

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

Interstate Educational Organization of Higher Education
 Kyrgyz Russian Slavic University named after the first President of the Russian Federation B.N. Yeltsin

ENDORSED by
 Dean of the Faculty



Tropical diseases

Course outline (Module)

Assigned to	Department of Infectious Diseases
Academic curriculum	31050151_21_56 LD ИИ.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
including:	
In-class learning	48
Individual work	23,7
	Scope of testing semester: Credit with grade 11

Course hours scheduling (per semester)

Semester Academic Year	11 (6.1)		Total	
	16			
Weeks				
Type of training	AC	CO	AC	CO
Lectures	16	16	16	16
Practical sessions	32	32	32	32
Contact work during theoretical training	0,3	0,3	0,3	0,3
Including interactive sessions	3	3	3	3
Total in-class sessions	48	48	48	48
Face-to-face learning	48,3	48,3	48,3	48,3
Student's individual work	23,7	23,7	23,7	23,7
Total	72	72	72	72

The course outline endorsed for the following academic year

Chairman of the educational and methodological board

The course outline has been revised, considered and endorsed for implementation
in the _____ - _____ academic year at a staff meeting of **Infectious Diseases** DepartmentRecord of _____ No _____
head of department: PhD, associate professor Kuvatova D.O.

The course outline endorsed for the following academic year

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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 outpatient and hospital stages of medical care.
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2. THE PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAMM

Educational program units:	
2.1	Students' preliminary training requirements:
2.1.1	Microbiology, virology
2.1.2	Immunology
2.1.3	Pharmacology
2.1.4	Pathophysiology, clinical pathophysiology
2.1.5	Epidemiology
2.1.6	Propaedeutics of internal diseases
2.1.7	Infectious diseases
2.2	Course units and practical sessions imposing prior Proficiency:
2.2.1	Preparation for passing and passing the state exam
2.2.2	Therapy
2.2.3	Surgery

3. STUDENT'S COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)

PC-5: readiness to collect and analyze patient complaints, anamnesis data, examination results, laboratory, instrumental, pathological and other studies to recognize the condition or establish the presence or absence of a disease

Knowledge:

Level 1	Scheme of anamnesis collection, physical examination, features of collecting pathological materials from the patient, precautions.
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Skills:

Level 1	Collect anamnesis - interview the patient; conduct a physical examination of a patient of different ages, refer the patient for laboratory and instrumental examination, for consultation with specialists.
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Expertise:

Level 1	Methods of collecting anamnesis, studying physical status. Interpretation of results of laboratory and instrumental diagnostic methods.
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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, 10th revision

Knowledge:

Level 1	The main methods of examination of pathological conditions, symptoms and syndromes of various nosology forms. Specificity of detection of various pathological conditions, symptoms, syndromes of diseases, nosology forms in accordance with ICD-10 (international classification of diseases-10); The main syndromes of organs and systems damage and their specificity at various nosology forms in accordance with ICD-10.
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Skills:

Level 1	Interpret the results of the examination of various infections; Analyze various types of pathological conditions, symptoms, syndromes in various infections in accordance with ICD-10; Differentiate symptoms and syndromes with similar pathological conditions.
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Expertise:

Level 1	Common clinical examination methods (history taking, examination, palpation, percussion, auscultation); Skills to identify various symptoms, syndromes and pathological conditions in various infections in accordance with ICD-10; Skills to substantiate clinical diagnosis in accordance with ICD-10.
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PC-8: the ability to determine the management of patients with various nosological forms	
Knowledge:	
Level 1	The specifics of collecting an anamnesis of an infectious patient; The main clinical manifestations of nosological forms of infectious pathology; The basic principles of treatment and rehabilitation in infectious pathology.
Skills:	
Level 1	Take anamnesis and plan of laboratory and instrumental examination; Interpret the results of the examination of the infectious patient; 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; Skill of a substantiation of the clinical diagnosis of the infectious patient; Skills of etiologic, 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 tropical diseases;
3.1.3	The main clinical manifestations (symptoms, syndromes) of studied tropical 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 tropical diseases;
3.1.7	Indications for hospitalization of an infectious patient;
3.1.8	Specific and nonspecific prevention of studied tropical 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 a tropical disease;
3.2.7	Predict the course and outcome of a tropical disease;
3.2.8	To diagnose emergency conditions in infectious patients, as well as to determine further medical care in life-threatening
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 tropical 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	Dengue fever /Lec/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.2	Yellow fever / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.3	Ebola fever / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.4	Leprosy (Hansen's disease) / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.5	Tropical non-venereal treponematoses / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.6	Dengue fever / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.7	Yellow fever / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.8	Ebola fever / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.9	Leprosy (Hansen's disease) / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3	1		
1.10	Tropical non-venereal treponematoses / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.11	Phlebotomus fever or sandfly fever / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.12	Yaws. Pinta. / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.13	Boundary control – 1 / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.14	Lassa fever /SIW/	11	6	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
1.15	Monkeypox /SIW/	11	5,7	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
Section 2. Protozoan and helminthiases								
2.1	Leishmaniasis / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.2	Trypanosomiasis / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.3	Schistosomiasis / Lec /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.4	Visceral leishmaniasis / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.5	Cutaneous leishmaniasis / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.6	Sleeping sickness or human African trypanosomiasis / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3	1		
2.7	Chagas' disease, or American trypanosomiasis / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.8	Wuchereria bancrofti infection. /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.9	Brugia malayi infection. Loiasis. /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.10	Human schistosomiasis. /Prac/	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			
2.11	Boundary control - 2. Credit class. / Prac /	11	2	PC-5 PC-6 PC-8	L1.1 L2.1 E1 E2 E3			

2.12	Consultation /control/	11	0,3	PC-5 PC-6 PC-8				
2.13	Malaria /SIW/	11	12	PC-5 PC-6 PC-8				

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 in the department.

5.2. Course paper's themes

Coursework is not included in the curriculum.

5.3. Assessment Fund

Examples of MCQs

1. What is the main vector responsible for transmitting Dengue virus?
 - a) Anopheles mosquito
 - b) *Aedes aegypti mosquito*
 - c) Culex mosquito
 - d) Tsetse fly
2. Dengue viruses belong to which family of viruses?
 - a) Retroviridae
 - b) Orthomyxoviridae
 - c) *Flaviviridae*
 - d) Paramyxoviridae.
3. Which of the following is *not* a common symptom of Dengue fever?
 - a) High fever
 - b) Severe joint and muscle pain
 - c) Rash
 - d) *Productive cough with phlegm*
4. How many serotypes of the Dengue virus are known?
 - a) 2
 - b) 3
 - c) 4
 - d) 5
5. What is the most severe form of Dengue infection?
 - a) Dengue fever
 - b) *Dengue hemorrhagic fever*
 - c) Zika fever
 - d) West Nile fever
6. What is the incubation period of Dengue fever?
 - a) 1–2 days
 - b) *3–14 days*
 - c) 15–21 days
 - d) 1 month
7. Which laboratory finding is often seen in Dengue fever?
 - a) Increased white blood cell count
 - b) *Decreased platelet count*
 - c) Elevated hemoglobin
 - d) Hyperglycemia
8. What is the main method of preventing Dengue transmission?
 - a) Vaccination
 - b) *Vector control and avoiding mosquito bites*
 - c) Antibiotic prophylaxis
 - d) Isolation of infected patients
9. Which of the following complications can occur in severe Dengue cases?
 - a) *Kidney failure and shock*
 - b) Hearing loss
 - c) Paralysis
 - d) Liver cirrhosis

10. What is the name of the vaccine approved for Dengue prevention in some countries? a) <i>Dengvaxia</i> b) Varivax c) Gardasil d) Comirnaty

5.4. List of evaluation tools

MCQ;
Clinical challenge;
Self-study;
Report with presentation;
Theoretical task;

6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT

6.1. Recommended reading

6.1.1. Required reading list

	<i>Authors, Compilers</i>	<i>Title</i>	<i>Book publisher, year</i>
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

	<i>Authors, Compilers</i>	<i>Title</i>	<i>Book publisher, year</i>
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

E1	Library KRSU	http://www.lib.krsu.edu.kg
E2	Educational activities of the department	https://infec.krsu.edu.kg/index.php/obrazovatel'naya-devatel'nost
E3	UpToDate	http://www.wolterskluwer.com

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 a student's knowledge and practical skills. Educational material, intended for adoption, is provided to students in completed form. Practical classes are held based on 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.

6.3.2 List of Information Reference Systems and Software

6.3.2.1	Library KRSU - http://www.lib.krsu.edu.kg
6.3.2.2	Educational activities of the department - https://infec.krsu.edu.kg/index.php/obrazovatel'naya-devatel'nost
6.3.2.3	UpToDate - http://www.wolterskluwer.com

7. COURSE (MODULE) LOGISTICS

7.1	Theoretical and practical study of the infectious diseases program is carried out at the infectious diseases department located at the Republican infectious diseases' hospital, which is designed for 600 beds, has 18 departments, clinical and bacteriological laboratories, an ultrasound room, an X-ray room, and a fibroelastometry room.
7.2	The department has 5 classrooms, each with 10-14 seats, and a laboratory assistant. All classrooms are equipped with furniture, light sources, and thematic sets of tabular material.
7.3	Technical equipment: 1 laptop, 1 MFP (printer, scanner, copier).
7.4	Visual aids: educational stands, educational tables, slides, videos, educational case histories.
7.5	Presentations of lectures on all topics of the lecture course (Power Point)
7.6	For interactive training, students have access to the simulation center - the Center for Integrative and Practical Training of KRSU, equipped with simulators, mannequins, resuscitation equipment, etc.

8. COURSE (MODULE) PROFICIENCY METHODOLOGICAL GUIDELINES (FOR STUDENT)

Technological maps of the discipline in the appendix.

MODULAR CONTROL FOR THE DISCIPLINE INCLUDES:

1. Current control: assimilation of the educational material in the classroom (lectures, practical, including attendance and activity) and completion of mandatory assignments for independent work;
2. Midterm control: checking the completeness of knowledge and skills on the material of the module. Completion of modular control assignments is carried out in writing and is a mandatory component of modular control;
3. Intermediate control - a completed documented part of the academic discipline (11th semester – credit with grade) - a set of closely related test modules.

MAIN REQUIREMENTS FOR INTERIM CONTROL

When attending exams and tests, students are required to have their record books with them, which they present to the examiner at the beginning of the exam or to the teacher during the test. The teacher has the right to give a pass without questioning those students who have scored more than 60 points for the current and midterm controls. During the interim control, the student must correctly answer the theoretical questions of the ticket - (know), correctly complete the situational task and interpret laboratory data (be able, possess). During the interim control, the teacher summarizes the results of the students' supervision of the patient during the semester.

Evaluation of the interim control:

- min 20 points - Questions to check the level of proficiency KNOW (if the student correctly formulates the basic concepts when answering the questions asked);
- 20-25 points - Tasks to check the level of training TO BE ABLE to do and TO OWN (if the student correctly formulates the essence of the problem specified in the ticket and gives recommendations for its solution);
- 25-30 points - Tasks to check the level of training TO BE ABLE to do and TO OWN (if the test task is fully completed).

MAIN REQUIREMENTS TO CURRENT CONTROL.

I. When planning a practical lesson, teachers adhere to the following general outline:

- 1) Organizational stage of the lesson (time - up to 2%):
 - a) roll call;
 - b) homework for the next topic;
 - c) motivation for the topic of this practical lesson;
 - d) familiarizing students with the objectives and plan of the lesson;
- 2) Monitoring and correction of the initial level of knowledge (time - up to 20%):
 - a) test control options of levels I and III;
 - b) correction of students' theoretical knowledge by the teacher;
- 3) Stage of demonstration of practical skills and/or case studies by the teacher (time - up to 15%);
- 4) Stage of independent work of students at the patient's bedside (time - up to 45%);
- 5) Final stage of the lesson (time – up to 18%):
 - a) final final control of the developed practical skills and abilities in analyzing patients examined by students
 - b) final final control of the developed theoretical knowledge and skills, including through solving situational clinical problems;
 - c) summing up the practical lesson (the teacher's description of the students' fulfillment of all the objectives of the lesson and individual assessment of knowledge and skills).

II. RECOMMENDATIONS FOR ORGANIZING STUDENTS' INDEPENDENT WORK

1. Tips for planning and organizing the time required to study the discipline. It is recommended to organize the time required to study the discipline as follows:

Studying the lecture notes on the same day, after the lecture – 10-15 minutes. Studying the lecture notes the day before the next lecture – 10-15 minutes. Studying the theoretical material from the textbook and notes – 1 hour per week. Preparation for the practical lesson – 2 hours. Total per week - 3 hours 30 minutes.

2. Description of the sequence of student actions

To understand the material and assimilate it efficiently, the following sequence of actions is recommended:

After listening to the lecture and finishing the classes, when preparing for the next day's classes, you must first review and think about the text of the lecture that was listened to today (10-15 minutes). When preparing for the next day's lecture, you need to review the text of the previous lecture, think about what the topic of the next lecture might be (10-15 minutes). During the week, select time (1 hour) to work with the Recommended literature in the library. When preparing for the next day's practical lessons, you must first read the basic concepts and approaches to the topic of the homework. When doing an exercise or task, you must first understand what is required in the task, what theoretical material needs to be used, and outline a plan for solving the problem.

3. Recommendations for using the materials of the educational and methodological complex. It is recommended to use the course guidelines and the teacher's lecture text.

4. Recommendations for working with literature. The theoretical material of the course becomes more understandable when, in addition to listening to the lecture and studying the notes, you also study books. It is easier to master the course by sticking to one textbook and notes. It is recommended, in addition to "memorizing" the material, to achieve a state of understanding of the topic of the discipline being studied. For this purpose, it is recommended that after studying the next paragraph you complete several 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 are introduced, what is their meaning, what will this give in practice?

5. When preparing for midterm and final assessments, you need to study the theory: definitions of all concepts and approaches to assessment to a state of understanding of the material and independently complete several typical tasks.

Making up for missed classes. The control over the assimilation of the material of the curriculum of the discipline by students is carried out systematically by the teacher of the department and is reflected in the teacher's journal and in points. A student who received an unsatisfactory grade on the current material is obliged to prepare this section and answer the teacher on it at an individual interview. A missed lecture without a valid reason must be worked through by the method of oral questioning by the lecturer or preparation of an abstract on the materials of the missed lecture within a month of absence. Other methods of working through missed lectures are also possible (questioning at practical classes, test control, etc.).

Working through practical classes. Each class missed by a student without a valid reason is necessarily worked through by being on duty in the admissions department of the RKIB, then the theoretical part of the class is worked through according to the schedule of the department, agreed upon with the dean's office. Missed classes must be worked through within 10 days from the date of absence. Classes missed for a valid reason (due to illness, absences with permission

RECOMMENDATIONS FOR PREPARING A REPORT WITH A PRESENTATION.

Multimedia presentations are a type of independent work of students on creating visual information aids, made using the multimedia computer program PowerPoint. This type of work requires coordination of the student's skills in collecting, systematizing, processing information, presenting it in the form of a selection of materials briefly reflecting the main issues of the topic being studied, in electronic form. That is, the creation of presentation materials expands the methods and means of processing and presenting educational information, forms students' computer skills. Presentation materials are prepared by the student in the form of slides using the Microsoft Power Point program.

Requirements for students to prepare a presentation and defend it in class in the form of a report.

1. The topic of the presentation is chosen by the student from the proposed list of FOS and must be agreed upon with the teacher and correspond to the topic of the lesson.

2. Stages of preparing a presentation:

Drawing up a presentation plan (statement of the problem; goals of this work);

Thinking through each slide (at first, this can be done manually on paper), while it is important to answer the questions:

- how does the slide content reveal the main idea of the entire presentation?
- what will be on the slide?
- what will be said?
- how will the transition to the next slide be made?

3. Making a presentation using MS PowerPoint:

- Slides should be in a single style, in the same 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.

A common mistake is to read the slide verbatim. It is best if detailed information (definitions, formulas) is written on the slide, and their substantive meaning is conveyed in words. The information on the slide can be more formal and strictly stated than in speech.

- The optimal switching speed is one slide per 1–2 minutes. - It is encouraged to use more pictures, images, formulas, graphs, and tables in your presentation. You can use animation effects.

- When explaining tables, you need to say what the rows correspond to and what the columns correspond to.

- Introduce only those designations and concepts that are essential for understanding the main ideas of the report.

- In a short presentation, you cannot repeat the same idea, even in different words — time is precious.

- Every phrase should be said for a reason. Then the presentation will be coherent and will leave a good impression.

- The last slide with conclusions in short presentations does not need to be spoken.

- If there are a lot of formulas on the slide, it is recommended to type it entirely in MS Word (otherwise, the formulas will 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”, select its dimensions once and duplicate it for the required number of slides. It is recommended to change the main font in the text and formulas to Arial or similar; the Times font does not look good from afar. Be sure to set the main font size in MathType equal to the main font size in the text. Never adjust the size of a formula manually by pulling it out by the corner.

4. The student is obliged to prepare and present the report within the time strictly allotted by the teacher, and on time.

5. Instructions for speakers.

- communicate new information;
- use technical means;
- know and be well versed in the topic of the entire presentation;
- be able to discuss and quickly answer questions;
- strictly follow the established schedule: speaker - 10 min.; discussion - 5 min.

It is important to remember that a speech consists of three parts: introduction, main part and conclusion. The introduction helps to ensure the success of a speech on any topic.

The introduction should contain:

- the title of the presentation;
- the message of the main idea;
- a modern assessment of the subject of presentation;
- a brief list of the issues under consideration;
- a lively interesting form of presentation;

The main part, in which the speaker must deeply reveal the essence of the topic touched upon, is usually built on the principle of a report.

The task of the main part is to present enough data so that the audience becomes interested in the topic and wants 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, concise generalization and brief conclusions that the audience is always waiting for.

CLINICAL TASK.

When solving a situational task, it is necessary to pay attention to the patient's gender, age, place of residence and profession. Identify syndromes in clinical symptoms, identify causal factors, life factors that contribute to the development of this disease. Physical findings. Results of laboratory and instrumental examination. Using knowledge of the disease qualification and diagnostic criteria, it is necessary to solve the first question: make a diagnosis according to the classification. Based on the above, it is necessary to draw up an examination plan with the expected results. After that, decide on the final question: prescribing treatment, considering the doses and course of treatment.

Test questions on tropical diseases

1. What are the main serotypes of the dengue virus?
2. What is the role of Aedes mosquitoes in dengue transmission?
3. Describe the pathogenesis of dengue hemorrhagic fever.
4. What are the characteristic clinical stages of dengue infection?
5. What laboratory findings are typical in severe dengue?
6. How is dengue fever diagnosed?
7. What warning signs indicate progression to severe dengue?
8. What measures are used in the prevention of dengue fever?
9. Why is aspirin contraindicated in dengue?
10. What are the principles of fluid management in severe dengue?
11. What virus causes yellow fever and how is it transmitted?
12. What are the major clinical phases of yellow fever?
13. What is the classical triad of severe yellow fever?
14. How is yellow fever diagnosed?
15. What organs are primarily affected in severe yellow fever?
16. What complications may occur during the toxic phase of yellow fever?
17. What is the role of vaccination in yellow fever prevention?
18. Which laboratory abnormalities suggest liver involvement in yellow fever?
19. What international regulations apply to yellow fever vaccination?
20. How is supportive treatment provided in yellow fever?
21. What family and genus does the Ebola virus belong to?
22. What modes of transmission are associated with Ebola virus?
23. Describe the pathogenesis of viral hemorrhagic fever in Ebola.
24. What are the early clinical symptoms of Ebola virus disease?
25. What laboratory findings suggest Ebola infection?
26. How is Ebola virus disease confirmed?
27. What infection control measures are essential when caring for Ebola patients?
28. What supportive therapies improve outcomes in Ebola cases?
29. What complications are common in severe Ebola infection?
30. What strategies are used to prevent Ebola outbreaks?
31. What is the causative agent of leprosy?
32. How is leprosy transmitted?
33. Describe the difference between tuberculoid and lepromatous leprosy.
34. What is the role of the immune response in leprosy manifestation?
35. What skin and nerve symptoms are typical for leprosy?
36. How is leprosy diagnosed?
37. What is the purpose of slit-skin smear testing in leprosy?
38. What drugs are included in multidrug therapy for leprosy?
39. What are lepra reactions and how are they managed?
40. How can disability due to leprosy be prevented?
41. What pathogens cause yaws, bejel, and pinta?
42. How are non-venereal treponematoses transmitted?
43. What are the characteristic skin lesions of yaws?
44. How does bejel differ clinically from syphilis?
45. What are the stages of pinta infection?
46. How are non-venereal treponematoses diagnosed in resource-limited settings?
47. What is the mainstay treatment for non-venereal treponematoses?
48. What complications can result from untreated yaws?
49. What public health strategies help eliminate yaws?

50. How can treponemal serology be interpreted in endemic areas?
51. What viruses cause phlebotomus (sandfly) fever?
52. How is sandfly fever transmitted?
53. What are the typical clinical features of sandfly fever?
54. What is the incubation period of sandfly fever?
55. How is sandfly fever diagnosed?
56. What complications of sandfly fever, if any, may occur?
57. What laboratory abnormalities in sandfly fever may be seen?
58. How is sandfly fever managed?
59. How can sandfly fever be prevented?
60. What geographic regions are associated with sandfly fever transmission?
61. What parasite species most commonly cause visceral leishmaniasis?
62. What is the vector responsible for transmitting visceral leishmaniasis?
63. What are the major clinical manifestations of kala-azar?
64. What laboratory findings are typical (e.g., pancytopenia) for visceral leishmaniasis?
65. What organs are primarily affected in visceral leishmaniasis?
66. How is the diagnosis of visceral leishmaniasis confirmed?
67. What are the characteristic features of post-kala-azar dermal leishmaniasis?
68. What drugs are used for first-line treatment of visceral leishmaniasis?
69. What complications may arise if visceral leishmaniasis is untreated?
70. What preventive measures reduce leishmaniasis transmission?
71. Which Leishmania species commonly cause cutaneous leishmaniasis?
72. What are the typical skin lesions seen in cutaneous leishmaniasis?
73. How does cutaneous leishmaniasis differ from mucocutaneous forms?
74. How is the diagnosis established in cutaneous leishmaniasis?
75. What is the role of smear or biopsy in diagnosis of cutaneous leishmaniasis?
76. How do Old World and New World cutaneous leishmaniasis differ?
77. What treatments are recommended for localized skin lesions in cutaneous leishmaniasis?
78. What factors influence the severity of cutaneous leishmaniasis?
79. What complications of cutaneous leishmaniasis may occur in New World species infections?
80. How can cutaneous leishmaniasis be prevented?
81. What pathogens cause East and West African trypanosomiasis?
82. What vectors transmit African trypanosomes?
83. What is the clinical significance of the chancre at the bite site in African trypanosomiasis?
84. What are the main stages of African trypanosomiasis?
85. What neurological symptoms are characteristic of advanced disease in African trypanosomiasis?
86. How is African sleeping sickness diagnosed?
87. What CSF findings indicate CNS involvement in African trypanosomiasis?
88. What drugs are used in first- and second-stage African trypanosomiasis?
89. What complications of African trypanosomiasis arise from untreated infections?
90. What strategies are used to control tsetse fly populations?
91. What parasite causes Chagas disease?
92. What is the typical vector responsible for transmission of American Trypanosomiasis?
93. What is Romana's sign and when does it appear in American Trypanosomiasis?
94. What organs are most affected in chronic Chagas disease?
95. What ECG abnormalities may be found in American Trypanosomiasis?
96. How is acute Chagas disease diagnosed?
97. What serological tests are used for chronic American Trypanosomiasis?
98. What drugs are effective for etiological treatment in American Trypanosomiasis?
99. What complications can develop decades after infection by American Trypanosomiasis?
100. What public health measures reduce American Trypanosomiasis?
101. What parasite causes Wucheriasis?

102. How is *Wuchereria bancrofti* transmitted?
103. What are the early clinical manifestations of lymphatic filariasis?
104. What is the pathogenesis of lymphedema and elephantiasis in Wucheriasis?
105. What laboratory method confirms microfilariae in the blood in Wucheriasis?
106. What is the significance of nocturnal periodicity of microfilariae?
107. What drugs are used for mass drug administration programs in Wucheriasis?
108. What complications of Wucheriasis result from chronic lymphatic obstruction?
109. What imaging techniques help evaluate lymphatic damage in Wucheriasis?
110. What vector control strategies reduce filariasis transmission?
111. What species cause brugiosis?
112. How do *Brugia* species differ from *Wuchereria bancrofti*?
113. What vectors transmit *Brugia* infections?
114. What are the characteristic clinical manifestations of *Brugia* infections?
115. How is brugiosis diagnosed microscopically?
116. What role do antigen detection tests play in brugiosis?
117. What drugs are used in treatment of brugiosis?
118. How does chronic brugiosis present compared to acute episodes?
119. What geographic regions are endemic for *Brugia* infections?
120. What preventive strategies are used to control *Brugia* transmission?
121. What parasite causes loiasis?
122. How is *Loa loa* transmitted?
123. What is Calabar swelling and why does it appear in loiasis?
124. What symptoms occur when the adult worm migrates across the eye?
125. How is the diagnosis confirmed in loiasis?
126. Why is microfilarial load assessment important before treatment in loiasis?
127. What drug is used for treatment and what risks exist in loiasis?
128. What complications of loiasis may arise from high microfilarial burdens?
129. What regions are endemic to *Loa loa*?
130. What measures help prevent exposure to Chrysops flies?
131. What *Schistosoma* species commonly infect humans?
132. What freshwater snails act as intermediate hosts in schistosomiasis?
133. What is cercarial dermatitis and how does it develop in schistosomiasis?
134. What organs are predominantly affected in *S. mansoni* and *S. japonicum* infection?
135. What is the pathogenesis of portal hypertension in schistosomiasis?
136. What urinary symptoms and complications occur in *S. haematobium* infection?
137. How is schistosomiasis diagnosed?
138. What role does serology play in diagnosis of schistosomiasis?
139. What drug is used as the mainstay of treatment in schistosomiasis?
140. What measures prevent schistosomiasis in endemic areas?

TECHNOLOGICAL MAPS OF THE DISCIPLINE

"TROPICAL DISEASES "

Course 6, semester 11, reporting – Credit

Section according to course outline	Control	Control method	Credit minimum (points)	Credit maximum (points)	Control schedule (week)
Section 1					
<i>Viral infections, spirochetosis and mycobacteriosis</i>	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	10	18	7
	Boundary	MCQ	10	18	
Section 2					
<i>Protozoan and helminthiases</i>	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	10	17	15
	Boundary	MCQ	10	17	
Total per semester			40	70	
Intermediate Control (credit)		MCQ; Clinical challenge. Interpretation of laboratory data	20	30	16
Semester rating by discipline			60	100	

RATING SCALES

CLINICAL CASE ASSESSMENT SCALE

(current and boundary controls)

№	Indicator	Point (%)
1	Correctness of diagnosis	0-30
2	The correctness of the choice of the management algorithm	0-25
3	The correct choice of additional diagnostic methods	0-20
4	Correctness of treatment	0-25
Total		60-100

LABORATORY TEST INTERPRETATION ASSESSMENT SCALE

(boundary control)

№	Indicator	Point (%)
1	Correctness of the choice of laboratory test	0-10
2	Knowledge of the normal ranges of laboratory test	0-20
3	Correct interpretation of laboratory test results	0-70
Total		60-100

PATIENT CARE ASSESSMENT SCALE

(current control)

№	Indicator	Point (%)
1	Compliance with infection control (medical uniform, hand sanitization, etc.)	0-5
2	Assessment of communication skills	0-10
3	Anamnesis collection skills (epidemiological, life, disease)	0-20
4	Conducting a physical examination of the patient	0-20
5	Skills to establish a preliminary diagnosis	0-15
6	Skills to prescribe the required laboratory and instrumental methods of diagnosis	0-15
7	Evaluation of the therapeutic approach	0-15
Total		60-100

ASSESSMENT SCALE FOR THEORETICAL ASSIGNMENTS AND TESTS

(boundary, intermediate controls)

№	Indicator	Point (%)
1	Question 1	0-100
2	Question 2	0-100
3	Question 3	0-100
4	Question 4	0-100
Total		Arithmetic mean (total score /4)

Each question on the examination card is assessed:

«85-100%»

- deep and lasting mastery of the topics or section's material;
- complete, consistent, literate and logically presented answers;
- demonstration of knowledge within the scope of the studied program and additional recommended literature;
- reproduction of educational material with the required degree of accuracy.

«75-84%»

- the presence of minor errors that are confidently corrected by the student after additional and leading questions;
- demonstration of knowledge within the scope of the studied program;
- clear presentation of educational material.

«60-74%»

- the presence of minor errors in the answer that are not corrected by the student;
- demonstration to students of incomplete knowledge of the completed program;
- unstructured, unclear presentation of educational material.

«МНЕС 60%»

- lack of knowledge of the topic or section material;
- makes serious mistakes in his answer.

MCQ ASSESSMENT SCALE

(current control)

1. One MCQ task contains 10 closed questions.
2. The tasks contain multiple choice answers, one of which is correct, and the rest are incorrect.
3. The student must remember in each task, only one correct answer must be selected.
4. For each correct answer the student receives 10 points.
5. The total score is determined as the sum of the points scored.
6. Mark (B %).

REPORT WITH PRESENTATION ASSESSMENT SCALE

(current control)

№	Indicator	Point (%)
LOGIC		10
1	Structuring the text into an introduction, hard core, and conclusion	0-5
2	Logical and clear conversion from one part to another, as well as within parts	0-5
CONTENT		50
1	Topic relevance	0-10
2	The presence of the main idea (thesis) in the introduction and the focus of the topic on the audience	0-10
3	Development of the theme (thesis) in the hard core (disclosure of the main provisions through a system of arguments supported by facts, examples, etc.)	0-15
4	The presence of conclusions that correspond to the topic and content of the hard core	0-15
STRUCTURE		25
1	Topic title	0-2
2	Slide design and use of effects (slide transitions, sound, graphics)	0-5
3	The presentation text is short and well written; the ideas are presented clearly and structured.	0-10
4	The slides are presented in a logical sequence.	0-5
5	The slides are printed in notes format.	0-3
PRESENTATION		15
1	Correctness and precision of speech during a presentation	0-5
2	Breadth of horizons (answers to questions)	0-5
3	Compliance with the speaking time regulations	0-5
Total		60-100

MEDICAL HISTORY MASTERY ASSESSMENT SCALE

(current control)

№	Indicator	Point (%)
1	General information about the patient	0-2
2	Complaints (a brief and clear list of all the patient's current complaints)	0-7
3	Anamnesis morbi	0-7
4	Anamnesis vitae	0-7
5	Epidemiological anamnesis	0-7
6	Status praesens objectivus	0-8
7	Preliminary diagnosis and its rationale	0-7
8	Laboratory and other additional methods of examining the patient	0-7
9	Final diagnosis and its rationale	0-10

10	Differential diagnosis	0-7
11	Etiology and pathogenesis of the diagnosed disease	0-8
12	Treatment	0-9
13	Two diaries in the dynamics of patient care	0-7
14	Epicrisis and prognosis	0-7
Total		60-100

FINAL KNOWLEDGE ON THE DISCIPLINE ASSESSMENT SCALE
(final assessment of the discipline)

ORAL SURVEY ASSESSMENT SCALE

(intermediate control – «KNOWLEDGE»)

When evaluating oral responses to KNOWLEDGE proficiency, the following criteria are considered:

- 1) Knowledge of the main processes of the studied area, depth and completeness of disclosure of the issue.
- 2) Familiarity with terminology and its use in answers.
- 3) Ability to explain the essence of phenomena, events, and processes; to draw conclusions and generalizations; and to provide well-reasoned answers.
- 4) Mastery of the monological speech, logic and consistency of response, ability to answer questions, express one's own opinion on the discussed issue.

A score (16-20 points) is given to the answer, which demonstrates a solid knowledge of the following questions:

- etiology, pathogenesis, and preventive measures for the most common infectious diseases.
- the current classification of infectious diseases.
- clinical presentation, specific features, and possible complications of diseases in different age groups.
- the main principles of diagnosing infectious diseases.
- modern clinical, laboratory, and instrumental diagnostic methods.
- treatment methods and indications for their use.
- the fundamentals of organizing outpatient and primary healthcare services.
- indications for hospitalization in various infectious diseases.
- principles of patient follow-up (dispensary supervision).

The student demonstrated logical and well-structured answers.

A score (10-15 points) is given to the answer, which demonstrates a solid knowledge of the following questions:

- etiology, pathogenesis, and preventive measures for the most common infectious diseases.
- the current classification of infectious diseases.
- clinical presentation, specific features, and possible complications of diseases in different age groups.
- the main principles of diagnosing infectious diseases.
- modern clinical, laboratory, and instrumental diagnostic methods.
- treatment methods and indications for their use.
- the fundamentals of organizing outpatient and primary healthcare services.
- indications for hospitalization in various infectious diseases.
- principles of patient follow-up (dispensary supervision).

The student demonstrates a logical and consistent answer. However, there are one or two inaccuracies in the answer.

A score (5-10 points) is given to the answer, that indicates knowledge of the following questions:

- etiology, pathogenesis, and preventive measures for the most common infectious diseases.
- the current classification of infectious diseases.
- clinical presentation, specific features, and possible complications of diseases in different age groups.
- the main principles of diagnosing infectious diseases.
- modern clinical, laboratory, and instrumental diagnostic methods.
- treatment methods and indications for their use.
- the fundamentals of organizing outpatient and primary healthcare services.
- indications for hospitalization in various infectious diseases.
- principles of patient follow-up (dispensary supervision).

Several errors are allowed in the content of the answer.

A score (1-4 points) is given to an answer that reveals a lack of knowledge of theory on almost all topics, an inability to give reasoned answers, weak monologue speech, and a lack of logic and consistency. There are serious errors in the content of the answer.

ASSESSMENT SCALE FOR MASTERY TASKS
(*intermediate control – «SKILLS» and EXPERTISE»*)

The following criteria are considered when evaluating responses to **SKILLS** and **EXPERTISE** (clinical task and interpretation of laboratory tests):

A score (8-10 points) is given, when student:

- demonstrates proficiency in medical terminology and the ability to analyze various medical facts.
- quickly identifies epidemiological data in an infectious patient.
- independently identifies the key clinical syndromes based on the patient's physical findings.
- interprets the results of studies (laboratory, x-ray, instrumental) and knows the physiological norm.
- accurately formulates a clinical diagnosis in accordance with the accepted classification.
- correctly selects additional laboratory and instrumental diagnostic methods.
- appropriately determines the treatment strategy.

All requirements of the assignment are fully met.

A score (4-7 points) is given, when student:

- can formulate the problem in their own words.
- does not have sufficient knowledge of medical terminology, the ability to analyze various medical facts.
- does not identify epidemiological data in an infectious disease case quickly enough.
- fails to identify all key clinical syndromes based on the patient's physical findings.
- shows weak interpretation of laboratory, radiological, and instrumental test results and provides an inadequate clinical diagnosis.
- does not fully correctly select additional laboratory and instrumental diagnostic methods.
- appropriately chooses the treatment strategy.

Most of the assignment requirements are met.

A score (1-3 points) is given, when student:

- is unable to formulate the problem in their own words and does not consider alternative solutions.
- has poor command of medical terminology and lacks the skills required to analyze medical facts.
- is slow in identifying epidemiological data in a case involving an infectious disease.
- does not adequately identify the key clinical syndromes based on physical findings.
- demonstrates very weak interpretation of laboratory, radiological, and instrumental test results and does not formulate a clinical diagnosis.
- does not correctly select additional laboratory and instrumental diagnostic methods.
- incorrectly determines the treatment strategy.

Many of the assignment requirements are not met.

A score of (0 points) is given when the student demonstrates a lack of understanding of the problem or provides no answer and makes no attempt to solve the task or interpret the laboratory findings.