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### თბილისის ჰუმანიტარული სასწავლო უნივერსიტეტი

**TBILISI HUMANITARIAN TEACHING UNIVERSITY**

**Syllabus**

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| **Name of the course/module** | **Internal Medicine** |
| **Code of the course** | **GCM0402DM** |
| **Status of the course**  **(elective/compulsory)** | **C**ompulsory course  for the one-cycle higher educational Programme-Dentistry |
| **ECTS** | **4 credits. Total: 100 hours**  Contact Hours–49 hours (Class Meeting Time Period:15L/30Pr.) + 4 hours (Midterm:2h and Final Examinations 2h):  Individual Work-51 hours |
| **Authors (lecturer)** | Ekaterine Sanikidze - MD,Ph.D, THTU invited lecturer,  Tel. 599328922, email-ekasanikidze@yahoo.com  Consultation days: according to consultation schedule |
| **Aim of the course** | To provide the students with the knowledge in etiological and pathogenesis mechanisms, clinics and diagnostics, cause and effect relationships of the main symptoms and syndromes of the internal diseases. |
| **Program prerequisits** | Internal Medicine Diagnostics |
| **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.**  The minimum 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 assessment: 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 -30points * Midterm exam - 30 points   **Activities** -maximal **30 points** (daily activities 20 points, practical clinical skills 10 points)  Daily activities is calculated in accordance *with the level of being active during* 10 meetin– each is equal **2 points**.  *During the semester maximum points-* ***20***  2,0 points - s/she is active during classes, obtains perfect knowledge of the ongoing topic, answers all questions completely, knows medical terms.  1,0 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 -** 10 points - evaluated with 1 point each meeting. If a student has not demonstrated the practical skills -0 points.  **Midterm exam - 30 points,** conducted in oral form at the 7th day of curation, include 6 theoretical issues, 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.Harrison’s Principles of Internal Medicine. |
| **Additional literature** | 1. Bates' Guide to Physical Examination and History-Taking |
| **Learning outcomes, competences**  **(general and field specific)** | **Knowledge**   1. Student determines mechanisms of etiology and pathogenesis of diseases; 2. Student determines the cause and effect relationships between the main symptoms and syndromes. 3. Student determines the importance of differential diagnostics. 4. Student gets the patient acquainted with the correct life regime and explains its importance in preventing the diseases.   **Skills**   1. Student independently collects the complete history, 2. Student subjective and objective analyses of the status. 3. Student makes judgment based on collecting the full information on the diseases and analyses. 4. Student informs the patient about risk factors |
| **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\ week**  **№** | Type of  the class | Topics | **Contact hours** | **Literature** |
| **Iweek** | Lect. | Heart failure.Peripheral circulatory failure  Bradyarrhythmias. Tachyarrhythmias | **1** | **1** |
| Pract. | Heart failure- definition, classification, pathophysiology, etiology, acute and chronic heart failure, NYHA classification, heart failure with preserved systolic function, treatment. Peripheral circulatory failure–(Syncope, shock ). | **2** | **1** |
| **IIweek** | Lect. | Rheumatism. Valvular heart disease.  Infectious endocarditis. Pericarditis. | **1** | **1** |
| Pract. | Valvular heart disease - left atrioventricular canal stenosis, bicuspid valve defect, mitral valve prolapse. Aortic stenosis, aortic valve defect, atrioventricular right stenosis, tricuspid valve defect, pulmonary valve defect.  Infectious endocarditis - etiology, pathogenesis, clinic, diagnosis, prognosis, treatment, prevention. | **2** | **1** |
| **IIIweek** | Lect. | Atherosclerosis. Angina. Hypertension.  Myocardial infarction. | **1** | **1** |
| Pract. | Atherosclerosis. Atherogenesis risk factors and mechanisms of development. Coronary heart disease - etiology, pathophysiology. Coronary atherosclerosis.  Angina (physical, laboratory, ECG examination, tests obligations, Coronorography, treatment). Unstable angina pectoris, asymptomatic ischemia. | **2** | **1** |
| **IVweek** | Lect. | Respiratory diseases, Chronic obstructive pulmonary disease ,bronchial asthma | **1** | **1** |
| Pract. | Chronic lung. Obstructive pulmonary disease. Sleep apnea.Bronchial asthma, classification, Etiopathogenesis, clinic, diagnosis, complications, treatment. | **2** | **1** |
| **V week** | Lect. | Acute pneumonia. | **1** | **1** |
| Pract. | Acute pneumonia. Etiology, pathogenesis, diagnosis, treatment ,complications. | **2** | **1** |
| **VI week** | Lect. | Lung abscess, bronchiectasis disease | **1** | **1** |
| Pract. | Pulmonary embolism, pulmonary infarction | **2** | **1** |
| **VII week** | Lect. | Diseases of the esophagus, esophageal diseases, differential diagnosis, treatment | **1** | **1** |
| Pract. | Esophageal diseases (akalazia, cancer, scleroderma, esophagitis, Mellor veisis syndrome), gastroesophageal reflux disease. Other diseases of the esophagus - diverticulum, Mellor veisis syndrome | **2** | **1** |
| **VIII week** | **MIDTERM** | | **2** |  |
| **IX week** | Lect. | Stomach diseases (chronic. Gastritis, peptic ulcer, Zollinger - Ellison syndrome, cancer), gastrointestinal bleeding. | **1** | **1** |
| Pract. | Stomach diseases - acute gastritis, chronic gastritis. Histological classification and pathogenic. Specific forms of chronic gastritis, peptic ulcer, postoperative complications, gastric diseases (laboratory and instrumental), differential diagnosis, treatment) review of medical records (cases) | **2** | **1** |
| **X week** | Lect. | Pancreatic diseases: acute and chronic pankreatitis. Pancreatic cancer. Biliary system diseases (cholecystitis, cholangitis, tumors, Gallstone disease), Gilbert, Blur-Johnson, Rotor syndromes. | **1** | **1** |
| Pract. | Diagnosis of pancreaticdisease (laboratory and instrumental methods), differential diagnosis, treatment  Gallbladder and biliary tract diseases. Pathogenesis, clinic, complications, diagnosis, differential diagnosis, treatment. | **2** | **1** |
| **XI week** | Lect. | Acute, Chronic pyelonephritic - etiopathology, clinic, diff. diagnosis and Treatment | **1** | **1** |
| Pract. | Study the results of nephrology patient instrumental evaluation, urinary tract disease diagnosis and differential diagnosis. Group discussion / debate | **2** | **1** |
| **XIIweek** | Lect. | Acute,chronic glomerulonephritis, etiopathology, clinic, diff. diagnosis and Treatment | **1** | **1** |
| Pract. | Amyloidosis - Etiopathogenesis, target organs, clinic, diagnosis, treatment and prognosis | **2** | **1** |
| **XIIIweek** | Lect. | Diabetes mellitus. Management and Therapies. Acute and chronic complications. The Metabolic Syndrome | **1** | **1** |
| Pract. | Diabetes mellitus. Management and Therapies. Acute and chronic complications. The Metabolic Syndrome. Approach to the patient. Group discussion / debate | **2** | **1** |
| **XIVweek** | Lect. | Disorders of the Thyroid Gland. Thyroid hormone synthesis, metabolism and action. Hypothyroidism: Clinical manifestation, laboratory evaluation, diagnosis and treatment. Autoimmune Hypothyroidism | **1** | **1** |
| Pract. | Disorders of the Thyroid Gland. Thyroid hormone synthesis, metabolism and action. Hypothyroidism: Clinical manifestation, laboratory evaluation, diagnosis and treatment. Autoimmune Hypothyroidism | **2** | **1** |
| **XVweek** | Lect. | Iron deficiency and other hypoproliferativeanemias. Megaloblastic, hemolytic and anemoai due to acute blood loss. | **1** | **1** |
| Pract. | Aplaslastic anemia, myelodisplasia and related bone marrow failure syndromes. Case study | **2** | **1** |
| **XVI week** | Lect. | Leukemia ,laboratory characterization. General principles of treatment | **1** | **1** |
| Pract. | Leukemia ,laboratory characterization. General principles of treatment | **2** | **1** |
| **XVII - XVIII week** | **Final exam** | | **2** |  |
| **XIX - XXweek** | **Additional exam** | |  |  |