MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION
MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Goverment-run Educational Institution of Higher professional education
Kyrgyz-Russian Slavic University after B.N. Yeltsin

ENDORSED by
Dean of the Faculty
26/06/2018

TROPICAL DISEASES

Course Outline (Module)

Assigned to	**Department of Infectious diseases**
Academic curriculum	31050151_18_456LD ин.plx Specialty 31.05.01. - RF, 560001 - KG General medicine (for foreign students)
Mode of study	**Intramural**
Total credit value	**2 credit points**

Course hours	72	Scope of testing semesters:
including:		credit 11
in-class learnign	54	
individual work	17,7	

Course hours scheduling (per semester)

Semester Academic Year	11 (6.1)		Total	
Weeks	19			
Type of training	AC	CO	AC	CO
Lectures	18	18	18	18
Practical session	36	36	36	36
Contact work	0,3	0,3	0,3	0,3
Including interactive session	3	3	3	3
Total in-class session	54	54	54	54
Face-to-face learning	54,3	54,3	54,3	54,3
Student's individual work	17,7	17,7	17,7	17,7
Total	72	72	72	72

The course outline was compiled by:

PhD, associate professor Kuvatova D.O.; PhD, associate professor, head of department Radchenko E.A.

Reviewers:

Ph D., professor, head of department Baltabaev M.K.:

PhD, associate professor, head of department Dzhumaguliva A.Sh.

The course outline

Tropical diseases

Developed in full compliance with FSES 3+:

Federal state educational standard of higher professional education for students trained for the specialty 31.05.01 (the Ministry of Education and Science of the Russian Federation Order of "09" 02 2016 No.95)

in accordance with Academic curriculum:

31.05.01. - General medicine

confirmed by KRSU Board of Academics in 27.06.2023 record №11.

The course outline endorsed by Infectious diseases department meeting

Record of 04 06 2023 г. № 10

Valid for: 2018 - 2026 academic year

The Head of department: PhD, associate professor Radchenko E.A.

The course outline endorsed for the following academic year

Chairman of the educational and methodological board
9 September 2021

The course outline has been revised, considered and endorsed for implementation in 2021-2022 academic year at the staff meeting of Infectious diseases department

Record of 28 August 2021. № 1
The Head of department PhD, associate professor Radchenko E.A.

Chairman of the educational and methodological board
6 October 2022 y

The course outline has been revised, considered and endorsed for implementation in 202-2023 academic year at the staff meeting of Infectious diseases department

Record of 12 September 2022. № 2
The Head of department PhD, associate professor Radchenko E.A.

Chairman of the educational and methodological board
29 September 2023

The course outline has been revised, considered and endorsed for implementation in 2023-2024 academic year at the staff meeting of Infectious diseases department

Record of 1 September 2023 № 1
The Head of department PhD, associate professor Radchenko E.A.

Chairman of the educational and methodological board
__ _____ 2024

The course outline has been revised, considered and endorsed for implementation in 2024-2025 academic year at the staff meeting of Infectious diseases department

Record of __ _____ _____. № __
The Head of department PhD, associate professor Radchenko E.A.

---

1. COURSE OUTLINE OBJECTIVES	
1.1	Formation of knowledge, experiences and practical skills required for early diagnosis of tropical diseases, carrying out of a complex of therapeutic and preventive measures, diagnosis of urgent conditions at the pre- and hospital stages of medical care.

2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM	
Educational Program Units:	B1.B
2.1	**Student's preliminary training requirements:**
2.1.1	infectious diseases.
2.1.2	Clinical pharmacology
2.1.3	Pathophysiology, clinical pathophysiology.
2.1.4	propedtherapy
2.1.5	physiology
2.2	**Course units and practical sessions imposing the prior Proficiency:**
2.2.1	Dermatovenereology
2.2.2	Standards for diagnosis and treatment

3. STUDENT'S COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)	
PC-5: readiness to collect and analyze the patient's complaints, his medical history, examination results, laboratory, instrumental, patho-anatomical and other studies in order to recognize the condition or establish the presence or absence of the disease	
Knowledge:	
Level 1	Features of collecting complaints and anamnesis of patients. Inspection technique The main clinical symptoms and syndromes of often found diseases;
Level 2	Risk factors of developing of tropical diseases. Etiopatogenesis, a clinical manifestation and diagnosis of common tropical diseases.
Level 3	Indications and contraindications to carrying out additional methods of research.
Skills:	
Level 1	To collect complaints, the anamnesis at patients. To investigate the all-somatic status
Level 2	To define syndromes at various tropical diseases. To define indications and contraindications for a choice of additional methods of research.
Level 3	To make the preliminary diagnosis. To conduct complex medical examination for the purpose of confirmation of the preliminary diagnosis.
Expertise:	
Level 1	Skills of collecting complaints of the patient and data of his anamnesis. Medical ethics and medical ethics. Technique of the general survey Skills of purpose of necessary laboratory and tool methods of inspection for diagnosis of common tropical diseases
Level 2	Skills of statement of the preliminary diagnosis Skills of interpretation of the main laboratory and tool methods of inspection.
Level 3	Skills of registration of medical documentation. Skills of justification of the preliminary diagnosis.
PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision	
Knowledge:	
Level 1	The main methods of examination of pathological conditions, symptoms and syndromes of various nosology forms.
Level 2	Specificity of detection of various pathological conditions, symptoms, syndromes of diseases, nosology forms in accordance with ICD-10 (international classification of diseases-10).
Level 3	The main syndromes of organs and systems damage and their specificity at various nosology forms in accordance with ICD-10.
Skills:	
Level 1	Interpret the results of the examination of various infections.

Level 2	Analyze various types of pathological conditions, symptoms, syndromes in various infections in accordance with ICD-10
Level 3	Differentiate symptoms and syndromes with similar pathological conditions.
Expertise:	
Level 1	General clinical examination methods (history taking, examination, palpation, percussion, auscultation).
Level 2	Skills to identify various symptoms, syndromes and pathological conditions in various infections in accordance with ICD-10
Level 3	Skills to substantiate the clinical diagnosis in accordance with ICD-10.
PC-8: the ability to determine the tactics of managing patients with various nosological forms	
Knowledge:	
Level 1	The specifics of collecting an anamnesis of an infectious patient.
Level 2	The main clinical manifestations of nosological forms of infectious pathology.
Level 3	The basic principles of treatment and rehabilitation in infectious pathology.
Skills:	
Level 1	Take anamnesis and make a plan of laboratory and instrumental examination.
Level 2	Interpret the results of the examination of the infectious patient.
Level 3	Develop a plan for the treatment and rehabilitation of the infectious patient.
Expertise:	
Level 1	Physical examination methods (history taking, examination, palpation, percussion, auscultation) of the infectious patient.
Level 2	Skill of a substantiation of the clinical diagnosis of the infectious patient.
Level 3	Skills of etiotropic, pathogenetic and specific therapy in infectious diseases.

Final student's competences:

3.1	**Knowledge:**
3.1.1	The structure of the infectious service, organization and work principles of infectious diseases hospitals, departments, wards;
3.1.2	The main issues of the pathogenesis of infectious diseases;
3.1.3	The main clinical manifestations (symptoms, syndromes) of studied infectious diseases;
3.1.4	The main methods of laboratory and instrumental diagnostics used in infectiology (indications, theoretical basis of the method, interpretation of results);
3.1.5	Rules for the collection of pathological materials from an infectious patient;
3.1.6	The main principles of treatment of infectious diseases;
3.1.7	Indications for hospitalization of an infectious patient;
3.1.8	Specific and nonspecific prevention of studied infectious diseases.
3.2	**Skills:**
3.2.1	Take diseases and life history(including epidemiological history) of an infectious patient;
3.2.2	Create an algorithm for diagnosis, laboratory and instrumental examination plan;
3.2.3	Interpret the results of laboratory and instrumental examination of the patient;
3.2.4	Highlight leading clinical and clinical laboratory syndromes;
3.2.5	To make a differential diagnosis between various diseases with similar clinical symptoms;
3.2.6	Assess the severity of an infectious disease;
3.2.7	Predict the course and outcome of an infectious disease;
3.2.8	To diagnose emergency conditions in infectious patients, as well as to determine further medical caring in life-threatening conditions;
3.2.9	Formulate a diagnosis in accordance with the ICD-10.
3.3	**Expertise:**
3.3.1	Methods of examination of the infectious patient (examination, palpation, percussion, auscultation);
3.3.2	Skills of differential diagnosis of symptoms and syndromes characteristic of infectious diseases;
3.3.3	Helping skills of medical and preventive measures at the pre- and hospital stages of caring;
3.3.4	Skills in providing urgent (emergency) and first aid in case of infectious pathology;

4. COURSE (MODULE) STRUCTURE AND CONTENT								
Class code	**Subject name /type of class/**	**Semester / Academic year**	**Hours**	**Competencies**	**Literature**	**Interactive session**	**practice**	**Notes**
	Section 1. Viral infections, spirochetosis and mycobacteriosis.							
1.1	Yellow fever /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.2	Lassa fever /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.3	Phlebotomus fever or sandfly fever /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.4	monkeypox /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.5	Yaws. Pinta /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.6	Introduction /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.7	Yellow fever /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.8	Dengue fever /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1	1		
1.9	Lassa fever /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.10	Phlebotomus fever or sandfly fever /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.11	monkeypox /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1	2		
1.12	Yaws. Pinta /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.13	Leprosy (Hansen's disease) /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
1.14	Argentine HF /SIW/	11	4	PC-5 PC-6 PC-8	L1.1 L2.1			
1.15	Bolivian HF /SIW/	11	4	PC-5 PC-6 PC-8	L1.1 L2.1			
1.16	Test for section No.1 /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
	Section 2. Protozoan and helminthiases							
2.1	Visceral leishmaniasis /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.2	Sleeping sickness or human African trypanosomiasis /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.3	Wuchereria bancroft infection /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.4	Human shistosomiasis /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.5	Visceral leishmaniasis /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.6	Cutaneous leishmaniasis /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.7	Sleeping sickness or human African trypanosomiasis /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.8	Chagas' disease, or American trypanosomiasis /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.9	Wuchereria bancroft infection /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.10	Brugia malayi infection. Loiasis. /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.11	Human schistosomiasis /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			

2.12	Ankylostomiasis (hookworm and Necator Americanus) /SIW/	11	5	PC-5 PC-6 PC-8	L1.1 L2.1			
2.13	Dracucukiasis (Guinea worm infection) /SIW/	11	4,7	PC-5 PC-6 PC-8	L1.1 L2.1			
2.14	Test for section No.2 /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.15	Credit class /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1			
2.16	/control/	11	0,3	PC-5 PC-6 PC-8	L1.1 L2.1			

5. ASSESSMENT FUND

5.1.Advancement questions and assignments

Questions to check the level of training on Knowledge, Skills and Expertise in the relevant applications located at the department

5.2. Course papers themes

Coursework is not included in the curriculum.

5.3. Assessment Fund

The list of questions for preparation for boundary control:

Etiology and pathogenesis of yellow fever;
Clinical manifestation of yellow fever;
Diagnosis and treatment of yellow hemorrhagic fever;
Etiology and pathogenesis of Lassa fever;
Clinical manifestation of Lassa fever;
Epidemiology of Lassa fever;
Diagnostics and principles of treatment of Lassa fever;
Etiology and pathogenesis of Dengue fever;
Clinical manifestation of Dengue fever;
Epidemiology of Dengue fever;
Diagnosis and treatment principles of Dengue fever;
Etiology and pathogenesis of phlebotomic fever;
Clinical manifestation of phlebotomus fever;
Epidemiology of phlebotomus fever;
Diagnosis and principles of treatment of phlebotomus fever;
Characteristics of the causative agent of monkeypox;
Epidemiology and pathogenesis of monkeypox;
Clinical manifestation of monkeypox;
Diagnosis and differential diagnosis of monkeypox;
Principles of the treatment of monkeypox;
Etiology and pathogenesis of Yaws and Pinta;
The main clinical manifestations of Yaws;
Clinical manifestation of a Pinta;
Principles of diagnosis and treatment of trepanemotosis;
Prevention of Yaws and Pinta;
Definition of leprosy;
Characteristics of the causative agent of leprosy;
Epidemiology of leprosy;
Clinical periods of leprosy and their manifestation;
Diagnosis and differential diagnosis of leprosy;
Treatment and prevention of leprosy;
Characteristics of causative agent of leishmaniasis;
Epidemiology of leishmaniasis;
Pathogenesis of visceral leishmaniasis;
Clinical manifestations of visceral leishmaniasis;
Pathogenesis of cutaneous leishmaniasis;
Clinical manifestation of cutaneous leishmaniasis;
Diagnosis and differential diagnosis of leishmaniasis;
Treatment and prevention of leishmaniasis;
Characteristics of causative agents of tryponasomiasis;
Epidemiology of tryponasomiasis;
The pathogenesis of African tryponasomiasis;
Clinical manifestations of African tryponasomiasis;
The pathogenesis of American tryponasomiasis;
Clinical manifestations of American tryponasomiasis;
Diagnosis and differential diagnosis of tryponasomiasis;
Treatment and prevention of tryponasomiasis;

Clinical manifestation of Wuchereria bancroft infection;
Diagnosis and differential diagnosis of Wuchereria bancroft infection;
Treatment and prevention of Wuchereria bancroft infection;
Etiology and pathogenesis of Brugia malayi infection;
Clinical manifestation of Brugia malayi infection;
Diagnosis and differential diagnosis of Brugia malayi infection;
Treatment and prevention of Brugia malayi infection;
Etiology and pathogenesis of loiasis;
Clinical manifestation of loiasis;
Diagnosis and differential diagnosis of loiasis;
Treatment and prevention of loiasis;
Characteristics of schistosomes;
Life cycle of schistosomes;
Pathogenesis of various types of schistosomiasis;
Clinical manifestation of schistosomiasis;
Diagnosis and differentiation of schistosomiasis;
Treatment of schistosomiasis;
Prevention of schistosomiasis.

CLINICAL CHALLENGE #1
A 48-year-old female presents to her physician with a 2-day history of fever, arthralgias, diarrhea, and headache. She recently returned from an eco-tour in tropical sub-Saharan Africa, where she went swimming in inland rivers. Notable findings on physical examination include a temperature of 38.7°C (101.7°F); 2-cm tender mobile lymph nodes in the axilla, cervical, and femoral regions; and a palpable spleen. Her white blood cell count is 15,000/μL with 50% eosinophils. She should receive treatments with which of the following medications?

A. Chloroquine
B. Mebendazole
C. Metronidazole
D. Praziquantel
E. Thiabendazole

The answer is D.
This patient has Katayama fever caused by infection with Schistosoma mansoni. Approximately 4–8 weeks after exposure the parasite migrates through the portal and pulmonary circulations. This phase of the illness may be asymptomatic but in some cases evokes a hypersensitivity response and a serum sickness–type illness. Eosinophilia is usual. Since there is not a large enteric burden of parasites during this phase of the illness, stool studies may not be positive and serology may be helpful, particularly in patients from nonendemic areas.
Praziquantel is the treatment of choice
because Katayama fever may progress to include neurologic complications.

5.4. List of types of evaluation tools

Clinical challenge;
Interpretation of laboratory data;
Self-study: Report with presentation;
Theoretical task;

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1. .Recommended reading

6.1.1. Required reading list

	Authors, Compilers	Title	Book publisher, year
L1.1	Dennis L. Kasper, Anthony S. Fauci	HARRISON'S Infectious diseases. Textbook	17th ed. New York, McGraw-Hill, 2008

6.1.2. Advanced reading

	Authors, Compilers	Title	Book publisher, year
L2.1	Robert M. Kliegman, Bonita F. Stanton, Joseph W. St Geme III et.al	Nelson textbook of pediatrics	Copyright © 2016 by Elsevier, Inc

6.2 Online Resources

6.3. List of Information and Education Technologies	
6.3.1 Competence-based Educational Technologies	
6.3.1.1	Traditional educational technologies include lectures, theoretical and practical classes focused on the formation of student's knowledge and practical skills. Educational material, intended for adoption, is provided to students in a completed form. Practical classes are held on the basis of the infectious diseases hospital with mandatory curation of thematic patients.
6.3.1.2	Innovative educational technologies consist in classes that form systemic thinking and the ability to generate ideas when solving various creative tasks, such as role-games, classes in a simulation center.
6.3.1.3	Digital educational technologies are used in the form of independent use of Internet resources by students to perform practical tasks and self-study, familiarize themselves with photo and video materials from Internet sources in the relevant modules.
6.3.1.4	In cases of a pandemic, it is planned to conduct lectures and practical classes online using the ZOOM, WatsApp, JitsiMeet platforms.
6.3.2 List of Information Reference Systems and Software	
6.3.2.1	Electronic library of KRSU www.lib.krsu.kg
6.3.2.2	Student's electronic library "Student Advisor" www.studmedlib.ru
6.3.2.3	Use of presentations during lectures and practical classes.
6.3.2.4	Medvestnik.bz.medvestnik.ru
6.3.2.5	MedUniver https://meduniver.com

7. COURSE (MODULE) LOGISTICS	
7.1	Theoretical and practical training of the program on infectious diseases is carried out at the Department of Infectious Diseases located on the basis of the Republican Clinical Infectious Diseases Hospital, which is designed for 400 beds, has 19 departments, clinical and bacteriological laboratories, an ultrasound room, an X-ray room, a fibroelastometry room.
7.2	The department has 5 classrooms for 15 seats each, a lecture hall for 120 seats, an assistant's room. All classrooms are equipped with furniture, light sources, thematic sets of tabular material.
7.3	Technical equipment: 1 computer, 1 laptop, multimedia projector, multifunctional device (printer, scanner, copier), Internet access, telephone, camera.
7.4	Visual aids: educational stands (7), educational tables (30), slides (270), photo albums (8), videos (12), educational case histories (14).
7.5	Lecture presentations on all topics of the lecture course (Power Point -27 pcs.)
7.6	Computer classes (building 11 on L. Tolstoy street, room 4/12,4/15) with access to the Internet for performing self-study, familiarization with Internet sources, video materials.
7.7	To conduct interactive training, students are provided with access to the simulation center - the Center for Integrative and Practical Training of the KRSU, equipped with simulators, simulator mannequins, resuscitation equipment, etc.

8. COURSE (MODULE) PROFICIENCY METHODICAL GLUIDELINES (FOR STUDENT)

MODULE CONTROL BY DISCIPLINE INCLUDES:
1. Current control: the adoption of educational material in the class (lectures, practical classes, including attendance and activity are taken into account) and the implementation of mandatory tasks for self-study;
2. Boundary control: checking the completeness of knowledge and skills on the material of the whole module. The implementation of control tasks for the module is carried out in writing and is a mandatory component of this control.
3. Interm control - a completed documented part of the academic discipline (9th semester - credit, 10th semester - exam) - a set of closely related credit modules.

BASIC REQUIREMENTS FOR INTERMEDIATE CONTROL
When a student comes to an exam and (or) a credit class, he must have a record book with him, which he presents to the examiner at the beginning of the exam or to the teacher at the credit class. The teacher has the right to give credit in a subject without a survey, to those students who scored more than 60 points for the current and boundary control. At the intermediate control, the student must correctly answer the theoretical questions of the ticket - (knowledge), correctly complete the clinical challenge and interpret the laboratory data (skills, expertise).
During the intermediate control, the teacher sums up the results of the curation of the patient by students during the semester.
Intermediate control score:
- min 20 scores are awarded to check the competency KNOWLEDGE (when the student correctly formulates the basic concepts for the questions);
- 20-25 scores are awarded to check the competency of SKILLS and EXPERTISE (when a student correctly formulates the essence of a given challenge and gives recommendations on how to solve it);
- 25-30 scores are awarded to check the competency of SKILLS and EXPERTISE (when the student has correctly completed all the control tasks).
BASIC REQUIREMENTS FOR CURRENT CONTROL.
I. When constructing a practical lesson, teachers adhere to the following general indicative scheme:
1) Organizational stage of the lesson (up to 2% of the lesson time):
a) roll call;
b) homework for the next lesson;
c) motivation of the topic of the current lesson;
d) familiarization of students with the objectives and plan of the lesson;
2) Control and correction of the initial level of knowledge (up to 20% of the lesson time):
a) test control options of I and III levels;
b) correction by the teacher of theoretical knowledge of students;
3) The stage of demonstration by the teacher of practical skills and / or thematic patients (up to 15% of the lesson time);
4) The stage of independent work of students at the bedside of the patient (up to 45% of the lesson time);
5) The final stage of the lesson (up to 18% of the lesson time):
a) final control of the formed practical skills and abilities in the analysis of patients examined by students;

b) final control of the formed theoretical knowledge and skills, including by solving clinical challenge;
c) summing up the results of the practical lesson (characterization by the teacher of the fulfillment by students of all the goals of the lesson and individual assessment of knowledge and skills).

RECOMMENDATIONS FOR THE USE OF LITERATURE.
Recommendations for working with literature.
The theory of discipline (infectious diseases) becomes more understandable when, in addition to listening to lectures and studying notes, books are also studied. It is easier to master the discipline by sticking to one textbook and notes. It is recommended, in addition to "learning" information, to achieve a state of understanding of the subject of the discipline being studied. To this end, it is recommended, after studying the paragraph, to perform a few simple exercises on this topic. In addition, it is very useful to mentally ask yourself the following questions (and try to answer them): what is this paragraph about, what new concepts have been introduced, what is their meaning, what will this give in practice?

Making up missed classes.
A student who is assessed unsatisfactorily in the current lesson is obliged to re-prepare this topic and answer it to the teacher at an individual interview.
A lecture missed for no reason should be worked out orally or by writing an abstract on the missed topic. There are other ways to make up for missed lectures (questionnaires in practical classes, MCQ etc.).
A lesson missed by a student without a valid reason is worked out in the form of duty in the admissions department of an infectious diseases hospital and, then, oral practice of the theoretical part of the lesson.
RECOMMENDATIONS FOR PREPARING A PRESENTATION REPORT
Multimedia presentations are a type of independent work of students to create visual information aids. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, reflecting the main issues of the topic being studied, in digital form.
The report is prepared by the student using Microsoft PowerPoint.
The requirement for students to prepare a presentation and present it in class.
The topic of the presentation is chosen by the student from the proposed list and must be agreed with the teacher and correspond to the topic of the lesson.

Stages of preparing a presentation
1) Drawing up a presentation plan (problem statement; topic goals)
Thinking through each slide, it is important to answer the questions:
- how does the idea of this slide reveal the main idea of the whole presentation?
- what will be shown on the slide?
- what will be said?
- how will the transition to the next slide be made?
2) Presentation requirements:
- Slides should be in the same style, in the same font, numbered.
- The title page is necessary to introduce you and the topic of your report to the audience.
- No more than 30 slides.
- The optimal number of lines per slide is from 6 to 11.
- A common mistake is to read the slide verbatim. It is best if detailed information (definitions, formulas) is written on the slide, and their meaningful meaning is told in words. Information on a slide can be more formal and rigorous than in a speech.
- The optimal switching speed is one slide per 1-2 minutes.
- It is welcome to use more drawings, pictures, formulas, graphs, tables in the presentation. You can use animation effects.
- When explaining tables, it is necessary to say what the rows correspond to and what the columns correspond to.
- Enter only those designations and concepts, without which the understanding of the main ideas of the report is impossible.
- In a short speech, one cannot repeat the same thought, even if in other words - time is precious.
- Any phrase should be said for some reason, then the performance will be solid and leave a good impression.
- The last slide with conclusions in short presentations is not necessary to pronounce.
3) The student is obliged to prepare and deliver a report within the strictly allotted time by the teacher, and on time.

APPENDIX

TECHNOLOGICAL MAPS OF THE DISCIPLINE "TROPICAL DISEASES"

Course 6, semester 11, reporting – Credit with score

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
Section 1					
Viral infections, spirochetosis and mycobacteriosis	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	16	30	9
	Boundary	MCQ	4	5	
Section 2					
Protozoan and helminthiases	Current	Face-to-face conversation; Curation of the patient SIW: Report with presentation; Attendance: 1 point is deducted for each missed and not completed lesson.	16	30	17
	Boundary	MCQ;	4	5	
Total per semester			40	70	18
Intermediate Control (credit)		MCQ; Clinical challenge; Interpretation of laboratory data.	20	30	
Semester rating by discipline			60	100	