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



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 Dis	eases with Medical Genetics	

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

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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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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

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

	Compet	Contents of the dissipline		Development results	
№ п/п	ency number / index	Contents of the discipline section	know	can	possess
1	2	3	4	5	6
1.		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.	
2.		 Acute appendicitis, peritonitis. Primary peritonitis. Congenital intestinal obstruction. Congenital pyloric stenosis. Acquired intestinal obstruction. Pathogenesis of purulent surgical infection. Purulentinflammatory diseases of soft tissues. 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	Acute appendicitis, peritonitis. Primary peritonitis. Congenital intestinal obstruction. Congenital pyloric stenosis. Acquired intestinal obstruc-	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 ob-		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 surgi-
		tion.	struction. Causes of mechanical and dy- namic intestinal ob- struction.	the X-ray picture. Prescribe conservative treatment for intestinal obstruction. Perform pneumoirrigography. Diagnostics of puru-	cal treatment. The course of operations for various types of intestinal obstruction. Differential diagnosis of purulent-

lent-inflammatory inflammatory lelesions of soft tissues sions of soft tissues Violations of waterelectrolyte, acid-base, in children. Identifiin children. Surgication of a local focal treatment of protein and other 4) Pathogenesis of purulent surcus, study of the paneonatal cellulitis, types of metabolism gical infection. Purulenttient's reactivity, mineonatal mastitis, in purulent diseases. inflammatory diseases of soft crobiological examierysipelas, boil, Principles of diagnotissues. nation of the discarbuncle, lymsis and treatment of phadenitis, panaritcharge, impact on a purulent surgical inmacroorganism, imfection. pact on microorganisms, impact on a Differential diagnolocal focus. sis of acute hematogenous osteomvelitis in children. Diagnose acute and chronic osteomyeli-Algorithm of comtis. Interpret X-ray plex treatment: im-Anatomical and data. pact on the macrophysiological feaorganism, direct tures predisposing to impact on the causthe development of ative agent of the osteomyelitis, the disease, timely and 5) Acute and chronic osteomyepathogenesis of a complete sanitation litis in children of different age toxic, septic-pyemic, of the local focus. groups. local form. Types of Principles of disprimary chronic pensary observaforms of osteomyelition. Cystography, urography. Algorithm of surgical treatment for malformations Conduct an objective of the kidneys and examination for malurinary tract. formations of the kidneys and urinary Embryogenesis of the tract. Interpret X-ray data. urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of 6) Malformations of the kidneys the kidneys. Horseand urinary tract. shoe kidney. Galetoshaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kid-Conduct a differenneys and ureters. Conduct an objective tial diagnosis of Bladder exstrophy. examination for indropsy of the tes-Epispadias. Hypoguinal hernia, dropsy ticular membranes spadias.

of the membranes of

and inguinal-scrotal

Embryogenesis.

7) Inguinal hernia, dropsy of the membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.

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.

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.

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.

the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia. hernia; cryptorchidism and testicular ectopia. Determine the degree of varicocele. Algorithm for performing surgical interventions.

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.

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

8) Malformations of the lungs. Diaphragmatic hernia, esophageal atresia.

		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. 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.	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.
		10) Congenital muscle torticollis. Congenital 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 compli-	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	malformations, ac- companied by vom- iting and stool re-

ration of the intestistenosis. Determine Ramstedt surgery nal lumen with visthe degree of homeofor pyloric stenosis, cous meconium. Destasis disturbance. postoperative manfects, rotation and agement. fixation of the mesentery. Typical clini-Conduct a differencal symptoms of pytial diagnosis of loric stenosis. intestinal obstruc-Examine a patient tion. Establish indiwith intestinal ob-Classification of accations for construction. Interpret quired intestinal observative and surgi-3) Acquired intestinal obstructhe X-ray picture. struction. Causes of cal treatment. The tion. Prescribe conservamechanical and dycourse of operations tive treatment for namic intestinal obfor various types of intestinal obstruction. struction. intestinal obstruc-Perform pneumoirrition. gography. Differential diagno-Diagnostics of purusis of purulentlent-inflammatory inflammatory le-Violations of waterlesions of soft tissues sions of soft tissues electrolyte, acid-base, in children. Identifiin children. Surgiprotein and other cation of a local focal treatment of types of metabolism cus, study of the paneonatal cellulitis. 4) Pathogenesis of purulent surin purulent diseases. tient's reactivity, mineonatal mastitis, gical infection. Purulent-Principles of diagnocrobiological examierysipelas, boil, inflammatory diseases of soft sis and treatment of nation of the discarbuncle, lymtissues. purulent surgical incharge, impact on a phadenitis, panaritfection. macroorganism, imium. pact on microorganisms, impact on a Differential diagnolocal focus. sis of acute hematogenous osteomye-Diagnose acute and litis in children. chronic osteomyeli-Algorithm of com-Anatomical and tis. Interpret X-ray plex treatment: imphysiological feadata. pact on the macrotures predisposing to organism, direct the development of impact on the causosteomyelitis, the ative agent of the pathogenesis of a disease, timely and toxic, septic-pyemic, 5) Acute and chronic osteomyecomplete sanitation local form. Types of litis in children of different age of the local focus. primary chronic groups. Principles of disforms of osteomyelipensary observation. Cystography, urography. Algorithm of surgical treatment for malformations Conduct an objective examination for malof the kidneys and formations of the urinary tract. kidneys and urinary

Embryogenesis of the tract. Interpret X-ray urinary system. Clas- data. sification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horseshoe kidney. Galeto-6) Malformations of the kidneys shaped kidney. and urinary tract. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kid-Conduct a differenneys and ureters. Conduct an objective tial diagnosis of Bladder exstrophy. examination for indropsy of the tes-Epispadias. Hypoguinal hernia, dropsy ticular membranes spadias. of the membranes of and inguinal-scrotal the testicle and sperhernia; cryptorchid-Embryogenesis. matic cord, cryptorism and testicular Communicating and chidism, varicocele, ectopia. Determine non-communicating umbilical hernia. the degree of varidropsy. Clinic. Hercocele. Algorithm nias: inguinal, umbilfor performing surical, white line. Emgical interventions. bryogenesis. Inguinal-scrotal hernia. Sliding hernia. The 7) Inguinal hernia, dropsy of the clinical picture. Feamembranes of the testicle and tures in girls. Respermatic cord, cryptorchidism, strained inguinal hervaricocele, umbilical hernia. nia. Features of the clinical picture. Features of treatment. Cryptorchidism. Em-Conduct a differenbryogenesis. Varico- Conducting an objectial diagnosis of cele. tive examination for diaphragmatic hervarious lung defects, nias. Indications for diaphragmatic hernisurgical treatment Lung malformations. as, esophageal atreof lung malfor-Agenesis and aplasia sia. Interpret radiomations. Algorithm of the lung. Lung graphs with defects for preoperative hypoplasia (simple of lung diaphragmatpreparation, surand cystic form). ic hernias, atresia of gery, postoperative Congenital lobar emthe esophagus. management of paphysema. Congenital tients with esophasolitary cyst. Pulmogeal atresia. nary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congeni-8) Malformations of the lungs. tal diaphragmatic Diaphragmatic hernia, esophahernia. Classification geal atresia. of diaphragmatic hernias. Diaphrag-

matic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia. Conduct an objective Principles of treat-Features of the anaexamination for injument of fractures tomical structure of ries of the musculoand dislocations of the skeletal system in bones in children. skeletal system in children. Physiologichildren. Conduct an Terms and types of cal properties of the objective examinalimb immobilizaskeletal system. tion for congenital tion. An early func-Break and fracture of hip dislocation in tional treatment for the "green branch" or children. congenital disloca-"willow twig" type. tion. Treatment of Subperiosteal fracdysplasia, subluxature. Epiphysis and tion, subluxation osteoepiphysis. and dislocation. Apophysiolysis. One-stage closed Traumatic dislocation reduction of disloof bones. Features of cation. Indications the clinical picture of for surgical treatfractures and dislocament. 9) Features of childhood trautions. Intrauterine development of the matology. Typical types of hip joint. Morphologdamage. Congenital dislocation ical substrate of the of the hip. disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints. Characteristics of changes in the lower Objective examinaleg, ankle joint and tion of patients with foot in congenital Difdiagnosis of torcongenital muscle clubfoot. Clinic and ticollis. Difdiagnotorticollis and clubdiagnostics. sis of clubfoot with foot. Interpretation of arthrogripposis, X-ray data. 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. To make a differential diagnosis with other diseases and
		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.	malformations, accompanied by vomiting and stool retention. Algorithm for preoperative preparation, Frede-Ramstedt surgery for pyloric stenosis, postoperative management. Conduct a differential diagnosis of
	3) Acquired intestinal obtion.	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.	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 diagno- sis and treatment of purulent surgical in- fection.	cation of a local fo- cus, study of the pa- tient's reactivity, mi- crobiological exami- nation of the dis- charge, impact on a macroorganism, im- pact on microorgan- isms, impact on a	Differential diagnosis of purulent-inflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium. Differential diagno-
				local focus. Diagnose acute and	sis of acute hema- togenous osteomye-

chronic osteomyelilitis in children. tis. Interpret X-ray Algorithm of com-Anatomical and plex treatment: imdata. physiological feapact on the macrotures predisposing to organism, direct the development of impact on the causosteomyelitis, the ative agent of the pathogenesis of a disease, timely and toxic, septic-pyemic, 5) Acute and chronic osteomyecomplete sanitation local form. Types of litis in children of different age of the local focus. primary chronic groups. Principles of disforms of osteomyelipensary observation. Cystography, urography. Algorithm of surgical treatment Conduct an objective for malformations examination for malof the kidneys and formations of the urinary tract. kidneys and urinary tract. Interpret X-ray Embryogenesis of the data. urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horse-6) Malformations of the kidneys shoe kidney. Galetoand urinary tract. shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Conduct an objective Conduct a differen-Bladder exstrophy. examination for intial diagnosis of Epispadias. Hypoguinal hernia, dropsy dropsy of the tesspadias. of the membranes of ticular membranes the testicle and sperand inguinal-scrotal Embryogenesis. matic cord, cryptorhernia; cryptorchid-Communicating and chidism, varicocele, ism and testicular non-communicating umbilical hernia. ectopia. Determine dropsy. Clinic. Herthe degree of varinias: inguinal, umbilcocele. Algorithm ical, white line. Emfor performing surbryogenesis. Inguigical interventions. nal-scrotal hernia. Sliding hernia. The 7) Inguinal hernia, dropsy of the clinical picture. Feamembranes of the testicle and tures in girls. Respermatic cord, cryptorchidism, strained inguinal hervaricocele, umbilical hernia. nia. Features of the clinical picture. Fea-

tures of treatment. Cryptorchidism. Em-Conducting an objecbryogenesis. Varicotive examination for Conduct a differencele. various lung defects. tial diagnosis of diaphragmatic hernidiaphragmatic heras, esophageal atre-Lung malformations. nias. Indications for sia. Interpret radio-Agenesis and aplasia surgical treatment graphs with defects of the lung. Lung of lung malforof lung diaphragmathypoplasia (simple mations. Algorithm ic hernias, atresia of and cystic form). for preoperative the esophagus. Congenital lobar empreparation, surphysema. Congenital gery, postoperative solitary cyst. Pulmomanagement of panary sequestration. tients with esopha-Pulmonary arteriovegeal atresia. nous fistulas. Embry-8) Malformations of the lungs. ogenesis of congeni-Diaphragmatic hernia, esophatal diaphragmatic geal atresia. hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia: hiatal hernia. Conduct an objective examination for inju-Features of the ana-Principles of treatries of the musculotomical structure of ment of fractures skeletal system in the skeletal system in and dislocations of children. Conduct an children. Physiologibones in children. objective examinacal properties of the Terms and types of tion for congenital skeletal system. limb immobilizahip dislocation in Break and fracture of tion. An early funcchildren. the "green branch" or tional treatment for "willow twig" type. congenital disloca-Subperiosteal fraction. Treatment of ture. Epiphysis and dvsplasia, subluxaosteoepiphysis. tion, subluxation Apophysiolysis. and dislocation. Traumatic dislocation One-stage closed of bones. Features of reduction of dislothe clinical picture of cation. Indications fractures and disloca-9) Features of childhood traufor surgical treattions. Intrauterine matology. Typical types of ment. development of the damage. Congenital dislocation hip joint. Morphologof the hip. ical substrate of the disease. Predislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip joints.

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			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.			
6.	ПК-11	1) Acute appendicitis, peritonitis. Primary peritonitis. 2) Congenital intestinal obstruction. Congenital pyloric stenosis.	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.	Determine the "hour- glass" symptom in congenital pyloric stenosis. Determine	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 indi-
		3) Acquired intestinal obstruction.	Classification of acquired intestinal obstruction. Causes of mechanical and dy-	with intestinal obstruction. Interpret the X-ray picture. Prescribe conserva-	cations for con- servative and surgi- cal treatment. The course of operations

		namic intestinal ob-	tive treatment for	for various types of
		struction.	intestinal obstruction.	intestinal obstruc-
			Perform pneumoirrigography.	tion.
	4) Pathogenesis of purulent surgical infection. Purulentinflammatory diseases of soft tissues.	Violations of water- electrolyte, acid-base, protein and other types of metabolism in purulent diseases. Principles of diagno- sis and treatment of purulent surgical in- fection.	Diagnostics of puru- lent-inflammatory lesions of soft tissues	Differential diagnosis of purulent- inflammatory le- sions of soft tissues in children. Surgi- cal treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lym- phadenitis, panarit- ium. Differential diagno-
	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.	sis 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. Galetoshaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cyst-	data.	Cystography, urography. Algorithm of surgical treatment for malformations of the kidneys and urinary tract.

ic abnormalities. Doubling of the kidneys and ureters. Conduct a differen-Conduct an objective Bladder exstrophy. examination for intial diagnosis of Epispadias. Hypoguinal hernia, dropsy dropsy of the tesspadias. of the membranes of ticular membranes the testicle and sperand inguinal-scrotal Embryogenesis. matic cord, cryptorhernia; cryptorchid-Communicating and chidism, varicocele, ism and testicular non-communicating umbilical hernia. ectopia. Determine dropsy. Clinic. Herthe degree of varinias: inguinal, umbilcocele. Algorithm ical, white line. Emfor performing surbryogenesis. Inguigical interventions. nal-scrotal hernia. 7) Inguinal hernia, dropsy of the Sliding hernia. The membranes of the testicle and clinical picture. Feaspermatic cord, cryptorchidism, tures in girls. Revaricocele, umbilical hernia. strained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Em-Conducting an objec-Conduct a differenbryogenesis. Varicotive examination for tial diagnosis of cele. various lung defects, diaphragmatic herdiaphragmatic herninias. Indications for Lung malformations. as, esophageal atresurgical treatment Agenesis and aplasia sia. Interpret radioof lung malforof the lung. Lung graphs with defects mations. Algorithm hypoplasia (simple of lung diaphragmatfor preoperative and cystic form). ic hernias, atresia of preparation, sur-Congenital lobar emthe esophagus. gery, postoperative physema. Congenital management of pasolitary cyst. Pulmotients with esophanary sequestration. geal atresia. Pulmonary arteriove-8) Malformations of the lungs. nous fistulas. Embry-Diaphragmatic hernia, esophaogenesis of congenigeal atresia. tal diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia. Conduct an objective Principles of treatexamination for inju-Features of the anament of fractures ries of the musculotomical structure of and dislocations of skeletal system in the skeletal system in bones in children. children. Conduct an children. Physiologi-Terms and types of objective examinacal properties of the limb immobilization for congenital skeletal system. tion. An early funchip dislocation in

	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.		tional treatment for congenital dislocation. Treatment of dysplasia, subluxation, subluxation, subluxation. 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.	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 stenoMalformations causing compression of the intestinal tube from the outside. 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. Malformations of the 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 obstruc-

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. Purulentinflammatory diseases of soft tissues.

Violations of waterelectrolyte, acid-base, in children. Identifiprotein 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 cation 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 purulentinflammatory lesions of soft tissues in children. Surgical treatment of neonatal cellulitis, neonatal mastitis, erysipelas, boil, carbuncle, lymphadenitis, panaritium.

Anatomical and physiological feadata.

Diagnose acute and chronic osteomyelitis. Interpret X-ray

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.

tures predisposing to the development of osteomyelitis, the pathogenesis of a toxic, septic-pyemic, local form. Types of primary chronic forms of osteomyeli-

 1		T		,
	6) Malformations of the kidneys and urinary tract.	the kidneys. Horse- shoe kidney. Galeto- shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Re-	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 membranes of the testicle and spermatic cord, cryptorchidism, varicocele, umbilical hernia.	nal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Bladder exstrophy. Epispadias. Hypospadias. Embryogenesis. Communicating and non-communicating dropsy. Clinic. Hernias: inguinal, umbilical, white line. Embryogenesis. Inguinal-scrotal hernia. Sliding hernia. The clinical picture. Features in girls. Re-	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.
		strained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Embryogenesis. Varicocele. 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.

Features of the ana-

tomical structure of

the skeletal system in

children. Physiologi-

cal properties of the

Break and fracture of

'willow twig" type.

Subperiosteal frac-

ture. Epiphysis and

Traumatic dislocation

of bones. Features of

the clinical picture of

fractures and disloca-

tions. Intrauterine

disease. Pre-

ioints.

development of the hip joint. Morphological substrate of the

dislocation, subluxation and dislocation of the hip joint. Dysplasia of the hip

osteoepiphysis.

Apophysiolysis.

skeletal system.

examination for injuries of the musculoskeletal system in children. Conduct an objective examination for congenital the "green branch" or hip dislocation in children.

Conduct an objective Principles of treat-

ment 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.

geal atresia.

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 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. To make a differential diagnosis with
		2) Congenital intestinal obstruction. Congenital pyloric stenosis.	intestinal wall. Defects leading to obturation of the intestinal lumen with viscous meconium. Defects, rotation and fixation of the mesentery. Typical clini-	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, ac- companied by vom-
		3) Acquired intestinal obstruction.	cal symptoms of pyloric stenosis. 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.	tial 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 diagno- sis and treatment of purulent surgical in- fection.	Diagnostics of puru- lent-inflammatory lesions of soft tissues in children. Identifi- cation of a local fo- cus, study of the pa- tient's reactivity, mi- crobiological exami- nation of the dis- charge, 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 Differential diagnolocal focus. sis of acute hematogenous osteomyelitis in children. Diagnose acute and Algorithm of comchronic osteomyeli-Anatomical and plex treatment: imtis. Interpret X-ray physiological feapact on the macrodata. tures predisposing to organism, direct the development of impact on the causosteomyelitis, the ative agent of the pathogenesis of a disease, timely and toxic, septic-pyemic, complete sanitation 5) Acute and chronic osteomyelocal form. Types of of the local focus. litis in children of different age primary chronic Principles of disgroups. forms of osteomyelipensary observation. Cystography, urography. Algorithm of surgical treatment for malformations Conduct an objective of the kidneys and examination for malurinary tract. formations of the kidneys and urinary Embryogenesis of the tract. Interpret X-ray urinary system. Clasdata. sification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of the kidneys. Horse-6) Malformations of the kidneys shoe kidney. Galetoand urinary tract. shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kid-Conduct a differenneys and ureters. tial diagnosis of Bladder exstrophy. Conduct an objective dropsy of the tes-Epispadias. Hypoexamination for inticular membranes spadias. guinal hernia, dropsy and inguinal-scrotal of the membranes of hernia; cryptorchidthe testicle and sper-Embryogenesis. ism and testicular matic cord, cryptor-Communicating and ectopia. Determine chidism, varicocele, non-communicating the degree of variumbilical hernia. dropsy. Clinic. Hercocele. Algorithm nias: inguinal, umbilfor performing surical, white line. Emgical interventions. bryogenesis. Inguinal-scrotal hernia. Sliding hernia. The 7) Inguinal hernia, dropsy of the

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.

hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias; parasternal hernia; phrenopericardial hernia; hiatal hernia.

tive examination for various lung defects, diaphragmatic herni-Lung malformations. as, esophageal atre-Agenesis and aplasia of the lung. Lung sia. Interpret radiographs with defects hypoplasia (simple of lung diaphragmatand cystic form). ic hernias, atresia of Congenital lobar emphysema. Congenital the esophagus. solitary cyst. Pulmonary sequestration. Pulmonary arteriovenous fistulas. Embryogenesis of congenital diaphragmatic

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.

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 musculo-skeletal system in children. Conduct an objective examination for congenital hip dislocation in children.

Conducting an objec-

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.

9) Features of childhood traumatology. Typical types of damage. Congenital dislocation of the hip.

	10) Congenital muscle torticollis. Congenital clubfoot.	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.
9.	Acute appendicitis, peritonitis. Primary peritonitis. Congenital intestinal obstruction. Congenital pyloric stenosis.	the younger age group. Diagnostics. Treatment of complicated forms. Malformations causing compression of the intestinal tube from the outside.	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.	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 obstruc-

tion. Establish indiwith intestinal obstruction. Interpret cations for con-3) Acquired intestinal obstruc-Classification of acthe X-ray picture. servative and surgition. quired intestinal ob-Prescribe conservacal treatment. The struction. Causes of tive treatment for course of operations mechanical and dyintestinal obstruction. for various types of namic intestinal ob-Perform pneumoirriintestinal obstrucstruction. gography. tion. Diagnostics of puru-Differential diagnolent-inflammatory sis of purulentlesions of soft tissues inflammatory le-Violations of waterin children. Identifisions of soft tissues electrolyte, acid-base, cation of a local foin children. Surgiprotein and other cus, study of the pacal treatment of 4) Pathogenesis of purulent surtypes of metabolism tient's reactivity, mineonatal cellulitis. gical infection. Purulentin purulent diseases. crobiological examineonatal mastitis, inflammatory diseases of soft Principles of diagnonation of the diserysipelas, boil, tissues. sis and treatment of charge, impact on a carbuncle, lympurulent surgical inmacroorganism, imphadenitis, panaritfection. pact on microorganium. isms, impact on a local focus. Differential diagnosis of acute hema-Diagnose acute and togenous osteomyechronic osteomyelilitis in children. tis. Interpret X-ray Algorithm of com-Anatomical and plex treatment: imdata. physiological feapact on the macrotures predisposing to organism, direct the development of impact on the causosteomyelitis, the ative agent of the 5) Acute and chronic osteomyepathogenesis of a disease, timely and litis in children of different age toxic, septic-pyemic, complete sanitation groups. local form. Types of of the local focus. primary chronic Principles of disforms of osteomyelipensary observatis. tion. Cystography, urography. Algorithm of surgical treatment Conduct an objective for malformations examination for malof the kidneys and formations of the urinary tract. kidneys and urinary tract. Interpret X-ray Embryogenesis of the data. urinary system. Classification of kidney anomalies. Kidney agenesis. Accessory kidney. Dystopia of 6) Malformations of the kidneys the kidneys. Horseand urinary tract. shoe kidney. Galeto-

shaped kidney. Asymmetric forms of seams (S, L, I forms). Kidney aplasia. Renal hypoplasia. Cystic abnormalities. Doubling of the kidneys and ureters. Conduct an objective Conduct a differen-Bladder exstrophy. examination for intial diagnosis of Epispadias. Hypoguinal hernia, dropsy dropsy of the tesspadias. of the membranes of ticular membranes and inguinal-scrotal the testicle and sper-Embryogenesis. matic cord, cryptorhernia; cryptorchid-Communicating and chidism, varicocele, ism and testicular umbilical hernia. ectopia. Determine non-communicating dropsy. Clinic. Herthe degree of varinias: inguinal, umbilcocele. Algorithm for performing surical, white line. Emgical interventions. bryogenesis. Inguinal-scrotal hernia. 7) Inguinal hernia, dropsy of the Sliding hernia. The membranes of the testicle and clinical picture. Feaspermatic cord, cryptorchidism, tures in girls. Revaricocele, umbilical hernia. strained inguinal hernia. Features of the clinical picture. Features of treatment. Cryptorchidism. Em-Conducting an objec-Conduct a differenbryogenesis. Varicotive examination for tial diagnosis of cele. various lung defects, diaphragmatic herdiaphragmatic herninias. Indications for Lung malformations. as, esophageal atresurgical treatment Agenesis and aplasia sia. Interpret radioof lung malforof the lung. Lung graphs with defects mations. Algorithm of lung diaphragmathypoplasia (simple for preoperative and cystic form). ic hernias, atresia of preparation, sur-Congenital lobar emthe esophagus. gery, postoperative physema. Congenital management of pasolitary cyst. Pulmotients with esophanary sequestration. geal atresia. Pulmonary arteriove-8) Malformations of the lungs. nous fistulas. Embry-Diaphragmatic hernia, esophaogenesis of congenigeal atresia. tal diaphragmatic hernia. Classification of diaphragmatic hernias. Diaphragmatic pleural (false and true) hernias: parasternal hernia; phrenopericardial hernia; hiatal hernia. Conduct an objective Principles of treatexamination for inju-Features of the anament of fractures ries of the musculo-

		tomical structure of	skeletal system in	and dislocations of
		the skeletal system in		bones in children.
		children. Physiologi-	objective examina-	Terms and types of
		cal properties of the	tion for congenital	limb immobiliza-
		skeletal system.	hip dislocation in	tion. An early func-
		Break and fracture of		tional treatment for
		the "green branch" or		congenital disloca-
		"willow twig" type.		tion. Treatment of
		Subperiosteal frac-		dysplasia, subluxa-
		ture. Epiphysis and		tion, subluxation
		osteoepiphysis.		and dislocation.
		Apophysiolysis.		One-stage closed
		Traumatic dislocation		reduction of dislo-
		of bones. Features of		cation. Indications
	9) Features of childhood trau-	the clinical picture of		for surgical treat-
	matology. Typical types of	fractures and disloca-		ment.
	damage. Congenital dislocation	tions. Intrauterine		
	of the hip.	development of the		
		hip joint. Morpholog-		
		ical substrate of the		
		disease. Pre-		
		dislocation, subluxa-		
		tion and dislocation		
		of the hip joint. Dys-		
		plasia of the hip		
		joints.		
		Joines		
			Objective examina-	
		Characteristics of	tion of patients with	
		changes in the lower	congenital muscle	
		leg, ankle joint and	torticollis and club-	Difdiagnosis of tor-
		foot in congenital	foot. Interpretation of	ticollis. Difdiagno-
		clubfoot. Clinic and	-	sis of clubfoot with
		diagnostics.	X-ray data.	arthrogripposis,
				amniotic con-
				striction of the low-
				er leg, myelodys-
				plasia. Indications
				for conservative
				and surgical treat-
				ment of congenital
				muscle torticollis
				and clubfoot.
	10) G			
	10) Congenital muscle torticol-			
	lis. 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

Nо п/п			Total credit units	Total hours	Semester number 10
			unics		hours
1	2		3	4	5
1	Contact work of students with		1.8	66	66
	teacher (total), including:				
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	credit (C)	+	-	-
	appraisals	exam (E)	-	-	-
8	TOTAL: General	hours	-	108	108
	labor intensity	ZET	3.0	3.0	3.0

5. Content of the discipline

Nо п/п	Semes ter	The name of the disci-	Types of	f educati (in ho	Forms of monitoring of pro-			
11/11	numbe r	pline section	tion L PZ CPC		CPC	Total	gress	
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	Name of educational and methodological development
	number	
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

N	List of	No.	Indicator (s)	Evaluation	Grading scale	Name
0.	competencies 2	semester 3	evaluating	criterion (s)	6	FOS 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	ОПК-4	X	see the standard for assessing the quality of education, ap- proved. By order of the Federal State Budgetary Educa- tional Institution of Higher Education SOGMA of the Min- istry of Health of Russia dated 10.07.2018, No. 264	see the standard for assessing the quality of education, ap- proved. By order of the Federal State Budgetary Educa- tional Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264	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	ПК-1	X	see the standard for assessing the quality of education, ap- proved. By order of the Federal State Budgetary Educa- tional Institution of Higher Education SOGMA of the Min- istry of Health of Russia dated 10.07.2018, No. 264	see the standard for assessing the quality of education, ap- proved. By order of the Federal State Budgetary Educa- tional Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264	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	ПК-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, ap- proved. By order of the Federal State Budgetary Educa- tional Institution of Higher Education SOGMA of the Ministry of Health of Russia dated 10.07.2018, No. 264	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	ПК-10	X	see the standard for assessing the quality of education, ap- proved. By order of	see the standard for assessing the quality of education, ap- proved. By order of	see the standard for assessing the quality of education, ap- proved. By order of	tests, situational tasks, exam tickets

			T = = -	T	<u> </u>	
			the Federal State	the Federal State	the Federal State	
			Budgetary Educa-	Budgetary Educa-	Budgetary Educa-	
			tional Institution of	tional Institution of	tional Institution of	
			Higher Education	Higher Education	Higher Education	
			SOGMA of the Min-	SOGMA of the	SOGMA of the Min-	
			istry of Health of	Ministry of Health	istry of Health of	
			Russia dated	of Russia dated	Russia dated	
			10.07.2018, No. 264	10.07.2018, No. 264	10.07.2018, No. 264	
			/ 0	/ 0	/ 0	
6	ПК-11	X	see the standard for	see the standard for	see the standard for	tests, situational
			assessing the quality	assessing the quality	assessing the quality	tasks, exam
			of education, ap-	of education, ap-	of education, ap-	tickets
			proved. By order of	proved. By order of	proved. By order of	
			the Federal State	the Federal State	the Federal State	
			Budgetary Educa-	Budgetary Educa-	Budgetary Educa-	
			tional Institution of	tional Institution of	tional Institution of	
			Higher Education	Higher Education	Higher Education	
			SOGMA of the Min-	SOGMA of the	SOGMA of the Min-	
			istry of Health of	Ministry of Health	istry of Health of	
			Russia dated	of Russia dated	Russia dated	
			10.07.2018, No. 264	10.07.2018, No. 264	10.07.2018, No. 264	
			/ o	/ o	/ o	
7	ПК-20	X	see the standard for	see the standard for	see the standard for	tests, situational
			assessing the quality	assessing the quality	assessing the quality	tasks, exam
			of education, ap-	of education, ap-	of education, ap-	tickets
			proved. By order of	proved. By order of	proved. By order of	tickets
			the Federal State	the Federal State	the Federal State	
			Budgetary Educa-	Budgetary Educa-	Budgetary Educa-	
			tional Institution of	tional Institution of	tional Institution of	
			Higher Education	Higher Education	Higher Education	
			SOGMA of the Min-	SOGMA of the	SOGMA of the Min-	
			istry of Health of	Ministry of Health	istry of Health of	
			Russia dated	of Russia dated	Russia dated	
			10.07.2018, No. 264	10.07.2018, No. 264	10.07.2018, No. 264	
			/ 0	/ o	/ o	
8	ПК -21	X	see the standard for	see the standard for	see the standard for	tests, situational
	11K -21		assessing the quality	assessing the quality	assessing the quality	tasks, exam
			of education, ap-	of education, ap-	of education, ap-	tickets
			proved. By order of	proved. By order of	proved. By order of	tickets
			the Federal State	the Federal State	the Federal State	
			Budgetary Educa-	Budgetary Educa-	Budgetary Educa-	
			tional Institution of	tional Institution of	tional Institution of	
			Higher Education	Higher Education	Higher Education	
			SOGMA of the Min-	SOGMA of the	SOGMA of the Min-	
			istry of Health of	Ministry of Health	istry of Health of	
			Russia dated	of Russia dated	Russia dated	
			10.07.2018, No. 264	10.07.2018, No. 264	10.07.2018, No. 264	
			/ 0	/ 0	/ 0	
9	ПИ 22	X	see the standard for	see the standard for	see the standard for	tests, situational
	ПК -22	11	assessing the quality	assessing the quality	assessing the quality	'
			of education, ap-	of education, ap-	of education, ap-	tasks, exam
			proved. By order of	proved. By order of	proved. By order of	tickets
			the Federal State	the Federal State	the Federal State	
			Budgetary Educa-	Budgetary Educa-	Budgetary Educa-	
			tional Institution of	tional Institution of	tional Institution of	
			Higher Education	Higher Education	Higher Education	
				INDUSTRIAL OF the	SOGMA of the Min-	
			SOGMA of the Min-	SOGMA of the		
			istry of Health of	Ministry of Health	istry of Health of	
			istry of Health of Russia dated	Ministry of Health of Russia dated	istry of Health of Russia dated	
			istry of Health of	Ministry of Health	istry of Health of	

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

	ne list of basic and additiona		Year, place	Number of copies		
p/ no	Name	Authors)	of publication	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	
	1	Additional literatu	re		1	
1.	Bone fractures in children. Guide to Traumatology and Orthopedics.	V.P. Nemsadze / Ed. SOUTH. Shaposhnikov,	Volume 2, Chapter 14. - M., GE- OTAR- Media, 2008.	12	5	
2.	Pediatric surgery.	Ashcraft K.U., Holder T.M.	Per. and Russian ed. T.K. Nemi- lova - L., 2006, in 3 volumes.	3	1	
3.	Atlas of Pediatric Opera-	P. Puri, M. Golwart.	M .:	3	1	
	1	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-ioumal.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 interac- tive 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/n	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