

To take complaints and anamnesis in mother of newborn with hypoxic or traumatic CNS injuries (7 min).

1. To take newborn's parents complaints which are typical for the present disease using proper models of communication with parents.
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Tactful and calm conversation with the parents of sick child.
 - Explanation of future steps concerning a child (examination, performing some methods of examination, etc.).
 - Conversation accomplishment.
2. To take newborn's perinatal, birth and neonatal anamnesis using age proper models of communication. Pay attention to the presence of risk factors during pregnancy (placental problems, anemia etc.) and delivery (presentation, type and duration of labor, complications), Apgar score, need for resuscitation, condition of newborn after delivery.

To take complaints and anamnesis in mother of newborn with hemolytic disease (7min).

1. To take newborn's parents complaints which are typical for the present disease using proper models of communication with parents.
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Tactful and calm conversation with the parents of sick child.
 - Explanation of future steps concerning a child (examination, performing some methods of examination, etc.).
 - Conversation accomplishment.
2. To take newborn's perinatal, birth and neonatal anamnesis using age proper models of communication. Pay attention to the number of pregnancies, result of the previous pregnancies (babies with jaundice, phototherapy, exchange blood transfusion, type of previous deliveries), mother's and child's blood type and history of blood group sensitization, blood transfusions in mother, time of jaundice appearing.

To take complaints and anamnesis in mother of newborn with hemorrhagic disease (7 min).

1. To take newborn's parents complaints which are typical for the present disease using proper models of communication with parents.
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Tactful and calm conversation with the parents of sick child.
 - Explanation of future steps concerning a child (examination, performing some methods of examination, etc.).
 - Conversation accomplishment.
2. To take newborn's perinatal, birth and neonatal anamnesis using age proper models of communication. Pay attention to the presence of risk factors during pregnancy (maternal

diseases and drugs), peculiarities of delivery, condition of newborn immediately after delivery (vitamin K introduction, feeding).

To take complaints and anamnesis in mother of newborn with perinatal infection (7min).

1. To take newborn's parents complaints which are typical for the present disease using proper models of communication with parents.
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Tactful and calm conversation with the parents of sick child.
 - Explanation of future steps concerning a child (examination, performing some methods of examination, etc.).
 - Conversation accomplishment.
2. To take newborn's perinatal, birth and neonatal anamnesis using age proper models of communication. Pay attention to the presence of risk factors during pregnancy (maternal infectious diseases, TORCH anamnesis, maternal antibiotics (including GBS prophylaxis) and delivery (premature or prolonged rupture of membranes, maternal fever, results of fetal monitoring, amniotic fluid), condition of newborn immediately after delivery).

To take complaints and anamnesis in mother of premature newborn (7 min).

1. To take newborn's parents complaints which are typical for the present disease using proper models of communication with parents.
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Tactful and calm conversation with the parents of sick child.
 - Explanation of future steps concerning a child (examination, performing some methods of examination, etc.).
 - Conversation accomplishment.
2. To take newborn's perinatal, birth and neonatal anamnesis using age proper models of communication. Pay attention to the to the number of pregnancies, result of the previous pregnancies, presence of risk factors during pregnancy (maternal diseases and infections, gestosis etc), type of delivery, antenatal prophylaxis (magnesium sulphate, antenatal steroids), Apgar score, condition of newborn immediately after delivery.

To take patient's complaints and anamnesis which are typical for the diabetes mellitus (7 min).

1. To take patient's complaints which are typical for the present disease using age proper models of communication:
 1. Friendly facial expression and smile.
 2. Gentle tone of speech.
 3. Greeting and introducing.
 4. Tactful and calm conversation with sick child and his/her parents.
 5. Explanation of the further steps to a child and his/her parents (examination, some methods of examination, etc.).
 6. Conversation accomplishment.
2. To take patient's anamnesis using age proper models of communication (pay attention to the

duration of the disease, time of the beginning and regime of insulin therapy, presence of the hypo- and hyperglycemic conditions in anamnesis, presence of chronic complications which were diagnosed earlier, heredity, food habits).

To take patient's complaints and anamnesis which are typical for anemia (7 min).

1. To take patient's complaints which are typical for the present disease using age proper models of communication:
 1. Friendly facial expression and smile.
 2. Gentle tone of speech.
 3. Greeting and introducing.
 4. Tactful and calm conversation with sick child and his/her parents.
 5. Explanation of the further steps to a child and his/her parents (examination, some methods of examination, etc.).
 6. Conversation accomplishment.
2. To take patient's anamnesis using age proper models of communication (pay attention to the heredity, food habits, concomitant diseases).

To take patient's complaints and anamnesis which are typical for leukemia (7 min).

1. To take patient's complaints which are typical for the present disease using age proper models of communication:
 1. Friendly facial expression and smile.
 2. Gentle tone of speech.
 3. Greeting and introducing.
 4. Tactful and calm conversation with sick child and his/her parents.
 5. Explanation of the further steps to a child and his/her parents (examination, some methods of examination, etc.).
 6. Conversation accomplishment.
2. To take patient's anamnesis using age proper models of communication (pay attention to the heredity (presence of inherited genetic syndromes), environmental factors (ionizing radiation and electromagnetic fields, parental use of alcohol and tobacco, concomitant diseases).

To perform physical examination of the patient and to reveal changes which are typical for diabetes mellitus (skin and mucosal examination, heart auscultation, liver palpation, edemas determination) (10 min).

3. To perform physical examination of the patient disease using age proper models of communication:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Explain to a child and his/her parents what examinations should be performed and obtain their informed consent.
 - Find a contact with the child, try to gain his/her confidence.
 - Prepare yourself for examination (clean and warm hands, warm phonendoscope).
 - Examination.
 - Explaining the results of examination to child's parents.
 - Conversation accomplishment.

4. To reveal changes which are typical for present disease (skin and mucosal membranes examination, heart auscultation, liver palpation, edemas determination).

To perform physical examination of the patient and to reveal changes what are typical for anemia (skin and mucosal examination, skin appendages and tongue inspection, cardio-vascular system examination) (10 min).

1. To perform physical examination of the patient disease using age proper models of communication:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Explain to a child and his/her parents what examinations should be performed and obtain their informed consent.
 - Find a contact with the child, try to gain his/her confidence.
 - Prepare yourself for examination (clean and warm hands, warm phonendoscope).
 - Examination.
 - Explaining the results of examination to child's parents.
 - Conversation accomplishment.
2. To reveal changes which are typical for present disease (skin and mucosal examination, skin appendages and tongue inspection, cardio-vascular system examination, liver and spleen palpation).

To perform physical examination of the patient and to reveal changes what are typical for leukemia (skin and mucosal examination, lymph nodes palpation, cardio-vascular system examination, liver and spleen palpation) (10 min).

1. To perform physical examination of the patient disease using age proper models of communication:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Explain to a child and his/her parents what examinations should be performed and obtain their informed consent.
 - Find a contact with the child, try to gain his/her confidence.
 - Prepare yourself for examination (clean and warm hands, warm phonendoscope).
 - Examination.
 - Explaining the results of examination to child's parents.
 - Conversation accomplishment.
2. To reveal changes which are typical for present disease (skin and mucosal membranes examination, heart auscultation, lymph nodes palpation, liver and spleen palpation).

To perform physical examination of the newborn and to reveal changes which are typical for birth trauma (head examination, skin and mucosal membranes inspection, reflexes checking, presence or absence of specific symptoms) (10 min).

3. To perform physical examination of the newborn using age proper models of communication disease:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.

- Explain to the parents what examination should be performed and obtain their informed consent.
 - Prepare for examination (wash and warm hands and phonendoscope, etc.).
 - Examinationshouldbedonecarefullyandingoodlight
 - Explaining the results of examination to baby's parents.
 - Conversation accomplishment.
4. To reveal changes which are typical for present disease (skin and mucosal examination, muscle tonus, newborn's reflexes, vital signs, bone system: skull, fontanel, clavicles, chest, shoulders, extremities).

To perform physical examination of the newborn and to reveal changes which are typical for hemolytic disease (skin and mucosal membranes inspection, liver and spleen palpation) (7 min).

1. To perform physical examination of the newborn using age proper models of communication:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Explain to the parents what examination should be performed and obtain their informed consent.
 - Prepare for examination (wash and warm hands and phonendoscope).
 - Examinationshouldbedonecarefullyandingoodlight.
 - Explaining the results of examination to baby's parents.
 - Conversation accomplishment.
2. To reveal changes which are typical for present disease (skin and mucosal examination forevidenceofjaundice, muscle tonus, newborn's reflexes, vital signs, liver and spleen palpation).

To demonstrate and to comment ABCD steps of resuscitation in neonatal asphyxia (7 min).

1. To prepare the environment and the equipment before delivery of the baby (resuscitation should take place in a warm, well-lit, draught free area with a flat resuscitation surface placed below a radiant heater, with other resuscitation equipment immediately available).
2. To check and test all equipment.
3. To dry and warm the baby.
4. To place the baby in proper position.
5. To perform the initial breaths and assisted ventilation.
6. To perform the chest compressions.
7. To introduce the drugs.

To perform physical examination of the newborn and to reveal signs of prematurity (10 min).

1. To perform physical examination of the newborn using age proper models of communication:
 - Friendly facial expression and smile.
 - Gentle tone of speech.
 - Greeting and introducing.
 - Explain to the parents what examination should be performed and obtain their informed consent.
 - Prepare for examination (wash and warm hands and phonendoscope, etc.).
 - Examinationshouldbedonecarefullyandingoodlight
 - Explaining the results of examination to baby's parents.
 - Conversation accomplishment.

2. To reveal changes which are typical for prematurity (skin and mucosal examination, muscle tonus, newborn's reflexes, vital signs, genitalia inspection).

To demonstrate and to comment estimation of newborn according Apgar score (5 min).

1. To perform physical examination of the newborn using age proper models of communication disease:
 - Prepare for examination (wash and warm hands and phonendoscope).
 - Examination should be done carefully and in good light
 - Explaining the results of examination to baby's parents.
 - Conversation accomplishment.
2. To examine and estimate the baby's activity (muscle tone), heart rate, grimace (reflex irritability), appearance (skin color), respiration on 1st and 5th minutes of life.