugs used in the differ- ential diagnosis of endo- crine diseases when pre- scribing .	count, when prescribing, the features of the pharma- codynamics and pharmaco- kinetics of drugs used in the treatment of endocrine sys- tem pathology.
PC -10. Capable of conduct- ing and moni- toring the ef- fectiveness of preventive work and healthy life- 13 style promo- tion activities	ID PC 10.1. Prescribes preven- tive measures to patients taking into account risk factors for the prevention and early detection of diseases, including socially significant diseases ID PC 10.2. Develops and implements pro- grams for the formation of a healthy lifestyle, including pro- grams to reduce alcohol and tobacco consumption, prevent and combat non-drug use of narcotic drugs and psychotropic substances ID PC 10.3. Con- ducts sanitary and anti- epidemic measures in the event of an outbreak of infection	Forms and methods of educational work, pre- ventive measures for pa- tients taking into account risk factors for the pre- vention and early detec- tion of pathology of the endocrine organs, includ- ing socially significant diseases; risk factors for the development of en- docrine diseases .	To identify modifiable risk factors for the devel- opment of endocrine dis- eases; to prescribe preventive measures to patients in a timely manner, taking in- to account risk factors for the prevention and early detection of endocrine diseases , including so- cially significant diseases in endocrinology	The ability to conduct ed- ucational work, preventive measures for patients, tak- ing into account the identi- fied risk factors for the de- velopment of endocrine diseases for the prevention and early detection of en- docrine diseases , including socially significant ones

14	PC-12. Ready to maintain medical rec- ords, including in electronic form	ID PC-12.1. Fills out medi- cal documentation, including in electronic form ID PC-12.2. Works with personal data of patients and information constituting a medical secret ID PC-12.3. Prepares doc- uments when referring pa- tients for hospitalization, con- sultation, spa treatment, medi- cal and social examination.	Rules for the prepara- tion of medical documen- tation (including in elec- tronic form) in medical organizations with an en- docrinological profile; principles of working with personal data of pa- tients and information constituting a medical secret.	Fill out medical docu- mentation (including in electronic form) in endo- crinology-focused medi- cal organizations; work with personal data of pa- tients and information constituting a medical secret.	Ability to fill out medical documentation (including in electronic form) in endo- crinology-focused medical organizations; ability to work with personal data of patients and information constituting a medical se- cret.
15	PC-14. Capa- ble of partici- pating in re- search activi- ties.	ID PC-14.1. Participates in scientific research ID PC-14.2. Analyzes med- ical information based on evi- dence-based medicine ID PC-14.3. Introduces new methods and techniques into practical healthcare aimed at protecting the health of the adult population.	Methodology of con- ducting scientific re- search; main directions of scientific research in differential diagnostics of endocrine diseases ; principles and methods of conducting scientific research, medical statis- tics.	To participate in scien- tific research, analyze medical information based on evidence-based medicine, and introduce new methods into practi- cal work aimed at pro- tecting the health of the adult population, includ- ing preventing the devel- opment of endocrine sys- tem pathology.	The ability to participate in scientific research; the ability to analyze medical information based on evi- dence-based medicine and implement new methods in practical work aimed at protecting the health of the adult population.



1.7 Stages of competence development and assessment scale

<u>The first stage is knowledge of topics (at each lesson, the student must know is presented in the form of questions)</u>, sections (questions for the final lesson), and discipline (questions submitted for midterm assessment).

<u>The second stage is skills in practical manipulations based on knowledge (is presented in the form - the student must be able to).</u>

<u>The third stage is mastering the skills of application in a specific clinical situation (solving a clinical situation (problem), with a demonstration of practical implementation).</u>

To assess the mastery of competencies, a binary competency assessment scale is adopted: satisfactory - mastered the competency (marked as passed), unsatisfactory - did not master the competency (marked as failed).

1.8 Forms of training organization and types of control

Form of organiza- tion of students' training	Brief description
Lectures	The lecture material contains key and most problematic issues of the discipline, which are most significant in the training of a specialist.
Clinical practical classes	They are intended for the analysis (reinforcement) of theoretical principles and monitoring their assimilation with subsequent application of the acquired knowledge during the study of the topic.
Interactive forms of education	 solving situational problems with subsequent discussion, performing creative tasks, work in the Accreditation and Simulation Center, discussions, online course of the discipline in the Moodle system , testing in the Moodle system .
Participation in the department's re-	 preparation of oral presentations and poster reports for presentation at a stu- dent club or scientific conference;
search work, student circle and confer- ences	 writing theses and abstracts on the chosen scientific field; preparation of a literature review using educational, scientific, reference literature and Internet sources.
Types of control	Brief description
Current control	 Incoming inspection Testing theoretical knowledge and practical skills developed during the study of previous disciplines. The entrance knowledge control includes: testing in the Moodle system (test of incoming knowledge control), solving situational problems and exercises. The results of the incoming inspection are systematized, analyzed and used by the teaching staff of the department to develop measures to improve and update the teaching methods of the discipline. Current control (initial, output) of knowledge includes: checking the solution of situational problems and exercises completed in- dependently (extracurricular independent work); assessment of the assimilation of theoretical material (oral survey and computer testing); testing in the Moodle system on all topics of the discipline (tests include questions of a theoretical and practical nature); individual assignments (practical and theoretical) for each topic of the discipline being studied.
Intermediate certification	 The midterm assessment is presented by a test at the end of the 10th semester. The test includes the following stages: assessment of knowledge of theoretical material (oral survey and interview); testing in the Moodle system (interim assessment test); testing the acquisition of practical skills and abilities;

-	defense of the educational clinical case history
-	solving situational problems for each topic of the discipline studied.

Explanation. Students receive theoretical knowledge on the subject at lectures, clinical practical classes, taking part in the research work of the department, patient rounds with the head of the department, professor, associate professors, work in the functional diagnostics department, X-ray room, clinical and biochemical laboratories, in the Accreditation and Simulation Center. During clinical practical classes, the material learned is consolidated and monitored. Interactive forms of training are used in the training process: business games, computer simulations, etc. Practical application of theoretical material in everyday work is logical in the process of cognition, helps to acquire practical skills and abilities. In the process of patient supervision, training duty, students consolidate and improve the basics of patient examination, the skills of interpreting the results of clinical, laboratory and instrumental examination, formulating a clinical diagnosis, prescribing an examination and treatment plan, medical deontology, medical ethics.

Current control consists of assessing the theoretical knowledge and practical skills developed by students during the lesson and includes: entrance control (held during the first lesson, designed to determine the level of preparedness of students and consists of testing on previously completed disciplines); initial control (checking homework, testing, including computer testing, frontal survey (similar theoretical and test questions will be offered during the midterm assessment)); exit control (solving situational problems; testing practical skills (interpretation of patient examination results, laboratory and instrumental examination methods, formulation and justification of a clinical diagnosis, differential diagnosis, drawing up an examination and treatment plan), a duty report with a report on the patient's medical history.

The midterm assessment includes a credit in the 10th semester and consists of an assessment of the theoretical knowledge and practical skills developed by students during the course of the course, includes a final test control (in the Moodle system), defense of the educational medical history, testing of practical skills, an interview on questions for midterm assessment, and solving a situational problem.

Types of educational work	Total hours	X semester
Lectures	14	14
Clinical practical classes	34	34
Independent work of students	24	24
Total labor intensity in hours	72	72
Total workload in credit units	2	2

2. Structure and content disciplines 2.1. Scope of the discipline and types of educational activities

Explanation: the training program for the discipline "Endocrinology" for students of the Faculty of Medicine includes theoretical (lecture course) and practical training (clinical practical classes). The

training is conducted during the X semester and includes: 14 hours of lectures, 34 hours of clinical practical classes, 24 hours of independent work of students, the type of final control is a test (in the X semester).

2.2. Thematic plan of lectures and their brief content

Item No.	Lecture topics	Codes of formed com- petencies	Labor in- tensity (hours)
1.	Introduction to endocrinology. Diabetes mellitus: etiopathogenesis, classification, clinical fea- tures, diagnostics. Objectives and tasks of the subject. Place of endocrinology among other disci- plines. Diabetes mellitus . Social significance of diabetes mellitus. Modern understanding of etiolo- gy; classification of diabetes mellitus. Pathogenetic and clinical features of diabetes mellitus types 1 and 2. Late complications of diabetes mellitus: clinical manifestations and diagnostics of diabetic retinopathy, nephropathy, polyneuropathy. Laboratory criteria for diagnostics of diabetes mellitus, impaired carbohydrate tolerance.	UC-1, 3 GPC – 1,4,7,11 PC-1,2,3,4,5,6,10,12,14	2
2.	Treatment of diabetes mellitus. Diet. Insulin therapy. Absolute indications. Types of insulin, insulin therapy regimens. Criteria for compensation of diabetes mellitus. Tableted hypoglyce- mic drugs. Treatment depending on the types of diabetes mellitus. Principles of building an individ- ual diet. Tableted hypoglycemic drugs. Sulfanilamide drugs, mechanism of action, side effects. Bi- guanides: characteristics, mechanism of action. Side effects, effect on anaerobic glycolysis, indica- tions for use. Treatment of diabetes mellitus with insulin. Absolute indications. Types of insulin, in- sulin therapy regimens. Criteria for compensation of diabetes mellitus. Complications caused by in- sulin administration: hypoglycemia, Somogyi phenomenon, allergic reactions, insulin lipodystro- phies, insulin resistance.	GPC – 1,4,7,11	2
3.	Acute complications of diabetes mellitus. Acute complications of diabetes mellitus . Causes of ke- toacidotic coma, pathogenesis. Precursor period, clinical manifestations, dynamics of their develop- ment. Laboratory test data: serum ketone body content, glycemia level, blood pH, sodium bicar- bonate content, etc. Blood osmolarity. The main diagnostic criteria of diabetic coma: hyperglycemia, ketoacidosis, dehydration. Principles of treatment tactics. Insulin therapy, rehydration. Restoration of potassium deficiency. Elimination of ketoacidosis, indications for sodium bicarbonate administra- tion. Follow-up therapy. Hyperosmolar coma, causes of development. Clinical manifestations, cellu- lar dehydration, hyperosmolarity, hyperglycemia, hypernatremia, neurological disorders. Emergency therapy: rehydration, insulin therapy, replenishment of potassium deficiency. Follow-up therapy. Hypoglycemic coma, causes of occurrence. Clinical manifestations: motor agitation, stupor, convul-	UC-1, 3 GPC – 1,4,7,11 PC-1,2,3,4,5,6,10,12,14	2

	sions, profuse sweating. Complications of hypoglycemic coma: cerebral edema, hemiplegia, cere- brovascular accident. Emergency care. Lactic acidotic coma, causes of development. Clinical mani- festations, differential diagnostics: glycemia level, blood pH, lactic and pyruvic acid content. Treat- ment tactics.		
4.	Thyroid diseases. Synthesis, secretion and metabolism of thyroid hormones. Diffuse toxic goi- ter. Synthesis, secretion and metabolism of thyroid hormones. Classification of thyroid diseases. Diffuse toxic goiter. Etiology and pathogenesis: genetic autoimmune disease, hereditary defect in the HLA system, deficiency of T-lymphocyte suppressors, thyroid-stimulating immunoglobulin. Patho- logical anatomy. Pathogenesis of clinical symptoms: increased nervous excitability, tremor, tachy- cardia. Degrees of thyroid enlargement, thyrotoxic exophthalmos, endocrine ophthalmopathy. Pretibial myxedema. Features of thyrotoxicosis in the elderly. Thyrotoxic crisis. Diagnosis and dif- ferential diagnosis. Methods of examining the thyroid gland. Differential diagnostics with vegeta- tive-vascular dystonia, rheumatism, pituitary cachexia. Treatment methods: conservative, surgical, radiation. Drug therapy: mercazolil, thiamazole, corticosteroids.	UC-1, 3 GPC – 1,4,7,11 PC-1,2,3,4,5,6,10,12,14	2
5.	Hypothyroidism. Definition, classification: congenital, acquired, primary secondary, tertiary, tissue. Classification of primary hypothyroidism based on severity. Etiology. Clinical picture. "Masks" of primary hypothyroidism. Clinic, diagnostics, treatment. Prevention.	UC-1, 3 GPC – 1,4,7,11 PC-1,2,3,4,5,6,10,12,14	2
6.	Obesity. Classification: primary, secondary. Gynoid, android type of obesity. Classification of degrees of weight gain, pathogenesis. Clinical picture. Diagnostics. Differential diagnosis. Treatment.	UC-1, 3 GPC – 1,4,7,11 PC-1,2,3,4,5,6,10,12,14	2
7.	Adrenal diseases: chronic adrenal insufficiency, Itsenko-Cushing's disease. Primary and sec- ondary chronic adrenal cortex insufficiency. Etiology: significance of autoimmune disorders, tuber- culosis. Pathogenesis: decreased production of glucocorticoids, mineralocorticoids, androgens. Phys- iological effects of adrenal cortex hormones and their mechanism of action. Clinical picture: muscle weakness, skin hyperpigmentation, hypotension, weight loss. Diagnosis, methods of studying the functional state of the adrenal cortex. Differential diagnosis: primary and secondary adrenal insuffi- ciency; diseases occurring with hyperpigmentation; hypotension, gastrointestinal disorders. Treat- ment, hormone replacement therapy, dietary features, etiologic treatment. Features of hormonal		2

Total	14
Symptomatic treatment, compensation of metabolic disorders. Prognosis.	
Pathogenetic therapy: pituitary irradiation, adenomectomy, hypothalamic-pituitary system blockers.	
adrenal system. Differential diagnosis. Itsenko-Cushing's syndrome, functional hypercorticism.	
turcica, adrenal gland visualization methods, study of the function of the hypothalamic-pituitary-	
nomas. Hypercorticism symptom complex, pathogenesis of clinical symptoms. Study of the sella	
Disruption of the mechanisms that control the hypothalamic-pituitary-adrenal system. Pituitary ade-	
ment of Addisonian crisis. Diseases of the hypothalamic-pituitary system. Itsenko-Cushing's disease.	
therapy during planned surgical interventions in patients with chronic adrenal insufficiency. Treat-	

2.3. Thematic plan of practical classes and their content

No. Topics p/p	Name of topics of clinical prac- tical classes	Contents of clinical topics practical classes of the discipline	Competency codes	Forms of control	Labor intensity (hours)
1	Diabetes melli- tus. Etiology. Pathogenesis. Clinic. Diagnos- tics. Late com- plications .	Theoretical part: Etiological factors leading to the development of diabetes mellitus. Pathogenesis. Classification. Clinical manifestations. Differential diagnostics. Late complications. Practical part: analysis of a subject patient, patient supervision, solving situational problems, preparing a workbook, an educational medical history, working with handouts, educational, scientific, medical and reference literature, and the standard of specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012).	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2	 -checking home- work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test 	3.4

			PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3		
2	Treatment of diabetes. Diet. Insulin therapy. Tableted hypoglycemic drugs	Theoretical part: Principles of building an individual diet for diabetes. Indications, contraindications for insulin administra- tion, complications of modern insulin therapy, the concept of chronic insulin overdose syndrome, insulin resistance. Indica- tions, contraindications, complications in treatment with tab- leted hypoglycemic drugs. The main tasks of the diabetes school. Prevention and treatment of late complications of diabe- tes. Practical part: analysis of a case study, patient supervision, demonstration of diabetes treatment methods under glycemic profile control, solving situational problems, preparing a work- book, a case history, working with handouts, educational, scien- tific, medical and reference literature, and the standard of spe- cialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	 -checking home- work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test 	3.4
3	Acute complica- tions of diabetes mellitus	Theoretical part: Etiology and pathogenesis of acute complica- tions of diabetes mellitus . Classification. Clinical manifesta- tions. Main diagnostic criteria. Complications. Treatment. Practical part: analysis of case studies, patient supervision, solving situational problems, preparing a workbook, an educa- tional medical history, working with handouts, educational, sci- entific, medical and reference literature, and the standard of	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7.	 -checking home- work -frontal survey (oral or written) -testing, including computer testing 	3.4

		specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	-solving situational problems -practical skills test	
4	Control lesson by sections. Simulation class	Theoretical part: indications, contraindications for manipulations on the topics of the lesson, the algorithm for performing manipulations on the topics of the lesson. Practical part: technique for performing manipulations on the simulator in accordance with the algorithms for their implementation. Collect complaints, anamnesis and conduct a physical examination of the patient. Formulate a clinical diagnosis . Perform manipulations on the simulator in accordance with the algorithms for their implementation. (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	 -checking home- work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test 	3.4
5	Diffuse toxic goiter	Theoretical part: Etiology and pathogenesis of diffuse toxic goiter . Classification. Clinical manifestations. Main diagnostic criteria. Treatment and prevention. Complications. Emergency care for thyrotoxic crisis.	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3	 -checking home- work -frontal survey (oral or written) 	3.4

		Practical part: analysis of case studies, patient supervision, solving situational problems, preparing a workbook, an educational medical history, working with handouts, educational, scientific, medical and reference literature, and the standard of specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3 UC-1: ID 1.1., 1.2.,	 -testing, including computer testing -solving situational problems -practical skills test 	
6	Hypothyroidism	Theoretical part: Etiology and pathogenesis of hypothyroid- ism. Classification. Clinical manifestations. Main diagnostic criteria. Treatment and prevention. Hypothyroid coma. Practical part: analysis of case studies, patient supervision, solving situational problems, preparing a workbook, an educa- tional medical history, working with handouts, educational, sci- entific, medical and reference literature, and the standard of specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	 -checking home- work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test 	3.4
7	Obesity	Theoretical part: Etiology and pathogenesis of obesity. Classi-	UC-1: ID 1.1., 1.2.,	-checking home-	

		fication. Clinical manifestations. Main diagnostic criteria. Treatment and prevention. Complications. Practical part: analysis of case studies, patient supervision, solving situational problems, preparing a workbook, an educa- tional medical history, working with handouts, educational, sci- entific, medical and reference literature, and the standard of specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1 PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test	3.4
8	Acromegaly	 Theoretical part: Etiology and pathogenesis of acromegaly. Classification. Clinical manifestations. Main diagnostic criteria. Treatment. Practical part: analysis of case studies, patient supervision, solving situational problems, preparing a workbook, an educational medical history, working with handouts, educational, scientific, medical and reference literature, and the standard of specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012) 	UC-1: ID 1.1., 1.2., 1.3., 1.4.,1.5 UC-3: ID 3.1. GPC-1: ID 1.11.3 GPC-4: ID 4.1-4.5 GPC-7: ID 7.1,7.2, 7.3,7.5,7.6,7.7. GPC -11: ID 11.1- 11.5 PC-1: ID 1.3.,1.4. PC-2: ID 2.1-2.5 PC-3: 3.1-3.6 PC-4: ID 4.1-4.3 PC-5: ID 5.1-5.5 PC-6: ID 6.1., 6.2 PC-10: ID 10.1	 -checking home- work -frontal survey (oral or written) -testing, including computer testing -solving situational problems -practical skills test 	3.4

			DC 12 ID 12 1 12 2		
			PC-12: ID 12.1-12.3		
			PC-14: ID 14.1-14.3		
			UC-1: ID 1.1., 1.2.,		
			1.3., 1.4.,1.5		
		Theoretical part: Etiology and pathogenesis of Itsenko-	UC-3: ID 3.1.		
		Cushing's disease. Clinical manifestations. Main diagnostic cri-	GPC-1: ID 1.11.3		
		teria. Treatment.	GPC-4: ID 4.1-4.5	-checking home-	2.4
	Adrenal diseas-		GPC-7: ID 7.1,7.2,	work	3.4
		Etiology and pathogenesis of chronic adrenal insufficiency.	7.3,7.5,7.6,7.7.	-frontal survey	
	es: Itsenko-	Classification. Clinical manifestations. Main diagnostic criteria.	GPC -11: ID 11.1-	(oral or written)	
9	Cushing's dis-	Differential diagnostics. Treatment and prevention.	11.5	-testing, including	
9	ease, chronic	Practical part: analysis of case studies, patient supervision,	PC-1: ID 1.3.,1.4.	computer testing	
	adrenal insuffi-	solving situational problems, preparing a workbook, an educa-	PC-2: ID 2.1-2.5	-solving situational	
	ciency	tional medical history, working with handouts, educational, sci-	PC-3: 3.1-3.6	problems	
		entific, medical and reference literature, and the standard of	PC-4: ID 4.1-4.3	–practical skills test	
		specialized medical care (Orders of the Ministry of Health of the Russian Federation No. 773n of November 9, 2012; No. 1388n of December 24, 2012)	PC-5: ID 5.1-5.5	r	
			PC-6: ID 6.1., 6.2		
			PC-10: ID 10.1		
			PC-12: ID 12.1-12.3		
			PC-14: ID 14.1-14.3		
		Theoretical part: Etiology and pathogenesis of acute adrenal	UC-1: ID 1.1., 1.2.,		
		insufficiency. Classification. Clinical manifestations. Main di-	1.3., 1.4.,1.5		
		agnostic criteria. Differential diagnostics. Treatment and pre-	UC-3: ID 3.1.	-checking home-	
		vention. Know the algorithms of diagnostics, differential diag-	GPC-1: ID 1.11.3	work	
	Acute adrenal	nostics, treatment on the topics of classes.	GPC-4: ID 4.1-4.5	-frontal survey	
	insufficiency.	Practical part: analysis of case studies, patient supervision,	GPC-7: ID 7.1,7.2,	(oral or written)	
10		solving situational problems, preparing a workbook, an educa-	7.3,7.5,7.6,7.7.	-testing, including	
10	Interim assess- ment (credit)	tional case history, working with handouts, educational, scien-	GPC -11: ID 11.1-	computer testing	3.4
		tific, medical and reference literature, and the standard of spe-	11.5	-solving situational	
		cialized medical care (Orders of the Ministry of Health of the	PC-1: ID 1.3.,1.4.	problems	
		Russian Federation No. 773n of November 9, 2012; No. 1388n	PC-2: ID 2.1-2.5	-practical skills test	
		of December 24, 2012). Checking the acquisition of competen-	PC-3: 3.1-3.6	practical skills test	
		cies (testing, interview on situational problems, defense of the	PC-4: ID 4.1-4.3		
	1	ress (costing, interview on situational prostenis, defense of the	10111011110		

	Theoret Moodle assessme Practica	ical part: answers to test control questions (in the system), interview on control questions for midterm ent (credit). al part: solving a situational problem, testing practical efending a case history.	PC-12: ID 12.1-12.3 PC-14: ID 14.1-14.3	-credit (testing in the Moodle sys- tem , defense of the educational medical history, testing practical skills, interview on midterm as- sessment ques- tions, solving sit- uational prob- lems)	
Total hours					34

2.4 Interactive forms of learning

0
Interactive teaching methods are often used in clinical practical classes to enhance students'
cognitive activity.

Item No.	Topic of the practical lesson	Labor intensity in hours	Interactive form of learning	Labor intensity in hours, in % of the lesson
1	Diabetes mellitus. Definition. Etiolo- gy. Pathogenesis. Clinic. Diagnos- tics. Late complications	3.4	Interactive survey. Case tasks.	30 min. (0.66 hours)/19.6%
2	Treatment of diabetes. Diet. Insulin therapy. Tableted hypoglycemic drugs	3.4	Interactive survey. Case tasks.	30 min. (0.66 hours)/19.6%
3	Acute complications of diabetes mellitus	3.4	Interactive survey. Business game .	30 min. (0.66 hours)/19.6%
4	Control lesson by sections. Simulation class.	3.4	Interactive survey. Com- puter simulations .	30 min. (0.66 hours)/19.6%
5	Diffuse toxic goiter	3.4	Interactive survey. Case tasks.	30 min. (0.66 hours)/19.6%
6	Hypothyroidism	3.4	Interactive survey. Case tasks.	30 min. (0.66 hours)/19.6%
7	Obesity	3.4	Interactive survey.	30 min. (0.66 hours)/19.6%
8	Acromegaly	3.4	Interactive survey.	30 min. (0.66 hours)/19.6%
9	Adrenal diseases: Itsenko-Cushing's disease, chronic adrenal insufficiency	3.4	Interactive survey.	30 min. (0.66 hours)/19.6%
10	Acute adrenal insufficiency. Final lesson (test)	3.4	Interactive survey. De- fense of the educational medical history.	30 min. (0.66 hours)/19.6%

2.5. Criteria for assessing students' knowledge

The basis for determining the level of knowledge, skills, and abilities are the assessment criteria - completeness and correctness:

- correct, precise answer;
- correct, but incomplete or inaccurate answer;
- incorrect answer;
- no answer.

When assigning marks, it is necessary to take into account the classification of errors and their quality: - gross errors;

- similar errors;
- minor errors;
- shortcomings.

X semester

No.	Topic of the practical les-	Theoretical	Practical	Overall	Forms of con-
p/p	son	part	part	rating	trol

1	Diabetes mellitus. Etiology. Pathogenesis. Clinic. Diag- nostics. Late complications	2-5	2-5	2-5	Theoretical part Oral or written
2	Treatment of diabetes. Diet. Insulin therapy. Tableted hypoglycemic drugs	2-5	2-5	2-5	survey - Test tasks, including
3	Acute complications of dia- betes mellitus	2-5	2-5	2-5	computer ones
4	Control lesson by sections. Simu- lation class	2-5	2-5	2-5	Practical part Situational
5	Thyroid diseases. Synthesis, secretion and metabolism of thyroid hormones. Diffuse toxic goiter	2-5	2-5	2-5	interview tasks, testing practical skills at the patient's
6	Hypothyroidism	2-5	2-5	2-5	bedside, in a
7	Obesity	2-5	2-5	2-5	simulation class,
8	Acromegaly	2-5	2-5	2-5	development of
9	Adrenal diseases: Itsenko- Cushing's disease, chronic adrenal insufficiency	2-5	2-5	2-5	the educational medical history and the ability to
10	Acute Adrenal Insufficien- cy. Final Lesson (Credit)	2-5	2-5	2-5	work with regulatory documents
	Study medical history			2-5	1
	Average score			2-5	

Incoming inspection

Conducted during the first lesson, includes testing in the Moodle system. Access mode: <u>https://educ-amursma.ru/mod/quiz/view.php?id=3121</u>

Rating scales for ongoing knowledge control

The success of students in mastering the discipline (topics/sections), practical skills and abilities is characterized by a qualitative assessment and is assessed on a 5-point system: "5" - excellent, "4" - good, "3" - satisfactory, "2" - unsatisfactory.

Success rate	Mark on a 5-point scale
90 - 100%	"5"
80 - 89%	"4"
70 - 79%	"3"
less than 70%	"2"

Assessment criteria (grades) of the theoretical part

"5" - for the depth and completeness of mastery of the content of the educational material, in which the student easily navigates, for the ability to connect theoretical questions with practical ones, express and justify their judgments, correctly and logically present the answer; when testing, allows up to 10% of erroneous answers.

"4" - the student has fully mastered the educational material, is oriented in it, correctly states the answer, but the content and form have some inaccuracies; during testing, allows up to 20% of erroneous answers.

"3" - the student has mastered the knowledge and understanding of the main provisions of the educational material, but presents it incompletely, inconsistently, does not know how to express and justify his/her judgments; when tested, allows up to 30% of erroneous answers.

"2" - the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and the secondary, makes mistakes in defining concepts, distorts their meaning, presents the material in a disorderly and uncertain manner, and makes more than 30% of erroneous answers when tested.

Assessment criteria for the practical part

"5" - the student supervises a subject patient on a daily basis, has fully mastered the practical skills and abilities provided for by the course work program (correctly interprets the patient's complaints, anamnesis, objective examination data, formulates a clinical diagnosis, prescribes examination and treatment, interprets clinical, laboratory and instrumental indicators taking into account the norm).

"4" – the student supervises the subject patient on a daily basis, has fully mastered the practical skills and abilities provided for by the course work program, but allows for some inaccuracies.

"3" – the student does not regularly supervise the patient; the student has only some practical skills and abilities.

"2" - the student has visited the supervised patient less than 4 times, and performs practical skills and abilities with gross errors.

Criteria for evaluation of educational medical history

"5" – preparation of the educational medical history in accordance with the requirements.

"4" - in the educational medical history, the student makes some inaccuracies in the formulation of a detailed clinical diagnosis, examination and treatment.

"3" - the medical history is filled with errors, written in illegible handwriting, there are inaccuracies in the formulation of the detailed clinical diagnosis, treatment, the pathogenesis of the disease is not fully covered.

"2" - the medical history is written in illegible handwriting, with gross errors (a detailed clinical diagnosis is not made and not substantiated, treatment is prescribed incorrectly, the pathogenesis of the disease is not covered.

Essay evaluation criteria

"5" – the abstract is complete, detailed, formatted according to requirements, and well presented.

"4" – the abstract is complete, detailed, formatted according to requirements, but poorly presented.

"**3**" – the abstract is complete, but formatted with errors and poorly presented.

"2" – the abstract is not submitted or is written with serious errors.

Working off disciplinary debts

If a student misses a class for a valid reason, he/she has the right to make it up and receive the maximum grade provided for by the course work program for that class. A valid reason must be documented.

If a student misses a class for an unjustified reason or receives a grade of "2" for all activities in the class, he is required to make it up.

If a student is excused from a class at the request of the dean's office (participation in sports, cultural and other events), then he is given a grade of "5" for this class, provided that he submits a report on the completion of mandatory extracurricular independent work on the topic of the missed class.

Assessment criteria for midterm assessment

The interim assessment (test) is carried out in 4 stages:

1. Test control in the Moodle system. Access mode: <u>https://educ-amursma.ru/mod/quiz/view.php?id=370</u> Total number of test tasks - 444

- 2. Defense of the educational medical history.
- 3. Testing practical skills.
- 4. Interview on control questions.
- 5. Solving a situational problem.
- 6. The conversion of the mark into a binary scale is carried out according to the following scheme:

Mark on a 5-point scale	Binary scale
"5"	passed
"4"	passed
"3"	passed
"2"	not credited

Assessment criteria for midterm assessment

"Passed" - the student has fully mastered the educational material, is oriented in it, correctly states the answer, and allows up to 30% of incorrect answers during testing. Practical skills and abilities provided for by the working program of the discipline have been mastered.

"Failed" - the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and secondary, makes mistakes in defining concepts, distorts their meaning, presents the material in a disorderly and uncertain manner, and makes more than 30% of erroneous answers during testing. Performs practical skills and abilities with gross errors.

Stages	Mark	Final assessment
Test control in the "Moodle" system	3-5	Passed
Passing practical skills (competencies)	3-5	
Answers to tickets	3-5	
Test control in the "Moodle" system	2	Not credited
Passing practical skills (competencies)	2	
Answers to tickets	2	

Criteria for final assessment (midterm assessment)

"5" (passed) - for the depth and completeness of mastery of the content of the educational material, in which the student easily navigates, for the ability to connect theoretical questions with practical ones, express and justify their judgments, correctly and logically present the answer; when testing, allows up to 10% of erroneous answers. Practical skills and abilities provided for by the working program of the discipline are fully mastered.

"4" (**passed**) - the student has fully mastered the educational material, is oriented in it, correctly states the answer, but the content and form have some inaccuracies; during testing allows up to 20% of erroneous answers. Completely practical skills and abilities provided by the working program of the discipline, but allows some inaccuracies

"3" (passed) - the student has mastered the knowledge and understanding of the main provisions of the educational material, but presents it incompletely, inconsistently, does not know how to express and justify his/her judgments; during testing, allows up to 30% of erroneous answers. Has only some practical skills and abilities.

"2" (failed) - the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and secondary, makes mistakes in defining concepts, distorts their meaning, presents the material in a disorderly and uncertain manner, and makes more than 30% of erroneous answers during testing. Performs practical skills and abilities with gross errors

2.6. Independent work of students: in-class, out-of-class

Independent work of students consists of two components: classroom and extracurricular (mandatory for all students and optional) work.

Independent classroom work of students

The main didactic tasks of independent work of students under the guidance of a teacher: consolidation of knowledge and skills acquired during the study of the academic discipline in lectures and practical classes; prevention of their forgetting; expansion and deepening of educational material; formation of the ability and skills of independent work; development of independent thinking and creative abilities of students.

The students' classroom work includes: checking their current knowledge on the topic of the practical lesson in the form of an oral or written survey, test control, solving situational problems, interpreting laboratory and instrumental indicators, drawing up an examination and treatment plan. Familiarization with the department's teaching aids, tables, diagrams, stands, tablets. Supervision of patients and preparation of educational medical history, practicing practical skills and abilities in a simulation class. Individual work with mastering and performing practical skills

Extracurricular independent work of students

The following can be used as the main forms of extracurricular independent work: studying the main and additional educational and scientific literature; solving situational problems, test assignments, working in an online classroom; preparing oral reports; writing an educational medical history; being on duty at the clinic; preparing a report on duty, performing diagnostic manipulations; observing and self-observing specific clinical phenomena being studied, etc. This type of educational activity should be based on the activity, initiative, consciousness and independence of students.

			Time for student	Forms of extracurri ent wo	-
Item No.	Topic of prac- tice tic occupation	Independent classroom work of stu- dents	preparation for the les- son (hour.)	Mandatory and the same for all stu- dents	At the student's choice
			X semeste	r	
1	Diabetes melli-	Patient care.	2 hours	Preparation on theo-	Report or com-
	tus. Definition.	Working with		retical issues (lecture	puter presenta-
	Etiology. Path-	medical records.		reading, primary and	tion on the top-
	ogenesis.	Participation in		secondary literature,	ic:
	Clinic.	the work of the		methodological rec-	"Modern ap-
	Diagnostics.	biochemical la-		ommendations, ab-	proaches to the

<u>г</u>	-			• • • • •	· · · · · · · · · · · · · · · · · · ·
	Late complications	boratory, work- ing with handouts, educa- tional, scientific, medical and ref- erence literature, the standard of specialized med- ical care (Orders of the Ministry of Health of the Russian Federa- tion No. 773n of November 9, 2012), maintain- ing a workbook, preparing an ed- ucational medi- cal record, com- pleting assign- ments according to the sample Patient care.	2 hours	stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob- lems, tests, writing prescriptions, algo- rithms, completing assignments according to a model, complet- ing a medical history, workbook, working in an online classroom	diagnosis of di- abetes mellitus" "Modern ap- proaches to di- agnostics of late complications of diabetes melli- tus"
	Treatment of diabetes. Diet. Insulinothera piya. Tableted antidiabetic drugs	Working with medical records. Participation in the work of the biochemical la- boratory, work- ing with handouts, educa- tional, scientific, medical and ref- erence literature, the standard of specialized med- ical care (Order of the Ministry of Health of the Russian Federa- tion No. 1388n of December 24, 2012), maintain- ing a workbook, preparing an ed- ucational medi- cal record, com- pleting assign- ments according to the sample		retical issues (lecture reading, primary and secondary literature, methodological rec- ommendations, ab- stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob- lems, tests, writing prescriptions, algo- rithms, completing assignments according to a model, complet- ing a medical history, workbook, work in the online classroom	puter presenta- tion on the top- ic: "Modern ap- proaches to the organization and work of the school of diabe- tes"
	Acute compli- cations of dia-	Patient care. Working with	2 hours	Preparation on theo- retical issues (lecture	Preparing a presentation or

	1 4	1		1 1	1 4 1 1
	betes	case histories.		reading, primary and	•
	diabetes	Participation in		secondary literature,	tablet on the
		the work of the		methodological rec-	topic:
		clinical and bio-		ommendations, ab-	"Algorithm for
		chemical labora-		stracting, compiling	differential di-
		tory, working		notes, diagrams, algo-	agnostics of
		with handouts,		rithms, etc.). Solving	acute complica-
		educational, sci-		(or compiling) prob-	tions of diabetes
		entific, medical		lems, tests, writing	mellitus"
		and reference		prescriptions, algo-	memeus
		literature, the		rithms, completing	
		standard of spe-		assignments according	
		cialized medical		to a model, complet-	
		care (Order of		ing a medical history,	
		the Ministry of		workbook, working in	
		Health of the		an online classroom	
		Russian Federa-			
		tion No. 1388n			
		of December 24,			
		2012), maintain-			
		ing a workbook,			
		preparing an ed-			
		ucational case			
		history, complet-			
		ing assignments			
		according to the			
		sample			
		Working with	2 hours	Preparation on theo-	Drawing up a
		case histories.		retical issues (lecture	summary or
		Working in a		reading, primary and	presentation,
		simulation class.		secondary literature,	algorithm, table,
		Working with		methodological rec-	0
		handouts, educa-		U	review, review
	Control lesson by	tional, scientific,		stracting, compiling	of Internet
	sections. Simula-	medical and ref-		notes, diagrams, algo-	sources on the
4				•	
4	tion	erence literature,		rithms, etc.). Solving	-
	Class	the standard of		(or compiling) prob-	ential diagnos-
		specialized med-		lems, tests, writing	tics of emergen-
		ical care (Order		prescriptions, algo-	cy conditions in
		of the Ministry		rithms, completing	endocrinology"
		of Health of the		assignments according	
		Russian Federa-		to a model, complet-	
		tion No. 1388n		ing a medical history,	
		of December 24,		workbook, working in	
		2012), keeping a		an online classroom	
		workbook, pre-			
		paring an educa-			
		tional case histo-			
		ry, completing			
		assignments ac-			
		LCORDING to 9	1	1	
1		cording to a sample			

		~ •			
5	Diffuse toxic goiter	Patient supervi- sion. Working with medical records. Partici- pation in the work of the thy- roid gland fine- needle aspiration biopsy room, working with handouts, educa- tional, scientific, educational, sci- entific, medical and reference literature, the standard of spe- cialized medical care (Order of the Ministry of Health of the Russian Federa- tion No. 773n of November 9, 2012), maintain- ing a workbook, preparing an ed- ucational medi- cal record, com- pleting assign- ments according to the sample	2 hours	Preparation on theo- retical issues (lecture reading, primary and secondary literature, methodological rec- ommendations, ab- stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob- lems, tests, writing prescriptions, algo- rithms, preparing a medical history, workbook, working in an online class. Prepa- ration for a report of a subject patient. Prepa- ration for a report of a subject patient.	Making a tablet or table on the topic: "Algorithm for differential di- agnostics of dif- fuse toxic goi- ter"
6	Hypothyroidism	Patient care. Working with medical records. Participation in the work of the ultrasound room, clinical and bio- chemical labora- tory, working with handouts, educational, sci- entific, medical and reference literature, the standard of spe- cialized medical care (Orders of the Ministry of Health of the Russian Federa-	2 hours	Preparation on theo- retical issues (lecture reading, primary and secondary literature, methodological rec- ommendations, ab- stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob- lems, tests, writing prescriptions, algo- rithms, completing assignments according to a model, complet- ing a medical history, workbook, working in an online classroom	Preparing a presentation on the topic: "Algorithm for differential di- agnosis of hypo- thyroidism"

		tion No. 786n of November 9, 2012; No. 685n of November 7, 2012), maintain- ing a workbook, preparing an ed- ucational medi- cal record, com- pleting assign- ments according to the sample			
7	Obesity	Patient care. Working with medical records. Participation in the work of the ultrasound room, clinical and bio- chemical laboratory, work- ing with handouts, educa- tional, scientific, medical and ref- erence literature, the standard of specialized med- ical care (Order of the Ministry of Health of the Russian Federa- tion No. 772n of November 7, 2012), maintain- ing a workbook, preparing an ed- ucational medi- cal history, com- pleting assign- ments according to a sample	2 hours	Preparation on theo- retical issues (lecture reading, primary and secondary literature, methodological rec- ommendations, ab- stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob- lems, tests, writing prescriptions, algo- rithms, completing assignments according to a model, complet- ing a medical history, workbook, working in an online classroom	Preparation of a presentation or abstract review on the topic: "Algorithm for differential di- agnostics of obesity"
8	Acromegaly	Patient care. Working with medical records. Participation in the work of the magnetic reso- nance imaging room, working with handouts, educational, sci-	2 hours	Preparation on theo- retical issues (lecture reading, primary and secondary literature, methodological rec- ommendations, ab- stracting, compiling notes, diagrams, algo- rithms, etc.). Solving (or compiling) prob-	Preparation of a presentation, table, tablet on the topic: "Modern meth- ods of surgical treatment of ac- romegaly"

		entific, medical		lems, tests, writing	
		and reference		prescriptions, algo-	
		literature, keep-		rithms, completing	
		ing a workbook,		assignments according	
		preparation of		to a model, complet-	
		the educational		ing a medical history,	
		medical history,		workbook, working in	
		completion of		an online classroom	
		tasks according to the model			
		Patient care.	2 hours	Preparation on theo-	Preparation of a
		Working with	2 110015	retical issues (lecture	presentation,
		medical records.		reading, primary and	table, tablet on
		Working with		secondary literature,	the topic:
		handouts, educa-		methodological rec-	"Differential
9		tional, scientific,		ommendations, ab-	diagnostics of
	Diseases of the	medical and ref-		stracting, compiling	Itsenko-
	adrenal glands:	erence literature,		notes, diagrams, algo-	Cushing's dis-
	Itsenko's dis-	keeping a work-		rithms, etc.). Solving	ease and syn-
	ease	book,		(or compiling) prob-	
	Cushing's, chronic adrenal	preparation of the educational		lems, tests, writing	ferential diag-
	chronic adrenal insufficiency	medical history,		prescriptions, algo- rithms, completing	
	insumencie	completion of		assignments according	ficiency"
		tasks according		to a model, complet-	neichey
		to the model		ing a medical history,	
				workbook, working in	
				an online classroom	
		Working with	2 hours	Preparation for the	Preparation of
10	Acute	handouts, educa-		test, preparation of the	presentation,
	adrenal gland	tional, scientific,		medical history,	
	lack of	medical and ref-		workbook, preparation	topic:
	accuracy. Ito	erence literature,		for the defense of the	"Differential
	new lesson	maintaining a		medical history.	diagnosis of
	(credit)	workbook.			acute adrenal insufficiency."
Labor	Labor intensity in		20 hours	20 hours	4 hours
hours			_0 H0015	_ ituis	· nourb
	labor intensity in		1	24 hours	1
1 1	urs				

2.7. Research (project) work

Research (project) work (R&D) of students - is a mandatory section of the study of the discipline and is aimed at the comprehensive formation of general cultural and professional competencies of students and provides for the study of specialized literature and other scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge, participation in scientific research, etc.

The topics of research can be chosen by students independently in consultation with the teacher or from the list below (taking into account the scientific direction of the department.

Sample topics for students' research work:

1. Analysis of diabetes incidence in the Amur region.

- 2. Innovative therapy for type 1 diabetes.
- 3. Survival of patients with terminal chronic renal failure with different types of renal replacement therapy for diabetes mellitus.
- 4. Peculiarities of cardiovascular system damage in endocrine pathology.
- 5. Prevention of iodine deficiency conditions.
- 6. Innovative therapy for type 2 diabetes.
- 7. Features of the clinical course, diagnosis and treatment of metabolic syndrome.
- To evaluate research work, a binary assessment scale is adopted: "passed", "failed".

Criteria for assessing students' research work:

- the material on the results of the research in the report is presented in detail, the specialized literature is well-developed, scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge is studied "passed".
- the material on the results of the research in the report is not presented accurately enough, the special literature is poorly studied, the scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge is not studied "failed".

3. Educational, methodological, material, technical and informational Ensuring discipline

3.1 Main literature:

- 1. Dedov, I.I. Endocrinology: textbook / I. I. Dedov, G. A. Melnichenko, V. V. Fadeev Moscow: Litterra, 2015. 416 p. ISBN 978-5-4235-0159-4. Text: electronic. Access mode: by subscription. http://www.studmedlib.ru/ru/book/ISBN9785423501594.html
- 2. Endocrinology: national guidelines / edited by I. I. Dedov, G. A. Melnichenko. 2nd ed. revised and enlarged. Moscow: GEOTAR-Media, 2018. 1112 p.: ill. 1112 p. ISBN 978-5-9704-4604-1. Text: electronic. Access mode: by subscription. http://www.studmedlib.ru/book/ISBN9785970446041.html
- Ametov, A. S. Endocrinology / A. S. Ametov, S. B. Shustov, Yu. Sh. Khalimov, -Moscow: GEOTAR-Media, 2016. - 352 p. - ISBN 978-5-9704-3613-4. - Text: electronic. - Access mode: by subscription.

http://www.studmedlib.ru/book/ISBN9785970436134.html

3.2 Further reading:

- 1. Murtazin, A. I. Endocrinology. Standards of medical care. Quality assessment criteria. Pharmacological reference book / compiled by A. I. Murtazin. - Moscow: GEOTAR-Media, 2021. - 560 p. (Series "Standards of Medical Care") - ISBN 978-5-9704-6065-8. - Text: electronic. - Access mode: by subscription. <u>http://www.studmedlib.ru/book/ISBN9785970460658.html</u>
- Mkrtumyan, A. M. Emergency endocrinology / Mkrtumyan A. M., Nelaeva A. A. Moscow: GEOTAR-Media, 2019. - 128 p. - ISBN 978-5-9704-5147-2. - Text: electronic. - Access mode: by subscription. <u>http://www.studmedlib.ru/book/ISBN9785970451472.html</u>
- Dedov, I. I. Personalized endocrinology in clinical examples / Dedova I. I. Moscow: GEOTAR-Media, 2018. 440 p. ISBN 978-5-9704-4617-1. Text: electronic. Access mode: by subscription. http://www.studmedlib.ru/book/ISBN9785970446171.html

3.3. Educational and methodological support of the discipline, prepared

by the department staff

- 1. Naryshkina S.V., Shtilerman A.L., Tanchenko O.A. Diabetic retinopathy. Study guide. -Blagoveshchensk, 2014. - 115 p. (UMO stamp) <u>https://www.amursma.ru/upload/iblock/f84/Naryshkina_S.V., Shtilerman_A.L., Tanchenko_O.A., Vydrov_A.S. Diabeticheskaya_retinopatiya. Uchebnoe_posobie..pdf</u>
- 2. Naryshkina S.V., Olifirova O.S., Tanchenko O.A. Diagnostics and treatment of nodular diseases of the thyroid gland. Study guide. Blagoveshchensk, 2015. 110 p. (UMO stamp) <u>https://www.amursma.ru/upload/iblock/a5c/Uchebnoe_posobie. Diagnostika_i_lechenie_uz_lovyx_zabolevanij_shhitovidnoj_zhelezy.pdf</u>
- 3. Naryshkina S.V., Shtilerman A.L., Tanchenko O.A. Endocrine ophthalmopathy. Study guide. Blagoveshchensk, 2018. 120 p. (UMO stamp) <u>https://www.amursma.ru/upload/iblock/c44/Naryshkina_S.V., Shtilerman_A.L., Tanchenk o_O.A._Endokrinnaya_oftalmopatiya._Uchebnoe_posobie..pdf</u>

Multimedia materials, electronic library, Electronic library systems (ELS)

Multimedia materials on electronic media (CD, DVD)

Scientific library

Video films, photographic materials used in teaching students (prepared by department staff)

Videos:

- 1. Genetics of diabetes
- 2. Diabetic nephropathy
- 3. Diabetic foot syndrome
- 4. Hypothalamic syndrome
- 5. Treatment of complications of diabetes mellitus
- 6. Acromegaly
- 7. Pathogenesis of diabetes mellitus
- 8. Modern approaches to the treatment of diabetes mellitus

Photo materials:

- 1. Photo album on diabetic foot syndrome
- 2. Photo demonstration of patients with acromegaly
- 3. Photo demonstration of patients with thyrotoxicosis
- 4. Photo album on hypothyroidism
- 5. Photo demonstration of patients with Cushing's disease
- 6. Photo album on the conduct of the diabetes school

List of albums, stands, tables, tablets, handouts used in training (prepared by the department staff)

Stands

- 1. Functional diagnostics of the thyroid gland
- 2. Diagnosis of Addison's disease
- 3. Diagnosis of acromegaly
- 4. Emergency care for diabetic comas
- 5. Biological action of hormones

- 6. Differential diagnosis of hyperglycemia syndrome
- 7. Differential diagnosis of obesity syndrome
- 8. Diagnostic algorithm for thyroid diseases
- 9. Differential diagnosis of hypercorticism

Methodological manuals

- 1. Archival medical records
- 2. Methodological developments for self-training of students on all topics
- 3. Methodological developments for teachers for all classes
- 4. Albums, tablets for self-study of students
- 5. Tables on various sections of endocrinology

Multimedia materials

- 1. Obesity
- 2. Hypothyroidism
- 3. Diabetes mellitus: etiopathogenesis, classification, diagnosis, late complications
- 4. Treatment of diabetes mellitus
- 5. Acute complications of diabetes mellitus
- 6. Diffuse toxic goiter
- 7. Acromegaly
- 8. Itsenko-Cushing's disease
- 9. Chronic and acute adrenal insufficiency
- 10. Diabetic foot syndrome
- 11. Oral hypoglycemic drugs
- 12. Insulin therapy
- 13. Insulin Levemir
- 14. Insulin Lantus
- 15. Glucobay
- 16. Diabetes registry
- 17. Neuropathies
- 18. Diabetes Clinic
- 19. Nodular goiter
- 20. Iodine deficiency states
- 21. National guidelines for diabetes

Electronic materials

- 1. High Blood Pressure: An Educational Program for Patients.
- 1. Correction of dyslipidemia. Interactive clinical situations
- 2. Endocrinology "National Guide"
- 3. Type 1 diabetes
- 4. Type 2 diabetes
- 5. School of diabetes

Electronic and digital technologies:

Online course on the subject "Endocrinology" in the EIOS FGBOU VO Amur State Medical Academy

Access mode: https://educ-amursma.ru/course/view.php?id=59

Characteristics of modules in the electronic information and educational course

Educational	Controlling			
Theoretical (lecture) material	Methodological recommendations for stu-			

	dents on independent extracurricular work.		
Methodological recommendations for students	List of questions to prepare for clinical prac-		
for clinical practical classes.	tical classes		
Methodological recommendations for self-			
training.			
Electronic manual	List of questions for the test		
Hyperlinks	List of practical skills		
Clinical cases	Tests of entrance, current and final		
Chinical cases	knowledge control.		

3.4. Equipment used for the educational process

Item	Name	Quantity	
No.			
1	Study rooms No. 1-2		
2	School board		
3	Table	2	
4	Chairs	28	
5	Visual aids	44	
6	Multimedia projector	1	
7	Laptop	1	
8	Stands	6	
9	Glucometer	1	
10	Pedometer	1	
11	Pulse oximeter	1	
12	Model - structure of the thyroid gland	1	
	A room for independent work of students. Classroom No. 8		
13	Table	3	
14	Chairs	3	
15	Laptop	1	
16	Multimedia projector		
17	Bookcase	1	
18	Stand		
19	Phonendoscopes	3	
	Practical Skills Room. Classroom No. 11		
20	Sphygmograph VaSeraVS-1000	1	
21	Pedometer	1	
22	Pulse oximeter	1	
23	Glucometer	1	
24	Dummy - structure of the heart	1	
	In the functional department, X-ray room, laboratory of the State Auton-		
	omous Healthcare Institution of the Arkhangelsk Region BGKB		
25	Electrocardiograph 12-channel E CG 9110 k	1	
26	Ultrasound device " Aloka " 3500 (Japan)	1	
27	X-ray tomograph CT GEBRIGHTSPEED 16 SLICE (Germany)	1	
28	X-ray machine "Electron" (Russia)	1	
29	Magnetic resonance imaging scanner TOSHIBA Vantage Elan 1.5 T (Japan)	1	

30	Electrolyte analyzer « CibaCorning » (UK)	
31	Biochemical analyzer "VTS-370" (Spain)	
	Classroom for conducting simulation classes No. 3-4	
32	Bedside table	2
33	Video monitoring and recording system for simulation training	1
34	Multimedia projector	2
35	Laptop	
36	Robot simulator for training advanced cardiopulmonary resuscitation skills	
37	Adult resuscitation simulator	
38	Medical bed	
39	Bedside table	
40	Glucometer	
41	Pulse oximeter	
42	Medical table	2

3.5. Professional databases, information and reference systems, electronic educational resources

No.	Name	Resource Descrip-	Access	Resource address			
p.p.	resource	tion	Access	Resource address			
	Electronic library systems						
1.	"Student Con- sultant" Electron- ic library of the medical universi- ty.	For students and teachers of medical and pharmaceutical universities. Provides access to electronic versions of textbooks, teaching aids and pe- riodicals.	library, individual access	http://www.studmedlib.ru/			
2.	"Doctor's Con- sultant" Electron- ic Medical Li- brary.	The materials posted in the library have been developed by leading Russian spe- cialists based on modern scientific knowledge (evidence- based medicine). The information has been prepared taking into account the position of the scientific and practical medical so- ciety (world, Europe- an and Russian) in the relevant specialty. All materials have undergone mandatory independent review.	library, individual access	http://www.rosmedlib.ru/cgi- bin/mb4x			
3.	PubMed	Free search system in the largest medical	library, free ac-	https://pubmed.ncbi.nlm.nih.gov/			

	1			Ι		
		bibliographic data- base MedLine. Doc- uments medical and biological articles from specialized lit- erature, and also pro- vides links to full-text articles.	cess			
4.	Oxford Medicine Online.	A collection of Ox- ford medical publica- tions, bringing to- gether over 350 titles into a single, cross- searchable resource. Publications include The Oxford Hand- book of Clinical Medicine and The Oxford Textbook of Medicine , the elec- tronic versions of which are constantly updated.	library, free ac- cess	http://www.oxfordmedicine.com		
5.	Human Biology Knowledge Base	Reference infor- mation on <u>physiology</u> , <u>cell biology</u> , <u>genet-</u> <u>ics</u> , <u>biochemistry</u> , <u>immunology</u> , <u>pathol-</u> <u>ogy</u> . (Resource <u>of the</u> <u>Institute of Molecular</u> <u>Genetics of the Rus-</u> <u>sian Academy of Sci-</u> ences .)	library, free ac- cess	<u>http://humbio.ru/</u>		
6.	Medical online library	Free reference books, encyclopedias, books, monographs, ab- stracts, English- language literature, tests.	library, free ac- cess	http://med-lib.ru/		
L	Information systems					
7.	Russian Medical Association	Professional Internet resource. Objective: to facilitate the im- plementation of ef- fective professional activities of medical personnel. Contains the charter, personali- ties, structure, rules of en- try, information about the Russian Medical	library, free ac- cess	http://www.rmass.ru/		

		Union.		
8.	Web-medicine	The site presents a catalog of professional medical resources, including links to the most authoritative sub- ject sites, journals, societies, as well as useful documents and programs. The site is intended for doctors, students, employees of medical universities and scientific institu- tions.	library, free ac- cess	http://webmed.irkutsk.ru/
		Datal	oases	
9.	Worldwide health care organi- zation	The site contains news, statistics on countries that are members of the World Health Organ- ization, fact sheets, reports, WHO publi- cations and much more.	library, free ac- cess	http://www.who.int/ru/
10.	Ministry of Sci- ence and Higher Education of the Russian Federa- tion	The website of the Min- istry of Science and Higher Education of the Russian Federation contains news, newsletters, reports, publications and more.	library, free ac- cess	http://www.minobrnauki.gov.ru
11.	Ministry of Edu- cation of the Rus- sian Federation.	The website of the Ministry of Education of the Russian Feder- ation contains news, newsletters, reports, publications and much more.	library, free ac- cess	https://edu.gov.ru/
12.	Federal portal "Russian educa- tion"	A single window for access to educational resources. This portal provides access to textbooks on all areas of medicine and health care.	library, free ac- cess	http://www.edu.ru/ http://window.edu.ru/catalog/?p rubr=2.2.81.1
10	1	Bibliographi	ic database	S
13.	BD "Russian Medi- cine"	It is created in the Cen- tral Scientific and Methodological Library and covers the entire collection, starting	library, free ac- cess	http://www.scsml.rssi.ru/

		from 1988. The data- base contains biblio- graphic descriptions of articles from domestic journals and collec- tions, dissertations and their abstracts, as well as domestic and foreign books, collections of institute proceedings, conference materials, etc. Thematically, the database covers all areas of medicine and related areas of biolo- gy, biophysics, bio- chemistry, psychology, etc.		
14.	eLIBRARY.RU	Russian information portal in the field of science, technology, medicine and educa- tion, containing ab- stracts and full texts of more than 13 mil- lion scientific articles and publications. The eLIBRARY.RU plat- form provides elec- tronic versions of more than 2,000 Rus- sian scientific and technical journals, including more than 1,000 open access journals.	library, free ac- cess	http://elibrary.ru/defaultx.asp
15.	Portal Electronic li- brary of disserta- tions	Currently, the Elec- tronic Library of Dis- sertations of the Rus- sian State Library contains more than 919,000 full texts of dissertations and ab- stracts.	library, free ac- cess	http://diss.rsl.ru/?menu=disscatalog/
16.	Medline.ru	Medical and biologi- cal portal for special- ists. Biomedical jour- nal. Last updated February 7, 2021.	library, free ac- cess	http://www.medline.ru

3 .6. Licensed and freely distributed software used in the educational pro-

	I. Commercial software products					
1.	Operating system MS Windows 7 Pro	License number 48381779				
2.	Operating system MS Windows 10 Pro, MS Office	AGREEMENT No. 142 A dated December 25, 2019				
3.	MS Office	License number: 43234783, 67810502, 67580703, 64399692, 62795141, 61350919				
4.	KasperskyEndpointSecurity for Business Ad- vanced	Agreement No. 977/20 dated 12/24/2020				
5.	1C: PROF University	LICENSE AGREEMENT No. 2191 dated 15.10.2020				
6.	1C: PROF Library	LICENSE AGREEMENT No. 2281 dated 11.11.2020				
	II. Freely distribu	ted software				
1.	Google Chrome	Freely distributed Distribution conditions: <u>https://play.google.com/about/play-</u> terms/index.html				
2.	Yandex Browser	Freely distributed License Agreement for the Use of Yandex Browser Programs https://yandex.ru/legal/browser_agreement/				
3.	Dr.WebCureIt!	Freely distributed License Agreement: <u>https://st.drweb.com/static/new-</u> <u>www/files/license_CureIt_ru.pdf</u>				
4.	OpenOffice	Freely distributed License: <u>http://www.gnu.org/copyleft/lesser.html</u>				
5.	LibreOffice	Freely distributed License: <u>https://ru.libreoffice.org/about-us/license/</u>				

3.7. Information and telecommunication network resources "Internet"

- Library of Amur State Medical Academy. Access mode: <u>https://amursma.ru/obuchenie/biblioteki/biblioteka-amurskoy-gma/</u>
- Electronic library system "Student consultant". Access mode: <u>http://www.studmedlib.ru/cgi-bin/mb4x</u>
- Electronic library of medical literature. Access mode: <u>https://www.books-up.ru/ru/entrance/97977feab00ecfbf9e15ca660ec129c0/</u>
- Scientific and practical journal "Doctor and information technologies".

- Access mode:

http://www.studmedlib.ru/book/1811-0193-2010-01.html

- Clinical guidelines of the Ministry of Health of the Russian Federation. Access mode: <u>https://medi.ru/klinicheskie-rekomendatsii/</u>

- Federal State Budgetary Institution "National Medical Research Center of Endocrinology" of the Ministry of Health of Russia <u>https://www.endocrincentr.ru</u>

4. Evaluation Fund

4.1. Current test control (input, initial, output)

Entrance control for the discipline is carried out in the Moodle system, access mode: <u>https://educ-amursma.ru/mod/quiz/view.php?id=3121</u> (20 questions). The total number of test tasks is 120.

Examples of entrance control test tasks (with standard answers)

Examples of test tasks in the Moodle system : Please indicate one correct answer. Test tasks for ongoing monitoring of academic performance (with sample answers)

Test tasks for entrance knowledge control

The entrance control of the level of preparedness of students before the start of studying the discipline is carried out at the beginning of the first clinical practical lesson for 10 minutes in the Moodle system.

20 questions are randomly selected from a bank of 120 questions.

Examples of test tasks for ongoing monitoring of academic performance (with standard answers)

Please select one of the suggested answers.

1. NORMAL THYROID GLAND SIZE

- 2) less than 30 ml
- 3) in women less than 25 ml, in men less than 18 ml
- 4) in women less than 18 ml, in men less than 25 ml
- 5) calculation of standards is carried out individually

The correct answer is 3

2. FOR THE DIAGNOSIS OF THYROTOXICOSIS, THE DETERMINATION IN THE BLOOD IS OF PRIOR IMPORTANCE

- 1) total and free T $_4$
- 2) free fractions T $_3$ and T $_4$
- 3) free T3 and thyroid stimulating hormone
- 4) thyroid stimulating hormone and free T $_4$

The correct answer is 4

4. THE DURATION OF TREATMENT OF DIFFUSE TOXIC GOITER WITH THYREOSTATICS IS NOT LESS THAN

- 1) 12-18 months
- 2) 1-2 months
- 3) 3-4 months
- 4) 6-9 months

Correct answer 1

Examples of test tasks for initial and final control (with standard answers)

Initial, final control for the discipline is carried out in the Moodle system, access mode: <u>https://educ-amursma.ru/mod/quiz/view.php?id=8025</u> (10 questions)

The total number of test tasks is 100. Examples of test tasks in the Moodle system : Please indicate one correct answer. 1. THE MOST COMMON CAUSE OF DEATH IN TYPE 2 DIABETES IS: 1) hyperosmolar coma 2) myocardial infarction

3) gangrene of the lower extremities

4) diabetic nephropathy

The correct answer is 2

2. PROTEIN SYNTHESIS ENHANCES:

1) cortisol

2) insulin

3) adrenaline

4) thyroxine

The correct answer is 2

3. ABSOLUTE CONTRAINDICATIONS FOR THE USE OF MERCAZOLIL ARE:

1) leukopenia

2) allergic reactions to iodine preparations

3) hypovolemia

4) old age

Correct answer 1

Examples of test tasks for intermediate control (with sample answers)

Conducted in the Moodle system , access mode: <u>https://educ-amursma.ru/mod/quiz/view.php?id=370</u> (100 questions) Total number of test tasks - 444.

Please select one of the suggested answers.

1. THE MOST COMMON CAUSE OF DEATH IN TYPE 1 DIABETES IS:

1) hyperosmolar coma

2) myocardial infarction

3) gangrene of the lower extremities

4) diabetic nephropathy

The correct answer is 4

2. PROTEIN SYNTHESIS ENHANCES:

1) cortisol

2) insulin

3) adrenaline

4) thyroxine

The correct answer is 2

3. ABSOLUTE CONTRAINDICATIONS FOR THE USE OF MERCAZOLIL ARE:

agranulocytosis
 allergic reactions to iodine preparations

3) hypovolemia

4) old age

Correct answer 1

4.2. Situational tasks

Examples of situational tasks of current control

(with sample answers)

Task 1

Patient V., 22 years old, complains of dry mouth, thirst, profuse urination (daily diuresis is about 6 liters), skin itching, weight loss over the last month to 14 kg, weakness, decreased ability to work. The disease developed a month after suffering from the flu.

Objectively. Height is 172 cm, weight is 56 kg. Skin is dry, turgor is decreased. There is superficial pyoderma in the back area. In the lungs, breathing is vesicular, no wheezing, respiratory rate is 18 per minute. Heart sounds are loud, rhythmic, heart rate is 96 per minute. Blood pressure is 110/70 mm Hg. Tongue is dry, not coated. Abdomen is soft, painless. Liver is at the lower edge of the costal arch. There is no peripheral edema.

Additional tests. Glucose (capillary blood, day 1 of hospitalization) fasting - 7.1 mmol/l; 2 hours after eating - 11.4 mmol/l. Glucose (capillary blood, day 2 of hospitalization) fasting - 7.6 mmol/l; 2 hours after eating - 12.1 mmol/l. Complete blood count: Hb - 127 g/l; Er - 3.92×10^{-12} /l; CI - 0.9; Le - 5.8×10^{-9} /l; ESR - 12 mm/h; p/y-1%; s/y-51%; eosinophils-1%; monocytes-5%; lymphocytes-42%. Urinalysis: no acetone, specific gravity - 1026, protein - no, sugar-2%, leukocytes - single in the field of vision. Blood biochemistry: bilirubin-12.5-9.8-2.7 µmol/l; AST-6.4 units; ALT-4.3 units; cholesterol-3.8 mmol/l; LDL-C-3294 mmol/l; triglycerides-1.5 mmol/l; urea-4.8 mmol/l; creatinine-62 µmol/l; K-3.8 mmol/l; N a-149 mmol/l; Cl -109 mmol/l. Fluorogram: lungs and heart are normal.

Please provide written answers to the following questions:

- 1. Make a preliminary diagnosis.
- 2. What clinical data support the diagnosis?
- 3. What laboratory data confirm the diagnosis?
- 4. Is it possible to diagnose diabetes based on a single increase in blood glucose?
- 5. What additional research methods need to be carried out to establish a clinical diagnosis?
- 6. Indicate the probable cause of the disease development.
- 7. What diseases require differential diagnosis?
- 8. What are the main principles of treatment for this disease?

Standard solution to problem 1

- 1. Diabetes mellitus type 1, newly diagnosed.
- 2. The presence of thirst (polydipsia), dry mouth, excessive urination (polyuria), itchy skin, weight loss, weakness.
- 3. Laboratory diagnostics: increased glycemia (capillary blood) on the 1st and 2nd days of hospitalization on an empty stomach $\geq 6.1 \text{ mmol/l}$, 2 hours after eating $\geq 11.1 \text{ mmol/l}$.
- 4. The diagnosis of diabetes mellitus should be confirmed by repeating blood glucose measurements on other days.
- 5. To establish a clinical diagnosis, additional examination is necessary: ECG, ultrasound examination of internal organs, bacteriological urine culture for flora. Consultation with an ophthalmologist (fundus), consultation with a neurologist, consultation with a dermatologist.
- 6. Destruction of β -cells that occurs during an autoimmune process triggered by the influenza virus.
- 7. It is necessary to conduct differential diagnostics with type 2 diabetes mellitus, diabetes in-

sipidus, and psychogenic polydipsia.

8. Complex treatment of type 1 diabetes mellitus is based on the following principles: diet therapy, dosed physical activity, patient education and self-monitoring, insulin therapy, prevention and treatment of late complications of diabetes mellitus.

Problem 2

Patient L., 43, suffering from type 1 diabetes mellitus for 17 years, was admitted to the intensive care unit in a coma. It is known from the anamnesis that the day before hospitalization, in the evening, he consumed large amounts of alcoholic beverages, and in the morning of the next day he fell into a coma. The relatives told the emergency doctor that the patient suffered from diabetes mellitus and every morning took 14 units of Actrapid insulin and 34 units of Protafan insulin subcutaneously, but today the patient did not take insulin, as he overslept for the required time. The emergency doctor, assessing the patient's condition as ketoacidotic coma, administered 10 units of short-acting insulin - Actrapid intravenously by jet stream. Due to the unclear diagnosis and the continuing comatose state, the patient was taken to the intensive care unit by air ambulance. On examination in the hospital: the patient is in a coma. The skin is pale, there is pronounced diffuse hyperhidrosis, periodic epileptiform convulsive syndrome, hypertonicity of the muscles of the extremities. The pupils are wide, breathing is normal, there is no smell of acetone in the exhaled air. Meningeal symptoms are negative. Heart sounds are loud, arrhythmic, blood pressure is 145/95 mm Hg, pulse is 128 per minute. The tongue is moist, coated with a gray coating at the root, there is no bite of the tongue.

Additional tests. Blood glucose - 1.1 mmol/l. Complete blood count: Hb - 127 g/l; Er - 3.92×10^{12} /l; CI-0.9; Le - 5.9×10^{9} /l; ESR-15 mm/h; p/y-2%; s/y-50%; eosinophils-1%; monocytes-5%; lymphocytes-42%. Complete urine analysis: no acetone, specific gravity - 1014, protein - no, sugar - no, leukocytes - single in the field of vision. Blood biochemistry: bilirubin - 12.6-9.8-2.8 µmol/l; AST-7 units; ALT-4.4 units; cholesterol-4.1 mmol/l; LDL-C-4190 mmol/l; triglycerides-1.6 mmol/l; urea-4.6 mmol/l; creatinine-62 µmol/l; K-3.8 mmol/l; N a-150 mmol/l; Cl -110 mmol/l. ABB: blood pH-7.37.

Please provide written answers to the following questions:

- 1. What preliminary diagnosis can be given to the patient?
- 2. What history and clinical features support the diagnosis?
- 3. What diseases require differential diagnosis?
- 4. What is the main test to confirm a clinical diagnosis?
- 5. What is the error in medical tactics made at the pre-hospital stage?
- 6. What treatment does the patient need?
- 7. Name the factors that provoke the development of hypoglycemic coma.
- 8. Name the possible errors in the treatment of hypoglycemic conditions and hypoglycemic coma.

Standard solution to problem 2

- 1. Diabetes mellitus type 1. Hypoglycemic coma.
- 2. Anamnesis data: violation of diet (skipping timely meals), alcohol abuse. Clinical data: adrenergic symptoms (pronounced diffuse hyperhidrosis, pale skin, dilated pupils (mydriasis), tachycardia) and neuroglycopenic syndromes (coma, periodic epileptiform convulsions).
- 3. Epileptic seizure, acute cerebrovascular accident.
- 4. Blood glucose determination.
- 5. Insulin was administered without determining blood glucose.
- 6. Intravenous jet injection of 40% glucose in an amount of 20 to 100 ml until complete recovery of consciousness, followed by drip injection of 5% glucose as needed to normalize the glucose level. An alternative is subcutaneous or intramuscular injection of 1 ml of glucagon solution.
- 7. Skipping or inadequately eating meals, drinking alcohol, overdosing on insulin and oral hypoglycemic drugs, physical activity (unplanned or without taking appropriate measures to prevent hypoglycemia), impaired liver and kidney function, not having easily digestible car-

bohydrates (4-5 pieces of sugar, 1.5 tablespoons of honey, 200 ml of sweet fruit juice) for immediate relief of hypoglycemia.

8. The use of products unsuitable for this purpose (bread, chocolate, which do not have a sufficient sugar-raising effect or increase blood glucose, but too slowly) to relieve a hypoglycemic state. An attempt to introduce carbohydrate-containing products (sugar) into the oral cavity of an unconscious patient (there is a risk of aspiration and asphyxia).

Examples of situational tasks of intermediate control (with sample answers)

Task 1

Patient N., 62, has been suffering from diabetes mellitus type 2 for 12 years. Disease compensation was achieved with 2 tablets of Maninil 3.5 (1 tablet 2 times a day). During the week before hospitalization, the patient developed persistent diarrhea up to 8 times a day, rumbling in the abdomen. After 4 days, she began to notice increasing thirst, more frequent urge to urinate, non-localized abdominal pain, progressive weakness, drowsiness, and then loss of consciousness.

Examination revealed: the patient is in a comatose state, the skin and mucous membranes are dry, the turgor of the eyeballs and skin is reduced. Vesicular breathing, no wheezing, no smell of acetone. Meningeal symptoms are positive. Heart sounds are rhythmic, muffled, the 2nd sound is accentuated on the aorta. Heart rate is 136 per minute. Blood pressure is 70/50 mm Hg. The abdomen is soft and painless on palpation. The liver does not protrude from the hypochondrium.

Additional research methods. Clinical blood test: hemoglobin-145 g/l; leukocytes- 6.1×10^{9} /l; ESR-12 mm/h. Fasting blood glucose-58 mmol/l; K-3.8 mmol/l, N a-151 mmol/l, Cl -110 mmol/l, reaction to acetone in a single portion of urine is negative. Ophthalmologist consultation (fundus): diabetic proliferative retinopathy.

Please answer the following questions:

- 1. Clinical diagnosis.
- 2. Which laboratory test is most informative for clarifying the diagnosis?
- 3. What insulin therapy tactics are most preferable in this situation?
- 4. Which of the following solutions is not advisable to administer to the patient:
 - A Hypotonic solution of sodium chloride.
 - B Sodium bicarbonate
 - C Albumin

Standard solution to problem 1

- 1. Diabetes mellitus type 2. Hyperosmolar coma. Diabetic proliferative retinopathy.
- 2. Determination of blood serum osmolarity.
- 3. Intravenous drip administration of short-acting insulin 2-4 units intravenously into the "rubber band" of the infusion system.
- 4. A.

Task 2

Patient N., 42 years old, was admitted to the therapeutic department for examination. Complaints upon admission: lethargy, increased fatigue, dry skin, chilliness, daytime sleepiness, dense swelling on the face, decreased pulse rate to 58 per minute.

On examination: body mass index is 26.7. Face is pale and edematous. Skin is dry. Blood pressure is 100/65 mm Hg. Pulse is 58 per minute. Heart sounds are muffled, rhythm is preserved. Thyroid gland is not palpable.

Clinical blood test: hemoglobin - 102 g/l; erythrocytes - 3.2×10^{12} /l, leukocytes - 4×10^{9} /l. Cholesterol - 8.7 mmol/l. Thyroid-stimulating hormone content - 16 IU/l, free T 4 - 0.1 nmol/l (ELISA), thyroid gland volume according to ultrasound examination - 16 cm³.

Please answer the following questions:

- 1. What disease can you think of?
- 2. What tests are needed to confirm the diagnosis?
- 3. Prescribe replacement therapy.

Standard solution to problem # 2

- 1. Primary hypothyroidism. Manifest, st. decompensation.
- 2. Thyroid-stimulating hormone.
- 3. L -thyroxine in increasing doses until thyroid stimulating hormone levels are normalized.

4.3. List of practical skills that a student should have after mastering the discipline

- 1. Interpret thyroid gland palpation data.
- 2. Provide emergency care for ketoacidotic, hyperosmolar, hypoglycemic, lactic acidotic coma; thyrotoxic crisis, hypothyroid coma and acute adrenal insufficiency.
- 3. Master the technique of insulin administration and dosing.
- 4. To determine risk factors for diabetes mellitus and interpret the results of the oral glucose tolerance test taking into account the norm.
- 5. Determine acetone in urine using the express method.
- 6. Determine glycemia using a glucometer.
- 7. Interpret radiographs of the sella turcica.
- 8. To evaluate the results of ultrasound examination methods and fine-needle aspiration biopsy of the thyroid gland.
- 9. Assess the levels of thyroid stimulating hormone, thyroxine, and triiodothyronine.
- 10. Assess the glycemic profile.
- 11. Calculate daily caloric intake, bread units.
- 12. Calculate insulin doses.
- 13. Determine your body mass index, waist to hip ratio.
- 14. To master the technique of conducting a small dexamethasone test and a large dexamethasone test, and to evaluate the results obtained.
- 15. Analyze the results of magnetic resonance imaging of the adrenal glands and computed tomography of the pituitary gland.
- 16. Determine the thickness of soft tissues of the feet in acromegaly.
- 17. Assess the levels of glycosylated hemoglobin and C-peptide.
- 18. Assess the levels of sodium, potassium, and chlorides in the blood.
- 19. Interpret lipid, microalbuminuria, and proteinuria values.
- 20. Assess blood pH levels.
- 21. Complete a medical history.

4.4. List of questions for the test

- 1. Epidemiology, etiopathogenesis, classification of type 1 diabetes mellitus.
- 2. Epidemiology, etiopathogenesis, classification of type 2 diabetes mellitus.

- 3. Clinic, diagnostics, differential diagnostics of type 1 diabetes mellitus.
- 4. Clinic, diagnostics, differential diagnostics of type 2 diabetes mellitus.
- 5. Treatment of type 1 diabetes.
- 6. Treatment of type 2 diabetes.
- 7. Classification, clinical features, diagnostics, treatment of late microvascular complications of diabetes mellitus.
- 8. Classification, clinical features, diagnostics, treatment of late macrovascular complications of diabetes mellitus.
- 9. Ketoacidotic coma: etiology, pathogenesis, clinical features, diagnostics, differential diagnostics, treatment.
- 10. Hyperosmolar coma: etiology, pathogenesis, clinical features, diagnostics, differential diagnostics, treatment.
- 11. Lactic acidotic coma: etiology, pathogenesis, clinical features, diagnostics, differential diagnostics, treatment.
- 12. Etiology, pathogenesis, clinical picture, diagnostics, differential diagnostics, treatment of hypoglycemic state.
- 13. Etiology, pathogenesis, clinical picture, diagnostics, differential diagnostics, treatment of hypoglycemic coma.
- 14. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment, complications of diffuse toxic goiter.
- 15. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment, complications of hypothyroidism.
- 16. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment of obesity.
- 17. Etiology, pathogenesis, classification, clinical features, diagnostics, differential diagnostics, treatment of acromegaly.
- 18. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment of Itsenko-Cushing's disease.
- 19. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment of chronic adrenal insufficiency.
- 20. Etiology, pathogenesis, classification, clinical presentation, diagnostics, differential diagnostics, treatment of acute adrenal insufficiency.