

MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
 MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Government-run Educational Institution of Higher professional education  
 Kyrgyz-Russian Slavic University after B.N. Yeltsin



## INFECTIOUS DISEASES

### Course Outline (Module)

Assigned to **Department of Infectious diseases**

Academic curriculum 31050151\_18\_3456LD ин.plx  
 Specialty 31.05.01. - RF, 560001 - KG General medicine  
 (for foreign students)

Mode of study **Intramural**

Total credit value **9 credit points**

Course hours 324 Scope of testing semesters:

including: exams 10

in-class learning 198 credits 9

individual work 107,7

exams 17,5

#### Course hours scheduling (per semester)

Semester Academic Year	9 (5.1)		10 (5.2)		Total	
	18		17			
Weeks	AC	CO	CO	CO	AC	CO
Type of training	AC	CO	CO	CO	AC	CO
Lectures	18	18	36	36	54	54
Practical session	72	72	72	72	144	144
Contact work	0,3	0,3			0,3	0,3
Contact work			0,5	0,5	0,5	0,5
Including interactive session.	4	4	5	5	9	9
Total in-class session	90	90	108	108	198	198
Face-to-face learning	90,3	90,3	108,5	108,5	198,8	198,8
Student's individual work	53,7	53,7	54	54	107,7	107,7
Tests			17,5	17,5	17,5	17,5
Total	144	144	180	180	324	324

The course outline was compiled by:

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Reviewers:

Ph.D., professor, head of department, Baltabaev M.K.



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The course outline

### Infectious diseases

Developed in full compliance with FSES 3+:

Federal state educational standard of higher professional education for students trained for the specialty 31.05.01 (the Ministry of Education and Science of the Russian Federation Order of "09" 02 2016 No.95)

in accordance with Academic curriculum:

31.05.01. - General medicine

confirmed by KRSU Board of Academics in 27 June 2023 record №11.

The course outline endorsed by Infectious diseases department meeting

Record of 04 06 2023, № 10

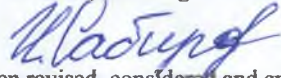
Valid for: 2018 - 2028 academic year

The Head of department: PhD, associate professor Radchenko E.A.



**The course outline endorsed for the following academic year**

Chairman of the educational and methodological board

9 September 2021

The course outline has been revised, considered and endorsed for implementation in 2021-2022 academic year at the staff meeting of Infectious diseases department

Record of 28 August 2021. № 1  
The Head of department PhD, associate professor Radchenko E.A.



Chairman of the educational and methodological board

6 October 2022

The course outline has been revised, considered and endorsed for implementation in 202-2023 academic year at the staff meeting of Infectious diseases department

Record of 12 September 2022. № 2  
The Head of department PhD, associate professor Radchenko E.A.



Chairman of the educational and methodological board

29 September 2023

The course outline has been revised, considered and endorsed for implementation in 2023-2024 academic year at the staff meeting of Infectious diseases department

Record of 1 September 2023. № 1  
The Head of department PhD, associate professor Radchenko E.A.



Chairman of the educational and methodological board

\_\_\_\_\_ 2024

The course outline has been revised, considered and endorsed for implementation in 2024-2025 academic year at the staff meeting of Infectious diseases department

Record of \_\_\_\_\_ № \_\_\_\_\_  
The Head of department PhD, associate professor Radchenko E.A.

### 1. COURSE OUTLINE OBJECTIVES

1.1	Formation of knowledge, experiences and practical skills required for early diagnosis of infectious diseases, carrying out of a complex of therapeutic and preventive measures, diagnosis of urgent conditions at the pre- and hospital stages of medical care.
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### 2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM

Educational Program Units:	
<b>2.1</b>	<b>Student's preliminary training requirements:</b>
2.1.1	Pathophysiology, clinical pathophysiology
2.1.2	Propaedeutics of internal diseases.
2.1.3	Microbiology, Virology
<b>2.2</b>	<b>Course units and practical sessions imposing the prior Proficiency:</b>
2.2.1	Polyclinic Therapy
2.2.2	Dermatology and Venereology
2.2.3	Phthisiology
2.2.4	Preparation for the state exam

### 3. STUDENT'S COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)

<b>PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision</b>	
<b>Knowledge:</b>	
Level 1	The main methods of examination of pathological conditions, symptoms and syndromes of various nosology forms.
Level 2	Specificity of detection of various pathological conditions, symptoms, syndromes of diseases, nosology forms in accordance with ICD-10 (international classification of diseases-10).
Level 3	The main syndromes of organs and systems damage and their specificity at various nosology forms in accordance with ICD-10.
<b>Skills:</b>	
Level 1	Interpret the results of the examination of various infections.
Level 2	Analyze various types of pathological conditions, symptoms, syndromes in various infections in accordance with ICD-10
Level 3	Differentiate symptoms and syndromes with similar pathological conditions.
<b>Expertise:</b>	
Level 1	Common clinical examination methods (history taking, examination, palpation, percussion, auscultation).
Level 2	Skills to identify various symptoms, syndromes and pathological conditions in various infections in accordance with ICD-10
Level 3	Skills to substantiate the clinical diagnosis in accordance with ICD-10.
<b>PC-8: the ability to determine the tactics of managing patients with various nosological forms</b>	
<b>Knowledge:</b>	
Level 1	The specifics of collecting an anamnesis of an infectious patient.
Level 2	The main clinical manifestations of nosological forms of infectious pathology.
Level 3	The basic principles of treatment and rehabilitation in infectious pathology.
<b>Skills:</b>	
Level 1	Take anamnesis and make a plan of laboratory and instrumental examination.
Level 2	Interpret the results of the examination of the infectious patient.
Level 3	Develop a plan for the treatment and rehabilitation of the infectious patient.
<b>Expertise:</b>	
Level 1	Physical examination methods (history taking, examination, palpation, percussion, auscultation) of the infectious patient.
Level 2	Skill of a substantiation of the clinical diagnosis of the infectious patient.
Level 3	Skills of etiotropic, pathogenetic and specific therapy in infectious diseases.

**В результате освоения дисциплины обучающийся должен**

<b>3.1</b>	<b>Knowledge:</b>
3.1.1	The structure of the infectious service, organization and work principles of infectious diseases hospitals, departments, wards;
3.1.2	The main issues of the pathogenesis of infectious diseases;
3.1.3	The main clinical manifestations (symptoms, syndromes) of studied infectious diseases;
3.1.4	The main methods of laboratory and instrumental diagnostics used in infectiology (indications, theoretical basis of the method, interpretation of results);
3.1.5	Rules for the collection of pathological materials from an infectious patient;
3.1.6	The main principles of treatment of infectious diseases;
3.1.7	Indications for hospitalization of an infectious patient;
3.1.8	Specific and nonspecific prevention of studied infectious diseases.
<b>3.2</b>	<b>Skills:</b>
3.2.1	Take diseases and life history(including epidemiological history) of an infectious patient;
3.2.2	Create an algorithm for diagnosis, laboratory and instrumental examination plan;
3.2.3	Interpret the results of laboratory and instrumental examination of the patient;
3.2.4	Highlight leading clinical and clinical laboratory syndromes;
3.2.5	To make a differential diagnosis between various diseases with similar clinical symptoms;
3.2.6	Assess the severity of an infectious disease;
3.2.7	Predict the course and outcome of an infectious disease;
3.2.8	To diagnose emergency conditions in infectious patients, as well as to determine further medical caring in life-threatening conditions;
3.2.9	Formulate a diagnosis in accordance with the ICD-10.
<b>3.3</b>	<b>Expertise:</b>
3.3.1	Methods of examination of the infectious patient (examination, palpation, percussion, auscultation);
3.3.2	Skills of differential diagnosis of symptoms and syndromes characteristic of infectious diseases;
3.3.3	Helping skills of medical and preventive measures at the pre- and hospital stages of caring;
3.3.4	Skills in providing urgent (emergency) and first aid in case of infectious pathology;

**4. COURSE (MODULE) STRUCTURE AND CONTENT**

Class code	Subject name /type of class/	Semester / Academic year	Hours	Competencies	Literature	Interactive session.	Practice	Notes
	<b>Section 1. Gastrointestinal infections</b>							
1.1	Shigellosis. / Lec /	9	2	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.2	Typhoid fever. Non typhoidal salmonellosis. / Prac /	9	4	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.3	Cholera / Lec /	9	2	PC-6 PC-8	L1.2 L1.3 L2.1			
1.4	Cholera. Food-borne toxic infection (poisoning). / Prac /	9	4	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.5	Food-borne poisoning. / Lec /	9	2	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.6	Shigellosis. Amebiasis. Giardiasis. / Prac /	9	4	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.7	E.coli infection. Intestinal yersiniosis. / Prac /	9	4	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.8	Module on intestinal infections / Prac /	9	4	PC-6 PC-8	L1.2 L1.3 L2.1 L2.2			
1.9	Staphylococcal lesions of the gastrointestinal tract. / SIW /	9	8	PC-6 PC-8	L1.1 L1.2 L1.3 L2.1 L2.2			

1.10	Acute intestinal infections caused by commensal genus Enterobacteriaceae. / SIW /	9	8	PC-6 PC-8	L1.1 L1.2 L1.3 L2.1 L2.2			
1.11	Dehydration with toxicosis in acute intestinal infections in children. / SIW /	9	7,7	PC-6 PC-8	L1.1 L1.2 L1.3 L2.1 L2.2			
	<b>Section 2. Viral hepatitis</b>							
2.1	Enteral viral hepatitis / Lec /	9	2	PC-6 PC-8	L1.1 L2.1 L3.4			
2.2	Viral hepatitis A and E. / Prac /	9	4	PC-6 PC-8	L1.1 L2.1 L3.4			
2.3	Parenteral viral hepatitis / Lec /	9	2	PC-6 PC-8	L1.1 L2.1 L3.4			
2.4	Viral hepatitis B, C and D. / Prac /	9	4	PC-6 PC-8	L1.1 L2.1 L3.4			
2.5	Fulminant hepatitis.Chronic viral hepatitis. / Prac /	9	4	PC-6 PC-8	L1.1 L2.1 L3.4			
2.6	Viral hepatitis F, G, TTV / SIW /	9	6	PC-6 PC-8	L1.1 L2.1 L3.4			
2.7	Module on Viral hepatitis / Prac /	9	4	PC-6 PC-8	L1.1 L2.1 L3.4			
	<b>Section 3. Vector-borne infections</b>							
3.1	Epidemic typhus. Brill's Disease. /Lec /	9	2	PC-6 PC-8	L1.1 L2.1			
3.2	Malaria / Prac /	9	4	PC-6 PC-8	L1.1 L2.1			
3.3	Typhus fever (epidemic typhus+Brill's disease) / Prac /	9	4	PC-6 PC-8	L1.1 L2.1			
3.4	North Asian tick-borne Rickettsiosis (spotted fever) / Lec /	9	2	PC-6 PC-8	L1.1 L2.1			
3.5	Borreliosis (lice-borne relapsing fever+Lime disease)Spirochetosis (tick-borne relapsing fever) / Prac /	9	4	PC-6 PC-8	L1.1 L2.1			
3.6	North Asian tick-borne Rickettsiosis (spotted fever). Q-fever. / Prac /	9	2	PC-6 PC-8	L1.1 L2.1			
3.7	Лейшманиозы / SIW /	9	8	PC-6 PC-8	L1.1 L2.1			
3.8	Module on Vector-borne infections / Prac /	9	2	PC-6 PC-8	L1.1 L2.1			
	<b>Section 4. Highly contagious infection</b>							
4.1	Plague. / Lec /	9	2	PC-6 PC-8	L1.1 L1.3 L2.2			
4.2	Plague.Tularemia. / Prac /	9	4	PC-6 PC-8	L1.1 L1.3 L2.2	2		Use of personal protective equipment
4.3	Anthrax. / Lec /	9	2	PC-6 PC-8	L1.1 L1.3 L2.2			
4.4	Anthrax. Smallpox / Prac /	9	4	PC-6 PC-8	L1.1 L1.3 L2.2			
4.5	Hemorrhagic fever with renal syndrome. Ebola hemorrhagic fever. Dengue fever. / Prac /	9	4	PC-6 PC-8	L1.1 L1.3 L2.2	2		Presentations
4.6	Smallpox / Prac /	9	4	PC-6 PC-8	L1.1 L1.3 L2.2			
4.7	Monkeypox. / SIW /	9	8	PC-6 PC-8	L1.1 L1.3 L2.2			
4.8	Viral hemorrhagic fevers: West Nile HF, Marburg HF, Yellow fever, Lassa fever. / SIW /	9	8	PC-6 PC-8	L1.1 L1.3 L2.2			

4.9	Module on Highly contagious infections / Prac /	9	4	PC-6 PC-8	L1.1 L1.3 L2.2			
4.10	/ Control /	9	0,3	PC-6 PC-8				
	<b>Section 5. Infection with neurologic disorders</b>							
5.1	Meningococcal infection / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
5.2	Meningococcal infection / Prac /	10	4	PC-6 PC-8	L1.1 L1.3 L2.2	1		Spinal puncture technique.
5.3	Tick-borne ncephalitis / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
5.4	Tick-borne ncephalitis / Prac /	10	4	PC-6 PC-8	L1.1 L1.3 L2.2			
5.5	Poliomielitis / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
5.6	Poliomielitis. Botulism / Prac /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
5.7	Rabies. / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
5.8	Rabies. Tetanus. / Prac /	10	4	PC-6 PC-8	L1.1 L1.3 L2.2	2		Role play: symptoms of CNS disorders, imitation and testing of symptoms.
5.9	Classification of encephalitis. Primary and secondary encephalitis. / SIW /	10	6	PC-6 PC-8	L1.1 L1.3 L2.2			
5.10	Module on infection with neurological disorders / Prac /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
	<b>Section 6. Infection with respiratory manifestation</b>							
6.1	Influenza / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
6.2	Coronavirus infection / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
6.3	Influenza, Parainfluenza, Rhinovirus, Adenovirus / Prac /	10	4	PC-6 PC-8	L1.1 L1.3 L2.2			
6.4	Respiratory syncytial infection, Coronavirus, Bordotella infection /Prac /	10	4	PC-6 PC-8	L1.1 L1.3 L2.2	1		role-play: emergency care for acute respiratory viral infections (convulsions, hyperthermia, respiratory failure, croup)
6.5	Pertussis / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
6.6	Diphtheria. / Lec /	10	2	PC-6 PC-8	L1.1 L1.3 L2.2			
6.7	Enterovirus, Diphtheria. Mumps. /Prac/	10	4	PC-6 PC-8	L1.1 L1.3 L2.2	1		technique of injection of toxoid according to the Bezredko method.
6.8	Legionellosis. / SIW /	10	6	PC-6 PC-8	L1.1 L1.3 L2.2			
6.9	Module on infection with respiratory disorders / Prac /	10	6	PC-6 PC-8	L1.1 L1.3 L2.2			
	<b>Section 7. Infection with skin lesion</b>							
7.1	Measels / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			

7.2	Scarlet fever / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
7.3	Erysipelas / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
7.4	Chickenpox / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
7.5	Measels. Rubella. Parvovirus /Prac/	10	2	PC-6 PC-8	L1.1 L2.2			
7.6	Pseudotuberculosis, Scarlet fever, Erysipelas / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
7.7	Chickenpox. Shingles / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
7.8	Murrain / SIW /	10	5	PC-6 PC-8	L1.1 L2.2			
7.9	Erysipeloid. / SIW /	10	5	PC-6 PC-8	L1.1 L2.2			
7.10	Module on infection with skin lesion / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
	<b>Section 8. Infections with multiple organ lesions</b>							
8.1	Infectious mononucleosis. / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
8.2	HIV-infection / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
8.3	Toxoplasmosis. / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
8.4	HIV-infection, Epstein Barr infection. Cytomegalovirus infection. / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
8.5	Toxoplasmosis, Leptospirosis, Brucellosis / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
8.6	Sodoku / SIW /	10	8	PC-6 PC-8	L1.1 L2.2			
8.7	Module on infection multiple organ lesions / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
	<b>Section 9. Helminthes</b>							
9.1	Ascariasis / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
9.2	Enterobiasis. / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
9.3	Strongiloidiasis. / Lec /	10	2	PC-6 PC-8	L1.1 L2.2			
9.4	Ascariasis. Toxocarosis / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
9.5	Enterobiasis. Strongiloidiasis. /Prac/	10	4	PC-6 PC-8	L1.1 L2.2			
9.6	Module on Helminthes / Prac /	10	4	PC-6 PC-8	L1.1 L2.2			
9.7	Balantidiasis. / SIW /	10	8	PC-6 PC-8	L1.1 L2.2			
9.8	Cryptosporidiosis. / SIW /	10	8	PC-6 PC-8	L1.1 L2.2			
9.9	Schistosomiasis. / SIW /	10	8	PC-6 PC-8	L1.1 L2.2			
9.10	/ control/exam /	10	0,5	PC-6 PC-8	L1.1 L2.2			
9.11	/Exam/	10	17,5					

## 5. ASSESSMENT FUND

### 5.1. Advancement questions and assignments

Questions to check the level of training on Knowledge, Skills and Expertise in the relevant applications located at the department

### 5.2. Course papers themes

Coursework is not included in the curriculum.



**5.3. Assessment Fund**

## Examples of MCQs

1. The combination of "rice water" stools, adynamia, sunken eyeballs, oliguria, muscle cramps of the extremities, subfebrile temperature and hypotension are characteristic of:

- a) Rotavirus infection;
- b) Salmonellosis;
- c) Food poisoning;
- d) Cholera;
- e) Atypical dysentery

2. What salmonella is most significant in the epidemiology of non-typhoidal salmonellosis?

- a) Salmonella paratyphi A;
- b) Salmonella typhi;
- c) Salmonella enteritidis;
- d) Salmonella bareilly;
- e) Salmonella anatum.

3. What combination of symptoms is characteristic of cholera?

- a) Copious, odorless, watery stools, lack of intoxication and abdominal pain;
- b) Nausea, vomiting, copious watery stools, abdominal pain, intoxication;
- c) Watery, fetid stools, pain around the navel, repeated vomiting;
- d) Loose, greenish stools with mucus, diffuse abdominal pain.
- e) Scanty stools with mucus and blood, cramping pains, intoxication.

4. The pathogenesis of malaria is based on:

- a) Parasitaemia
- b) Electrolyte disorders
- c) Anemia
- d) Hemodynamic disorders
- e) All of the above

5. An incorrect statement regarding the pathogenesis of malaria is:

- a) malarial paroxysms occur when parasitemia reaches a pyrogenic level;
- b) the occurrence of paroxysm is due to the lysis of erythrocytes and the entry into the blood of the pathogen and its metabolic products;
- c) with a high intensity of tissue schizogony, the development of seizures is also possible;
- d) with all forms of malaria, the development of early relapses is possible;
- e) immunity against malaria is unstable, non-sterile

6. Leptospirosis is characterized by:

- a) Facial hyperemia, scleral vascular injection, conjunctival hyperemia
- b) Enlargement of the liver from 2-3 days of illness
- c) Enlargement of the spleen in less than 50% of patients
- d) Low blood pressure
- e) All of the above

7. Pathological changes in epidemic typhus are characterized by:

- a) The presence of specific typhoid granulomas in the internal organs
- b) Enlargement of the spleen
- c) Intraorganic hemorrhages
- d) Meningoencephalitis
- e) All of the above

8. A 28-year-old man turned to the district doctor with complaints of fever up to 38°C, chills, sweating, general weakness, an ulcer on the skin of his right forearm. Sick for 10 days. Epidemiological data: participated in the slaughter of a neighbor's cow a week before the illness. Physical findings - on the skin of the lower third of the right forearm there is an ulcer with a black scab in the center, with pronounced edema around it, reddening of the skin around the scab. An examination of the internal organs did not reveal any abnormalities.

The district doctor made a preliminary diagnosis: anthrax, cutaneous form.

Which of the following medications is the most effective?

- a) Penicillin;
- b) Rifampicin;
- c) Erythromycin;
- d) Doxycycline;
- e) Gentamicin

9. An incorrect statement regarding anthrax is:

- The source of infection are animals;
- A sick person is contagious;
- Foodborne infection is possible;
- The air-dust transmission path has a certain value;
- The contact route of transmission is more common

10. With primary pneumonic plague, there is no:

- Severe intoxicatio;.
- Bubo;
- Cough;
- Dyspnea;
- Bloody sputum

#### CLINICAL CHALLENGE

Clinical challenge example for module #1:

A 42 years old patient, applied to the medical center of the airport terminal. Delivered by comrades - members of the tourist group returning from India, where they were for 10 days. He fell ill at night on the plane - there was a rumbling in the stomach and loose watery stools. Before going to the doctor, he had defecated more than 20 times, three times - profuse vomiting with watery contents. There was dizziness, weakness increased. After 12 hours from the onset of the disease, the condition is extremely severe. Cyanosis of the skin, dry mucous membranes, speaks in a whisper. The eyeballs are sunken; the face is pointed. Skin turgor is sharply reduced, a symptom of the "washerwoman's hand". The skin is cold, covered with sticky sweat. Body temperature 35.4°C. Periodically, the patient becomes agitated, there are cramps in the limbs. Tongue dry, covered with brown coating. Shortness of breath - 34 per minute. The pulse is threadlike; the heart rate is 130 beats/min. BP 30/0 mmHg The abdomen is painless on palpation. Conscious. There are no meningeal phenomena.

#### TASK:

- Make and substantiate the diagnosis and determine the degree of dehydration.
- What measures should be taken when identifying a patient with cholera?
- Assign rehydration therapy (the weight of the patient before the disease is 70 kg).
- What tests should be performed in the intensive care unit to clarify the diagnosis, assess the severity of the disease?

An example of an answer to a clinical challenge #1:

- Diagnosis: Cholera with IV degree of dehydration.

The diagnosis was made on the basis of an epidemiological history - the patient returned from India (an endemic region for cholera); medical history - fell ill at night, acutely, with rumbling in the stomach and liquid watery stools more than 20 times, profuse vomiting of watery contents. Rapid increase in weakness and symptoms of dehydration; physical findings - an extremely serious condition, cyanosis of the skin, sunken eyeballs, sharpened facial features, a symptom of "washerwoman's hands", the skin is cold, covered with sticky sweat, body temperature is 35.4°C, cramps of the extremities, shortness of breath - 34 per minute, thready pulse, heart rate 130 beats/min. BP 30/0 mmHg

- When cholera is detected, it is necessary to take measures to localize and eliminate the focus: isolate the patient and those who have been in contact with him in an infectious diseases hospital, treat the patient and carry out preventive treatment of contact persons, impose a quarantine for 5 days, carry out current and final disinfection.
- Rehydration therapy: for 1.5 hours, any polyionic solution is injected warmly into several veins at a rate of 150 ml per minute for 30 minutes, and then at a rate of 70 ml per minute in a volume of 7 liters. Then, every 2 hours, the volume of ongoing fluid losses is determined, compensating for it with intravenous drip infusion of saline solutions with correction of losses of potassium ions and taking into account laboratory indicators of acid-base balance, electrolytes, and hematocrit. In parallel, etiotropic treatment is prescribed - Ciprox 500 mg intravenously 2 times a day for 5 days or doxycycline 200 mg per day for 5 days.
- To clarify the diagnosis, vomit and feces should be cultured.

#### EXAMPLE OF INTERPRETATION OF LABORATORY DATA:

##### IMMUNOASSAY FOR MARKERS OF VIRAL HEPATITIS

anti-HAV-IgM – negative

anti-HEV-IgM – negative

HBsAg – positive

HBeAg – positive

anti-HBc-IgM – positive

anti-HCV (total) – negative

anti-HDV-IgG – negative

anti-HDV-IgM – negative

Conclusion: Acute viral hepatitis B.

#### CURATION OF THE PATIENT

- Each student receives one patient with an infectious pathology for supervision.
- The curator conducts a survey and examination of the patient according to the proposed scheme, studies the results of the available laboratory data, images, makes a preliminary diagnosis, conducts differential diagnostics, suggests a treatment regimen, additional examination methods.

**Curation scheme:**

1. Passport data: Last name, first name, patronymic, age, marital status, education, profession, place of work, address, time and date of admission, diagnosis upon admission.
2. Complaints related to the disease that caused the hospitalization, then other complaints.
3. Medical history, epidemiological history, life history.
4. Objective data, characteristics of the general condition.
5. Interpretation of available laboratory data and images.

Self-study topics are evaluated according to the submitted reports with presentations.

**MEDICAL HISTORY**

The student independently writes the case history of an infectious patient according to the scheme presented in the APPENDIX.

**THEORETICAL TASK (current control) includes:**

- oral analysis of the topic;
- examination of patients;
- analysis of clinical cases;
- demonstration of training videos.

**CONTROL tests (boundary control)**

Students write a MCQs at the completion of each module.

**5.4. List of types of evaluation tools**

MCQ;  
Clinical challenge;  
Interpretation of laboratory data;  
Self-study: Report with presentation;  
Curation of the patient;  
Theoretical task;  
Medical history.

**6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT****6.1. Recommended reading****6.1.1. Required reading list**

	Authors, Compilers	Title	Book publisher, year
L1.1	Dennis L. Kasper, Anthony S. Fauci.	HARRISON'S Infectious diseases. Textbook	17 <sup>th</sup> ed. New York, McGraw-Hill, 2008

**6.1.2. Advanced reading**

	Authors, Compilers	Title	Book publisher, year
L2.1	Robert M. Kliegman, Bonita F. Stanton, Joseph W. St Geme III et.al	Nelson textbook of pediatrics	Copyright © 2016 by Elsevier, Inc
L2.2	Frederick S.Southwick	Infectious diseases: A clinical short course	Copyright © 2007 by The McGraw-Hill Companies

**6.1.3. Guidance Papers**

	Authors, Compilers	Title	Book publisher, year
L3.1	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et. al	Acute respiratory infections in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2016
L3.2	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et. al	Exanthems in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2013
L3.3	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et. al	Acute intestinal infections in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2009
L 3.4	Kadyrova R.M., Chechetova S.V., Djolbunova Z.K., et. al	Acute viral hepatitis in children (clinical manifestation, laboratory diagnosis, treatment)	Methodical recommendations for medical students, 2017

**6.2. Online Resources**

<b>6.3. List of Information and Education Technologies</b>	
<b>6.3.1 Competence-based Educational Technologies</b>	
6.3.1.1	Traditional educational technologies include lectures, theoretical and practical classes focused on the formation of student's knowledge and practical skills. Educational material, intended for adoption, is provided to students in a completed form. Practical classes are held on the basis of the infectious diseases hospital with mandatory curation of thematic patients.
6.3.1.2	Innovative educational technologies consist in classes that form systemic thinking and the ability to generate ideas when solving various creative tasks, such as role-games, classes in a simulation center.
6.3.1.3	Digital educational technologies are used in the form of independent use of Internet resources by students to perform practical tasks and self-study, familiarize themselves with photo and video materials from Internet sources in the relevant modules.
<b>6.3.2 List of Information Reference Systems and Software</b>	
6.3.2.1	Electronic library of KRSU <a href="http://www.lib.krsu.kg">www.lib.krsu.kg</a>
6.3.2.2	Student's electronic library "Student Advisor" <a href="http://www.studmedlib.ru">www.studmedlib.ru</a>
6.3.2.3	Use of presentations during lectures and practical classes.
6.3.2.4	<a href="http://Medvestnik.bz.medvestnik.ru">Medvestnik.bz.medvestnik.ru</a>
6.3.2.5	MedUniver <a href="https://meduniver.com">https://meduniver.com</a>

<b>7. COURSE (MODULE) LOGISTICS</b>	
7.1	Theoretical and practical training of the program on infectious diseases is carried out at the Department of Infectious Diseases located on the basis of the Republican Clinical Infectious Diseases Hospital, which is designed for 400 beds, has 19 departments, clinical and bacteriological laboratories, an ultrasound room, an X-ray room, a fibroelastometry room.
7.2	The department has 5 classrooms for 15 seats each, a lecture hall for 120 seats, an assistant's room. All classrooms are equipped with furniture, light sources, thematic sets of tabular material.
7.3	Technical equipment: 1 laptop, multifunctional device (printer, scanner, copier), Internet access, telephone, camera.
7.4	Visual aids: educational stands, educational tables, slides, photo albums, videos, educational case histories.
7.5	Lecture presentations on all topics of the lecture course (Power Point -27 pcs.)
7.6	Computer classes (building 11 on L. Tolstoy street, room 4/12, 4/15) with access to the Internet for performing self-study, familiarization with Internet sources, video materials.
7.7	To conduct interactive training, students are provided with access to the simulation center - the Center for Integrative and Practical Training of the KRSU, equipped with simulators, simulator mannequins, resuscitation equipment, etc.

<b>8. COURSE (MODULE) PROFICIENCY METHODOICAL GUIDELINES (FOR STUDENT)</b>
<p>Technological maps of the discipline in the APPENDIX.</p> <p><b>MODULE CONTROL BY DISCIPLINE INCLUDES:</b></p> <ol style="list-style-type: none"> <li>1. Current control: the adoption of educational material in the class (lectures, practical classes, including attendance and activity are taken into account) and the implementation of mandatory tasks for self-study;</li> <li>2. Boundary control: checking the completeness of knowledge and skills on the material of the whole module. The implementation of control tasks for the module is carried out in writing and is a mandatory component of this control.</li> <li>3. Interm control - a completed documented part of the academic discipline (9th semester - credit, 10th semester - exam) - a set of closely related credit modules.</li> </ol> <p><b>BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL</b></p> <p>When a student comes to an exam and (or) a credit class, he must have a record book with him, which he presents to the examiner at the beginning of the exam or to the teacher at the credit class. The teacher has the right to give credit in a subject without a survey, to those students who scored more than 60 points for the current and boundary control. At the intermediate control, the student must correctly answer the theoretical questions of the ticket - (knowledge), correctly complete the clinical challenge and interpret the laboratory data (skills, expertise).</p> <p>During the intermediate control, the teacher sums up the results of the curation of the patient by students during the semester.</p> <p>Intermediate control score:</p> <ul style="list-style-type: none"> <li>- min 20 scores are awarded to check the competency KNOWLEDGE (when the student correctly formulates the basic concepts for the questions);</li> <li>- 20-25 scores are awarded to check the competency of SKILLS and EXPERTISE (when a student correctly formulates the essence of a given challenge and gives recommendations on how to solve it);</li> <li>- 25-30 scores are awarded to check the competency of SKILLS and EXPERTISE (when the student has correctly completed all the control tasks).</li> </ul>

**BASIC REQUIREMENTS FOR CURRENT CONTROL.**

I. When constructing a practical lesson, teachers adhere to the following general indicative scheme:

1) Organizational stage of the lesson (up to 2% of the lesson time):

- a) roll call;
- b) homework for the next lesson;
- c) motivation of the topic of the current lesson;
- d) familiarization of students with the objectives and plan of the lesson;

2) Control and correction of the initial level of knowledge (up to 20% of the lesson time):

- a) test control options of I and III levels;
- b) correction by the teacher of theoretical knowledge of students;

3) The stage of demonstration by the teacher of practical skills and / or thematic patients (up to 15% of the lesson time);

4) The stage of independent work of students at the bedside of the patient (up to 45% of the lesson time);

5) The final stage of the lesson (up to 18% of the lesson time):

- a) final control of the formed practical skills and abilities in the analysis of patients examined by students;
- b) final control of the formed theoretical knowledge and skills, including by solving clinical challenge;
- c) summing up the results of the practical lesson (characterization by the teacher of the fulfillment by students of all the goals of the lesson and individual assessment of knowledge and skills).

**RECOMMENDATIONS FOR THE USE OF LITERATURE.**

Recommendations for working with literature.

The theory of discipline (infectious diseases) becomes more understandable when, in addition to listening to lectures and studying notes, books are also studied. It is easier to master the discipline by sticking to one textbook and notes. It is recommended, in addition to "learning" information, to achieve a state of understanding of the subject of the discipline being studied. To this end, it is recommended, after studying the paragraph, to perform a few simple exercises on this topic. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about, what new concepts have been introduced, what is their meaning, what will this give in practice?

Making up missed classes.

A student who is assessed unsatisfactorily in the current lesson is obliged to re-prepare this topic and answer it to the teacher at an individual interview.

A lecture missed for no reason should be worked out orally or by writing an abstract on the missed topic. There are other ways to make up for missed lectures (questionnaires in practical classes, MCQ etc.).

A lesson missed by a student without a valid reason is worked out in the form of duty in the admissions department of an infectious diseases hospital and, then, oral practice of the theoretical part of the lesson.

**RECOMMENDATIONS FOR PREPARING A PRESENTATION REPORT**

Multimedia presentations are a type of independent work of students to create visual information aids. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, reflecting the main issues of the topic being studied, in digital form.

The report is prepared by the student using Microsoft PowerPoint.

The requirement for students to prepare a presentation and present it in class.

The topic of the presentation is chosen by the student from the proposed list and must be agreed with the teacher and correspond to the topic of the lesson.

Stages of preparing a presentation

1) Drawing up a presentation plan (problem statement; topic goals)

Thinking through each slide, it is important to answer the questions:

- how does the idea of this slide reveal the main idea of the whole presentation?
- what will be shown on the slide?
- what will be said?
- how will the transition to the next slide be made?

2) Presentation requirements:

- Slides should be in the same style, in the same font, numbered.
- The title page is necessary to introduce you and the topic of your report to the audience.
- No more than 30 slides.
- The optimal number of lines per slide is from 6 to 11.
- A common mistake is to read the slide verbatim. It is best if detailed information (definitions, formulas) is written on the slide, and their meaningful meaning is told in words. Information on a slide can be more formal and rigorous than in a speech.
- The optimal switching speed is one slide per 1-2 minutes.
- It is welcome to use more drawings, pictures, formulas, graphs, tables in the presentation. You can use animation effects.
- When explaining tables, it is necessary to say what the rows correspond to and what the columns correspond to.
- Enter only those designations and concepts, without which the understanding of the main ideas of the report is impossible.
- In a short speech, one cannot repeat the same thought, even if in other words - time is precious.
- Any phrase should be said for some reason, then the performance will be solid and leave a good impression.
- The last slide with conclusions in short presentations is not necessary to pronounce.

3) The student is obliged to prepare and deliver a report within the strictly allotted time by the teacher, and on time.

**CURATION OF THE PATIENT**

During the curation process, the student must master the following practical skills:

1. purposefully collect a life history and a history of the disease, focusing on epidemiological history.
2. conduct an objective examination of the patient and evaluate the data obtained in accordance with the age norm (heart rate, respiratory rate, blood pressure, etc.)
3. highlight the leading clinical syndromes.
4. evaluate the available laboratory data (CBC, blood coagulation tests, liver tests, and other biochemical indicators of the functioning of organs, cerebrospinal fluid, bacteriological and serological tests, as well as X-ray, etc.).
5. draw up a plan for additional laboratory and instrumental examinations to confirm the proposed diagnosis;
6. formulate a detailed clinical diagnosis, guided by the classification of the disease;
7. prescribe adequate therapy, calculate the volume of injected solutions, prescribe adequate etiotropic therapy, determine single, daily and course doses of antibiotics; determine the prognosis of the disease in a particular patient;
8. to provide the necessary medical assistance at the prehospital stage with hypovolemic shock, with infectious-toxic shock, with botulism, stenosing laryngotracheitis, bronchial obstruction, hyperthermia, convulsions, anaphylactic reactions.

## TECHNOLOGICAL MAPS OF THE DISCIPLINE "INFECTIOUS DISEASES"

Course 5, semester 9, reporting - Credit

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
<b>Section 1</b>					
<b>Gastrointestinal infections</b>	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	16	20	3
	Boundary	MCQ	4	8	
<b>Section 2</b>					
<b>Viral hepatitis</b>	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	8	12	5
	Boundary	MCQ;	2	5	
<b>Section 3</b>					
<b>Vector borne infections</b>	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	3	6	7
	Boundary	MCQ;	2	4	
<b>Section 4</b>					
<b>Highly contagious infections</b>	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	3	10	9
	Boundary	MCQ;	2	5	
<b>Total per semester</b>			40	70	9
Intermediate Control (credit)	MCQ; Clinical challenge; Interpretation of laboratory data.		20	30	
<b>Semester rating by discipline</b>			60	100	

## Course 5, semester 10, reporting - exam

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
<b>Section 5</b>					
Infections with neurological disorders	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	7	10	
	Boundary	MCQ	2	5	
<b>Section 6</b>					
Infection with respiratory manifestation	Current	see the current control of the previous section	12	15	
	Boundary	MCQ;	4	8	
<b>Section 7</b>					
Infection with skin lesion	Current	see the current control of the section #5	3	6	
	Boundary	MCQ;	2	4	
<b>Section 8</b>					
Infections with multiple organ lesions	Current	see the current control of the section #5	3	8	
	Boundary	MCQ;	2	5	
<b>Section 9</b>					
Helminthes	Current	see the current control of the section #5	3	5	
	Boundary	MCQ;	2	4	
<b>Total per semester</b>			40	70	41
Intermediate Control (Exam)	MCQ; Clinical challenge; Interpretation of laboratory data	20	30		
<b>Semester rating by discipline</b>			60	100	



*HISTORY OF AN INFECTIOUS DISEASE PATIENT*

*(cover sheet)*

**MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC**

**KYRGYZ-RUSSIAN SLAVIC UNIVERSITY**

**Department of Infectious Diseases named after Professor A.I. Romanenko**

**MEDICAL HISTORY**

**Author:** *student(s) last name, first name, group, course, faculty, semester*

**Reviewer:** *surname, name, position, academic degree*

**Curation start date** \_\_\_\_\_

**Curation end date** \_\_\_\_\_

**Bishkek 20\_\_**

*GENERAL INFORMATION ABOUT THE PATIENT*

**Full Name** \_\_\_\_\_

**Age (year, month, date of birth)** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Location** \_\_\_\_\_  
\_\_\_\_\_

**Place of work (study)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Date and time of admission to the hospital** \_\_\_\_\_

**Date of discharge from the hospital** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The outcome of the disease (recovery, improvement, no change, deterioration, death) (Underline whatever applicable)**

**COMPLAINTS:** *(briefly and clearly list all the complaints of the patient at the time of the examination)*

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**HISTORY OF DISEASE (Anamnesis morbi).** The onset of the disease is revealed. A detailed description of the course and development of this disease is carried out from its first manifestations to examination by the curator. The description of the symptoms and the dynamics of the process is made in chronological order, indicating the alleged causes that caused the disease. The initial state (background) on which the disease developed is noted, the subsequent course of the disease is determined, up to the patient seeking medical help. In chronic diseases, the duration of the disease, the frequency of exacerbations and their causes, the patient's well-being during remissions are described. It is indicated what and how long the patient was treated before admission to the clinic, its effectiveness.

**EPIDEMIOLOGICAL HISTORY** (describe possible contacts with infectious patients, the likelihood of infection at work, school, diet, and other likely sources of infection)

**HISTORY OF LIFE (Anamnesis vitae).** (list the composition of the family. (If this is a child, describe from what pregnancy and what births it was born.) How the development took place. Time of onset of sexual development. Housing conditions, diet. Bad habits of parents: smoking, alcohol, drugs. Past illnesses: injuries, surgeries, transfusions of blood and blood substitutes. Post-transfusion reactions and complications Tolerance to drugs. Allergological history. Heredity: malignant neoplasms, tuberculosis, mental illness, viral hepatitis, AIDS virus carriers)

**OBJECTIVE EXAMINATION (Status praesens objectivus):**

**General state.** It can be satisfactory, moderate, severe, extremely severe. Build: astnic, normosthenic or hypersthenic. The position of the patient: active, passive, forced (on the side, back, with legs bent to the stomach).

**Consciousness** is clear (full), obscured, unconscious. Facial expression is usual, suffering, mask-like. Pointed facial features. Mimic.

**Eyes:** glare, movement of the eyeballs, eye symptoms. Growth. Weight. Skin and visible mucous membranes. Skin color: normal (pale pink), pale, cyanotic, icteric, gray (earthy).

**Skin pigmentation, its localization. Elasticity, turgor, dryness, skin moisture. Pathological formations and their localization:** scars, warts, rashes, scratches, peeling, bedsores, tumors, etc.

**Mucous membranes:** color, moisture, pseudomembranes, rashes, ulcerations, etc. **Hair and nails:** color, baldness, nail deformity, etc.

**Subcutaneous fat.** Developed expressed, weakly, moderately, excessively. **Edema:** localization, distribution, severity, conditions of appearance and disappearance, elephantiasis.

**Lymphatic system.** Palpation of the submandibular, cervical, supraclavicular, subclavian, axillary, ulnar, femoral, inguinal lymph nodes: size, shape, density, pain, fusion between themselves and surrounding tissues.

**Muscles.** Hypertrophy, atrophy, tone, soreness, twitching, convulsions.

**Bone system.** Deformation of the bones of the skeleton: skull, spine, chest, shoulders, upper and lower extremities, pelvis. Limb length. Joints. Configuration, crunch, pain, mobility, range of motion.

**The chest and respiratory system.** Chest shape: normal, funnel-shaped, barrel-shaped, emphysematous. The state of the supraclavicular and subclavian fossa, intercostal space. Chest circumference at the level of the nipples. Type of breathing, rhythm, depth, frequency per minute. Shortness of breath: inspiratory, expiratory, mixed. Percussion of the chest: comparative percussion, borders of the lungs. Percussion sound of the lungs: clear pulmonary, boxy, metallic. Dullness of lung sound: boundaries, severity, localization. Auscultation: vesicular, bronchial, amphoric breathing, no breathing; rales dry and wet (small, medium, large rales). Rubbing noise of the pleura.

**The cardiovascular system.** Pulse: frequency per minute, rhythm, tension, filling. Comparison of the pulse in symmetrical areas (for example, on both radial arteries). Pulsation of the iliac, femoral, popliteal, posterior tibial, dorsal artery of the foot. Heart: apex beat, "cardiac hump", pulsation in the epigastrium. Percussion definition of the border of relative and absolute cardiac dullness. Heart sounds on typical points. Heart murmurs. Veins: localization of dilated veins, their thickening, soreness.

**Digestive system.** Mouth, teeth, buccal mucosa, palate, gums. Oral cavity: color, pigmentation, ulceration, scars, pseudomembranes. Tongue: wet or dry, clean or coated (character), color, fissures, ulcers, etc. Oropharynx, tonsils: color, condition of the mucosa, size, shape of the tonsils, the presence

of membranes, etc. Abdomen: shape, symmetry, protrusion of areas. Mobility of the abdominal wall during respiration. Visible intestinal peristalsis. Abdominal skin: expansion of subcutaneous veins, pigmentation. Navel condition. Percussion of the abdomen: areas of tympanic sound, dullness, their localization, severity. Palpation of the abdomen: superficial and deep (sliding) according to Obratsov-Strazhesko. Sensitivity, tone, protective tension of the muscles of the abdominal wall. Structure (defects, fissures) of the abdominal wall, boundaries and properties of palpable organs. Identification of characteristic objective symptoms: Shchetkin-Blumberg, Voskresensky and others. The condition of the inguinal, femoral, umbilical rings, the divergence of the rectus abdominis muscles.

**Anus area.** On examination, the condition of the skin is determined, the presence of cracks, fistulas, external hemorrhoids, prolapse of the rectum.

**Urogenital system.** Lumbar examination. Symptom of Pasternatsky (soreness and the appearance of hematuria when tapping the lower back). Palpation of the kidneys in the supine position, on the side and in the vertical position: soreness, palpability, mobility, size. Examination of the external genitalia.

**Nervous system.** Pupils: reaction to light. Skin sensitivity: hypo-, hyper-, anesthesia, dermatographism (red, white, persistent, unstable). Soreness of the peripheral nerves. Reflexes: corneal, pharyngeal, abdominal, cremaster, plantar, knee, Achilles. Gait. Speech.

**PRELIMINARY DIAGNOSIS.** A complete formulation of the underlying disease, complications of the underlying disease and concomitant disease is given. A preliminary diagnosis is made within the next 4 hours (up to 24 hours) from the moment of admission to the clinic.

**LABORATORY, ADDITIONAL RESEARCH METHODS** This section provides a brief description of the results of laboratory and additional research methods in chronology.

**CLINICAL DIAGNOSIS AND ITS JUSTIFICATION.** The substantiation of the clinical diagnosis is carried out on the basis of the patient's complaints, the history of the disease, life, characteristic objective symptoms in dynamics, the results of laboratory and other additional, special research methods. In this section, the curator gradually, stage by stage, develops the history of the disease, explaining each symptom of the disease, establishing a logical connection between them.

**DIFFERENTIAL DIAGNOSIS.** A differential diagnosis is made between the present disease and diseases similar in clinical presentation. At the same time, the difference in the appearance of the same subjective and objective signs in a real and similar disease is analyzed and determined.

**ETIOLOGY AND PATHOGENESIS.** *Describing the etiology of the disease, it is necessary to indicate only those reasons that led to the development of the disease in the patient. It should be remembered that the curator writes the medical history of this particular patient - he should not rewrite information about the etiology of a particular disease from textbooks and manuals. In the explanation of pathogenesis, the mechanism of the development of the disease in a particular patient is given, indicating the main and secondary elements of this mechanism.*

**TREATMENT.** *When filling in this paragraph, it is necessary to indicate the principles of treatment with their justification, write the exact treatment for this patient.*

**A DIARY.** *The diary in the educational history of the disease is written by the student in accordance with the class schedule. It reflects in detail the dynamics of complaints and the condition of the patient in the interval between curations.*

**EPICRISIS.** *The epicrisis is staged, discharged, posthumous. A stage epicrisis is written every 10 days of the patient's hospitalization, it reflects the dynamics of the disease over the past days, the change in clinical diagnosis, and the need for additional therapeutic and diagnostic measures. If necessary, signed by the Deputy Chief Physician for Expertise. At discharge, a discharge summary is issued with a detailed indication of the clinical diagnosis, anamnesis of the disease, duration of treatment, results of diagnostic measures, all therapeutic measures performed, and recommendations. A postmortem epicrisis is issued in case of death.*

**REFERENCES.** *A list of literary sources used in writing the case history is given: textbooks, manuals, teaching aids, monographs, journal articles, lectures.*