

Questions for preparation for the exam

for students of the Institute of Clinical Medicine

Organization of Outpatient and Polyclinic Care

1. Primary medical and sanitary care in the Russian Federation.
2. Organization of polyclinic work. Structural units of a polyclinic.
3. Development program for primary healthcare in rural areas, urban-type settlements, and small towns of the country.
4. Territorial-district principle of organizing primary medical and sanitary care.
5. Organization of primary medical care based on the general practitioner principle.
6. Structure of a general practitioner's office.
7. The feldsher-midwife station as a structural unit of a medical-preventive institution.
8. Examples of outpatient care in global healthcare practice (outpatient therapist, general practitioner, family doctor).
9. Provision of primary medical and sanitary care, professional decision-making in emergency conditions at the prehospital stage, during emergencies, epidemics, and in mass casualty foci.
10. Forms of financing primary medical and social care.
11. Program of state guarantees for providing medical care to the population.
12. Concept of a basic medical "service."
13. Preferential and additional drug provision.

Responsibilities of an Outpatient Physician

1. Healthcare development strategy of the Russian Federation for the long-term period 2015–2030.
2. Main functions of outpatient care.
3. Staff positions in a polyclinic: functional responsibilities.
4. Regulatory and legal framework for providing outpatient care.
5. Main stages of organizing the diagnostic and treatment process in a polyclinic.
6. Formation of patient flows in a polyclinic: objectives of each flow.
7. Quality of medical care: specific features of polyclinic work.
8. Lean technologies in healthcare. Goals and objectives.

9. Structure of an outpatient visit. Justification of the main stages.
10. Main documentation of an outpatient physician. Purpose and completion procedure.
11. Procedure and rules for prescribing medications for outpatients.
12. Types of prescription forms. Basic completion rules depending on the purpose of the prescription form.
13. Organization of patient care. Main persons responsible for home-based patient care.
14. Concept of “hospital at home”: goals and objectives. Possibilities and limitations.
15. Medical prevention. Outpatient physician’s opportunities in preventing infectious diseases.
16. Medical prevention. Outpatient physician’s opportunities in preventing non-communicable diseases.
17. Health groups. Organization of follow-up in outpatient settings.
18. Clinical check-up (dispensarization). Definition. Goals and objectives.
19. Medical rehabilitation. Definition. Goals and objectives.
20. Medical information systems in a physician’s work. Development prospects.
21. Role of digital twins in managing outpatients: current and future perspectives.

Expert Work of the Outpatient Physician

1. Concept of temporary and permanent disability. Concept of medical rehabilitation.
2. Physician’s duties during medical-labor expert examination and temporary disability examination.
3. Medical documentation. Rules for completing, recording, and storing disability certificates and medical certificates.
4. Regulatory and legal framework for periodic medical examinations.
5. Algorithms for preventing infectious and non-communicable diseases. Planning, implementation, and evaluation issues.
6. Medical-sanitary and hygienic education of the population to promote a healthy lifestyle.
7. Teaching the population self-monitoring, health preservation, and prevention methods.

General Internal Medicine Questions

1. Definition of “health” (WHO).
2. Biopsychosocial and holistic approaches in somatic medicine.
3. Concept of the biopsychosocial-spiritual model of health.
4. Ethical and legal foundations of professional activity.
5. Definition of “medical error.”
6. Ethical aspects of the physician-patient relationship.
7. Protection of personal data of the patient and their family.
8. Evidence-based medicine: randomized controlled trials and meta-analysis, their importance for medical practice.
9. Internal picture of the disease.
10. Type of attitude toward illness.
11. Psychosomatic health issues.
12. Classification of psychosomatic disorders.
13. Somatoform disorders. Nosogenies. Somatogenies. Psychogenies.
14. Concept of iatrogenic and dissociative disorders.
15. Factor strategy for managing chronic diseases.
16. Problems of low physical activity and methods of correction.
17. List the basic principles of rational nutrition.
18. Describe modern methods of preventing socially significant infectious diseases.
19. Anxiety and depressive states.
20. Concept of masked depression.
21. Post-traumatic stress disorders. Diagnostic and monitoring methods.
22. Concept of the patient’s social status and its influence on the development of major chronic diseases.
23. Deviant behavior. Influence of alcohol use, smoking, and drug addiction on biological, psychological, mental, and spiritual health.
24. List the basic principles of family planning.
25. Role of the family in promoting a healthy lifestyle.
26. Psychology of family health.
27. Psychological risk factors for family health.
28. Concept of functional and dysfunctional family.
29. Environmental safety of the family.
30. Principles of designing treatment programs for comorbid patients.
31. Differential diagnosis of lymphadenopathy syndrome. Diagnostic and management algorithms in outpatient settings.

32. Differential diagnostic search for the leading syndrome “fever of unknown origin” in outpatient settings. Patient management strategy in the polyclinic. Indications for hospitalization.
33. Algorithm for emergency care in patients with hyperthermia and convulsive syndrome at the prehospital stage.
34. Drug-induced disease: definition, etiology, pathogenesis. Treatment principles and prevention.
35. Role of preventive work by primary care physicians in reducing morbidity. Modern approaches to rehabilitation of therapeutic patients in outpatient settings.

Outpatient Pulmonology

1. Main clinical symptoms and syndromes: bronchial obstruction syndrome; respiratory failure syndrome; cough. Extent of outpatient therapist involvement in diagnosis and treatment. Principles of differential diagnosis. Rare and common causes of syndromes. Treatment principles. Indications for referral to a tuberculosis or oncology dispensary.
2. Main clinical symptoms and syndromes: hemoptysis; dyspnea; sleep apnea syndrome. Extent of outpatient therapist involvement in diagnosis and treatment. Principles of differential diagnosis. Rare and common causes. Treatment principles. Indications for referral to a tuberculosis or oncology dispensary.
3. Main clinical symptoms and syndromes: pleural syndrome (fluid/air in pleural cavity); pulmonary hyperinflation syndrome; pulmonary consolidation syndrome. Extent of outpatient therapist involvement in diagnosis and treatment. Principles of differential diagnosis. Rare and common causes. Treatment principles. Indications for referral to a tuberculosis or oncology dispensary.
4. Acute bronchitis: definition, epidemiology, etiology. Clinical picture, diagnosis, and treatment in outpatient settings. Indications for hospitalization. Prognosis.
5. Pneumonia: definition, epidemiology, etiology. Clinical picture. Diagnosis, treatment standards at the outpatient stage. Indications for hospitalization. Disability assessment and recommendations for patients recovering from pneumonia. Clinical follow-up (dispensarization).
6. Differential diagnosis of infiltrate syndrome. Diagnostic and management algorithms in outpatient settings.

7. Bronchial asthma: definition, epidemiology, etiology, pathogenesis, classification. Clinical picture. Diagnosis, treatment standards at the outpatient stage. Indications for hospitalization. Disability assessment. Clinical follow-up.
8. Differential diagnosis of bronchial obstruction syndrome. Diagnostic and management algorithms in outpatient settings.
9. Chronic obstructive pulmonary disease (COPD). Definition. Epidemiology. Classification. Etiology. Pathogenesis. Clinical picture. Diagnosis. Differential diagnosis. Treatment. Prognosis. Disability assessment. Dynamic dispensary follow-up.
10. Specific features of managing COPD with concomitant cardiovascular pathology. Management of elderly COPD patients in outpatient settings.
11. Differential diagnosis of cough syndrome. Diagnostic and management algorithms in outpatient settings.
12. Spa and health resort treatment for patients with lung diseases. Indications and contraindications.

Outpatient Cardiology

1. Main clinical symptoms and syndromes: chest pain; cardiac rhythm and conduction disorders. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes. Role of preventive examinations and functional tests (ECG, exercise and pharmacological tests). Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
2. Main clinical symptoms and syndromes: arterial hypertension; ascites. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
3. Main clinical symptoms and syndromes: acute coronary syndrome; cardiogenic shock; hypertensive crisis. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and

- functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
4. Main clinical symptoms and syndromes: hypercholesterolemia; dyslipoproteinemia; metabolic syndrome. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
 5. Main clinical symptoms and syndromes: heart failure; edema syndrome. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
 6. Arterial hypertension. Definition. Epidemiology. Classification. Etiology. Pathogenesis. Clinical picture. Diagnosis. Differential diagnosis. Treatment. Prognosis. Disability assessment. Dynamic dispensary follow-up.
 7. Develop a differential diagnostic plan for the leading syndrome of arterial hypertension.
 8. Symptomatic arterial hypertension: classification, clinical picture, diagnosis, treatment, complications.
 9. Management of hypertensive patients in outpatient settings: lifestyle modifications, treatment goals and general principles, pharmacotherapy (choice of antihypertensive drug, effective combinations). Risk stratification criteria based on evidence-based medicine principles. Indications for hospitalization.
 10. Management of arterial hypertension in pregnant women and elderly patients in outpatient settings. Disability assessment and clinical follow-up.
 11. Emergency conditions in arterial hypertension. Algorithm for emergency care in hypertensive crisis in outpatient settings.
 12. Spa and health resort treatment for hypertensive patients. Indications and contraindications.
 13. Cardialgia syndrome. Differential diagnostic plan for cardialgia syndrome. Outpatient examination of patients.

14. Coronary artery disease (CAD). Definition, etiology, pathogenesis, clinical classification, proven risk factors.
15. Definition, pathophysiology, classification of angina pectoris. Outpatient diagnosis.
16. Stable exertional angina: definition, clinical picture, atypical manifestations and equivalents. Modern classification.
17. Management of stable exertional angina in outpatient settings: lifestyle modifications, treatment goals and principles, pharmacotherapy algorithm. Indications for hospitalization.
18. Management of stable exertional angina with concomitant chronic diseases. Disability assessment and clinical follow-up.
19. Chronic heart failure in elderly and senile patients. Outpatient treatment features.
20. Emergency conditions in CAD. Algorithm for emergency care in progressive exertional angina and acute coronary syndrome in outpatient settings.
21. Medical and social rehabilitation program, indications and contraindications for spa treatment after myocardial infarction.
22. Role of preventive examinations and annual clinical check-ups in identifying risk factors and early diagnosis of CAD.
23. Metabolic syndrome: definition, components. Outpatient examination algorithm. Differential diagnosis with similar conditions.
24. Treatment of metabolic syndrome in outpatient settings according to current standards: non-pharmacological measures, medications.
25. Prevention and early detection principles for subclinical target organ damage in metabolic syndrome.
26. Clinical follow-up, indications and contraindications for spa treatment in metabolic syndrome.
27. Classification of cardiac rhythm and conduction disorders. Diagnostic methods in outpatient settings. Indications for hospitalization.
28. Clinical diagnosis of cardiac arrhythmias. Role of ECG in arrhythmia diagnosis.
29. Algorithm for emergency care in cardiac arrhythmias (ventricular fibrillation, paroxysmal supraventricular tachycardia, bradycardia) at the outpatient stage.

30. Management of patients with cardiac rhythm and conduction disorders by a general practitioner: non-pharmacological measures, drug selection, clinical follow-up.
31. Indications for pacemaker implantation and surgical treatment for accessory pathways.
32. Chronic cor pulmonale: definition, etiology, pathogenesis, classification, stages of development.
33. Early diagnosis of chronic cor pulmonale. Principles of non-pharmacological and drug therapy in outpatient settings.
34. Clinical follow-up of chronic cor pulmonale patients. Disability assessment. Indications for referral to medical-social expert commission (MSEC).
35. Prevention of chronic cor pulmonale in patients with chronic lung diseases.
36. Atherosclerosis. Definition, etiology, outpatient diagnosis. Evidence-based risk factors.
37. Dyslipidemia therapy: non-pharmacological prevention measures, drug therapy for lipid disorders, treatment targets.
38. Chronic heart failure: definition, principles of clinical, instrumental, and laboratory diagnosis at the outpatient stage.
39. Treatment goals for chronic heart failure. Non-pharmacological and drug treatment based on evidence-based medicine. Indications for hospitalization.
40. Management algorithm for acute left ventricular failure (cardiac asthma, pulmonary edema) at the outpatient stage.

Outpatient Gastroenterology

1. Main clinical symptoms and syndromes: epigastric pain; dyspepsia; heartburn; dysphagia. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes of syndromes.
2. Eradication therapy, cancer prevention, precancerous conditions. Problem of *H. pylori* antibiotic resistance. Treatment options at the outpatient level depending on nosology. Role of preventive examinations and functional

- tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
3. Main clinical symptoms and syndromes: ascites; right upper quadrant pain; cholestasis syndrome. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Treatment options at the outpatient level depending on nosology. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
 4. Main clinical symptoms and syndromes: diarrhea; gastrointestinal bleeding; constipation. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes of syndromes. Treatment options at the outpatient level depending on nosology (functional constipation, irritable bowel syndrome, secondary constipation). Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
 5. Gastroesophageal reflux disease (GERD): definition, epidemiology, classification.
 6. Differential diagnosis of dyspepsia syndrome in outpatient settings. Indications for hospitalization.
 7. Evidence-based diagnosis and treatment of GERD in outpatient settings.
 8. Chronic gastritis and functional dyspepsia: epidemiology, etiology, pathogenesis. Role of preventive medicine in reducing chronic gastritis morbidity.
 9. Diagnostic and treatment standards for chronic gastritis and functional dyspepsia in outpatient settings.
 10. Peptic ulcer disease of the stomach and duodenum: current concepts of etiology, pathogenesis, classification, and clinical picture.
 11. Diagnostic and treatment measures for peptic ulcer disease by a general practitioner. Disability assessment and clinical follow-up.
 12. Differential diagnosis of epigastric pain syndrome in outpatient settings. Patient management strategy. Indications for hospitalization.

13. Eradication therapy: goals, main regimens for treating peptic ulcer disease.
14. Algorithm for emergency care in gastrointestinal bleeding at the outpatient stage.
15. Management of patients with resected stomach by a general practitioner. Disability assessment. Clinical follow-up. Prognosis.
16. Primary and secondary prevention in chronic gastritis and peptic ulcer disease. Indications and contraindications for spa treatment. Disability assessment and clinical follow-up.
17. Chronic cholecystitis: epidemiology, etiology, classification. Laboratory and instrumental diagnosis in outpatient settings.
18. Principles of prevention and treatment of chronic cholecystitis. Clinical follow-up, disability assessment.
19. Biliary dyskinesia: etiology, laboratory and instrumental diagnosis in outpatient settings.
20. Principles of prevention and treatment of biliary dyskinesia. Clinical follow-up, disability assessment.
21. Gallstone disease: current concepts of etiology, pathogenesis, risk factors, classification.
22. Clinical picture of gallstone disease. Laboratory and instrumental diagnosis in outpatient settings.
23. Management and conservative treatment of gallstone disease by a general practitioner. Indications for hospitalization and surgical treatment. Prevention of cholelithiasis and complications.
24. Spa and health resort treatment for biliary pathology: indications, contraindications, results.
25. Chronic pancreatitis: etiology, pathogenesis, pathomorphology, classification. Clinical symptoms.
26. Differential diagnosis of girdle pain syndrome in outpatient settings. Indications for hospitalization.
27. Laboratory and instrumental diagnosis of chronic pancreatitis and treatment standards in outpatient settings. Disability assessment.
28. Complications of chronic pancreatitis and their prevention. Indications for surgical treatment.
29. Clinical follow-up of chronic pancreatitis patients. Indications and contraindications for spa treatment.

30. Differential diagnosis of diarrhea syndrome. Diagnostic algorithms in outpatient settings.
31. Irritable bowel syndrome. Definition. Epidemiology. Classification. Etiology. Pathogenesis. Clinical picture. Complications. Diagnosis. Differential diagnosis. Treatment. Prognosis. Disability assessment. Dynamic dispensary follow-up.
32. Ulcerative colitis: etiology, pathogenesis, classification. Clinical picture, diagnosis, and treatment at the outpatient stage.
33. Crohn's disease: etiology, pathogenesis. Clinical picture, diagnosis, and treatment at the outpatient stage.
34. Chronic enteritis: etiology, pathogenesis, clinical picture, diagnosis, and treatment at the outpatient stage.
35. Chronic colitis. Classification. Etiology and pathogenesis. Clinical symptoms depending on localization. Management by a general practitioner.
36. Differential diagnosis of constipation syndrome. Diagnostic algorithms in outpatient settings.
37. Role of preventive examination in early detection of colorectal cancer.
38. Clinical follow-up and disability assessment in intestinal diseases. Spa treatment: indications and contraindications.
39. Differential diagnosis of constipation syndrome. Diagnostic algorithms in outpatient settings.

Outpatient Endocrinology

1. Main clinical symptoms and syndromes: hyperglycemia; hypoglycemia; polydipsia. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
2. Main clinical symptoms and syndromes: ophthalmopathy; hyperthyroidism; hypothyroidism. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and

- functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
3. Main clinical symptoms and syndromes: polyuria; climacteric syndrome. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
 4. Diabetes mellitus. Etiology, pathogenesis, pathomorphology, classification. Clinical symptoms.
 5. Thyroid diseases; parathyroid diseases. Etiology, pathogenesis, pathomorphology, classification. Clinical symptoms.
 6. Adrenal gland diseases. Etiology, pathogenesis, pathomorphology, classification. Clinical symptoms.
 7. Hypothalamus and pituitary gland diseases. Etiology, pathogenesis, pathomorphology, classification. Clinical symptoms.
 8. Obesity and underweight. Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis possibilities in outpatient settings (diagnostic standards).
 9. Importance of laboratory parameters and additional data in early diagnosis of endocrine diseases.
 10. Management of elderly endocrinology patients. System of preventive measures (identifying individuals with risk factors, non-pharmacological interventions: psychological support, rational nutrition, weight control, physical activity optimization) and pharmacotherapy according to treatment standards.

Telemedicine Technologies in the Work of an Outpatient Physician

1. Types of telemedicine services.
2. Concept of medical information system (MIS) structure, functions, and capabilities. Operating principles of modern information technologies and their use in professional tasks.
3. Provision of primary medical and sanitary care using medical information systems and telemedicine technologies.
4. Professional decision-making in emergency conditions at the prehospital stage, during emergencies, epidemics, and mass casualty foci using telemedicine capabilities.

5. Use of telemedicine technologies for medical-sanitary and hygienic education of the population to promote a healthy lifestyle.
6. Use of medical devices as required by care protocols, patient examination for diagnosis using telemedicine technologies and devices for telemedicine diagnostics.
7. Telemedicine consultation. Classification.
8. Concept of clinical and patient-oriented telemedicine care, organization of remote patient schools.
9. Remote monitoring of specific health indicators. Role in outpatient medicine.
10. Prospects for telemedicine care in the current development stage of outpatient medicine.
11. Digital twins. Artificial intelligence.
12. Participation in research and development aimed at producing solutions that meet current economic demands.

Special Categories of Outpatients

1. Patient management features based on age: anatomical and physiological characteristics of children, adolescents, and elderly patients.
2. Interaction between outpatient physician, pediatrician, and geriatrician.
3. Issues of gender medicine. Differences in the onset and course of internal diseases in men and women.
4. Prevention of sexually transmitted infections.
5. Contraception. Pregnancy planning.
6. Diagnostic and treatment features for pregnant women.
7. Climacteric period: interaction of outpatient physician with gynecologist and urologist.
8. Management of elderly and senile patients. Role of the district physician.
9. Management of pregnant women in outpatient settings. Role of the district physician.
10. Management of adolescents in outpatient settings. Role of the district physician.
11. Rehabilitation programs for working elderly patients.
12. Features of primary medical and sanitary care in emergency conditions at the prehospital stage, during emergencies, epidemics, and mass casualty foci for special categories of outpatients.

Emergency Care in Outpatient Practice. Outpatient Surgery.

1. Provision of primary medical and sanitary care, professional decision-making in emergency conditions at the prehospital stage.
2. Clinical signs of emergency conditions. Clinical death.
3. Coma (hypoglycemic, diabetic, cerebral, hepatic, renal, of unknown etiology).
4. Shock (anaphylactic, toxic, traumatic, hemorrhagic, cardiogenic).
5. Acute cerebrovascular accidents.
6. Cerebral edema.
7. Traumatic brain injury. Syncope.
8. Convulsive states, status epilepticus. Psychomotor agitation.
9. Withdrawal syndrome. Acute poisoning.
10. Acute heart failure.
11. Acute coronary syndrome.
12. Pulmonary embolism. Crisis (hypertensive; thyrotoxic).
13. Acute abdominal pain syndrome.
14. Acute liver failure.
15. Acute kidney injury.
16. Acute urinary retention.
17. Acute adrenal insufficiency.
18. Renal colic.
19. Preeclampsia, eclampsia.
20. Phimosis, paraphimosis.
21. Acute glaucoma attack.
22. Primary reaction in acute radiation sickness.
23. External and internal bleeding.
24. Pulmonary hemorrhage and hemoptysis.
25. Pneumothorax (open, closed, tension) and hemothorax.
26. Bone fractures, dislocations, contusions, wounds, sprains.
27. Injuries (electric shock, lightning, heat stroke, sunstroke).
28. Hyperthermia syndrome.
29. Drowning, strangulation.
30. Chemical and thermal burns, frostbite.
31. Principles of patient routing when emergency conditions are detected.
32. Rehabilitation after emergency conditions. Clinical follow-up.

33. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: atheroma, hygroma; lipoma; fibroma.
34. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: wart; ingrown nail.
35. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: onychomycosis; panaritium (felon); varicose veins.
36. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: purulent-inflammatory diseases; purulent mastitis; surgical wound debridement with suturing.
37. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: puncture treatment of joint diseases; pilonidal cyst.
38. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: removal of foreign bodies; external bleeding control.
39. Independent management by outpatient surgeon – diagnosis and treatment until recovery or remission: aesthetic and plastic surgery; dressing and suture removal; varicocele, phimosis, hydrocele; abdominal hernias.
40. Principle of “hospital at home” treatment (treatment standards).
Indications for hospitalization.
41. Prognosis. Disability assessment. Complication prevention.
42. Early detection of oncological diseases. Work recommendations, clinical follow-up.

Laboratory Diagnostics in the Work of an Outpatient Physician

1. Main clinical and laboratory syndromes: erythrocytosis (absolute and relative), erythropenia, polycythemia vera, granulocytosis, thrombocytosis, thrombocytopenia, leukocytosis, leukopenia, anisocytosis, basophilia, basopenia, lymphocytosis, lymphopenia, monocytosis, monocytopenia, neutrophilia, neutropenia, eosinophilia, eosinopenia, reticulocytosis, reticulopenia.
2. Main clinical and laboratory syndromes: azotemia; hyperammonemia, hyperbilirubinemia, hypergammaglobulinemia, hyperglycemia,

- hyperkalemia, hypercalcemia, hypermagnesemia, hypernatremia, hyperprolactinemia, hyperproteinemia.
3. Main clinical and laboratory syndromes: hypersthenuria, hyperuricemia, bacteriuria, bilirubinuria, hematuria, hemoglobinuria, amyloorrhea.
 4. Clinical and laboratory signs of typical pathological processes: allergy (hyperreactivity), pseudo-allergy, hypoxia syndrome, inflammation syndrome, endogenous intoxication syndrome, immune deficiency markers, disseminated intravascular coagulation (DIC) syndrome, blood trace element levels in malignant tumor lysis.
 5. Clinical and laboratory signs of metabolic disorders: protein metabolism disorders, carbohydrate metabolism disorders, lipid metabolism disorders, water-salt imbalance, primary and secondary hemostasis disorders. Examination of cerebrospinal fluid, effusions, sputum, stool.
 6. Clinical and laboratory syndromes in diseases of individual organs and systems: laboratory diagnosis of heart disease, bone marrow fibrosis signs, rheumatic diseases.
 7. Differential diagnosis of polycythemia versus erythrocytosis secondary to diffuse bronchopulmonary diseases (obstructive bronchitis, pulmonary emphysema, diffuse pneumosclerosis), altitude sickness, hypernephroma, hepatoma, polycystic kidney disease, relative erythrocytosis due to cicatricial pyloric stenosis, severe enterocolitis with exsiccosis and diarrhea, esophageal tumor, etc.
 8. Main laboratory syndromes in liver and biliary tract diseases (including serodiagnosis of viral hepatitis), autoimmune thrombocytopenic purpura.
 9. Main laboratory syndromes in kidney injury and sexually transmitted infections.

Outpatient Hematology

1. Main clinical symptoms and syndromes: anemic syndrome, erythrocytosis, cytopenias and leukemoid reactions, thrombocytopathies, hemostasis disorders, lymphadenopathy.
2. Main classifications and groupings of causes of lymphadenopathy.
3. Main nosological entities and groups accompanied by lymphadenopathy. Types of peripheral blood cell reactions.
4. Neutrophilic reactions. Differential diagnostic algorithm for neutrophilic leukemoid reaction.
5. Definition of leukemoid reaction. Classification of leukemoid reactions.

6. Main differences between leukemoid reactions and leukemias. Indications for sternal puncture.
7. Morphological features of granulocytes, monocytes, lymphocytes in normal conditions.
8. Fever of unknown origin.
9. Algorithm for district therapist's actions when peripheral blood changes are detected according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards).
10. Rare and common causes of hematological syndromes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
11. Chronic iron deficiency anemia: epidemiology, etiology, pathogenesis. Clinical picture, diagnosis, and treatment in outpatient settings.
12. Vitamin B12 deficiency and folate deficiency anemias: epidemiology, etiology, pathogenesis. Clinical picture, diagnosis, and treatment in outpatient settings.
13. Role of preventive examination and clinical check-up in early detection of anemias in outpatient settings. Management of anemic patients and indications for hospitalization.
14. Differential diagnosis of thrombocytopenia syndrome. Diagnostic and management algorithms in outpatient settings.
15. Differential diagnosis of leukopenia syndrome. Diagnostic and management algorithms in outpatient settings.
16. Differential diagnosis of leukocytosis syndrome. Diagnostic and management algorithms in outpatient settings.
17. Differential diagnosis of erythrocytosis syndrome. Diagnostic and management algorithms in outpatient settings.
18. Differential diagnosis of hepatosplenomegaly syndrome. Diagnostic and management algorithms in outpatient settings.

Outpatient Nephrology and Urology

1. Main clinical symptoms and syndromes: dysuria; urinary syndrome; nephrotic syndrome. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure

(according to diagnostic standards). Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.

2. Main clinical symptoms and syndromes: acute urinary retention; renal colic; renal failure. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
3. Main clinical symptoms and syndromes: edema syndrome. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
4. Glomerular kidney diseases: definition, classification. Clinical, laboratory, and instrumental diagnosis at the outpatient stage.
5. Differential diagnosis plan for nephrotic syndrome. Indications for hospitalization.
6. Non-pharmacological and pharmacological treatment of glomerular diseases in outpatient settings.
7. Primary and secondary prevention aimed at reducing glomerular diseases. Prognosis.
8. Spa treatment for patients with glomerular diseases: indications, contraindications, results. Disability assessment. Clinical follow-up.
9. Tubulointerstitial kidney diseases: definition, classification. Outpatient diagnosis.
10. Principles of treating tubulointerstitial kidney diseases in outpatient settings. Prognosis. Disability assessment. Clinical follow-up.
11. Differential diagnostic plan for the leading syndrome of pain in the right lumbar region. Indications for hospitalization.
12. Differential diagnosis of urinary syndrome in outpatient settings. Indications for hospitalization.
13. Differential diagnosis of proteinuria syndrome in outpatient settings. Indications for hospitalization.

14. Role of preventive examinations and annual clinical check-ups in early diagnosis of kidney diseases.
15. Spa treatment for patients with tubulointerstitial kidney diseases: indications, contraindications, results.
16. Chronic kidney disease: early diagnosis and patient management features in outpatient settings.

Outpatient Rheumatology

1. Main clinical symptoms and syndromes: prolonged unexplained fever, lymphadenitis. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
2. Main clinical symptoms and syndromes: arthralgia, joint swelling and deformity, morning stiffness. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
3. Main clinical symptoms and syndromes: muscle pain, skin rash, tendency to thrombosis or bleeding, multiorgan involvement. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
4. Differential diagnosis of articular syndrome. Algorithm for diagnosing joint diseases in outpatient settings.
5. Diagnostic and treatment standards for gout in outpatient settings.
6. Diagnostic and management standards for rheumatoid arthritis in outpatient settings.
7. Diagnostic and treatment standards for seronegative arthritides in outpatient settings.
8. Diagnostic, treatment, and management standards for osteoarthritis in outpatient settings.

9. Diagnostic and management standards for systemic connective tissue diseases in outpatient settings.
10. Clinical follow-up and disability assessment in joint diseases. Spa treatment: indications and contraindications.

Outpatient Dermatovenereology

1. Skin structure. Skin functions. Skin pathomorphology.
2. Morphological elements of skin rashes. Secondary skin morphological elements.
3. Principles of skin disease diagnosis. Additional skin examination methods. General and laboratory tests.
4. Principles of skin disease treatment. General pharmacotherapy.
5. Principles of skin disease treatment. Antimicrobial agents.
6. Principles of skin disease treatment. Anti-inflammatory agents.
7. Principles of skin disease treatment. Antiproliferative agents.
8. Principles of skin disease treatment. Psychotropic agents.
9. Principles of skin disease treatment. Topical (external) pharmacotherapy.
10. Principles of skin disease treatment. Physiotherapy.
11. Principles of skin disease treatment. Psychotherapy.
12. Principles of skin disease treatment. Surgical treatment.
13. Major skin diseases. Diagnostic and treatment principles.
14. Pyodermas. Folliculitis, furuncle, carbuncle.
15. Hidradenitis, epidemic pemphigus of the newborn, impetigo, streptoderma, ecthyma. Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis possibilities in outpatient settings (diagnostic standards).
16. Importance of laboratory parameters and additional data in early disease diagnosis.
17. Management of elderly dermatovenereology patients. System of preventive measures (identifying individuals with risk factors, non-pharmacological interventions: psychological support, rational nutrition, weight control, physical activity optimization) and pharmacotherapy according to treatment standards. Temporary and permanent disability assessment. Clinical follow-up. Spa selection and medical-social adaptation in outpatient settings.
18. Independent management of dermatovenereology patients by an outpatient therapist: diagnostic and treatment possibilities.

19. Mycoses. Pseudomycoses. Prognosis. Disability assessment. Complication prevention. Early detection of oncological diseases. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
20. Viral diseases. Prognosis. Disability assessment. Complication prevention. Early detection of oncological diseases. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
21. Diseases of skin appendages. Definition. Diagnosis. Treatment methods. Prognosis. Disability assessment. Complication prevention. Early detection of oncological diseases. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
22. Indications for hospitalization in dermatovenereological diseases.
23. Management by outpatient therapist with consultation from a dermatologist or other specialist: patient selection principles for skin diseases.
24. Mycoses. Management based on localization: foot, nail, groin, smooth skin, scalp involvement; trichophytosis, favus, candidiasis.
25. Systemic candidiasis. Complications.
26. Chronic infectious skin diseases. Epidemiology. Diagnostic principles. Treatment standards. Complications. Indications for surgical treatment and hospitalization. Prognosis. Prevention. Clinical follow-up. Disability determination.
27. Criteria for referral of dermatovenereology patients to specialized hospital or specialist follow-up: parasitic skin diseases; allergic dermatoses; neurodermatoses. Indications. Prognosis. Disability assessment. Complication prevention. Early detection of oncological diseases. Work recommendations, clinical follow-up.
28. Criteria for referral: diffuse connective tissue diseases; skin tumors. Indications. Prognosis. Disability assessment. Complication prevention. Early detection of oncological diseases. Work recommendations, clinical follow-up. Secondary prevention, spa selection.

Outpatient Neurology

1. Features of neurological examination in general medical practice.
2. Dorsalgia. Extent of outpatient therapist involvement in diagnosis and treatment according to current standards. Principles of differential

diagnosis in outpatient settings. Examination structure (according to diagnostic standards). Rare and common causes of headache. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.

3. Headache. Extent of outpatient therapist involvement. Principles of differential diagnosis. Examination structure. Rare and common causes. Role of preventive examinations and functional tests. Treatment principles. Indications for emergency or planned hospitalization or referral to an oncology dispensary.
4. Inflammatory diseases of the meninges. Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis possibilities in outpatient settings (diagnostic standards). Importance of laboratory parameters and additional data. Management of elderly patients. System of preventive measures and pharmacotherapy according to treatment standards. Temporary and permanent disability assessment. Clinical follow-up. Spa selection, medical-social adaptation in outpatient settings.
5. Epilepsy and paroxysmal conditions. Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis in outpatient settings. Importance of laboratory parameters and additional data. Management of elderly patients. Preventive measures and pharmacotherapy according to standards. Temporary and permanent disability assessment. Clinical follow-up. Spa selection, medical-social adaptation.
6. Demyelinating diseases (multiple sclerosis, Guillain-Barré syndrome). Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis in outpatient settings. Importance of laboratory parameters and additional data. Management of elderly patients. Preventive measures and pharmacotherapy. Temporary and permanent disability assessment. Clinical follow-up. Spa selection, medical-social adaptation.
7. Degenerative brain diseases (Parkinson's disease, vascular dementia). Etiology and pathogenesis. Clinical picture. Classifications. Early differential diagnosis in outpatient settings. Importance of laboratory parameters and additional data. Management of elderly patients. System of preventive measures and pharmacotherapy according to treatment standards. Temporary and permanent disability assessment. Clinical follow-up. Spa selection, medical-social adaptation in outpatient settings.

8. Independent management by an outpatient therapist: possibilities and limitations.
9. Diagnosis and treatment of cerebrovascular diseases. Treatment principles. Regimen. Adequate therapy. Indications for hospitalization. Prognosis. Disability assessment. Complication prevention. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
10. Chronic cerebral ischemia. Diagnostic and treatment principles. Indications for hospitalization. Prognosis. Disability assessment. Complication prevention. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
11. Venous encephalopathy. Principle of “hospital at home” treatment (treatment standards). Regimen and adequate therapy. Indications for hospitalization. Prognosis. Disability assessment. Complication prevention. Work recommendations, clinical follow-up. Secondary prevention, spa selection.
12. Management by outpatient therapist with consultation from a neurologist or other specialist: principles of selecting neurological patients.
13. Epilepsy and paroxysmal conditions. Diagnostic principles. Emergency care. Medical-social adaptation of patients. Disability assessment.
14. Demyelinating diseases (multiple sclerosis, Guillain-Barré syndrome). Diagnostic principles. Medical-social adaptation of patients. Disability assessment.
15. Degenerative brain diseases (Parkinson’s disease, vascular dementia). Diagnostic principles. Medical-social adaptation of patients. Disability assessment.
16. Principles of managing patients with central and peripheral nervous system diseases: selection system for hospitalization, joint management with a neurologist, independent management by an outpatient therapist.
17. Management of emergency conditions at the prehospital stage: traumatic brain injury.
18. Management of emergency conditions at the prehospital stage: cerebral edema.
19. Management of emergency conditions at the prehospital stage: neuroinfections.
20. Management of emergency conditions at the prehospital stage: acute cerebrovascular accident (ACVA).

Rehabilitation Therapy in Outpatient Settings

1. Regulatory and legal framework for medical rehabilitation and habilitation.
2. Principles of improving quality of life during recovery after acute illness, trauma, surgery, in chronic disease, and disability. Role of the outpatient physician.
3. Methods for the fastest and fullest return of the patient to work and integration into social life due to partial disability.
4. Vocational (occupational), social, social-educational, social-cultural, environmental, and social-psychological rehabilitation. Definition. Main rehabilitation methods. Role of the outpatient physician.
5. Adaptive physical education and sports. Role of the outpatient physician.

Palliative Care in Outpatient Medicine

1. Regulatory and legal framework for organizing palliative care in primary healthcare.
2. Organization of interaction between outpatient physician, social worker, lawyer, physiotherapist, pharmacist, psychologist, nurse, and spiritual advisor in caring for a palliative patient.
3. Main principles and specific features of palliative medical care.
4. Care features for terminally ill patients.
5. Systemic inflammation syndrome in palliative medicine.
6. Protein deficiency syndrome in palliative patients.
7. Distressing syndromes: gastrointestinal, anemia syndrome.
8. Nutrition for incurable patients.
9. Strategy and tactics for pharmacological control of acute and chronic pain.
10. Palliative care for non-oncological patients (chronic heart failure, lung diseases, stroke, HIV infection).
11. Psychological aspects of palliative medicine.
12. Communication with terminally ill patients and their families.
13. Psychology of the terminal state.
14. Caring for relatives of palliative patients.
15. Psychological reactions of relatives to loss.
16. Spiritual care.

17. Influence of cultural and religious views on attitudes toward mortality and loss of a loved one.
18. Training and support for medical staff involved in palliative patient management.

Expert Work of the Outpatient Physician

1. Temporary and permanent disability. Definition. Role of the outpatient physician.
2. Types of permanent disability. Role of the outpatient physician.
3. Criteria for determining disability groups.
4. Physician's duties during permanent disability assessment.
5. Procedure for referral and presentation of patients to the Medical-Social Expert Commission (MSEC). Medical documentation.
6. Planning, implementation, and evaluation of permanent disability degree at MSEC.
7. Work of MSEC: composition, main functions, tasks.
8. Structure, organization, and functions of MSEC. Main documentation.
9. Types of spa and health resort treatment.
10. Mechanisms of biological and therapeutic action of balneological and climatic factors.
11. Principles of patient selection for spa treatment: indications and contraindications for referral to spa treatment.

**Head of the Educational Department of the
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Course in Telemedicine, PhD, Associate Professor**

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