INTERNATIONAL HIGHER SCHOOL OF MEDICINE Department of surgical diseases

SYLLABUS Anesthesiology and intensive care

2024-2025 academic year
for students of medical faculty
5 course 10 semester groups – according to timetable
2 credits (72 h, including auditoria 32 h, independent work – 40 h)
form of control: oral and written survey, reports/presentations, control of practical skills, situational tasks, testing

Information about the teacher:

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Basics

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care

anesthesiology

intensive

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Head of the department

Ermekov T.A

2.1 Purpose of the course and the expected result of studying the discipline.

The main goal of the course is to provide basic knowledge in the field of anesthesiology and intensive care. The discipline studies a critical condition as an extreme degree of any pathology, including iatrogenic pathology, in which artificial replacement or support of vital body functions is required, because their autoregulation is sharply disrupted. Anaesthesiology studies analgesia, anaesthesia and methods of artificial regulation of the body during surgical procedures, including infusion therapy, artificial ventilation, maintenance of adequate hemodynamics, coagulation homeostasis, water-electrolyte balance and acid-base balance.

As a result of studying the discipline, the student must:

Know:

- Medical devices: instruments, apparatuses, equipment, materials and other products used for medical purposes in surgery;
- goals and objectives, principles and methods used in the intensive care unit and anesthesiology
- a system of measures aimed at ensuring the vital activity of the body in critical, life-threatening conditions of the patient;
- the essence of normal biochemical processes at the level of organs, systems and the body as a whole, as well as standards for the results of biochemical and clinical studies. Reference values of laboratory tests for making a preliminary diagnosis;
- etiology, pathogenesis, clinical and laboratory criteria and basic principles of treatment in the intensive care unit and anesthesiology;
- etiology, pathogenesis, clinical and laboratory criteria, principles of treatment of urgent and life-threatening conditions.

Be able to:

- Determine the scope of application of medical devices provided for in the procedure for providing medical care;
- choose and apply various methods of asepsis and antiseptics according to the goals and objectives of professional activity;
- recognize and interpret the results of biochemical and clinical studies, identify logical relationships between changes in biochemical parameters and the clinical state of the body;
- examine the patient to diagnose life-threatening conditions.
- diagnose urgent and life-threatening conditions and determine the basic principles of first aid.

Possess:

- Skills in determining the purpose of medical devices, their scope of application, and the algorithm of their use in providing medical care;
- skills of demonstrating the choice and application of various methods of asepsis and antiseptics, according to the goals and objectives of professional activity;
- skills in providing emergency care;
- skills in determining the scope of first aid in urgent and life-threatening conditions.

2.2 Prerequisites:

- Macro-and microanatomy
- Latin language
- Normal physiology
- Biochemistry
- Microbiology, virology and immunology
- Pathology (pathological anatomy and pathological physiology)
- Fundamentals of radiology
- Surgery

• Clinical pharmacology

2.3 Post-requisites:

- State Exam
- Postgraduate training

3. Calendar and thematic plan.

Table №1.

Discipline study plan Thematic plan of lectures

#	Unit name	Topic of the lecture	Study intensity (hour)	Date
1	anaesthesiology	L 1: Anaesthesiology as a discipline, history, classification of a modern anaesthetic manual. Choice of analgesia method	4	According to the timetable
		L 2: Regional anesthesia, spinal anesthesia, epidural anesthesia, nerve plexus block	4	According to the timetable
	Total:		8	
2		L3: Resuscitation as a science, brain death, diagnostics. The concept of euthanasia	4	
		L4: Cardiopulmonary resuscitation	4	
	Total:		8	
Total			16	

 $\label{eq:Table No.2} \emph{Table No.2}$ Thematic plan of practical classes

		Topic of the	Forms of control		Study	Date
Unit	Name	lecture	Current	Midterm	intensity (hour)	
1	of Anesthesiology	anesthesia.	Oral and written survey, report / presentation		2	
			Oral and written survey,report/presentation		2	

		difficult intubation				
		PC 3: Pain physiology, local anesthesia. Regional anesthesia, brachial plexus block, nerve block. Choice of analgesia method, premedication	Oral and written survey, control of practical skills		2	
		PC 4: Control of unit # 1		Oral survey Situational tasks Test questions	2	
	Total:				8	
		T	T	 		Г
\sim	ID ' C	IDC 5. Mada ada	Oral and written curvey	1	2	ī
2	Basics of intensive care	of monitoring the state of vital organs and body systems	Oral and written survey, control of practical skills		2	
2		of monitoring the state of vital organs and body			2	
2		of monitoring the state of vital organs and body systems PC 6: Acute respiratory failure (ARF), indications for tracheal intubation,	control of practical skills Oral and written survey			

			Test questions		
	Total:			8	
Tota	al			16	

4. Schedule of independent work of students

#	Unit name	IWS subject	•	ol forms	Study intensity (hour)	Deadlines
			Current	Midterm		
1	Fundamentals	IWS 1:	Oral and		2	
	of		written			
	anesthesiology	· •	survey			
		deontology and ethics				
		1 2	check			
			Oral and		2	
		record of an inpatient.	written			
			interview			
			Summary			
			checj			
		J	Oral and		2	
			written			
		anesthesiologist.	survey			
			Summary			
			check			
		Anesthesia card.	Oral and		2	
			written			
		anesthesia.	survey			
			Summary			
			check			
		1	Oral and		2	
		Stage epicrisis	written			
			survey			
			Summary			
			check			
			Oral and		2	
		_	written		2	
			survey			
			Summary			
			check			

		anesthesia techniques.	written survey Summary check		2	
		Modern respiratory systems.	Oral and written survey Summary check		2	
		Classes of risks in anesthesiology.	Oral and written interview Summary check		2	
			Oral and written survey Summary check		2	
		IWS 4: Control of unit # 1		Oral survey Situational tasks Test questions		
	Total:				20	
		Intensive care for acute surgical pathology of the abdominal cavity.	Oral and written survey Summary check		2	
2	Basics of intensive care	Cardiopulmonary and brain resuscitation			2	

A outo respiratores	Oral and	2	
Acute respiratory	written	2	
failure. Etiology, pathogenesis, types of			
ARF, clinical picture,	Survey		
diagnosis	Summery		
ulagilosis	Summary check		
A dult magninatomy	Oral and	2	
Adult respiratory distress syndrome,	written	2	
asthmatic status.			
astillianc status.	survey		
	Summary		
	check		
Interpretation of	Oral and	2	
changes in the	written	<i>_</i>	
function of external	survey		
respiration and gas	Sur ve y		
composition of	Summary		
arterial blood.	check		
Causes of acute	Oral and	2	
cardiovascular	written	_	
insufficiency (cardiac			
and extracardial)	J		
,	Summary		
	check		
Parameters of central	Oral and	2	
hemodynamics.	written		
Invasive and non-	survey		
invasive monitoring			
of central	Summary		
hemodynamics.	check		
Shock. Mechanisms	Oral and	2	
of shock:	written		
hypovolemia, heart	survey		
failure, vasoplegia.			
Clinical forms of	Summary		
shock: hypovolemic,	check		
cardiogenic,			
anaphylactic, septic			
and others.	0.1.1		
Acute adrenal	Oral and	2	
insufficiency.	written		
Multiple organ failure	survey		
in shock. Methods of	C		
treatment.	Summary		
	check		

		IWS 8: Unit control # 2	Oral survey Situational tasks	2	
			Test questions		
	Total:			20	
T	otal	·	40		

№	Unit	Name of task	Hours
1.	Basics of anesthesiology	 Search and review of literature and digital sources of information on an individually given problem of the course. Writing abstracts (essay, presentations, scientific article) on a scientific problem. Patient management, resolution of situational tasks and test assignments Preparation for the control work and colloquium Preparation for the credit and assessments 	20
2.	Basics of intensive care.	 Search and review of literature and electronic information sources on an individually assigned course problem Writing a paper (essay, report, scientific article) on the assigned problem Patient management, resolution of situational tasks and test assignments Preparation for the control work and colloquium Preparation for the credit and assessments 	20
	Total		40

5. Literature

Basic:

- 1. Tom Peck and Benjamin Harris (2021). Pharmacology for Anaesthesia and Intensive Care
- 2. Mozaffar Khan (2024). Comprehensive Guide to Renal Replacement Therapies in the ICU (Anaesthesia and Intensive Care Book 3)
- 3. Danny Perez (2023). Intensive Care Units
- 4. Manish Soneja and Puneet Khanna (2020). Infectious Diseases in the Intensive Care Unit
- 5. M Mastenbjörk M D, Medical Creations, et al. (2022). EKG/ECG Interpretation: Everything you Need to Know about the 12 Lead ECG/EKG Interpretation and How to Diagnose and Tre...
- 6. EKG/ECG Interpretation: Everything you Need to Know about the 12 Lead ECG/EKG Interpretation and How to Diagnose and Treat Arrhythmias: Workbook Part of: EKG/ECG Interpretation (2 books)
- 7. ROSALIA OLSEN (2024). The ICU Survival Made Easy: Intensive Care Unit Mastery: A Practical Guide for Overcoming ICU Challenges with Proven Strategies, Q&A and Practice Tests

Secondary:

- 8. Singer P, Blaser AR, Berger MM, Calder PC, Casaer M, Hiesmayr M, Mayer K, Montejo-Gonzalez JC, Pichard C, Preiser JC, Szczeklik W, van Zanten ARH, Bischoff SC. ESPEN practical and partially revised guideline: Clinical nutrition in the intensive care unit. Clin Nutr. 2023 Sep;42(9):1671-1689. doi: 10.1016/j.clnu.2023.07.011. Epub 2023 Jul 15. PMID: 37517372.
- 9. Tanaka Gutiez M, Efstathiou N, Innes R, Metaxa V. End-of-life care in the intensive care unit. Anaesthesia. 2023 May;78(5):636-643. doi: 10.1111/anae.15908. Epub 2023 Jan 12. PMID: 36633479.
- 10. Robba C, Wong A, Poole D, Al Tayar A, Arntfield RT, Chew MS, Corradi F, Douflé G, Goffi A, Lamperti M, Mayo P, Messina A, Mongodi S, Narasimhan M, Puppo C, Sarwal A, Slama M, Taccone FS, Vignon P, Vieillard-Baron A; European Society of Intensive Care Medicine task force for critical care ultrasonography*. Basic ultrasound head-to-toe skills for intensivists in the general and neuro intensive care unit population: consensus and expert recommendations of the European Society of Intensive Care Medicine. Intensive Care Med. 2021 Dec;47(12):1347-1367. doi: 10.1007/s00134-021-06486-z. Epub 2021 Oct 5. PMID: 34787687; PMCID: PMC8596353.
- 11. Stollings JL, Balas MC, Chanques G. Evolution of sedation management in the intensive care unit (ICU). Intensive Care Med. 2022 Nov;48(11):1625-1628. doi: 10.1007/s00134-022-06806-x. Epub 2022 Jul 29. PMID: 35904562; PMCID: PMC9334735.
- 12. Chanques G, Gélinas C. Monitoring pain in the intensive care unit (ICU). Intensive Care Med. 2022 Oct;48(10):1508-1511. doi: 10.1007/s00134-022-06807-w. Epub 2022 Jul 29. PMID: 35904563.

- 13. Katori N, Yamakawa K, Yagi K, Kimura Y, Doi M, Uezono S. Characteristics and outcomes of unplanned intensive care unit admission after general anesthesia. BMC Anesthesiol. 2022 Jun 20;22(1):191. doi: 10.1186/s12871-022-01729-y. PMID: 35725372; PMCID: PMC9208222.
- 14. Erikson EJ, Edelman DA, Brewster FM, Marshall SD, Turner MC, Sarode VV, Brewster DJ. The use of checklists in the intensive care unit: a scoping review. Crit Care. 2023 Nov 30;27(1):468. doi: 10.1186/s13054-023-04758-2. PMID: 38037056; PMCID: PMC10691022.
- 15. Shelton KT, Crowley J, Wiener-Kronish J. Prevention of Complications in the Cardiac Intensive Care Unit. J Cardiothorac Vasc Anesth. 2021 Jul;35(7):1930-1932. doi: 10.1053/j.jvca.2021.01.049. Epub 2021 Jan 30. PMID: 33653576.
- 16. Sharshar T, Grimaldi-Bensouda L, Siami S, Cariou A, Salah AB, Kalfon P, Sonneville R, Meunier-Beillard N, Quenot JP, Megarbane B, Gaudry S, Oueslati H, Robin-Lagandre S, Schwebel C, Mazeraud A, Annane D, Nkam L, Friedman D; Suivi-Rea Investigators. A randomized clinical trial to evaluate the effect of post-intensive care multidisciplinary consultations on mortality and the quality of life at 1 year. Intensive Care Med. 2024 May;50(5):665-677. doi: 10.1007/s00134-024-07359-x. Epub 2024 Apr 8. PMID: 38587553.
- 17. Mayo PH, Chew M, Douflé G, Mekontso-Dessap A, Narasimhan M, Vieillard-Baron A. Machines that save lives in the intensive care unit: the ultrasonography machine. Intensive Care Med. 2022 Oct;48(10):1429-1438. doi: 10.1007/s00134-022-06804-z. Epub 2022 Aug 9. PMID: 35941260; PMCID: PMC9360728.
- 18. Tardini F, Pinciroli R, Berra L. The intensive care unit: How to make this unfriendly environment geriatric-friendly. Eur J Surg Oncol. 2020 Mar;46(3):379-382. doi: 10.1016/j.ejso.2019.12.022. Epub 2020 Jan 8. PMID: 31973926.

6. Evaluation policy and procedure for all types of work

Fund of assessment tools for intermediate certification in the EMC (Anesthesiology, Intensive Care, Emergency Conditions, 10 semester).

Evaluation procedures and criteria:

Assessment of student's academic achievements in all types of control (current control of academic performance and intermediate certification) is carried out according to the point-rating system. During the period of studying the discipline, the student gains points according to the

During the period of studying the discipline, the student gains points according to the corresponding parameters (per unit):

- a. Current control 40
- b. IWS-20
- c. Midterm control (module) 40

Total of 100 points (40+20+40)

For violations of the conduct policy, the total score in the discipline is reduced to a maximum of 10 points.

The final grade for mastering the discipline is entered in the statement and credit book.

Table No4

Student achievement assessment system

Criteria for grading a discipline

Maximum	um Intervals				
score	"failure"	"success"	"good"	"excellent"	
Current monitoring– 40	0-23	24-30	31-35	36-40	
Criteria for intervals	An unsatisfactory answer shows that the student is	student correctly applies specific terminology, knows the main, essential provisions of the educational material, but does not know how to explain them, and makes some mistakes and inaccuracies in the content of knowledge and the form of constructing the	correct assimilation of the program material,but the answer may contain inaccuracies and minor errors, both in the content and in the form of constructing the answer.	material, for the ability to independently explain the studied provisions, for a logical correctly constructed	
IWS- 20 Criteria for intervals	answering the teacher's questions, or there are no ready-made diagrams, tables, or essays.	student finds it difficult to answer, makes mistakes and	correct assimilation of the program material,but the answer may contain inaccuracies and minor errors, such as both in the content and in the form of building ready-made	independently explain the studied provisions, for a logically correctly	
Midterm control	0-23	24-30	31-35	36-40	

(module)– 40			
Interval criteria	educational material to the extent necessary for further development of the discipline, familiarity with the main literature recommended for the lesson. The student makes mistakes, but has the necessary knowledge to eliminate them	the educational material, the main literature recommended for the lesson. The student shows the systematic nature of knowledge in the discipline and is able to independently replenish and update in the course of further academic work and professional	systematic and indepth knowledge of educational material, basic and additional literature, the relationship of the main concepts of the discipline in their meaning for the acquired profession.

6.1. Student Conduct Policy: (lateness, skipping classes, behavior in the classroom, delayed submission of assignments).

- Be punctual and complete tasks.
- Be sure to attend classes.
- Avoid skipping classes for disrespectful reasons.
- Come to classes in a clean medical gown.
- Exclude cell phone conversations in class.
- Actively participate in the learning process.
- Complete your homework on time.
- Work out missed classes at the time set by the teacher.

For violations of the Conduct Policy, total discipline points can be reduced to 5 points.

6.2. Academic Ethics Policy.

- Be tolerant, respect the opinions of others.
- Formulate your objections in the correct form.
- Constructively maintain feedback in all classes.
- Plagiarism and other forms of dishonest work are unacceptable. Plagiarism includes the following: no references when using printed and electronic materials, quotes, thoughts, and works of other authors or students.
- It is not allowed to prompt or cheat during tests, exams, or classes, passing an exam for another student, unauthorized copying of materials.

For violations of the Academic Ethics Policy, the total points for the discipline can be reduced to 5 points.

7. Guidelines for unit classes

7.1.Unit 1. Fundamentals of anesthesiology.

PC 1: General anesthesia. Total intravenous anesthesia. Inhalation anesthesia

- 1. What does not apply to the components of general anesthesia?
- 2. Which drugs belong to liquid inhalation anesthetics?
- 3. Which inhalation anesthetics are gaseous?

PC 2: Artificial ventilation, muscle relaxants, tracheal intubation, predicates of difficult intubation

- 4. What does not apply to artificial lung ventilation methods?
- 5. When performing artificial respiration, the frequency of inhalations should be equal to what?
- 6. Which of the ventilation methods is the most effective?

PC 3: Physiology of pain, local anesthesia. Regional anesthesia, brachial plexus blockade, nerve blockade. Choice of analgesia method, premedication

- 7. In the process of feeling pain, how many stages are distinguished?
- 8. Which of the anesthesia methods are related to local anesthesia?
- 9. Local anesthesia is contraindicated in?
- 10. What applies to regional methods of anesthesia?
- 11. Specify the main goals of premedication?
- 12. Which of the drugs are used for premedication?

7.2. Unit 2. The basics of intensive care.

PC 5: Methods of monitoring the condition of vital organs and body systems

- 13. Observations usually include measuring vital signs (temperature, blood pressure, pulse and respiratory rate), the amount of fluid injected and excreted, as well as often measuring intracranial pressure and/or (continue)?
- 14. Pulmonary artery catheterization (LA catheter, or Swann-Ganz catheter) is performed on a small number of patients in the intensive care unit (what is the essence of the procedure)?
- 15. Indicate a non-invasive method for assessing minute cardiac output?

PC 6: Acute respiratory failure (ARF), indications for tracheal intubation, tracheostomy

- 16. What is the most common intubation?
- 17. Quite often, after intubation of the trachea, there is such a serious complication as?
- 18. What is acute respiratory distress syndrome?

PC 7: Acute cardiovascular insufficiency, AMI. CPR

- 19. What refers to the stages of basic cardiopulmonary-cerebral resuscitation?
- 20. Treatment of acute cardiovascular insufficiency includes the administration of neuroleptics, analgesics and (continue)?
- 21. What is the classification of cardiovascular insufficiency according to the New York Association of Cardiology (NYHA)?

8. Guidelines for performing independent work of student in the discipline with an indication of the deadlines of submission

- 1. Study the theoretical material well; master the method of applying knowledge in practice.
- 2. Be able to use the necessary equipment, materials, equipment for measurements.
- 3. To study the recommendations for specific laboratory or practical work, which are set out in textbooks and methodological developments.
- 4. Plan for laboratory or practical work.
- 5. Prepare the necessary material.
- 6. Perform tasks of laboratory or practical work.
- 7. Interpret the results and describe the identified phenomena.
- 8. Draw conclusions.
- 9. Draw up everything accordingly.