

“Curation of the patient with chronic renal failure”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints in patients with chronic renal failure (CRF) (pay attention on intoxication, anaemic, hemorrhagic and urinal syndromes special features)
 - Collect anamnesis in patients with with chronic renal failure (patient should be asked for effectiveness and regularity of treatment of main disease which caused CRF, peculiarities it course.)
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for chronic renal failure (examine skin, mucous membrane, measure blood pressure, pulse, heart rate, palpate liver and kidneys, define liver size by Kurlov, define Pasternackiy symptom, define signs of oedema)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
 - Indicate changes in biochemical blood analysis common for chronic renal failure (increasing of creatinine level, uria, K, P, decreasing Ca level)
 - Evaluation result ultrasound examination of kidneys (decreasing size of kidneys, its indurations)
 - Estimate results of glomerular filtration by Cockcroft-Gault
 - to calculate glomerular filtration rate according formule

$$\text{CCr} = \frac{(140 - \text{age (years)}) \times \text{weight (kg)}}{\text{creatinin of plasma (mmol/l)}}$$

creatinin of plasma (mmol/l)

- normal 90-120 ml/min/173m²
- stages of chronic renal failure

I stage – glomerular filtration –60-90 ml/min,

II stage –30-60 ml/min,

III – 15-30 ml/min,

IV - < 15 ml/min.

7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with ischemic heart disease”.

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints in patients with ischemic heart disease (pay attention to the pain syndrome – localization, duration, irradiation, reaction of the pain to nitroglycerin).
 - Take the anamnesis of the patient with ischemic heart disease (to define the reason of the disease, harmful habits of the patient, disturbances of the life – rhythm, duration of the disease, periods of the exacerbation of the disease, previous treatment and results, presence of arterial hypertension, obesity, diabetes mellitus, liver disease).
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for ischemic heart disease (examine skin, mucous membrane, measure blood pressure, pulse, heart rate, examine the peculiarities of heart impulse, percussion and auscultation of the heart, palpation and percussion of the liver by Kurllov, determination of oedema)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of the results of laboratorial and instrumental methods of investigations
 - The interpretation of the general blood analyze
 - Define changes in biochemical blood analysis, coagulogram, lipidogram in patient with ischemic heart disease
 - Indicate ECG-signs of acute coronary syndrome
 - The interpretation of the EchoCG
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation the patient with osteoarthritis”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints in patients with osteoarthritis (presence of swelling, deformation, limitation of movements in joints, presence of start pain, presence of crepitation

oleo ring, presence of Aberdeen and Busharg nodules, ability to self service and other activity

- Collect anamnesis in patients with osteoarthritis (what pathogenetical and symptomatic treatment had the patient before the admission to the hospital)

5. Explanation of investigation results.

6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing.

4. Find a contact with the patient.

5. Inform about the possibility of appearing of unpleasant feelings during the examination.

6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).

- Perform examination of patient and show the changes common for osteoarthritis (examine skin, define active and passive motion in joints, deformation, quantities estimation of joint status by visual scale of pain, degree of functional insufficiency)

7. Explanation of investigation results.

8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing.

4. Explanation of investigation results.

5. Interpretation of the results of laboratorial and instrumental methods of investigations

- Define changes in general blood analysis common for osteoarthritis complicated by reactive synovitis
- Indicate X-ray -signs of osteoarthritis and put the stages

7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).

8. Conversation accomplishment.

“Curation of the patient with rheumatoid arthritis”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing.

4. Find a contact with the patient.

- Collect complaints in patients with rheumatoid arthritis (presence of swelling, deformation, limitation of movements in joints, presence of morning stiffness and its duration, what joints first of all were involved in the process, presence of wrist joints involvement, presence of symmetrical involvement, presence of rheumatoid nodules, number of involved joints)
- Collect anamnesis in patients with rheumatoid arthritis (duration of arthritis, ability to do self-service or other activity, what pathogenetic and symptomatic treatment had the patient before the admission)

5. Explanation of investigation results.

6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.

2. Gentle tone of speech.

3. Greeting and introducing.

4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
Perform examination of patient and show the changes common for rheumatoid arthritis:
 - define sign of inflammation in joint
 - define deformation
 - define active and passive motion in joints, quantitative estimation of joint status by visual scale of pain, degree of functional insufficiency
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpreting of laboratory and instrumental findings
 - Define changes in general blood analysis common for rheumatoid arthritis
 - Define changes in immunogram common for rheumatoid arthritis
 - Indicate X-ray -signs of rheumatoid arthritis and put the stages
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with secondary blood hypertension”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with secondary arterial hypertension
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for secondary arterial hypertension (measure blood pressure on both hands, legs in patients aged less than 45, auscultation of the vessels on neck and renal arteries)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpreting of laboratory and instrumental findings

- Indicate changes in general urine analysis common for secondary arterial hypertension
 - Indicate changes in urine analysis by Nechyporenko common for secondary arterial hypertension
 - Indicate changes in Zimnitskiy test common for secondary arterial hypertension
 - Indicate changes in biochemical blood analysis common for secondary arterial hypertension
 - Indicate ECG-signs common for secondary arterial hypertension
 - Indicate Echo-changes in patients with secondary arterial hypertension
 - Indicate excretor urography in patients with secondary arterial hypertension
 - Estimate results of blood pressure monitoring in patients with secondary arterial hypertension
 - Interpret results of 24-hours proteinuria measurement
 - Interpret the results of ultrasound investigation of kidneys
 - Interpret the excretory urograme results
 - to show the eye bottom changes (Salus- Gunn symptom, Gvist symptom)
 - Interpret the levels of TTH, T₄ in biochemical blood analysis
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with arrhythmia”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with disturbances of rhythm (pay specific attention to potential causes of arrhythmia, patient’s haemodynamic stability, his tolerance to physical exercise and main limiting factors (e.g., dispnea, chest pain))
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for disturbances of rhythm (measure blood pressure, pulse, heart rate, examine the peculiarities of heart impulse, percussion and auscultation of the heart)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpreting of laboratory and instrumental findings
 - Show the changes in general blood analysis in patients with arrhythmia
 - Show the changes in biochemical blood analysis in patients with arrhythmia
 - Show the changes in general urine analysis in patients with arrhythmia

- Indicate ECG-signs of electrolytic disorders
 - Indicate ECG-signs of atrial fibrillation
 - Interpret levels of thyrothropic hormones in patient with atrial fibrillation
 - Interpret echocardiography findings in a patient with arrhythmia
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with heart failure”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with heart failure, define the reasons of this syndrome, tolerance to physical activity, factors which limit tolerance to physical activity (dyspnoe, angina pectoris)
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for heart failure (you should be able to reveal and to differentiate the signs characteristic of left- and/or right-sided heart failure)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpreting of laboratory and instrumental findings
 - Define changes in general, biochemical blood analysis, coagulogram, lipidogram in patient with chronic heart failure
 - Evaluate the urinalysis results, paying specific attention to the presence and the level of proteinuria
 - Interpret the ECG changes in a patient with heart failure, paying specific attention to the possible signs of previous myocardial infarction, left or right ventricular overstrain
 - Indicate Echo-changes in patients with systolic and diastolic heart failure
 - Interpret the levels of thyrothropic hormone (TSH) and thyroid hormones in a patient with heart failure
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with essential arterial hypertension”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - To collect complains of the patient with essential arterial hypertension (pay attention to the hypertensive syndrome: age 30- 50 years, slow progress of the disease, asymptomatic duration of the disease till the complications appear).
 - To take the anamnesis of the patient with arterial hypertension (to find the reason of the increased of blood pressure, to find co-morbidities such as ischemic heart disease, obesity, hereditary diseases, SCORE risk factors, duration of the hypertension, previous treatment, complications)
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for essential arterial hypertension (measure blood pressure on both hands, auscultation of the heart, vessels on neck and renal arteries)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
 - to interpretate general urine analysis in patients with essential arterial hypertension
 - to show the changes in biochemical blood analysis (cholesterol level, urea, creatinine, coagulogram)
 - to show ECG changes (hypertrophy of left ventricle, systolic and diastolic overload, rhythm disturbance) characteristic for essential arterial hypertension
 - show the EchoCG changes characteristic for essential arterial hypertension
 - to show the eye bottom changes (Salus- Gunn symptom, Gvist symptom)
 - to interpretate the results of 24-hours ECG monitoring of the patient with arterial hypertension
 - estimate the result of ultrasound examination of kidneys in patients with essential arterial hypertension
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with pyelonephritis”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.

4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with pyelonephritis, indicate risk factors of disease
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for pyelonephritis (examine skin, mucous membrane, measure blood pressure, pulse, heart rate, palpate liver and kidneys, define liver size by Kurlov, define Pasternackiy symptom, define signs of oedema)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
 - Show the changes in general blood analysis in patients with pyelonephritis
 - Show the changes in biochemical blood analysis in patients with pyelonephritis
 - Show the changes in general urine analysis in patients with pyelonephritis
 - Show the changes in Nechyporenko test in patients with pyelonephritis
 - Estimate the result of bacteriological examination of urine
 - Estimate the result of radioisotop renography in patients with pyelonephritis
 - Estimate the result of ultrasound examination of kidneys in patients with pyelonephritis
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of patient with chronic glomerulonephritis”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with glomerulonephritis, indicate risk factors of disease
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.

3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for glomerulonephritis (examine skin, mucous membrane, measure blood pressure, pulse, heart rate, palpate liver and kidneys, define liver size by Kurlov, define Pasternackiy symptom, define signs of oedema)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
 - Show the changes in general blood analysis in patients with glomerulonephritis
 - Show the changes in biochemical blood analysis in patients with glomerulonephritis
 - Show the changes in general urine analysis in patients with glomerulonephritis
 - Show the changes in Nechyporenko test in patients with glomerulonephritis
 - Estimate the proteinuria in patients with glomerulonephritis
 - Estimate the result ultrasound examination of kidneys in patients with glomerulonephritis
 - Estimate the result of biopsy of kidneys in patients with glomerulonephritis
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.

“Curation of the patient with systemic connective tissue diseases”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Take the complaints and anamnesis of the patients with systemic lupus erythomatosus (pay attention on skin changes (rash, photosensitivity), arthritic syndrome, dyspnea, fever, general weakness, fatigue, edema)
6. Take the complaints and anamnesis of the patients with systemic sclerosis
7. Explanation of investigation results.
8. Explain the actions (hospitalization, making of certain tests which are planned to perform in the future).
9. Conversation accomplishment.

2. Physical examination of patient.

1. Friendly facial expression and smile.
2. Gentle tone of speech.
 1. Greeting and introducing.
 2. Explain to the patient examination that will be done and take his consent.
 3. Find a contact with the patient.
 4. Inform about the possibility of appearing of unpleasant feelings during the examination.
 5. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).

6. Perform the examination of the patients and show the changes, which characterize systemic connective tissue diseases (examination of the skin, definition of the muscle tone and force, examination of cardiovascular system) (20 min)
 - Perform the examination of the patients and show the changes, which characterize systemic connective tissue diseases (examination of the skin, definition of the muscle tone and force, examination of joints) (15 min)
 - Perform the examination of the patients and show the changes, which characterize systemic connective tissue diseases (examination of the skin, definition of the muscle tone and force, examination of joints and liver) (20 min)
7. Explanation of investigation results.
8. Conversation accomplishment.

3. The interpretation of laboratory and instrumental methods results:

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results
 - evaluate the results of active inflammatory reactants due to SLE
 - evaluate the results of biochemical blood test due to SLE
 - evaluate the results of common blood analysis due to SLE
 - evaluate the results of urine analysis due to lupus nephritis
 - evaluate the immunological results in patients with systemic sclerosis
 - evaluate the results of biochemical blood test due to dermatomyositis
 - indicate changes on electromyogram (EMG) in patients with systemic connective diseases
 - evaluate changes on the hand X-ray in patients with dermatomyositis
 - evaluate the results ECHO in patients with systemic connective diseases
5. Interpretation of received results of inspection, taking into account norms
6. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
7. Conversation accomplishment.

“Curation of the patient with patients with acquired heart defect”

1. Collection of complaints and anamnesis in patients

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
 - Collect complaints and anamnesis in patients with acquired heart defect, pay attention for etiological factors
5. Explanation of investigation results.
6. Conversation accomplishment.

2. Physical examination of patient

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Find a contact with the patient.
5. Inform about the possibility of appearing of unpleasant feelings during the examination.
6. Prepare for the examination (clean warm hands, cut nails, warm phonendoscope, etc.).
 - Perform examination of patient and show the changes common for mitral stenosis and insufficiency, for aortic stenosis and insufficiency (measure blood pressure on both hands, legs in patients aged less than 45, auscultation of the heart in all points of auscultation, the vessels of the neck)

7. Explanation of investigation results.
8. Conversation accomplishment.

3. Interpretation of results of laboratory and instrumental diagnostics

1. Friendly facial expression and smile.
2. Gentle tone of speech.
3. Greeting and introducing.
4. Explanation of investigation results.
5. Interpretation of received results of inspection
 - Evaluate results of Echocardiography in patient with mitral stenosis (leaf's form of mitral valve (M-type, P-type), movement of mitral leaf, square of mitral opening, left atrium dimension)
 - Evaluate results of Echocardiography in patient with mitral insufficiency (increased left atrium and ventricle dimensions, hyperkinesis of posterior wall and interventricular septum, separation of mitral leaves).
 - Evaluate results of Echocardiography in patient with aortic stenosis (hypertrophy of left ventricle, straitened opening of aortic valve).
 - Evaluate results of Echocardiography in patient with aortic insufficiency (hypertrophy and dilatation of left ventricle, separation and vibration of aortic valve leaves, diastolic vibration of anterior leaf of mitral valve).
7. Involve the patient into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
8. Conversation accomplishment.