MINISTRY OF EDUCATION AND SCIENCE OF KYRGYZ REPUBLIC

Government-run Educational Institution of Higher Professional Education
Kyrgyz-Russian Slavic University named after B.N. Yeltsin
School of Medicine

ENDORSED BY
Director of ICMBMT
Abilova S.S.
04.11.2026г.

Dermatovenereology

Course outline (module)

Assigned to Academic Curriculum

Dermatovenereology, phtisiology and infectious diseases department
310501_21_56_лд_ин.plx
560001 - KG – General Medicine (for foreign students)

Mode of Study **Intramural**
Total Credit Value **108 credit points**

The Course outline developed by: candidate of Medical sciences, assistant professor Baltabaev A.M., Head of department, doctor of Medical sciences, professor Baltabaev M.K.

Semester Academic Year	**18 5(3.1)**		Total	
Weeks	18 5 (3.1)			
Type of Traning	AC	CO	AC	CO
Lectures	16	16	16	16
Practical Session	48	48	48	48
Face-to-face Learning during theor. education	0.3	0.3	0.3	0.3
Including Interactive Session	2	2	2	2
Total In-class Session	64	64	64	64
Face-to-face Learning	64.3	64.3	64.3	64.3
Individual Work	43.7	43.7	43.7	43.7
Total	108	108	108	108

The Course outline developed by:
candidate of Medical sciences, assistant professor Baltabaev, A. M .
doctor of Medical sciences, professor Baltabaev M.K.

Reviewers:
Doctor of Medical sciences, Head of Dermatovenereology Department of Kyrgyz State Medical Academy named after I.K. Akhunbaev Koybagarova A.A.

The Course Outline
Dermatovenereology

developed in full compliance with FSES 3+:

Federal State Education Standards of Higher Professional Education for students trained for specialty 31.05.01 (The Ministry of Education and Science of the Russian Federation Order of "09" February 2016 №95)

in accordance with Academic Curriculum:
31.05.01 General medicine
confirmed by KRSU Board of Academics in __30 June 2025 N_ 13._

The Course Outline endorsed by Dermatovenereology and phtisiatry department meeting
Record of 03 September 2025__№ 2

Valid for: 2025- 2029 academic years
The Head of Department: doctor of Medical sciences, professor Baltabaev M.K

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
_____ 2026.

The course outline has been revised, considered and endorsed for
Implementation in 2026-2027 Academic Year at the Staff Meeting of
Dermatovenereology and phtisiatry Department

Record of __ _____ 2026. № __
The Head of Department doctor of Medical sciences, professor Baltabaev M.K

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
2027.

The course outline has been revised, considered and endorsed for
Implementation in 2027-2028 Academic Year at the Staff Meeting of
Dermatovenereology and phtisiatry Department

Record of __ _____ 2027. № __
The Head of Department doctor of Medical sciences, professor Baltabaev M.K.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
2028.

The course outline has been revised, considered and endorsed for
Implementation in 2028-2029 Academic Year at the Staff Meeting of
Dermatovenereology and phtisiatry Department

Record of __ _____ 2028. № __
The Head of Department doctor of Medical sciences, professor Baltabaev M.K.

The course outline endorsed for the following academic year

Chairman of the Educational and Methodological Board
2029.

The course outline has been revised, considered and endorsed for
Implementation in 2029-2030 Academic Year at the Staff Meeting of
Dermatovenereology and phtisiatry Department

Record of __ _____ 2029. № __
The Head of Department doctor of Medical sciences, professor Baltabaev M.K.

1. COURSE OUTLINE OBJECTIVES
1.1 The purpose of teaching the discipline is to deepen basic knowledge and form systemic review about the structure, general patterns of the skin in the healthy individuals and in pathology caused by multifactorial: fungal, infectious skin diseases and sexually transmitted infections, as well as using modern research methods in the diagnosis and treatment of diseases.

2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM	
Educational Program Units:	B1.B
2.1	**Students' Preliminary Training Requirements:**
2.1.1	Evidence-based medicine
2.1.2	Obstetrics and gynecology
2.1.3	Infectious Diseases
2.1.4	Clinical Pharmacology
2.1.5	Urology
2.1.6	Pathological anatomy
2.1.7	Pathophysiology, clinical pathophysiology
2.1.8	Pharmacology
2.1.9	Topographic anatomy and operative surgery
2.1.10	Microbiology, Virology
2.1.11	Normal physiology
2.1.12	Histology, embryology, cytology
2.1.13	Immunology
2.1.14	Anatomy
2.1.15	Biology
2.1.16	Latin
2.2	**Course Units and Practical Sessions imposing the prior Proficiency**
	Disciplines and practices for which the development of this discipline (module) is necessary as: 2.2.1 Preparation for passing and passing the governmental exam

3. STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)	
PC-6: the ability to determine the patient's main pathological symptoms, syndromes of diseases, nosological forms in accordance with the International Classification of Diseases and Health Problems, X revision	
Knowledge:	
Level 1	The mechanism of functional changes in organs or system of organs, syndromes or symptoms with various instrumental methods of their investigation.
Level 2	Differential diagnosis of diseases based on clinic and laboratory indicators, relation with therapeutic and infectious diseases, syndromes or symptoms related with skin diseases.
Level 3	Essential drugs used in the treatment of various dermatoses separately or regarding to syndromes or symptoms of a therapeutic or infectious diseases.
Skills:	
Level 1	Describe the functional changes in the skin in syndromes or symptoms diagnosed with various instrumental methods.
Level 2	Interpret laboratory data for various dermatoses associated with diseases of a therapeutic and infectious origin.
Level 3	Manage the right treatment options to improve the course and prognosis of dermatoses with/without involvement different organs or systems, in syndromes of a therapeutic and infectious profile.
Expertise:	
Level 1	Skills for describing general pathological changes in the skin related to syndromes or symptoms of therapeutic diseases.
Level 2	Correlation of laboratory data with the severity of the skin process.

Level 3	Prognosis of the diseases in various dermatoses depending on the condition of the visceral organs associated with therapeutic and infectious disorders.
PC-8: the ability to determine the management tactics of patients with various nosological forms	
Knowledge:	
Level 1	Level 1 The clinic of dermatoses and characteristic histopathological picture.
Level 2	Level 2 Main histopathological features of related dermatoses
Level 3	Level 3 The correct tactics of pathogenetic therapy in order to rehabilitate the skin of patient.
Skills:	
Level 1	Level 1 Correlation between the features of the course of dermatosis with biochemical indicators of the body metabolism.
Level 2	Level 2 To be able to compare the clinical features of related dermatoses.
Level 3	Level 3 To be able to assess the severity of dermatosis with corresponding changes in laboratory analysis.
Expertise:	
Level 1	Level 1 Identification of pathological changes in skin of patient
Level 2	Level 2 Methods of differential diagnosis of related dermatoses.
Level 3	Level 3 Assess the severity of the course of dermatosis in order to initialize appropriate therapy.

Final Students' Competences

3.1	**Knowledge:**
	1. The fundamentals of the legislation of the Russian Federation and the Kyrgyz Republic (KR), the main regulatory and technical documents on protecting the health of children, women and adults; 2. The basics of insurance medicine in the Russian Federation and the Kyrgyz Republic, the structure of the modern healthcare system of the Russian Federation, the activities of institutions of the maternal and child health system (OMD); 3. The basics of preventive medicine aimed on improving the health of the adult population; 4. The basics of preventive medicine aimed on improving the public health; 5. The basics of the organization of outpatient and inpatient care for the adult population, modern organizational forms of work and the diagnostic capabilities of the outpatient service 6. Principles of dispensary observation of various age-gender and social groups, rehabilitation of patients; 7. The clinical picture, flow patterns and possible complications of the most common diseases that occur in a typical form in the adult population; 8. The main clinical manifestations of diseases of the skin and subcutaneous tissue, their diagnosis and observation; 9. The basic principles of diagnosis, treatment and rehabilitation of infectious diseases in the adult population, indications for hospitalization, indications for hospitalization of persons with infectious diseases;
3.2	**Skills:**
	To collect an anamnesis; conduct a survey of the patient, his relatives, conduct a physical examination of a patient of different age, make a plan of laboratory and instrumental examination. 1. Interpret the results of the examination, put the patient a preliminary diagnosis, outline the amount of additional research to clarify the diagnosis, formulate a clinical diagnosis; 2. Develop a patient treatment plan taking into consideration the course of the disease, select and prescribe drug therapy, use methods of non-drug treatment, carry out rehabilitation measures;
3.3	**Expertise:**
	1.Physical examination methods (history taking, examination, palpation, percussion, auscultation) dermatological patient. 2. Interpretation of the results of laboratory, instrumental diagnostic data in skin patients;

	3. Algorithm for the preliminary diagnosis of patients with their subsequent referral to an additional examination; an algorithm for setting up a detailed clinical diagnosis;

4. COURSE (MODULE) STRUCTURE AND CONTENT							
Class Code	**Subject Name /Type of Class/**	**Semester / Academic Year**	**Hours**	**Competencies**	**Literature**	**Interactive Sessions**	**Notes**
	Section 1. General dermatology and fundamentals of infectious diseases skin.						
1.1	Pyoderma. Scabies. Pediculosis. /lec/	7/4	2	PC-6, PC-8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.2	Anatomy, histology and normal physiology of skin. Features of the skin structure in children. The structure and functions of skin appendages. Primary and secondary morphological elements of the rash. The main pathomorphological changes in the skin. The principles of general and external therapy of dermatological patients. /Pr/	7/4	6	PC-6, PC-8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.3	Pyoderma. Scabies. Pediculosis. /Pr/	7/4	3	PC-6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.4	Mycoses (keratomycosis, dermatomycosis, candidiasis). / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.5	Fungal skin infections (mycoses). Keratomycosis: pityriasis versicolor, nodular trichosporia. Dermatomycosis: inguinal epidermophytosis, athlete's foot, trichophytosis, microsporia, rubrophytosis, favus.	7/4	5	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	

	Mucocutaneos candidiasis. /Pr/						
1.6	Benign and malignant skin tumors. /SIW/	7/4	6	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.7	Hair, sebaceous and sweat glands diseases (alopecia, hypertrichosis, acne, rosacea, seborrhea, hyperhidrosis, hypohidrosis). / SIW /	7/4	6	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.8	Viral skin infections (herpes and human papillomavirus infection). / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.9	Viral skin infections (simple and herpes zoster, molluscum contagiosus, skin lesions caused by human papillomavirus). /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
1.10	Leprosy. Cutaneous leishmaniasis. Lupus vulgaris. /SIW /	7/4	4	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
	Section 2. Particular diseases in dermatology			PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,		
2.1	Neurodermatoses: pruritis, Prurigo, urticaria, atopic dermatitis. / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.2	Dermatitis. Eczema. Toxicoderma. Lyell's syndrome. /Pr/	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.3	Neurodermatoses: pruritis, Prurigo, urticaria, atopic dermatitis, neurodermatitis. /Pr/	7/4	6	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.4	Bullous dermatoses (acantholytic pemphigus, herpetiform dermatitis of Duhring). /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.5	Erythema multiformis, erythema nodosum, fixed drug erythema, annular centrifugal erythema Darier, erythema annularis) /SIW/	7/4	4.5	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.6	Psoriasis. Lichen ruber planus. /Lec/	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	

2.7	Psoriasis. Lichen ruber planus. Pityriasis rosea Gibert. /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.8	Collagenosis (lupus erythematosus, Scleroderma(morphea), dermatomyositis). /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	Educatio nal movies demo
2.9	Genodermatosis /SIW/	7/4	4.3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
2.10	Occupational skin diseases /SIW/	7/4	4	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
	Section 3. Venereology			PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,		
3.1	The general course of syphilis. Primary syphilis. Secondary syphilis. / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.2	Tertiary syphilis. Congenital syphilis. Neurosyphilis. /Lec/	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.3	Non-gonococcal urethritis. Reiter's disease. / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.4	Laboratory diagnosis of syphilis. Syphilis treatment. / Lec /	7/4	2	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.5	The general course of syphilis. Causative agent of syphilis. Syphilis classification. Primary syphilis. /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	1	Educatio nal movies demo
3.6	Secondary and tertiary syphilis /Pr/	7/4	3	PC 6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.7	Congenital syphilis. Neurosyphilis. Laboratory diagnosis and treatment of syphilis. /Pr/	7/4	6	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.8	Gonorrhea /Pr/	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	1	Educatio nal movies & presentat ions demo
3.9	Non-gonoccocal urethritis (chlamydiasis, ureaplasmosis, mycoplasmosis,	7/4	3	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	

	trichomoniasis, gardnerellosis). /Pr/						
3.10	Latent syphilis. Visceral organs syphilis. /SIW/	7/4	4.5	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.11	Genital herpes infection. Urogenital HPV infection. Urogenital candidiasis. /SIW/	7/4	4.4	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.12	Tropical treponematosis. Donovanosis. Chancroid. Lymphogranuloma venereal. HIV/AIDS/SIW/	7/4	6	PC -6, PC -8	L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3,	0	
3.13	Face-to-face Learning during theor. education	7/4	0.3				
	Summative assessment		108			2	

5. ASSESSMENT FUND

5.1. Advancement Questions and Assignments

Questions to check the level of training. KNOWLEDGE:

5.2. Course Papers Themes

Coursework is not required by the curriculum.

5.3. Assessment Fund

TEST. (Formative assessment) The list of test questions according to the topics of sections- In ANNEX

1. Hyperkeratosis is a thickening
a) epidermis
b) the basal layer
c) thorny layer
d) granular layer
e) stratum corneum
2. The secretion of the sebaceous glands is regulated by all of the above, except:
a) the nervous system
b) hormones of the sex glands
c) pituitary hormones
d) adrenal hormones
e) pancreatic hormones
3. Protein metabolism in the skin occurs due to
a) collagen
b) products of protein metabolism
c) albumin and globulins
d) keratin
e) all of the above
4. Spongiosis is
a) accumulation of edematous fluid in the intercellular gaps
b) the expansion of epithelial cells
c) stretching of intercellular bridges and rupture of intercellular connections
d) the formation of microvesicles
e) all of the above
5. Secondary elements that appear after breaking the integrity only
epidermis are
a) erosion
b) ulcer
c) surface crack
d) scar
e) all of the above

6.Derma consists
a) from fibrous substances
b) from the main intercellular substance
c) from cellular elements
d) from vessels and nerves
e) of all of the above
7. The stratum corneum provides all of the above, except
a) mechanical resistance
b) antiradiation resistance
c) anti-chemical resistance
d) electrical resistance
e) antimicrobial resistance
8.In the pathogenesis of rosacea, the following factors are important, except
a) angioneurotic disorders
b) insolation
c) seborrheic dermatitis
d) rhinophyma
e) xanthelasma
9. Seborrhea contributes to the development of all diseases listed below, except
a) acne vulgaris
b) rosacea
c) seborrheic dermatitis
d) rhinophyma
e) xanthelasma
10.Typical eruptions of lichen planus have the following
features other than
a) papules flat, polygonal, reddish-lilac color
b) impressions in the center of the papule
c) waxy shine
d) Wickham mesh on the surface of papules
e) predominant localization on the face
11.The cause of dermatoses developing in diabetes mellitus is
a) decrease in the protective function of the skin
b) metabolic disorders
c) microangiopathy
d) allergic reactions
e) all of the above
12. Barbera's pustular psoriasis (all is true except)
a) refers to complicated forms
b) refers to uncomplicated forms
c) is distinguished by a special torpidity
d) is characterized by polymorphism of loose elements
e) is not accompanied by systemic symptoms
13.Non-allergic contact dermatitis is characterized by
a) acute inflammation of the skin at the site of contact with the irritant
b) acute inflammation of the skin that goes beyond the site,
exposed to an irritant
c) clear boundaries
d) fuzzy boundaries
e) correct a) and c)
14. Itchy skin accompanies:
a) diabetes mellitus
b) uremia
c) lymphogranulomatosis
d) liver cirrhosis
e) Kaposi's sarcoma
15. The outcome of muscle damage in dermatomyositis can be all of the above,
Besides
a) muscle atrophy

b) fibrous myositis
c) fibrous contractures
d) calcification
e) amyloidosis
16. Development of a complete picture of systemic scleroderma is preceded by
a) decreased appetite and weight loss
b) general weakness and rapid fatigue with the usual physical
load
c) recurrent pain in large and small joints and pulling pain in the muscles
at night
d) all of the above
e) none of the above
17. Dermatitis is caused by:
a) mechanical stress
b) thermal effects
c) psychotrauma
d) food
e) tubercle bacillus
18. After opening the bubble with eczema, the following forms:
a) erosion
b) serous well
c) serous crust
d) flake
e) scar
19. Which of the following elements are characteristic of childhood urticaria?
a) blisters
b) papulo-vesicles
c) lichenification
d) excoriation
e) tubercles
20. A typical limited neurodermatitis has 3 areas:
a) central
b) erythematous
c)
d) border
e) peripheral
21. For pemphigus and Duhring's dermatosis, the following features are common:
a) primary morphological element - blister
b) monomorphism of the rash
c) positive symptom of Nikolsky
d) lack of subjective sensations
22. Iodine test (Jadassons) is used in:
a) Duhring's dermatosis
b) pemphigus vulgaris
c) pityriasis versicolor
d) lichen planus
23.What primary elements are not typical for psoriasis?
a) blister
b) vapula
c) bubble
d) stain
e) tubercle
24. The Auspitz triad is detected in:
a) lupus erythematosus
b) leprosy
c) psoriasis
d) eczema
e) tuberculosis
25. To the clinical symptoms of herpes simplex all of the above suits except:

a) spots and blisters
b) bubbles
c) the presence of a corolla of hyperemia around the focus
d) grouping of rashes on a limited area of the skin
e) tendency to relapse
26. Herpes simplex forms depending on localization includes:
a) herpes of the face (lips, nose, etc.)
b) herpes of the genitals
c) herpetic keratitis and stomatitis
d) herpetic meningoencephalitis
e) all of the above
27. For shingles, all of the listed symptoms are characteristic, besides:
a) sharp pain
b) violations of the general condition
c) dissemination of the rash throughout the body
d) asymmetry and grouping of rashes
e) no relapses
28. The causative agent of leprosy in the lepromatous type of leprosy is found:
a) in scraping from the nasal septum
b) in scraping from the surface of the infiltrate
c) in the puncture material from the infiltrate
d) in a histological specimen
e) in all of the above, except b)
29. Norwegian scabies type:
a) represents a geographical variety of common scabies
b) is caused by an abnormal host reaction
c) caused by scabies mites - animal parasites
d) usually occurs in people with disabilities and mentally retarded people
e) correct b) and d)
30.Erysipelas is:
a) streptococcal infection of the skin and subcutaneous tissue
b) often localized on the face
c) rarely repeated
d) the affected surface may be covered with blisters
e) everything listed is correct, except c)
30. Staphylococcal impetigo is characterized by:
a) the appearance on the skin of small pustules penetrated in the center by hair
b) the presence of an inflammatory corolla along the periphery of the pustules
c) both
d) neither one nor the other
31. For the treatment of furunculosis, you should not prescribe:
a) flucinar
b) pure tar
c) antibiotic ointments
d) fucorcin
e) aniline dyes
32. In case of hydradenitis, the inflammatory process involves:
a) apocrine sweat glands
b) eccrine sweat glands
c) sebaceous glands
d) all of the above
e) none of the above
33. Staphylococcal pyoderma is characterized by:
a) pustules are flat, flabby
b) tense pustules, conical or hemispherical
c) damage to the sebaceous hair follicles and sweat glands
d) all of the above
e) none of the above
34. Purulent inflammation of the apocrine sweat glands is:

a) boil
b) sycosis
c) hydradenitis
d) pseudofurunculosis
35. The most common parasitic skin diseases include:
a) head lice
b) demodicosis
c) acariasis
d) scabies
e) phlebatoderma
36. All of the above contributes to the development of candidiasis, except:
a) diabetes mellitus
b) long-term antibiotic treatment
c) sweating, skin maceration
d) immunodeficiency
e) hypertension
37. For the external treatment of mycoses, all of the above drugs are used, besides:
a) mycoseptin
b) lamisil
c) mycozolone
d) prednisolone
e) clotrimazole
38. Pytiriasis versicolor characterized by:
a) chronic course
b) the presence of spots
c) pityriasis peeling
d) scalloped outlines of foci
e) all of the above, except d)
39. haur damaging in mycrosporia includes all, except:
a) partial breaking of hair in the lesion focus at a height of 1-2 mm
b) breaking hair at a height of 4-8 mm
c) the presence of a whitish clutch around the broken hair
d) green glow of hair when irradiating foci with Wood's lamp
40. The factors contributing to the development of skin candidiasis include all listed except:
a) excessive sun exposure
b) hypovitaminosis
c) immunodeficiency state
d) dysbiosis
e) endocrine and metabolic disorders
41. Fungal skin diseases are caused by all of the listed pathogens, besides:
a) trichophytons
b) epidermophyton
c) Hansen's sticks
d) yeast-like fungi
e) microsporums
42. For microsporia of smooth skin, all of the above is characteristic, except:
a) stains
b) fuzzy boundaries and fast spontaneous resolution
c) bubbles along the edge of the lesions
d) peeling
e) pustule
43. Chancre-amygdalite is:
a) erosion of the tonsil
b) tonsil ulcer
c) enlarged hyperemic tonsil
d) an enlarged tonsil of normal color
44. Rash in secondary acute syphilis usually:
a) not abundant
b) abundant

c) asymmetrical
d) dull color
e) grouped
45. Varieties of syphilitic baldness are all forms, except:
a) small focal
b) macrofocal
c) diffuse
d) mixed
e) total
46. Tuberous syphilis should be differentiated with all the listed diseases, except:
a) tuberculosis of the skin
b) leishmaniasis
c) leprosy
d) deep mycoses
47. The pathognomonic symptom of late congenital syphilis is
a) buttock skull
b) barrel-shaped teeth
c) Hutchinsonian teeth
d) widely spaced upper incisors
48. With syphilitic regional sclerodenitis in the pathological process gets involved:
a) lymph node capsule
b) lymph node tissue
c) surrounding fiber
d) skin adjacent to the node
49. The main drugs for the treatment of syphilis patients are:
a) penicillin preparations
b) tetracycline preparations
c) erythromycin preparations
d) macrolides
50. The lengthening of the incubation period of syphilis is observed:
a) with concomitant infectious diseases
b) with bipolar arrangement of hard chancre
c) in the treatment of concomitant diseases with penicillin, tetracycline
during the incubation period of syphilis
d) in the treatment of concomitant diseases with sulfonamides in the incubation
period of syphilis
e) during treatment with antiviral drugs
51. Secondary syphilides are characterized by the following features:
a) rashes of the secondary period
have fuzzy edges, irregular outlines
b) rashes of the secondary period are accompanied by a burning sensation,
soreness
c) rashes of the secondary period persist for a long time,
despite ongoing therapy
d) rashes quickly resolve under the influence of treatment
e) the rash has an acute inflammatory nature of the lesion
52. The pathognomonic symptom of early congenital syphilis is
a) papular rash of the trunk skin
b) pemphigus syphilitic
c) syphilitic alopecia
d) syphilitic erythema
53. Regional sclerodenitis in primary syphilis develops after the appearance of a hard chancre in:
a) 3-5 days
b) 5-8 days
c) 8-10 days
d) 10-12 days
54. Secondary period of syphilis from the moment of infection starts on average in:
a) 1-2 months
b) 2-3 months

c) 3-4 months
d) 4-5 months
55. Among the atypical forms of hard chancre distinguish all of the above, except:
a) hard chancre pubis
b) inductive edema
c) chancre-panaritium
d) chancre-amygdalite
e) sclerotic edema
56. Bacterioscopic identification of gonococci is based on the following features, except:
a) paired cocci
b) gram-negativity
c) gram-positiveness
d) intracellular location
e) bean shape
57. The most common cause of recurrent gonorrhea is the Gonococcus association:
a) with chlamydia
b) with yeast mycelium
c) with Trichomonas
d) with ureaplasma
e) with gardnerellas
58. The most accessible to defeat gonococci are mucous membranes lined with:
a) stratified squamous non-keratinizing epithelium
b) transitional epithelium
c) cylindrical epithelium
d) stratified squamous keratinizing epithelium
e) cubic epithelium
59. Acute anterior urethritis of gonorrheal etiology characterized by all of the listed signs, except:
a) profuse purulent discharge
b) pain when urinating
c) hyperemia of the sponges of the external opening of the urethra
d) the presence of purulent filaments in the 1st and 2nd portions of urine
e) the presence of purulent filaments in the 1st portion of urine
60. Diagnostics of the acute prostatitis based on the results of the listed studies, except:
a) smears
b) urethroscopy
c) analysis of 3 portions of urine
c) palpation of the prostate
e) ultrasound of the prostate
61. Joint involvement are observed for all the listed diseases, except:
a) gonorrhea
b) trichomoniasis
c) chlamydia
d) ureaplasmosis
e) correct b) and d)
62. Classification of sexually transmitted diseases, includes all the listed nosologies, except:
a) trichomoniasis
b) kraurose
c) chlamydia
d) ureaplasmosis
e) bacterial vaginosis
63. Pregnancy is a contraindication for the appointment of all of the listed antibiotics, except
a) tetracycline
b) chloramphenicol
c) rifampicin
d) kanamycin
e) maxaquina
64. Common complaints for trichomoniasis, candidiasis and bacterial vaginosis are
a) vaginal discharge
b) unpleasant odor of discharge

c) itching, burning, or discomfort
in the external genital area
d) erosion on the mucous membranes of the genitals
e) all of the above
65. What diseases differential diagnostics of hydro- and pyosalpinx is carried out
a) uterine tumor
b) ovarian tumor
c) parameter
d) acute appendicitis
e) with all of the above
66. An etiotropic drug for trichomoniasis except:
a) metronidazole
b) tinidazole
c) Tiberal
d) secnidazole
e) ofloxacin
f) solkotrichovak
67. Recommended by WHO as the first line drug for the treatment of chlamydia:
a) doxycycline
b) jozamycine
c) azitromycine
d) ofloxacin

CLINICAL CHALLENGE (Formative and midpoint assessment)
Tasks according to the topic of the section in ANNEX 1.
Clinical challenge 1.
A 35-year-old man came to see a dermatologist with complaints of weeping eruptions in the corners of the mouth. Discharge purulent, sometimes with hemorrhagic component, dries up into a thin serous or sero-us-purulent crust, which disappears after a few days. The disease is accompanied by an itching sensation, soreness when eating. From the anamnesis it is known that the patient for has been suffering from diabetes for several years.
Questions:
1. Diagnosis.
2. Differential diagnosis.
3. Examine this patient.
4. Treatment.

Clinical challenge 2.
A 28-year-old patient consulted by a doctor complaining of increasing pain in the armpit area. Objectively: during examination and palpation, small dense nodes are determined, located in the thickness of the dermis, painful, pear-shaped.skin is hyperemic with a bluish tinge.
Questions:
Your estimated diagnosis.
Treatment.

Clinical challenge 3.
A 30-year-old man consulted by a dermatologist with complaints of a rash in the right corner of mouth. On examination: in the right corner of the mouth - a crack, compacted at the base, on the skin torso - roseola, on the palms and soles - scaly papules of stagnant red colors. From the anamnesis: About two months ago, I discovered a hard a pea-sized mass, submandibular lymphatic nodes. I did not go to the doctor. Sexual relations with women over the past year are categorically denies.
Questions:
Presumptive diagnosis.
Differential diagnosis.
Confirm the diagnosis for this patient.

Clinical challenge 4.
50 years old man came to visit a dermatologist complaining on pronounced swelling and linear rashes on the skin of the right hand, soreness, increased body temperature up to 38 C, general malaise and weakness.

Regarding the anamnesis hypothermia preceded the disease. Such lesions appeared first time in the life. No one of family members got the rash, only the little nephew 2 weeks ago got the chickenpox. Skin status: there is a swelling of skin on the right hand covered with multiple vesicles prone to fuse filled with turbid contents and localized on hyperemic base.

General blood count showed moderate leukocytosis, increased ESR. In the turbid compound of lesions HSV 3 type revealed by PCR.

Questions:

1.Please propose your diagnosis.

2.What additional tests required for the patients?

3. What might be the relationship between chickenpox in little boy and these lesions?

4. Prescribe the treatment.

Clinical challenge 5.

A 24-year-old woman came to the dermatovenerologic department with complaints on such called “dandruff" on the scalp, diffuse hair loss and rashes in anogenital area without any subjective sensations. The patient was selftreated with ketoconazole antidandruff shampoo in 2 weeks, no improvement was observed. When examining the lesions red lenticular papules along the edge of the scalp covered with oily scales. In the anal region, wide wartslike lesions were found. Six months before woman have had little painless ulceration in genital region which appeared after sexual intercourse and disappeared itself in few weeks.

Questions:

1. Please make a chechlist of blood serum tests for this case.
2. What diagnosis should be mentioned for differentiation the papular lesions on the scalp?
3. Make your diagnosis proposal.

INTERPRETATION OF LABORATORY DATA (Midpoint assessment)

Laboratory data (ELISA, clinical and biochemical analyzes of blood, urine, feces, cerebrospinal fluid) according to sections in ANNEX 4.

PATIENT’S CURATION (Formative assessment)

1. Each student takes one patient with an infectious pathology for curation.

2. The curator makes clinical examination of the patient according to the proposed scheme, examines the results of the laboratory data, x-ray, makes a preliminary diagnosis, conducts differential diagnostics, offers a scheme of treatment and additional methods of examination.

Curation outline:

1. Passport part: Last name, first name, patronymic, age, marital status, education, profession, place of work, address, time and date of admission, diagnosis upon admission.

2. Complaints related to the disease that caused the hospitalization, then other complaints.

3. Anamnesis of the disease, epidemiological anamnesis, life anamnesis.

4. Objective data, the characteristic of the general condition.

5. Interpretation of the laboratory data, ultrasound investigation and x-ray.

SIW: REPORT WITH PRESENTATION (Formative assessment)

The student chooses a topic on his own in accordance with the topic of the section.

Topics of reports:

1.Structure of skin on newborns

2. Methods of skin examination and diagnostic approaches in dermatovenerology

3. Tuberculosis infection of skin

7. Leyshmaniasis. Clinics, diagnosis, treatment.

8. Leprosy. Clinical classification, diagnosis, treatment.

9. Layell`s and Stevens-Jonson`s syndromes. Differentiation and treatment in urgent care.

10. Qwinke`s oedema. Clinics, treatment in urgent care department.

12. Parapsoriasis.

13. Erythema nodosum

14. Chronic migrans erytema

15. Dermatomyosites.

16. Alopecia areata.

17. Sebboreic dermatitis

18. Professional eczema

19. Pityrisis rubra pilaris
20 Vasculitis. Classification. Clinics, diagnosis and treatment.
21. Ichthyosis vulgaris.
22. Neurofibromatosis.
23. Nail diseases.
24. Benign skin tumors.
25. Premalignant skin tumors
26. Mycosis fungoides.
27. UV radiation and skin aging.
28. HIV and AIDS. Opportunistic skin infections in immunodeficience patients.
29. Chancroid (soft chancre).
30. Lymphogranuloma venereum

SIW: MEDICAL FILE (Formative assessment)
The student independently writes the medical file of an infectious patient according to the scheme presented in ANNEX 5.
THEORETICAL TASK (Midpoint assessment)
The list of theoretical questions from p.5.1. According to the topic section.

5.4. List of Assessment Tools
Test Clinical challenge Interpretation of laboratory data SIW: Presentation Report Curation of the patient Theoretical assignment Test paper SIW: Case History

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1 Recommended Reading

6.1.1 Required Reading List

	Authors, Compliers	Title	Book publisher, Yea
L1.1	Thomas P. Habif,	Clinical Dermatology E-Book	6th edition. Elsevier Health Sciences, 201 p.1064

6.1.2 Advanced Reading

	Authors, Compliers	Title	Book publisher, Yea
L 2.1	Christopher Griffiths, Jonathan Barker, Tanya Bleiker and oth.	Rook's Textbook of Dermatology	10th ed., Wiley-Blackwell, UK, 20 4696
L 2.2	Mahbub M.U. Chowdhury, Ruwani P. Katugampola, Andrew Y. Finlay	Dermatology at a glance	Wiley-Blackwell, 2019, p.184

6.1.3 Guidance Papers

	Authors, Compliers	Title	Book publisher, Yea
L3.2	Skripkin Y. K	Skin and venereal diseases	Textbook, Triada-pharm, Moscow, 2001
L.3.1	Baltabaev M.K.	Dermatology	Textbook, Bishkek 2013
L.3.2	Baltabaev M.K.	General dermatology	Textbook, Bishkek 2023

6.2 Online Resources

E.1 National server of dermatology. www.dermatology.ru

E.2 U.S. National Lybrary of Medicine www.ncbi.nlm.nih.gov E.3 Dermis.net/dermisroot/en/home/index.htm E.4 E-library of KRSU www.lib.krsu.edu.kg	
6.3. List of Information and Education Technologies	
6.3.1 Competence-based Educational Technologies	
6.3.1.1	Traditional educational technologies: lectures, practical classes, for the formation of students' knowledge and methods of action. The technologies is communicated in complete form for adoption by students. Practical seminars are kept on the Infectious Diseases Hospital with obligatory curation of thematic patients.
6.3.1.2	Innovative educational technologies: classes that form system thinking and ability to generate ideas in solving various creative tasks — role-playing games, classes in a simulation center.
6.3.1.3	Information educational technologies: independent use of Internet resources by students for practical tasks and independent work, acquaintance with photo and video materials of Internet sources in the relevant section.
6.3.2 List of Information Reference Systems and Software	
6.3.2.1 6.3.2.2 6.3.2.3 6.3.2.4 6.3.2.5 6.3.2.6	Electronic library of KRSU www.lib.krsu.kg Student Electronic Library "Student Consultant" www.studmedlib.ru Use of slide presentations during lectures and practical classes. MedUniver https://meduniver.com The community of students of the Kirov State Medical Academy http://vmede.org Dermis.net/dermisroot/en/home/index.html

	7. COURSE (MODULE) LOGISTICS
7.1	Theoretical and practical study of the program on dermatovenereology is carried out at the Dermatovenereology and phtysiatry department located at Republic Dermatovenereology Cent has 30 beds, 2 departments, a clinical and serological laboratory.
7.2	The department has 4 classrooms, designed for 10-12 seats each, laboratory technician. All auc equipped with furniture, light sources, thematic sets of tabular material.
7.3	Technical equipment: 1 computer, 1 laptop, multimedia projector, projection screen, multifunc (printer, scanner, copier).
7.4	Visual aids: educational stands (7), educational tables (30), slides (270), video films (10).
7.5	Presentations of lectures on all topics of the lecture course (Power Point -30 pcs.)
7.6	Computer classes (building 11 on L.Tolstoy str., Aud. 4 / 12.4 / 15) with Internet access for the implementation of the IWS, acquaintance with Internet sources, video materials.
7.7	To conduct interactive training, students have access to the simulation center - the Center for I and Practical Training of the Kyrgyz-Russian Slavic University, equipped with simulators, sim resuscitation equipment, etc.

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

Technological maps of discipline in the ANNEX 6
MODULAR CONTROL OF COURSE INCLUDES:
1. Current control: learning material at the classroom (lectures, practical lessons, including attendance and activity) and the implementation of mandatory tasks for independent work;
2. Boundary control: checking the completeness of knowledge and skills in the module material as a whole. The implementation of modular control tasks is carried out in writing and is a mandatory component of the modular control.
3. Intermediate control - a completed documented part of the discipline (5 semester - test, 6 semester - exam) - a set of closely related test modules.
BASIC REQUIREMENTS FOR MIDPOINT ASSESSMENT:
When attending examinations and credits, students are required to carry with them credits that they present to the examiner at the beginning of the exam or to the teacher at the standings. The teacher

is given the right to put the test without questioning to those students who have scored more than 60 points for current and boundary controls. At the intermediate control, the student must correctly answer the theoretical questions of the ticket - (know), correctly perform the situational task and interpret the laboratory data (be able to own).
During the intermediate control, the teacher sums up the student's curation of the patient during the semester.
Evaluation of intermediate control:
- min 20 points - Questions to test the level of knowledge to KNOW (in case when answering asked questions
student correctly formulates basic concepts)
- 20-25 points - Tasks for testing the level of knowledge to BE ABLE to and KNOW (if the student correctly formulates the essence of the problem specified in the ticket and gives recommendations on how to solve it)
- 25-30 points - Tasks to test the level of knowledge to BE ABLE and KNOW(in the case of full implementation of control tasks)
BASIC REQUIREMENTS FOR THE FORMATIVE ASSESSMENT.
I. When building a practical lesson, teachers adhere to the following general indicative plan:
1) Organizational stage of classes (time - up to 2%):
a) roll call;
b) home work for the next topic;
c) the motivation of the topic of this practical lesson;
d) Acquaintance students with the objectives and lesson plan;
2) Control and correction of the initial level of knowledge (time - up to 20%):
a) options for test control level I and III;
b) correction of theoretical knowledge of students by the teacher;
3) The stage of demonstration of practical skills and / or thematic patients by the teacher (time - up to 15%);
4) The stage of students' independent work at the bedside (time - up to 45%);
5) The final stage of classes (time - up to 18%):
a) the final control of the formed practical skills and abilities in the analysis of patients, surveyed by students
b) the final control of the formed theoretical knowledge and skills, including through the decision situational clinical tasks;
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).
II. RECOMMENDATIONS FOR THE ORGANIZATION OF SIW
1. Tips for planning and organizing the time needed to study the discipline. It is recommended to organize the time required for studying the discipline as follows:
Study lecture notes on the same day, after the lecture - 10-15 minutes.
Study lecture notes the day before the next lecture - 10-15 minutes.
The study of theoretical material in textbooks and notes - 1 hour per week.
Preparation for the practical lesson - 2 hours.
In total 3 hours 30 minutes per week.
2. Description of the order of student's actions
To understand the material and its qualitative assimilation, the following order of actions is recommended:
After listening to a lecture and completing classes, in preparation for the next day's classes, you must first
view and ponder the text of the lecture heard today (10-15 minutes).
In preparation for the lecture of the next day, you need to look through the text of the previous lecture, think about what can be the topic of the next lecture (10-15 minutes).
During the week, select a time (1-hour) to work with the recommended literature in the library.

In preparation for the next day's practical classes, you must first read the basic concepts and approaches of the homework. When doing a task, you must first understand what is required in the task, which theoretical material must be used to outline a plan for solving the problem.
3. Recommendations for the use of materials of educational and methodical complex.
It is recommended to use the guidelines for the course and the teacher's lecture's text.
4. Recommendations for work with literature.
The theoretical material of the course becomes more understandable when, in addition to listening to a lecture and studying the notes, student reads books. It is easier to manage the course, adhering to one textbook and note. It's recommended except ―Learning‖ the material, to achieve a state of understanding of the studied topic of the discipline. For this purpose it is recommended after study the next paragraph to perform a few simple exercises on this topic. It is also very helpful. Ask yourself the following questions (and try to answer them): what is this paragraph about, what are the new concepts introduced in it, what is their meaning, what will it give in practice?
5. When preparing for intermediate and boundary controls, it is necessary to study the theory: the definitions of all concepts and approaches to assessing the state of understanding of the material and independently perform several typical tasks.
6. Practicing missed classes.
Control over the student's mastery of the discipline's curriculum material is carried out systematically by the teacher of the department and is reflected in points in the journal. The student who didn't master the current material is obliged to prepare this section and answer on it to the teacher on an individual appointment. The lecture that was missed without valid reason must be completed by oral questioning by a lecturer or by preparation of the essay on the materials of the lecture for a month from the day of the pass. Other methods are available to work out missed lectures (practical survey, test control, etc.).
Working out practical classes.
- Each class missed by a student without a valid reason is worked out on a mandatory basis by taking a turn in one of the departments of the RCIH, then working out the theoretical part of the classes according to the schedule agreed with the dean's office.
- Missing classes must be completed within 10 days from the day of the pass. Classes missed with a valid reason (due to illness, omissions with the permission of the dean's office) are processed according to thematic material.
- A student who has not completed a pass in time is allowed to attend next classes only if he has a dean's or his deputy's permission in writing form.
- For students who have missed practical class because of a long illness, the working out should be carried out after permission of the dean's office according to an individual schedule agreed with the department.
- In exceptional cases (participation in intercollegiate conferences, competitions, olympiads, duty, etc.) the dean
and his deputy, in consultation with the department, may exempt students from working out some of the missed lessons.

RECOMMENDATIONS FOR PREPARING A REPORT WITH PRESENTATION
Multimedia presentations are a type of independent work of students to create visual information aids using the multimedia computer program PowerPoint. This type of work requires the coordination of student skills in collecting, organizing, processing information, designing it in the form of a collection of materials, briefly reflecting the main issues of the topic studied, in electronic form. That is the creation of presentation materials expands the methods and means of processing and presenting educational information, forms student's computer skills.
Presentation materials are prepared by the student in the form of slides using Microsoft PowerPoint.
Requirement for students to prepare a presentation and defense it in class in the form of a report.
1. The topic of the presentation is chosen by the student from the proposed list and must be consistent with the teacher and be adequate to the topic of the class.
2. Stages of preparation of the presentation
Drawing up a presentation plan (problem statement; goals of this work)

Thinking through each slide (at first you can do it manually on paper), while it is important to answer the following questions:
- How does the idea of this slide reveal the main idea of the whole presentation?
- what will be on the slide?
- what will be said?
- How will the transition be made to the next slide?
3. Making a presentation using MS PowerPoint:
- Slides should be designed in the same style, in one font, numbered.
- The title page is necessary to introduce you and the topic of your report to the audience.
- The number of slides is no more than 30.
- The optimal number of lines on a slide is from 6 to 11.
- Common error - read the slide verbatim. Best of all, if there will be written detailed information in the slide (definitions, formulas), and the words will tell their meaning. The information on the slide may be more formal and strictly stated than in speech.
- The optimal switching speed is one slide in 1–2 minutes.
- It is welcomed in the presentation to use more figures, pictures, formulas, graphs, tables. You can use animation effects.
- When explaining tables, it is necessary to tell 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, you 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 will leave a good impression.
- The last slide with conclusions in short presentations is not necessary to pronounce.
- If there are a lot of formulas on the slide, it is recommended to type it completely in MS Word (otherwise the formulas have to be placed and aligned on the slide manually). For this, it is convenient to make a blank - an empty slide with one large Word-object ―Insert / Object / Microsoft Word Document‖, pick up its size once and multiply it by the required number of slides. It is recommended to change the main font in the text and formulas to Arial or similar; Times font looks bad from afar. Be sure to set the basic font size in MathType to the basic font size in the text. Never change the size of the formula by hand, pulling it out of the corner.
4. The student is obliged to prepare and make a report in a strictly allotted time by the teacher, and in time.
5. Instructions to speakers.
- to report new information;
- use technical equipment;
- know and be well versed in the subject of the entire presentation;
- be able to discuss and quickly answer questions;
- strictly follow the established regulations: speaking - 10 min .; discussion - 5 min .;
It must be remembered that the speech consists of three parts: the introduction, the main part and the conclusion.
Entry helps to ensure the success of performances on any topic. Entry must contain:
- the name of the presentation;
- the message of the main idea;
modern evaluation of the subject matter;
- a brief listing of issues addressed;
- lively interesting form of presentation;
The main part, in which the speaker has to deeply reveal the essence of the topic touched upon, is usually based on the principle of a report. The task of the main part is to provide enough information so the audience will be interested in the topic and want to get acquainted with the materials. At the same time, the logical structure of the theoretical block should not be given without visual aids, audio-visual and visual materials.
The conclusion is a clear summary and brief conclusions that listeners are always waiting for.

CLINICAL CHALLENGE

When solving a clinical problem, it is necessary to pay attention to the gender, age, place of residence and the profession. Highlight syndromes in clinical symptoms, identify causal factor factors that contribute to the development of this disease. Objective signs. The results of labora and instrumental examination.

Using knowledge of the qualification of the disease and the criteria for diagnosis, it is necessar solve the first question: make a diagnosis according to the classification. Based on the foregoir is necessary to draw up a survey plan with the expected results. Then answer the final question appointment of treatment, taking into account the dose and course of treatment.

An example of a clinical situational challenge for section 1:

PATIENT'S CURATION

Curation is carried out according to the scheme specified in Section 5.3.

In the process of curation, the student should master the following practical skills:

1. Purposefully collect anamnesis of life and disease, focusing on the epidemiology.
2. To conduct an objective examination of the patient and evaluate the data obtained in accorda with the age norm (HR, BH, A / D, etc.)
3. To highlight leading clinical syndromes.
4. To evaluate available laboratory data (complete blood count, bleeding and clotting time, prothrombin index, total bilirubin and its fractions, AST / ALT, total protein, blood albumin, residual nitrogen, urea, creatinine, urinalysis, liquor, bacteriological cultures and serological reactions, as well as x-ray of the chest, ultrasound investigation etc.).
5. To make a plan for additional laboratory and instrumental examination to confirm the allege diagnosis;
6. To formulate a detailed clinical diagnosis, according to the classification of the disease;
7. To prescribe adequate oral and infusion therapy, calculate the volume of injected solutions, prescribe adequate etiotropic therapy, determine single, daily and course doses of antibiotics, prescribe proper topical treatment depend on skin lesions; determine the forecast of the disease particular patient;
8. To render necessary medical assistance at the pre-hospital stage in case of hypovolemic sho case of infectious and toxic shock, in botulism, ASLT, bronchial obstruction syndrome, hyperthermic syndrome, convulsive syndrome, and acute allergic reactions.