ЛД-16 ИН

Federal State Budgetary Educational Institution of Higher Education
"North-Ossetian State Medical Academy"
of the Ministry of Healthcare of the Russian Federation

ДОКУМЕНТ ПОДПИСАН
ЭЛЕКТРОННОЙ ПОДПИСЬЮ

Сертификат:
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Владелец: Ремизов Олег Валерьевич
Действителен: с 23.05.2023 до 15.08.2024

APPROVED
Rector of FSBEI HE NOSMA
MOH Russia
_____ O.V. Remizov
«24» may 2023

EDUCATIONAL TRAINING PROGRAM OF THE DISCIPLINE

«Pediatric surgery»

the main professional educational program of higher education - specialty program in the specialty 31.05.01 General Medicine, approved in May 24, 2023

Form of study Full-time

The period of development 6

Department of Surgical Pediatric Diseases with Medical Genetics

Vladikavkaz, 2023

When developing the work program of the discipline, the basis is based on:

1. Federal State Educational Standard of Higher Education on specialty 31.05.01 General Medicine, approved by the Ministry of Education and Science of theRussian Federation on February 9, 2016 № 95

2. Academic plan on specialty 31.05.01 General Medicine,
ЛД-16-03-18 ИН
ЛД-16-04-19 ИН
ЛД-16-05-20 ИН, approved by the Scientific Council of the Federal State Budgetary Educational Institution of Higher Education «North-Ossetia State Medical Academy» of the Ministry of Healthcare of the Russian Federation «24» may 2023, protocol № 8.

The educational training program of the discipline was approved at a meeting of the department of Surgical Pediatric Diseases with Medical Genetics «11» may 2023, protocol № 10.

The educational training program of the discipline was approved at the meeting of the Central Coordinating Educational and Methodological Council of May 23, 2023, protocol No. 5.

The educational training program of the discipline was approved by the Scientific Council of the State Medical University of the Federal State Budgetary Educational Institution of Higher Education «North-Ossetia State Medical Academy» of the Ministry of Healthcare of the Russian Federation from «24» may 2023, protocol № 8.

Developer:

Head of the department of surgical pediatric diseases with medical genetics, associate professor — I.Sh. Dzheliev

Reviewers:

Head of the department of childhood diseases No. 1 of the FSBEI HE NOSMA MOH Russia,doctor of medical sciences, professor T.T. Boraeva

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M.V. Ikaev

Content of the work program

1. Name of the discipline;
2. A list of planned learning outcomes in the discipline, correlated with the planned results of mastering the educational program;
3. An indication of the place of discipline in the structure of the educational program;
4. The amount of discipline in credit units, indicating the number of academic or astronomical hours allocated for contact work of students with a teacher (by type of training) and for independent work of students;
5. The content of the discipline, structured by topics (sections) with an indication of the number of academic or astronomical hours allocated for them and types of training;
6. A list of educational and methodological support for independent work of students in the discipline;
7. Fund of assessment tools for intermediate certification of students in the discipline;
8. A list of basic and additional educational literature necessary for mastering the discipline;
9. A list of resources of the information and telecommunication network "Internet" (hereinafter - the "Internet" network), necessary for mastering the discipline;
10. Methodological instructions for students on the development of the discipline;
11. A list of information technologies used in the implementation of the educational process in the discipline, including a list of software and information reference systems (if necessary);
12. Description of the material and technical base necessary for the implementation of the educational process in the discipline.
13. Conducting educational activities using e-learning and distance learning technologies

1. **Name of the discipline. Pediatric surgery.**
2. **The list of planned learning outcomes in the discipline and the results of mastering the educational program**

№ п/п	Competency number / index	Contents of the discipline section	Development results		
			know	can	possess
1	2	3	4	5	6
1.	ОК-7	1) Acute appendicitis, peritonitis. Primary peritonitis. 2) Congenital intestinal obstruction. Congenital pyloric stenosis. 3) Acquired intestinal obstruction. 4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues. 5) Acute and chronic osteomyelitis in children of different age groups. 6) Malformations of the kidneys and urinary tract. 7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia. 8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia. 9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip. 10) Congenital muscle torticollis. Congenital clubfoot.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.
2.	ОПК-4	1) Acute appendicitis, peritonitis. Primary peritonitis. 2) Congenital intestinal obstruction. Congenital pyloric stenosis. 3) Acquired intestinal obstruction. 4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues. 5) Acute and chronic osteomyelitis in children of different age	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.

		groups. 6) Malformations of the kidneys and urinary tract. 7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia. 8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia. 9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip. 10) Congenital muscle torticollis. Congenital clubfoot.			
3.	ПК-1	1) Acute appendicitis, peritonitis. Primary peritonitis. 2) Congenital intestinal obstruction. Congenital pyloric stenosis. 3) Acquired intestinal obstruction.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms. Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis. Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall. Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance. Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography. Diagnostics of puru-	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis. To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management. Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction. Differential diagnosis of purulent-

		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	lent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus.	inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data. Conduct an objective examination for inguinal hernia, dropsy of the membranes of	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract. Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal

				the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed
			Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis.		

		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.		reduction of dislocation. Indications for surgical treatment.
		10) Congenital muscle torticollis. Congenital clubfoot.	Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.
4.	ПК-5	1) Acute appendicitis, peritonitis. Primary peritonitis.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.
		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obtu-	Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric	To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-

			ration of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis.	stenosis. Determine the degree of homeostasis disturbance.	Ramstedt surgery for pyloric stenosis, postoperative management.
		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography.	Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus.	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
				Conduct an objective examination for malformations of the kidneys and urinary	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.

		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	tract. Interpret X-ray data.	
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphrag-	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.

			matic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.		
		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment.
			Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.

		10) Congenital muscle torticollis. Congenital clubfoot.			
5.	ПК-10	1) Acute appendicitis, peritonitis. Primary peritonitis.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.
		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis.	Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance.	To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management.
		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography.	Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus. Diagnose acute and	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium. Differential diagnosis of acute hematogenous osteomye-

				chronic osteomyelitis. Interpret X-ray data.	litis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.		
				Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data.	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galetoshaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.		
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Fea-	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.

			tures of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.		
		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment.

		10) Congenital muscle torticollis. Congenital clubfoot.	Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.
6.	ПК-11	1) Acute appendicitis, peritonitis. Primary peritonitis. 2) Congenital intestinal obstruction. Congenital pyloric stenosis. 3) Acquired intestinal obstruction.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms. Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis. Classification of acquired intestinal obstruction. Causes of mechanical and dy-	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall. Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance. Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conserva-	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis. To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management. Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations

			namic intestinal obstruction.	tive treatment for intestinal obstruction. Perform pneumoirrigography.	for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus.	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cyst-	Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data.	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.

			ic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early func-
			Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system.		

		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip. 10) Congenital muscle torticollis. Congenital clubfoot.	Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints. Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	children. Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	tional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment. Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.
7.	ПК-20	1) Acute appendicitis, peritonitis. Primary peritonitis.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis. To make a differential diagnosis with

		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis.	Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance.	other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management.
		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography.	Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus.	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.

					Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data.	
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.
			Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esopha-

		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.		geal atresia.
		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment.
			Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treat-

		10) Congenital muscle torticollis. Congenital clubfoot.			ment of congenital muscle torticollis and clubfoot.
8.	ПК-21	1) Acute appendicitis, peritonitis. Primary peritonitis.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.
		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis.	Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance.	To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management.
		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	Examine a patient with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography.	Conduct a differential diagnosis of intestinal obstruction. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, im-	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.

				pact on microorganisms, impact on a local focus.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data.	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.
		7) Inguinal hernia, dropsy of the	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.

		membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.		
		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Features of the anatomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxa-	Conduct an objective examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	Principles of treatment of fractures and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment.

			tion and dislocation of the hip joint. Dysplasia of the hip joints. Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.
		10) Congenital muscle torticollis. Congenital clubfoot.			
9.	ПК-22	1) Acute appendicitis, peritonitis. Primary peritonitis.	Anatomical and physiological features of the abdominal cavity in children. Features of the course of appendicitis in children of the younger age group. Diagnostics. Treatment of complicated forms.	Take anamnesis, conduct an objective examination in a patient with acute appendicitis. Reveal symptoms of peritoneal irritation, tension of the abdominal wall.	Algorithm for the implementation of diagnostic and therapeutic measures to help children with acute appendicitis, peritonitis.
		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	Malformations causing compression of the intestinal tube from the outside. Malformations of the intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clinical symptoms of pyloric stenosis.	Conduct an objective examination of a patient with congenital intestinal obstruction. Determine the "hourglass" symptom in congenital pyloric stenosis. Determine the degree of homeostasis disturbance. Examine a patient	To make a differential diagnosis with other diseases and malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management. Conduct a differential diagnosis of intestinal obstruc-

		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dynamic intestinal obstruction.	with intestinal obstruction. Interpret the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography.	tion. Establish indications for conservative and surgical treatment. The course of operations for various types of intestinal obstruction.
		4) Pathogenesis of purulent surgical infection. Purulent-inflammatory diseases of soft tissues.	Violations of water-electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagnosis and treatment of purulent surgical infection.	Diagnostics of purulent-inflammatory lesions of soft tissues in children. Identification of a local focus, study of the patient's reactivity, microbiological examination of the discharge, impact on a macroorganism, impact on microorganisms, impact on a local focus.	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.
		5) Acute and chronic osteomyelitis in children of different age groups.	Anatomical and physiological features predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyelitis.	Diagnose acute and chronic osteomyelitis. Interpret X-ray data.	Differential diagnosis of acute hematogenous osteomyelitis in children. Algorithm of complex treatment: impact on the macroorganism, direct impact on the causative agent of the disease, timely and complete sanitation of the local focus. Principles of dispensary observation.
		6) Malformations of the kidneys and urinary tract.	Embryogenesis of the urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-	Conduct an objective examination for malformations of the kidneys and urinary tract. Interpret X-ray data.	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.

			shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias.	Conduct an objective examination for inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Conduct a differential diagnosis of dropsy of the testicular membranes and inguinal-scrotal hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.
		7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Restrained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele.	Conducting an objective examination for various lung defects, diaphragmatic hernias, esophageal atresia. Interpret radiographs with defects of lung diaphragmatic hernias, atresia of the esophagus.	Conduct a differential diagnosis of diaphragmatic hernias. Indications for surgical treatment of lung malformations. Algorithm for preoperative preparation, surgery, postoperative management of patients with esophageal atresia.
		8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.	Lung malformations. Agenesis and aplasia of the lung. Lung hypoplasia (simple and cystic form). Congenital lobar emphysema. Congenital solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.	Conduct an objective examination for injuries of the musculo-	Principles of treatment of fractures
			Features of the ana-		

			tomical structure of the skeletal system in children. Physiological properties of the skeletal system. Break and fracture of the "green branch" or "willow twig" type. Subperiosteal fracture. Epiphysis and osteoepiphysis. Apophysiolysis. Traumatic dislocation of bones. Features of the clinical picture of fractures and dislocations. Intrauterine development of the hip joint. Morphological substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.	skeletal system in children. Conduct an objective examination for congenital hip dislocation in children.	and dislocations of bones in children. Terms and types of limb immobilization. An early functional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation and dislocation. One-stage closed reduction of dislocation. Indications for surgical treatment.
		9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.	Characteristics of changes in the lower leg, ankle joint and foot in congenital clubfoot. Clinic and diagnostics.	Objective examination of patients with congenital muscle torticollis and clubfoot. Interpretation of X-ray data.	Difdiagnosis of torticollis. Difdiagnosis of clubfoot with arthrogripposis, amniotic constriction of the lower leg, myelodysplasia. Indications for conservative and surgical treatment of congenital muscle torticollis and clubfoot.
		10) Congenital muscle torticollis. Congenital clubfoot.			

3. Place of discipline in the structure of the educational program

The discipline "pediatric surgery" belongs to the basic part of Block 1 of the Federal State Educational Standard of Higher Education in the specialty "General Medicine".

4. The amount of discipline

No п/п	Type of work		Total credit units	Total hours	Semester number 10
					hours
1	2		3	4	5
1	**Contact work of students with teacher (total), including:**		1.8	66	66
2	**Lectures (L)**		0.3	10	10
3	**Clinical Practices (CP)**		1.5	56	56
6	**Independent work of the student (IWS)**		1,2	42	42
7	**Intermediate type appraisals**	**credit (C)**	+	-	-
		exam (E)	-	-	-
8	**TOTAL: General labor intensity**	**hours**	-	108	108
		ZET	3.0	3.0	3.0

5. Content of the discipline

No п/п	Semester number	The name of the discipline section	Types of educational activities (in hours)				Forms of monitoring of progress
			L	PZ	CPC	Total	
1	2	3	4	5	6	7	8
1.	X	Surgical diseases of childhood.	10	56	42	108	I, TT, ST
TOTAL:			10	56	42	108	credit

Note**:** I - interview, TT - test tasks, ST - situational tasks.

6. The list of educational and methodological support for independent work of students in the discipline

No./n	Semester number	Name of educational and methodological development
1	10	Methodical developments in pediatric surgery for 5th year students of the medical faculty. Authors: Dzheliev I.Sh., Lolaeva B.M., Esenov K.T., Makoev V.O., Burnatseva M.M. 2011. Practical skills training in pediatric surgery. Authors: Dzheliev I.Sh., Lolaeva B.M., Esenov K.T., Makoev V.O., Burnatseva M.M. 2011. Collection of test tasks for 5th year students of the medical faculty, collection of lectures. Authors: Dzheliev I.Sh., Lolaeva B.M. 2011.

7. Fund of assessment tools for intermediate certification of students in the discipline

No.	List of competencies	No. semester	Indicator (s) evaluating	Evaluation criterion (s)	Grading scale	Name FOS
1	2	3	4	5	6	7
1	OK-7	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
2	OPK-4	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
3	PK-1	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
4	PK-5	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
5	PK-10	X	see the standard for assessing the quality of education, approved. By order of	see the standard for assessing the quality of education, approved. By order of	see the standard for assessing the quality of education, approved. By order of	tests, situational tasks, exam tickets

			the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	
6	ПК-11	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
7	ПК-20	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
8	ПК -21	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets
9	ПК -22	X	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	see the standard for assessing the quality of education, approved. By order of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264 / o	tests, situational tasks, exam tickets

8. The list of basic and additional educational literature necessary for mastering the discipline

p / no	Name	Authors)	Year, place of publication	Number of copies	
				in library	on the department
one	2	3	4	5	6
Main literature					
1.	Pediatric surgery.	Isakov Yu.F., Razumovsky A.Yu.	M., GEOTAR - Media., 2014.	100	1
2.	Pediatric anesthesiology and resuscitation.	Mikhelson V.A., Grebennikov V.A.	M., GEOTAR - Media., 2010.	45	1
3.	Pediatric urology.	Pugachev A.G.	M .: GEOTAR-Media, 2009.	40	1
4.	Pediatric oncology.	Durnov A.F.	M., GEOTAR - Media., 2004.	32	1
5.	Pediatric coloproctology	Geraskin A.V., Dronov A.F., Smirnov A.N.	M., GEOTAR - Media., 2012.		
6.	Pediatric surgery. National leadership. Edited by Acad. RAMS Yu.F. Isakov, prof. Dronov. M .: GEOTAR-Medicine. - 2009.	Edited by Acad. RAMS Yu.F. Isakov, prof. S.V. Dronov.	M., GEOTAR-Media, 2009	12	1
Additional literature					
1.	Bone fractures in children. Guide to Traumatology and Orthopedics.	V.P. Nemsadze / Ed. SOUTH. Shaposhnikov,	Volume 2, Chapter 14. - M., GEOTAR-Media, 2008.	12	5
2.	Pediatric surgery.	Ashcraft K.U., Holder T.M.	Per. and Russian ed. T.K. Nemilova - L., 2006, in 3 volumes.	3	1
3.	Atlas of Pediatric Opera-	P. Puri, M. Golwart.	M .:	3	1

	tive Surgery.		MEDpress-inform. - 2009		
4.	Treatment of appendicular appendicitis in children.	V.E. Shchetinin	M .: RMAPO. - 2005.	9	1
5.	Emergency conditions in children.	Petrushina A.D., Malchenko L.A.	M .: Medical book. - 2008.	23	1
6.	Urgent surgery for children.	Bairov G.A.	M.: Practical medicine. - 1997.	16	1
7.	Endoscopic surgery in children.	A.F.Dronov	M., GEOTAR-Media, 2002	3	1

9. The list of resources of the information and telecommunication network "Internet" necessary for mastering the discipline

1. http://www.rusmedserv.com/raps/ Russian Association of Pediatric Surgeons
2. http: // society-surgeons.rf/stranica-pravlenija/unkr/detskaja-hirurgijaRussian Society of Surgeons. Section: Pediatric Surgery
3. http://ps-ioumaI.ru/ Russian bulletin of pediatric surgery, anesthesiology and resuscitation [Electron, journal].
4. http://www.medlit.ru/ioumal/320 Pediatric surgery [Electron, journal]. -
5. http://meduniver.com/- site for various branches of medicine
6. http://www.booksmed.com/- site with tutorials
7. http://www.webmed.irkutsk.ru/ - a site with recommendations, information on various branches of medicine
8. http://www.vidal.ru/ - a reference book of medicines
9. http://Pediatr-russia.ru/Union of Pediatricians of Russia [Electron resource]. - Access mode:

10. Guidelines for organizing the study of the discipline:

The study of pediatric surgery is carried out according to the classical principle: from the propaedeutics of pediatric surgical diseases to the study of nosological units and surgical syndromes in children.

5th year students of the Faculty of General Medicine receive practical skills in the study of children with surgical diseases, while great attention is paid to developing the ability to establish contact with a sick child and parents, conduct an initial examination, and interpret the data obtained. The most common surgical diseases in children are being studied: acute appendicitis, purulent-inflammatory diseases of soft tissues, etc.

The presentation of the sections of pediatric surgery begins with an analysis of the issues of urgent surgery for children, paying special attention to the section of acute processes of the abdominal cavity.

Then, a detailed study of each nosological unit (the most common surgical diseases; malformations and traumatic injuries in their typical course) is carried out with an analysis of the etiology, pathogenesis, clinical manifestations, diagnosis, prevention and treatment. The lectures are illustrated by the demonstration of patients with a typical course of the disease.

Independent work of students includes classroom and extracurricular parts: writing essays, preparation for classes, preparation for testing, preparation for current control, preparation for intermediate certification

Work with educational literature is considered as a type of educational work in the discipline of caring for children with surgical diseases and is performed within the hours allotted for its study (in the CDS section). Each student is provided with access to the library funds of the Academy and the department. The department has developed guidelines for students "Care for children with surgical diseases" and a workshop "Practical skills in pediatric surgery."

During the study of the discipline, students independently prepare for classes and testing, draw up abstracts and submit them for certification. At the end of the study of the discipline, a final control of knowledge is carried out in the form of a module using test control, testing of practical skills and solving situational problems.

11. The list of information technologies used in the implementation of the educational process in the discipline

Semester	Type of occupation L, PK, S,	Educational technologies used (active, interactive)	Number of hours	% of classes in an interactive form	List of software
10	L	Multimedia lectures, videos	10		Microsoft Office PowerPoint; Windows Media Player
10	PZ	A set of questions and tasks for a practical assignment, a set of situational tasks for an AP, a set of case histories for the analysis of clinical cases. Videos of operations.	56	20	Microsoft Office PowerPoint; Windows Media Player
10	IWS	Questions and tasks for independent work	42		Microsoft Office Internet Explorer

12. Description of the material and technical base necessary for the implementation of the educational process in the discipline

N/п	**equipment identification**	**number**	**Technical condition**
1	**2**	**3**	**4**
Special equipment			

1.	Surgical instrumentation	1 set	Satisfactory
Dummies			
2.	Adult torso with head	1	Satisfactory
3.	Buttock	1	Satisfactory
4.	Elbow bend	1	Satisfactory
5.	Lower limb	1	Satisfactory
6.	Upper limb	1	Satisfactory
7.	Tables, pcs.	1	Satisfactory
8.	Skeleton	1	Satisfactory

No.	equipment identification	number	Technical content
1	A computer	2	Satisfactory
2	Notebook	1	Good
3	Projector	1	Good
4	Scanner, copier, printer	1	Satisfactory
5	Printer	1	Satisfactory

13. Conducting educational activities using e-learning and distance learning technologies

In the context of the introduction of restrictive measures (quarantine) associated with an unfavorable epidemiological situation, the threat of the spread of a new coronavirus infection and other force majeure events that do not allow full-time training, it is possible to study this discipline or part of it using e-learning and distance educational technologies.
Teaching the discipline in the above situations will be carried out through the development of an electronic course with access to video lectures and interactive course materials: presentations, articles, additional materials, tests and various assignments. When conducting training sessions, monitoring progress, as well as intermediate certification of students, platforms of the electronic information and educational environment of the academy and / or other e-learning systems recommended for use in the academy, such as Moodle, Zoom, Webinar, etc.
Lectures can be presented in the form of audio, video, "live lectures", etc.
Conducting seminars and practical classes is possible in on-line mode both in synchronous and asynchronous modes. Seminars can be conducted in the form of web conferences