

MINISTRY OF EDUCATION AND SCIENCE OF KYRGYZ REPUBLIC

Government-run Educational Institution of Higher Professional Education  
Kyrgyz-Russian Slavic University  
School of Medicine



**Dermatovenereology**  
**Course Outline (Module)**

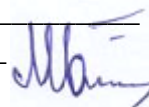
|                                 |   |                             |
|---------------------------------|---|-----------------------------|
| Assigned to Academic Curriculum | Dermatovenereology<br>560001 - KG – General Medicine (for foreign students) |                             |
| Qualification                   | specialist  |                             |
| Mode of Study                   | Intramural  |                             |
| Total Credit Value              | 3 credit points   |                             |
| Course Hours                    |   | Scope of Testing Semesters: |
| including:                      | 108   | exams 12                    |
| in-class learning               | 60  | credits                     |
| independent work                | 30  |                             |

| Course Hours Scheduling (per semester) |          |     |       |     |
|--|----------|-----|-------|-----|
| Semester Academic Year                 | 12 (6.2) |     | Total |     |
| Weeks                                  | 19 2/6   |     |       |     |
| Type of Training                       | AC       | CO  | AC    | CO  |
| Lectures                               | 15       | 15  | 15    | 15  |
| Practical Session                      | 45       | 45  | 45    | 45  |
| Including Interactive Session          | 4        | 4   | 4     | 4   |
| Total In-class Session                 | 60       | 60  | 60    | 60  |
| Face-to-face Learning                  | 60       | 60  | 60    | 60  |
| Individual Work                        | 30       | 30  | 30    | 30  |
| 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:

candidate of Medical sciences, assistant professor, Head of Infectious diseases department Radchenko

E.A. \_\_\_\_\_



doctor of Medical sciences, assistant professor, Head of the Family medicine undergraduate department of Kyrgyz State Medical Academy after I.K. Akhunbaev Usubaliev M.B. \_\_\_\_\_

The Course Outline

Dermatovenereology

in accordance with Academic Curriculum:

Specialty 560001 - KG – General Medicine (for foreign students)

confirmed by KRSU Board of Academics on 28 February\_2023 record\_№7\_\_

The Course Outline endorsed by Dermatovenereology and phtisiatry department meeting

Record of 01 February 2023\_№ \_\_\_\_

Valid for: 2023- 2027 academic years

The Head of Department: doctor of Medical sciences, professor Baltabaev M.K

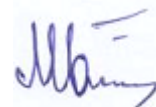
**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board  
28 February\_2023 record\_№7.

The course outline has been revised, considered and endorsed for  
Implementation in 2023-2024 Academic Year at the Staff Meeting of  
Dermatovenereology and phtisiatry Department

Record of 01 February 2023. № 7.

The Head of Department doctor of Medical sciences, professor Baltabaev M.K.



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**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board  
\_\_\_\_\_2024.

The course outline has been revised, considered and endorsed for  
Implementation in 2014-2025 Academic Year at the Staff Meeting of  
Dermatovenereology and phtisiatry Department

Record of \_\_\_\_\_ 2024. № \_\_\_\_

The Head of Department doctor of Medical sciences, professor Baltabaev M.K.

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**The course outline endorsed for the following academic year**

Chairman of the Educational and Methodological Board  
\_\_\_\_\_ 2025.

The course outline has been revised, considered and endorsed for  
Implementation in 2025-2026 Academic Year at the Staff Meeting of  
Dermatovenereology and phtisiatry Department

Record of \_\_\_\_\_ 2025. № \_\_\_\_

The Head of Department doctor of Medical sciences, professor Baltabaev M.K.

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**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.

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## 1. COURSE OUTLINE OBJECTIVES

**1.1** The purpose of the discipline is to deepen a basic knowledge and to form a systemic knowledge about the structure of the skin, common patterns of the skin development and functioning in the normal condition and in pathological conditions caused by various factors (fungous diseases, infectious skin diseases, and sexually transmitted infections) as well as to diagnose and treat diseases using up-to-date methods of examination.

## 2. PLACE OF THE COURSE IN THE EDUCATIONAL PROGRAM

|                     |   |
|---------------------|---|
| Educational Program | B1.B  |
| Units:              |   |
| <b>2.1</b>          | <b>Students' Preliminary Training Requirements:</b>   |
| 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              | Hominal Physiology  |
| 2.1.12              | Histology, Embryology, Cytology   |
| 2.1.13              | Immunology  |
| 2.1.14              | Anatomy   |
| 2.1.15              | Biology   |
| 2.1.16              | Latin   |
| <b>2.2</b>          | <b>Course Units and Practical Sessions Imposing the Prior Proficiency</b>                       |
|                     | <b>Disciplines and practices for which mastering of this discipline (module) is necessary :</b> |
| 2.2.1               | Preparation for final examinations.   |

## 3. STUDENTS' COMPETENCIES RESULTING FROM THE COURSE UNIT (MODULE)

**PC-16:** the ability to determine a patient's main pathological symptoms, syndromes of diseases, nosological forms in accordance with the International Classification of Diseases and Health Problems, X revision

### Knowledge:

|                |  |
|----------------|--|
| <b>Level 1</b> | The mechanism of functional changes in organs or system of organs, syndromes or symptoms with various methods of examination.  |
| <b>Level 2</b> | Differential diagnostics based on clinic and laboratory indicators, their relation with therapeutic and infectious diseases, and syndromes and symptoms related with skin diseases.                      |
| <b>Level 3</b> | Essential drugs to treat various dermatoses separately or regarding to syndromes or symptoms of therapeutic or infectious diseases.  |
| <b>Skills:</b> |  |
| <b>Level 1</b> | To describe the functional changes in the skin in syndromes or symptoms diagnosed with various instrumental methods.   |
| <b>Level 2</b> | To interpret results of laboratory examination for various dermatoses associated with diseases of a therapeutic and infectious origin.   |
| <b>Level 3</b> | To manage the right treatment options to improve the course and prognosis of dermatoses with/without the involvement of different organs or systems in syndromes of therapeutic and infectious diseases. |

|   |  |
|---|--|
| <b>Expertise:</b>   |  |
| <b>Level 1</b>  | Skills to describe general pathological changes of the skin related to syndromes or symptoms of therapeutic diseases.  |
| <b>Level 2</b>  | Skills to correlate changes in results of laboratory examination with the severity of the skin disorder.   |
| <b>Level 3</b>  | Skills to make a prognosis of diseases in various dermatoses depending on the condition of the visceral organs associated with therapeutic and infectious disorders. |
| <b>PC-17: able and ready to perform basic therapeutic measures for the most common diseases and conditions in the adult and children on an outpatient and in a hospital setting</b> |  |
| <b>Knowledge:</b>   |  |
| Level 1   | Main aspects of dermatoses and characteristic histopathological picture.   |
| Level 2   | Main histopathological features of related dermatoses  |
| Level 3   | The correct tactics of pathogenetic therapy to rehabilitate the skin of a patient.   |
| <b>Skills:</b>  |  |
| Level 1   | To correlate features of the course of dermatoses with biochemical indicators of metabolism in the body.   |
| Level 2   | To compare the clinical features of related dermatoses.  |
| Level 3   | To assess the severity of dermatoses with corresponding changes in laboratory tests.   |
| <b>Expertise:</b>   |  |
| Level 1   | Identification of pathological changes in skin of patient.   |
| Level 2   | Methods of differential diagnostics of related dermatoses.   |
| Level 3   | Assessment of the severity of dermatoses to perform appropriate therapy.   |

### Final Students' Competences

|            |   |
|------------|---|
| <b>3.1</b> | <b>Knowledge:</b>   |
|            | <ol style="list-style-type: none"> <li>1. The fundamentals of the legislation of the Russian Federation and the Kyrgyz Republic (KR), the main regulatory and technical documents on the protection of the health of children, women, and adults;</li> <li>2. The basics of insurance medicine in the Russian Federation and the Kyrgyz Republic, the structure of the modern system of healthcare in the Russian Federation, activities of institutions and organizations of maternity and child welfare service;</li> <li>3. The basics of preventive medicine aimed at improving the health of the adult population;</li> <li>4. The basics of preventive medicine aimed at improving public health;</li> <li>5. The basics to organize outpatient and inpatient care for the adult population, modern organizational forms of work and diagnostic capabilities of the outpatient service;</li> <li>6. Principles of dispensary observation of various age-gender and social groups, rehabilitation of patients;</li> <li>7. The clinical picture, the course and possible complications of the most common diseases that occur in a typical form in the adult population;</li> <li>8. The main clinical manifestations of diseases of the skin and subcutaneous tissue, their diagnostics and observation;</li> <li>9. The basic principles of diagnostics, treatment, and rehabilitation of infectious diseases in the adult population, indications for hospitalization, indications for hospitalization of people with infectious diseases.</li> </ol> |
| <b>3.2</b> | <b>Skills:</b>  |
|            | <ol style="list-style-type: none"> <li>1. To interview a patient and his relatives, to examine patients of different ages, to make a plan of laboratory and instrumental tests.</li> <li>2. To interpret the results of the examination, to make a preliminary diagnosis, to add extra examination and tests to specify diagnosis, to make a clinical diagnosis;</li> <li>3. To make a plan to cure a disease taking into consideration the course of it, to select and prescribe drug therapy, to use methods of non-drug treatment, to carry out rehabilitation.</li> </ol>   |
| <b>3.3</b> | <b>Expertise:</b>   |

|   |
|---|
| <ol style="list-style-type: none"> <li>1. Physical examination methods (recording a medical history, physical examination (palpation, percussion, auscultation);</li> <li>2. Interpretation of results of laboratory tests and instrumental examination of a patient;</li> <li>3. Algorithm to make a preliminary diagnosis and to add extra examination and tests to make a clinical diagnosis.</li> </ol> |
|---|

#### 4. COURSE (MODULE) STRUCTURE AND CONTENT

| Class Code | Subject Name /Type of Class/   | Semester / Academic Year | Hours | Competencies    | Literature                                      | Interactive Sessions | Notes |
|------------|--|--------------------------|-------|-----------------|---|----------------------|-------|
|            | <b>Section 1. General dermatology and fundamentals of infectious diseases of the skin</b>  |                          |       |                 |   |                      |       |
| 1.1        | Pyoderma. Scabies. Pediculosis.<br>/Lec/   | 12                       | 2     | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0                    |       |
| 1.2        | Anatomy, histology, and normal physiology of the skin. Features of the skin structure in children. The structure and functions of skin appendages. Primary and secondary morphological elements of a rash. The main pathomorphological changes in the skin. The principles of general and external therapy of dermatological patients.<br>/Pr/ | 12                       | 6     | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0                    |       |
| 1.3        | Pyoderma. Scabies. Pediculosis.<br>/Pr/  | 12                       | 3     | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0                    |       |
| 1.4        | Mycoses (keratomycosis, dermatomycosis, and Candidiasis).<br>/ Lec /   | 12                       | 2     | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0                    |       |
| 1.5        | Fungal skin infections (mycoses).<br>Keratomycosis: pityriasis,  | 12                       | 6     | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0                    |       |

|      |   |    |   |                 |   |   |  |
|------|---|----|---|-----------------|---|---|--|
|      | nodular trichosporia.<br>Dermatomycosis: inguinal epidermophytosis, athlete's foot, trichophytosis, microsporia, rubrophytosis, favus.<br>Mucocutaneous candidiasis.<br>/Prac / |    |   |                 |   |   |  |
| 1.6  | Benign and malignant skin tumors.<br>/IW/   | 12 | 4 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 1.7  | Diseases of the scalp, sebaceous and sweat glands diseases (alopecia, hypertrichosis, acne, rosacea, seborrhea, hyperhidrosis, hypohidrosis).<br>/ IW /                         | 12 | 6 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 1.8  | Viral dermhelminthiasis (herpes and human papillomavirus infection).<br>/ Lec /   | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 1.9  | Viral dermhelminthiasis (herpes simplex and herpes zoster, contagiosum epitheliale, skin lesions caused by human papillomavirus).<br>/Pr/                                       | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 1.10 | Leprosy. Cutaneous leishmaniasis.<br>Cutaneous tuberculosis.<br>/IW /   | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
|      | <b>Section 2. Particular diseases in dermatology</b>  |    |   | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, |   |  |
| 2.1  | Neurodermatoses: pruritis, prurigo, urticaria, atopic dermatitis.<br>/ Lec /  | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 2.2  | Dermatitis. Eczema.<br>Toxicoderma.<br>Lyell's syndrome.<br>/Pr/  | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |
| 2.3  | Neurodermatoses: pruritis, prurigo, urticaria, atopic dermatitis, neurodermatitis.<br>/Pr/  | 12 | 6 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |  |

|      |  |    |   |                 |   |   |                          |
|------|--|----|---|-----------------|---|---|--------------------------|
| 2.4  | Bullous dermatoses (acantholytic pemphigus, Duhring disease(dermatitis herpetiformis).<br>/Pr/   | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 2.5  | Erythemas ( erythema multiformis, erythema nodosum, fixed drug erythema, annular centrifugal erythema Darier, erythema annularis).<br>/IW/ | 12 | 4 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 2.6  | Psoriasis. Lichen ruber planus.<br>/Lec/   | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 2.7  | Psoriasis. Lichen ruber planus. Pityriasis rosea Gibert.<br>/Pr/   | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 2.8  | Collagenases (lupus erythematosus, scleroderma (morphea), dermatomyositis).<br>/Pr/  | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 2 | Educational movie s demo |
| 2.9  | Genodermatosis.<br>/IW/  | 12 | 4 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 2.10 | Industrial diseases of the skin.<br>/IW/   | 12 | 3 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
|      | <b>Section 3. Venereology</b>  |    |   | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, |   |                          |
| 3.1  | The general course of syphilis. Primary syphilis. Secondary syphilis.<br>/ Lec /   | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 3.2  | Tertiary syphilis. Congenital syphilis. Neurosyphilis.<br>/Lec/  | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 3.3  | Non-gonococcal urethritis. Reiter's disease.<br>/ Lec /  | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |
| 3.4  | Laboratory diagnostics of syphilis. Treatment of syphilis.<br>/ Lec /  | 12 | 2 | PC-16,<br>PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2<br>E1, E2, E3, | 0 |                          |

|      |   |    |   |              |  |   |  |
|------|---|----|---|--------------|--|---|--|
| 3.5  | The general course of syphilis. Causative agent of syphilis. Classification of syphilis. Primary syphilis. /Pr/ | 12 | 3 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 1 | Educational movie s demo                 |
| 3.6  | Secondary and tertiary syphilis. /Pr/   | 12 | 3 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 0 |  |
| 3.7  | Congenital syphilis. Neurosyphilis. Laboratory diagnostics and treatment of syphilis. /Pr/                      | 12 | 6 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 0 |  |
| 3.8  | Gonorrhoea. /Pr/  | 12 | 3 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 1 | Educational movie s & presentations demo |
| 3.9  | Non-gonococcal urethritis (chlamydia, ureaplasmosis, mycoplasmosis, trichomoniasis, gardnerellosis). /Pr/       | 12 | 3 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 0 |  |
| 3.10 | Latent syphilis. Visceral organs syphilis. /IW/   | 12 | 3 | PC-16, PC-17 | 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. /IW/                                | 12 | 3 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 0 |  |
| 3.12 | Tropical treponematosi s. Donovanosis. Chancroid. Lymphogranuloma venereal. HIV/AIDS. /IW/                      | 12 | 6 | PC-16, PC-17 | L1.1, L 2.1, L 2.2, L.3.1, L.3.2 E1, E2, E3, | 0 |  |
| 3.13 | Credit.   | 12 | 0 |              |  | 0 |  |

## 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

1. Hyperkeratosis is a thickening of
  - a) epidermis.
  - b) the basal layer.
  - c) the thorny layer.
  - d) the 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 space.
  - b) proliferation of epithelial cells.
  - c) stretching of intercellular bridges and rupture of intercellular connections.
  - d) the formation of micro vesicles.
  - e) all of the above.
  
5. The secondary element that appears after skin penetration is
  - a) erosion.
  - b) ulcer.
  - c) surface crack.
  - d) scar.
  - e) all of the above.
  
6. Derma consists of
  - a) fibrous substances.
  - b) the main intercellular substance.
  - c) cellular elements.
  - d) vessels and nerves.
  - e) 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 the 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) flat, polygonal, reddish-lilac papules.
- 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) 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. The 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 except

- a) muscle atrophy
- b) fibrous myositis
- c) fibrous contractures
- d) calcification
- e) amyloidosis

16. The progression of a complete picture of systemic scleroderma is preceded by

- a) reduced 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) an erosion.
- B )a serous well.
- c) a serous crust.
- d) a flake.
- e) a scar.

19. Which of the following elements are characteristic of childhood urticaria?

- a) blisters
- b) papulovesicles
- 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. 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 except

- a) a sharp pain.
- b) damage of the overall condition of the body
- 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

- a) is a geographical variety of common scabies.
- b) is caused by an abnormal host reaction.
- c) is caused by itch mites, an animal parasite.
- d) usually occurs in people with disabilities and mentally retarded.
- 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) an affected surface of the skin sometimes blistered.
- e) everything listed above is correct except c).

30. Staphylococcal impetigo is characterized by

- a) the appearance on the skin of small pustules, penetrated by hair in the center .
- b) the presence of an inflammatory corolla along the periphery of the pustules.
- c) both a) and b).

d) neither a) nor b).

31. For the treatment of furunculosis,..... should not be prescribed.

- 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) flat flabby pustules
- 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) a boil.
- b) sycosis.
- c) hydradenitis.
- d) pseudofurunculosis.

35. The most common parasitic skin disease is

- a) head lice.
- b) demodicosis.
- c) acariasis.
- d) scabies.
- e) phlebotoderma.

36. All of the below contributes to the development of candidiasis except for

- 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 below drugs are used except for

- a) mycoseptin
- b) lamisil
- c) mycozalone
- d) prednisolone
- e) clotrimazole

38. Pityriasis versicolor is characterized by

- a) a chronic course.
- b) the presence of spots.
- c) pityriasis peeling.

- d) scalloped outlines of foci.
- e) all of the above except d).

39. Hair damaging in mycosporia includes all except for

- a) partial breaking of hair in the lesion focus at a length of 1-2 mm
- b) breaking hair at a length 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 except

- 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 for

- a) stains
- b) fuzzy boundaries and fast spontaneous resolution
- c) bubbles along the edge of the lesions
- d) peeling
- e) a pustule

43. Chancre-amygdalite is

- a) erosion of the tonsils.
- b) tonsil ulcer.
- c) enlarged hyperemic tonsils.
- d) an enlarged tonsil of normal color.

44. The rash in secondary acute syphilis is usually

- a) not abundant.
- b) abundant.
- c) asymmetrical.
- d) dull color.
- e) grouped.

45. Varieties of syphilitic baldness are all forms except for

- a) small focal.
- b) macrofocal.
- c) diffuse.
- d) mixed.
- e) total.

46. Tubercous 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. What gets involved in the pathological process with syphilitic regional sclerodermitis?

- 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 a latent period of syphilis occurs

- a) with concomitant infectious diseases.
- b) with bipolar arrangement of hard chancre.
- c) in the treatment of concomitant diseases with penicillin, tetracycline during the latent period.
- d) in the treatment of concomitant diseases with sulfonamides in the latent period.
- e) during treatment with antiviral drugs.

51. Secondary syphilides are characterized by the following features

- a) fuzzy edges, irregular outlines
- b) a burning sensation, soreness
- c) persistence for a long time, despite ongoing therapy
- d) quick disappearance under the influence of treatment
- e) 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 sclerodermitis in primary syphilis develops after the appearance of 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 the 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, all of the follow are distinguished except for

- 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-positivity.
- d) intracellular location.
- e) bean shape.

57. The most common cause of recurrent gonorrhoea is the association of gonococcus

- a) with chlamydia
- b) with yeast mycelium
- c) with trichomonas
- d) with urea plasma
- e) with gardnerellas

58. The most accessible mucous membranes to defeat gonococci 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 gonorrhoeal etiology is 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 the 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) gonorrhoea
- 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. Differential diagnostics of hydro- and pyosalpinx is performed for

- a) uterine tumor
- b) ovarian tumor
- c) parameter
- d) acute appendicitis
- e) all of the above

66. Etiotropic therapy for trichomoniasis excludes

- 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) jozamicine
- 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. Purulent discharge sometimes with a hemorrhagic component dry up into a serous or sero-purulent crust, which disappears after a few days. The disease is accompanied by itching sensation, soreness during having a meal. It is known from the anamnesis that the patient has been suffering from diabetes mellitus for several years.

Questions:

1. Diagnosis.

2. Differential diagnosis.
3. Examination of the patient.
4. Treatment.

*Clinical challenge 2.*

A 28-year-old patient consulted by a doctor complains of an increasing pain in the armpit area. Objectively: during the examination and palpation, small dense nodes are determined, located in thickness of the dermis, painful, pear-shaped. Skin is hyperemic with a bluish tinge.

Questions:

1. Diagnosis.
2. Treatment.

*Clinical challenge 3.*

A 30-year-old man consulted by a dermatologist complains of a rash in the right corner of his mouth. On examination: in the right corner of the mouth, there is a crack, compacted at the base, on the torso - roseola, on the palms and soles - scaly papules of stagnant red colors. From the anamnesis about two months ago, he discovered hard pea-sized mass, submandibular lymphatic nodes. He came to go to the doctor. He categorically denies any sexual relations with women over the past year.

Questions:

1. Provisional diagnosis.
2. Differential diagnosis.

Confirm the diagnosis for this patient.

*Clinical challenge 4.*

A man, 30 years old, came to see a dermatologist, complaining about pronounced swelling and redness on the skin of the upper lip, soreness, an increased temperature up to 38 C, general malaise, weakness and headache. It is known from the anamnesis that the disease was preceded by hypothermia. Objectively: Swelling on the skin of the upper lip, erythema, and multiple vesicles with turbid contents prone to fusion. Generally, a blood test shows moderate leukocytosis and increased ESR.

Questions:

1. Diagnosis.
2. Differential diagnosis.
3. Treatment tactics.

*Clinical challenge 5.*

A 24-year-old woman came to the dermatovenerologic dispensary with complaints about dandruff on the scalp, a hair loss, and rashes in the anogenital area. The patient treated with her own resources with Nizoral shampoo for 2 weeks, no improvement was observed. A dermatovenerologist examined her and found red lenticular papules with oily scales on the surface along the skull. Wide warts were found in the anogenital area.

Questions:

1. Diagnosis.
2. Treatment.

**INTERPRETATION OF LABORATORY DATA (Midpoint assessment)**

Laboratory data (ELISA, clinical and biochemical tests of blood, urine, feces, cerebrospinal fluid)

**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 provisional diagnosis, conducts differential

diagnostics, and 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, characteristic of the general condition.
5. Interpretation of laboratory data, ultrasound investigation, and X-ray.

Students' Independent Work

REPORT WITH A PRESENTATION (Formative assessment)

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

Topics for reports:

1. Structure of the skin of newborns.
2. Methods of skin examination and diagnostic approaches in dermatovenerology.
3. Tuberculous infection of the skin.
7. Leishmaniasis. Clinics, diagnosis, treatment.
8. Leprosy. Clinical classification, diagnosis, treatment.
9. Layell's and Stevens-Johnson's syndromes. Differentiation and treatment in urgent care.
10. Quincke's oedema. Clinics, treatment in urgent care department.
12. Parapsoriasis.
13. Erythema nodosum.
14. Erythema chronicum migrans.
15. Dermatomyositis.
16. Alopecia areata.
17. Seborrheic dermatitis.
18. Occupational eczema.
19. Pityriasis 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 immunodeficiency patients.
29. Chancroid (soft chancre).
30. Lymphogranuloma venereum.

Students' Independent Work:

MEDICAL FILE (Formative assessment)

A student independently writes a 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.

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#### 5.4. List of Assessment Tools

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Test

Clinical challenge

Interpretation of laboratory results

IW: Presentation Report

Curation of a patient

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|  |   |                                   |   |
|--|---|-----------------------------------|---|
| Theoretical assignment<br>Test paper<br>IW: Case History   |   |                                   |   |
| <b>6. COURSE (MODULE) METHODOLOGICAL AND INFORMATIONAL SUPPORT</b>                                   |   |                                   |   |
| <b>6.1 Recommended Reading</b>   |   |                                   |   |
| <b>6.1.1 Required Reading List</b>   |   |                                   |   |
|  | Authors,<br>Compliers   | Title                             | Book p<br>Y                                     |
| L1.1   | Thomas P. Habif,  | Clinical Dermatology E-Book       | 6th<br>edition. E<br>Health Sc<br>2015, p.1     |
| <b>6.1.2 Advanced Reading</b>  |   |                                   |   |
|  | Authors,<br>Compliers   | Title                             | Book p<br>Y                                     |
| L 2.1  | Christopher<br>Griffiths, Jonathan<br>Barker, Tanya<br>Bleiker and oth.   | Rook's Textbook of<br>Dermatology | 10 <sup>th</sup> ed., V<br>Blackwel<br>2011 469 |
| L 2.2  | Mahbub M.U.<br>Chowdhury,<br>Ruwani P.<br>Katugampola,<br>Andrew Y. Finlay  | Dermatology at a glance           | Wiley-BI<br>2019, p.1                           |
| <b>6.1.3 Guidance Papers</b>   |   |                                   |   |
|  | Authors,<br>Compliers   | Title                             | Book p<br>Y                                     |
| L3.2   | Skripkin Y. K   | Skin and venereal diseases        | Textbook<br>pharm, M<br>2001                    |
| L.3.1  | Baltabaev M.K.  | Dermatology                       | Textbook<br>2013                                |
| <b>6.2 Online Resources</b>  |   |                                   |   |
| E.1 National Server of Dermatology. <a href="http://www.dermatology.ru">www.dermatology.ru</a>       |   |                                   |   |
| E.2 U.S. National Library of Medicine <a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a> |   |                                   |   |
| E.3 Dermis. net/dermisroot/en/home/index.htm   |   |                                   |   |
| E.4 E-library of KRSU <a href="http://www.lib.krsu.edu.kg">www.lib.krsu.edu.kg</a>                   |   |                                   |   |
| <b>6.3. List of Information and Education Technology</b>   |   |                                   |   |
| <b>6.3.1 Competence-based Educational Technology</b>   |   |                                   |   |
| 6.3.1.1  | Traditional educational technology: lectures, practical classes to form students' knowledge and work practice. The technology is conveyed to students in complete form to : Practical seminars are held on the base of Infectious Diseases Hospital with com curation of thematic patients. |                                   |   |
| 6.3.1.2  | Innovative educational technology: classes that form system thinking and ability generate ideas and handle with intellectually demanding tasks — role-playing ga classes in a simulation center.  |                                   |   |
| 6.3.1.3  | Information educational technology: students' independent use of Internet resour practical tasks and independent work, familiarization with photo and video mate Internet sources in the corresponding section.   |                                   |   |
| <b>6.3.2 List of Information Reference Systems and Software</b>                                      |   |                                   |   |

|         |  |
|---------|--|
| 6.3.2.1 | Electronic Library of KRSU <a href="http://www.lib.krsu.kg">www.lib.krsu.kg</a>                          |
| 6.3.2.2 | Student Electronic Library "Student Consultant" <a href="http://www.studmedlib.ru">www.studmedlib.ru</a> |
| 6.3.2.3 | Use of Slide Presentations during Lectures and Practical Classes.  |
| 6.3.2.4 | MedUniver <a href="https://meduniver.com">https://meduniver.com</a>                                      |
| 6.3.2.5 | The Community of Students of Kirov State Medical Academy <a href="http://vmede.org">http://vmede.org</a> |
| 6.3.2.6 | Dermis.net/ <a href="http://dermisroot/en/home/index.html">dermisroot/en/home/index.html</a>             |

| <b>7. COURSE (MODULE) LOGISTICS</b> |   |
|-------------------------------------|---|
| 7.1                                 | Theoretical and practical study of the program on dermatovenereology is taken place at a Department of Dermatovenereology and Phtysiatry located at Republic Dermatovenereol Centre, which has 30 beds, 2 departments, and a clinical and serological laboratory. |
| 7.2                                 | The department has 4 classrooms (each one has 10-12 seats), a laboratory assistant. All auditoriums are equipped with furniture, light sources, thematic sets of tabular material.  |
| 7.3                                 | Technical equipment: a computer, a laptop, a multimedia projector, a projection screen, a multifunction printer (printer, scanner, and 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, Tolstoy str., Aud. 4 / 12.4 / 15) with the access to the Internet, to work with Internet resources and video materials.  |
| 7.7                                 | Students have an access to the simulation center - the Center for Integrative and Practical Training of Kyrgyz-Russian Slavic University, equipped with simulators, intensive care equipment, etc.  |

| <b>8. COURSE (MODULE) PROFICIENCY METHODOLOGICAL GUIDELINES (FOR STUDENTS)</b>  |  |
|---|--|
| <p>Technological maps of the discipline in ANNEX 6.</p> <p><b>MODULAR CONTROL OF THE COURSE INCLUDES:</b></p> <ol style="list-style-type: none"> <li>1. Formative assessment: learning material at the classroom (lectures, practical classes, including attendance and activity) and the performance of mandatory tasks for independent work.</li> <li>2. Midterm examination: checking the completeness of knowledge and skills on the material of the module as a whole. The performance of tasks is in written form and is a mandatory component of the module.</li> <li>3. Midpoint assessment: a completed documented part of the discipline (semester 5 – a test, semester 6 - an exam) - a set of closely related test modules.</li> </ol> <p><b>BASIC REQUIREMENTS FOR MIDPOINT ASSESSMENT:</b></p> <p>When attending examinations and credits, students are required to carry credit books with them, which they present to the examiner at the beginning of the exam.</p> <p>The teacher has the right to give a credit without questioning to those students who have scored more than 60 points for formative assessment and midterm examination. During midpoint assessment, 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).</p> <p>During midpoint assessment, the teacher sums up the student's curation of the patient during the semester.</p> <p>The assessment of midpoint assessment:</p> <ul style="list-style-type: none"> <li>- min 20 points - Questions to control the level of knowledge to KNOW (in case when answering asked questions, a student correctly formulates basic concepts.</li> <li>- 20-25 points - Tasks for testing the level of knowledge to BE ABLE to and KNOW (if the student</li> </ul> |  |

correctly formulates the essence of the problem specified in the ticket and gives recommendation on how to solve it).

- 25-30 points - Tasks to control the level of knowledge to BE ABLE and KNOW (in the case of full performance of tasks).

#### **BASIC REQUIREMENTS FOR THE FORMATIVE ASSESSMENT.**

I. When preparing a practical class, teachers follow the general plan:

1) Organizational aspects (time - up to 2%):

a) roll call;

b) homework for the next topic;

c) the motivation of the topic of this practical class;

d) introduction of objectives of the class and the plan;

2) check of the initial level of knowledge (time - up to 20%):

a) test options for level I and III;

b) correction of mistakes from theoretical knowledge of students;

3) the stage to demonstrate practical skills and / or thematic patients by the teacher (time - up to 15%);

4) the stage of students' independent work with patients (time - up to 45%);

5) the final stage of classes (time - up to 18%):

a) check of the formed practical skills and abilities to work with patients;

b) check of the formed theoretical knowledge and skills through performing situational clinical tasks;

c) summing up the results of the practical class (the teacher characterizes the class, achievement objectives, and assesses students' knowledge and skills).

#### **II. RECOMMENDATIONS FOR THE ORGANIZATION OF STUDENTS' INDEPENDENT WORK**

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

To study lecture notes on the same day after the lecture - 10-15 minutes.

To study lecture notes the day before the next lecture - 10-15 minutes.

To study theoretical material in textbooks and notes - 1 hour per week.

To prepare for a practical class - 2 hours.

In total 3 hours 30 minutes per week.

2. Description of the sequence of students' work

To understand and take in the material, the follows are recommended:

After a lecture and a class, getting ready for the next day's classes, students should revise the lecture (10-15 minutes).

Getting ready for a lecture of the next day, students should look through the text of the previous lecture; think about the topic of the next lecture (10-15 minutes).

During the week, students should choose the time (1 hour) to work with the recommended literature in the library.

When doing their homework, students should first understand what is required in the task, which theoretical material can be used and outline a plan to solve a problem.

3. Recommendations how to use material of academic and methodological complex.

It is recommended to use the guidelines for the course and the teacher's lectures.

4. Recommendations how to work with literature.

The theoretical material of the course becomes more understandable when, in addition to listening to lectures and studying abstracts, students read textbooks. It is easier to manage the course, by following one textbook. To achieve a state of understanding of the studied topic, it is recommended to do a few simple exercises on this topic after learning the paragraph and to 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 getting ready for formative assessment and midterm examination, it is necessary to study the theory, definitions of all concepts, do several typical tasks.

6. Makeup work( lectures).

Control of students' subject mastery is systematically carried out by the teacher of the department and is reflected in points in the journal. Students who did not master the current material are obliged to prepare this section and answer at an individual appointment. If students miss a lecture without a valid reason, the teacher asks questions on missed lecture or students prepare an essay on the material of the lecture within a month from the day they missed the class. Other methods are available to work off missed lectures (a talk on the topic of the lecture, a test, etc.).

Makeup work (practical classes).

- Each class missed by a student without a valid reason is worked off on a mandatory basis by taking according to the schedule agreed with the dean's office.
- Missing classes must be worked off within 10 days from the day students missed classes. Classes missed with a valid reason (due to illness, the permission of the dean's office) are processed according to thematic material.
- Students who do not work off classes in time are allowed to attend next classes only after receiving dean's or his deputy's permission in written form.
- Students who missed practical classes because of a long illness work off classes after permission of the dean's office according to an individual schedule agreed with the department.
- As an exceptional case (participation in conferences, competitions, etc.) the dean and his deputy may exempt students from working off some of the missed classes.

#### RECOMMENDATIONS FOR PREPARING A REPORT AND MAKING A PRESENTATION

Multimedia presentations are a type of students' independent work to create visual information using PowerPoint. This type of work requires the coordination of students' skills in collecting, organizing, processing information, designing it in electronic form. Making a presentation forms students' computer skills.

Presentations are made in the form slides using Microsoft PowerPoint.

Requirement for students to make a presentation and defend it during the class.

1. A student chooses a topic of the presentation from the proposed list and comes to agreement with the teacher about it.

2. Stages to make a presentation

To draw up a presentation plan (a problem, goals of the work, etc.)

To think each slide over (at first to do it on paper) and 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 to the next slide be made?

3. Making a presentation using Microsoft Power Point:

- Slides should be designed in the same style, in one font, numbered.
- The title page is necessary to introduce a student and the topic of the 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.
- The common mistake is to read the slide verbatim. Best of all, if there is written detailed information in the slide (definitions, formulas), and the words explain 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.
- To use more figures, pictures, formulas, graphs, tables, and animation effects are allowed.
- When explaining tables, it is necessary to say what the rows correspond to, and what the columns correspond to.
- To use only those designations and concepts, without which it is impossible to understand the main ideas of the report.
- Any phrase should be said for some reason. Then the performance will be solid and will make :

good impression.

- The last slide with the conclusion in short presentations is not necessary to pronounce.
- If there are many formulas on the slide, it is recommended to type them completely in Microsoft 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 New Roman looks bad from a distance. Set the basic font size in Math Type to the basic font size in text. Never change the size of the formula by hand, pulling it out of the corner.

4. A student is obliged to prepare and make a report strictly by a specific time.

5. Instructions to speakers.

- to report new information;
- to use technical equipment;
- to know well the subject of the entire presentation;
- to be able to discuss any matters about the presentation and quickly answer questions;
- to follow the established regulations: speaking - 10 min .; discussion - 5 min .;

It must be remembered that the speech consists of three parts: an introduction, a main part, and the conclusion.

The introduction helps to ensure the success of presentations on any topic. The introduction must contain:

- the title of the presentation;
- the main idea;
- modern evaluation of the subject matter;
- a brief listing of issues addressed;
- a lively interesting form of the presentation.

The main part, in which the speaker has to deeply reveal the essence of the topic touched upon, usually based on the principle of the report. The task of the main part is to provide enough information so the audience will be interested in the topic and want to be acquainted with the material. At the same time, the logical structure of the theoretical block should not be given with visual aids, audio-visual, and visual materials.

The conclusion is a clear summary what the speaker says.

#### CLINICAL CHALLENGE

When solving a clinical problem, it is necessary to pay attention to a gender, age, place of residence and profession of a patient. To highlight syndromes in clinical symptoms, identify causal factors and life factors that contribute to the progress of the disease. Objective signs. The results of laboratory and instrumental examination.

Criteria for diagnosis. It is necessary to do the follows: to make a diagnosis according to the classification, to draw up a plan of a patient's examination with the expected results. Then answer the final question: the prescription 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. To record a history of life and illness with an emphasis on epidemiology.
2. To examine a patient and analyze obtained results in accordance with the age norm (HR, BH, D, etc.)
3. To highlight the main clinical syndromes.
4. To analyze available results of laboratory examination (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 examination , etc.).
5. To make a plan for additional laboratory and instrumental examination to confirm the presumptive diagnostic;

6. To make a detailed clinical diagnosis according to the classification of diseases;
7. To prescribe adequate oral and infusion therapy, calculate the volume of injected solutions, prescribe adequate etiologic therapy, determine single, daily, and course doses of antibiotics, prescribe proper topical treatment depending on skin lesions; determine the forecast of the disease for a particular patient;
8. To render necessary medical assistance at the pre-hospital stage in case of hypovolemic shock case of an infectious and toxic shock, in botulism, ASLT, bronchial obstruction syndrome, hyperthermic syndrome, convulsive syndrome, and acute allergic reactions.

## Review

### **of "Dermatovenereology" course outline for Specialty 560001 - KG – General Medicine (for foreign students) specialty of the State Educational Institution of Higher Professional Education - "Kyrgyz-Russian Slavic University"**

Fifth year, semesters - 12. Mode of study: intramural.

The program of the discipline submitted for review, drawn up by the department of Dermatovenereology and phthisiatry and was developed in accordance with the draft order of specialty 560001 - KG – General Medicine (for foreign students). The curriculum for the discipline is based on the sections and topics recommended by the model program on main skin and venereal diseases for medical students. The content reflects the main fundamental sections and topics of the model program, according to the general practitioner training plan.

The work program of the discipline describes the goals, objectives and place of the discipline in the structure of the Educational program, gives a complete conception of the knowledge, skills, expertise of the student's skills and what cultural and professional competencies of a general practitioner should have after studying dermatological disorders.

It should be noted that the list of educational questions presented in the plans of lectures and practical sessions are compiled in accordance with the sections and topics of the program on dermatological diseases and STDs. There is a reasonable separation of face-to-face learning and student's individual work. In the recommended reading, there is a division into required and advanced literature. The gridlines papers contain material to the main sections of the program and include teaching aids. The course outline provides examples of assessment tools and assessment criteria. They are presented in the form of control questions, clinical cases, examples of tests for current, midpoint certification based on the results of mastering the discipline, as well as for monitoring the student's independent work in each module of the discipline.

In general, the "Dermatovenereology" course outline program for the specialty 560001 - KR – General Medicine (for foreign students) meets the requirements for documents of this kind and can be recommended for the proper use.

Head of the Infectious diseases  
department, candidate of Medical sciences



Radchenko E.A.

## REVIEW

### of the content of «Dermatovenereology» course outline for specialty 560001 - KG – General Medicine (for foreign students)

The course outline was developed by the team of the of Dermatovenereology and phtisiatry department of KRSU: doctor of Medical sciences, professor Baltabaev M.K., candidate of Medical sciences, assistant professor Baltabaev A. M.

The course outline (module) of the " Dermatovenereology " is designed for 3 credit units (108 hours), of which 60 hours are in-class session, 30 hours are students' individual work and the discipline ends with a summative assessment.

The program includes the definition of the goal which is to deepen basic knowledge and form systemic review about the structure, general patterns of the skin in the healthy individuals and in pathology as well as using modern research methods in the diagnosis and treatment of diseases. Academic curriculum and the place of the discipline in the Educational program.

The program provides methodological recommendations on the technology of teaching the discipline, shows the forms of current, midpoint and intermediate certification of students, describes in detail the assessment tools for monitoring the quality of training with examples of test tasks and clinical cases.

For the implementation the program the department has educational and methodological documentation and materials for all modules of the discipline, material and technical equipment that ensures the organization of all course training.

Thus, the course outline of " Dermatovenereology " meets the requirements of the Specialty 560001 - KG – General Medicine (for foreign students) and is recommended for use in a higher educational institution of medical profile.

Head of the Family medicine  
undergraduate study department  
Doctor of Medical Sciences,

