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### თბილისის ჰუმანიტარული სასწავლო უნივერსიტეტი

**TBILISI HUMANITARIAN TEACHING UNIVERSITY**

**Syllabus**

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| **Name of the course/module** | **Dermatovenerology** |
| **Code of the course** | **GCM0410DM** |
| **Status of the course**  **(elective/compulsory)** | **C**ompulsory course  for the one-cycle higher educational Programme-Dentistry |
| **ECTS** | **3 credits. Total: 75 hours**  Contact Hours–24 hours (Class Meeting Time Period:5L/15Pr.) + 4 hours (Midterm: 2h and Final Examinations 2h):  Individual Work-51 hours |
| **Authors (lecturer)** | Giorgi Durglishvili - MD, Ph.D, THTU invited lecturer  T: 599391010;  e-mail [- g.durglishvili@gmail.com](mailto:%20-%20g.durglishvili@gmail.com)  Consultation days: according to consultation schedule |
| **Aim of the course** | The aim of this course is to give students complete information about common dermatoses, obtain dermatologic terminology and basic of nomenclature. Based on the knowledge of morphological elements of rush and simple research make diagnosis of common dermatoses, usage of main principles of topical therapy. |
| **Program prerequisits** | Clinical Immunology, Allergology |
| **Assessment system and criteria** | Assessment system of the Tbilisi Humanitarian Teaching University's is divided into the following components:  The total marks of the mid term Out of the overall assessment (100 points ) is 60 points, which includes three kinds of grades:  **Student’s activity during a semester**  **One-midterm exam**  **final exam**-**40 points.**  Theminimum competence requirement for mid termevaluation components is at least 18 points in total.  **The minimum competence requirement of the final evaluation is 50% of the total mark from final evaluation that means 20 points out of 40.**  Evaluation System includes:  I. Five Forms of Positive Assessment:  (A) Excellent – 91% and more from maximum evaluation  (B) Very good – 81-90% from maximum evaluation  (C) Good – 71-80% from maximum evaluation  (D) Satisfactory – 61-70% from maximum evaluation  (E) Sufficient – 51-60% from maximum evaluation  II. Two Forms of Negative Assessment:  (A)(FX) Fail (Not passed ) - 41-50 from maximum evaluation score, which means that the student will need to work more and to retake the test after additional independent work;  (B) (F) Fail – A student gets 40 points, or less from maximum evaluation, which means that the work done by him/her is not sufficient and s/he has to retake the course from the beginning.  1. One of the negative assessments: In case of not passing, the University fixes additional exam at least in 5 days, after the announcement of final examination results, which must be published in the examination table.  2. The grades, which student gets after additional test is a student's final grades, in which is not considered the negative points of the major examination.  If a student receives from 0 to 50 points after additional test, in the final exam sheet is formed (F) -0 for the student. |
| **Course description** | appendix 1 |
| **Assessment system/activities, methods**  **and criteria** | **Activities** -maximal **30 points** (daily activities 15 points, practical clinical skills 5points, presentation 5 points, Duty 5 points)  Daily activities is calculated in accordance with the level of being active during each practices( 5 meeting) – each is equal **3 points**.  During the semester maximum points - **15**  3,0 points - s/she is active during classes, obtains perfect knowledge of the ongoing topic, answers all questions completely, knows medical terms.  2,1 points - s/he is less active during classes, does not present perfect knowledge of the ongoing topic, answers questions partly. knows medical terms not well.  0 - s/he is not active during classes/group works, does not present knowledge of the ongoing topic, do not answers questions briefly.  **Practical Clinical Skills -** 5 points-evaluated with 1 point each meeting. If a student has not demonstrated the practical skills -0 points.  **Presentation** - **5 points**  5 points- Presentation is done in Power Point, s/he obtains perfect knowledge of the presented topic, has full awareness of problem issues, freely attracts attention of the audience, answers all questions completely. S/he has used different sources to cover material.  4 points - Presentation is done in Power Point, s/he obtains good knowledge of the presented topic, has good understanding of problem issues, freely attracts attention of the audience, answers all questions well. S/he has used several sources.  3 points - Presentation is done without IT technologies, s/he obtains fair knowledge of the presented topic, partly understands the problem issues, answers all questions briefly. S/he has used a few sources.  2 points - Presentation is done without IT technologies, s/he has fair knowledge of the presented topic, does not understand the problem issues, has difficulties in communication with the audience, answers some questions briefly. S/he has used a few sources.  1 point - Presentation is done without IT technologies, s/he is not ready to communicate with the audience, has fair knowledge of the presented topic, cannot answer all questions.  **Duty - maximal 5 points**  5 points - student attends duty practice in the clinic, looks through the patient’s history, collects anamnesis, actively participates in planning and management of clinical-laboratory observations, independently analyzes the results obtained, gets aware the scheme of treatment, assists the medical personnel, observes on-going operations, medical manipulations, and other procedures proceeding in surgery.  4 points - student attends duty practice in the clinic, looks through the patient’s history, collects anamnesis, observes planning and management of clinical-laboratory work, together with the lecturer analyzes the results obtained, gets aware the scheme of treatment. observes on-going operations, medical manipulations and other procedures proceeding in surgery.  3 points - student attends duty practice in the clinic, looks through the patient’s history, has difficulties in collecting anamnesis, observes planning and management of clinical-laboratory work, together with the lecturer analyzes the results obtained, gets aware the scheme of treatment, sometimes observes on-going operations, medical manipulations and other procedures proceeding in surgery.  2 points - student attends duty practice in the clinic, looks through the patient’s history, has difficulties in collecting anamnesis, shows no interest in observing on-going operations, medical manipulations and other procedures proceeding in surgery.  1point - student attends duty practice in the clinic only, does not look through the patient’s history, has no communication with patients, shows no interest in observing on-going operations.  **Midterm exam - 30 points,** conducted in oral format the 4th day of curation, include 6 questions,each of it evaluated 5 points.  Criteria of assessment of verbal topics are :  **5 points –**The answer is complete; Terminology is configured; student obtains perfect knowledge of the topic, s/he coveres of the material fluently, summarises core and additional literature, reveales critical thinking and logical analysis.  **4 points** -The answer is not absolutely complete; student obtains knowledge of the topic, without important mistakes, s/he coveres of the material fluently, summarises core literature, reveales critical thinking and logical analysis.  **3 points -** The answer is not complete; student obtains satisfactory knowledge of the topic, s/he coveres of the material by mistakes, summarises core literature, reveales less of critical thinking and logical analysis.  **2 points** - The answer is weak; student obtains satisfactory knowledge of the topic, makes mistakes, doenot summarises core literature, cant make critical thinking and logical analysis.  **1 points -** The answer is substantially incorrect. Set out in the relevant material  **Final Exam -40 points**administered in written form ( test),each correct answer is evaluated with 1 point, wrong answer -0 points. |
| **Core literature:** | 1. Rook’s Textbook of Dermatology  Edited by Tony Burns, Stephen Breathnach, Neil Cox, Christopher Griffiths  A John Wiley & Sons, Ltd., Publication 2010 |
| **Additional literature** | 1.Dermatology Illustrated Study Guide and Comprehensive Board Review.  Sima Jain Author and Editor. Springer Science+Business Media, LLC 2012  2.<https://www.aad.org/education/basic-dermatology-curriculum>.  3.Sexually Transmitted Diseases Treatment Guidelines,  Recommendations and Reports / Vol. 64 / No. 3 June 5, 2015 |
| **Learning outcomes, competences**  **(general and field specific)** | **Knowledge**   1. Student describes skin diseases skin pathological process and clinical manifestations 2. Student describes basic concepts of skin diseases diagnosis and treatment 3. Student identifies common dermatoses symptoms   **Skills**   1. Student makes simple investigation: diascopy, Wood's lamp use, dermatoscopy, examination of turgor and skin elasticity. 2. Student takes the material from skin lesion for next research. 3. Student uses techniques of application: wet dressings (compresses) and occlusive therapy. 4. Student makes informed conclusions and dermatologic diagnosis on the basis of physical and laboratory examination 5. Student determines suitable dermatologic therapy for the patient. |
| **Learning/Teaching methods** | Lecture course (modified interactive lectures)  problem-oriented teaching(group discussion), presentation. |

**Appendix1**

**Course description:**

**Topics of the lecture, practical classes/laboratory work/working group, literature**

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| **Day№** | **Type of**  **the class** | **Topics** | **Contact hours** | **literature** |
| **1** | Lect. | Introduction of dermatology. Embryology. Anatomy and Organization of Human Skin:Components of normal human skin, Epidermal and adnexal structures, Dermal–epidermal basement membrane, Extracellular matrix of connective tissue, Blood vessels, lymphaticsand Nerves. Subcutaneous fat. Skin as an immune system. Wound Healing and Cytokines . | **1** | **1** |
| Pract. | Functions of the Skin: Barrier functions, Temperature regulation, Mechanical functions,Immunological functions, Sensory and autonomic functions, Sociosexual communication | **3** | **1** |
| **2** | Lect. | Histopathology of the Skin: General Principles -biopsy of the skin, laboratory methods, commonly used descriptive terms in dermatopathology and their diagnostic significance | **1** | **1** |
| Pract. | Eczema: Definition. Classification, Histopathology, Pathogenesis, Clinical features, Diagnosis, Treatment. Lichenification: Definition, Aetiology, Histopathology, Clinical features, Diagnosis, Treatment.  Prurigo: Definition, Aetiology, Histopathology, Clinical features Diagnosis, Treatment.  Occupational Dermatoses  Non-eczematous occupational dermatoses.  Epidemiology, Diagnosis, Investigations, Prognosis, Prevention. | **3** | **1** |
| **3** | Lect. | Mycology -Superficial mycoses. Laboratory methods: Collection of material, Wood’s light examination,  Direct examination,Culture, Identification of isolates | **1** | **1** |
| Pract. | Mycology -Superficial mycoses. Laboratory methods: Collection of material, Wood’s light examination,  Direct examination,Culture, Identification of isolates | **3** | **1** |
| **Midterm** | | | **2** |  |
| **4** | Lect. | Atopic Dermatitis: Definition, Aetiology, Pathogenesis Clinical features, Associated disorders, Complications, Diagnosis, Investigations, Treatment.  Acne vulgaris:Definition.Aetiology of acne (Seborrhoea), Clinical features, Physiological and environmental factors that  influence acne. Psychosocial effects of acne. Differential diagnosis. Treatment. | **1** | **1** |
| Pract. | Alopecia, Introduction  1.Common baldness and androgenetic alopecia: Nomenclature. Aetiology. Inheritance. Pathogenesis. Clinical features. Pathology. Treatment. | **3** | **1** |
| **5** | Lect. | Sexually Transmitted Diseases. Introduction.Syphilis:Definition. Incidence.Causative organism. Pathogenesis. Natural history- Stages. Incubation period.Histopathology.Transmission.Primary syphilis. Secondary syphilis Tertiary syphilis. Cardiovascular syphilis. Neurosyphilis.  Latent syphilis  Gonococcal Infections. Chlamydial Infections.Trichomoniasis. Bacterial Vaginosis. Vulvovaginal Candidiasis. | **1** | **1** |
| Pract. | Course of untreated syphilis. . Acquired syphilis:  Primary syphilis. Differential diagnosis  Tertiary syphilis: Nodular or tubercular syphilide. Gumma. Late mucous membrane lesions. Differential diagnosis. Syphilis and HIV infection. . Diseases Characterized by Urethritis and Cervicitis: Chlamydial Infections in Adolescents and Adults. Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum. Uncomplicated Gonococcal Infections of the Pharynx. | **3** | **1** |
|  | **Final exam** | | **2** |  |
|  | **Additional exam** | |  |  |