

SYLLABUS

Dermatology, Venereology

Selective discipline

level of higher education	the second (master's) level of higher education
specialty	222 "Medicine"
field of knowledge	22 "Healthcare"
academic qualification	Master of Medicine
professional qualification	Medical Doctor
academic and professional program	«Medicine»
mode of study	full-time
course and semester of study of the discipline	4 course, VII semester

Poltava – 2024

INFORMATION ABOUT LECTURERS WHO DELIVER THE ACADEMIC DISCIPLINE

Surname, name, patronymic of the lecturers, scientific degree, academic title	Ishcheikin Kostiantyn Yevhenovych, Professor Dudchenko Mykola Oleksiiovych, Professor Kravchenko Volodymyr Hryhorovych, Professor Popova Iryna Borysivna, Associate Professor Yemchenko Yana Oleksandrivna, Associate Professor Vasylyva Kateryna Volodymyrivna, Associate Professor Kameniev Volodymyr Ivanovych, Associate Professor Bezeha Olena Viktorivna, Assistant
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MAIN CHARACTERISTICS OF THE ACADEMIC DISCIPLINE

The scope of the academic discipline

Number of credits / hours - **3,0 / 90**, of which:

Lectures (hours) - **6**

Practical classes (hours) - **34**

Self-directed work (hours) - **50**

Type of control - **FMC**

The policy of the academic discipline

When organizing the educational process in PSMU teachers and students act in accordance with:

Regulations on the organization of the educational process in the Poltava State Medical University (https://www.pdmu.edu.ua/storage/department-npr/docs_links/EXHOB4YrpFJqaqUWjwI3e7GhMA6TcAWDd7yVXYjO.pdf);

Regulations on the academic integrity of higher education seekers and employees of the Poltava State Medical University

(https://www.pdmu.edu.ua/storage/n_process_vimo/docs_links/WwK8jif9Fb1SzyjXCStiqjWVmat8x3J9QFHekKWx.pdf);

Rules of procedure for students of the Poltava State Medical University (https://www.pdmu.edu.ua/storage/department-npr/docs_links/OaN2nwysLPFAUDRvuDPvFSpzM1j9E9CwQQkgr93b.pdf) etc.

Students come to class according to the schedule. Late for classes is not allowed. Classes are held without a break. There is a dressing room in the hospital where students change clothes. During their stay, students at the department must adhere to a professional dress code, which provides a medical form - a robe and a medical cap, preferably white, perfectly clean, ironed. It is not allowed to wear hats in the department. It is forbidden to wear a medical uniform under outerwear and outside the area of the clinical base. Compliance with the specified dress code is ensured on the basis of moral self-control of each student.

Description of the academic discipline (summary). Dermatology, venereology is a branch of clinical medicine, which includes dermatology - the science of the structure, functions and diseases of the skin and venereology - the science of sexually transmitted diseases. During the study of the discipline students learn modern positions of the etiopathogenesis of the clinical picture, course and classification of skin diseases, as well as sexually transmitted diseases, including the latest diagnostic methods and criteria for differential diagnosis of these diseases, modern treatments and preventive measures.

The discipline is studied in the 4th year of study.

Prerequisites and postrequisites of the academic discipline (interdisciplinary links).

Prerequisites. The study of dermatology, venereology is based on the knowledge gained by students in the study of medical biology, normal and pathological anatomy, normal and pathological physiology, histology, embryology, microbiology, pharmacology, internal diseases, surgical diseases, hygiene, social medicine and integrates with these disciplines.

Postrequisites. Acquired knowledge in the learning process, acquired at the end of the study of dermatology, venereology necessary for the study of therapy, family medicine, endocrinology, pediatrics, surgery, urology, infectious diseases, oncology.

The aim and tasks of the academic discipline:

- the aim of studying the academic discipline is to teach the discipline for the formation of systematic medical knowledge, skills and abilities in the diagnosis of skin and sexually transmitted diseases. It is assumed that mastering the knowledge of the main clinical signs of skin and sexually transmitted diseases will allow general practitioners to recognize such diseases in time and refer the patient to a dermatologist. Awareness of the manifestations of sexually transmitted diseases and sexually transmitted infections (HIV, hepatitis B and C, papillomavirus infection, etc.) is an important component of dental training, and knowledge of preventive measures against these diseases is the responsibility of any doctor. -what is the specialty and specialization.
- the main tasks of studying the discipline are for students mastering the specialty "Medicine", the study is:
 - basics of theoretical dermatology (anatomical and microscopic structure of the skin and mucous membranes, physiology and pathology of the skin, basics of clinical pharmacology for the treatment of skin diseases);
 - the main clinical and diagnostic signs of common skin diseases, their prevention and treatment;
 - features of the clinical course of specific infections (including leprosy, tuberculosis), sexually transmitted diseases, HIV and other sexually transmitted infections.

Competences and learning outcomes in accordance with the academic and professional program, the formation of which is facilitated by the discipline (integral, general, special)

- *integral:*

Ability to solve complex specialized problems and practical problems in professional activities in the field of health care in the specialty "Medicine", or in the learning process, which involves research and / or innovation and is characterized by complexity and uncertainty of conditions and requirements.

- *general:*

1. Ability to abstract thinking, analysis and synthesis, the ability to learn and master modern knowledge.
2. Ability to apply knowledge in practical situations.
3. Knowledge and understanding of the subject area and understanding of professional activity.
4. Ability to adapt and act in a new situation.
5. Ability to make informed decisions; work in a team; interpersonal skills.

6. Ability to communicate in the state language both orally and in writing; ability to communicate in a foreign language. Ability to use international Greco-Latin terms, abbreviations and clichés in professional oral and written speech.
7. Definiteness and perseverance in terms of tasks and responsibilities.
8. Ability to act socially responsibly and consciously.

- ***special:***

1. Patient interviewing skills.
2. Ability to determine the required list of laboratory and instrumental studies and evaluate their results.
3. Ability to establish a preliminary and clinical diagnosis of the disease.
4. Ability to determine the required mode of work and rest in the treatment of diseases
5. Ability to determine the nature of nutrition in the treatment of diseases.

Learning outcomes for the academic discipline:

After completing the module, students should:

know:

- structure and function of the skin, its appendages and mucous membranes of the oral cavity
- principles of classification of skin diseases on the basis of etiological factors and pathomorphological manifestations, special dermatological terminology
- etiology, pathogenesis and pathomorphology of the most common skin and venereal diseases
- clinical signs and course of skin diseases
- principles of diagnosis and bases of differential diagnosis of skin and venereal diseases
- standards of rational treatment of dermatological diseases (topical and systemic therapy) and sexually transmitted infections
- basics of primary and secondary prevention of skin diseases and sexually transmitted infections

be able to:

- determine the etiological and pathogenetic factors of the appearance and subsequent clinical course of the most common skin and sexually transmitted diseases
- describe pathological dermatological conditions
- make a preliminary diagnosis of the most common skin and sexually transmitted diseases on the basis of clinical and anamnestic data
- describe dermatological conditions and refer the patient with manifestations of dermatological and venereal diseases to a specialist
- to appoint laboratory and / or instrumental examination, to carry out differential diagnosis of dermatoses

- determine the basic principles of treatment of patients according to their diagnosis
- determine the tactics of management of patients with skin and sexually transmitted diseases
- prescribe rational topical and systemic therapy

Thematic plan of lectures (by modules), specifying the basic issues, which are considered at the lecture

Seq. No.	Title of the topic	Number of hours
Module 1. Dermatology, venereology		
1	<p>Common views on etiology and pathogenesis of skin diseases and oral mucosa. Treatment principles in dermatovenerology. Deontology in patient care. Parasitic dermatoses. Pyoderma and its forms.</p> <p>History of dermatology. Features of the psychological response of patients with dermatoses. Deontological aspects of the doctor's work. Anatomy, histology, physiology of the skin. Skin functions. Morphological elements of the rash. The principles of treatment of skin diseases. Dermatozoonoses (scabies, pediculosis, demodicosis). Etiology, pathogenesis, clinic, diagnosis, treatment. Pyoderma (staphilo and strepto). Etiology, pathogenesis, clinic, diagnosis, treatment.</p>	2
2	<p>Viral disorders of skin. Differential diagnosis with the viral exanthema of child age. Bullous disorders.</p> <p>Etiology, pathogenesis, clinic, diagnosis, treatment. Methods of prevention.</p>	2
3	<p>Sexually transmitted diseases.</p> <p>WHO classification of infectious diseases, predominantly sexually transmitted. Mixed urinary tract infections. The general scheme of the course of syphilis and its laboratory diagnosis. The secondary period of syphilis. Tertiary and congenital syphilis. The principles of therapy and prevention of syphilis.</p>	2
	Total	6

Thematic plan of seminar classes by modules and content modules, specifying the basic issues, which are considered at the seminar class - not provided.

Thematic plan of practical classes by modules and content modules, specifying the basic issues, which are considered at the practical class

Seq. No.	Title of the topic	Number of hours
Module 1. Dermatology, venereology		
1	<p>Anatomy and physiology of skin. Primary and secondary skin lesions. Skin examination methods. Parasitic dermatoses (infestations).</p> <p>Anatomy of the skin. The epidermis, dermis, hypodermis. Blood and lymph vessels. Nervous receptor apparatus. Hair. Nails The glands of the skin. The connection of the skin and oral mucosa with other organs and systems. Physiology of the skin. The participation of the skin and oral mucosa in water, mineral, protein, carbohydrate, vitamin enzymatic and fat metabolism. Skin as a place of formation of biologically active substances. Protective, thermoregulatory, secretory, resorption, sensitive respiratory functions of the skin. Skin as an immune organ. Histology of the skin. The main pathological processes that occur on the skin and mucous membranes of the mouth, and their role in the formation of rash elements. Acute and chronic inflammation. Hypercaratosis, granuloses, acanthosis, parakeratosis, papillomatosis, spongiosis, vacuole and ballooning epidermal dystrophy, acantholysis, specific and non-specific infiltration (proliferation). Tumor process. Scheme of examination of a skin patient: a survey of passport data, complaints, anamnesis. Examination of normal skin, mucous membranes, internal organs, nervous system. Descriptions of the site of the disease, morphological elements of the skin rash. Primary morphological elements: spot, nodule, tubercle, knot. Exudative morphological elements: vesicle, blisters, ulcers, bladder. Secondary morphological elements: erosion, ulcer, scales, crust, scratches, scar, lichenization, vegetation. Subjective symptoms of skin diseases. Descriptions of the site of the disease.</p>	2
2	<p>Scabies, pediculosis and demodecosis. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Scabies. Pathogen. Infection conditions. Epidemiology. Laboratory diagnostics. Clinical manifestations. Complications. Differential diagnosis. Treatment, prevention. Early diagnosis of the disease with registration in the form of 281 or 089. Isolation of the patient, examination of contact persons and identification of foci of infection. Current and final disinfection. Lice A type of lice.</p>	2

	Epidemiology. Changes in the skin caused by lice. Complications. Treatment, prevention. Active patient identification, notification at SES. Disinsection at the site of infection. Planned preventive measures. Demodex. Tick of hair bags (demodex). Clinic, treatment, prevention.	
3	<p>Bacterial infections staphylococcal . Clinical course, involvement of the skin and mucosa, differential diagnostics, treatment.</p> <p>Epidemiology and pathogenesis: the leading role of staphylococcal and streptococcal infections, the possibility of mixed infection, the importance of exogenous (microtrauma, skin contamination, hypothermia, overheating), endogenous (diabetes mellitus, hypovitaminosis, immune status disorders, focal infection, intoxication, intake of immunodepressant factors). The biological properties of pathogens, the facultative nature of their pathogenic properties. Classification of pyodermitis. Clinical features, course and histopatology of various forms of pyoderma.</p> <p>Streptococcal skin lesions: streptococcal impetigo and its varieties - contagious impetigo, shchipodibne, bullous streptoderma, superficial panaritium, erythema squamous and intertriginous streptoderma, vulgar ecthyma, erysipelas. Vulgar impetigo. The concept of pioallergides and chronic forms of pyoderma. The principles of general and local therapy of pyoderma. Patient mode. Diet. Vitamin Therapy. Immunotherapy. Nonspecific stimulating therapy, physiotherapy, antibiotic therapy.</p>	2
4	<p>Bacterial infections streptococcal. Clinical course, involvement of the skin and mucosa, differential diagnostics, treatment.</p> <p>Staphylococcal congestion. Significance of anatomical and physiological features, transmission routes. Vesiculo-pustulosis, epidemic pemphigus of newborns, exfoliative dermatitis of Ritter, numerous abscesses of infants (Finger pseudofurunculosis).</p> <p>Pyoderma of teenagers and adults. Clinical manifestations and features of the course of staphylococcal skin lesions: osteofolliculitis, furuncle, furunculosis, carbuncle, sycosis, etc. The danger of boils with localization on the face and neck, the doctor's tactics for these patients. The principles of general and local therapy of pyoderma. Patient mode. Diet. Vitamin Therapy. Immunotherapy. Nonspecific stimulating therapy, physiotherapy, antibiotic therapy.</p>	2
5	<p>Psoriasis. Clinical course, differential diagnostics, laboratory diagnostics, treatment. Lichen ruber planus. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Curation of dermatological patients. Practical skills of medical</p>	2

	<p>history writing. Psoriasis. Etiology and pathogenesis, epidermal proliferation is probably due to the genetic or viral nature of the disease, the role of functional disorders of the nervous system, stress, focal infection, metabolic and endocrine disorders as risk factors; seasonality of the disease. Vulgar psoriasis. Clinic, localization. The diagnostic value of the triad of psoriatic symptoms, the stage of the disease and the significance of the isomorphic reaction, the concept of arthropatic psoriasis and psoriatic erythroderma. The clinical picture of vulgar and pustular psoriasis with localization of the process on the mucous membrane and lips. The principles of treatment. Prevention.</p> <p>Lichen planus. Pathogenesis. Typically, exudative - hyperemic, erosive - ulcerative and vesiculate forms on the mucous membrane of the mouth and lips. Morphology. Differential diagnosis of a rash on the oral mucosa with leukoplakia, lupus erythematosus, etc. Treatment. Features of treatment for localization on the oral mucosa, the role of rehabilitation and treatment of background diseases.</p>	
6	<p>Fungal diseases of the skin and hairs. Keratomycoses and Candidiasis. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Inguinal epidermophytosis. Clinic, treatment, prevention.</p> <p>Rubromycosis. Pathogen, clinical forms, clinic, diagnosis, criteria for recovery. Mycosis of the feet.: Epidermophytosis and rubromycosis, the degree of factors, clinical varieties, diagnosis, treatment and prevention. Candidiasis. Etiology, features of pathogenesis. The role of dental pathology, impaired immune status, hypovitaminosis, endocrine pathology. Classification. Superficial candidiasis. Candidiasis of the skin. Paronychia and onychia, granulomatous and chronic generalized candidiasis. Candidiasis of the mucous membranes. Thrush and candida congestion, differential diagnosis with leukoplakia, lichen planus, syphilis, pyoderma. Diagnosis of candidiasis treatment. Sanitation of the oral cavity, treatment of background diseases, B vitamins, immunostimulants, nystatin, levorin, decamine, canesten, diflucan, soluble aniline dyes, etc. Prevention - treatment of background diseases, restriction of the use of antibiotics, corticosteroids and immunodepressant.</p>	2
7	<p>Dermatomycoses : Rubrophytosis, Trichophytia, Microsporia.</p> <p>Trichophytosis. Trichophytosis superficial of smooth skin, scalp, nails, chronic. Trichophytosis infiltrative - suppurative - pathogen, pathogenesis, diagnosis, clinical manifestations. Microscopy. Favus (pathogen, clinic and diagnosis). Principles of treatment of</p>	2

	trichomycosis. Prevention.	
8	<p>Dermatitis, eczema, toxidermia. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Definition. Classification. Factors. Pathogenesis. Clinical manifestations, diagnosis. Treatment and prevention of various forms of dermatitis. Lyell's Syndrome. Diagnostics. Clinic. Treatment and prevention of various forms of toxicoderma. First aid, secondary prevention. Eczema. Definition Etiology of pathogenesis. The importance of heredity, antenatal and perinatal influences, environmental conditions and body reactivity in the development of eczematous process. Classification. Clinical manifestations, course, stages of the eczematous process. Diagnostics. Complications. The principles of treatment of adults and children with eczema, regimen, circumvention, diet, general medication and external treatment, physiotherapeutic procedures. Clinical examination of children with eczema, employment of adult patients. Supervision of a patient with eczema, dermatitis, toxicoderma in the hospital. Students independently describe the place of illness of an inpatient patient, the place of illness (dermatological status).</p>	2
9	<p>Bullous diseases. Vulgar pemphigus. Clinical course, differential diagnostics, laboratory diagnostics, treatment. Practical skills of medical history writing.</p> <p>Bullous diseases. Dermatitis herpetiformis Duhring. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Classification of vesiculate diseases. Pathogenesis of pemphigus, an idea of its autoimmune mechanisms. Clinical Varieties. Clinic and course of pemphigus vulgaris. Features of the clinical picture on the mucous membrane of the mouth and lips. Morphology. Responsibility of dentists in the early diagnosis of pemphigus. Symptoms of Nikolsky, taking smears, fingerprints and definition of "acantholytic cells" in them. Damage to the mucous membrane with bullous Pemphigoid and pemphigus, cystic with vascular syndrome, and menopausal gingivitis. Understanding the immunofluorescence diagnosis of vesiculate diseases. Differential diagnosis of pemphigus with bullous Pemphigoid, pemphigus, multiforme exudative erythema, herpetic stomatitis, erosive-ulcerative red flat lichen. Forecast. The principles of treatment of pemphigus with corticosteroids and cytostatics, oral sanitation and rational prosthetics as factors contributing to the elimination of the process in the oral mucosa. Herpetiform dermatosis. Etiology, pathogenesis, clinical manifestations. Features of the clinical</p>	2

	course of diseases in children. Diagnostics. The diagnostic value of the Jadason test. Immunofluorescence diagnosis. Treatment of herpetiform dermatosis in adults and children. Dispensary observation.	
10	Viral dermatoses. Clinical course, differential diagnostics, laboratory diagnostics, treatment. Classification. Warts are vulgar, flat, youthful, plantar. Genital warts (condylomas), a contagious mollusk. Etiology, clinic, epidemiological significance, differential diagnosis. Treatment. Shingles. Etiology, clinical forms. Epidemiological significance. Diagnosis, treatment, prevention. Viral diseases with HIV infection.	2
11	Disease transmitted mainly through sexual contact, their classification, clinical picture, diagnosis, prevention. The main stages of the development of venereology. The modern classification of sexually transmitted diseases: classic sexually transmitted diseases, diseases with a primary lesion of the genitourinary organs. Social and other aspects of sexually transmitted diseases. Distribution in Ukraine. Factors. The issue of deontology .. Pathogens, morphological and biological features. The influence of various factors on the pathogen. Experimental syphilis. The mechanism of development of syphilitic infection. Conditions and routes of infection. Transfusion syphilis, reinfection, superinfection. The general course, the periodization of syphilis. Classification of syphilis. The incubation period. Reasons affecting its duration. Features of infection of children with syphilis. Features of the doctor and the principles of examination of patients in veins. branch. Laboratory diagnostics.	2
12	Primary syphilis. Clinical course, differential diagnostics, laboratory diagnostics, treatment. The primary period of syphilis. Duration, clinical manifestations. Typical and atypical varieties of hard chancre. The clinical features of the hard chancre in the anus, lips, tongue, gums, tonsils, transitional folds of the oral mucosa Differential diagnosis of solid chancre. Complications of primary syphiloma. Clinical features of regional sclerenitis and lymphangitis. Polyadenitis is a serological reaction in the primary period. Prodromal phenomena.	
13	Secondary syphilis. Clinical course, differential diagnostics, laboratory diagnostics, treatment. The secondary period of syphilis. Clinic, course. Clinical features of roseolous, papular and pustular syphilis in the oral mucosa. Syphilitic tonsillitis and its differential diagnosis. Damage to the	2

	internal organs and nervous system. Serological reactions. Diagnostics. Differential diagnosis of the manifestations of the secondary period of syphilis.	
14	<p>Tertiary syphilis. The defeat of the internal organs and mucous membranes with secondary syphilis. Serological tests.</p> <p>Active, hidden, general characteristic. Clinic, course. Clinical and histological features of the humpback and gummy syphilides on the skin and mucous membranes and their differential diagnosis. Damage to bones, joints of internal organs and nervous system. Serological reactions. Diagnostics. Features of the defeat of the mucous membranes of the oral cavity with congenital syphilis. Definition Ways of transmission of infection. The social significance of congenital syphilis. The effect of syphilis on pregnancy. Classification. Clinic and course of early congenital syphilis. Damage to the skin, mucous membranes of the internal organs, nervous system, eyes, bones. Serological reactions. Diagnostics. Clinic of late congenital syphilis. Getchinson's triad, Getchinson's teeth, parenchymal keratitis, auditory nerve neuritis. Likely signs of late congenital syphilis. Damage to the skin and mucous membranes: rubber, tubercle, interstitial glossitis. Serological reactions. Diagnosis of congenital syphilis. Serodiagnosis of syphilis. The clinical significance of serological reactions to syphilis (the classic Wassermann reaction, the micromethod of the immobilization of pale treponemas, the immunofluorescence reaction. The concept of seroresistant syphilis. False positive reactions. The study of cerebrospinal fluid for syphilis.</p>	2
15	<p>Gonorrhea. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>Gonorrhea of men. The causative agent of gonorrhea. Biological features. Conditions and routes of infection. The incubation period, classification.</p> <p>Clinic of fresh and chronic gonorrhea urethritis in men, methods for its diagnosis. Complications of gonorrhea. Extragenital gonorrhea.</p>	2
16	<p>Non-gonorrheal urethritis. Clinical course, differential diagnostics, laboratory diagnostics, treatment.</p> <p>The concept of urogenital chlamydia, mycoplasmosis, trichomoniasis and mixed infection of the genitourinary organs, their diagnosis and social significance</p>	2
17	Protection of dermatological patient history Final module control.	2

	Total	34
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Self-directed work

Seq. No.	Title of the topic	Number of hours
1	Preparation for practical classes - theoretical preparation and development of practical skills	17
2	Writing an educational medical history	6
3	Unassisted training – studying of extra-curricular subjects: The history of the development of dermatology in the XIX-XX centuries. - Ukrainian dermatovenereological school. - The subject and tasks of dermatovenerology. The main stages of development of dematovenerology. - Peculiarities of psychological response of patients - Deontological approach to the treatment of skin diseases. The skin is an immune organ of the human body. - Immune functions of the skin. - Langerhans cells, their structure, location, functions. Tuberculosis. Etiology, pathogenesis, clinic, diagnosis, treatment. General characteristics of the primary period of syphilis. - Diagnosis, treatment. - Principles of prevention. General characteristics of the secondary period of syphilis. - Diagnosis, treatment. - Principles of prevention. General characteristics of the tertiary period of syphilis. - Diagnosis, treatment. - Principles of prevention.	3 3 3 3 3 3 3
4	Preparation for the final modular control	6
	Total:	50

Individual tasks performed by students independently under the guidance of a teacher. Individual tasks include: participation in scientific and practical conferences, conducting sanitary and educational work.

The list of theoretical questions for students' preparation for the final module control:

1. The structure of the epidermis.
2. The structure of the dermis
3. The structure of hair and hair follicle
4. Sebaceous glands. Sweat glands
5. Skin functions: protective, thermoregulatory, secretion
6. The participation of the skin in metabolic processes
7. Skin - the sense organ
8. Relationship between skin diseases and internal pathology
9. The main pathohistomorphological processes
10. Acanthosis, parakeratosis, hyperkeratosis
11. Acantholysis, vacuolar degeneration, ballooning degeneration
12. Histopathological changes in inflammatory processes in the skin
13. Granulosis, spongiosis
14. Methods of examination of a skin patient
15. Diet therapy for skin pathology
16. Sanatorium treatment of dermatoses
17. Physiotherapeutic methods in dermatology
18. Examination methods in dermatology
19. Primary and secondary rashes
20. The primary element - the stain (give an example of the disease)
21. The primary element - a blister (give an example of the disease)
22. The primary element is a blister (give an example of the disease)
23. The primary element - a blister (give an example of the disease)
24. The primary element is a pustule (give an example of the disease)
25. The primary element - a papule (give an example of the disease)
26. The primary element - a tubercle (give an example of the disease)
27. The primary element - the node (give an example of the disease)
28. Lesions of the oral mucosa in various dermatoses
29. Secondary elements: crust, scales (give an example of the disease)
30. Secondary elements; scar, atrophy (give an example of the disease)
31. Secondary elements: erosion, excoriation (give an example of the disease)
32. Secondary elements - ulcer, crack (give an example of the disease)
33. Secondary skin changes - lichenification (give an example of the disease)
34. Forms of use of drugs in dermatology
35. The concept of desensitization in dermatology
36. The role of genetic factors in the pathogenesis of dermatoses
37. The role of exogenous, endogenous and social factors in the occurrence of skin diseases
38. Staphylodermia, clinic, diagnosis, differential. diagnosis, modern treatment
39. Streptoderma, clinic, diagnosis, differential. diagnosis, modern treatment
40. Scabies, clinic, diagnosis, differential. diagnosis, modern treatment

41. Pediculosis, clinic, diagnosis, differential. diagnosis, modern treatment
42. Microsporia, clinic, diagnosis, differential. diagnosis, modern treatment
43. Superficial trichophytia, clinic, diagnosis, differential. diagnosis, modern treatment
44. Deep suppurative trichophytia. Clinic, diagnostics, differential diagnostics, modern treatment
45. Mycoses of the feet, clinic, diagnosis, differential diagnosis, modern treatment
46. Rubrophytia, clinic, diagnosis, differential diagnosis, modern treatment
47. Candidiasis of the skin and mucous membranes, clinic, diagnosis, differential diagnosis, modern treatment
48. Prevention of fungal diseases
49. Simple contact dermatitis, clinic, diagnosis, differential diagnosis, modern treatment
50. Contact-allergic dermatitis, clinic, diagnosis, differential diagnosis, modern treatment
51. Toxicoderma, clinic, diagnosis, differential diagnosis, modern treatment
52. True eczema, pathognomonic signs of eczema. Clinic, differential diagnosis.
53. Microbial eczema, diagnosis, differential diagnosis, modern treatment
54. Psoriasis. Clinic, varieties, differential diagnosis, treatment.
55. Red flat herpes. Clinic, varieties, differential diagnosis, treatment. Lesions of the mucous membranes.
56. Ordinary vesicles. Clinic, course, recipe. Lesions of the mucous membranes.
57. Duhring's herpetiform dermatitis. Clinic. Lesions of the mucous membranes.
58. Multiform exudative erythema. Clinic. Lesions of the mucous membranes. Treatment
59. Stevens - Johnson syndrome, differential diagnosis with Lyell's syndrome
60. Bladder diseases, clinic, varieties, differential diagnosis, treatment
61. Herpes simplex, clinic, differential diagnosis, treatment
62. Shingles, clinic, differential diagnosis, treatment
63. Etiology of syphilis
64. Ways of syphilis infection
65. Primary seronegative and seropositive syphilis, clinic, differential diagnosis, treatment
66. Atypical forms of primary syphilis.
67. Complications of primary syphilis
68. Differential diagnosis of primary syphilis
69. Secondary period of syphilis. Differential diagnosis of secondary fresh syphilis from secondary recurrence
70. Features of mucosal lesions in patients with secondary syphilis.
71. Diagnosis and differential diagnosis of secondary syphilis
72. Serodiagnosis of syphilis. RIF and RIBT
73. Chronic gonorrheal urethritis. Clinic, treatment, recipe
74. Causes of tertiary syphilis

75. Clinic, differential diagnosis, treatment of tertiary syphilis.
76. Causes of congenital syphilis. Syphilis of the fetus, placenta, early congenital syphilis.
77. Late congenital syphilis. Features of clinic and diagnostics.
78. Prevention of congenital syphilis, principles of treatment of patients with syphilis, recipe
79. Criteria for the cure of syphilis
80. The causative agent of gonorrhea. Ways of gonorrhea infection
81. Acute anterior and total gonorrheal urethritis. Clinic, diagnostician, recipe.
82. Gonorrheal prostatitis. Treatment of complicated gonorrhea. Recipe
83. Gonorrhea of the lower part and ascending gonorrhea in women. Principles of treatment, recipe.
84. Principles of treatment of acute and chronic gonorrhea.
85. Non-gonorrheal urethritis.
86. Organization of control of sexually transmitted diseases in Ukraine

The list of practical skills required for the final module control:

1. Methods of clinical examination of a skin patient.
2. Palpation.
3. Diascopy.
4. Scraping the cell.
5. Reproduction and evaluation of dermographism.
6. Determination of temperature, tactile and pain sensitivity.
7. Definition of the psoriatic triad.
8. Wickham grid detection technique.
9. Methods of finding the Kerner phenomenon.
10. Staging allergological and their interpretation.
11. Carrying out the Balzer test with an alcoholic solution of iodine.
12. Methods of luminescent diagnostics, which is performed using a Wood lamp.
13. Collection of pathological material for fungal diseases.
14. Methods of obtaining the phenomenon of "honeycombs".
15. Methods of research on scabies mite.
16. Methods of obtaining the phenomena of Nikolsky and Asbo-Hansen.
17. Taking smears-imprints and their staining according to Romanovsky-Gimza on acantholytic cells.
18. Method of staging a Yadasson test with an ointment containing 50% potassium iodide.
19. Methods of reproduction and assessment of the phenomena of "probe failure" and "apple jelly".
20. Methods of detecting a positive symptom of Benier - Meshchersky.
21. Taking material for research on pale treponema.
22. Methods of blood sampling for serological testing.
23. Taking swabs from men for research on gonococci and Trichomonas.

24. Taking swabs from women for research on gonococci and Trichomonas.
25. Two-glass Thompson's test at inspection of the patient with urethritis.
26. Drawing up an individual card of an outpatient (f. 25).
27. Compilation of a medical history of an inpatient skin patient.
28. Filling in an emergency message (f. 281) on a patient with scabies, mycoses, sexually transmitted diseases, etc.
29. Registration f.30 dispensary patient.

Teaching methods

- Verbal: lectures, explanations, story, conversation, instruction;
- Visual methods: illustration, demonstration, observation;
- Practical methods: performing practical work and solving situational tasks to develop skills and abilities;
- Independent work of students on comprehension and assimilation of new material;
- Thematic discussions;
- Brain storm;
- Analysis of specific situations (case method);
- Presentations.

The form of final control of academic performance – FMC

The system of continuous and final control

Control measures for assessing the educational activities of students include current and final control of knowledge, skills and abilities students.

Control measures are based on the principles: compliance with standards higher education; use of standardized and unified system diagnostics aimed at applying knowledge; definiteness of criteria evaluation; objectivity and transparency of control technology.

On a 4-point scale	Assessment in ECTS	Evaluation criteria
5 (excellent)	A	The student shows special creative abilities, is able to acquire knowledge independently, without the help of the teacher finds and processes the necessary information, is able to use the acquired knowledge and skills for decision-making in unusual situations, convincingly argues answers, independently reveals own talents and inclinations, possesses not less than 90 % of knowledge from

		topics both during the survey and all types of control.
4 (good)	B	The student is fluent in the studied amount of material, applies it in practice, freely solves exercises and problems in standardized situations, independently corrects errors, the number of which is insignificant, has no less than 85% of knowledge on the topic both during the survey and all types of control.
3 (satisfactorily)	D	The student reproduces a significant part of theoretical material, shows knowledge and understanding of the basic provisions with the help of a researcher can analyze educational material, correct errors, among which there are a significant number of significant, has at least 65% knowledge of the topic, and during the survey, and of all kinds control.
	E	The applicant has educational material at a level higher than the initial, a significant part of it reproduces on reproductive level. has at least 60% knowledge of the topic both during the survey and all types of control.
2 (not satisfactorily)	FX	The student has the material at the level of individual fragments that make up a small part of the material, has less than 60% knowledge of the topic as during the survey, and all types of control.
	F	The student has the material at the level of elementary recognition and reproduction of individual facts, elements, has less than 60% knowledge of the topic as during surveys, and all types of control.

Input control.

Entrance control is carried out at the beginning of the study of a new

discipline in order to determine the readiness of higher education students to master it. The control is carried out with the help of diagnostic tools in academic disciplines, usually test tasks.

Control results are analyzed at the departmental (interdepartmental) meetings, at the meetings of the councils of faculties (institutes) and the central methodical commission together with the teachers who conducted classes on the respective academic discipline, according to the graphological structure of the OP. According to the results of the entrance control, the organization of individual work with applicants for higher education, adjustment of working curricula, etc. is envisaged.

Current control.

Current control is carried out by scientific and pedagogical (pedagogical) workers during seminars and practical classes, industrial practice. The main purpose of current control is to provide feedback between the researcher and the graduate in the learning process and the formation of learning motivation of higher education. The information obtained during the current control is used both by the researcher and pedagogical worker - to adjust technologies, methods and teaching aids, and by applicants for higher education - to plan independent work.

Current control can be carried out in the form of oral interviews, solving situational problems, assessment of manipulations, written control, written or program computer testing in practical classes, assessment of performances of higher education students when discussing issues in seminars, discussions, etc. Forms of current control and evaluation criteria are defined in the work program specifically for each discipline.

The current control is carried out by the scientific - pedagogical (pedagogical) worker systematically, during carrying out of practical and seminar employments, industrial practice, performance of the concrete kind of works provided by the working curriculum on disciplines.

With the beginning of teaching the discipline scientific - pedagogical (pedagogical) worker must bring to the notice of higher education students the requirements for the current control of knowledge.

The teacher must assess the success of each student in each class on a four-point (traditional) scale, taking into account standardized, generalized criteria for assessing the knowledge of higher education.

Assessment of success is integrated (all types of work of the applicant are evaluated, both in preparation for the lesson and during the lesson) according to the criteria that

are communicated to the applicants for higher education at the beginning of the study of the discipline.

The grade is given by the teacher in the "Journal of attendance and student performance" and synchronously in the "Electronic Journal of PSMU" (hereinafter EJ) at the end of the lesson or after checking individual tests

(written work, solving typical or situational problems and tests), but not later than 2 calendar days after the lesson (in accordance with the "Regulations on the electronic journal of success").

Final control.

The components of the final control are: semester control and final certification of applicants for higher education, which is regulated by the "Regulations on the State certification of applicants for higher education of educational and qualification levels specialist in the field of training "Medicine" in the specialty 7.12010005 "Dentistry" of the Poltava State Medical University".

Final modular control (PMC) - a form of final control, which consists in assessing the mastering of higher education educational material in a particular discipline (or part thereof) on the basis of current control and individual tasks performed in the last lesson. Semester PMC is planned in the absence of an exam or test.

Regulations for PMC.

PMC is carried out upon completion of the study of the program material of the module in the discipline and is held at the last lesson of the module.

Applicants for higher education who have scored the required minimum number of points during the current control (average grade point average 3.0 and above), do not have missed passes of lectures and practical classes, have mastered the topics for independent work within the module and met all requirements in the academic discipline, which are provided by the working curriculum in the discipline (protection of medical history, positive assessments of the content modules, received permission to compile PMC during the test control).

For PMC the hours provided in the working curriculum are used. PMC is accepted by scientific and pedagogical workers appointed by the head of the department.

In order to objectively impartial assessment of knowledge of higher education students are involved in the reception of PMC research and teaching staff, departments that have not conducted practical classes in these academic groups in this category of students.

The PMC score is evaluated in points and is not converted into a traditional 4-point score. The maximum number of PMC points is 80 points. The minimum number of PMC points at which the control is considered completed is 50 points. The maximum number of points per module is 200 points (of which up to 120 points for current performance).

The questions (test tasks, situational tasks) that are submitted to the PMC are formulated in such a way that the reference answer of the higher education applicant to each lasts approximately 3-5 minutes. The questions cover the most important sections of the working curriculum, which are sufficiently covered in the literature sources recommended as the main (basic) in the study of the discipline.

Examination tickets for PMC are formed on the issues, which are approved

at the meeting of the department. The total number of questions (tasks, situational tasks) in each ticket should not exceed three. The PMC must be asked questions, which are determined for self-study within the module.

In case of violation of the rules of academic integrity by the applicant of higher education (p.2.2.5. Of the Rules of Procedure), the results of the assessment obtained during the preparation of the PMC student is graded "unsatisfactory".

Applicants for higher education who, during the study of the module from which the final control is conducted, had an average score of the current grade from 4.50 to 5.0 are exempted from the PMC and automatically (by agreement) receive a final grade, respectively (to Annex 1), therefore, the presence of the applicant at the PMC is mandatory.

In case of disagreement with the assessment, the specified category of applicants for higher education is PMC according to the general rules. The obtained points for the module are presented by the researcher in the "Statement of final module control" and the individual curriculum of the student.

Information on students who are not enrolled in PMC, with the exact reason for non-enrollment is also entered in the "Statement of final module control" and individual curricula of students. The reasons for non-enrollment may be the following:

- a) the applicant for higher education has unfulfilled absences from classes and (or) lectures, industrial practice. Mark "n / v" (failed) in the column "points for PMC";
- b) the applicant of higher education attended all classes (practical, seminar, lecture), but did not score the minimum number of points for the current educational activity and is not allowed to PMC. Mark "n / a" (not allowed) in the column "points for PMC";
- c) the higher education student attended all classes, scored points for current educational activities and was admitted to the PMC, but did not appear at the PMC. The mark "n / z" (did not appear) in the column "points for PMC".

The applicant for higher education has the right to compile and re-compile two PMC. In exceptional cases, additional reorganization of the PMC may be carried out with the personal permission of the rector or the first vice-rector for scientific and pedagogical work.

PMC rearrangement regulations.

Permission to rearrange PMC is issued by the dean of the faculty, director of the institute (or his deputy) in the form of "Personal statement of rearrangement of final control" which the student receives in the dean's office under personal signature upon presentation of individual curriculum and (if necessary) information from the department. debt elimination (absence of "nb", average grade point average of 3.0 and more). In the case of organized reorganization of the PMC by a group of applicants for higher education, the general statement is used.

The personal statement of re-assembly of the final modular control (general

statement) is filled in by the head of the department or his authorized person in two copies, one of which remains at the department, the other is returned to the dean's office by the head of the department (responsible teacher). Applicants for higher education have the right to retake PMC, until the end of the study of the discipline

If the applicant for higher education has not passed the PMC, in the discipline, except for the semester control in the form of an examination, he may not be admitted to the semester control in the relevant discipline.

An uncompiled PMC in one discipline is not a ground for not admitting a student of higher education to compile the final semester control in another discipline, except for admission to the final certification.

Unified table of correspondence of scores for current performance, scores for PMK, exam, and traditional four-point score

Average score for current performance (A)	Points for current success in the module (A * 24)	Points for FMC with module (A * 16)	Points for the module and / or exam (A * 24 + A * 16)	ECTS category	By 4-point scale
2	48	32	80	F FX	2 unsatisfactorily
2,1	50	34	84		
2,15	52	34	86		
2,2	53	35	88		
2,25	54	36	90		
2,3	55	37	92		
2,35	56	38	94		
2,4	58	38	96		
2,45	59	39	98		
2,5	60	40	100		
2,55	61	41	102		
2,6	62	42	104		
2,65	64	42	106		
2,7	65	43	108		
2,75	66	44	110		
2,8	67	45	112		
2,85	68	46	114		
2,9	70	46	116		
2,95	71	47	118		
3	72	50	122	E	3 satisfactorily
3,05	73	50	123		
3,1	74	50	124		
3,15	76	50	126		
3,2	77	51	128		

3,25	78	52	130	D	
3,3	79	53	132		
3,35	80	54	134		
3,4	82	54	136		
3,45	83	55	138		
3,5	84	56	140	C	
3,55	85	57	142		
3,6	86	58	144		
3,65	88	58	146		
3,7	89	59	148		
3,75	90	60	150		
3,8	91	61	152		
3,85	92	62	154		
3,9	94	62	156		
3,95	95	63	158		
4	96	64	160		
4,05	97	65	162		
4,1	98	66	164		
4,15	100	66	166		
4,2	101	67	168		
4,25	102	68	170	B	
4,3	103	69	172		
4,35	104	70	174		
4,4	106	70	176		
4,45	107	71	178		
4,5	108	72	180	C	
4,55	109	73	182		
4,6	110	74	184		
4,65	112	74	186		
4,7	113	75	188		
4,75	114	76	190		
4,8	115	77	192		
4,85	116	78	194		
4,9	118	78	196		
4,95	119	79	198		
5	120	80	200		

Methodical support:

1. Working curriculum
2. Methodical development of lectures
3. Methodical recommendations for teachers
4. Methodical instructions for independent work of students during preparation for a practical lesson and in class
5. List of recommended reading

6. Materials for control of knowledge, skills and abilities of students:
- tests of different levels of difficulty
 - situational tasks
 - medical history, examination results, examination algorithms, kits for care;
 - multimedia presentations of the lecture course of the department.

Recommended literature:

Basic:

1. Lim, H.W., Kohen, L.L., Schneider, S., Yeager, D.G. / Practical Guide to Dermatology - Springer International Publishing, 2020.-309p.
2. Sewon Kang / Fitzpatrick's Dermatology, Ninth Edition –McGraw-Hill Education – Europe, 2019.
3. Richard B. Weller , Hamish J. A. Hunter , Margaret W. Mann. / Clinical Dermatology– John Wiley & Sons Inc, 2018. – 456p.

Supplementary:

1. Anthony Du Vivier. / Atlas of Clinical Dermatology– John Wiley & Sons Inc, 2018. – 740p.

Information resources:

1. <https://skinven.pdmu.edu.ua/>
2. <https://www.osmosis.org/home/dashboard>
3. <https://www.medscape.com/dermatology>
4. <https://www.healthline.com/>
5. <https://www.ncbi.nlm.nih.gov/>