

**MINISTRY OF HEALTH OF UZBEKISTAN
CENT OF DEVELOPMENT MEDICAL EDUCATION
TASHKENT MEDICAL ACADEMY**

METHODICAL RECOMMENDATIONS

on methods of teaching themes

**SYNDROME “THE RED EYE” WHITHOUT
DECREASED VISUAL ACUITY**

The department : Eye diseases

(For students of the Centre of Excellence)

Tashkent-2013

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"APPROVED"

Head of Main Department
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«__» _____ 2013 y
Protocol № _____

«COORDINATED»

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«__» _____ 2013y
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Guidelines are designed for students of medical universities and FPC contain teaching methods on the topic with the use of modern teaching and learning technologies. Guidelines contain a section of a modern model of teaching methods, case-technology as well as analysis of case studies of 20 steps for GPs

Methodical recommendations discussed and approved at a meeting of the Department of Ophthalmology of "___" _____ 2013. Protocol № ____.

Methodical recommendations discussed and approved at a meeting of the CPC section "Surgery and Obstetrics-Gynecology" from "___" _____ 2013. Protocol № ____.

Methodical recommendations discussed and approved at a meeting of SSC TMAProtocol № _____ of "___" _____ 2013.

Methodical recommendations discussed and approved by the Academic Council of TMAProtocol № ____ dated "___" _____ 2013.

Secretary of the Scientific Council of TMA:

prof. Nurullayeva NM

**Theme N2: SYNDROME “THE RED EYE” WHITHOUT
DEPRAVED VISUAL ACUITY.**

2. Tuition technology model at the practical lesson

Period – 315 min.	Number of students – 8-12
Form of the lesson	A practical lesson at the polyclinics and seminar by using case-technology
Place	The lesson is conducted in the eye-inspection (dark) room at the polyclinics
Structure of the lesson	<ol style="list-style-type: none"> 1. Introduction 2. Practical part <ul style="list-style-type: none"> - curation of patients - implementation of practical skills - discussion of the practical part 3. Theoretic part – solving of the case <ul style="list-style-type: none"> - discussion of the theoretic part 4. Estimation <ul style="list-style-type: none"> - self appraisal and mutual appraisal - appraisal by the teacher 5. Conclusion made by the teacher. Appraciation of knowledge. Giving a list of questions for the next theme (see by rotation)
The aim of the lesson: give information on the diseases of the visual organ and its appendiges concomitant with eye reddening (by injection). To teach diagnosing skill and rendering first medical aid at this pathology. To acquaint students with the main tasks of prophylaxis of these diseases and their complications.	
The purpose of the teacher: <ul style="list-style-type: none"> - consolidate general knowledge on the diseases reffering to the “red-eye” syndrome without depraving vision functions (the disease of the 1-st category). - extend knowledge on the main risk factors in the development, pathogenesis, classification and clinic features at these diseases - systematization of knowledge on the modern methods of diagnostics and the differential diagnostics of diseases reffered to the “eye-red” syndrome without depraving optic functions - expand knowledge on the modern methods of treatment, prophylaxis and dispancerisation of diseases concomitant with the “eye-red” syndrome without the visual acuity depraving - obtain the step by step methods of the visual organs examination for diagnosing this pathology 	<p style="text-align: center;">The results of studies</p> <p>A general practitioner should know:</p> <ul style="list-style-type: none"> - general anatomic features of the eye-lids, lacrimal organs and conjunctiva structures; - etiology, pathogenesis and clinical characteristics, classification of eye-lids, lacrimal organs and conjunctiva diseases; - methodics of rendering the first medical aid to patients having this pathology at city and rural medical stations; - methods of prophylaxis and dispancerisation renderer by a general practitioner to patients with eye-lid, lacrimal glands and conjunctive diseases at rural and city medical stations. <p>A general practitioner should be able to:</p> <p>demonstrate the practical skills according to the step by step methodics:</p> <ul style="list-style-type: none"> - drop eye-droplets and apply ointment to the conjunctival cavity - external examination of the eyes by transillumination - ectropia of upper and lower eye-lids
Methods and technique of tuition	Methods of practical tasks, conjoint studies, technique: case-technology, graphic organizer – diagramme T-scheme
Teaching facilities	Text-books, teaching materials, moulages,

	slides, videofilms, medicaments (disinfection solution, eye-droplets, local anesthetic remedies) the Maklakov tonometer, binocular lens, slit-lamp, sphereperimeter, ophthalmoscope, lens 13 D.
Forms of tuition	Individual work, conjoint work in groups
Place for tuition	Consulting-room of the ophthalmologist, class-room, moulages, instruments, standard steps in implementation of practical skills.
Monitoring and estimation	Oral control: questions for control, solving the given tasks in groups; written control: testing.

2. Motivation

Problem diagnosis and subsequent treatment of the red-eye syndrome are important for general practitioners, are constantly faced with the need to establish a diagnosis and determine the further tactics and treatment of patients with such complaints.

What might lie behind complaints of redness of the eye? Of symptoms, including flushing eyes and surrounding tissue is very diverse and can relate to the appendages of the eyeball or orbit. In connection with this medical tactics should be differentiated depending on the severity of the disease

Barley and conjunctivitis in most cases can be treated under the supervision of the family doctor or local therapist, but with more serious pathology (trauma, keratitis, iridocyclitis) patient should be referred for a consultation with an ophthalmologist.

In methodical recommendations attempt to systematically evaluate the manifestations of so-called red-eye syndrome, and to provide general recommendations for treatment and management of general practitioner

3. Intra and interdisciplinary communication

Students' knowledge of the subject should be characterized by sufficient breadth and depth, as well as integrations with related disciplines on the "vertical and horizontal."

Ophthalmology is integrated vertically with the anatomy of its key "nervous system and sense organs," the physiology - its section "physiology of the nervous system", with histology - The "ontogeny and histology of the nervous system and sense organs," with deontology - issues of patient and employee relationships, the history of medicine, including the history of ophthalmology, with pharmacotherapy, including pharmacotherapy in ophthalmology.

Horizontal fit in ophthalmology:

- With ENT disease - anatomy and age, inflammatory diseases of the paranasal sinuses, ear, and throat;

- From neuroscience - the structure and course of the visual pathways, subcortical and cortical visual centers and their relationship to other structures in the brain. The optic nerve, its structure, characteristics of blood supply and liquorodynamics;

- From brain surgery - volume processes of the brain (tumors, inflammation) the possible consequences that affect the visual analyzer;

- Traumatology with TBI, intracranial hypertension, and their impact on the visual analyzer. Combined orbito-cranial injury;

- Infections and possible complications of the visual analyzer;

With dental trauma maxillofacial region, tumors jaw;

4. Contents classes

4.1. The theoretical part

4.2 The practical part

The list of practical skills:

1. Visual acuity.
2. Methods for side lighting.
3. Instillation of drops and ointments in laying the conjunctival cavity.
4. Eversion of the upper and lower eyelids.

4.3. The analytical part of

4.3.1. Application of case-technologies on the theme: syndrome "the red eye" without depraved visual acuity Pedagogical annotation

The subject: "Eye diseases"

Topic: "The syndrome of red eye with decreased visual acuity"

The purpose of this case: the deepening and expansion of knowledge of the causes of diseases associated with the syndrome of "red eye" without reduction in visual acuity. Developing the ability to assess and analyze the situation at admission of patients with the syndrome of "red eye" without reduction in visual acuity. Skills choosing tactics, diagnosis, emergency care.

Expected learning outcomes - the results of the work with a case students learn how to:

- ☐ evaluation and analysis of the situation in the syndrome of "red eye" without reduction in visual acuity
- ☐ selecting the right algorithm for the diagnosis of action
- ☐ logical thinking
- ☐ informed decision-making in the syndrome of "red eye" without reduction in visual acuity
- ☐ separate emergency care
- ☐ sent to hospital for further examination and treatment

For the successful resolution of the case study student should know

- the main cause of the syndrome of the "red eye" without reduction in visual acuity
- the causes of the syndrome of "red eye" without compromising visual acuity•
differential diagnosis of the syndrome of "red eye" without compromising visual acuity with other diseases.
- diagnosis, preparation and validation of survey at SVP and CRH.

This case reflects the real situation in primary care

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www.eyeworld.com/opth.articles/html-89, www.scientific-vision.com/html-opth

Characteristic case study according to typological features.

The Given case falls into category of office, of a plot. He short, outline. This case-question, task.

On didactic purpose case training, incentive thinking in real situation in condition SVP and GVP.

The Case can be used on discipline: Ophthalmology, Infection, Urgent conditions.

I CASE

"Syndrome of the red eye without reduction of the quip of the vision" Introduction

As of literature patients with inflammatory diseases of the front length eye take up to 80 % acceptance clinic ophthalmologist (Maychuk YU.F., 1988). So problem of the diagnostics and treatments sick with syndrome of the red eye has important importance for doctor general practical persons, facing with need of the determination further tacticians conduct and treatments sick with such complaint.

That can escape for complaint on reddening eye? The Complex symptom, including hyperaemia eye and surrounding his (its) fabric, more varying and can pertain to apurtenance ocular apple or orbit. In this connection medical tactics must be differentiated depending on gravity of the disease.

Barley, blepharitis and conjunctivitis in most cases can be of treatment under observation general practitioner, but with more serious pathology (the traumas, dacryoadenitis, phlegmon orbits) patient must be directed on consultation to ophthalmologist.

Thereby, urgency of the problem of the syndrome of the red eye motivates need of the knowledge of their reasons, well-timed diagnostics, rendering urgent help in condition SVP and GVP and hospitalizations.

The Purpose given case is a development beside student - an users of the case of the abilities of the analysis to situations at syndrome "red eye" with reduction of the quip of the vision. The Skills and skill of the choice tacticians conduct, diagnosticses, rendering urgent help.

The Decision of the supposed case will allow the student to reach the following **scholastic result**:

- ✓ Develop abilities of the estimation and analysis to situations at syndrome "red eye" without reduction of the quip of the vision
- ✓ Perfect the skill of the choice of the correct algorithm action for stating the diagnosis.
- ✓ Master skills required for rendering emergency help
- ✓ Develop logical thinking
- ✓ Taking the motivated decisions at syndrome "red eye" without reduction of the quip of the vision
- ✓ Possess the skill independent decision making in given situations (the treatments or direction in permanent establishment for the further conduct).

The Situation: In SVP on receiving the parent sick P. 12 years addressed to squall. The Complaints: on reddening and edema of the upper age of the left eye, reddening. Edema upper-medicine to be taken externally of the quadrant of the age of the left eye is discovered Under external checkup sick. The Eyeball is displaced кнутри. The Eyelid at palpation painful, thick. Conjunctiva age edematic. The Revealed restriction to mobilities left ocular apple up - ectad, swelling and sickliness at palpation parotid lymphatic nodes. Increasing of the general

temperature of the body. The Complaints disturb for 2 days. From anamnesis: with words of the parents week back sick carry ORVI. Took the nonsteroid an anti-inflammatory preparations.

Given called on физических of the examinations

Checkup	OS - an upper eyelid отечное, гиперимированное. The Ocular slot "S" - a figurative form. OD - without pathological change.
Determination to mobilities ocular apple	Restriction to mobilities left ocular apple up - ectad
External checkup of the eye by method of the lateral illumination	OS - Conjunctivit age гиперимирована, separated is absent. The Cornea transparent, sensitive. The Anteroom camera average depth, moisture transparent. The Pupil of an eye 3,5 mms of the round form, reaction living. OD - without pathological change.
Checkup passing ray	OU - an Ambiences transparent.
Viziometriya	OD/OS =1,0
Oftalimoscopiya	OU-DZN pale-rose, borders clear. Physiological excavation is preserved. The Vascular bunch in the centre. The Move and calibre container are not changed. The Correlation as 2:3. The Retina without pathological centre.
General blood test	Haemoglobin - 128 g/l; Eritrocity - $4-5 \times 10^{12}/l$; Leukocytes - $10,2 \times 10^9/l$; SOYBEAN - 18мм/ч.
General urinalysis	Amount - 100 ml; Colour - light - yellow; Relative density of the urine - 1015; Transparency - transparent; Reaction - tart; Protein -abs; Bilious pigments - negative; Epithelium - 2-3 into view; Leukocytes -abc.
EKG	Rhythm синусовый. CHSS 83 ud in mines.

Questions and tasks

1. Put the diagnosis and justify him(it)?
2. On your, the glance, with what pathology it is necessary to conduct the differential diagnostics?
3. What study necessary and possible conduct in given situations in condition SVP, CRB?
4. Your tactics at the time of situations?
5. What possible complications?

The Task: On base of the analysis of the conditions sick follows to put (deliver) the preliminary diagnosis, conduct the necessary methods of the diagnostics, take the motivated decision for the further conduct sick at syndrome of the red eye without reduction of the quip of the vision.

Scholastic-methodical material:

Inflammation of the lacrimal gland (dacryoadenitis) can be both acute and chronic.

Acute dakrioadenit (dacryoadenitis acuta) is predominantly due to endogenous infection (measles, scarlet fever, mumps, typhoid fever, rheumatic fever, sore throat, flu, etc.). The process of the cup one-sided, but it happens and bilateral disease lacrimal gland, especially mumps, pneumonia or gife. Bilateral disease occurs more often and during epidemics of childhood infections. There are swelling, redness and pain in the lacrimal glands, headache, time-bitost, sleep and appetite, and fever. Eyelid acquires a characteristic S-shaped, elongated horizontally (Fig. 59 cm incl.). Within 2-3 days, there is a further increase in both palpebral and the orbital part of the lacrimal gland, which leads to increased swelling and redness century, chemosis, and to confuse the eye downward and medially. An unpleasant double vision. Palpation of cancer is very painful. Ectropion and inspection is possible only under anesthesia. In the study determined flushed, infiltrated, swollen, tight and increased palpebral portion of the breast. The process can either close VOVD regional lymph nodes, and then the swelling extends to the whole temporal half of the face, eye gap is completely closed, there is plenty of watering. The rapid course of the disease with reduced resistance \rightarrow tivlyaemosti body after a previous infection leading to abscess or more severe complications - phlegmon, which captures and retro-bulbar space. However, most often the disease is benign, infiltration regress in 10-15 days

Treatment is aimed at combating the common disease. In acute pro \rightarrow process shows antibiotics (ampicillin trihydrate, oxacillin sodium, oletetrin. Metapiklin inside in age doses in 4-6 receptions, if necessary, appointed by intramuscular penicillin, ampicillin, or methicillin sodium every 4-6 hours in the age doses of gentamicin sulfate 2-3 times a day intramuscularly, etc.) and sulfa drugs (norsulfazol, sulfadimezin, etazol inside), symptomatic agents (analgin aminopyrine orally or intramuscularly, aspirin, sleeping pills, etc.). Locally shown physiotherapy (dry heat, UHF, ultraviolet irradiation, electrophoresis of iodine, etc.), washing the conjunctival cavity antiseptic solution warmed-ticks (furatsilin 1:5000, 1:5000 potassium permanganate, etc.), an ointment with sulfonamides and antibiotics (10 sulfatsil% sodium ointment, 1% liniment sintomitsina, 1% tetracycline ointment, etc.). According to the testimony made transconjunctival incision and drainage, followed by an injection of novocaine with antibiotics.

II. Methodical instructions for student

2.1 Problem:

The Choice tacticians conduct and determination to need to hospitalizations sick with syndrome of the red eye without reduction of the quip of the vision in condition SVP and GVP.

2.2. Podproblema

1. Analysis of the exterior
2. Analysis anamnesis and preliminary event being **этиологическим** factor in development of the syndrome of the red eye without reduction of the quip of the vision
3. Analysis of the checkup
4. Choice of the necessary methods of the diagnostics
5. Correlate got results and conduct differential diagnostics
6. Come to determined decision of the problem in condition SVP and GVP

2.3. Algorithm of the decision

1. Analysis of the exterior comprises following study of itself
 - a checkup of the person and skins age
 - a checkup ocular applea

2. Analysis anamnesis
 - household-social анамнез
 - офтальмологический status
 - duration and nature of the pains
3. Analysis of the checkup
 - an external checkup of the eye
 - визиометрия
 - a checkup by lateral illumination
 - a checkup passing ray
 - офтальмоскопия
4. Choice of the necessary methods of the laboratory diagnostics
 - OAK
 - OAM
5. Correlate the got results and conduct the differential diagnostics with the other diseases falling into syndrome of the red eye without reduction of the quip of the vision.
6. Come to determined decision of the problems in condition SVP and GVP
 - a rendering urgent help
 - a treatment if required
 - an emergency hospitalization

Instruction to independent work on analysis and decision to practical situation. Sheet analysis to situations

Stages of the work	Recommendations and advices
1. Familiarization with case	First get acquainted with case " Reading, do not try immediately to analyse situation
2. Familiarization with given situation	Once again read information, select the paragraphs, which were shown you important. Try to characterize the situation. Define that in her it is important, but that secondary.
3. Discovery, defining and motivation of the key problem and подпроблем	The Problem: The Choice tacticians conduct and determination to need to hospitalizations sick with syndrome of the red eye without reduction of the quip of the vision condition SVP and GVP.
4. Diagnostics of the analysis to situations	The following questions answer At analysis of the situations: <ul style="list-style-type: none"> ○ What ocular pathology, are accompanied with syndrome of the red eye without reduction of the vision? ○ With what нозологиями it is necessary to conduct the differential diagnostics? Give the comparative feature o Define the most probable reasons of the arising the syndrome of the red eye without reduction of the quip of the vision. ○ What methods of the diagnostics necessary to use, form and justify the plan of the examination at a rate of SVP and CRB. ○ Define the tactician of the further conduct sick with syndrome of the red eye without reduction of the quip of the vision.
5. Choice and motivation of the ways and facilities of	Enumerate all possible ways of the decision given problems in given to situations

the decision of the problem	
6. Development and permits to problem-solving situation	Put diagnosis, define, what solve a problem in condition GVP and SVP

Table of the estimation of the individual work with case

Participants	Criteria and factors of the estimation				
	Analysis to current situation max 1,0	Motivation of the problem max 0,5	Choice of the ways and facilities of the decision of the problem max 0,5	Detailed development of the measures on realization of the decision max 0,5	General ballet (max 2,5)*
1.					
2.					

* 2,0 - 2,5 ballets - "fine", 1,5 - 2,0 ballets - "well",
1,0 - 1,5 ballets - "satisfactorily",
less 1,0 ballets - "unsatisfactorily"

The System of the estimation variant group decision of the problem. Each group gets two merit ballets. She can return their immediately all one variant of the decision or divide into two (1:1; 0,5:1,5; and etc), not including estimation of the own variant of the decision.

1. All got баллы on each variant of the decision form. Wins the decision, taken most amount баллов. In disputable events possible to conduct voting.

Table of the estimation variant group decision of the problem, ballet

Group	Alternative variants of the decision of the problem			
	1	2	3	№
1.				
2.				
Amount				

Estimation to presentations of the proposed decision

Group	Fullness and clarity to presentations (1 - 20)	Clarity presented presentations (1 - 20)	Mass and activity of the members of the group (1 -	Originality of the proposed decisions (1 - 20)	Acceptability to legislative rate (1 - 20)	General amount taken баллов (max 100)
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			20)			
1.						
2.						

III. VARIANT OF THE DECISION OF THE CASE BY TEACHER - KEYSOLOGOM

1.HA BASE:

1. Жалоб: on reddening and edema of the upper age of the left eye, reddening.
2. Anamnesis disease: with words of the parents sick said complaints disturb for 2 days. 1 week back carry ORVI. Took the nonsteroid an anti-inflammatory preparations.
3. The Given instrumental studies: Under external checkup OS - sick is discovered edema upper-medicine to be taken externally of the quadrant of the age of the left eye. The Eyeball is displaced кнутри. The Eyelid at palpation painful, thick, гиперимировано. Conjunctivit age отечная. The Revealled restriction to mobilities left ocular applea up - еstad, припухлость and sickliness at palpation parotid lymphatic nodes. Increasing of the general temperature of the body.

In OAK- increasing SOYBEAN 18мм/сh. Leykocitoz - 10,2 h10*9/l.

The Preliminary diagnosis: OS- Dakrioadenit.

2. The Differential diagnostics it is necessary to conduct with the following нозологиями: рожистое inflammation, phlegmon and abscess of the age.

Rozhistoe inflammation	Flegmona age	Abscess of the age
Anamnez diseases joint	Anamnez стоматологические and LOR diseases.	Anamnez is reeked age, scratches, bites insect, infection is reeked skins of the age, barley, furuncle, ulcerous blepharitis, general infectious diseases
The Skin age отQчна, brightly- red, shiny.	Expressed pouring hyperaemia age. The Ages thick.	Expressed hyperaemia and edema age on the whole surfaces. The симптом fluctuation appears On measure of the development.
Sound fabrics is sharply limited from fevered wrong line (демаркационная line).	Demarkacionnaya line is absent.	Demarkacionnaya line is absent.
Motion ocular applea are preserved.	The Eyeball выстоит onward (экзофтальм), still.	Motion ocular applea are preserved.
Quip of the vision is not changed	Sharp reduction of the quip of the vision	Quips of the vision is not changed

3. Необходимыми studies in condition SVP are:

- Collection of the complaints and anamnesis

- Analysis anamnesis
- Viziometriya with correction
- Checkup ocular applea lateral illumination and in passing ray
- Determination to mobilities ocular apple
- Oftalimoscopiya
- The General blood test, the general urinalysis.
- Study level glucoses shelters
- EKG

The Necessary studies in condition CRB are:

- Biomikroskopiya
- Refraktometriya
- Checkup to peripheries of the ocular bottom трQхзеркальной by lens Golidmana
- Perimetriya
- TIE ocular applea, container of the cerebrum
- Rentgenografiya light, frontal and райморовой of the sinuses
- Consultations LOR, stomatologist

4. The Tactics at the time of situations: after collection of the complaints and anamnesis, undertaking the necessary studies and determinations of the preliminary diagnosis necessary is an observation, purpose antibiotic local and inside. Desensibiliziruyuschaya therapy, витаминотерапия, local dry heat. At hospitalization sick in ocular or infectious permanent establishment.

5. The Complications dacryoadenitisa: Abscess and phlegmon age.

IV. Case-technology of the education on practical occupation

4.1 Model to technologies of the education

Subject	Syndrome of the red eye without reduction of the quip of the vision
Amount hours - 2 hours	Amount training: 10 persons
Form of the scholastic occupation	Practical occupation on expansion and deepennig the knowledges, отработке of the skills tactician conduct sick with syndrome of the red eye without reduction of the quip of the vision
Plan of the practical occupation	<ol style="list-style-type: none"> 1. Introduction to scholastic occupation 2. Actualization of the knowledges 3. Work with case in mini - a group 4. Presentations result 5. Execution practical skill 6. Discussion, estimation and choice of the best variant strategy 7. The Conclusion. Estimation to activity of the groups and student, degree of the achievement to purposes of the scholastic occupation.
The Purpose of the scholastic occupation: Deepennig the knowledges on tactician of conduct sick with syndrome of the red eye without reduction of the quip of the vision. The Development to abilities of the estimation, analysis to situations, choice tacticians conduct, diagnosticses,	

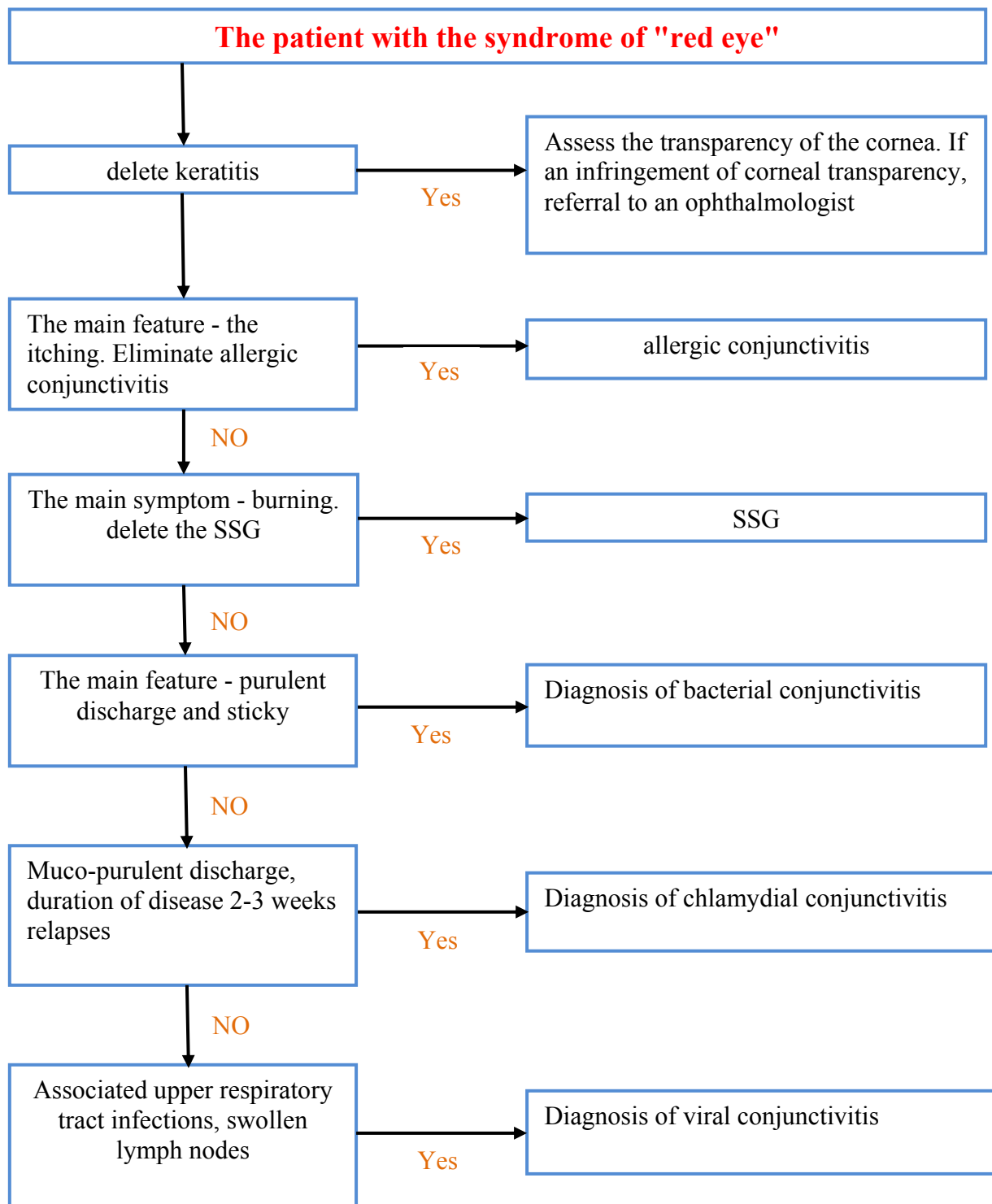
rendering urgent help, rational transportation sick with syndrome of the red eye with reduction of the quip of the vision at a rate of primary link.	
The Problems of the teacher: <ul style="list-style-type: none"> to bolt and deepen knowledges on estimation and analysis situation and general condition sick with syndrome of the red eye without reduction of the quip of the vision to work out the skill of the choice of the correct algorithm action for stating the diagnosis. to Work out skills on rendering emergency help to Develop skills independent decision making at conduct sick with syndrome of the red eye without reduction of the quip of the vision in condition SVP And GVP 	The Results to scholastic activity: <ul style="list-style-type: none"> value and analyse situation and general condition sick with syndrome of the red eye without reduction of the quip of the vision choose the algorithm an action for stating the diagnosis. develop skill independent decision making at conduct sick with syndrome of the red eye without reduction of the quip of the vision in condition SVP And GVP work out algorithm an action rendering emergency help if required
Methods of the education	Case-stage, debate, practical method, органызеры
Facilities of the education	Case, methodical instructions
Form of the education	Individual, frontal, work in group
Conditions of the education	Auditorium with technical equipping, adapted for functioning(working) in group
Monitoring and estimation	Observation, flash questioning, presentation, взаимооценка, estimation.

The Production chart of the scholastic occupation, founded on case.

Stage and contents of the work	Activity	
	Teacher	Student
Starting-up stage	Explains the purpose a case - a stage and his(its) influence upon development of the professional knowledges. Will Distribute the material of the case and introduces with algorithm of the analysis to situations. Gives task by itself to conduct analysis and bring result in "Sheet of the analysis to situations"	Listen By itself study the contents of the case and individually fill the sheet of the analysis to situations.
I stage. Introduction to scholastic occupation (10-15 mines)	1.1. Name the subjects of the occupation, plan, his(its) purpose, problems and planned result to scholastic activity. 1.2. Introduces with cut work on occupation and критериями of the estimation result (refer to instructions for student)	Listen Lead corresponding to record
II stage main 60 mines	2.1. Motivates stating the problem and choice to situations - urgency. Conducts the flash-questioning for the reason actuate the knowledges training on subject:	Answer the questions, discuss, assign the elaborating questions.

	<ul style="list-style-type: none"> • Enumerate the reasons of the arising the syndrome of the red eye without reduction of the quip of the vision? • What complications possible at syndrome of the red eye without reduction of the quip of the vision? <p>2.2. The Done student on groups. Reminds the contents and problems of the case. Introduces (reminds) with rule of the work in group and rule to debates.</p> <p>2.3. Gives the task, elaborates correctness of the perception of the task:</p> <ul style="list-style-type: none"> • With what нозологиями it is necessary to conduct differential diagnostics o Methods of the diagnostics applicable in condition SVP and GVP o the most Further tactics of conduct squall sick with syndrome of the red eye without reduction of the quip of the vision <p>2.4. Co-ordinates, advises, directs scholastic activity.</p> <p>Values the results of the individual work: Sheets of the analysis to situations.</p> <p>2.5. Organizes the presentations on total of the done work on decision of the case, discussion.</p> <p>Organizer to debates: will assign questions, remarks, reminds theoretical material</p> <p>2.6. Organayzer - an algorithm action squall in given to situations</p> <p>2.7. Reports its variant of the decision of the case</p>	<p>They Are Divided on groups</p> <p>Discuss, conduct joint analysis of the individual problem, define the most most important aspects to situations, main problems and ways of their decision, arrange results of the decision Present variants of the decision of the problem 10-15 mines Questions after completion of the presentations, choose optimum variant Develop united system, debate</p>
<p>III</p> <p>Podvedenie total of the occupation, analysis and estimation 20 mines</p>	<p>3.1. Generalises the results to scholastic activity, declares the estimations individual with collaboration.</p> <p>Analyses and values the group, notes positive and negative moments.</p> <p>3.2. Emphasizes importance a case - a stage and his(its) influence upon development of the future specialist</p>	<p>Listen.</p> <p>Can conduct самооценку and взаимооценку</p> <p>Speak your mind</p>

4.3.2. Graphical organizer: T-circuit



5. The evaluation criteria of the current control

№	Progress in (%) and points	rating	The level of knowledge of the student
1.	96-100%	Excellent "5"	Full correct answer to the questions on etiopathogenesis, classification, clinic, principles of treatment, complications and prevention of diseases involving reddening eyes, without alleviating acuity of vision. Analyses the results and makes decisions, creative thinking, self-analyzing. Situational problems solves correctly, with a creative approach, with full justification of the answer. Actively and creatively involved in interactive games, take the right decisions and summarizes and analyzes. Execution skills step by step correctly in full.
2.	91-95%		Full correct answer to the questions on etiopathogenesis, classification, clinic, principles of treatment, complications and prevention of diseases involving reddening eyes, without alleviating vision. Critical thinking, self-analyzing. Situational problems solves correctly, with a creative approach, with justification answer. Actively and creatively involved in interactive games, take the right decision. Execution skills step by step correctly in full.
3.	86-90%		The questions on the etiology and pathogenesis, classification, clinic, principles of treatment, complications and prevention accompanied by redness of the eye, without alleviating vision completely, but have 1-2 errors in the response. Own analyzes. Inaccuracies in solving situational problems, but with the right approach. Actively involved in interactive games, make the right decisions. Execution skills step by step with 1netochnostyu.
4.	81-85%	Good "4"	The questions on the etiology and pathogenesis, classification, clinic, principles of treatment, complications and prevention of diseases associated with redness of the eye, without compromising visual acuity covered completely, but there are 2-3 inaccuracies, errors. Into practice, understands the essence of the question, says confidently, is a faithful representation. Situational problems solved correctly, but the justification answer sufficiently. Inaccuracies in the performance of practical skills step by step.
5.	76-80%		Correct but incomplete coverage of the issue. Student knows the etiopathogenesis, classification, clinic and treatment principles, accompanied by redness of the eye disease, without reduction in visual acuity, but not fully versed in the complications and prevention. Understands the

			<p>issue, says confidently, is a faithful representation. Actively participate in the games. On case studies gives partial solutions.</p> <p>Incomplete implementation of one step in practical skills step by step.</p>
6.	71-75%		<p>Correct but incomplete coverage of the issue. Student knows the etiopathogenesis, classification and clinic diseases involving red eyes, without compromising visual acuity, but not fully versed in the principles of treatment, complications and prevention. Understands the issue, says confidently, is a faithful representation. On case studies gives partial solutions.</p> <p>Absolute cannot perform one step in practical skills step by step.</p>
7.	66-70%	Satisfactory "3"	<p>The correct answer to half the questions. Student knows the etiopathogenesis and classification of diseases involving red eyes, without compromising visual acuity, but not fully versed in the clinic, the principles of treatment, complications and prevention. Understands the issue, said confidently, has accurate representations only on specific issues topic. Situational problems solved correctly, but there is no justification of the answer.</p> <p>Incomplete implementation of step 2 in practical skills step by step.</p>
8.	61-65%		<p>The correct answer to half the questions. Errors in the etiopathogenesis and classification of diseases involving red eyes, without compromising visual acuity, poorly versed in the clinic and the principles of treatment, entangled in complications and prevention. Says uncertainly, has the only views on certain issues topic. Making mistakes in solving situational problems.</p> <p>Absolute cannot perform two steps in practical skills step by step.</p>
9.	55-60%		<p>Reply with errors on half the questions. Student makes an error in the etiopathogenesis and classification of diseases involving red eyes, without compromising visual acuity, poorly versed in the clinic and the principles of treatment, entangled in complications and prevention. Says uncertainly, there is a partial view on the subject. Situational problems solved incorrectly. Incomplete implementation of 3 steps in practical skills step by step.</p>
10.	50-54%	Unsatisfactory "2"	<p>The correct answer is 1/3 of the questions. Student does not know the etiopathogenesis and classification of diseases associated with redness of the eye, without compromising visual acuity., Poorly versed in the clinic and the principles of treatment, entangled in the complications and</p>

			prevention. Situational problems solved correctly if the wrong approach. Absolute can not perform 3 steps in practical skills step by step.
11	46-49%	Unsatisfactor y-voritelno "2"	Correct answer to the fourth questions. Student does not know the etiopathogenesis and classification of diseases associated with redness of the eye, without compromising visual acuity, poorly versed in the clinic and the principles of treatment, entangled in the complications and prevention. Situational problems solved correctly if the wrong approach. Incomplete implementation of 4 steps in practical skills step by step.
12	41-45%	Unsatisfactor y-voritelno "2"	Lighting fifth of the questions correctly. Student does not know the etiopathogenesis and classification of diseases associated with redness of the eye, without compromising visual acuity, poorly versed in the clinic and the principles of treatment, entangled in the complications and prevention. Absolute can not perform step 4 in practical skills step by step.
13	36-40%	Unsatisfactor y-voritelno "2"	Lighting 1/10 of the questions at the wrong approach. Does not know the etiopathogenesis and classification of diseases associated with redness of the eye, without compromising visual acuity, entangled in a clinic and treatment guidelines. Practically versed in the complications and prevention of diseases of the eyelids and tear. Gross errors in the performance of practical skills step by step.
14	31-35%	Unsatisfactor y-voritelno "2"	Can not answer for questions. Not etiopathogenesis, classification, clinic, treatment guidelines, complications and prevention of diseases involving reddening eyes, without alleviating zreniya. Ne able to perform skills step by step.

6. Technologic plan of practical classes based on solving cases

N	Stages of the lesson	Forms	Period min.
1	Introductory substantiation of the theme made by the teacher		10
2	Discussing of the home-task	Interrogatory, explanation	30
3	Examination of a patient at the polyclinics or day-time hospital	Examination of a patient	60
4	Mastering of the practical skills, working with moulages, clinic-laboratory facilities, apparatuses (Maklakov's tonometer, binocular lens, slit-lamp, spheroperimeter, ophthalmoscope, lens 13 D)	To work using clinic-laboratory facilities. Mastering practical of skills, interpretation the results of laboratory and instrumental methods of examinations.	60

5	Discussion of the practical part of the lesson with the teacher (solving the situation tasks in cases when a patient is absent). Discussion of the home-task by the debating method, essays, working in sub-groups.	Interrogatory, explanation. Supplement N1 Supplement N3 Situation tasks.	45
6	Case solving. Conjoint activity in groups. Presentation.	Assay information, seminar, discussion.	55
7	Discussion. Case estimation.	Demonstration, interactive forms (active, passive).	40
8	Conclusion on the theme by the teacher. Estimation knowledge of every student by 100-points and announcement of their marks. Give questions for the theme of the next lesson (see by rotation)	Information, questions for the self-studying.	15
In total			315

7. Test questions

1. What is the role of tear fluid and its composition?
2. What are possible complications of chronic dacryocystitis?
3. Anatomical features of the structure of the conjunctiva and eyelids?
4. Common clinical manifestations of acute conjunctivitis?
5. What is different from adenoviral epidemic keratoconjunctivitis and gemoragicheskogo?
6. Prevention konyuntivitov?
7. What are the outcome of conjunctivitis?

8. Literature

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www.eyeworld.com/opht.articles/html-89, www.scientific-vision.com/html-opht

Situational problem

To total checking on syndrome "Red eye" without reduction visual function

In SVP on acceptance to squall addressed sick K. 30 years, with complaint on pruritus in the field of upper age of the right eye, reddening and tumescence.

From anamnesis: With words sick said complaints disturb for 2 days. Suffers pyelonephritisом, тонзилитом from childhood. Works the builder in underground buildings. The Buildings washed the eye by black tea.

Materially-home conditions satisfactory. Heredity not burden. Allergologic anamnesis burden (on preparations пеницилинового row). For the last 6 months contact with infectious sick denies. The Preparations shelters, injection did not get.

Objective: the General condition of the patient at the time of checkup comparatively satisfactory. The Consciousness clear. The Position active. The Skin and visible mucous pale-rose. Perifericheskie lymph nodes are not increased. A/D 120/80 mm.rt.st., pulse 80 ud.v mines. Under auscultation tones heart rhythmic. In light vesicular breathing. The Belly soft, painless. The Chair regular. The Urination painless.

Local: OD: Reddening and edema of the upper age. The Ocular slot сужена.

**Criteria of the estimation of the observation of the total checking student VI-VII course of the receiving the patient in JV or SVP with syndrome "Red eye" without reduction of the visual function
(for teacher)**

Stage	Necessary complex executed by student action	Criteria of the estimation	Ballet (outline one of the score, located on measure of the growth from 0,1 - low before 10-high, 0 score - a stage is absent)					
1	Receiving the patient in cabinet physician general practical person.	Has Used all skills an verbal and nonverbal of the contact with patient	0	0,1	0,2	0,3	0,4	0,5
2	Has Carefully collected complaints with using opened and checking questions	1. Has Defined the leadinging complaints; 2. Define secondary complaints	0	0,1	0,2	0,3	0,4	0,5
3	Has Carefully collected history persisting diseases (anamnesis morbi)	Has Collected the sequence, high-hats five main resulting one of other questions: ✓ When began the disease? ✓ What the disease began? ✓ As it run? ✓ What laboratory - an instrumental studies were organized and their results? ✓ What treatment was fixed and his(its) efficiency?	0	1	2	3	4	5
4	Has Carefully collected history to lifes of the patient (anamnesis vitae)	Has Collected the sequence, high-hats questions for collection of the information about lifes sick, having importance for clarification of the nature persisting diseases: " Obschebiograficheskie information (the birthplace, household position, profession and etc.) ✓ Housing - a home conditions; ✓ Disadvantage conditions and production harmfulness; ✓ What disease carry sick; ✓ Hereditary anamnesis; ✓ Epidanamnez.	0	1	2	3	4	5
5	Has Revealled and has defined factors of the risk available	<ul style="list-style-type: none"> ▪ Uncontrolled ▪ Operated ▪ Main problem 	0	0,5	0,8	1,0	1,2	1,5

	beside patient (considering complaints, anamnesis and got given cabinet in before-doctor)	<ul style="list-style-type: none"> Accompanying problems 						
6	After careful collection of the complaints, anamnesis diseases and lives have defined problem of the patient		0	0,5	0,8	1,0	1,2	1,5
7	<p>The Literate demonstration and consequent study of the condition of the patient with syndrome red eye.</p> <p>Has Proceed with objective checkup for revealing typical sign red eye</p> <ul style="list-style-type: none"> ➤ Has Conducted the checkup of the skin age; ➤ Has Paid attention to condition age (oedema, hyperemia, presence limited painful tumescence); ➤ Has Paid attention to presence lacrimation; ➤ Has Paid attention to presence separated from conjunctiva; ➤ Has Valued the condition conjunctiva age (the colour, edema, presence follicle or papilla); 		0	1	2	4	6	8
8	Has Proceed with registration of the preliminary diagnosis with instruction of the categories of the services of the disease given patient.	<ul style="list-style-type: none"> Main Rival Complications of the main disease Accompanying diseases 	0	1	2	3	4	5
9	Has Formed the plan of the examination given patient with instruction of the categories of the services of the rendering help.	<p>Has Defined and has motivated laboratory - an instrumental examinations, undertaking which in condition JV possible and SVP (the category 3.1):</p> <ul style="list-style-type: none"> Idle time eversion age; External checkup ocular applea method lateral osve^eniya; Determination of the quip of the vision; Estimation to mobilities ocular apple; general blood test, " general urinalysis; <p>(the category 3.2):</p> <ul style="list-style-type: none"> Bacteriological analysis sowing from conjunctiva eye; 	0	1	2	3	4	5

		<ul style="list-style-type: none"> ▪ Biomikroskopiya " blood test on RW, Nvsag; ▪ analysis of the excrement on presence helminthic invasion; ▪ determination on демодекоз; 						
10	Has By itself executed necessary volume of the studies according to categories 3.1 medical help, turned out to be squall in condition SVP	<p>The Student comments the purpose and each executed step corresponding to practical skill:</p> <ul style="list-style-type: none"> ▪ Idle time eversion age; ▪ External checkup ocular applea method lateral osve^eniya; ▪ Determination of the quip of the vision; ▪ Estimation to mobilities ocular apple; ▪ Zakapyvanie medicinal facilities. 	0	2	4	6	8	10
11	Analysis and interpretation laboratory - an instrumental studies	Knowledges demonstrates After complex examination student on interpretation got laboratory - an instrumental data	0	1	2	3	4	5
12	Briefly, clearly and has clear conducted differential diagnosis between beside often meeting diseases, having cognate symptom	<ul style="list-style-type: none"> ▪ With sharp dacryoadenitis, ▪ acute dacryocystitis, ▪ abscess age 	0	0,5	1	3	5	7
13	Has Installed and has motivated final diagnosis with instruction of the categories of the services of the disease given patient	<ul style="list-style-type: none"> • Main (1 category) • Rival (2 categories) • Complications of the main disease • Accompanying diseases 	0	1	2	4	6	8
14	Has Defined in what type of the preventive maintenance needs givenned patient	Student explains and demonstrates patient necessary practical steps corresponding to type of the preventive maintenance	0	0,5	1	2	3	4
15	Has Defined немедикоменотозное treatment with demonstration and explanation patient	<ul style="list-style-type: none"> • Informed patient on his(its) disease • Dwelt at some length upon correction revealed operated factor of the risk and has called attention patient on presence uncontrolled factor risk <p>Has Fixed (on evidences):</p> <ul style="list-style-type: none"> • " Observance of the mode of the labour and rest 	0	0,5	1	2	3	4

		<ul style="list-style-type: none">• " Correct rational feeding " Fizioterapevticheskie procedures (UVCH, магнитотерпия)• " Sanatorno - a resort treatment.							
16	Has Fixed медикоментозное treatment a preparation proved efficiency with instruction of the doses, time, multiplication factor and duration of the acceptance	The Student carefully informed the patient on purposes, importance and scheme of the receiving the medicinal facilities on evidences, defining treatment preparation proved to efficiency.	0	0,5	1	3	5	7	
17	Has Conducted feedback, has defined date and time of the repeated visit of the patient in JV or SVP for checking of efficiency of the fixed treatment	Student, using skills, has conducted feedback on tactician of conduct of the patient, assigning checking questions and making sure in correctness of the understanding by patient of the fixed treatment	0	1	2	3	4	5	
18	Has Taken patient on account, beforehand definable group dispensary observations		Contingent	0	1	2	4	6	8
		Group	Zdoro ye						
		Group D-i	Practically sound						
		Group D-ii	Sick, needing for treatment and dispensary observation						
19	Obraschayasi to observations, student demonstrates theoretical knowledges and practical steps all type preventive maintenances	The Primary preventive maintenance - an undertaking the row action for warning the disease: but) propaganda ZOZH amongst populations; b)aktivnoe early discovery factor risk, predestining possibility of the development of the disease and their correction. The Secondary preventive maintenance: but) active revealing the diseases on early stages of the development (профосмотры, screening) b) немедикоментозная correction and well-timed identical медикоментозное treatment newly revealed diseases	0	2	3	4	5	6	

Additional information to situational problem 2 on syndrome "Red eye" with reduction visual function (for teacher)

Stage	Necessary complex executed by student action
1	Receiving the patient in cabinet squall (has used all skills an verbal and nonverbal of the contact with patient)
2	Has Carefully collected the complaints with using opened and checking questions (main: reddening and tumescence in the field of upper age of the right eye; the secondary: pruritus in the field of upper age).
3	Has Carefully collected history persisting diseases and has realized beginning and current: said complaints disturb for 2 days
4	Has Carefully collected the history to lifes and has realized significant given: Suffers pyelonephritisom, тонзилитом from childhood. Works the builder in underground buildings.
5	Has Revealled and has defined the factors of the risk available beside patient (uncontrolled: sex, age; operated: profession
6	Has Defined the problems of the patient: the main - reddening and tumescence upper age; accompanying - a pruritus in the field of upper age
7	<p>Has Proceed with objective checkup (the student must demonstrate literate and consequent study of the condition of the patient with corresponding to syndrome) " has Conducted the checkup of the skin age;</p> <ul style="list-style-type: none"> • Has Paid attention to condition age (oedema, hyperemia, presence limited painful tumescence); • Has Paid attention to presence lacrimation; • Has Paid attention to presence separated from conjunctiva " has Valued the condition conjunctiva age (the colour, edema, presence follicle or papilla);
8	Preliminary diagnosis -OD: Barley of the upper age (category 1)
9	<p>Has Defined and has motivated laboratory - an instrumental examinations, undertaking which in condition JV possible and SVP (the category 3.1):</p> <ul style="list-style-type: none"> • Idle time eversion age; • External checkup ocular applea method lateral osve^eniya; • Determination of the quip of the vision; • Estimation to mobilities ocular apple; • general blood test, " general urinalysis; <p>(the category 3.2):</p> <ul style="list-style-type: none"> • Bacteriological analysis sowing from conjunctiva eye; • Biomikroskopiya " blood test on RW, Nvsag; • analysis of the excrement on presence helminthic invasion; • determination on демодекоз;
10	<p>The Student comments the purpose and each executed step corresponding to practical skill:</p> <ul style="list-style-type: none"> ✓ Idle time eversion age; ✓ External checkup ocular applea method lateral osve^eniya; ✓ Determination of the quip of the vision; ✓ Estimation to mobilities ocular apple; <p>Zakapyvanie medicinal facilities.</p>

11	The knowledges demonstrates After complex examination student on interpretation laboratory - an instrumental studies (from student is required qualitative analysis and conclusion on got given).
12	<ul style="list-style-type: none"> • With sharp dacryoadenitis, • sharp acute dacryocystitis, • abscess age
13	The Final diagnosis - OD: Barley of the upper age (the category 1) Accompanying: Chronic pyelonephritis. Chronic тонзилит
14	Define, in what type of the preventive maintenance needs the givenned patient (in primary, secondary and tertiary preventive maintenance). Inform the patient and discuss with him practical steps corresponding to type of the preventive maintenance.
15	" Primary B, secondary B, tertiary But Define немедикоментозное treatment: " observance of the mode of the labour and rest " restriction of the visit the work " physiotherapeutic treatment " санаторно - a resort treatment
16	Fix the medicamental treatment: Informed the patient on medicamental method treatments:
17	At present for treatment of barley use the antibiotics of the broad spectrum of the action, NPVS.
18	<p>The Student has defined the group an dispensary observations and briefly informed the patient on dispensary (the group D II).</p> <p>The Main medical - a sanitary action at dispensary by sick barley are:</p> <ul style="list-style-type: none"> • Removal factor risk, bring about given to pathology; • Learning the skill sound lifestyle; • Fizioterapiya; • Labor recommendations • Continuation medicamental therapy on installed period
19	Obraschayasi to watcher, student demonstrates theoretical knowledges and practical steps all type preventive maintenances (primary, secondary, tertiary).
20	<p>Obraschayasi to watcher, student demonstrates the theoretical knowledges and practical steps about stage dispensary corresponding to diseases.</p> <p>The Stages dispensary, after determination of the final diagnosis:</p> <p>1-y - motivate and install nosologic form of the disease with determination of the group dispensary observations (D-IIIa);</p> <p>2-y - define the frequency of the observations (the physical examinations) squall for scheduled year; 2 times per annum</p> <p>3-y - motivate the checkups an doctor other professions if in this there is need; LOR, nephrologist, ophthalmologist</p> <p>4-y - define, motivate the names and frequency laboratory and other diagnostic studies for scheduled year; OAK and OAM - 2 times per annum; the tank. The Sowing from pharynx 1 once a year</p> <p>5-y - squall must form the consequent plan medical - a sanitary action under given to pathology;</p> <ul style="list-style-type: none"> • chloramphenicol 0.25% (6 dripped on 2 once at day 7 days) • sulfacetamide 30% (4 dripped on 2 times at day 7 days) • 1% tetracycline unguent (zaklad?vati on night) 7 days • инстиляции клодифен 0,1% (4-6 dripped on 2 once in day) 7 days <p>6-y - install and know criteria to efficiency dispensary observations for patient on corresponding to nosologic to form of the disease with following translation in group</p>


	dispensary observations (recover barley and translate in group D-II)
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**Additional information to situational problem 4 On syndrome "Red eye" without reduction of the visual function
(for teacher)**

The Temperature tela-36,5 AD-130/70 mm.rt.st. The Pulse- 80 blows at minute.
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General blood test	<ul style="list-style-type: none"> • Haemoglobin - 103 g/l; • Eritrocity - $3-4 \times 10^{12}/l$; • Leukocytes - $9,2 \times 10^9/l$; • SOYBEAN - 18 mms/ch.
General urinalysis	<ul style="list-style-type: none"> • Amount - 120 ml; • Colour - light - yellow; • Relative density of the urine - 1015; • Transparency - transparent; • Reaction - tart; • Protein - 0,66 ppm; • Bilious pigments - negative; • Epithelium - 2-3 into view; • Leukocytes - in good supply.

Given called on instrumental examinations

External checkup of the eye by method of the lateral illumination	 <p>It Is Noted limited tumescence and hyperemia in the field of medicine to be taken externally of the edge of the upper age of the right eye, light blepharospasm.</p>
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**Additional information to situational problem 4 On syndrome "Red eye"
without reduction of the visual function
(for student).**

The Temperature tela-36,5
AD-130/70 mm.rt.st.
The Pulse- 80 blows at minute.

General blood test	<ul style="list-style-type: none"> • Haemoglobin - 103 g/l; • Eritrocity - $3-4 \times 10^{12}/l$; • Leukocytes - $9,2 \times 10^9/l$; • SOYBEAN - 18 mms/ch.
General urinalysis	<ul style="list-style-type: none"> • Amount - 120 ml; • Colour - light - yellow; • Relative density of the urine - 1015; • Transparency - transparent; • Reaction - tart; • Protein - 0,66 npom; • Bilious pigments - negative; • Epithelium - 2-3 into view; • Leukocytes - in good supply.

The External checkup (the method of the examination?)



Description of the clinical picture.