

**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,



N.V. Loskutova

April 17, 2025

Decision of the CCMC

April 17, 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



April 22, 2025

I.V. Zhukovets

PROGRAM

State Final Attestation

Specialty: 31.05.01 General Medicine

Total hours: 108 hrs.

Total credits: 3 credit units

Control form: examination, 12 semester

Blagoveshchensk, 2025

The program 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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Hospital Therapy with a Course in Pharmacology named after Professor Yu.S. Landyshev, Protocol No. 8 dated April 16, 2025

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Hospital Surgery with a Course in Pediatric Surgery, Protocol No. 10 dated April 14, 2025
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Obstetrics and Gynecology, Protocol No. 7 dated April 7, 2025

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Conclusion of the Expert Commission on the review of the Educational Programs:
Protocol No. 1 dated April 16, 2025

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April 17, 2025

N.G. Brush

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1. Explanatory note

- 1.1. The regulatory framework of the State Final Attestation (SFA) program include:
 - Federal Law No. 273-FZ of December 29, 2012 (as amended on March 24, 2021) "On Education in the Russian Federation".
 - Federal State Educational Standard of Higher Education (FSES HE) for Specialty 31.05.01 General Medicine, approved by Order No. 988 of the Ministry of Education and Science of the Russian Federation dated August 12, 2020 (registered with the Ministry of Justice of Russia on August 26, 2020, No. 59493).
 - Professional Standard "General Practitioner (District Physician)", approved by Order No. 329_H of the Ministry of Labor and Social Protection of the Russian Federation dated March 21, 2017 (registered with the Ministry of Justice of Russia on April 6, 2017, Registration No. 46293).
 - Order No. 301 of the Ministry of Education and Science of Russia dated April 5, 2017 (as amended on August 17, 2020) "On Approval of the Procedure for Organizing and Implementing Educational Activities for Higher Education Programs - Bachelor's Programs, Specialist's Programs, Master's Programs".
 - Order No. 816 of the Ministry of Education and Science of Russia dated August 23, 2017 "On Approval of the Procedure for the Use of E-Learning and Distance Educational Technologies by Educational Organizations in the Implementation of Educational Programs".
 - Order No. 1651 of the Ministry of Education and Science dated December 26, 2016 "On Recognizing as Invalid Certain Orders of the Ministry of Education of the Russian Federation and the Ministry of Education and Science of the Russian Federation Concerning the Formation of Library Collections of Higher Education Institutions".
- 1.2. Local regulatory documents of the Amur State Medical Academy of the Ministry of Health of Russia (hereinafter referred to as Amur SMA) governing the organization and implementation of educational activities for the main professional educational program of higher education (hereinafter referred to as MPEP HE) in Specialty 31.05.01 General Medicine.
- 1.3. The State Final Attestation program, in accordance with the requirements of the FSES HE - Specialist's program in Specialty 31.05.01 General Medicine (2020), is a mandatory component of the main professional educational program of higher education (MPEP HE) for the relevant specialty, fully belongs to the basic part of the MPEP HE, and includes preparation for and passing the state exam (hereinafter referred to as SE, state certification test). Successful completion of the state certification test is the basis for issuing the student a higher education document and a qualification certificate of the form established by the Ministry of Education and Science of the Russian Federation.
- 1.4. The purpose of the SFA is to establish the compliance of students' mastery of educational programs with the requirements of educational standards.
- 1.5. The objectives of the SFA are to determine the formation of core competencies in students, as established by the FSES HE, and to assess their readiness to solve professional tasks in accordance with the types of professional activities for which the main professional educational program of higher education is designed.
- 1.6. A student who has no academic debts and has fully completed the curriculum or individual curriculum for the relevant educational program is eligible to take the SFA.
- 1.7. The professional field of graduates with specialist degrees includes: protecting citizens' health by ensuring the provision of medical care in accordance with established healthcare requirements and standards.

1.8. The professional activities of graduates who have completed the specialist program focus on: individuals (patients); populations; resources and technologies aimed at creating conditions for protecting citizens' health.

1.9. Graduates who have completed the specialist program are prepared to address the following professional tasks:

Medical Practice:

- Preventing disease in populations through preventive and anti-epidemic measures;
- Conducting preventive medical examinations, health check-ups, and follow-up monitoring;
- Collecting and analyzing medical-statistical data on health indicators across different age and gender groups;
- Diagnosing diseases and pathological conditions in patients, including emergency conditions and pregnancy;
- Assessing temporary disability and participating in other medical evaluations;
- Providing primary medical care in outpatient and day-hospital settings;
- Managing acute illnesses, conditions, and chronic disease exacerbations that are not life-threatening and do not require emergency care;
- Assisting in emergency medical interventions;
- Delivering medical care during emergencies, including medical evacuations;
- Contributing to medical rehabilitation and spa treatment;
- Promoting health awareness among populations, patients, and families;
- Educating patients on basic hygienic practices for disease prevention and health maintenance.

Organizational and Managerial Activities:

- Applying key principles of healthcare delivery in medical institutions and their departments;
- Ensuring favorable conditions for patients and healthcare staff in medical facilities;
- Maintaining medical records;
- Organizing medical evaluations;
- Participating in healthcare quality assessment;
- Adhering to information security requirements.

Research Activities:

- Analyzing scientific literature and official statistical reports;
- Conducting statistical analyses and presenting findings;
- Contributing to research projects in healthcare diagnostics, treatment, rehabilitation, and prevention.

2. The graduate's competencies, the formation of which is assessed on the state exam

Upon completion of the specialist program, graduates must develop universal, general professional, and professional competencies.

A graduate who has mastered the specialist program must possess the following **universal competencies (UC)**:

UC -1. Ability to critically analyze complex situations using a systems approach and develop action strategies.

UC -2. Ability to manage projects through all stages of their lifecycle;

UC -3. Ability to organize and lead teams, developing collaborative strategies to achieve objectives;

UC -4. Ability to use modern communication technologies, including foreign languages, for academic and professional interaction;

UC -5. Ability to analyze and account for cultural diversity in intercultural communication;

UC -6. Ability to identify priorities for self-improvement through lifelong learning and self-assessment;

UC -7. Ability to maintain physical fitness to ensure full social and professional engagement;

UC -8. Ability to establish and maintain safe living and working conditions, promoting environmental sustainability and societal resilience, including during emergencies and military conflicts;

UC -9. Ability to apply foundational knowledge of special education in social and professional contexts;

UC -10. Ability to make informed economic decisions in various life and professional situations;

UC -11. Ability to foster zero tolerance toward extremism, terrorism, and corruption, and counteract such behaviors in professional practice.

A graduate of the specialty program must possess the following **general professional competencies (GPC)**:

GPC -1. Able to implement moral and legal norms, ethical and deontological principles in professional activities;

GPC -2. He is able to carry out and monitor the effectiveness of preventive measures, the formation of a healthy lifestyle and sanitary and hygienic education of the population;

GPC -3. Capable of countering and combating the use of doping in sports;

GPC -4. He is able to use medical devices prescribed by the procedure for providing medical care, as well as to conduct examinations of the patient in order to establish a diagnosis;

GPC -5. He is able to evaluate morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems;

GPC -6. He is able to organize patient care, provide primary health care, ensure work organization and professional decision-making in case of urgent conditions at the pre-hospital stage, in emergency situations, epidemics and in mass destruction centers;

GPC -7. Able to prescribe treatment and monitor its effectiveness and safety;

GPC -8. Able to implement and monitor the effectiveness of medical rehabilitation of the patient, including in the implementation of individual programs of rehabilitation and habilitation of disabled persons, to assess the ability of the patient to perform work activities;

GPC -9. Able to implement principles of quality management in professional activities;

GPC -10. Able to understand the principles of modern information technology and use them to solve professional tasks.

GPC -11. Able to prepare and apply scientific, scientific, project, organizational, management and regulatory documentation in the health system.

Graduate who has mastered the program must have the following

Professional competencies (PC):

PC -1. Able to provide medical assistance in an urgent and emergency manner;

PC -2. It is able to collect and analyze complaints, life history and medical history of the patient in order to establish a diagnosis;

PC -3. He is able to conduct a physical examination of the patient, analyze the results of additional examination methods in order to establish a diagnosis;

PC -4. It is able to determine indications for hospitalization, indications for the provision of emergency medical care, including specialized emergency medical care;

PC -5. Able to prescribe treatment to patients;

PC -6. It is able to monitor the effectiveness and safety of the therapy;

PC -7. He is able to refer a patient with a persistent impairment of body functions caused by diseases, the consequences of injuries or defects for a medical and social examination.;

PC -8. Able to implement and monitor the effectiveness of individual rehabilitation programs for patients;

PC -9. He is capable of conducting preventive medical examinations, medical examinations and medical supervision of patients with chronic diseases;

PC -10. He is able to carry out and monitor the effectiveness of preventive measures and the formation of a healthy lifestyle;

PC -11. Capable of applying the basic principles of organization and management in the field of adult health protection, in medical organizations and their structural divisions;

PC -12. Ready to maintain medical records, including in electronic form;

PC -13. Ready to participate in the assessment of the quality of medical care for patients using medical statistical indicators;

PC-14. Able to participate in scientific research activities.

3. The structure and content of the state final attestation in the form of a state exam

The State Final Attestation is conducted in the form of a state exam. The state examination (GE) in the specialty 05.31.01 General Medicine is conducted orally through a ticket interview based on solving test tasks that allow assessing the formation of universal and general professional competencies and situational tasks that allow assessing the level of general professional competencies. The total labor intensity of the program is 3 hours (108 hours), of which 72 hours is independent work of students, 36 hours is control (exam).

3.1. The structure of the examination ticket:

The first question is a variant of the test assignment.

The second issue is the situational task of internal diseases.

The third issue is the situational task of surgery.

The fourth question is a situational task in obstetrics and gynecology.

The fifth question is a situational task in polyclinic therapy or one of the related disciplines (infectious diseases, phthisiology, endocrinology, oncology, radiation therapy, medical rehabilitation, life safety).

Each task includes a question of the discipline of public health and healthcare, health economics.

The test task option consists of 15 test tasks. Each test task offers 4 possible answers. It is necessary to choose one correct answer.

3.2. The list of disciplines and practices submitted for the state attestation test

The state exam is conducted in the disciplines and practices of the main professional educational program of higher education in the specialty 05.31.01. Medical practice of the corresponding year.

3.3. The list of questions included in the tasks in the test form

The tasks in the test form allow you to assess the formation of universal and general professional competencies, and include questions in the following disciplines:

- History
- Philosophy

- Economy
- Bioethics
- Psychology and pedagogy
- Law studies
- Life safety
- Physical education and sports
- Medical rehabilitation

3.4. List of the main issues included in the situational tasks:

- etiology and pathogenesis of the disease;
- modern classification of nosological forms;
- clinical picture, features of the course and possible complications of diseases in different age groups;
- syndromology of lesions of various organs and systems using knowledge gained in applied disciplines;
- diagnostic methods that make it possible to make a diagnosis;
- justification of patient management tactics;
- features of treatment and prevention methods, prognosis of the disease;
- the basics of organizing outpatient care for the population, inpatient treatment of patients, and assistance to victims of mass casualties in the modern Russian healthcare system;
- fundamentals of insurance medicine organization;
- organization of disability expertise and medical and legal assistance to the population;
- the main indicators of the medical and diagnostic work of a medical organization;
- organization of non - specific and specific prevention of major infectious and non - communicable diseases;
- fundamentals of the legislation of the Russian Federation on protecting the health of citizens and ensuring sanitary and epidemiological well-being in the country;
- organization of medical control over the health status of the population.

3.4.1. The list of nosological forms and urgent conditions included in the subject of situational tasks

The list of nosological forms and urgent conditions included in the topics of situational tasks in internal medicine and related disciplines

1. Coronary heart disease. Angina pectoris.
2. Myocardial infarction. Acute coronary syndrome.
3. Myocarditis.
4. Cardiomyopathy.
5. Congenital heart defects in adults.
6. Hypertension.
7. Symptomatic arterial hypertension.
8. Heart rhythm and conduction disorders.
9. Pulmonary embolism.
10. Neurocirculatory dystonia.
11. Infective endocarditis.
12. Acute rheumatic fever.

13. Chronic rheumatic heart disease.
14. Mitral heart defects.
15. Aortic heart defects.
16. Primary osteoarthritis.
17. Gout.
18. Rheumatoid arthritis.
19. Ankylosing spondylitis.
20. Reiter's disease.
21. Systemic lupus erythematosus.
22. Nodular polyarteritis.
23. Systemic scleroderma.
24. Dermatomyositis.
25. Bronchial asthma.
26. Chronic obstructive pulmonary disease.
27. Pneumonia.
28. Bronchiectatic disease.
29. Cystic fibrosis.
30. Pleurisy.
31. Sarcoidosis of the lungs.
32. Lung cancer.
33. Irritable bowel syndrome.
34. Chronic gastritis.
35. Gastroesophageal reflux disease.
36. Peptic ulcer disease.
37. Symptomatic ulcers of the stomach and duodenum.
38. Chronic pancreatitis.
39. Chronic cholecystitis.
40. Chronic hepatitis.
41. Cirrhosis of the liver.
42. Irritable bowel syndrome.
43. Ulcerative colitis.
44. Crohn's disease.
45. Chronic pyelonephritis.
46. Chronic glomerulonephritis.
47. Kidney amyloidosis.
48. Iron deficiency anemia.
49. B12, folate-deficient anemia.
50. Hemolytic anemia.
51. Aplastic anemia
52. Acute leukemia.
53. Chronic myeloid leukemia.
54. True polycythemia.
55. Chronic lymphocytic leukemia.
56. Multiple myeloma.
57. Agranulocytosis.
58. Hemophilia.
59. Thrombocytopenic purpura.
60. Hemorrhagic vasculitis.
61. Diabetes mellitus.
62. Diffuse toxic goiter.

63. Hypothyroidism.
64. Obesity.
65. Acromegaly.
66. Itsenko-Cushing's disease.
67. Chronic adrenal insufficiency.
68. Acute adrenal insufficiency.
69. Pneumoconiosis.
70. Vibration disease.
71. Hemorrhagic fever with renal syndrome.
72. Diphtheria.
73. Measles.
74. Anthrax.
75. Tularemia.
76. The plague.
77. HIV infection.
78. Salmonellosis.
79. Meningococcal infection.
80. Brucellosis.
81. Tetanus.
82. Cholera.
83. Intestinal yersiniosis.
84. Botulism.
85. Shigellosis (bacillary dysentery)
86. Foodborne toxicoinfection
87. Enteroviral infection
88. Erysipelas
89. Rabies
90. Viral hepatitis A
91. Viral hepatitis B
92. Viral hepatitis C
93. Herpetic infection
94. Influenza
95. Parainfluenza
96. Adenoviral infection
97. Tick-borne spring-summer encephalitis
98. Prolonged subfebrile condition in outpatient therapeutic practice
99. Infiltrative pulmonary tuberculosis
100. Disseminated pulmonary tuberculosis
101. Primary pulmonary tuberculosis
102. Fibrocavernous pulmonary tuberculosis
103. Caseous pneumonia
104. Tuberculous pleurisy
105. Tuberculous meningitis

**List of nosologic forms and emergency conditions included in the topics
of situational tasks in surgery**

1. Intra-abdominal abscesses
2. Crohn's disease
3. Ulcerative colitis

4. Focal liver lesions
5. Blood transfusion
6. Deep vein thrombosis (DVT)
7. Pulmonary embolism (PE)
8. Acute appendicitis
9. Appendicular infiltrate
10. Complications of acute appendicitis
11. Hemorrhoids
12. Femoral hernia
13. Non-ulcerative gastrointestinal bleeding
14. Liver cirrhosis
15. Peritonitis
16. Diverticulosis of the colon
17. Esophageal burns
18. Obstructive colonic ileus
19. Mandibular fracture
20. Closed pelvic fracture
21. Upper extremity fracture
22. Lower extremity fracture
23. Chest trauma
24. Acute arterial occlusion
25. Aortic aneurysm
26. Iliofemoral thrombosis
27. Hemolytic shock
28. Pyogenic diseases of abdominal organs
29. Anterior abdominal wall hernias
30. Atypical forms of appendicitis
31. Acute pancreatitis
32. Pancreatic necrosis
33. Acute intestinal obstruction
34. Peptic ulcer disease (gastric and duodenal)
35. Complicated peptic ulcers:
36. Bleeding gastric ulcer
37. Perforated gastric ulcer
38. Pyloric stenosis
39. Inguinal hernia
40. Pararectal cyst
41. Mechanical jaundice
42. Thyroid diseases
43. Postoperative complications of thyroid surgery
44. Erysipelas (acute streptococcal skin infection)
45. Sepsis
46. Acute hematogenous osteomyelitis
47. Lung abscess
48. Pulmonary gangrene
49. Pleural empyema
50. Acute paraproctitis
51. Mastitis
52. Pyoinflammatory diseases in infants and newborns
53. Urolithiasis (kidney stone disease)

54. Surgical treatment of ischemic heart disease
55. Surgical treatment of congenital/acquired heart defects
56. Malignant skin neoplasms
57. Esophageal cancer
58. Combined treatment of Hodgkin's lymphoma
59. Renal cell carcinoma
60. Sigmoid colon cancer
61. Prostate cancer
62. Breast cancer
63. Rectal cancer
64. Colon cancer
65. Paget's cancer
66. Gastric cancer
67. Thyroid cancer
68. Pancreatic cancer
69. Hepatocellular carcinoma
70. Laryngeal cancer

**The list of nosological forms and urgent conditions included in the
subject of situational tasks in obstetrics and gynecology**

1. Physiological pregnancy
2. Congenital fetal malformations
3. Spontaneous vaginal delivery in cephalic presentation
4. Pregnancy-induced edema, proteinuria and hypertension
5. Preeclampsia
6. HELLP syndrome
7. Eclampsia
8. Hyperemesis gravidarum (severe pregnancy-related vomiting)
9. Placental insufficiency
10. Fetal growth restriction syndrome
11. Intrauterine fetal hypoxia
12. Neonatal asphyxia
13. Rh-sensitized pregnancy. Hemolytic disease of the fetus
14. Post-term pregnancy
15. Preterm labor
16. Multiple gestation
17. Contracted pelvis
18. Cephalopelvic disproportion
19. Breech presentation
20. Deflexed fetal presentations
21. Fetal macrosomia
22. Abnormal labor patterns (primary and secondary uterine inertia)
23. Pregnancy, delivery and postpartum in women with congenital/acquired heart defects
24. Pregnancy, delivery and postpartum in women with renal diseases
25. Pregnancy, delivery and postpartum in women with respiratory diseases
26. Pregnancy, delivery and postpartum in women with diabetes mellitus
27. Liver disorders in pregnancy
28. Herpes simplex and cytomegalovirus infections in pregnancy. Intrauterine infection
29. Placenta previa
30. Placental abruption

31. Third-stage labor hemorrhage
32. Postpartum hypotonic hemorrhage
33. Obstetric hemorrhagic shock
34. DIC (disseminated intravascular coagulation) syndrome in obstetrics
35. Pregnancy management and delivery in women with uterine scars (previous cesarean/myomectomy)
36. Postpartum endometritis
37. Post-cesarean peritonitis
38. Sepsis
39. Uterine rupture
40. Amniotic fluid embolism
41. Abnormal uterine bleeding
42. Amenorrhea
43. Polycystic ovary syndrome (PCOS)
44. Adrenal hyperandrogenism
45. Menopausal syndrome
46. Inflammatory diseases of external female genitalia
47. Pelvic inflammatory disease (PID)
48. Gynecological peritonitis
49. Female infertility
50. Spontaneous abortion (miscarriage)
51. Recurrent pregnancy loss
52. Missed abortion (silent miscarriage)
53. Induced medical abortion
54. Post-abortion complications
55. Ovarian apoplexy (ruptured ovarian cyst)
56. Ectopic pregnancy
57. Uterine leiomyoma (fibroids)
58. Genital endometriosis
59. Ovarian tumor-like formations and neoplasms
60. Cervical diseases
61. Endometrial hyperplastic processes
62. Ovarian cancer
63. Cervical cancer
64. Endometrial cancer
65. Hydatidiform mole
66. Choriocarcinoma
67. Congenital anomalies of uterus and vagina
68. Genital prolapse (uterine and vaginal vault prolapse)
69. Benign breast diseases

3.4.2. List of questions for preparation for the state final certification

List of questions on internal diseases

1. Coronary heart disease. Angina pectoris: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
2. Coronary Artery Disease. Myocardial Infarction: Etiology, Pathogenesis, Classification, Clinical Presentation, Diagnosis, Differential Diagnosis, Treatment, Prevention.

Complications of Myocardial Infarction: Classification, Clinical Presentation, Diagnosis, Differential Diagnosis, Treatment, Prevention. Rehabilitation of Post-Myocardial Infarction Patients in Outpatient Settings. Issues of Clinical Follow-up and Work Capacity Assessment..

3. Myocarditis: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
4. Cardiomyopathy: etiology, pathogenesis, classification, mechanism of development, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
5. Myocardial dystrophy: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
6. Pericardite: etiology, pathogenesis, classification. Clinic of dry, exudative and contractile pericarditis, diagnosis, differential diagnosis, treatment. Issues of examination and evaluation of working ability.
7. Congenital heart defects in adults: etiology, classification. Open ductus arteriosus: hemodynamics, diagnostic criteria, differential diagnosis, treatment. Aortic coarctation: hemodynamics, clinic, diagnostic criteria, differential diagnosis, indications for surgical treatment. Atrial septal defect: hemodynamics, clinic, diagnostic criteria, stages, treatment, indications for surgical treatment. Ventricular septal defect: hemodynamics, clinic, diagnostic criteria, stages, treatment, indications for surgical treatment. Issues of medical examination and examination of working capacity.
8. Hypertension: etiology, pathogenesis, diagnostic criteria, clinic, differential diagnosis, treatment, prevention of complications. Issues of medical examination and examination of working capacity.
9. Symptomatic arterial hypertension: etiology, pathogenesis, classification, diagnosis, differential diagnosis, treatment, prevention of complications. Renal arterial hypertension: etiology, clinic, diagnosis, differential diagnosis, treatment. Endocrine arterial hypertension (Cushing's syndrome and disease, pheochromocytoma, aldosteroma), clinic, diagnosis, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
10. Rhythm disturbances (extrasystole, paroxysmal tachycardia), pathogenesis, clinic, hemodynamic and ECG changes, treatment, indications for electropulse therapy. Atrial fibrillation and flutter: pathogenesis, classification, ECG changes, treatment, indications for electropulse therapy. Sinus node weakness syndrome: diagnosis, clinic, treatment, indications for implantation of an artificial pacemaker. Morgagni-Adams-Stokes syndrome: etiology, clinic, diagnosis, treatment. Conduction disorders: pathogenesis, classification, clinic, nature of ECG changes, treatment. Indications for temporary pacing, for implantation of a pacemaker. Issues of medical examination and examination of working capacity.
11. Pulmonary embolism: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
12. Neurocirculatory dystonia: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
13. Acute rheumatic fever: etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
14. Chronic rheumatic heart disease: etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of medical examination and examination

of working capacity.

15. Mitral heart defects: pathogenesis, hemodynamics, clinic, diagnosis, treatment. Issues of medical examination and examination of working capacity.
16. Aortic heart defects: pathogenesis, hemodynamics, clinic, diagnosis, treatment. Issues of medical examination and examination of working capacity.
17. Primary osteoarthritis: etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
18. Gout: etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
19. Rheumatoid arthritis: etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
20. Ankylosing spondylitis: etiology, pathogenesis, clinical presentation, diagnostic criteria, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
21. Systemic lupus erythematosus: etiology, pathogenesis, clinical presentation, diagnostic criteria, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
22. Polyarteritis nodosa: etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
23. Systemic sclerosis: etiology, pathogenesis, classification, clinical presentation, diagnostic criteria, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
24. Dermatomyositis: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
25. Bronchial asthma: definition, etiology, pathogenesis, classification, clinical presentation. Diagnosis. Control level criteria. Differential diagnosis, complications. Treatment. Status asthmaticus: diagnostic criteria, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
26. Differential diagnosis of bronchial obstruction syndrome: diagnostic criteria, clinical course features, treatment. Chronic obstructive pulmonary disease: etiology, pathogenesis, classification, clinical presentation, diagnosis, differential diagnosis, complications, treatment and prevention. Issues of clinical follow-up and work capacity assessment.
27. Pneumonia: definition, etiology, pathogenesis, classification. Main clinical manifestations, differential diagnosis, complications, outcomes. Clinical course features depending on the causative agent. Diagnostic criteria, treatment. Issues of clinical follow-up and work capacity assessment.
28. Differential diagnosis of lung tissue consolidation syndrome (pneumonia, tuberculosis, lung cancer, bronchiectasis, cystic fibrosis). Issues of clinical follow-up and work capacity assessment.
29. Bronchiectasis, bronchiectatic disease: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
30. Cystic fibrosis: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment, prevention of exacerbations. Issues of clinical follow-up and work capacity assessment.
31. Differential diagnosis of pleural effusion. Diagnostic criteria for pleuritis, clinical course features, differential diagnostic criteria, treatment. Issues of clinical follow-up and work capacity assessment.
32. Cor pulmonale: etiology, pathogenesis, classification, clinical presentation, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
33. Pulmonary sarcoidosis: etiology, pathogenesis, classification, clinical presentation,

- diagnosis, differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
34. Hypersensitivity pneumonitis (extrinsic allergic alveolitis): etiology, pathogenesis, classification, clinical presentation, diagnosis, differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 35. Idiopathic pulmonary fibrosis: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
 36. Sarcoidosis: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
 37. Functional disorders of gastric motor and secretory function: Pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 38. Functional intestinal disorders: Etiopathogenesis, variants of motility disturbances. Issues of clinical follow-up and work capacity assessment.
 39. Irritable bowel syndrome: Etiology, pathogenesis, diagnostic criteria, classification, differential diagnosis, clinical presentation, treatment. Issues of clinical follow-up and work capacity assessment.
 40. Chronic gastritis: Etiology, pathogenesis, clinical presentation, diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
 41. Peptic ulcer disease: Etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 42. Symptomatic ulcers of the stomach and duodenum: etiology, pathogenesis, diagnostic criteria, differential diagnosis, complications, treatment, prevention. Issues of medical examination and examination of working capacity.
 43. Operated stomach disease: pathogenesis, clinic, classification, complications, treatment. Issues of medical examination and examination of working capacity.
 44. Chronic pancreatitis: etiology, pathogenesis, diagnostic criteria, differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 45. Chronic cholecystitis: etiology, pathogenesis, diagnostic criteria, differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 46. Postcholecystectomy syndrome: pathogenesis, classification, diagnostic criteria, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 47. Chronic hepatitis: etiology, pathogenesis, clinical presentation, diagnosis, diagnostic criteria of activity, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
 48. Liver cirrhosis: etiology, pathogenesis, classification, clinical presentation, diagnosis, differential diagnosis, complications, treatment. Indications for liver transplantation. Issues of clinical follow-up and work capacity assessment.
 49. Ulcerative colitis: etiology, pathogenesis, classification, clinical presentation, diagnosis, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
 50. Crohn's disease: etiology, pathogenesis, clinical presentation, diagnosis, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
 51. Chronic pyelonephritis: etiology, pathogenesis, classification, clinical presentation, diagnosis, differential diagnosis, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
 52. Chronic glomerulonephritis: etiology, pathogenesis, clinical presentation, diagnosis,

- differential diagnosis, complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
53. Nephrotic syndrome: etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
 54. Renal amyloidosis: etiology, pathogenesis, classification, clinic, diagnosis, treatment. Issues of medical examination and examination of working capacity.
 55. Acute renal injury: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment, indications for hemodialysis. Issues of medical examination and examination of working capacity.
 56. Chronic renal failure: etiology, pathogenesis, syndromes, differential diagnosis, treatment, indications for renal replacement therapy. Issues of medical examination and examination of working capacity.
 57. Chronic kidney disease: etiology, pathogenesis, clinic, diagnosis, differential diagnosis, complications, treatment, prevention, medical examination and examination of disability.
 58. Iron deficiency anemia: etiology, pathogenesis, clinical picture, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.
 59. B12,-folate deficiency anemia: etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, medical examination, prevention. Issues of medical examination and examination of working capacity.
 60. Hemolytic anemia: etiology, pathogenesis, classification, diagnosis. The main clinical and laboratory signs of microspherocytosis, enzymopathies, hemoglobinopathies, differential diagnosis. Autoimmune hemolytic anemia, hemoglobinuria, diagnosis, differential diagnosis, treatment, indications for immunosuppressive therapy. Issues of medical examination and examination of working capacity.
 61. Aplastic anemia: etiology, pathogenesis, clinic, diagnostic criteria, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
 62. Acute leukemias: etiology, pathogenesis, classification, laboratory morphological, cytochemical and immunophenotypic diagnosis, differential diagnosis. Clinical syndromes, complications, principles of therapy, prevention of neuroleukemia, treatment. Issues of medical examination and examination of working capacity.
 63. Chronic myeloid leukemia: etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
 64. Polycythemia vera: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment
 65. Polycythemia vera: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
 66. Polycythemia vera: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
 67. Multiple myeloma: Etiology, pathogenesis, classification, diagnosis, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
 68. Agranulocytosis: Etiology, pathogenesis, clinical-laboratory diagnosis, clinical presentation, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
 69. Hemorrhagic diathesis: etiology, pathogenesis, classification, types of bleeding, research methods, differential diagnosis.
 70. Hemophilia: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment, prevention. Issues of medical examination and examination of working capacity.

71. Idiopathic thrombocytopenic purpura: etiology, pathogenesis, diagnostic criteria, differential diagnosis, treatment. Issues of medical examination and examination of working capacity.
72. Hemorrhagic vasculitis: Etiology, pathogenesis, clinical variants, diagnosis, differential diagnosis, treatment. Hereditary hemorrhagic telangiectasia (Rendu-Osler-Weber disease): Mechanism of bleeding, clinical presentation, diagnosis, differential diagnosis, treatment.
73. Leukemoid reactions: Etiology, clinical presentation, diagnostic criteria, differential diagnosis, treatment.
74. Pneumoconioses: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
75. Vibration disease: Etiology, pathogenesis, classification, diagnostic criteria, differential diagnosis, treatment. Issues of clinical follow-up and work capacity assessment.
76. Organization of therapeutic and preventive care in outpatient clinics: specifics of a general practitioner's work, features of medical care provision for patients entitled to additional social support, procedures for prescription writing by general practitioners.
77. Work capacity assessment as a core function of outpatient physicians: objectives and organization of work capacity assessment in outpatient settings, responsibilities of attending physicians during temporary disability evaluation, procedures for issuing and documenting sick leave certificates, indications for referral to medical-social expertise commissions.
78. Population medical examination. Health status groups. Effectiveness criteria of medical examination. Preventive counseling within adult medical examination (types). Organization of preventive medical check-ups. General principles. Primary and secondary prevention as one of the main tasks of a district general practitioner.
79. Organization of work of a district general practitioner. Main medical documentation of the therapeutic department in a polyclinic. Electronic outpatient medical record. Performance evaluation criteria of a district general practitioner.
80. "Efficient Polyclinic" project. Basic principles.
81. Diagnostic capabilities in a polyclinic for diagnosis verification. Tactics of a district general practitioner and general practice physician when establishing preliminary and detailed clinical diagnosis for abdominal pain syndrome. Indications for hospitalization.
82. Spa treatment. General indications and contraindications for referral to spa treatment. Health resorts of Amur region. Types of treatment. Rules for issuing a certificate for obtaining a spa treatment voucher and a spa treatment card.
83. Gerontology. Concept. Sections of gerontology. Features of elderly and senile age. Basics of geriatric pharmacotherapy. Tactics of a district general practitioner when prescribing therapy for elderly patients.
84. Rehabilitation of myocardial infarction patients. Types and stages of rehabilitation. Tactics of a district general practitioner when suspecting myocardial infarction. Follow-up observation of coronary heart disease patients with post-infarction cardiosclerosis..
85. Features of bronchopulmonary diseases in elderly and senile patients. Management approaches for outpatient treatment.
86. Cancer vigilance in the practice of a district general practitioner. Chronic pain. General principles of outpatient management for chronic pain patients. Palliative care standards and guidelines. Probable and definitive clinical syndromes that should raise suspicion for gastric, intestinal, lung, thyroid, and breast cancers in primary care practice.
87. Prolonged low-grade fever in the practice of a district general practitioner.
88. Differential diagnosis of left-sided chest pain syndrome in outpatient settings.
89. Community-acquired pneumonia. Standard diagnostic workup. Hospitalization criteria. Temporary disability certification. Follow-up monitoring. Clinical features in elderly and senile patients.
90. Acute respiratory viral infections (ARVI). Diagnosis. Differential diagnosis. Treatment.

Temporary disability certification. Prevention.

91. Management strategy for district general practitioners when diagnosing hypertension. Differential diagnosis. Principles of early detection and outpatient medication selection for essential hypertension patients. Temporary disability certification. Follow-up monitoring.

List of questions about surgery

1. Intra-abdominal abscesses: classification, diagnosis, treatment.
2. Crohn's disease: indications for surgical treatment.
3. Ulcerative colitis: indications for surgical treatment.
4. Focal liver lesions.
5. Blood transfusion: indications, complications.
6. Deep vein thrombosis: diagnosis, treatment.
7. Pulmonary embolism: classification, diagnosis, treatment.
8. Acute appendicitis: classification, diagnosis, treatment.
9. Appendicular infiltrate: treatment.
10. Complications of acute appendicitis.
11. Hemorrhoids: classification, diagnosis, treatment.
12. Femoral hernia: diagnosis, treatment.
13. Non-ulcerative gastrointestinal bleeding.
14. Liver cirrhosis: complications, types of surgical treatment.
15. Peritonitis: classification, diagnosis, treatment.
16. Closed craniocerebral trauma.
17. Diaphragmatic hernias: classification.
18. Hiatal hernias.
19. Purulent infections of the fingers.
20. Nasal septum polyps: classification, diagnosis, treatment.
21. Chronic arterial insufficiency: classification, diagnosis, treatment.
22. Septic shock: treatment.
23. Purulent infections of the facial region: classification, diagnosis, treatment.
24. Acute cholecystitis: classification, diagnosis, treatment.
25. Colonic diverticulosis: diagnosis, treatment.
26. Esophageal diverticula: classification, diagnosis, treatment.
27. Esophageal burns: classification, diagnosis, treatment.
28. Obstructive colonic obstruction: classification, diagnosis, treatment.
29. Mandibular fracture.
30. Acute arterial occlusion: classification, diagnosis, treatment.
31. Purulent diseases of abdominal organs: classification, diagnosis, treatment.
32. Anterior abdominal wall hernias.
33. Atypical forms of appendicitis.
34. Mastitis: classification, diagnosis, treatment.
35. Urolithiasis: classification, diagnosis, treatment.
36. Erysipelas.
37. Acute pancreatitis: classification, diagnosis.
38. Pancreatic necrosis: indications for surgical treatment.
39. Acute intestinal obstruction: classification, diagnosis, treatment.
40. Thyroid diseases: classification, indications for surgical treatment.

41. Complications of thyroid surgery.
42. Closed pelvic fracture: classification, diagnosis, treatment.
43. Sepsis: classification, treatment.
44. Hemolytic shock: treatment.
45. Upper extremity fracture: classification, diagnosis, treatment.
46. Lower extremity fracture: classification, diagnosis, treatment.
47. Gastric and duodenal ulcer disease: indications for surgical treatment.
48. Bleeding gastric ulcer: diagnosis and treatment.
49. Perforated gastric ulcer: diagnosis and treatment.
50. Pyloric stenosis: classification, diagnosis, treatment.
51. Inguinal hernia: classification, diagnosis, treatment.
52. Pararectal cyst.
53. Obstructive jaundice: causes, diagnosis, treatment.
54. Iliofemoral thrombosis.
55. Aortic aneurysm: classification, diagnosis, treatment.
56. Acute hematogenous osteomyelitis.
57. Lung abscess: classification, diagnosis, treatment.
58. Pulmonary gangrene: classification, diagnosis, treatment.
59. Pleural empyema: diagnosis, treatment.
60. Chest trauma: classification, diagnosis, treatment.
61. Acute paraproctitis: classification, diagnosis, treatment.
62. Surgical treatment of ischemic heart disease.
63. Surgical treatment of congenital and acquired heart defects.
64. Purulent-inflammatory diseases in young children and newborns.
65. Malignant skin neoplasms: classification, diagnosis, treatment.
66. Esophageal cancer: classification, diagnosis, treatment.
67. Combined treatment of Hodgkin's lymphoma.
68. Renal cell carcinoma: classification, diagnosis, treatment.
69. Sigmoid colon cancer: classification, diagnosis, treatment.
70. Prostate cancer: classification, diagnosis, treatment.
71. Breast cancer: Classification, diagnosis, treatment.
72. Rectal cancer: Classification, diagnosis, treatment.
73. Colon cancer: Classification, diagnosis, treatment.
74. Paget's disease (of the breast/nipple): Classification, diagnosis, treatment.
75. Esophageal cancer: Classification, diagnosis, treatment.
76. Gastric cancer: Classification, diagnosis, treatment.
77. Thyroid cancer: Classification, diagnosis, treatment.
78. Pancreatic cancer: Classification, diagnosis, treatment.
79. Hepatocellular carcinoma: Classification, diagnosis, treatment.
80. Laryngeal cancer: Classification, diagnosis, treatment.

List of questions on obstetrics and gynecology

1. The procedure for providing medical care to women during pregnancy (outpatient and inpatient stages).
2. Physiological pregnancy. Management of a woman during the physiological course of pregnancy.

3. Maternal mortality: Risk factors, causes, prevention principles.
4. Perinatal mortality: High-risk pregnancy groups. Effects of harmful factors on the fetus.
5. Congenital fetal malformations: Prenatal diagnosis. Role of genetic counseling in prevention and early diagnosis.
6. Etiology of labor onset: Spontaneous vaginal delivery in cephalic presentation. Stages of labor. Labor management. Pain relief methods.
7. Readiness for labor: Preparatory phase. Cervical maturity assessment.
8. Pregnancy-induced edema, hypertension, and proteinuria: Pathogenesis, clinical presentation, diagnostic criteria for hypertension. Treatment and management.
9. Moderate preeclampsia: Pathogenesis, clinical presentation, diagnosis, treatment, management.
10. Severe preeclampsia: Pathogenesis, clinical presentation, complications, diagnosis, treatment, management.
11. Eclampsia: Pathogenesis, clinical presentation, complications, differential diagnosis, treatment, management.
12. Hyperemesis gravidarum and pregnancy-related liver disorders.
13. Hepatic cholestasis and HELLP syndrome: Etiology, pathogenesis, diagnosis, clinical presentation, complications.
14. Fetoplacental system: Placental insufficiency, diagnostic methods. Fetal growth restriction, delivery timing and method determination.
15. Placental insufficiency: Etiology, classification, clinical presentation, diagnostic methods, management.
16. Fetal hypoxia: Etiology, pathogenesis, diagnosis, management of pregnancy and delivery in acute/chronic hypoxia.
17. Neonatal asphyxia: Etiology, pathogenesis, clinical presentation. Treatment principles by severity.
18. Rh-sensitized pregnancy: Pathogenesis of hemolytic disease, diagnostic methods, pregnancy management, delivery timing. Prevention during and after pregnancy.
19. Post-term pregnancy: Etiology, pathogenesis, diagnosis. Delivery methods, labor complications. Effects on fetus and neonate.
20. Preterm labor: Etiology, treatment of threatened preterm labor. Medical care protocol. Management of preterm delivery.
21. Multiple pregnancy: Diagnosis. Complications specific to multiple pregnancies. Twin-to-twin transfusion syndrome. Delivery methods.
22. Anatomically narrow pelvis: Shape and degree of narrowing. Labor mechanisms by narrowing type. Delivery planning considering fetal-pelvic disproportion.
23. Clinically narrow pelvis: Causes, clinical presentation, complications, delivery management. Fetal effects.
24. Breech presentation: Causes, diagnosis. Risk assessment for fetus and delivery method selection.
25. Deflexed fetal head positions: Classification, diagnosis. Delivery methods. Fetal impact.
26. Fetal macrosomia: Delivery method considering fetal-pelvic disproportion. Prevention strategies in prenatal care.
27. Abnormal labor patterns: Primary and secondary uterine inertia. Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention. Fetal effects.
28. Pregnancy, delivery and postpartum in women with congenital/acquired heart defects: Complications, fetal effects. Contraindications for pregnancy continuation.
29. Pregnancy, delivery and postpartum in women with kidney disease: Pregnancy planning for renal patients.

30. Pregnancy, delivery and postpartum in diabetic women: Prevention of diabetic fetopathy.
31. Herpetic and cytomegalovirus infections in pregnant women. Pathogenesis of placental insufficiency. Intrauterine infection. Management of pregnancy and delivery.
32. Postpartum period. Principles of management. Determination of the integrity of the afterbirth. Physiologic blood loss.
33. Bleeding in the third period of labor. Etiology, pathogenesis, clinic, measures to stop bleeding.
34. Placenta previa. Etiology, pathogenesis, classification during pregnancy, clinic, diagnosis, delivery. Fetal and neonatal damage caused by placenta previa.
35. Premature placental detachment during pregnancy and labor. Etiology, pathogenesis, clinic, diagnosis, method of delivery, prevention. Fetal distress syndrome.
36. Hypotonic bleeding in the early postpartum period. Etiology, pathogenesis, clinic, diagnosis, treatment, prophylaxis.
37. Hemorrhagic shock in obstetrics, pathogenesis, clinic, complications, treatment, prevention.
38. DIC - syndrome in obstetrics. Etiology, pathogenesis, clinic, diagnosis, treatment, prophylaxis.
39. Cesarean section in the lower uterine segment. Indications, conditions, complications, contraindications.
40. Management of pregnancy and delivery in women with uterine scars (previous cesarean section/myomectomy). Diagnostic methods for assessing uterine scar integrity.
41. Physiological postpartum period: Clinical features. Lactation. Breastfeeding. Prevention of postpartum purulent-infectious complications.
42. Postpartum endometritis: Etiology, pathogenesis, clinical presentation, treatment, prevention.
43. Post-cesarean peritonitis: Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention.
44. Postpartum sepsis: Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention.
45. Uterine rupture: Etiology. Mechanisms, classification. Threatened and complete uterine rupture. Etiology, pathogenesis, diagnosis, treatment, prevention.
46. Amniotic fluid embolism: Etiology, pathogenesis, clinical presentation, diagnosis, complications, emergency medical care.
47. Medical care protocol for gynecological patients (outpatient and inpatient management).
48. Physiology of the reproductive system: Neuroendocrine regulation of the menstrual cycle.
49. Abnormal uterine bleeding: Etiology, pathogenesis, classification, clinical presentation, diagnosis, treatment principles, prevention.
50. Amenorrhea: Classification, etiology, pathogenesis, differential diagnosis. Hyperprolactinemia. Asherman's syndrome. Treatment principles.
51. Polycystic ovary syndrome: Pathogenesis, clinical presentation, diagnosis, treatment. Reproductive prognosis.
52. Adrenal hyperandrogenism: Etiology, pathogenesis, clinical presentation, diagnosis, treatment, reproductive prognosis.
53. Perimenopause and menopause: Climacteric syndrome. Etiology, pathogenesis, classification, clinical presentation. Hormone replacement therapy.
54. Inflammatory diseases of external female genitalia: Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention.
55. Non-specific pelvic inflammatory disease: Pathogenesis, classification, clinical presentation, diagnosis and differential diagnosis. Treatment, rehabilitation.
56. Gonococcal pelvic inflammatory disease: Pathogenesis, clinical presentation, diagnosis,

- treatment. Reproductive function prognosis.
57. STI-related gynecological infections (chlamydia, HSV-2, HPV, HIV): Epidemiology, clinical presentation, treatment, prevention.
 58. Gynecological peritonitis: Etiology, classification, clinical presentation, diagnosis. Physician's management strategy.
 59. Tuberculosis of female genital organs: Pathogenesis, clinical presentation, diagnosis, treatment, prevention.
 60. Infertile marriage: Causes of female infertility. Modern diagnostic and treatment methods. Assisted reproductive technologies. Prevention.
 61. Contraception for reproductive health preservation: Contraceptive methods for adolescents and reproductive-age women.
 62. Spontaneous abortion: Etiology, pathogenesis, classification, clinical presentation, treatment, rehabilitation.
 63. Habitual miscarriage of pregnancy. Etiology, pathogenesis, clinic, modern methods of examination and treatment, rehabilitation.
 64. Abortion outside the hospital, complicated by hemorrhage. Classification, clinic, diagnosis, treatment, rehabilitation.
 65. Abortion complicated by infection of the genital tract and pelvic organs. Sepsis. Infectious-toxic shock. Pathogenesis, clinic, diagnosis, treatment.
 66. Failed miscarriage. Etiology, pathogenesis, clinic, diagnosis, complications, treatment, rehabilitation.
 67. Ovarian apoplexy. Etiology, pathogenesis, classification, clinic, differential diagnosis, treatment, prevention of recurrence.
 68. Progressive ectopic pregnancy. Etiology, pathogenesis, classification, clinic, differential diagnosis, treatment, rehabilitation.
 69. Terminated ectopic pregnancy. Clinic, diagnosis. Scope of therapeutic measures.
 70. Leiomyoma of the uterus. Etiology, pathogenesis, classification, clinic, diagnosis. Methods of treatment, indications for surgical treatment. Rehabilitation.
 71. Genital endometriosis. Etiology, pathogenesis, classification, clinic, diagnostics. Drug therapy, indications for surgical treatment in endometriosis.
 72. Ovarian cysts. Etiology, pathogenesis, classification, clinic, diagnosis, treatment, prophylaxis.
 73. Benign ovarian tumors. Histologic classification. Clinic, differential diagnosis, treatment.
 74. Ovarian cancer. Etiology, pathogenesis, classification, clinic, diagnosis, treatment, prophylaxis.
 75. Benign and precancerous diseases of the cervix. Etiology, pathogenesis, classification, clinic, diagnostics, treatment, prophylaxis.
 76. Cervical cancer. Etiology, pathogenesis, classification, clinic, diagnosis, treatment, prophylaxis.
 77. Hyperplastic processes of endometrium. Etiology, pathogenesis, classification, clinic, diagnosis, treatment, prophylaxis.
 78. Endometrial cancer. Etiology, pathogenesis, classification, clinic, diagnostics, methods of treatment, prophylaxis.
 79. Trophoblastic disease. Bubble skid. Chorioncarcinoma. Etiology, pathogenesis, classification, clinic, diagnosis, treatment.
 80. Congenital anomalies of uterine and vaginal development. Classification, clinic, diagnosis, drug therapy, indications for surgical correction. Prognosis for reproductive function.
 81. Internal genital organs prolapse and prolapse. Pathogenesis, clinic, diagnosis, treatment.
 82. Benign diseases of the mammary gland. Etiology, pathogenesis, classification, clinic, diagnosis, tactics of an obstetrician-gynecologist.

List of questions on related disciplines

1. HIV infection. Etiology, epidemiology, pathogenesis, prevention. Classification. Clinic, diagnosis, treatment.
2. The concept of opportunistic infections in HIV infection.
3. Salmonellosis. Etiology, epidemiology, pathogenesis, clinical forms of the disease and their characterization, diagnosis, treatment.
4. Meningococcal infection. Etiology, epidemiology, pathogenesis. Classification. Characteristics of clinical forms of the disease, treatment.
5. Meningococcal infection: routes of infection, classification, clinical picture of meningococcal meningitis, diagnosis, treatment.
6. Plague. Etiology, epidemiology, pathogenesis, clinical forms and their characterization, diagnosis, treatment.
7. Brucellosis. Etiology, epidemiology, diagnosis, treatment, prophylaxis.
8. Tetanus. Etiology, epidemiology, pathogenesis, clinic, treatment, prophylaxis.
9. Tetanus. Etiology, epidemiology. Treatment.
10. Cholera. Etiology, pathogenesis, clinic, diagnosis, principles of treatment.
11. Diphtheria. Etiology, epidemiology, pathogenesis. Clinical forms, their characterization. Diagnosis, treatment, prophylaxis.
12. Diphtheria of the larynx: epidemiology, ways of infection, clinic, diagnosis, treatment.
13. Intestinal yersiniosis. Etiology, epidemiology, pathogenesis. Classification, clinic, diagnosis, treatment.
14. Botulism: etiology, mechanism of infection, pathogenesis, clinic, diagnosis, peculiarities of treatment.
15. Shigellosis. Etiology, epidemiology, pathogenesis, clinic, diagnosis, treatment.
16. Food toxicoinfection: epidemiology, pathogenesis, clinic, diagnosis, emergency therapy.
17. Enterovirus infection. Etiology, epidemiology. Clinical forms. Treatment, prophylaxis.
18. Dew. Etiology, pathogenesis, clinical forms, their characterization, treatment, prophylaxis.
19. Rabies. Etiology, pathogenesis, epidemiology, clinic, prophylaxis.
20. Viral hepatitis A. Etiology, pathogenesis, epidemiology. Clinical forms, their characterization, diagnosis, treatment, prophylaxis.
21. Viral hepatitis B. Etiology, epidemiology, pathogenesis. Clinical forms, their characterization, diagnosis, treatment, prophylaxis.
22. Viral hepatitis C. Etiology, clinical and epidemiologic features, diagnosis, treatment, prophylaxis.
23. Infection caused by herpes simplex virus types 1 and 2. Etiology, epidemiology, clinic, diagnosis, treatment.
24. Herpetic infection: ways of infection, clinical picture of Herpes zoster, diagnosis, treatment.
25. Influenza. Etiology, epidemiology. Clinical forms, their characterization, complications, treatment, prophylaxis.
26. Parainfluenza: ways of infection, clinical picture, differential diagnosis, treatment.
27. Adenovirus infection: routes of infection, clinic, diagnosis, treatment.
28. Tick-borne spring-summer encephalitis. Etiology, epidemiology, pathogenesis, clinical forms, diagnosis, treatment, prophylaxis.
29. Measles. Etiology, epidemiology. Clinic, diagnostics, treatment.
30. Infiltrative pulmonary tuberculosis. Clinical and radiologic variants, diagnosis, treatment.
31. Disseminated pulmonary tuberculosis. Forms, clinic, diagnostics, treatment.
32. Primary pulmonary tuberculosis. Nosologic forms, clinic, differential diagnosis, treatment.
33. Fibrotic cavernous pulmonary tuberculosis. Clinic, differential diagnostics, treatment.

34. Caseous pneumonia. Clinic, diagnosis, treatment, prognosis.
35. Tuberculous pleurisy. Clinic, diagnosis, treatment.
36. Type 1 Diabetes Mellitus: Clinical presentation, diagnosis, differential diagnosis, chronic complications, treatment. Issues of clinical follow-up and work capacity assessment.
37. Type 2 Diabetes Mellitus: Clinical presentation, diagnosis, differential diagnosis, chronic complications, treatment, prevention. Issues of clinical follow-up and work capacity assessment.
38. Acute Complications of Diabetes Mellitus: Clinical presentation, diagnosis, differential diagnosis, treatment.
39. Graves' Disease (Diffuse Toxic Goiter): Clinical presentation, diagnosis, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
40. Hypothyroidism: Clinical presentation, diagnosis, differential diagnosis, complications, treatment. Issues of clinical follow-up and work capacity assessment.
41. Obesity: Clinical presentation, diagnosis, differential diagnosis, prevention, treatment.
42. Acromegaly: Clinical presentation, diagnosis, differential diagnosis, treatment.
43. Cushing's Disease: Clinical presentation, diagnosis, differential diagnosis, prevention, treatment. Issues of clinical follow-up and work capacity assessment.
44. Chronic Adrenal Insufficiency: Clinical presentation, diagnosis, differential diagnosis, prevention, treatment.
45. Acute Adrenal Insufficiency: Clinical presentation, diagnosis, differential diagnosis, treatment.
46. Pathogenic Factors of Modern Weapon Systems.
47. Unified State System for Prevention and Response to Emergencies (RSChS): Organization.
48. Civil Defense and Ministry of Health Functions in Emergency Prevention and Response.
49. Definition and Main Objectives of Civil Defense Medical Service.
50. Principles of Organizing Civil Defense Medical Service Resources.
51. Structure of Civil Defense Medical Service Resources.
52. Civil Defense Medical Units: Purpose and capabilities of First Aid Posts (SP).
53. Civil Defense Medical Units: Purpose and capabilities of Medical Teams (SD).
54. Civil Defense Medical Units: Purpose and capabilities of Medical Team Detachments (OSD).
55. Civil Defense Medical Units: Purpose and capabilities of First Aid Units (OPM).
56. Medical Evacuation System for Population in Emergencies: Core principles.
57. Medical Triage Organization During Emergency Evacuation of Population and Medical Staff.
58. Basic Principles for Determining Evacuation Priority and Direction During Hospital Emergencies (Fire, Terrorist Threats).
59. Specifics of Medical Evacuation in Cases Involving Modern Weapon Use.
60. Russian Healthcare System: Core principles of public health protection. Key directions of healthcare reform in Russia.
61. Key Health Indicators for Russia and Amur Region.
62. Legal Foundations of Healthcare: Current legislation on public health protection. National "Health" Project in healthcare.
63. Current characteristics of morbidity of the Russian population with the most important non-epidemic diseases (structure and levels in different age-sex and social groups of the population).
64. Incidence of the most important non-epidemic diseases in the population of the Amur Region.
65. State policy in the field of women's and children's health protection in the Russian

Federation, legal basis.

66. Organization of outpatient and polyclinic care for the adult population. Structure and tasks of the polyclinic. Tasks of the district therapist.
67. Disability as a medical and social problem. Causes of disability. The procedure for referring citizens for medical and social expertise. Disability groups. Criteria for their establishment.
68. Temporary disability. Definition. Types. Causes. Registration. The concept of the examination of temporary disability, its content, levels of conduct and tasks. Organization and procedure for the examination of temporary incapacity for work in a medical organization. The content of a doctor's work on the examination of incapacity for work.
69. The concept of demography and demographic policy. The main directions of demographic policy in the Russian Federation and the Amur region, current state and forecast.
70. The system of medical and preventive care for the adult population in the Russian Federation: organizational structure and management. Primary medical and sanitary care in the system of public health protection. Prospects for its development. The system of general medical practice (family doctor).
71. Organization of inpatient medical care for the adult population. Record-operative and reporting medical documentation of the hospital.
72. Dispenserization: definition, goals, objectives. Organizational forms and methods. The main elements of dispensary in the work of a district therapist. Groups of dispensary registration. Documentation.

3.5. List of graduate's skills

3.5.1. Evaluation of the results of laboratory and instrumental research methods

Evaluation of laboratory test results:

- clinical blood tests,
- urine tests (general, renal function tests, microalbuminuria, acetonuria, diastase), coprogram;
- biochemical analysis of blood in various somatic and infectious diseases: total protein, protein fractions, sialic acids, C-reactive protein, thymol and sulam tests, cholesterol, urea, creatinine, creatinine clearance, electrolytes, total bilirubin and its fractions, sulam test, thymol test, transaminases, alkaline phosphatase, amylase, glucose, oral glucose tolerance test, glycemic profile, acid-base state of blood; glycosylated hemoglobin, procalcitonin test, troponins, hormone levels, coagulogram;
- serologic marker spectrum in patients with viral hepatitis A, B, C;
- studies of immune status in various forms of infectious diseases
- bacterioscopic and bacteriological examination
- molecular biological research (PCR)
- cytologic examination

Evaluation of the results of instrumental methods of research:

- ultrasound scans;
- endoscopic examination;
- radiologic examination;
- electrocardiographic study;
- spirometry;
- sternal, pleural puncture;
- fine-needle aspiration biopsy of the thyroid gland.
- cardiotocography;
- pathomorphologic study.

3.5.2. Assessment of the pathological changes revealed during the examination of the patient and formulation of a preliminary or final diagnosis according to ICD-10.

3.5.3. Substantiation of etiological, pathogenetic and syndrome-based therapy for various pathological conditions in patients according to the standard of specialized medical care, the procedure for providing medical care to the adult population, and clinical recommendations (protocols).

4. Educational, methodological and informational support of the educational process

4.1 List of recommended literature for preparation for the state exam

Basic literature

Internal Medicine References

1. Internal diseases: in 2 volumes. Vol. I: textbook: in 2 volumes / edited by A. I. Martynov, Zh. D. Kobalava, S. V. Moiseev. - 4th ed. reworked - Moscow : GEOTAR-Media, 2023. - 784 p. - ISBN 978-5-9704-7231-6. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970472316.html> (date of access: 08.11.2024). - Access mode : by subscription.
2. Internal diseases: in 2 volumes. Vol. II: textbook / edited by A. I. Martynov, Zh. D. Kobalava, S. V. Moiseev. - 4th ed. reworked - Moscow : GEOTAR-Media, 2023. - 704 p. - ISBN 978-5-9704-7232-3. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970472323.html> (date of access: 08.11.2024). - Access mode : by subscription.
3. Larina, V.N. Polyclinic therapy : textbook / ed. Larina V.N. - Moscow: GEOTAR-Media, 2024. - 648 p. - ISBN 978-5-9704-8383-1. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970483831.html> (date of access: 02.11.2024). - Access mode : by subscription.
4. Outpatient therapy : textbook / edited by O. Yu. Kuznetsova, E. V. Frolova. - Moscow : GEOTAR-Media, 2023. - 800 p. - ISBN 978-5-9704-7562-1, DOI: 10.33029/9704-7562-1-PTK-2023-1-800. - Electronic version is available on the website of the Electronic Library System "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970475621.html> (date accessed: 02.11.2024). - Access mode: by subscription. - Text: electronic

Surgery

1. Surgical diseases. Guide to practical classes : textbook / edited by N. V. Merzlikin. - Moscow : GEOTAR-Media, 2023. - 840 p. - ISBN 978-5-9704-7315-3, DOI: 10.33029/9704-7315-3-XIR-2023-1-840. - Electronic version is available on the website of the electronic library system "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970473153.html> (date of access: 10/31/2024). - Access mode: by subscription. - Text: electronic
2. Krylov, N. N. Surgical diseases : in 2 volumes: T. 1: textbook / ed. Krylova N. N. - Moscow: GEOTAR-Media, 2019. - 816 p. - ISBN 978-5-9704-5098-7. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970450987.html> (date of access: 11.11.2024). - Access mode : by subscription.
3. Krylov, N. N. Surgical diseases : V. 2 : textbook / edited by Krylov N. N. - Moscow: GEOTAR-Media, 2019. - 592 p. - ISBN 978-5-9704-5099-4. - Text : electronic // EBS "Student Consultant": [site]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970450994.html> (date of access: 11.11.2024). - Access mode : by subscription.

Obstetrics and gynecology

1. Obstetrics: textbook / ed. V. E. Radzinsky, A. M. Fuks. - 2nd ed. , reworked and additional -

Moscow: GEOTAR-Media, 2023. - 1056 p. - ISBN 978-5-9704-7201-9. - Text : electronic // EBS "Student Consultant": [website]. - URL :

<https://www.studentlibrary.ru/book/ISBN9785970472019.html> (date of access: 11.11.2024). - Access mode : by subscription.

2. Gynecology: textbook / edited by G. M. Savelyeva, V. G. Breusenko. - 4th ed. , reworked and additional - Moscow: GEOTAR-Media, 2022. - 432 p. - ISBN 978-5-9704-7188-3. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970471883.html> (date of access: 11.11.2024). - Access mode : by subscription

Related disciplines

1. Infectious diseases. Guide to practical classes : teaching aid / edited by N. D. Yushchuk , E. V. Volchkova , Yu. V. Martynov. - Moscow : GEOTAR-Media, 2023. - 720 p. - ISBN 978-5-9704-8039-7. - Text : electronic // Electronic Library System "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970480397.html> (date of access: 10/31/2024). - Access mode : by subscription.
2. Infectious diseases: national guidelines / edited by N. D. Yushchuk , Yu. Ya. Vengerov. - 3rd ed. , revised and enlarged - Moscow: GEOTAR-Media, 2023. - 1104 p. (Series "National Guidelines") - ISBN 978-5-9704-7481-5. - Text : electronic // Electronic Library System "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970474815.html> (date of access: 11.11.2024). - Access mode : by subscription.
3. Medic, V. A. Public health and healthcare: a guide to practical classes: a tutorial / V. A. Medic, V. I. Lisitsyn , M. S. Tokmachev . - 3rd ed., revised . - Moscow: GEOTAR-Media, 2024. - 496 p. - ISBN 978-5-9704-8391-6, DOI: 10.33029/9704-8391-6-PHH-2024-1-496. - An electronic version is available on the website of the electronic library system "Student Consultant": [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970483916.html> (accessed: 09/06/2024). - Access mode: by subscription. - Text: electronic
4. Ellansky , Yu. G. Public health and healthcare : textbook / Yu. G. Ellansky et al. - Moscow: GEOTAR-Media, 2023. - 624 p. - ISBN 978-5-9704-7435-8. - Text : electronic // Electronic Library System "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970474358.html> (date of access: 13.03.2023). - Access mode : by subscription.
5. Endocrinology: national guidelines / edited by I. I. Dedov, G. A. Melnichenko. - 2nd ed. , reworked and additional - Moscow: GEOTAR-Media, 2024. - 1112 p. - ISBN 978-5-9704-8147-9. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970481479.html> (date of access: 11.11.2024). - Access mode: by subscription.
6. Phthysiology : textbook / D. B. Giller , V. Yu. Mishin, etc. - Moscow: GEOTAR-Media, 2024. - 576 p. - ISBN 978-5-9704-8197-4. - Text : electronic // EBS "Student Consultant": [website]. - URL: <https://www.studentlibrary.ru/book/ISBN9785970481974.html> (date of access: 02.11.2024). - Access mode : by subscription.

Additional literature

Internal Medicine References

1. Clinical approaches to differential diagnostics: a tutorial / Yu. N. Fedulaev , N. V. Orlova, I. G. Nikitin [et al.]. - Moscow : GEOTAR-Media, 2024. - 344 p. - ISBN 978-5-9704-7885-1, DOI: 10.33029/9704-7885-1-CLP-2024-1-344. - An electronic version is available on the website of the electronic library system "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970478851.html> (date accessed: 08.11.2024). - Access mode: by subscription. - Text: electronic
2. Larina, V. N. Clinical norms. Therapy: standard / V. N. Larina - Moscow : GEOTAR-Media, 2021. - 256 p. - ISBN 978-5-9704-6297-3. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970462973.html> (date of access: 21.03.2023). - Access mode : by subscription.

Surgery

1. Tsybusova , T. N. Diagnostics of urgent surgical diseases: algorithm of clinical thinking :

textbook / T. N. Tsybusova . - Moscow : GEOTAR- Media, 2024. - 224 p. - ISBN 978-5-9704-7779-3, DOI: 10.33029/9704-7779-3-TTN-2024-1-224. - Electronic version is available on the website of the electronic library system "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970477793.html> (date of access: 02.11.2024). - Access mode: by subscription. - Text: electronic

Obstetrics and gynecology

1. Emergencies in Obstetrics and Gynecology: manual / L.V. Gutikova , E.P. Ganchar , A.L. Gurin, T.V. Novitskaya. - Grodno: Grodno State Medical University , 2021. - 284 p. - ISBN 9789855956168. - Text: electronic // EBS " Bukap ": [site]. - URL: <https://www.books-up.ru/ru/book/neotlozhnye-sostoyaniya-v-akusherstve-i-ginekologii-13930510> Access mode: by subscription.

Public health and healthcare, health economics

1. Reshetnikov, A. V. Medical and sociological monitoring: manual / A. V. Reshetnikov, K. E. Sobolev. - 2nd ed. , reworked and additional - Moscow: GEOTAR-Media, 2022. - 664 p. - ISBN 978-5-9704-6822-7. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970468227.html> (date of access: 13.03.2023). - Access mode : by subscription.

Oncology, radiation therapy

1. Oncology 2.0 : textbook / K. Sh. Gancev, Sh. R. Kzyrgalin , F. V. Moiseenko, R. S. Yamidanov ; edited by Sh. Kh. Gancev . - Moscow : GEOTAR-Media, 2024. - 360 p. - ISBN 978-5-9704-8203-2, DOI: 10.33029/9704-8203-2-ONC-2024-1-360. - Electronic version is available on the website of the electronic library system "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970482032.html> (date of access: 02.11.2024). - Access mode: by subscription. - Text: electronic

Epidemiology

1. Epidemiology : textbook / edited by N. I. Briko . - Moscow : GEOTAR-Media, 2023. - 648 p. - ISBN 978-5-9704-7227-9. - Electronic version is available on the website of the Electronic Library System "Student Consultant" : [site]. URL: <https://www.studentlibrary.ru/book/ISBN9785970472279.html> (date accessed: 03/16/2023). - Access mode: by subscription. - Text: electronic

Phthisiology

1. Mishin, V. Yu. Phthisiology: textbook / V. Yu. Mishin, S. P. Zavrazhnov , A. V. Mitronin , A. V. Mishina. - 3rd ed. , reworked and additional - Moscow: GEOTAR-Media, 2021. - 528 p. - ISBN 978-5-9704-6391-8. - Text : electronic // EBS "Student Consultant": [website]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970463918.html> (date of access: 12.11.2024). - Access mode : by subscription.
2. Emergencies in Tuberculosis : a tutorial / T. V. Zyryanova, L. V. Lebed, S. V. Sklyuev [et al.]. - Novosibirsk : NGMU, 2021. - 69 p. - Text : electronic // Lan: electronic library system. - URL: <https://e.lanbook.com/book/258119> (date accessed: 11/12/2024). - Access mode: for authorized user.

4.2 Professional databases, information and reference systems, electronic educational resources

Name of the resource	Resource description	Access	Resource address
Electronic library systems			
«Consultant of the student. Electronic library of medical university»	For students and teachers of medical and pharmaceutical universities. Provides access to electronic versions of textbooks, manuals and periodicals.	Remote access after registration under the profile of the university	https://www.studentlibrary.ru/
Reference information system «MedBaseGeotar».	Reference information system «MedBaseGeotar» Intended for medical practitioners, researchers, teachers, graduate students, residents, senior students, health leaders for rapid search, selection and reading of medical literature in a common data source.	Remote access after registration under the profile of the university	https://mbasegeotar.ru/pages/index.html
Electronic library	Large medical library-information and educational	Remote access	https://www.books-up.ru/

system «Bookup»	platform for the joint use of electronic educational, training and methodological publications of medical universities of Russia and CIS countries	after registration under the profile of the university	
Electronic library system «Lan» («Лань»)	Online electronic library of medical universities - an electronic database of educational and scientific works on medical topics, created for the purpose of implementing online forms of professional education programs, open access to educational materials for partner universities	Remote access after registration under the profile of the university	https://e.lanbook.com/
Scientific electronic library «CyberLeninka» («КиберЛенинка»)	«CyberLeninka» is a scientific electronic library, built on the paradigm of open science (Open Science), whose main objectives are popularization of science and scientific activity, public quality control of scientific publications, development of interdisciplinary research, modern institute of scientific review, increasing citability of Russian science and building infrastructure of knowledge. Contains more than 2.3 mln. scientific articles..	free access	https://cyberleninka.ru/
Oxford Medicine Online	The Oxford Medical Publications Collection, which brings together over 350 publications in a cross-searchable common resource. Publications include The Oxford Handbook of Clinical Medicine и The Oxford Textbook of Medicine, Electronic versions of which are constantly updated.	free access	http://www.oxfordmedicine.com
Knowledge base on human biology	Background information on physiology, cell biology, genetics, biochemistry, immunology, pathology. (Resource of the Institute of Molecular Genetics RAS.)	free access	http://humbio.ru/
Medical online library	Free reference books, encyclopedias, books, monographs, abstracts, English literature, tests.	free access	https://www.medlib.ru/library/library/books
Information systems			
Clinical recommendations	Resource of the Ministry of Health of Russia, which contains clinical recommendations developed and approved by medical professional non-profit organizations of the Russian Federation, as well as methodological guides, nomenclatures and other reference materials.	Links to download applications	https://cr.minzdrav.gov.ru/#!/
Federal Electronic Medical Library	The Federal Medical Electronic Library is part of the unified public health information system as a reference system. EMB was created on the basis of funds of the Central Scientific Medical Library named after I.M. Sechenova. It is a well-known institution in Russia.	free access	https://femb.ru/
Russian medical association	Professional Internet-resource. Purpose: to promote the effective professional activities of medical staff. Contains the statute, personality, structure, rules of entry, information about the Russian Medical Union.	free access	http://www.rmass.ru/
Web-medicine	The site presents a catalogue of professional medical resources, including links to the most authoritative thematic sites, magazines, societies, as well as useful documents and programs. The site is intended for doctors, students, staff of medical universities and scientific institutions..	free access	http://webmed.irkutsk.ru/
Databases			
World Health Organization	The site contains news, statistics for countries joining the World Health Organization, newsletters, reports, WHO publications and much more.	free access	http://www.who.int/ru/

Ministry of Science and Higher Education of the Russian Federation	The website of the Ministry of Science and Higher Education of the Russian Federation contains news, newsletters, reports, publications and much more	free access	http://www.minobrnauki.gov.ru
Ministry of Education of the Russian Federation	The website of the Ministry of Education of the Russian Federation contains news, newsletters, reports, publications and much more	free access	https://edu.gov.ru/
Federal portal «Russian Education»	Single window access to educational resources. This portal provides access to textbooks on all areas of medicine and health.	free access	http://www.edu.ru/
Polpred.com	Electronic library system Business media. Media review	free access	https://polpred.com/news
Bibliographic databases			
Database «Russian medicine»	Established at CIM, covering the entire fund since 1988. The database contains bibliographical descriptions of articles from domestic journals and collections, dissertations and their abstracts, as well as domestic and foreign books, collections of works of institutions, conference materials, etc. Thematically the database covers all areas of medicine and related fields of biology, biophysics, biochemistry, psychology, etc.	free access	https://rucml.ru/
PubMed	Text database of medical and biological publications in English. PubMed is an electronic search system with free access to 30 million publications from 4,800 indexed medical journals. The database contains articles published since 1960 to date, including information from MEDLINE, PreMEDLINE, NLM. Every year the portal is updated with more than 500 thousand new works.	free access	https://pubmed.ncbi.nlm.nih.gov/
eLIBRARY.RU	Russian information portal in the field of science, technology, medicine and education, containing abstracts and full texts more than 13 million. Scientific articles and publications. The eLIBRARY.RU platform provides electronic versions of more than 2000 Russian scientific and technical journals, including more than 1000 open access journals..	Full site functionality available after registration	http://elibrary.ru/defaultx.asp
Electronic thesis library	Currently, the WBS Electronic Dissertation Library contains more than 919,000 complete texts of dissertations and abstracts.	free access	http://diss.rsl.ru/?menu=disscatalog/
Medline.ru	Medical-biological portal for specialists. Biomedical journal	free access	https://journal.scbmt.ru/jour/index
Official legal information portal	Unified official state information and legal resource in Russia	free access	http://pravo.gov.ru/

4.3 Licensed and freely distributed software used in the educational process

List of software (commercial software products)

№ Sl. No	List of software (commercial software products)	Supporting documents details
1.	Operating system MS Windows 7 Pro	license number 48381779
2.	Operating system MS Windows 10 Pro	CONTRACT № YT-368 dated 21.09.2021
3.	MS Office	license number: 43234783, 67810502, 67580703, 64399692, 62795141, 61350919

4.	Kaspersky Endpoint Security for Business – Standard Russian Edition. 50-99 Node 1 year Educational Renewal License	contract № 7 AA dated 07.02.2025
5.	1C accounting and 1C library	license contract 612/JI dated 02.02.2022 (further licensing)
6.	1C: University PROF.	LICENSE CONTRACT № КрИБ-004537 dated 19.12.2023
7.	1C: Library PROF	LICENSE CONTRACT № 2281 dated 11.11.2020
8.	Consultant Plus	Contract № 41 AA dated 27.12.2024
9.	Contour.Tolk	Contract № K213753/24 dated 13.08.2024
10.	E-learning environment 3KL(Russian Moodle)	Contract № 1362.5 dated 20.11.2024
11.	Astra Linux Common Edition	Contract № 142 A dated 21.09.2021
12.	Information system "Plans"	Contract № 2873-24 dated 28.06.2024
13.	1C: Document flow	Contract № 2191 dated 15.10.2020
14.	P7-Office	Contract № 2 KC dated 18.12.2020
15.	License "OS ROSA CHROME workstation"	Contract № 88A dated 22.08.2024
16.	Alt Virtualization Server 10 (for secondary specialized and higher professional education)	Contract № 14AK dated 27.09.2024
17.	Dr.Web Desktop Security Suite Comprehensive protection + Control Center for 12 months.	Contract № 8 dated 21.10.2024
18.	Software «Timetable for Educational Institutions»	Contract № 82A dated 30.07.2024

List of freely available software

№ Sl. No	List of freely available software	Links to license agreement
1.	Browser «Yandex»	Free to share License agreement for the use of programs Browser «Yandex» https://yandex.ru/legal/browser_agreement/
2.	Yandex.Teleman	Free to share License agreement for the use of software https://yandex.ru/legal/telemost_mobile_agreement/
3.	Dr.Web CureIt!	Free to share License agreement: https://st.drweb.com/static/new-www/files/license_CureIt_ru.pdf
4.	OpenOffice	Free to share License: http://www.gnu.org/copyleft/lesser.html
5.	LibreOffice	Free to share License: https://ru.libreoffice.org/about-us/license/
6.	VK calls	Free to share https://vk.com/licence
7.	Kaspersky Free Antivirus	Free to share https://products.s.kaspersky-labs.com/homeuser/Kaspersky4Win2021/21.16.6.467/english-0.207.0/3830343439337c44454c7c4e554c4c/kis_eula_en-in.txt

4.4 Resources of information and telecommunication network «Internet»

- E-mail address of the library of Federal state budgetary educational institution of higher education "Amur state medical academy" of the Ministry of Healthcare of the Russian Federation
<https://amurgma.ru/obuchenie/biblioteki/biblioteka-amurskoy-gma/>
- E-mail address Electronic library system «Student consultant» <https://www.studentlibrary.ru>

5. Evaluation criteria for passing the state attestation test

5.1. Criteria for evaluating test results

The results of solving the task in a test form, which makes it possible to assess the formation of general cultural and general professional competencies, are evaluated according to the "credited-not credited" system:

- the "credited" grade is given to the student who has given 70% or more correct answers;
- the score "not counted" is given to the student who has given 69% or less of the correct answers from the total number of test tasks. If the student received a "not counted" on the test assignments, then the result as a whole on the GE is considered unsatisfactory and is equivalent to an assessment of "unsatisfactory".

5.2. Criteria for evaluating interview results on situational tasks

The results of an interview on situational tasks are determined by grades

- «excellent», «good», «satisfactory» and «unsatisfactory»: «excellent» – the student demonstrates a deep and complete mastery of the content of the program material, competently and logically states the answer, knows medical terminology, classification of diseases according to ICD-10, knows modern standards of diagnosis, treatment and prevention of diseases based on evidence-based medicine, knows how to connect theory with practice, express and justify their judgments, answers all questions of the examination. There are also additional questions from the chairman and members of the GEC, when answering, independent conclusions and generalizations are formulated;
- «good» – the student has fully mastered the educational material, knows medical terminology, the classification of diseases according to ICD-10, knows modern standards for the diagnosis, treatment and prevention of diseases based on evidence-based medicine, consciously navigates the studied material, applies knowledge to solve practical problems, competently states the answer, but the content and form of the answer have separate inaccuracies or the answer to one of the questions on the exam ticket is not complete enough, and there is also no answer to one additional question from the chairman or members of the GEC;
- «satisfactory» – the student discovers knowledge and understanding of the main provisions of the educational material, but presents it incompletely, inconsistently, admits inaccuracies in defining concepts, classifications of diseases according to ICD-10, standards for diagnosis, treatment and prevention of diseases, the application of knowledge to solve practical problems, is unable to substantiate his judgments or there is no answer to questions from one of the situational tasks included in the exam ticket, as well as missing answers to two additional questions from the Chairman and members of the GEC;
- «unsatisfactory» – the student has scattered, unsystematic knowledge, does not know how to distinguish the main and secondary, makes mistakes in defining concepts, classifying diseases according to ICD-10, distorts their meaning, presents the material randomly and uncertainly, cannot apply knowledge to solve practical problems or there are no answers to two situational tasks, and There are no more than two answers to additional questions from the Chairman and members of the GEC.

If the student receives an "unsatisfactory" rating for situational tasks, the overall result of the GE is considered unsatisfactory and is equivalent to an "unsatisfactory" rating.

5.3. Criteria for the final assessment of the state attestation test

The results of the final GE assessment are determined by the grades «excellent», «good», «satisfactory», «unsatisfactory».

5.3.1. A final grade of "excellent" on the State Final Examination (SFE) is awarded to a

student who has demonstrated mastery of the competencies specified in the core professional educational program for higher education in specialty 31.05.01 General Medicine in accordance with the educational standard, received a "pass" grade on the test questions, and an "excellent" grade on the situational tasks interview.

5.3.2. A final grade of "good" on the SFE is awarded to a student who has demonstrated mastery of the planned competencies specified in the core professional educational program for higher education in specialty 31.05.01 General Medicine in accordance with the educational standard, received a "pass" grade on the test questions, and a "good" grade on the situational tasks interview.

5.3.3. A final grade of "satisfactory" on the SFE is awarded to a student who has demonstrated mastery of the planned competencies specified in the core professional educational program for higher education in specialty 31.05.01 General Medicine in accordance with the educational standard, received a "pass" grade on the test questions, and a "satisfactory" grade on the situational tasks interview.

5.3.4. A final grade of "unsatisfactory" on the SFE is awarded to a student who has not demonstrated mastery of the planned competencies specified in the core professional educational program for higher education in specialty 31.05.01 General Medicine in accordance with the educational standard, received a "fail" grade on the test questions and/or an "unsatisfactory" grade on the situational tasks interview.

5.3.5. The final grade ("excellent", "good", "satisfactory", or "unsatisfactory") is awarded to the graduate after discussion of their responses by members of the State Examination Committee.

5.4. Criteria for successful passing and failing the state attestation test

5.4.1. The criteria for successful completion of the State Final Examination (SFE) are final grades of "excellent," "good," or "satisfactory."

5.4.2. The criterion for failing the SFE is a final grade of "unsatisfactory."

The results of the SFE are announced on the same day after the preparation and approval of the minutes of the State Examination Committee meeting.

Upon successful completion of the SFE, as recorded in the minutes of the State Examination Committee, the Academy graduate is awarded the appropriate qualification (degree) and receives a specialist diploma, which is signed by the current chairperson of the State Examination Committee for the relevant specialty and the rector of the Academy.

Students, including those with disabilities, who did not pass the State Final Attestation (SFA) due to absence from the SFE for a valid reason (temporary disability, death of a close relative, fulfillment of public or state duties, transportation issues (flight cancellation, lack of tickets), natural disasters, including weather conditions, emergencies, or a court summons), are entitled to take the examination within 6 months after the completion of the SFA. The student must provide the Academy with a document confirming the valid reason for their absence from the SFE.

Students, including those with disabilities, who did not pass the State Final Attestation due to absence from the SFE without a valid reason or due to receiving an "unsatisfactory" grade, are expelled from the Academy and issued a certificate of study, as they failed to fulfill their obligations to conscientiously master the relevant educational program and complete the curriculum. A person who did not pass the SFA may retake the SFA no earlier than 10 months and no later than five years after the date of the SFA they failed. Such a person may retake the SFA no more than twice.

To retake the SFA, the person in question is reinstated for studies at the Academy in the relevant educational program either for the period of the SFA or for the next academic year, based on their application

6. Appraisal fund

6.1 Examples of tasks in a test form with response standards

Enter the correct answer:

1. FIRST AID IN EMERGENCY SITUATIONS IS MOST OFTEN PROVIDED
 - 1) at the site of the incident through self-help and mutual assistance
 - 2) at the deployed stage of medical evacuation
 - 3) in the hospital admission department
 - 4) by a medical team during evacuation

2. ANTI-EPIDEMIC REGULATORY AND RESTRICTIVE MEASURES INCLUDE
 - 1) quarantine and observation
 - 2) decontamination of chemical agents
 - 3) deactivation of radioactive substances
 - 4) deratization

3. THE TRIAGE TEAM CONSISTS OF
 - 1) the most experienced doctors and paramedics of the medical evacuation stage
 - 2) epidemiologists
 - 3) hygienists
 - 4) nurses

4. THE PROBLEM OF INTERACTION BETWEEN SOUL AND BODY, IDEAL AND MATERIAL, DIRECTLY AFFECTING HUMAN HEALTH AND DISEASE, IS KNOWN IN MEDICINE AND PHILOSOPHY AS:
 - 1) psychosomatic
 - 2) psychoneurological
 - 3) psychiatric
 - 4) psychogenic

Answer key: Correct answers are all marked as option 1.

6.2 Examples of situational tasks with response standards

An approximate task for internal diseases

Patient T., 56 years old, was admitted to the hematology department with complaints of enlarged posterior cervical, axillary, and inguinal lymph nodes, weakness, malaise, and excessive sweating. From the medical history, it is known that he noticed enlargement of the posterior cervical lymph nodes about two years ago. They were up to 2 cm in size, with a soft-elastic consistency. He did not pay much attention to this and did not seek medical help. Over the past year, he has experienced frequent acute respiratory viral infections (ARVIs) and herpes infections. His condition worsened a month ago when he noticed an increase in the size of the lymph nodes in the posterior cervical, axillary, and inguinal regions up to 5 cm in diameter. The enlarged lymph nodes were now not only palpable but also visible. Due to the enlargement of the cervical lymph nodes, he had difficulty buttoning the top button of his shirt.

On examination, enlargement of the aforementioned lymph node groups was noted, measuring 4–5 cm in diameter. The lymph nodes had a soft-elastic consistency, formed conglomerates, were not adherent to surrounding tissues, were painless, and the overlying skin was unchanged. Vesicular breath sounds were heard in the lungs, with no wheezing. Heart sounds were muffled but rhythmic, with a systolic murmur at the apex and Botkin's point. The

liver was enlarged, extending 4 cm below the costal margin. The spleen was palpable 2 cm below the costal margin. Abdominal palpation revealed conglomerates of enlarged lymph nodes measuring up to 5–6 cm. The abdominal lymph nodes were soft-elastic in consistency and painless. The urinary system showed no abnormalities.

Complete blood count: hemoglobin – 80 g/L, erythrocytes – $2.9 \times 10^{12}/L$, leukocytes – $82 \times 10^9/L$, platelets – $120 \times 10^9/L$; segmented neutrophils – 5%, lymphocytes – 92%, monocytes – 3%, ESR – 30 mm/hour. Smudge cells (Botkin-Gumprecht shadows) were present (++). Lymph node biopsy showed tissue composed of small (mature) lymphocytes, with no mitoses, and no capsular invasion. Bone marrow aspirate revealed lymphoid hyperplasia (lymphocytes – 80%). Immunophenotyping of peripheral blood lymphocytes showed CD5+, CD19+, CD20+, CD22+, CD38+. Chest CT scan demonstrated significant enlargement of the bronchopulmonary lymph nodes. Abdominal ultrasound revealed conglomerates of enlarged intraperitoneal lymph nodes.

Questions:

1. Formulate a diagnosis.
2. Identify the main clinical syndromes and laboratory manifestations.
3. Specify the form of the disease according to the classification of A.I. Vorobyov et al.
4. Stage of the disease according to J. Binet classification.
5. Stage of the disease according to the classification of K. Rai.
6. What diseases should be given a differential diagnosis?
7. What complications can occur with this hemoblastosis?
8. Therapeutic tactics for this disease.
9. Therapeutic tactics for complications of hemoblastosis.
10. Medical examination.

An approximate standard of response:

1. Diagnosis: B-cell chronic lymphocytic leukemia. The tumor form according to the classification of A.I. Vorobyov et al. Stage C according to Binet classification.
2. Generalized lymphadenopathy, hepatosplenomegaly, leukocytosis, lymphocytosis, Botkin–Gumprecht shadows.
3. The tumor form according to the classification of A.I. Vorobyov et al.
4. Stage C according to the classification of J. Binet et al
5. Stage III according to the classification of K. Rai, et al
6. Differential diagnosis should be performed with B-cell lymphomas with bone marrow damage.
7. Autoimmune (immune thrombocytopenia, autoimmune hemolytic anemia), infectious complications
8. The first line of therapy is the RFC protocol.
 - a. Rituximab, 375 mg/m², intravenously via infusomat on day 0 (in the first cycle).
In the following 500 mg/ m² intravenously for 1 day.
 - b. Fludarabine 25 mg/ m² intravenously or 40 mg/ m² in tablets
for 1-3 days Cyclophosphamide, 250 mg/ m² intravenously for
1-3 days. For a course of 4-8 cycles.
9. In case of infectious complications – antibacterial, antiviral therapy. In case of autoimmune complications – prednisone, rituximab.

Patients with a benign form do not need a disability group. It is given with the progression of the disease.

An approximate surgery task

A 27-year-old male patient fell acutely ill with sudden onset of high fever, bloody diarrhea (10-15 episodes daily), and abdominal pain. Ten days later, he underwent surgery for suspected acute appendicitis (based on ultrasound findings showing a thickened appendix with surrounding

fluid). Despite postoperative antibiotic therapy, his clinical condition showed no improvement. The patient experienced significant weight loss and developed anemia. An infectious disease specialist ruled out infectious causes. Only two months after symptom onset was he evaluated by a colorectal surgeon who performed rectoscopy, revealing characteristic "cobblestone" mucosal changes in the rectum.

Questions:

1. What kind of disease should be suspected in the patient?
2. The reason for the change in the intestinal mucosa in the form of a "cobblestone pavement"?
3. What research methods are necessary for the final diagnosis of the disease? Find the characteristic symptoms of the disease on the X-ray.
4. What diseases should be treated for differential diagnosis?
5. What kind of treatment should be given to the patient?
6. What is the basic therapy for the detected disease?
7. What complications requiring emergency surgery arise when conservative therapy is ineffective?
8. What biological therapy is indicated for this pathology?
9. What surgical interventions are used for this pathology?
10. List the basic principles according to which the order and direction of further evacuation of the patient is determined in case of an emergency in the hospital (fire, threat of a terrorist act).

An approximate standard of response:

1. Crohn's disease.
2. Submucosal narrow ulcers - cracks.
3. Irrigography, intestinography, gastroscopy, colonoscopy. Two scar structures and intestinal obstruction are identified in the sigmoid colon.
4. Differential diagnosis of ulcerative colitis, endophytic tumor.
5. Conservative therapy is indicated.
6. Basic therapy includes aminosalicylates, corticosteroids, immunosuppressants, and immunocorrectors (TNF antibodies).
7. The most common complications are intestinal obstruction, intra-abdominal abscesses, infiltrates, and intestinal fistulas.
8. Biological therapy is the use of antibodies to the tumor necrosis factor – anti TNF. Medications – infliximab, adalimumab.
9. Segmental intestinal resections, dilated intestinal resections, coloproctectomy with anastomosis or colostomy (ileostomy), drainage of abscesses.
10. The most important principles of the organization of medical evacuation are: early notification by all possible means of the territorial center for disaster medicine and the center of the Ministry of Emergency Situations, as well as determining the patient's transportability. Evacuation of victims can be organized while maintaining safe transport routes by ambulance or passing transport. It is important to observe: the order of priority, the order of evacuation, the position of the victim and the need for medical support.

An approximate task in obstetrics and gynecology

Patient M., 31 years old, was admitted to the emergency department of a multidisciplinary hospital with complaints of abdominal pain, weakness, dizziness, and nausea. The symptoms began suddenly while at work.

Medical history: No significant family history. Childhood illnesses included bronchitis and chronic tonsillitis with annual exacerbations, treated in a day hospital setting. Menarche occurred at age 11, with cycles regularizing after 2 years (5-6 days duration, every 30 days, moderate

flow, painless). Obstetric history: 3 pregnancies - one full-term delivery, one spontaneous miscarriage at 6 weeks, and one induced abortion at 10 weeks complicated by hemorrhage requiring repeat curettage. Reports a 15-day delay of her last menstrual period.

Physical examination: The patient is in serious condition, lethargic, with marked pallor. Responses to questions are labored. Body temperature 36.6°C (97.9°F). Blood pressure 70/40 mmHg, pulse 110 bpm and weak. Tongue moist. Abdomen diffusely distended and tender to palpation. Dullness to percussion in dependent areas. Immediate consultation with OB/GYN and anesthesiology-critical care specialists was obtained. Crystalloid infusion therapy initiated, and patient transported to operating room. Blood drawn from cubital vein for lab tests and crossmatch; blood type and Rh factor determined.

Gynecological exam: Speculum exam reveals cyanotic vaginal and cervical mucosa. Cervix cylindrical, clean. Scant dark bloody discharge from cervical canal. Bimanual exam difficult due to severe tenderness. Posterior vaginal fornix bulging and painful.

Lab results: Hemoglobin 64 g/L, RBC count $2.0 \times 10^{12}/L$, Platelets $160 \times 10^{12}/L$, Lee-White clotting time 12 min. Coagulation panel: Fibrinogen 2.0 g/L, aPTT 40 sec, Prothrombin index 75%, β -fibrinogen (++)

Questions:

1. Formulate a diagnosis.
2. What is the anatomical classification of the disease?
3. What is the clinical classification?
4. What are the risk factors for the disease?
5. How is the routing of this disease carried out and the provision of medical care at the pre-hospital stage?
6. What complication has the patient developed?
7. What is the volume of emergency care?
8. What is the scope of surgical treatment?
9. How to perform infusion - transfusion therapy?
10. What is the volume of rehabilitation measures?

An approximate standard of response:

1. Interrupted tubal pregnancy by the type of rupture of the fallopian tube. Hemorrhagic shock. Severe posthemorrhagic anemia. Internal combustion engine in the hypocoagulation phase.
2. Tubal (in the fimbrial, ampullary, isthmic, interstitial part of the tube), ovarian, cervical, abdominal, intra-ligamentous, in the rudimentary horn of the uterus
3. Disrupted (interrupted) by the type of tubal abortion or rupture of the fallopian tube, progressive.
4. Inflammatory diseases of the fallopian tubes, dyshormonal pathology, pathology of the fetal egg.
5. Transportation to the nearest surgical hospital, infusion therapy (target blood pressure values of 90/60 mmHg), in the absence of an effect - vasopressors, respiratory support, tranexamsol solution 1000 mg IV.
6. Hemorrhagic shock, DIC syndrome.
7. Infusion-hemotransfusion therapy, immediate surgical treatment.
8. Tubectomy, laparotomy access.
9. Colloids+crystalloids+erythrocyte mass+freshly frozen plasma.
10. Hormonal oral contraception for at least 6 months, breast preparations under the control of red blood cells and hemoglobin, physiotherapy, enzyme therapy, examination and treatment of STIs, planning for the next pregnancy.

An approximate task for outpatient therapy

Patient B., a 45-year-old bricklayer, presented to his primary care physician with complaints of severe epigastric pain (improving after meals), nocturnal pain, nausea, and heartburn persisting for two weeks. He reported repeated episodes of acidic vomiting that provided temporary relief. Medical history reveals a diagnosis of gastric ulcer disease 8 years ago, with multiple hospitalizations and annual exacerbations. Smoking history: 30 years.

Physical examination showed satisfactory general condition with normal skin coloration, turgor, and moisture. Mucous membranes appeared pale pink. Lungs: vesicular breath sounds, no rales, respiratory rate 16/min. Heart: loud, rhythmic tones, HR 80 bpm, BP 130/80 mmHg. Tongue coated with white plaque, moist. Abdomen soft with epigastric tenderness. Liver non-palpable. No costovertebral angle tenderness. No dysuria. Bowel movements tending toward constipation.

Laboratory findings: Hemoglobin 125 g/L, RBC $4.2 \times 10^{12}/L$, WBC $6.5 \times 10^9/L$, ESR 8 mm/h. Fecal occult blood: negative. EGD findings: Esophagus: elastic walls, edematous distal mucosa with mucus coating, normal lumen; Stomach: deformed (especially proximal portion) Large (1.5-2 cm) deep crateriform ulcer with raised edges on posterior wall near fundus; Ulcer base shows necrosis and fibrin deposits; Biopsy revealed tissue rigidity and contact bleeding; Surrounding mucosa infiltrated with abrupt termination of folds at ulcer margin; Preserved peristalsis; Duodenal bulb: normal configuration with mildly edematous mucosa. Cytology: Grade 3 H. pylori colonization. Histopathology: Features consistent with active gastric ulcer exacerbation.

Questions:

1. Formulate a diagnosis.
2. What additional research methods should the patient use?
3. Name the diseases with which it is necessary to differentiate this pathology.
4. Recommendations for diet therapy.
5. Prescribe a treatment.
6. The plan of dispensary supervision.
7. Approximate period of temporary disability.
8. Criteria for discharge to work.
9. Expert opinion on the patient's ability to work.
10. Indications for hospitalization.

An approximate standard of response:

1. Gastric ulcer associated with HP infection, exacerbation. Ulcer (1.5 x 2 cm in d) of the proximal stomach, moderate severity.
2. Every 2 weeks, endoscopic monitoring of ulcer scarring with multiple biopsies from the edges and bottom of the ulcer to exclude cancer.
3. Symptomatic ulcers: stressful, Solinger-Ellis syndrome, medicinal, Cushing's and Kurling's ulcers; primary ulcerative form of stomach cancer.
4. Chemical, thermal, and mechanical sparing of the gastric mucosa, smoking cessation, exclusion of NSAIDs, glucocorticosteroids, and salicylates.
5. HP eradication – quadrotherapy (PPIs – 40 mg, amoxicillin – 1000 mg, clarithromycin – 500 mg, de-nol – 240 mg, in 2 doses for 2 weeks with the addition of the cytoprotector rebagit and pre-probiotics) with monitoring for HP infection cure 1.5 months after treatment (histological and urease tests).
6. "D" - group III: examination by a district therapist 3-4 times a year, consultation with a gastroenterologist, blood test - 2 times a year, stool for latent blood in case of exacerbation, fibrogastroduodenoscopy annually, ultrasound – annually, consultation with a surgeon – annually, oncologist – according to indications. If remission is achieved within 3-5 years, it is transferred to "D" - grade II. Anti-relapse treatment "on demand" (antisecretory drugs or a

- 10-day course of eradication therapy).
7. Temporary disability with moderate severity: 20-21 days with the abolition of moderate physical activity.
 8. Disappearance of clinical symptoms, healing of ulcerative defect, reduction of the gastritis process in the mucous membrane.
 9. He cannot perform work with moderate physical exertion, body shaking, which prevents compliance with diet and nutrition (business trips, night shifts). If necessary, changes in working conditions are sent to the ITU.
 10. Ineffectiveness of two weeks of proper treatment; bleeding, perforation, penetration; combination with severe concomitant diseases; elderly and senile age with large (up to 3 cm) and giant (> 3 cm) ulcers.

7. Procedure of the State examination

The state certification test is held in the classroom. Each student in accordance with the list of order of the state examination, which is formed by the secretaries of the State Examination Commission (hereinafter - SEC, Examination Commission), chooses an examination ticket, calls its number (which are registered) and takes a free place at a separate table for the preparation of answers. To record the answers, the student is provided with sheets with a corner stamp (which are handed over to the secretaries of the GEC at the end of the answer) and a ballpoint pen.

The time allotted to prepare for the answer is no more than 60 minutes. After the expiration of time students are invited to answer in the order in which they took tickets, but if necessary, this order can be changed by the decision of the Chairman of the examination committee. If the student expressed a desire to answer early, members of the GEC have the right to invite him to answer.

The student invited to answer after the expiration of the allotted time for preparation, must either start the answer or refuse to pass the GE. The student, having prepared for the answer, sits in front of the examination commission. At this time, the Secretary of the GEC invites the next student in the room to prepare for the state examination.

The student has the right to answer the examination questions using his/her notes. The amount of information written on the sheet(s) in preparation for the answer to situational tasks is not taken into account when evaluating the oral answer. The order of answering the questions of the examination ticket is determined by the student. But the sequence of answers to all proposed questions of the situational task is observed. The time allotted to the student to answer the exam ticket is 30 minutes.

Hear the answer and assess the knowledge of the student members of the GEC (therapist, surgeon, obstetrician - gynecologist, infectious disease specialist, heads of health care and structural units).

Examination Commission listens to the response of the student for each of the tasks of the examination ticket to the end, however, in those cases where the level of training of the student is obvious and does not cause doubt, his answer can be interrupted.

Each of the members of the GEC for his specialty has the right to tactfully interrupt the response of the student, if he finds his answer is sufficiently complete and convincing, and ask to move on to the next question. In addition, the response of the student may be suspended if his answer is clearly not on the merits of the question, too generalized, the examinee makes a mistake in the presentation of normative acts, statistical data.

Additional questions, not related to the test task, situational task, which answers the student, possible only if the student is completely unable to cope with the answer and requires clarification of the level of his theoretical knowledge.

After the end of the oral answer the student gives the secretary of the Commission ticket, his work notes and leaves the room, waiting for the announcement of the results of the GE.

8. Procedure for filing and reviewing appeals

According to the results of GE student participating in the GIA, has the right to submit a written appeal to the Appeals Commission on the violation, in his opinion, the established procedure for conducting GE and (or) disagreement with its results (Application 1).

Appeal is filed personally by the student in the Appeals Commission no later than the next working day after the announcement of the results of GE.

To consider the appeal secretary of the GEC sends to the Appeals Commission minutes of the meeting of the GEC, the conclusion of the chairman of the GEC on compliance with procedural issues in the conduct of GE, as well as written responses of the student (if any) to consider the appeal on the conduct of GE.

Appeal no later than 2 working days from the date of its submission is considered at a meeting of the Appeal Commission, which is invited to the chairman of the GEC and the student who filed an appeal.

The meeting of the Appeal Commission may be held in the absence of the student who filed an appeal, in the case of his failure to appear at the meeting of the Appeal Commission.

The decision of the Appeals Commission is brought to the attention of the student who filed an appeal, within 3 working days from the date of the meeting of the Appeals Commission. The fact of familiarization of the student who filed an appeal, with the decision of the Appeal Commission is certified by the signature of the student.

When considering an appeal about a violation of the procedure for conducting the state final examination, the appeals commission makes one of the following decisions:

- to reject the appeal if the information contained in it about violations of the procedure for conducting the state certification examination of a trainee has not been confirmed and/or has not affected the result of the state final examination;

- the satisfaction of the appeal, if the information contained in it about violations of the student's GIA procedure has been confirmed and influenced the result of the state final examination. In this case, the result of the state attestation test is subject to cancellation, and therefore the protocol on the consideration of the appeal is transmitted to the State Economic Commission for the implementation of the decision of the appeals Commission no later than the next business day. The student is given the opportunity to pass the state certification test within 3 working days.

When considering an appeal of disagreement with the results of the GE, the appeals commission makes one of the following decisions:

- to reject the appeal and preserve the result of the GE;
- on the satisfaction of the appeal and the presentation of a different result of the GE.

The decision of the appeal commission is transmitted to the GEC no later than the next business day. The decision of the appeals commission is the basis for annulment of the previously submitted GE result and the issuance of a new one.

The decision of the appeals Commission is final and cannot be reviewed. The decision of the appeals commission is formalized by a protocol signed by the chairman and secretary of the Appeals Commission, and is kept in the Academy's archive (Application 2).

The re-examination of the state attestation examination for the student who filed the appeal is carried out in the presence of the chairman or one of the members of the appeal commission no later than the date of completion of training in the organization in accordance with the standard.

An appeal against the re-conduct of the state attestation examination is not accepted.

9. Recommendations for students to prepare for the state exam

Preparation for the state exam contributes to the consolidation, deepening and generalization of knowledge, skills acquired in the learning process, as well as their application in solving professional problems. While preparing for the state exam, the student eliminates the existing gaps in the development of the educational program, deepens, systematizes and organizes the learning outcomes.

During the preparation for the state exam, it is advisable to refer to educational and methodological materials, including materials from lectures, work programs of disciplines and practice programs, reference books, basic and additional literature, and summaries made in practical classes. It is necessary to use the materials presented in the scientific library of the Amur State Museum of Fine Arts.

In order to streamline the preparation for the state exam and ensure its quality, a pre-examination consultation is conducted. At the pre-examination consultation, the student is given the opportunity to ask questions to the teacher on those sections and topics that cause difficulty in perception or require clarification.

When preparing for the state exam, graduates are recommended to allocate time for independent work, taking into account the schedule of the GIA. To do this, it is advisable to draw up a calendar plan for preparing for the state exam, which reflects in a certain sequence the study or repetition of all exam questions and assignments.

When preparing for the state exam, the student should familiarize himself with the specifics of the SE, presented in the Regulations on the State final certification of students of the Amur State Medical Academy of the Ministry of Health of the Russian Federation for higher education programs – specialty programs, and also use methodological materials provided on the official website of the Amur State Medical Academy in the information and telecommunications section "Information about the educational organization", subsection "Documents" - Faculty of Medicine.

Application 1

To the Chairman of the Appeal
Commission of the Amur State Medical
Academy of the Ministry of Health of the
Russian Federation

(Full name of the Chairman)

teaching _____ group
in the specialty _____
_____, (last name, first name,
patronymic)

who lives at: _____

application

I ask you to review the grade _____, I received when passing the state
attestation test due to the fact that

_____.

« _____ » _____ 20 ____ г.

(student's signature)

Application 2

PROTOCOL № _____
 meetings of the Appeal Commission of
 the Amur State Medical Academy of the
 Ministry of Health of the Russian Federation
 from « _____ » _____ 20 ____ г.

Were present:

Chairman of the Appeals Commission: _____
 (Surname First Name Patronymic., Position,
 Academic Degree)

Members of the Appeal Commission:

1. _____
 (Surname First Name Patronymic., Position, Academic Degree)
2. _____
 (Surname First Name Patronymic., Position, Academic Degree)
3. _____
 (Surname First Name Patronymic., Position, Academic Degree)
4. _____
 (Surname First Name Patronymic., Position, Academic Degree)

Listened to: student's statement _____
 (Surname First Name Patronymic of the
 student)

in the specialty of _____ about disagreement with the results of
 the state final attestation test, about violation of the established procedure for conducting
 the state final attestation (underline).

We decided:

Appeal _____ (reject /satisfy (please enter the necessary)).

Chairman
 of the Appeals Commission _____ / _____
 signature/transcript of signature