Primary accreditation of health care professionals

SECHENOV UNIVERSITY
LIFE SCIENCES

AMSEA
Azerbaijan Medical Simulation Education Association

SIMULATION CENTER SECHENOV UNIVERSITY BAKU

THE GUIDE TO THE **OSCE**

Physical examination of the patient (cardiovascular system)

Specialty:
General medicine

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General provisions Passports of stations (hereinafter - the stations) of the Objective structured clinical examination (OSCE) for the second stage of initial accreditation and initial specialized accreditation of specialists are documents that include the necessary information on the equipment of the station, a briefing (a short assignment before entering the station), scenarios, evaluation sheets (hereinafter checklist), sources of information, reference material, etc., and are intended as methodological and reference material for the assessment of the accredited person's proficiency in a specific practical skill (knowledge), and can be used to assess the level of readiness of healthcare professionals for professional activities.

Assessing the characteristics of practical skills in a specific discipline can be implemented through the selection of specific scenarios. The accreditation subcommittee for the specialty (hereinafter referred to as the ASC) takes this decision on the day of the second stage of the accreditation of specialists.

In order to ensure standardization of the procedure for assessing practical skills, the terms of the assignment and checklist are the same for everyone.

It is advisable to announce in advance to the accredited the rules for visiting the simulation center and the regulations of the accreditation exam.

1. Professional standard (job description)

1.1 Unified tariff-specialization summary of job responsibilities of employee and labor professions related to the healthcare sector (approved by Resolution No. 8 of the Ministry of Labor and Social Protection of the Republic of Azerbaijan dated June 19, 2017)

1.2 Sample job descriptions for the employees in medical, pharmaceutical and other specialties working in medical institutions (approved by Order No. 70 of the Minister of Health of the Republic of Azerbaijan dated September 19, 2012)

2. Information about the passport's developers

Organization-developer:

2.1. Baku branch of the I.M. Sechenov First Moscow State Medical University.

2.2. AMSEA - Azerbaijan Medical Simulation Education Association.

3. Operating time of the Station

The total time to perform the task is 10 minutes.

The time the accredited person spends at the station is at least 8.5 minutes (in case of early completion of a practical skill, the accredited person remains at the station until the voice command "Go to the next station").

Table 1

Command announcement time	**Voice command**	**Action of the accredited person**	**Skill execution time (min)**
0'	Read the station assignment	Familiarization with the task (briefing)	0,5'
0,5'	Enter the station and say your ID number	Getting started at the station	8,5'
8,0'	You have one minute left	Continuing to work at the station	
9,0'	Go to the next station	Leaves the station and goes to the next station according to the individual route	1'

4. Station task

Demonstration of the cardiovascular system examining algorithm and assessing the skills of collecting complaints and anamnesis by the accredited person.

Note: There is no evaluation of the skills of hygienic hand treatment, communication with the «difficult» patient, blood pressure measurement (AP).

5. Information on ensuring the operation of the station

To organize the operation of the station, the following must be provided:

5.1 The workplace of an ASC member

Table 2

№	Equipment list	Quantity
1	Work table (working surface)	1 pc.
2	Chair	2 pcs.
3	PC for the access to local network of the Simulation Center[1]	1 pc.
4	A device for broadcasting video and audio recordings[2] from the place of work of the accredited person with the ability to give introductory notes provided for in the station's passport	1 pc.
5	Microphone with the ability to give introductions, provided for by the station passport	1 pc.
6	Headphones	2 pcs.
7	Check lists in paper format (in case of technical problems, they are not used during normal operation)	According to a number of persons being accredited
8	Ball-point pen	2 pcs.

[1]In the future - a computer with Internet access for access to the automated accreditation system for healthcare specialists of the Azerbaijan Ministry of Health

[2]By agreement with the chairman of the ASC, the equipment for broadcasting the video recording of the accredited person's performance may be located in another place, to which members of the ASC must have unhindered access, to be able to review the video record

5.2. Workplace of the accredited person

The station must imitate a work space and include equipment and consumables (based on the attempts of accredited persons):

5.2.1. List of furniture and other equipment

Table 3

№	List of furniture and other equipment	Quantity
1	Examination couch with raised headboard for simulator placement[3]	1 pc.
2	Chair	1 pc.
3	Work table	1 pc.
4	Trolley on wheels on which medical equipment and consumables are placed	1 pc.
5	Patient monitor	1 pc.
6	Wall clock with second hand	1 pc.

[3]If the simulator is powered by an electrical network, it is necessary to consider the option of connecting it so that the wires (including the wire connecting to the computer) do not mislead the accredited person and are not perceived by him as an additional danger.

5.2.2. List of medical equipment

Table 4

№	List of medical equipment	Quantity
1	Stethoscope	1 pc.
2	Tonometer	1 pc.
3	Pen flashlight	1 pc.
4	Fixed bag for Class A waste disposal	1 pc.
5	Fixed bag for Class B waste disposal	1 pc.

5.2.3. Consumables

Table 5

№	List of consumables	Quantity (per attempt)
1	Examination gloves in different sizes (S, M, L)	1 pack each
2	Alcohol wipe	1 pc.
3	Disposable towel	1 pc.
4	Hand sanitizer	1 pc.
5	Medical record of a patient receiving medical care in an outpatient setting	1 pc.
6	Voluntary informed consent form	1 pc.

5.2.4. Station simulation equipment and its characteristics

Table 6

№	Characteristics of simulation equipment
1	Manikin with the following capabilities: 1) imitation of the auscultatory picture of various cardiopulmonary conditions (depending on the situation (scenario) of the station); 2) imitation of pulsation of the carotid, brachial, radial, femoral arteries, synchronized with cardiac phases; 3) imitation of pulsation of the jugular veins; 4) palpation of the apical impulse, cardiac impulse, great vessels (aorta, pulmonary trunk); blood pressure measurement.

6. Actions of ASC members, support staff at the preparatory stage (before startingwork at the station)

1. Checking access to the local network of the simulation center*
2. Checking the compliance of the design and completion of the OSCE station with the standard passport, taking into account the number of accredited persons.
3. Checking the availability of necessary consumables at the station.
4. Checking the presence of a written task (briefing) before entering the station.
5. Checking the simulator's readiness for operation.
6. Setting the desired scenario using software control of the simulator.
7. Checking the readiness of broadcasting video recordings to the video surveillance room.
8. Selection of the situation according to the decision of the ASC.
9. Carrying out other activities necessary for normal operation of the station.

*In future - Obtaining a login and password to enter the automated accreditation system for healthcare specialists of the Azerbaijan Ministry of Health and logging in. Reconciliation of own personal data.

7. Actions of ASC members, support staff during station operation

1. Switching on the video camera with the command: "Read the station assignment" (if necessary).
2. Quality control of audio-video recording of accredited actions (if necessary).
3. Launching the simulator and managing the simulator software.
4. In the future* - Entering the individual number of the accredited person into the checklist in the automated accreditation system for healthcare specialists of the Ministry of Health of Azerbaijan.
5. Registration of the sequence and correctness of actions/discrepancies in the actions of the accredited person in accordance with the parameters in the checklist.
6. Conducting the minimum necessary dialogue with the accredited person on behalf of the patient and providing additional input for completing the situation (scenario) - Table 7.
7. Compliance with the rule is not to say anything on your own, not to enter into negotiations, even if you do not agree with the opinion of the accredited person. Do not ask clarifying questions, do not make demands.
8. Use permitted input only if the simulator does not allow you to reproduce it.
9. After the command to the accredited person “Go to the next station”, bring the used simulation equipment and premises to their original form.

For members with little experience at the station, it is allowed to increase the time interval for preparation of the station and filling out the checklist. The time interval in this case must be equal to the period of station operation (10 minutes).

Important! It is strongly recommended not to ask questions not reflected in this table. You cannot say anything on your own or enter into negotiations, even if you do not agree with the opinion of the accredited person. Do not ask clarifying questions, do not make demands: “Continue!”, “Carry out auscultation of the lungs!” and so on.; ask questions: “What will you do next?”, “For how long?” and so on.

Sample texts of introductory informationas part of the dialogue between the ASC member and the accredited person

Table 7

№	Action of the accredited person	Introductory text
1	When specifying the name and age of the patient	Ali Aliyev, age - according to the scenario
2	When attempting to obtain informed voluntary consent. When clarifying questions	«I agree. No questions»
3	When trying to start washing hands	«We will assume that the hands are treated»
4	When asking the question “What did you come with?”, collecting a life history and medical history, assessing vital functions that are not reproduced by the simulator independently	Give an introduction in accordance with the selected case (scenario)
5	When asked “Anything else?”	Answer for the patient: “No”
6	When asking the patient about factors influencing blood pressure measurement results	Answer for the patient: “No”
7	When trying to measure or re-measure blood pressure	«We will assume that blood pressure has been measured, the result is (in accordance with the scenario)»

8. List of station cases (scenarios)

Table 8

№	Case (scenario)
1	Takayasu arteritis
2	Mitral stenosis with atrial fibrillation
3	Acute mitral insufficiency with myocardial infarction of the inferior wall of the left ventricle (LV)
4	Tricuspid insufficiency (Ebstein's anomaly)
5	Aortic stenosis with AV-block
6	Aortic coarctation
7	Aortic insufficiency
8	Wolff-Parkinson-White (WPW) syndrome
9	Atrial septal defect
10	Ventricular septal defect with Eisenmenger syndrome

The choice and sequence of cases (scenarios) of the station are determined by the ASC on the day of the second stage of initial accreditation of healthcare professionals.

9. Information (briefing) for the accredited person

You need to conduct a collection of complaints and anamnesis and a physical examination of the cardiovascular system.

The patient is waiting for you in the office

Voice everything you consider necessary when communicating with the patient.

10. Medical documentation

Voluntary informed consent of the patient to medical intervention

According to the requirements of the law of the Republic of Azerbaijan "On Protection of the Public Health", every citizen, except for emergency medical care cases, has the right to voluntarilychoose a doctor, attending physician, as well as a medical institution. Taking into considerationthis Law, I ask you to place

Me_____in a clinic for the purpose of receiving medical care, examination, treatment and other medical interventions.

1. I have read the information mentioned below and agree to the following:

1.1. In order to receive quality medical care, I must provide information necessary for my health, as well as about health complications during treatment and about the medications I take;

1.2. I must comply with the relevant rules for the collection of materials for laboratory investigations;

1.3. I must authorize the use of any methods and facilities in accordance with the preferences of the institution for laboratory investigations;

1.4. During the taking blood samples or other biological materials for laboratory investigations, I must agree to certain manipulations (hand movements) (any medical manipulation can cause certain complications);

1.5. Laboratory and diagnostic methods are considered auxiliary methods and the final diagnosisis made by a doctor;

1.6. I must follow the rules of discipline and ethics, including treating clinic staff and other patients with respect and courtesy, remaining calm and keeping cleanliness;

1.7. Registration is done only on the basis of identity document.

2. The clinic is not responsible for the harm caused to the patient's health, the patient's failure to recover, the impossibility of performing services within a certain period, if the above events occurred as a result of the patient's violation of medical prescriptions and recommendations.

- The attending physician is responsible for examinations and treatment.
- I would like to undergo examination in your clinic at my own request.

Date: 01.01.2023

Patient’s signature: _____

Note: In accordance with the order of the Ministry of Health "On improving the work to identify especially dangerous infections", information about the sample and the patient with a positive or suspicious result will be sent to the appropriate government agency. Once the response from this government agency has been presented to the patient in person, the patient may receive a responsefrom the clinic.

OUTPATIENT MEDICAL CARD

№_____

1. Surname: Aliyev
2. Name: Ali
3. Sex: male
4. Date of birth: March 4 XX year
5 Place of registration: Baku, Alif Gadzhiev str, 18
6. Document passport : series 1517 № 765611

11. Algorithm for performing the skill

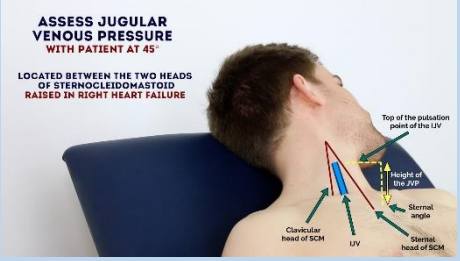
Meeting the patient	**About yourself:**
	• Greet the patient
	• Introduce yourself and indicate your role
	
	About patient:
	• Offer to sit down
	• Ask for the patient's name and age
	
	Collection of information. Questioning the patient:
	• Ask: "What did you come with?"
	• Ask: "Anything else?"
	• Ask questions about anamnesis vitae and anamnesis morbi
	  ○ 1 open question, for example: "Tell me about your condition from the very beginning"
	  ○ 1 closed question, for example: "Do you have chest pain?"
	
	Without interrupting the patient; asking a series of questions
	
	Informing the patient:
	• Provide information about upcoming procedures
	• Check if there are any questions
	• Obtain voluntary informed consent

Preparing for the examination	• Make sure you have everything you need in advance
	• Make sure the head of the couch is at a 45° angle
	• Clean your hands in a hygienic manner
	• Wear examination gloves
	
	Ask the patient:
	• Remove clothes to the waist
	• Free his shins from clothing
	• Lie down on the couch
	  ○ on his back
	  ○ with legs and arms along the body
	
	• Stand to the RIGHT of the patient

EXAMINATION OF THE PATIENT	
Visual inspection	
• **Skin** • **Fingers** (ask to stretch out his palms and spread his fingers) • **Presence of capillary pulse** (press on the tip of the nail, then release) • **Conjunctiva** (ask to pull back the lower eyelid, showing how to do this) • **Oral mucosa** (ask to open his mouth and touch his tongue to the roof of his mouth)	 

Venous system

- **Neck veins**
  - Ask the patient to turn his head to the left side
  - Assess the right internal jugular vein using a light source directed tangentially to the body surface



- **Presence of signs of venous stagnation**
  - Palpate the anterior surface of the leg for swelling

Arterial system

- **Character and symmetry of the pulse:**
  - Carotid arteries (one at a time, assess symmetry)
  - Brachial arteries (both at the same time, assess symmetry)
  - Radial arteries (both at the same time, assess symmetry; assess tension, filling, pulse character)
  - Femoral arteries (both at the same time, assess symmetry)

- **Heart rate** (at least 10 sec)
- **Breathing rate** (pretending to continue counting the pulse, placing your other hand on the epigastric region; for at least 10 seconds)

- **Presence of signs of aortic coarctation**
  - Simultaneously palpate the brachial/radial and femoral artery on one side

- **Blood pressure measurement in both arms**
  Having previously asked:
  - Has the patient taken medications (including nasal and eye drops)
  - Did he smoke 1.5-2 hours before the procedure
  - Did he do any physical activity before the procedure
  - Did you drink strong drinks (tea, coffee), including alcohol?

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Precordial region

After informing the patient, palpate

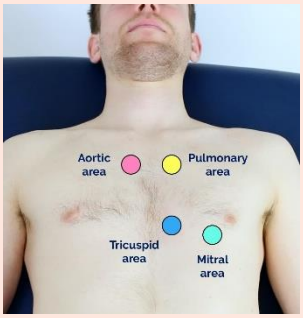
Apex beat (apical impulse)
- Palpate, voice the result

Parasternal heave
- Palpate the area of projection of the right ventricle at the lower left edge of the sternum, voice the result

Thrills
- Palpate all 4 valves (place your hand horizontally on the valve being assessed)

Auscultation of the heart

After informing the patient



1) Listen to all valves
- Simultaneously palpating the pulse in the carotid arteries

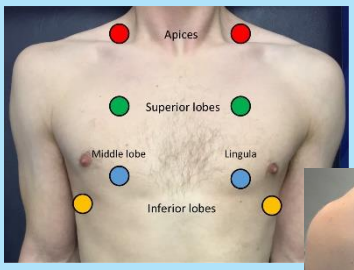
2) Ask the patient to turn on his left side and exhale completely
- Auscultate the mitral valve
- Axillary region (irradiation of noise from the mitral valve)

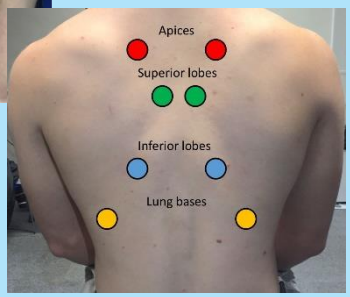
3) Ask the patient to seat leaning forward and exhale completely
- Auscultate the aortic valve (aortic regurgitation)
- Left sternal border (aortic insufficiency)
- Carotid arteries (irradiation of noise from the aorta; aortic stenosis)

Auscultation of the lungs

After informing the patient and asking him not to hold his breath

1) **Anterior sections**
2) **Lateral sections** (ask to raise his hands and cross them at the back of his head)
3) **Posterior sections** (ask to cross his arms over his chest)





Additional research

- Take an ECG - interpret the result
- Perform an ECHO – interpret the result

COMPLETION OF THE EXAMINATION

- Thank the patient, say that the examination is completed and that the patient can get dressed
- Clean the phonendoscope with an alcohol wipe
- Remove examination gloves
- Correctly dispose of alcohol wipes and gloves
- Clean the hands in a hygienic manner
- Sit at the table

STATE YOUR PROSPECTIVE DIAGNOSIS and refer the patient to a cardiologist

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12. Cases (Scenarios)

Parameters	1	2	3	4	5
Scenario	**Takayasu arteritis**	**Mitral stenosis with atrial fibrillation**	**Acute mitral regurgitation with myocardial infarction of the inferior wall of the LV**	**Tricuspid insufficiency (Ebstein's anomaly)**	**Aortic stenosis with AV block**
Patient's name	Aliyev Ali	Aliyev Ali	Aliyev Ali	Aliyev Ali	Aliyev Ali
Age (years)	30	30	30	30	30
"What did you come with?"	malaise, weakness in general, pain and weakness in my arms. The body seems to ache	shortness of breath and feeling as if the heart is jumping out of the chest, fatigue	dyspnea, severe weakness	I periodically feel my heart pounding, mainly during times of stress, at the same time I sometimes felt dizzy	fainting occurs during exercise
"Anything else?"	no	no	no	no	no
"Tell me about your condition from the very beginning"	It all started about 6 months ago, gradually getting worse. Before this I felt good	It all started about 6 months ago, gradually getting worse. Before this I felt good	It all started about 2 days ago, and suddenly became worse. Before this I felt good	It all started about 2 years ago, gradually getting worse. Before this I felt good	It all started about a month ago, gradually getting worse. Before this I felt good
"Do you have chest pain?"	no	no	I had just 2 days ago	no	yes
Skin	normal color	pale	pale, moist	normal color	pale
Fingers	without features	without features	without features	without features	without features
Capillary pulse (Quincke's sign)	positive	negative	negative	negative	negative
Eye conjunctivae	normal color	pale	normal color	normal color	normal color
Oral mucosa	normal color	normal color	normal color	normal color	normal color
Neck veins	normal	distended	distended	normal	normal
Edema	no	yes	no	no	no
Symmetry of the pulse on the carotid arteries	symmetric	symmetric	symmetric	symmetric	symmetric
Symmetry of the pulse on the brachial arteries	cannot be palpated on the left	symmetric	symmetric	symmetric	symmetric
Symmetry of the pulse on the radial arteries	cannot be palpated on the left	symmetric (irregular)	symmetric	symmetric	symmetric
Symmetry of the pulse on the femoral arteries	symmetric	symmetric	symmetric	symmetric	symmetric
Pulse rate (bpm)	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology
Breathing rate (min)	18	18	18	18	18
Signs of coarctation of the aorta	no	no	no	no	no
Blood pressure, mmHg.	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology
Apex beat palpation	normal, localized, not displaced	normal, localized, not displaced	normal, localized, not displaced	normal, localized, not displaced	normal, localized, not displaced
Pulse deficiency	no	yes	no	no	no
Parasternal heave palpation	no	yes	no	yes	no

The presence of murmur at the listening point of the aortic valve	diastolic	no	no	no	systolic
The presence of murmur at the listening point of the pulmonary valve	no	no	accent of S2	no	systolic
The presence of murmur at the listening point of the tricuspid valve	no	systolic	diastolic	pansystolic, increasing on inspiration	systolic
The presence of murmur at the listening point of the mitral valve	no	diastolic	systolic	no	systolic
The presence of additional sounds at the listening point of the aortic valve	no	no	no	no	no
The presence of additional sounds at the listening point of the pulmonary valve	no	ejection click	splitting	splitting	no
The presence of additional sounds at the listening point of the tricuspid valve	no	no	no	no	no
The presence of additional sounds at the listening point of the mitral valve	no	opening snap	S3, S4	no	no
Irradiation of murmur to other areas	no	axillary region	no	no	carotid arteries
Main breathing sound	vesicular	vesicular	vesicular	vesicular	vesicular
Pathological breathing sounds	Rhonchi	Fine crackles over the entire surface	Fine crackles during inhalation and exhalation	no	no
ECG interpretation	T wave inversions from V2 to V6	Atrial fibrillation	II, III, aVF leads – ST elevation I, aVL,V1,V2,V3 – reciprocal changes oblique ST depressio	Right axis deviation, bifurcated R waves in II, III, aVF and V1, indicating QRS fragmentation. P-pulmonale	Complete transverse AV block (III degree)
ECHO interpretation	Mild aortic regurgitation	Heartbeat is fast and irregular. The opening of the mitral valve is limited, the ends of the valve are thickened, and the chords are shortened. A stationary hyperechoic wall formation (thrombus) is observed in the cavity of the left atrium.	Prolapse of the posterior mitral valve leaflet into the cavity of the left atria and associated eccentric turbulent flow (directed towards the interatrial septum). There is also turbulent flow starting at the level of the tricuspid valve within the right atrium	The right atrium is markedly enlarged, the right ventricle is dilated and hyperkinetic. The tricuspid valve is displaced inferiorly into the cavity of the right ventricle with the distal attachment of the septal leaflet of the tricuspid valve. Color Doppler imaging showed a regurgitant jet into the right atrium	The ends of the aortic valve are thickened with calcification, one of the valve leaflets is motionless. The opening of the aortic valve is limited. In this regard, stenotic blood flow is observed in color Doppler echocardiography.

Parameters	6	7	8	9	10
Scenario	**Coarctation of the aorta**	**Aortic insufficiency**	**Wolff-Parkinson-White syndrome (WPW)**	**Atrial septal defect**	**Ventricular septal defect with Eisenmenger syndrome**
Patient's name	Aliyev Ali	Aliyev Ali	Aliyev Ali	Aliyev Ali	Aliyev Ali
Age (years)	30	30	30	30	30
"What did you come with?"	shortness of breath, fatigue, nosebleeds, weakness in legs	fatigue, shortness of breath and fainting with sudden movements	sometimes I feel my heart beating fast, dizziness, noise in my ears	shortness of breath, fatigue, periodically losing consciousness	shortness of breath, fatigue, chest pain
"Anything else?"	no	no	no	no	no
"Tell me about your condition from the very beginning"	It all started about 5 months ago, gradually getting worse. Before this I felt good	It all started about 9 months ago, gradually getting worse. Before this I felt good	It all started about 2 years ago, gradually getting worse. Before this I felt good	It all started about 2 months ago, I lost consciousness 4 times. Before this I felt good	I've been feeling this way for a year now, but it's gotten worse in the last 3 months
"Do you have chest pain?"	no	no	no	no	yes
Skin	pale	pale	normal color	normal color	cyanotic
Fingers	without features	without features	without features	without features	Finger clubbing, Schamroth sign
Capillary pulse (Quincke's sign)	negative	positive	negative	negative	negative
Eye conjunctivae	normal color	normal color	normal color	normal color	normal color
Oral mucosa	normal color	systolic pulsation of the uvula	normal color	normal color	normal color
Neck veins	normal	normal	normal	набухшие	normal
Edema	no	no	no	no	no
Symmetry of the pulse on the carotid arteries	symmetrical	symmetrical, increased pulsation "dancing carotids"	symmetrical	symmetrical	symmetrical
Symmetry of the pulse on the brachial arteries	symmetrical	symmetrical, increased pulsation	symmetrical	symmetrical	symmetrical
Symmetry of the pulse on the radial arteries	symmetrical	symmetrical, increased pulsation	symmetrical	symmetrical	symmetrical
Symmetry of the pulse on the femoral arteries	symmetrical, weak	symmetrical, increased pulsation	symmetrical	symmetrical	symmetrical
Pulse rate (bpm)	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology
Breathing rate (min)	18	18	18	18	18
Signs of coarctation of the aorta	yes	no	no	no	no
Blood pressure, mmHg.	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology	corresponds to pathology
Apex beat palpation	forceful, spilled, not displaced	forceful, spilled, displaced laterally and downwards	normal, localized, not displaced	forceful, localized, not displaced	forceful, localized, not displaced
Pulse deficiency	no	no	no	no	no
Parasternal heave palpation	no	no	no	yes	no

The presence of murmur at the listening point ofthe aortic valve	no	systole-diastolic	no	no	no
The presence of murmur at the listening point ofthe pulmonary valve	no	diastolic	no	systolic	no
The presence of murmur at the listening point ofthe tricuspid valve	no	diastolic	no	diastolic	pansystolic
The presence of murmur at the listening point ofthe mitral valve	systolic	diastolic	no	no	pansystolic
The presence of additional sounds at the listening point of the aortic valve	no	ejection click	no	no	no
The presence of additional sounds at the listening point of the pulmonary valve	no	no	no	splitting	splitting, accent of S2
The presence of additional sounds at the listening point of the tricuspid valve	no	no	no	no	no
The presence of additional sounds at the listening point of the mitral valve	no	no	no	no	no
Irradiation of murmur to other areas	no	no	no	no	no
Main breathing sound	vesicular	vesicular	vesicular	vesicular	vesicular
Pathological breathing sounds	congestive wheezing	no	no	no	no
ECG interpretation	Left axis deviation. Severe LVH with systolic overload	In II, III, AVF and in some chest leads in front of the QRST complex negative P waves are seen. Atrial (supraventricular) tachycardia	Shortening of the P-R interval, delta wave	Right axis deviation. Notched R in inferior leads. Incomplete right bundle branch block (RBBB)	Left axis deviation. Complete left bundle branch block (LBBB)
ECHO interpretation	In the descending aorta, in a typical location after the departure of the left subclavian artery, a sharp narrowing of the orifice and associated turbulent flow are noted	Reverse return of blood to the LV during diastole. Non-closure of the aortic valve leaflets	The dimensions of the heart and valve apparatus are normal	A defect in the interatrial septum is visualized. Blood flow is observed from left to right in color Doppler echocardiography	In color Doppler echocardiography a turbulent flow directed from the left ventricle to the right ventricle is recorded, and the gradient is measured on it

On approval of the "Requirements for the management of medical waste"

https://e-qanun.az/framework/14433

Classification of waste from medical institutions

Hazard category	Class A (safe)	Class B (dangerous)	Class C (especially dangerous)	Class D (composition close to industrial waste)
Characteristics by morphological composition	Waste from infectious diseases hospitals and non-toxic waste that does not come into contact with biological fluids of patients; food waste from all medical institutions, except infectious diseases hospitals and anti-tuberculosis institutions (departments); furniture, inventory, diagnostic equipment that does not contain or use toxic elements; uncontaminated paper, construction waste, etc.	Waste, excrement, including blood-contaminated materials and instruments that have been in contact with potentially infectious patients; pathological waste, organic (body parts, tissues, etc.) surgical waste from patients; all waste from infectious disease departments (including food waste); waste from microbiological laboratories working with pathogenic microorganisms of groups 3 and 4; biological waste from vivariums	Materials that come into contact with particularly dangerous infectious patients; waste from laboratories working with pathogenic microorganisms of groups 1-4; waste from anti-tuberculosis and dermatovenerological hospitals (departments).	Expired medicinal products, waste of medicinal and diagnostic drugs, unusable disinfectants, cytostatics and other chemicals; items, devices and equipment containing mercury

13. Regulatory and methodological support for the station passport

1. Андрей Обрезан, Елена Сережина, “Дифференциальная диагностика основных клинических синдромов в практике врача-кардиолога”, Гэотар-Медиа, 2023

2. Samy Azer, “Clinical Cases in Internal Medicine”, Elsevier; 1st edition, 2022

3. Eugene Toy, Gabriel Aisenberg, “Case Files Internal Medicine”, McGraw Hill/Medical; 6th edition, 2020

4. Eirini Kasfiki, Ciaran W. P. Kelly, Anna Folwell, “250 Cases in Clinical Medicine (MRCP Study Guidelines)”, Elsevier; 5th edition, 2019

5. Maxine Papadakis, Stephen McPhee, Michael Rabow, “Current Medical Diagnosis and Treatment 2023”, McGraw Hill/Medical; 62nd edition, 2022

6. Amal Mattu, Jeremy Berberian, William J. Brady, “Emergency ECGs: Case-Based Review and Interpretations”, Emergency Medicine Residents Association; 2022

7. ACC/AHA Clinical Competence Statement on Electrocardiography and Ambulatory Electrocardiography

   A Report of the ACC/AHA/ACP–ASIM Task Force on Clinical Competence (ACC/AHA Committee to Develop a Clinical Competence Statement on Electrocardiography and Ambulatory Electrocardiography) *Endorsed by the International Society for Holter and Noninvasive Electrocardiology*
   https://www.ahajournals.org/doi/epub/10.1161/circ.104.25.3169

8. American College of Cardiology/American Heart Association Clinical Competence Statement on Echocardiography
   A Report of the American College of Cardiology/American Heart Association/American College of Physicians—American Society of Internal Medicine Task Force on Clinical Competence
   https://www.ahajournals.org/doi/epub/10.1161/01.CIR.0000061708.42540.47

14. Criteria for evaluating the actions of the accredited

In the electronic checklist, the assessment of the correctness and sequence of actions performed by the accredited person is carried out by activating the buttons:

«Yes» – action performed;

«No» – action not performed.

Each position is entered by a member of the ASC into an electronic checklist

15. Check list

№	Action of the accredited	Criteria for evaluation	
1	**Established contact with the patient** *- greeted the patient*	□ yes	□ no
2	*- introduced himself/herself*	□ yes	□ no
3	*- outlined his/her role*	□ yes	□ no
4	**Identified the patient** *- asked the patient to introduce himself*	□ yes	□ no
5	*- asked for his age*	□ yes	□ no
6	*- checked with medical documentation*	□ yes	□ no
Collection of information. Questioning the patient			
7	Started collecting information with a general question: “What did you come with?”	□ yes	□ no
8	Asked questions about anamnesis vitae and anamnesis morbi	□ yes	□ no
9	Asked a series of questions	□ yes	□ no
10	Didn't interrupt the patient	□ yes	□ no
11	Informed about the upcoming procedure, explained its purpose and obtained voluntary informed consent	□ yes	□ no
Preparing for the examination			
12	Cleaned hands hygienically and put on gloves	□ yes	□ no
13	Asked the patient to remove clothes and lie on a couch with the head of the bed raised at an angle of 45°	□ yes	□ no

Examination			
14	Assessed the skin	□ yes	□ no
15	Assessed fingers and checked capillary pulse	□ yes	□ no
16	Assessed conjunctiva	□ yes	□ no
17	Assessed the oral mucosa	□ yes	□ no
18	Asked the patient to turn his head to the left, used a flashlight to examine the right internal jugular vein	□ yes	□ no
19	Palpated the anterior surface of the leg and assessed the presence of edema	□ yes	□ no
20	**Pulse:** Assessed the pulse on both sides in the *carotid* arteries alternately;	□ yes	□ no
21	Assessed the pulse in the *brachial* arteries simultaneously;	□ yes	□ no
22	Assessed the pulse in the *radial* arteries simultaneously;	□ yes	□ no
23	Assessed the pulse in the *femoral* arteries simultaneously;	□ yes	□ no
24	Checked for signs of coarctation of the aorta	□ yes	□ no
25	Calculated the heart rate and breathing rate by looking at the clock for at least 10 seconds	□ yes	□ no
26	Measured blood pressure in both arms, after asking questions about the factors influencing its indicators	□ yes	□ no
Palpation of the precordial area			
27	Palpated the apex beat (apical impulse) and announced the result	□ yes	□ no
28	Assessed the presence of pulse deficiency	□ yes	□ no
29	Palpated the parasternal heave	□ yes	□ no
Auscultation of the heart			
30	Conducted auscultation at the point of the aortic valve, palpating the pulse	□ yes	□ no
31	Conducted auscultation at the point of the pulmonary valve, palpating the pulse	□ yes	□ no
32	Conducted auscultation at the point of the mitral valve, palpating the pulse	□ yes	□ no
33	Conducted auscultation at the point of the tricuspid valve, palpating the pulse	□ yes	□ no
34	• Performed auscultation of the mitral valve with the patient in the left lateral position	□ yes	□ no

35	• Conducted auscultation in the left axillary region to identify noise irradiation	□ yes	□ no
36	• Performed auscultation of the aortic valve with the patient in a sitting position with a slight bend forward	□ yes	□ no
37	• Auscultated the right and left carotid arteries for at least 5 seconds to detect irradiation of noise	□ yes	□ no
Auscultation of the lungs			
38	Auscultated the lungs in symmetrical areas in the front, side, and back	□ yes	□ no
Additional research			
39	Correctly interpreted ECG	□ yes	□ no
40	Correctly interpreted ECHO	□ yes	□ no
Completion of consultation			
41	Thanked the patient, said that the examination was completed and that the patient could get dressed	□ yes	□ no
42	Cleaned the phonendoscope with an alcohol wipe	□ yes	□ no
43	Took off the examination gloves and sanitized his hands	□ yes	□ no
44	Properly disposed of alcohol wipe and gloves	□ yes	□ no
45	Announced the suspected diagnosis and referred the patient to a cardiologist	□ yes	□ no

In case of incorrect or incomplete performance of an action by the accredited person, the result will not be announced by the members of the ASC.