

# The Department of Internal Medicine No2 The syllabus for the discipline «Internal medicine»

1. General inform	ation
Faculty	Medical
<b>Educational program</b> (branch, specialty, level of higher education, form of training)	22 "HEALTH CARE", 222 medicine, the second (Magister) level of higher education, full-time education
Academic year	2023-2024
<b>The name of discipline, code</b> (e-mail address on the website of Danylo Halytsky Lviv National Medical University)	"INTERNAL MEDICINE" "Individual Profile Course Internal Medicine" (SC 3.1.1.1.) <u>https://new.meduniv.lviv.ua/kafedry/ka</u> <u>fedra-vnutrishnoyi-medytsyny-2/</u>
Department (name, address, phone number, E-mail)	The Department of Internal medicine No 2 1, Uzhhorodska Street, Lviv kaf_internalmed_2@meduniv.lviv.ua
The Head of the department (contact E-mail address)	Associate Professor Komarytsya O.Y. <u>komar_or@ukr.net</u>
Year of study (the year of study the discipline)	Sixth
Semester (the semesters of study the discipline)	XI/XII
Type of discipline (mandatory / optional)	Mandatory
Teachers (names, surnames, scientific degrees and titles of teachers who teach the discipline, contact E-mail address)	Oksana Slaba, MD, PhD, Assistant Professor <u>oksanaslaba24@gmail.com</u> ; Anzhelika Filipyuk, MD, PhD, Associate Professor <u>filipyuk_a@ukr.net</u> ; Oleksandra Tomashevska, Doctor of Medical Science, Professor
Erasmus yes/no (availability of discipline for students within the program Erasmus+)	Yes
Person responsible for the syllabus (person, to whom comments about the syllabus may be addressed, contact E-mail)	Associate Professor Komarytsya O.Y. <u>komar_or@ukr.net</u> Professor Radchenko O.M. <u>olradchenko@gmail.com</u>
Number of ECTS credits	9.0
Number of hours (lectures / practical classes / individual work of students)	0/144/126
Language of teaching	Ukrainian, English
Information about consultations	Individual or group according to student's request
Address, telephone, work regulations of the clinical base, office (if necessary)	Clinical base Non-profit Municipal Enterprise "The 1st City Clinical Hospital named after Prince Lev" 1, Uzhhorodska Street, Lviv, 79019, Phone number 260-09-13

## 2. Short summary to the course

During the 6<sup>th</sup> year of study the programme of "Internal Medicine" covers the study of the main etiologist, pathogenic mechanisms, prevalence, clinical presentation, diagnosis and treatment of internal diseases, particular gastrointestinal, respiratory, cardiovascular, renal, haematological and rheumatic diseases. The main emphasis is to consolidate the essentials of clinical examination of the patient, particularly recognition of the main symptoms and syndromes of internal diseases, diagnostic approach to their assessment, the methodology of physical examination of the patient with syndromic assessment of the obtained results; interpretation of the results obtained after additional tests (e.g., laboratory tests, functional tests, imaging studies, etc.). Another important goals are improvement of the skills of differential diagnosis, using principles of syndromes and nosology, and enhancement of knowledge about the main principles of treatment, long-term management, and prophylaxis of internal diseases.

# 3. The purpose and objectives of the course

**The purpose of study** the discipline "Internal Medicine" 6 year is to form the ability to apply the acquired knowledge, skills, abilities and understanding to solve typical tasks of the doctor in the field of health care, the scope of which was provided by the educational qualification characteristics (EQC) and the educational study program (ESP) for training of a specialist (doctor) of internal medicine. The description of goals was formulated through skills in the form of target tasks/actions by certain lists of syndromes and symptoms of diseases, emergencies and diseases, requiring specific management, additional tests, and medical manipulations.

# **Objectives** (tasks)

- To determine the etiological factors and pathogenic mechanisms of common internal diseases
- To analyse typical clinical presentation of common internal diseases
- To identify atypical presentations and complications of common internal diseases
- To make differential diagnosis by the syndrome and nosology, substantiate and formulate a preliminary diagnosis
- To determine management of patient with appropriate recommendations regarding activity, diet, pharmacotherapy, rehabilitation
- To compose examination plan for a patient and to interpret the obtained results of laboratory tests, imaging and functional studies
- To assess the prognosis and ability to work
- To recognize emergency conditions and provide appropriate medical care and management
- Plan primary and secondary prevention of common internal diseases
- To perform medical manipulations
- To follow ethical and deontological principles of a medical specialist and the principles of professional subordination

## 4. Prerequisites of the course

The information about disciplines, basic knowledge and learning outcomes necessary for (enrolled) students for successful study and mastering of competencies in this discipline.

**Basic disciplines:** human anatomy, histology, cytology and embryology, medical biology, medical and biological physics, bioorganic and biological chemistry, pathomorphology, physiology, pathophysiology, microbiology, virology and immunology, pharmacology, clinical pharmacology, radiology and radiation medicine, propaedeutic of internal medicine.

1. Anatomical features of the cardiovascular and pulmonary systems, small and large circulatory system, the structure of the vascular wall, nephron, kidneys, urinary tract, adrenal glands and other endocrine glands; features of blood supply to the heart; myocardial innervation; structure of sympathetic and parasympathetic nervous systems; the leading system of the heart. Anatomical structure of the human skeleton, joints, articular surface, synovial membrane. Location and projection of the heart, cardiac valves. Topography of vessels, nerves, bones, muscles, and joints. Location of the kidneys, ureters, bladder relative to other organs of the abdominal cavity. Histological structure of the heart (pericardium, myocardium,

endocardium), arterial and venous walls. Juxtaglomerular apparatus of the kidneys, histological structure of endocrine glands. Morphological structure of connective tissue. Histological structure of bone, periosteum, cartilage, synovial membrane.

- 2. Mechanisms of blood pressure regulation. Phases of the cardiac cycle. Mechanisms of formation, types of tones, heart murmurs. Functions of the sympathetic and parasympathetic nervous systems. Functions of the respiratory system, heart and its conduction system, arteries and veins. Features of the blood coagulation system. Physiological features of connective tissue. Function of joints, physiological age features of structure of bones and joints. Secretory, excretory functions of the kidneys, mechanism of formation of primary and secondary urine, mechanisms of urination. CBC and urinalysis in healthy individuals and in patients with cardiovascular, rheumatic and renal diseases. Diagnostic value of blood biochemistry, reference ranges of most commonly used biochemical parameters and their reference ranges in adults of different age. Calculation of glomerular filtration rate
- 3. The structure of atherosclerotic plaque; morphological substrate of atherosclerosis. Macroscopic and microscopic changes in the case of acute coronary artery occlusion of atherosclerotic origin. Atherosclerotic changes in coronary arteries, ischemic changes in the myocardium. Pathological and anatomical features of pulmonary embolism, acute and chronic pulmonary heart. Cellular changes in cardiac valves due to infection and changes in pericardium due to inflammatory processes of various aetiology. Cellular changes in the myocardium due to inflammatory processes. Myocardial morphology in case of organic damage of the heart. Morphological changes in connective tissue due to specific and nonspecific inflammation. Anomalies of bone formation. Pathological and anatomical features of gout. Pathological features of ankylosing spondylitis and reactive arthritis. Pathological features of renal amyloidosis and glomerulonephritis. Pathological features of pyelonephritis, tubulointerstitial nephritis. Pathological changes of the kidneys in the case of primary glomerular lesions. Mechanisms of hypertension and hypotension, functional disorders of the nervous system and endocrine system. The main causes of endothelial damage; risk factors for atherosclerosis; cholesterol theory of atherosclerosis. The mechanism of ischemic and necrotic changes in the myocardium. Mechanisms of dysfunction of the myocardium, coronary vessels and conduction system of the heart. The mechanism of hemodynamic disorders in the case of infectious endocarditis. The mechanism of hemodynamic disorders in case of myocarditis and pericarditis. Impaired conduction of the heart. Mechanisms of acute and chronic heart failure. Mechanisms of coagulation disorders. Mechanisms of autoimmune diseases. Causes and mechanisms of connective tissue dysfunction. Lesions of the musculoskeletal system due to genetic defects, as well as the negative impact of environmental and intrinsic factors. Causes and pathologic mechanisms in osteoarthritis. Causes and pathologic mechanisms in gout. Causes and pathologic mechanisms in rheumatoid arthritis and reactive arthritis. Pathological and anatomical features of renal amyloidosis and glomerulonephritis. Causes and mechanisms of kidney disease, disorders of water-electrolyte balance, protein and lipid metabolism. Causes and pathogenic mechanisms of chronic kidney disease, and acute kidney injury.
- 4. Features, varieties of bacterial and viral pathogens. Taking of material, procedure, and diagnostic value of blood culture, urine culture and microbial count, synovial fluid culture, pleural fluid culture.
- 5. Types of immunological reactions. Methods for determining indicators of humoral and cellular immunity. Immunological methods for the diagnosis of rheumatic diseases.
- 6. Semiotics of arterial hypertension. Semiotics of atherosclerosis. Semiotics of acute coronary syndrome and myocardial infarction. Signs and symptoms of chronic coronary heart disease, pulmonary embolism, acute, subacute and chronic pulmonary heart, acute and chronic heart failure. Semiotics of acquired valve diseases and congenital heart defects. Signs and symptoms of acute rheumatic fever, infectious endocarditis, myocarditis, cardiomyopathies, and pericarditis. Method of electrocardiography, ECG recoding and interpretation. Semiotics cardiac arrhythmias and blocks. Symptoms and signs SLE and other systemic connective tissue diseases, systemic vasculitis. Methods of examination of joints. Symptoms and signs of rheumatoid arthritis, reactive arthritis, osteoarthritis, gout, and ankylosing spondylitis

Symptoms of kidney disease, methods of laboratory and instrumental diagnosis. Symptoms and syndromes that occur in patients with CKD and acute kidney injury.

- 7. Radiographic and ultrasound examination of the heart, vessels, joints, and kidneys
- 8. Mechanisms of action, indications, contraindications, adverse effects, pharmacokinetic and pharmacodynamics properties of the main classes of medications that are used for the treatment of cardiovascular, rheumatic and renal diseases: antihypertensive and antianginal drugs (diuretics, mineralocorticoid receptor antagonisms, ACE inhibitors, angiotensin II receptor blockers, beta-blockers, calcium channel blockers, short-acting and long-acting nitrates, vasodilators); analgesics, sedative agents; thrombolytic agents, anticoagulants, antiplatelet agents; lipid-lowering agents; anti-arrhythmic agents, atropine; antibacterial, antiviral, antifungal agents; nonsteroidal anti-inflammatory drugs, corticosteroids, cytostatic agents, disease-modifying antirheumatic agents (DMARDs), chondroprotectors, uric acid lowering agents, uroseptic agents.
- 9. The anatomical structure, blood supply, innervation, and functions of digestive system (i.e., oesophagus, stomach, duodenum, small and large intestine, liver, bile ducts, and pancreas), respiratory system (i.e., trachea, bronchial tree and lungs), cardiovascular system (i.e., small and large circulation, the heart, blood vessels, and lymphatic system), hematopoietic organs and immune system, kidneys and urinary tract, endocrine system (i.e., pituitary gland, thyroid gland, adrenal glands, and other endocrine organs), central nervous system, sympathetic and parasympathetic nervous system, human skeleton and joints.
- 10. Morphological abnormalities of the oesophagus, stomach and intestine during ulceration and inflammatory process, atrophy, intestinal metaplasia and carcinogenesis. Morphological changes in case of refluxes, oesophagitis, Barret's oesophagus, chronic gastritis of different aetiologies, peptic ulcer disease, chronic enteritis, chronic colitis, irritable bowel syndrome, inflammatory bowel diseases, chronic cholecystitis, gallbladder dyskinesia, gallstone disease, chronic hepatitis of different aetiologies, liver cirrhosis, chronic pancreatitis, and pancreatic cancer. Morphological abnormalities in the bronchial tree and lungs during inflammatory process, allergy, fibrosis, metaplasia, and carcinogenesis. Morphological changes in case of COPD, bronchial asthma, pneumonia of different aetiologies, lung emphysema, pleurisy and pleural effusion. The structure and morphology of the bone marrow and peripheral blood cells. Blast transformation of blood cells. Age-related morphological changes in the human body.
- 11. Morphological features of blood cells; haematopoiesis; microscopic structure of the lymph nodes, lymphopoiesis; characteristics of normal peripheral blood cell counts and normal myelocytogram; histological features of hematopoietic organs and vessels of different calibre. Histological structure of gastrointestinal system, hepatobiliary system, and pancreatic gland. Histological structure of upper airways, bronchial tree, lungs and pleura.
- 12. Regulation of gastric and pancreatic secretion. Mechanisms of food digestion and functions of digestive enzymes. Anti-reflux protection and defensive mechanisms in GI tract. Liver functions. Formation of bile and regulation of bile exertion. Normal bilirubin metabolism. The main exocrine and endocrine functions of the pancreatic gland. Functions of the respiratory system. Mechanisms and regulation of breathing, coughing, bronchial clearance, and alveolar gas exchange. Lung function tests and reference ranges of the main parameters of lung function. Functions of sympathetic and parasympathetic nervous system, the role of these systems in normal functioning of internal organs. Normal haematopoiesis and its regulation. Normal coagulation and fibrinolysis.
- 13. Pathogenic mechanisms of GORD; causes and mechanism of the dysfunction of stomach, small and large intestines, gallbladder, and bile ducts; pathogenesis and mechanisms of jaundice, portal hypertension, hepatitis, and liver cirrhosis; exocrine and endocrine dysfunctions of the pancreatic gland. Central regulation of metabolism and possible mechanisms of metabolic disorders. Pathophysiology of bronchial obstruction, reversible and irreversible bronchial obstruction; pathophysiology of pneumonia, lung abscess, gangrene of the lungs, bronchiectasis, and respiratory distress; types of hypoxia, their mechanisms, main causes and pathogenesis of the respiratory failure; parameters of lung function tests in different types of ventilatory disorders (i.e., obstructive, restrictive and mixed). Pleural effusion, causes and mechanisms of

transudate and exudate formation. Pathophysiology of different types of anaemia and hematopoietic malignancies. Causes and mechanisms of bone marrow failure. Pathophysiology of haemorrhagic syndrome, particularly platelet disorders and coagulation disorders. Causes and mechanisms of abnormal coagulation and defective fibrinolysis. Pathophysiology of aging, obesity, and obesity-related comorbidities.

- 14. Diagnostic value of blood biochemistry, reference ranges of most commonly used biochemical parameters and their reference ranges in adults of different age. Methods of clinical and laboratory evaluation of oxygen balance. Metabolism and functions of folic acid, vitamin B12, and iron in the body. Haemoglobin structure and function. The main nutrients and microelements, their metabolism and role in the body. Metabolic functions of the liver. The role of enzymes in human body. The main biochemical and metabolic processes during digestion and gas exchange. Intracellular metabolic processes for tissue oxygen supply and energy synthesis.
- 15. Properties of pathogens that are etiological factors of pneumonia, pleural effusion, infectious exacerbation of COPD, chronic gastritis, peptic ulcer, hepatitis, enteritis, colitis, and bone marrow disorders. The normal composition of gut microflora and peculiarities of microbiota composition in different age groups; determination of the intestinal dysbiosis.
- 16. Types of immunological and allergic reactions, mechanisms of anaphylaxis. Methods for determining indicators of humoral and cellular immunity. Immunological methods for diagnosing diseases of the digestive system, respiratory system, and blood disorders.
- 17. Structure of the provision of health care to the population for the proper use of the prevention and treatment health care resources.
- 18. Semiotics of respiratory, digestive and blood disorders. Possible signs, symptoms and clinical syndromes in patients with gastrointestinal, hepatobiliary, pancreatic, respiratory and hematopoietic disorders. Ability to take medical history, to identify the specific complaints, to estimate vital signs, to perform physical examination of patients with gastrointestinal, hepatobiliary, pancreatic, respiratory and hematopoietic disorders, and to identify leading syndromes. To be able to perform the main functional investigations (e.g., lung function tests, computer spirography, pulse oximetry, electrocardiography etc.) and interpret the obtained results. To be able to interpret the results of the main laboratory tests, imaging and endoscopic studies (e.g., chest radiography, lung and abdominal ultrasonography, abdominal radiography with contrast, upper GI endoscopy and colonoscopy).
- 19. Radiographic abnormalities in lung emphysema, COPD, pneumonia, lung abscess, pneumothorax, pleural effusion, multiple myeloma, haemophiliac haemarthrosis, peptic ulcer disease, inflammatory bowel disease, gallstone disease. Diagnostic value and indications for contrast-enhanced radiographic studies, interpretation of the obtained results.
- 20. Pharmacokinetics, mechanisms of action, indications, contraindications, possible adverse effects, precautions, and drug interactions for the following classes of medications: antacids, proton pump inhibitors, H<sub>2</sub>-receptor blockers, prokinetic agents. anticholinergics, antispasmodics, analgesics, antidiarrheals, laxatives, immunesuppressants (i.e., corticosteroids, cytotoxic agents, biological agents), antibacterial and antiviral medications, probiotics, enterosorbents, hepatoprotectors, pancreatic and digestive enzymes, bronchodilators (i.e., beta<sub>2</sub>long-acting muscarinic antagonists, methylxanthines), leukotriene receptor agonists. antagonists, mucolytic agents, supplements (i.e., iron, vitamin  $B_{12}$ , folic acid), haemostatic and thrombolytic agents, non-steroidal anti-inflammatory agents.

	5. Program learning outcomes	
	The list of learning outcomes	
Learning outcome code	The content of the learning outcome	Reference to the competence matrix code
Kn-1	To know anatomy, physiology of internal organs and systems, skin, skeleton, connective tissue, and blood	PLO-1-5
Kn-2	To know pathomorphology and pathophysiology of common internal diseases	PLO-1-5

	To know the biochemistry of major metabolic pro action of the main classes of medications	PLO-4,8						
Kn-4	To know characteristics of the pathogens that may	PLO-1-4						
	and the basics of epidemiology							
Kn-5	To know the methods of evaluation of integrated h	PLO-9-17						
	environmental factors; system of preventive measure							
	biological determinants of health, methods for doctor's activity assessment							
Sk-1	To interview complaints and medical history, to pe				PLO-1			
	examination							
Sk-2	To evaluate obtained results of additional tests				PLO-2			
Sk-3	To perform basic medical manipulations				PLO-7,9			
Co-1	To highlight the leading symptoms and syndromes		0		PLO-3-			
	disease. To plan necessary additional tests. To ma				5,7,10			
Co-2	To determine diet / plan of nutrition, to plan preven		ategies and	tactics.	PLO-3-5			
Co-3	To administer treatment and to determine its durat				PLO-6-8			
Co-4	To diagnose emergencies and to determine the taction	es of em	nergent med	ical	PLO-7-9			
	care.				<b>DI O O 1</b>			
Co-5	To determine health indicators; environmental facto	-			PLO-9-17			
	determinants of health, efficiency of doctor's activity	y and qu	ality of me	dical				
	Care		adiaal nave	as of	PLO-17-21			
AR-1	To organize the work of medical staff; to form rat patients; to interact with colleagues, organizations			es of	PLO-17-21			
AR-2	To guide by rights, freedoms and responsibilities.			scional	PLO-17-21			
		-	-		110-17-21			
AR-3	<ul> <li>level. To adhere to the requirements of ethics, bioethics and deontology.</li> <li>To form the purposes and structure of personal activity. To adhere to a</li> </ul>							
	healthy lifestyle and self-control.							
	6. The format and the scope of	of the c	2011750					
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P-9	Management of patients with cardiomegaly, heart murmurs or acrocyanosis	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-10	Management of patients with heart failure	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-11	Management of patients with arthralgia/myalgia, joint pain, arthritis, acute joint or back pain	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-12	Management of patients with haemorrhagic vasculitis and systemic rheumatic diseases	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-13	Management of patients with dyspepsia, dysphagia, heartburn, chronic diarrhoea or constipation	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-14	Management of patients with jaundice, ascites, portal hypertension, hepatic encephalopathy, hepatomegaly or hepatosplenomegaly	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-15	Management of patients with bronchial obstruction or chronic cough	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-16	Management of patients with infiltrative lung changes, community- acquired pneumonia, hospital-acquired pneumonia, or pleural effusion	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-17	Management of patients with haemoptysis, lung abscess, asphyxia or respiratory failure	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-18	Management of patients with fever of unknown aetiology	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-19	Management of patients with abnormal urinalysis, nephrotic syndrome or oedema	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-20	Management of patients with chronic renal failure	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-21	Management of patients with anaemia, management of severe anaemia	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-22	Management of patients with leukemoid reaction, leukaemia, polycythaemia, lymphadenopathy, agranulocytosis or acute thrombosis	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-23	Treatment of a patient with severe pneumonia or the threat of respiratory arrest	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
P-24	Treatment of a patient with acute hepatic failure or acute kidney injury	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-1-21	According to the schedule
IWS- 1	Writing home self-training task on the topic "Principles of patient management. Management of patients with arterial hypertension"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 2	Writing home self-training task on the topic "Management of patients with symptomatic arterial hypertension"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 3	Writing home self-training task on the topic "Management of patients arterial hypotension and syncope"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 4	Writing home self-training task on the topic "Management of patients with cardiac arrhythmias"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 5	Writing home self-training task on the topic "Management of patients with heart blocks"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 6	Writing home self-training task on the topic "Management of patients with chest pain or cardiac pain"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 7	Writing home self-training task on the topic "Management of patients with stable angina, silent myocardial ischemia or unstable angina"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 8	Writing home self-training task on the topic "Management of patients with acute myocardial infarction"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 9	Writing home self-training task on the topic "Management of patients with cardiomegaly, cardiac murmurs or acrocyanosis"	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule
IWS- 10	Writing home self-training task on the topic "Management of patients with heart failure	Kn-1-5, Sk- 1-3, C-1-5, AR-1-3	PLO-2,3,11	According to the schedule

IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
11	patients with arthralgia/myalgia, joint pain, arthritis, acute joint or back pain"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
12	patients with haemorrhagic vasculitis and systemic rheumatic diseases"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
13	patients with dyspepsia, dysphagia, heartburn, chronic diarrhoea or constipation"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
14	patients with jaundice, ascites, portal hypertension, hepatic encephalopathy, hepatomegaly or hepatosplenomegaly"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
15	patients with bronchial obstruction or chronic cough"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
16	patients with infiltrative lung changes, community-acquired	1-3, C-1-5,		the schedule
	pneumonia, hospital-acquired pneumonia, or pleural effusion"	AR-1-3		
IWS -	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
17	patients with haemoptysis, lung abscess, asphyxia or respiratory failure"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of patients	Kn-1-5, Sk-	PLO-2,3,11	According to
18	with fever of unknown aetiology"	1-3, C-1-5, AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
19	patients with abnormal urinalysis, nephrotic syndrome or oedema"	1-3, C-1-5,		the schedule
IWS-	Writing home self-training task on the topic "Management of	AR-1-3 Kn-1-5, Sk-	PLO-2,3,11	According to
20	patients with chronic renal failure"	1-3, C-1-5,	120 2,5,11	the schedule
		AR-1-3		
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk- 1-3, C-1-5,	PLO-2,3,11	According to
21	patients with anaemia, management of severe anaemia"	AR-1-3		the schedule
IWS-	Writing home self-training task on the topic "Management of	Kn-1-5, Sk-	PLO-2,3,11	According to
22	patients with leukemoid reaction, leukaemia, polycythaemia,	1-3, C-1-5, AR-1-3		the schedule
	lymphadenopathy, agranulocytosis or acute thrombosis"			
IWS-	Writing home self-training task on the topic "Treatment of a patient	Kn-1-5, Sk-	PLO-2,3,11	According to
23	with severe pneumonia or the threat of respiratory arrest, acute respiratory distress, COVID-19"	1-3, C-1-5, AR-1-3		the schedule
IWS- 24	Writing home self-training task on the topic "Treatment of a patient with acute hepatic failure or acute kidney injury"	Kn-1-5, Sk- 1-3, C-1-5,	PLO-2,3,11	According to the schedule

Interactive methods such as business games, role-playing games, and cases are used during practical classes.

The organization of classes consists of the following blocks: program and information, education and methodical, control, educational research, and auxiliary.

The program and information block is presented on the official website of the University.

The educational and methodical block includes theoretical lecture materials (available on MISA platform), which are conducted with the use of multimedia presentations. Methodical materials for students and teachers are updated every year and are available both in printed form and electronic version (on MISA platform), which is given to students for individual work at home. The software "Chest pain" and a phantom of the human torso for cardiopulmonary resuscitation are also used. Educational and practical materials also include educational DVD-films about methodology of physical examination etc., depending on the subject of classes (e.g., invasive diagnostic and therapeutic procedures in cardiology (angiography, stenting, shunting), atlases of clinical diagnosis, instrumental methods of examination etc.).

**The control block** contains materials for the current control of student activities (questions, MCQs, tests from *the Licensing Exam "Step-2"* base available for students on MISA platform).

**The educational and research block** contains topics of creative tasks, abstracts, educational and research tasks, term qualification works, etc. The department stores multimedia materials of student scientific-practical conferences of the medical faculty, which are examples and / or illustrative material for training, in addition, students have the opportunity to participate directly in procedures of echocardiography and ultrasonography of abdominal organs.

The auxiliary block is filled with video, audio, multimedia materials and electronic manuals, the

materials of which can be processed on portable devices (phone, smartphone, netbook, book reader, etc.). To ensure the independent work of students, they are offered links to electronic resources that can be used.

## 8. Verification of learning outcomes

Current control is performed during practical classes and is aimed checking the assimilation of educational material by students. Current control is based on a MCQ-assessment of the initial level of knowledge, checking writing home self-training task, and thematic practical work during the class. Practical work include clinical cases, examination of patients, writing examination protocols with formulation of diagnosis with rationale, writing and explanation of further diagnostic tests, estimation of the results of available tests in medical records, formulation of final clinical diagnosis and explanation of differential diagnosis, and administration of treatment and preventive measures for the patient.

Rating of each practice accounts all types of work provided by the programme using a 4-point national scale. The student must receive positive rating for each practical class. The forms of assessment of current educational activities are standard, and include control of theoretical and practical training.

Learning	Method of verifying learning outcomes
outcome	Assessment criteria
code	
For example: Kn-1-5,	The field defines the methods and technologies of assessment of students' knowledge, particularly, a list of all types of work that students are required to perform during practical class and the criteria for their assessment. For example, test control, protocol of patient's examination, demonstration of practical skills, etc. Each evaluation method must be described separately.
Sk-1-3, Co-1-5, AR-1-3	<b>Excellent ("5"):</b> 90-100% answers for format A tests (10 MCQs, single best answer of 5 given answers) are correct; correct clear, complete and logical answers for the questions about the current topic, including questions and tasks for individual work. Presence of qualitative and complete home task. A student closely links theory to
Training code P-1-24, IWS-1-24	practice and correctly demonstrates practical skills; able to solve clinical cases of increased complexity and to summarize the material. A student correctly conducts physical examination of thematic patient, has the necessary communication skills, and uses the principles of medical deontology.
1wS-1-24	uses the principles of medical deontology. <b>Good ("4"):</b> 70-89% answers for format A tests are correct; clear and right answers for the questions about the current topic, including questions and tasks for individual work. There is a qualitative home task. A student correctly demonstrates practical skills or makes non-significant mistakes; able to solve typical clinical cases and cases of moderate complexity. A student correctly conducts physical examination of thematic patient, has the necessary practical skills, and makes no fatal mistakes during diagnosis and treatment. A student may communicate with patients and colleagues, using the principles of medical deontology. <b>Satisfactory ("3"):</b> 60-69% answers for format A tests are correct. Homework is incomplete or contains mistakes. Inadequate or incomplete answers for the questions about the current topic and individual work. A student cannot build a clear, logical answer; makes significant mistakes when answering and demonstrating practical skills; solves only easy typical clinical cases, has a minimum of necessary practical skills; performs examination and plan treatments with errors that do not threaten the patient's life; has a minimum of communication skills, uses the principles of medical deontology. <b>Unsatisfactory ("2"):</b> less than 60% answers for format A tests are correct. The home task is written very bad or is absent. A student does not know the material of the
	current topic, cannot answer independently and logically to additional questions, does not understand the content of the material; makes significant mistakes when answering and demonstrating practical skills; conducts examination and plan treatment with fatal consequences for a patient; has insufficient communication or verbal skills; insufficiently uses the principles of medical deontology.

Participation in the work during the semester (credit) on a 200-					
point scale					
Traditional 4-point scale, multi-point (20	00-point) scale, ECTS				
rating scale					
Attendance of all practical classes with tota	al rating $\geq 120$ points of				
200 points					
Methods of final control	Passing criteria				
Positively estimated all practices with	Minimum rating 120				
conversion from a 4-point scale to a 200-	points;				
point scale as describe in "Criteria, rules	Maximum rating 200				
and procedures for evaluating the results	points				
of student's learning activities"					
The 6 <sup>th</sup> -year students take the Licensing	Exam "Step-2" and a				
comprehensive practical-oriented qualification	tion exam (CPOQE)				
	point scaleTraditional 4-point scale, multi-point (20 rating scaleAttendance of all practical classes with tota 200 pointsMethods of final controlPositively estimated all practices with conversion from a 4-point scale to a 200- point scale as describe in "Criteria, rules and procedures for evaluating the results of student's learning activities"The 6th-year students take the Licensing				

#### Scheme of calculation and distribution of points received by students

Assessment is one of the final stages of educational activity and determination of educational success.

Evaluation is based on the amount for the Practice of Stimulation Medicine in Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics. The calculation of the number of points is carried out on the basis of the grades received by the student on a traditional scale during the study of the discipline by calculating the arithmetic average (AA), which is converted into points on a multi-point scale, using formula:  $x = AA \cdot 200 / 5$ 

For convenience, a calculation table is given on a 200-point scale for disciplines ending with a credit as follows:

Scale	<b>4-p.</b>	200-р.											
	5	200	4.67	187	4.32	173	3.99	160	3.67	147	3.32	133	Less than 3
	4.97	199	4.65	186	4.3	172	3.97	159	3.65	146	3.3	132	Not
	4.95	198	4.62	185	4.27	171	3.94	158	3.62	145	3.27	131	enough
	4.92	197	4.6	184	4.24	170	3.92	157	3.57	143	3.25	130	
	4.9	196	4.57	183	4.22	169	3.89	156	3.55	142	3.22	129	
	4.87	195	4.52	181	4.19	168	3.87	155	3.52	141	3.2	128	
	4.85	194	4.5	180	4.17	167	3.84	154	3.5	140	3.17	127	
	4.82	193	4.47	179	4.14	166	3.82	153	3.47	139	3.15	126	
	4.8	192	4.45	178	4.12	165	3.79	152	3.45	138	3.12	125	
	4.77	191	4.42	177	4.09	164	3.77	151	3.42	137	3.1	124	
	4.75	190	4.4	176	4.07	163	3.74	150	3.4	136	3.07	123	
	4.72	189	4.37	175	4.04	162	3.72	149	3.37	135	3.02	121	
	4.7	188	4.35	174	4.02	161	3.7	148	3.35	134	3	120	

Points from the discipline are independently converted to both the ECTS scale and the 4-point scale. The points of the ECTS scale are not converted into a 4-point scale and vice versa. The points of students studying in one specialty, taking into account the number of points scored in the discipline, are ranked on the ECTS scale as follows:

ECTS assessmentStatistical parameter"A"Best 10 % of students"B"Next 25 % of students"C"Next 30 % students"D"Next 25 % students"E"The remaining 10% of students

Discipline scores for students who successfully completed the programme are converted into a traditional 4-point scale:

A multi-point (200) scale	A 4-point scale
scoring	scoring
From 170 to 200 points	"5"
From 140 to 169 points	"4"
From 139 to the minimum that	"3"
must be scored by student	5
Below the minimum that must be	"""
scored by student	2

The ECTS score is not converted to the traditional scale, as the ECTS scale and the four-point scale are independent. The objectivity of the assessment of students' learning activities is checked by statistical methods (correlation coefficient between ECTS assessment and assessment on a national scale).

#### 9. Course policy

In teaching and studying the course of Internal Medicine 5th year, all teachers and students adhere to the policy of academic integrity, intolerance to violations of medical and human deontology and ethics. Examination of patients at the clinical bases of the department complies with the principles of the Helsinki Declaration of the World Medical Association on ethical principles of scientific medical research with human participation (1964, 2004, 2013) and Orders of the Ministry of Health of Ukraine No 690 (2009), No 944 (2009) and No 616 (2012).

#### **10. Literature**

#### **Basic:**

- 1. eMPendium electronic compendium "Internal diseases" in open access [Electronic resource]. Access mode: https://empendium.com/mcmtextbook/ .
- 2. Davidson's Principles and Practice of Medicine 23rd Edition. Editors: Stuart Ralston, Ian Penman, Mark Strachan Richard Hobson. Elsevier. 2018. 1440 p.
- 3. USMLE Step 2 CK Lecture Notes 2017: Internal Medicine (Kaplan Test Prep). 2016. Published by Kaplan Medical. 474 p.
- 4. Kasper, Dennis L., Anthony S. Fauci, Stephen L. Hauser, Dan L. 1949- Longo, J. Larry Jameson, and Joseph Loscalzo. Harrison's Principles of Internal Medicine. 19th edition. New York: McGraw Hill Education, 2015. Additional:
- 5. Reactive arthritis before and after the onset of the COVID-19 pandemic. / Bekaryssova, D., Yessirkepov, M., Zimba, O. et al. // Clin Rheumatol. 2022. Vol. 41. P. 1641-1652. <u>https://doi.org/10.1007/s10067-022-06120-3</u>
- Highly cited papers in Takayasu arteritis on Web of Science and Scopus: cross-sectional analysis. / Misra D, Agarwal V, Gasparyan A, Zimba O, Sharma A. // Clin Rheumatol. – 2022. – Vol. 41(1). – P. 129-135. <u>https://doi:10.1007/s10067-021-05901-6</u>.
- Mechanisms of thrombosis in ANCA-associated vasculitis. / Misra DP, Thomas KN, Gasparyan AY, Zimba O. // Clin Rheumatol. – 2021. – Vol. 40(12). – P. 4807-4815. <u>https://doi:10.1007/s10067-021-05790-9</u>
- 8. Challenges in diagnosis of limited granulomatosis with polyangiitis. / Zimba O, Doskaliuk B, Yatsyshyn R, et al. // Rheumatol Int. 2021. Vol. 41(7). P. 1337-1345. <u>https://doi:10.1007/s00296-021-04858-8</u>.
- COVID-19 and the clinical course of rheumatic manifestations. / Ahmed S, Zimba O, Gasparyan AY. // Clin Rheumatol. – 2021. – Vol. 40(7). – P. 2611-2619. <u>https://doi:10.1007/s10067-021-05691-x</u>
- Systemic lupus erythematosus in the light of the COVID-19 pandemic: infection, vaccination, and impact on disease management. / Mehta P, Gasparyan AY, Zimba O. et al. // Clin Rheumatol. – 2022. Available from https://doi.org/10.1007/s10067-022-06227-7
- 11. COVID-19 and the clinical course of rheumatic manifestations / Ahmed S, Zimba O, Gasparyan A // Clin Rheumatol. 2021. Vol. 40. P. 2611-2619. <u>https://doi.org/10.1007/s10067-021-05691-x</u>
- Misra D, Gasparyan AY, Zimba O. Benefits and adverse effects of hydroxychloroquine, methotrexate and colchicine: searching for repurposable drug candidates. // Rheumatol Int. – 2020. – Vol. 40. – P. 1741-1751. https://doi.org/10.1007/s00296-020-04694-2
- Doskaliuk B, Zaiats L, Yatsyshyn R, Gerych P, Cherniuk N, Zimba O. Pulmonary involvement in systemic sclerosis: exploring cellular, genetic and epigenetic mechanisms. // Rheumatol Int. – 2020. – Vol. 40. – P. 1555-1569. <u>https://doi.org/10.1007/s00296-020-04658-6</u>
- 14. Ahmed S, Zimba O, Gasparyan A. Thrombosis in Coronavirus disease 2019 (COVID-19) through the prism of Virchow's triad // Clin Rheumatol. 2020. Vol. 39. P. 2529-2543. <u>https://doi.org/10.1007/s10067-020-05275-1</u>
- Korolyuk O, Radchenko O. Hypertriglyceridemia is associated with long-term risk of cardiovascular events and specific comorbidity in very high-risk hypertensive patients // Ukr.Biochem.J. – 2020. – Vol. 92(2). – P. 8-19. https://doi.org/10.15407/ubj92/02.008
- 16. Korolyuk O. Ya. The results of 5-year atorvastatin therapy at the doses of 20-40 mg daily in metabolically compromised patients at very high risk // <u>https://esc365.escardio.org/Congress/ESC-CONGRESS-2020-The-Digital-Experience/Pharmacology-and-Pharmacotherapy-ePosters/218520-the-results-of-5-year-atorvastatin-therapy-at-the-doses-of-20-40-mg-daily-in-metabolically-compromised-patients-at-very-high-risk#abstract</u>
- Information and Misinformation on COVID-19: a Cross-Sectional Survey Study. / Gupta L, Gasparyan A, Misra D, Agarwal V, Zimba O, Yessirkepov M. // J Korean Med Sci. – 2020. – Vol. 35(27). – P. e256. Available from <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7358067/</u>
- Ahmed S, Zimba O, Gasparyan AY Thrombosis in Coronavirus disease 2019 (COVID-19) through the prism of Virchow's triad. // Clin Rheumatol. – 2020. – Vol. 39. – P. 2529-2543. Available from https://doi.org/10.1007/s10067-020-05275-1
- 19. Radchenko O. Internal diseases / Radchenko O. Lviv National Medical University, 2007. 258 c.
- 20. Dzis I. Prediction of survival in non-Hodgkin lymphoma based on markers of systemic inflammation, anemia, hypercoagulability, dyslipidemia and Eastern Cooperative Oncology Group performance status / I. Dzis, O. Tomashevska, Ye. Dzis, Z. Korytko // Acta Haematologica Polonica, 2020; Volume 51, Issue 1, Pages 34–41, Available from https://journals.viamedica.pl/acta\_haematologica\_polonica/article/view/75182
- 21. Dzis Y, Tomashevska O. Problems of verification of hematological neoplasms associated with Chornobyl radiation disaster: case-based review. Proc Shevchenko Sci Soc Med Sci [Internet]. 2019 Dec.24 [cited 2021Sep.11];57(2).

Available from: https://mspsss.org.ua/index.php/journal/article/view/225

- 22. ASIT therapy: advantages and adverse effects. own results and literature data Besh OM, Besh DI, Sorokopud OO, Kondratiuk MO, Slaba OR. // Wiad. Lek. 2018. Vol. 71(2). P. 341-345
- 23. ASIT as the component of bronchial asthma's therapy can improve the adherence to the treatment. / Besh O, Besh D, Sorkopud O, Kondratiuk M, Slaba O, Zhakun I, Strilchuk L, Ładny JR, Rafałowicz B, Szarpak Ł, Gałązkowski R, Nadolny K. // Wiad Lek. 2018. Vol. 71(4). P. 849-854.
- 24. ASIT as the component of bronchial asthma's therapy can improve the adherence to the treatment. Besh O, Besh D, Sorkopud O, Gałązkowski R, Nadolny K. // Wiadomosci lekarskie. 2018. Vol. 71(4). P. 849-854
- Allergy to hypoallergenic metals. / Besh O, Sorokopud O, Matsyura O, Kondratyuk M, Slaba O, Korolyuk O, Komarytcia O, Besh D. // Acta medica Croatica. 2019. Vol. 73 (4) P. 397-401
- 26. Strilchuk L, Zimba O. Results of 24-hour electrocardiogram monitoring depending on gallbladder condition // Proceedings of the Shevchenko Scientific Society. Medical Sciences. 2021. Vol. 64(1). P. 200-203
- 27. Goldberger's clinical electrocardiography: a simplified approach / Ary L. Goldberger, Zachary D. Goldberger, Alexei Shvilkin. 8<sup>th</sup> ed. Elsevier Saunders 2013, Philadelphia, 231 p.
- 28. Ramanayake R.P., Ranasingha S., Lakmini S. Management of emergencies in general practice: role of general practitioners. / Journal of family medicine and 13 primary care. 2014. Vol. 3(4). P. 305–308. https://doi.org/10.4103/2249-4863.148089
- 29. Wearne S. 2016: Clinical cases for general practice exams / Susan Wearne. Edition: 3rd ed. 374 p.
- McDonagh T, Metra M, Adamo M et al, ESC Scientific Document Group, 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) With the special contribution of the Heart Failure Association (HFA) of the ESC. // Eur Heart J. 2021. Vol. 42 (36). P. 3599–3726, https://doi.org/10.1093/eurheartj/ehab368
- 31. Hindricks G, Potpara T, Dagres N, et al., ESC Scientific Document Group, 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): The Task Force for the diagnosis and management of atrial fibrillation of the European Society of Cardiology (ESC) Developed with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. // Eur Heart J. 2021. Vol. 42 (5). P 373–498, <a href="https://doi.org/10.1093/eurheartj/ehaa612">https://doi.org/10.1093/eurheartj/ehaa612</a>
- 32. Konstantinides SV, Meyer G, Becattini C, et al., ESC Scientific Document Group. 2019 ESC Guidelines for the diagnosis and management of acute pulmonary embolism developed in collaboration with the European Respiratory Society (ERS): The Task Force for the diagnosis and management of acute pulmonary embolism of the European Society of Cardiology (ESC). // Eur Heart J. 2020. Vol. 41 (4). P. 543–603, <a href="https://doi.org/10.1093/eurheartj/ehz405">https://doi.org/10.1093/eurheartj/ehz405</a>
- 33. Collet J-P, Thiele H, Barbato E, et al., ESC Scientific Document Group, 2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: The Task Force for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation of the European Society of Cardiology (ESC) // Eur Heart J. – 2021. – Vol. 42 (14) – P. 1289–1367, https://doi.org/10.1093/eurheartj/ehaa575
- 34. Brugada J, Katritsis DG, Arbelo E et al., ESC Scientific Document Group. 2019 ESC Guidelines for the management of patients with supraventricular tachycardia. The Task Force for the management of patients with supraventricular tachycardia of the European Society of Cardiology (ESC): Developed in collaboration with the Association for European Paediatric and Congenital Cardiology (AEPC). // Eur Heart J. 2020. Vol. 41(5). P. 655–720, https://doi.org/10.1093/eurheartj/ehz467
- 35. Knuuti J, Wijns W, Saraste A et al., ESC Scientific Document Group. 2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes: The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC) // Eur Heart J. – 2020. – Vol. 41(3). – P. 407–477, https://doi.org/10.1093/eurheartj/ehz425
- 36. Koch C, Papadopoulou-Marketou N, Chrousos GP. Overview of Endocrine Hypertension. [Updated 2020 Feb 4]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <u>https://www.ncbi.nlm.nih.gov/books/NBK278980/</u>
- 37. Williams B, Mancia G, Spiering W et al.; ESC Scientific Document Group. 2018 ESC/ESH Guidelines for the management of arterial hypertension // Eur Heart J. 2018. Vol. 39(33). P. 3021-3104. <u>https://doi.org/10.1093/eurheartj/ehy339</u>.
- Thygesen K, Alpert JS, Jaffe AS, et al., ESC Scientific Document Group. Fourth universal definition of myocardial infarction. // Eur Heart J. – 2019. – Vol. 40(3). – P. 237–269, <u>https://doi.org/10.1093/eurheartj/ehy462</u>
- Brignole M, Moya A, de Lange FJ, et al.; ESC Scientific Document Group. 2018 ESC Guidelines for the diagnosis and management of syncope. // Eur Heart J. – 2018. – Vol. 39(21). – P. 1883-1948. <u>https://doi.org/10.1093/eurheartj/ehy037</u>
- 40. Neumann F, Sousa-Uva M, Ahlsson A et al.; ESC Scientific Document Group. 2018 ESC/EACTS Guidelines on myocardial revascularization. // Eur Heart J. 2019. Vol. 40(2). P. 87-165. <u>https://doi.org/10.1093/eurheartj/ehy394</u>
- Ibanez B, James S, Agewall S, et al., ESC Scientific Document Group. 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC). // Eur Heart J. – 2018. – Vol. 39(2). – P. 119–177, https://doi.org/10.1093/eurheartj/ehx393
- 42. FitzGerald J, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. // Arthritis Care Res (Hoboken). – 2020. – Vol. 72(6). – P. 744-760. <u>https://doi.org/10.1002/acr.24180</u>.
- 43. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation

Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. // Arthritis Care Res (Hoboken). – 2020. – Vol. 72(2). – P. 149-162. <u>https://doi:10.1002/acr.24131</u>.

- 44. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. // Arthritis Rheumatol. 2021. Vol. 73(7). P. 1108-1123. <u>https://doi:10.1002/art.41752</u>.
- Chung S, Langford C, Maz M, et al. 2021 American College of Rheumatology / Vasculitis Foundation Guideline for the Management of Antineutrophil Cytoplasmic Antibody-Associated Vasculitis. // Arthritis Rheumatol. – 2021. – Vol. 73(8). – P. 1366-1383. <u>https://doi:10.1002/art.41773</u>.
- 46. Nagy G, Roodenrijs N, Welsing P et al. EULAR points to consider for the management of difficult-to-treat rheumatoid arthritis. // Ann Rheum Dis. 2022. Vol. 81(1). P. 20-33. <u>https://doi:10.1136/annrheumdis-2021-220973</u>.
- Smolen J, Landewé R, Bijlsma J et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. // Ann Rheum Dis. – 2020. – Vol. 79(6). – P. 685-699. <u>https://doi:10.1136/annrheumdis-2019-216655</u>.
- Hellmich B, Agueda A, Monti S et al. 2018 Update of the EULAR recommendations for the management of large vessel vasculitis // Ann Rheum Dis. 2020. Vol. 79(1). P. 19-30. <u>https://doi:10.1136/annrheumdis-2019-215672</u>.
- Mandl P, Ciechomska A, Terslev L et al. Implementation and role of modern musculoskeletal imaging in rheumatological practice in member countries of EULAR. // RMD Open. – 2019. – Vol. 5(2). – P. e000950. <u>https://doi:10.1136/rmdopen-2019-000950</u>.
- 50. Fanouriakis A, Kostopoulou M, Alunno A, et al. 2019 update of the EULAR recommendations for the management of systemic lupus erythematosus. // Ann Rheum Dis. 2019. Vol. 78(6). P. 736-745. https://doi:10.1136/annrheumdis-2019-215089.
- Ehlers L, Askling J, Bijlsma H et al. 2018 EULAR recommendations for a core data set to support observational research and clinical care in giant cell arteritis. // Ann Rheum Dis. – 2019. – Vol. 78(9). – P. 1160-1166. https://doi:10.1136/annrheumdis-2018-214755.
- 52. Kloppenburg M, Kroon FP, Blanco FJ et al. 2018 update of the EULAR recommendations for the management of hand osteoarthritis. // Ann Rheum Dis. 2019. Vol. 78(1). P. 16-24. <u>https://doi:10.1136/annrheumdis-2018-213826</u>.
- 53. Kowal-Bielecka O, Fransen J, Avouac J et al.; EUSTAR Coauthors. Update of EULAR recommendations for the treatment of systemic sclerosis. // Ann Rheum Dis. 2017. Vol. 76(8). P. 1327-1339. https://doi:10.1136/annrheumdis-2016-209909
- 54. Smith V, Scirè C, Talarico R et al. Systemic sclerosis: state of the art on clinical practice guidelines. // RMD Open. 2018. Vol. 18 (4, Suppl. 1). P.e000782. <u>https://doi:10.1136/rmdopen-2018-000782</u>.
- Okogbaa, J., Batiste, L. Dermatomyositis: An Acute Flare and Current Treatments. // Clin Med Insights Case Rep. – 2019. – Vol. 12, 1179547619855370. <u>https://doi.org/10.1177/1179547619855370</u>
- Machado MN, Nakazone MA, Maia LN. Acute kidney injury based on KDIGO (Kidney Disease Improving Global Outcomes) criteria in patients with elevated baseline serum creatinine undergoing cardiac surgery. // Rev Bras Cir Cardiovasc. – 2014. – Vol. 29(3). – P. 299-307. <u>https://doi:10.5935/1678-9741.20140049</u>
- Kidney Disease: Improving Global Outcomes (KDIGO) Blood Pressure Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Blood Pressure in Chronic Kidney Disease. Kidney Int. – 2021. – Vol. 99(3S). – P. S1-S87. <u>https://doi:10.1016/j.kint.2020.11.003</u>.
- 58. Rovin BH, Adler SG, Barratt J, et al. Executive summary of the KDIGO 2021 Guideline for the Management of Glomerular Diseases. // Kidney Int. 2021. P. 100(4). P. 753-779. <u>https://doi:10.1016/j.kint.2021.05.015</u>
- Chadban SJ, Ahn C, Axelrod DA, et al. KDIGO Clinical Practice Guideline on the Evaluation and Management of Candidates for Kidney Transplantation. // Transplantation. – 2020. – Vol. 104 (4S1 Suppl 1). – P. S11-S103. <u>https://doi:10.1097/TP.00000000003136</u>.
- 60. Acute and chronic hypertension: what clinicians need to know for diagnosis and management / Rivera SL, Martin J, Landry J // Crit Care Nurs Clin North Am. 2019. Vol. 31 (1). P. 97-108.
- 61. Nephritic Syndrome. / Lamba P, Nam KH, Contractor J, Kim A. // Prim Care. 2020. Vol. 47 (4). P. 615-629.
- 62. Tapia C, Bashir K. Nephrotic Syndrome. [Updated 2021 Aug 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <u>https://www.ncbi.nlm.nih.gov/books/NBK470444/</u>
- 63. Satoskar AA, Parikh SV, Nadasdy T. Epidemiology, pathogenesis, treatment and outcomes of infection-associated glomerulonephritis. // Nat Rev Nephrol. 2020. Vol. 16 (1). P. 32-50.
- 64. Kawasaki Y. Mechanism of onset and exacerbation of chronic glomerulonephritis and its treatment. // *Pediatr Int.* 2011. Vol. 53(6). P. 795-806.
- 65. Johnson JR, Russo TA. Acute Pyelonephritis in Adults. // N Engl J Med. 2018. Vol. 378 (1). P. 48-59.
- Fogo AB, Lusco MA, Najafian B, Alpers CE AJKD Atlas of Renal Pathology: Chronic Pyelonephritis // Atlas of Renal Pathology II. – 2016. – Vol. 68(4). – P. e23-e25. <u>https://doi.org/10.1053/j.ajkd.2016.08.001</u>
- Management of Helicobacter pylori infection the Maastricht V/Florence Consensus Report / Malfertheiner P, Megraud F, O'Morain CA, et al.; European Helicobacter and Microbiota Study Group and Consensus panel. // Gut. 2017. Vol. 66(1). P. 6-30. doi: 10.1136/gutjnl-2016-312288.
- Gastric Cancer as Preventable Disease. / Rugge M, Genta RM, Di Mario F, El-Omar EM, El-Serag HB, Fassan M, Hunt RH, Kuipers EJ, Malfertheiner P, Sugano K, Graham DY. // Clin Gastroenterol Hepatol. – 2017. – Vol. 15(12). – P. 1833-1843. doi: 10.1016/j.cgh.2017.05.023
- 69. Prevalence of Antibiotic Resistance in Helicobacter pylori: A Systematic Review and Meta-analysis in World Health Organization Regions./ Savoldi A, Carrara E, Graham DY, Conti M, Tacconelli E. // Gastroenterology. –

2018. – Vol. 155(5). – P. 1372-1382.e17. doi: 10.1053/j.gastro.2018.07.007.

- 70. Clarrett DM, Hachem C. Gastroesophageal Reflux Disease (GERD). // Mo Med. 2018. Vol. 115(3). P. 214-218.
- 71. Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. // Am J Gastroenterol. 2013. Vol. 108. P. 308-328.
- 72. Azer SA, Akhondi H. Gastritis. [Updated 2021 Jul 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <u>https://www.ncbi.nlm.nih.gov/books/NBK544250/</u>
- 73. Kulnigg-Dabsch S. Autoimmune gastritis. // Wien Med Wochenschr. 2016. Vol. 166. P. 424-430.
- 74. Kyoto global consensus report on Helicobacter pylori gastritis. / Sugano K, Tack J, Kuipers EJ, et al, faculty members of Kyoto Global Consensus Conference. // Gut. 2015. Vol. 64(9). P. 1353-67.
- 75. Reactive gastropathy is associated with inflammatory conditions throughout the gastrointestinal tract. / Maguilnik I, Neumann WL, Sonnenberg A, Genta RM. // Aliment Pharmacol Ther. 2012. Vol. 36(8). P. 736-43
- 76. Peptic Ulcer Disease: Introduction. Johns Hopkins Medicine 600 North Wolfe Street, Baltimore, Maryland 21287 Available at <u>https://www.hopkinsmedicine.org</u>
- 77. Perforated and bleeding peptic ulcer: WSES guidelines. / Tarasconi A, Coccolini F, Biffl WL, et al. // World J Emerg Surg. 2020. Vol. 15:3. doi: 10.1186/s13017-019-0283-9.
- ACG clinical guidelines: diagnosis and management of celiac disease. / Rubio-Tapia A, Hill ID, Kelly CP, Calderwood AH, Murray JA, American College of Gastroenterology // Am J Gastroenterol. 2013. Vol. 108(5). P. 656-76; quiz 677
- 79. Green PH, Lebwohl B, Greywoode R. Celiac disease. // J Allergy Clin Immunol. 2015. Vol. 135(5). P. 1099-106; quiz 1107.
- 80. Coeliac disease. / Glissen Brown JR, Singh P. // Paediatr Int Child Health. 2019. Vol. 39(1). P. 23-31.
- 81. World Gastroenterology Organisation Global Guideline. Inflammatory bowel disease: a global perspective. Munich, Germany: World Gastroenterology Organisation (WGO); 2015. Available at <u>https://www.worldgastroenterology.org/guidelines/global-guidelines/inflammatory-bowel-disease-ibd/inflammatory-bowel-disease-ibd-english</u>
- American Gastroenterological Association medical position statement: perianal Crohn's disease. // Gastroenterology. – 2003. – Vol. 125(5). – P. 1503-1507.
- 83. Kornbluth A, Sachar DB. Ulcerative colitis practice guidelines in adults: American College of Gastroenterology, Practice Parameters Committee. // Am J Gastroenterol. 2010. Vol. 105(3). P. 501-23; quiz 524
- 84. ACR appropriateness criteria right upper quadrant pain. / Yarmish GM, Smith MP, Rosen MP, et al. // *J Am Coll Radiol.* 2014. Vol. 11(3). P. 316-22.
- 85. Shah K, Wolfe RE. Hepatobiliary ultrasound. // Emerg Med Clin North Am. 2004. Vol. 22. P. 661-73.
- 86. Center SA. Diseases of the gallbladder and biliary tree. Vet Clin North Am Small Anim Pract. 2009 May. 39(3):543-98.
- Wang HH, Liu M, Clegg DJ, Portincasa P, Wang DQ. New insights into the molecular mechanisms underlying effects of estrogen on cholesterol gallstone formation. // *Biochim Biophys Acta*. 2009. Vol. 1791(11). P. 1037-47
- Tazuma S, Unno M, Igarashi Y, et al. Evidence-based clinical practice guidelines for cholelithiasis 2016. // J Gastroenterol. – 2017. – Vol. 52(3). – P. 276-300
- 89. Lok AS, McMahon BJ. Chronic hepatitis B: update 2009. // Hepatology. 2009. Vol. 50(3). P. 661-662
- 90. European Association For The Study Of The Liver. EASL clinical practice guidelines: Management of chronic hepatitis B virus infection. // J Hepatol. 2012. Vol. 57(1). P. 167-185
- 91. Asian-Pacific consensus statement on the management of chronic hepatitis B: a 2012 update. / Liaw YF, Kao JH, Piratvisuth T, et al. // Hepatol. Int. 2012. P. 6(3). P. 531-561
- 92. World Health Organization. Hepatitis C: fact sheet. Available at <u>http://www.who.int/mediacentre/factsheets/fs164/en/</u>. Updated: October 2017; Accessed: January 23, 2018.
- 93. Centers for Disease Control and Prevention (CDC). Testing for HCV infection: an update of guidance for clinicians and laboratorians. // MMWR Morb Mortal Wkly Rep. 2013. Vol. 62 (18). P. 362-365.
- 94. American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA). Testing, evaluate, monitor. Overview of cost, reimbursement, and cost-effectiveness considerations for hepatitis C treatment regimens. // Available from <u>https://www.hcvguidelines.org/evaluate/cost</u>. Updated: September 21, 2017.
- 95. Sebode M, Hartl J, Vergani D, Lohse AW, for the International Autoimmune Hepatitis Group (IAIHG). Autoimmune hepatitis: From current knowledge and clinical practice to future research agenda. // Liver Int. – 2018. – Vol. 38(1). – P. 15-22.
- Dalekos GN, Koskinas J, Papatheodoridis GV. Hellenic Association for the Study of the Liver Clinical Practice Guidelines: Autoimmune hepatitis. // Ann Gastroenterol. – 2019. – Vol. 32 (1). – P. 1-23.
- 97. Casanova J, Bataller R. Alcoholic hepatitis: prognosis and treatment. // *Gastroenterol Hepatol.* 2014. Vol. 37 (4). P. 262-268.
- 98. O'Shea RS, Dasarathy S, McCullough AJ. Alcoholic liver disease. // Hepatology. 2010. Vol. 51(1). P. 307-328
- 99. Current guidelines for the management of non-alcoholic fatty liver disease: A systematic review with comparative analysis. / Leoni S, Tovoli F, Napoli L, Serio I, Ferri S, Bolondi L. // World J Gastroenterol. 2018. Vol. 24 (30). P. 3361-3373. doi:10.3748/wjg.v24.i30.3361
- 100. Current treatment paradigms and emerging therapies for NAFLD/NASH. / Raza S, Rajak S, Upadhyay A, Tewari

A, Anthony Sinha R. // Front Biosci (Landmark Ed). – 2021. – Vol. 26. – P. 206-37.

- 101.Latin American Association for the Study of the Liver (ALEH) practice guidance for the diagnosis and treatment of non-alcoholic fatty liver disease. / Arab JP, Dirchwolf M, Alvares-da-Silva MR, et al. // Ann Hepatol. – 2020. – Vol. 19(6). – P. 674-690. doi: 10.1016/j.aohep.2020.09.006.
- 102. Tsochatzis EA, Bosch J, Burroughs AK. Liver cirrhosis. // Lancet. 2014. Vol. 383(9930). P. 749-61.
- 103.Portal hypertensive bleeding in cirrhosis: risk stratification, diagnosis, and management: 2016 practice guidance by the American Association for the Study of Liver Diseases. / Garcia-Tsao G, Abraldes JG, Berzigotti A, Bosch J. // *Hepatology*. – 2017. – Vol. 65 (1). – P. 310-35.
- 104.A proposal for a new clinical classification of chronic pancreatitis. Buchler MW, Martignoni ME, Friess H, Malfertheiner P. // *BMC Gastroenterol.* 2009. Vol. 14. P. 9:93.
- 105.Evidence-based clinical practice guidelines for chronic pancreatitis 2015. / Ito T, Ishiguro H, Ohara H, et al. // J Gastroenterol. – 2016. – Vol. 51 (2). – P. 85-92.
- 106.Guidelines for the diagnostic cross sectional imaging and severity scoring of chronic pancreatitis. / Frokaer JB, Akisik F, Farooq A, et al, for the Working group for the International (IAP APA JPS EPC) Consensus Guidelines for Chronic Pancreatitis. // *Pancreatology*. 2018. Vol. 18 (7). P. 764-73.
- 107.Guidelines for the understanding and management of pain in chronic pancreatitis. / Drewes AM, Bouwense SAW, Campbell CM, et al, for the Working Group for the International (IAP APA JPS EPC) Consensus Guidelines for Chronic Pancreatitis. // Pancreatology. 2017. Vol. 17 (5). P. 720-31.
- 108. United European Gastroenterology evidence-based guidelines for the diagnosis and therapy of chronic pancreatitis (HaPanEU). / Löhr JM, Dominguez-Munoz E, Rosendahl J et al. // United European Gastroenterology J. 2017. Vol. 5 (2). P. 153-199.
- 109.Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease 2020 report. November 2019. Available from: https://goldcopd.org/
- 110.GINA 2019: a fundamental change in asthma management. H.K. Reddel, M. FitzGerald, E.D. Bateman, L.B. Bacharier, A. Becker et al. // European Respiratory Journal 2019. Vol. 53. P.1901046; DOI: 10.1183/13993003.01046-2019
- 111.Phenotypes and endotypes of adult asthma: Moving toward precision medicine. R. Kaur, G. Chupp // Journal of Allergy and Clinical Immunology. 2019. Vol. 144 (1). P. 1-12. Available at <a href="https://doi.org/10.1016/j.jaci.2019.05.031">https://doi.org/10.1016/j.jaci.2019.05.031</a>
- 112.Pocket Guide for asthma management and prevention for adults and children older than 5 years (updated 2018). Summary for primary health care providers, to be used in conjunction with the main GINA report. Available at <a href="https://ginasthma.org/wp-content/uploads/2018/03/wms-GINA-main-pocket-guide\_2018-v1.0.pdf">https://ginasthma.org/wp-content/uploads/2018/03/wms-GINA-main-pocket-guide\_2018-v1.0.pdf</a>
- 113.Musher DM, Thorner AR. Community-acquired pneumonia. // N Engl J Med. 2014. Vol. 371 (17). P. 1619-28.
- 114. Wunderink R. Guidelines to manage community-acquired pneumonia. // Clin Chest Med. 2018. Vol. 39. P. 723-731.
- 115.Metlay JP, Waterer GW, Long AC, Anzueto A, Brozek J, Crothers K, et al. Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. // Am J Respir Crit Care Med. 2019. Vol.200 (7). P. e45-e67.
- 116.Kalil AC, Metersky ML, Klompas M, Muscedere J, Sweeney DA, Palmer LB, et al. Executive Summary: Management of Adults With Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society. // Clin Infect Dis. 2016. Vol. 63 (5). P. 575-82.
- 117.Alhazzani W, Møller MH, Arabi YM, et al. Surviving Sepsis Campaign: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019 (COVID-19). European Society of Intensive Care Medicine. Available at <a href="https://www.esicm.org/wp-content/uploads/2020/03/SSC-COVID19-GUIDELINES.pdf.2020">https://www.esicm.org/wp-content/uploads/2020/03/SSC-COVID19-GUIDELINES.pdf.2020</a>.
- 118.European Respiratory Society guidelines for the management of adult bronchiectasis. / Polverino E, Goeminne PC, McDonnell MJ, et al. // *Eur Respir J.* 2017. Vol. 50 (3). P. 50.
- 119. Robinson T. Identification, assessment and management of pleurisy. // Nurs Stand. 2011. Vol. 25. P. 43-48.
- 120.Diaz-Guzman E, Dweik RA. Diagnosis and management of pleural effusions: a practical approach. // Compr Ther. 2007. Vol. 33(4). P. 237-46.
- 121. Wallace D.F. The Regulation of Iron Absorption and Homeostasis. // Clin\_Biochem Rev. 2016. Vol. 37(2). P. 51–62.
- 122.Shokrgozar N, Golafshan HA. Molecular perspective of iron uptake, related diseases, and treatments. // Blood Res. 2019. Vol. 54(1). P. 10-16.
- 123.Wan D, Wu Q, Ni H, Liu G, Ruan Z, Yin Y. Treatments for Iron Deficiency (ID): Prospective Organic Iron Fortification. // Curr. Pharm. Des. 2019. Vol. 25(3). P. 325-332.
- 124. Vitamin B<sub>12</sub> deficiency. / Green, R., Allen, L., Bjørke-Monsen, A. et al. // Nat Rev Dis Primers. 2017. Vol. 3 (17040). <u>https://doi.org/10.1038/nrdp.2017.40</u>
- 125.Wong CW. Vitamin B<sub>12</sub> deficiency in the elderly: is it worth screening? // Hong Kong Med J 2015. Vol. 21(2). P. 155–164. DOI: 10.12809/hkmj144383
- 126.Stanger O. Physiology of Folic Acid in Health and Disease. // Current drug metabolism. 2002. Vol. 3. P. 211-223.
- 127.Stover PJ. Physiology of folate and vitamin B12 in health and disease. // Nutr Rev. 2004. Vol. 62 (6 Pt 2). P.

S3-12; discussion S13.

- 128. Anemia. Pathophysiology, diagnosis and management. 2017. Chapter 18 Acquired Aplastic Anemia and Pure Red Cell Aplasia DOI: <u>https://doi.org/10.1017/9781108586900.019</u>
- 129. Chuncharunee S, Teawtrakul N, Siritanaratkul N, Chueamuangphan N. Review of disease-related complications and management in adult patients with thalassemia: A multi-center study in Thailand. // PLoS ONE. 2019, Vol. 14(3). P.e0214148.
- 130.Beta-thalassemia: renal complications and mechanisms: a narrative review. / Demosthenous C, Vlachaki E, Apostolou C, et al. // Hematology. 2019. Vol. 24(1). P. 426-438.
- 131.Sickle cell disease. / Kato GJ, Piel FB, Reid CD, Gaston MH, [et al.] // Nat Rev Dis Primers. 2018, Vol 4. P. 18010. doi: 10.1038/nrdp.2018.10.
- 132. The 2016 revision to the World Health Organization classification of myeloid neoplasms and acute leukemia. / Arber DA, Orazi A, Hasserjian R, Thiele J, Borowitz MJ, Le Beau MM, et al. // *Blood.* 2016. Vol. 127 (20). P. 2391-405.
- 133. NCCN Clinical Practice Guidelines in Oncology. Acute Myeloid Leukemia. National Comprehensive Cancer Network. Version 3.2021 March 2, 2021. Available from <a href="https://www.nccn.org/professionals/physician\_gls/pdf/aml.pdf">https://www.nccn.org/professionals/physician\_gls/pdf/aml.pdf</a>.
- 134. NCCN Clinical Practice Guidelines in Oncology: Acute Lymphoblastic Leukemia. National Comprehensive Cancer Network. Version 2.2020 October 23, 2020. Available from <u>http://www.nccn.org/professionals/physician\_gls/pdf/all.pdf</u>.
- 135.Cancer Stat Facts: Leukemia Chronic Myeloid Leukemia (CML). National Cancer Institute Surveillance, Epidemiology, and End Results Program. Available at <u>https://seer.cancer.gov/statfacts/html/cmyl.html</u>. Accessed: May 23, 2021.
- 136.PDQ Adult Treatment Editorial Board. Chronic Myelogenous Leukemia Treatment (PDQ®): Health Professional Version. July 29, 2020.
- 137.PDQ Adult Treatment Editorial Board. Chronic Lymphocytic Leukemia Treatment (PDQ®): Health Professional Version. *PDQ Cancer Information Summaries*. Bethesda, MD: National Cancer Institute; January 22, 2020.
- 138.Guidelines for the diagnosis and treatment of chronic lymphocytic leukemia: a report from the International Workshop on Chronic Lymphocytic Leukemia updating the National Cancer Institute-Working Group 1996 guidelines. / Hallek M, Cheson BD, Catovsky D, et al. // *Blood.* 2008. Vol 111(12). P. 5446-56.
- 139. NCCN Clinical Practice Guidelines in Oncology: Hodgkin Lymphoma. National Comprehensive Cancer Network. Available at <a href="http://www.nccn.org/professionals/physician\_gls/pdf/hodgkins.pdf">http://www.nccn.org/professionals/physician\_gls/pdf/hodgkins.pdf</a>. Version 2.2020 April 17, 2020.
- 140.Hodgkin lymphoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. / Eichenauer DA, Aleman BM, André M, Federico M, Hutchings M, Illidge T, et al. // Ann Oncol. 2018. Vol. 29 (Sup 4.). P. iv19-iv29.
- 141.PDQ Adult Treatment Editorial Board. Adult Non-Hodgkin Lymphoma Treatment (PDQ®): Health Professional Version. January 20, 2021.
- 142.NCCN Clinical Practice Guidelines in Oncology. B-cell Lymphomas. National Comprehensive Cancer Network. Available at <u>https://www.nccn.org/professionals/physician\_gls/pdf/nhl.pdf</u>. Version 2.2021 February 16, 2021.
- 143.Katz PO, Dunbar KB, Schnoll-Sussman FH, Greer KB, Yadlapati R, Spechler SJ. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol. 2022 Jan 1;117(1):27-56. doi: 10.14309/ajg.00000000001538
- 144.Johnson K, Ghassemzadeh S. Chest Pain. [Updated 2022 Dec 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <u>https://www.ncbi.nlm.nih.gov/books/NBK470557/</u>
- 145.Cunha BA, Lortholary O, Cunha CB. Fever of unknown origin: a clinical approach. Am J Med. 2015 Oct;128(10):1138.e1-1138.e15. doi: 10.1016/j.amjmed.2015.06.001.
- 146.Brown I, Finnigan NA. Fever of Unknown Origin. [Updated 2023 Aug 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <u>https://www.ncbi.nlm.nih.gov/books/NBK532265/</u>
- 147.Robert A Byrne and others, 2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC), *European Heart Journal*, 2023;, ehad191, <u>https://doi.org/10.1093/eurheartj/ehad191</u>
- 148.Elena Arbelo and others, 2023 ESC Guidelines for the management of cardiomyopathies: Developed by the task force on the management of cardiomyopathies of the European Society of Cardiology (ESC), *European Heart Journal*, 2023;, ehad194, <u>https://doi.org/10.1093/eurheartj/ehad194</u>
- 149. Theresa A McDonagh and others, 2023 Focused Update of the 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the task force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) With the special contribution of the Heart Failure Association (HFA) of the ESC, *European Heart Journal*, 2023;, ehad195, https://doi.org/10.1093/eurheartj/ehad195
- 150. Victoria Delgado and others, 2023 ESC Guidelines for the management of endocarditis: Developed by the task force on the management of endocarditis of the European Society of Cardiology (ESC) *Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) and the European Association of Nuclear Medicine (EANM), European Heart Journal*, 2023; ehad193, https://doi.org/10.1093/eurheartj/ehad193
- 151.Mayuga KA, Fedorowski A, Ricci F, et al. Sinus Tachycardia: a Multidisciplinary Expert Focused Review. Circ Arrhythm Electrophysiol. 2022 Sep;15(9):e007960. <u>https://doi.org/10.1161/CIRCEP.121.007960</u>
- 152.Movahed MR, Ramaraj R, Manrique C, Hashemzadeh M. Left ventricular hypertrophy is independently associated with all-cause mortality. Am J Cardiovasc Dis 2022;12(1):38-41; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8918741/

Information resources
https://www.aasld.org/
https://www.diabetes.org/
http://www.eagen.org/
http://www.ers-education.org/guidelines.aspx
http://www.esmo.org/Guidelines/Haematological-Malignancies
https://ehaweb.org/organization/committees/swg-unit/scientific-working-groups/structureand-guidelines/
http://www.gastro.org/guidelines
www.ginasthma.org
http://goldcopd.org.
http://www.ifp.kiev.ua/index_ukr.htm
http://mtd.dec.gov.ua/index.php/uk/
https://www.nice.org.uk
http://www.oxfordmedicaleducation.com/
https://www.thyroid.org
https://www.ueg.eu/guidelines/
http://ukrgastro.com.ua/
11. Equipment, logistics and software equipment of the discipline / course
1. Working curriculum of the discipline.
2. Plans for practical classes and individual student's work.
3. Recommendations and guides for learning the course of internal medicine for students and tutors,
and for individual work of students (Recommendations and guides for writing of patient's medical
record during the course of Internal Medicine).
4. Tests (MCQs) and clinical cases for practical classes.

5. Models, mannequins.

6. Multimedia equipment, presentations for training.

7. A training simulation centre and high-tech simulation classes are used to practice practical skills.

### 12. Additional information

For other information important for students that is not included into the standard description, for example, contact details of the person responsible for the educational process at the department, information about the scientific circle of the department, information about routes, information about the need to equip themselves with occupational safety; information about the place of classes; please link university website the department: to the and page of https://new.meduniv.lviv.ua/kafedry/kafedra-vnutrishnoyi-medytsyny-2/

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