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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY
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_____ / Zaytseva E.A./
"1st" of April 2025

COLLECTION OF ASSESSMENT TOOLS
Б1.О.22 Dermatovenereology
of the basic educational program
of Higher Education

Specialty	**31.05.01 General Medicine for international students (in English)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system)
Mode of study	**Full-time**
Period of mastering the BEP	**6 years** (nominal length of study)
Department	of Microbiology, Dermatovenereology and Cosmetology

Vladivostok, 2025

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.01 General Medicine for international students (in English), profile 02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system).

(BEP HE for the 31.05.01 General Medicine for international students (in English) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	**Continuous assessment**	**Tests**
		Case Studies
2	**Interim assessment**	**Tests**
		Interview Questions
		Mini-Case Studies
3	**State Final Examination**	**Case Studies**

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

1. Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. The presence of _____ is necessary for confirmation of the pediculosis (lice infestation)diagnosis

		+1. insects and nits 2. increased IgM 3. crusts 4. scratch marks **2. Lice bites cause** +1. skin pruritus (itching) 2. vesicles/bullae 3. ulceration 4. erosion **3. Clinical manifestation of favus includes** +1. scutula 2. scales 3. stubs 4. vesicles **4. Source of lice infestation is** +1. an afflicted person 2. cats 3. dogs 4. mice **5. Unilateral enlargement of the amygdala, its insignificant induration, lack of diffuse redness, submandibular lymphadenitis speak in favor of** 1. chronic tonsillitis 2. follicular tonsillitis 3. paratonsillar abscess +4. chancre tonsillitis **6. A pointed pustule with tropism to the skin appendages is characteristic of** +1. staphyloderma 2. mycosis 3. scabies 4. syphilis **7. Raised dense bright red infiltrate with a purulent-necrotic center is a** +1. furuncle 2. phlycten 3. sycosis 4. chancriform pyoderma **8. Lichen planus is caused by** +1. streptococci 2. fungi 3. staphylococci 4. viruses **9. Nocturnal itching, paired papulo-vesicular rashes, excoriations are characteristic of** +1. scabies

		2. allergic dermatitis 3. sycosis 4. rubella measles **10. Painful red nodule with a pustule pierced with a hair in the center is** +1. folliculitis 2. furuncle 3. carbuncle 4. impetigo **11. Bone lesion pathognomonic of the early congenital syphilis is** +1. osteochondritis of tubular bones 2. osteosclerosis of flat bones 3. osteoporosis 4. osteomyelitis **12. In the focus of microsporia of the scalp, _____ is observed under the light of the Wood's lamp** +1. green glow 2. pink glow 3. yellow-brown glow 4. no glow **13. The clinical manifestation of pityriasis versicolor is characterized by** +1. localization in seborrheic zones +2. pink to brown spots +3. reddish-brown glow in luminescent diagnostics 4. coarse laminar scaling **14. Blenorrhea means** +1. ocular gonorrhea 2. rectal gonorrhea 3. tonsil gonorrhea 4. pharyngeal gonorrhea **15. Gonorrhea is caused by** +1. Neisseria gonorrhoeae 2. Treponema pallidum 3. Trichomonas vaginalis 4. HSV-1 **16. Pathognomonic signs for pityriasis versicolor include** +1. iodine test 2. Nikolsky's sign 3. Jarisch–Herxheimer reaction 4. positive “tin tack” sign **17. "Fresh" gonorrhea diagnosis implies the duration of** +1. up to 2 months 2. up to 6 months 3. up to 4 months

		4. up to 3 months **18. With microsporia of the scalp, the following symptoms are observed** +1. lesions with hairs broken off at the level of 4-6 mm 2. scutula with saucer-shaped indentation 3. lesions with hairs broken off at the level of 1-2 mm 4. follicular hyperkeratosis **19. To confirm the clinical diagnosis of microsporia, the following tests are used** +1. culturing 2. luminescent 3. serological 4. histological **20. The clinical manifestation of Pemphigus Vulgaris is characterized by** +1. thin-walled, loose, and easily torn bulla 2. thick-walled bulla 3. flictene 4. pustule
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		21. Exogenous etiological factors of skin diseases include +1. mechanical irritation +2. physical factors +3. chemical factors 4. psychogenic factors **22. Clinical forms of eczema include** +1. true +2. microbial +3. seborrheic 4. adolescent **23. Early congenital syphilis includes such periods as** +1.early childhood syphilis +2.fetal syphilis +3. infant syphilis +4.secondary syphilis Correct answer: 1, 2, 3, 4 **24. Scabies can be transmitted through** +1. sexual intercourse 2. droplets (airborne) 3. blood transfusion +4. handshakes **25. Trichomycosis affects** +1. skin +2. internal organs +3. hair +4. nails

		26. _____ are important in the development of pyoderma +1. Streptococci 2. Viruses 3. Fungi +4. Staphylococci **27. Primary syphilis is divided into** 1. fresh +2. seronegative +3. seropositive 4. active **28. Tertiary syphilis is characterized by affecting** 1. only skin 2. only mucous membranes +3. skin and mucous membranes +4. internal organs **29. _____ are detected on the skin of a patient with tertiary syphilis** 1. Blisters/wheals +2. Gummas 3. Scratch marks +4. Tubercles **30. Microbial eczema is characterized by** +1. sensitization to pyogenic bacteria (sycosis, varicose veins, ulcers) +2. asymmetry, affected areas around trophic ulcers, more often lower limbs, +3. pustules, purulent crusts, the border of the rejected stratum corneum along the periphery (these are the remains of streptococcal flictens) 4. symmetrical location of foci

Assessment criteria

"Very good" - more than 80% correct answers of questions of every level
"Good" - 70-79% correct answers of questions of every level
"Satisfactory" - 55-69% correct answers of questions of every level
"Unsatisfactory" - less than 54% correct answers of questions of every level

Assessment tool 2
Case study for continuous assessment
Topic: General progression of syphilis. Primary syphilis
Motivation:

Syphilis is an infectious disease caused by Treponema pallidum, transmitted predominantly through sexual intercourse, and characterized by the periodicity of the progression; it is a socially dangerous disease, therefore the problem of comprehensive treatment of patients and their partners is an important task in venereology.

An important role in solving this problem is played by anti-epidemic measures, clear accounting and medical examination of all syphilis patients, and public preventive measures. Syphilis occupies

a special place among all infectious diseases in terms of incidence rate, threat to public health, and certain difficulties in treatment.

After the incubation period, the primary period of syphilis develops, which begins with the appearance of a solid chancre at the site of penetration of T. pallidum. In primary syphilis, a primary affect develops at the site of the introduction of T. pallidm – an erosion or an ulcer with a diameter from 2–3 mm (dwarf chancre) to 1.5-2 cm or more (giant chancre), rounded with even edges, a smooth, shiny pink or red (sometimes grayish-yellow) bottom, saucer-shaped shape (ulcer), with low amounts of serous discharge, painless on palpation; at the base of primary syphiloma – a densely elastic infiltrate.

Primary affect is accompanied by regional lymphadenitis, less often lymphangitis; can be typical (erosive, ulcerative) and atypical (indurative edema, chancre-panaricium and chancre-tonsillitis); have a single and multiple foci; have genital, perigenital, and extragenital location; it can be complicated if a secondary infection occurs (impetiginization, balanoposthitis, vulvovaginitis, phimosis, paraphimosis, gangrenization, phagedenism). At the end of the primary period, polyadenitis and general infectious symptoms (intoxication syndrome) appear.

Purpose: to learn the clinical signs of the disease, tactics of examining the patient, and preventive measures.

Objectives:

1. Determine the clinical signs of the disease.
2. Describe the status localis and status specialis.
3. Determine the tactics of the patient's examination, preventive measures.

The completion of the assignment is aimed at the formation of professional competencies:

PC-3 Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease

The Basic Recommendations for the completion of the assignment are as follows:

1. Answer questions to the case.

Assessment criteria:

- "Pass" is given to a student who has completed the assignment in full, correctly analyzed the primary and secondary lesions, described the status localis and status specialis, presented the material competently with a clear sequence of presentation, and made the conclusions corresponding to the set goals and objectives;
- "Fail" is given to a student who has not completed the assignment in full, did not correctly analyze the primary and secondary lesions, presented the material carelessly, and made the conclusions that do not correspond to the goals and objectives.

Appendix 1

Case 1

Patient V. (29 years old) made a dermatologist appointment.

Presents with: rash on the penis. He makes no subjective complaints.

Anamnesis morbi: considers himself afflicted for two weeks after he first noticed rash on the penis; does not link the appearance of the rash to any possible cause. He did not self-medicate. A week ago, lymph nodes in the left groin area became enlarged. Notes an accidental sexual intercourse with an unfamiliar woman a month prior to the appearance of the rash.

Status localis: the process is inflammatory in nature, limited, asymmetrical, localized on the inner preputial leaf (inner leaf of the foreskin), represented by a painless ulcer measuring 0.5 by 0.5 cm, rounded, even, with clear boundaries and a saucer-shaped bottom. The bottom of the ulcer is clean, shiny ('varnished") with scant serous discharge. There is a dense infiltrate at the base of the ulcer. The lymph nodes on the left are not matted together, dense, painless, the skin above them is not changed. Dimensions - 0.5×0.8 cm.

Questions:

1. Preliminary diagnosis, its justification.

2. What additional tests are needed to make the diagnosis?
3. What measures should be taken to prevent the disease?

Assessment tool 3

Standardized case studies and checklists for the **Б1.О.22 Dermatovenereology** course

Case Study No.1

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Male patient Y., 29 years old. Presents with: rash on the skin of the torso without subjective sensations. Anamnesis morbi: the rash first appeared 1 week prior. The last sexual intercourse was with an unfamiliar woman three months prior. Status localis: the process is widespread, inflammatory, symmetrical, localized on the skin of the torso, represented by abundant spots 0.5 cm in diameter, rounded outlines with unclear borders; these spots do not merge, the color is pink-red, do not cause the skin to flake, disappear when pressed. The available for palpation lymph nodes are enlarged to 2 cm by 1.5 cm, painless, tightly elastic in consistency, not fused with the surrounding tissues, the skin above them is not changed.
Q	1	Question: What diagnosis can be assumed? Name the diseases with which it is necessary to carry out a differential diagnosis.
Q	2	Question: What is the plan of patient examination?
Q	3	Question: What additional tests are needed to make a definitive diagnosis?
Q	4	Question: What is the doctor's tactic?
Q	5	Question: What preventive measures against this disease are there?

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Male patient Y., 29 years old. Presents with: rash on the skin of the torso without subjective sensations. Anamnesis morbi: the rash first appeared 1 week prior. The last sexual intercourse was with an unfamiliar woman three months prior. Status localis: the process is widespread, inflammatory, symmetrical, localized on the skin of the torso, represented by abundant spots 0.5 cm in diameter, rounded outlines with unclear borders; these spots do not merge, the color is pink-red, do not cause the skin to flake, disappear when pressed. The available for palpation lymph nodes are enlarged to 2 cm by 1.5 cm, painless, tightly elastic in consistency, not fused with the surrounding tissues, the skin above them is not changed.
Q	1	Question: What diagnosis can be assumed? Name the diseases with which it is necessary to carry out a differential diagnosis.
A		Correct answer: 1. Secondary syphilis, fresh. 2. Toxicoderma 3. Pityriasis versicolor 4. Pityriasis rosea
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	3 correct points are mentioned 2 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	2	Question: What is the plan of patient examination?
A		Correct answer: 1. Microprecipitation blood test 2. Iodine test 3. Diascopy (vitropression)
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	2 correct points are mentioned

		1 correct point is mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	3	Question: What additional tests are needed to make a definitive diagnosis?
A		Correct answer: 1. ELISA 2. Treponema pallidum hemagglutionation assay 3. Direct immunofluorescence blood test 4. Lymph node puncturing
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	3 correct points are mentioned 2 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	4	Question: What is the doctor's tactic?
A		Correct answer: 1. Examination of persons who were in sexual and close household contact with a patient with syphilis. 2. Consultation with an ophthalmologist (for all patients with acquired syphilis) 3. Consultation with a neurologist (for all patients with acquired syphilis)
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	2 correct points are mentioned 1 correct point is mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	5	Question: What preventive measures against this disease are there?
A		Correct answer: 1. Health and hygiene education 2. Screening of certain populations at increased risk of infection 3. Examination of persons who, if afflicted, can cause dangerous social and medical consequences 4. Conducting a compehensive specific treatment followed by clinical and serological observation 5. Individual prevention by using barrier methods of contraception (condoms). 6. After accidental unprotected sexual intercourse, prevntive measures can be carried out independently with the help of individual prophylactic agents (chlorhexidine bigluconate).
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	5 correct points are mentioned 4 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned

Case Study No.2

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Female patient, 55 years old, presents at the hospital with rashes in the oral cavity, causing difficulty swallowing, as well as rashes on the skin of the torso and hands. Anamnesis morbi: afflicted for 3 months. The disease manifested against the background of complete well-being. Vesicles began to appear in the oral cavity, which quickly opened, leaving behind erosion. She went to the dentist who prescribed rinses with nitrofurazone and a solution of potassium permanganate; there was no effect from the treatment. After 2.5 months, vesicles appeared on the skin of the torso and upper limbs, which opened leaving painful erosions. Status localis. In the oral cavity there are bright red erosions on the unchanged mucous membrane of the cheeks, palate, and lower surface of the tongue. On the skin of the torso and arms there are vesicles ranging in size from 0.5 to 2.0 cm in diameter. Some of the vesicles are tense, the other are loose; the contents of the vesicles are transparent. After a vesicle is opened a weeping/moist erosion with polycyclic outlines remains. Some of them are covered with brownish crusts. When a vesicle is pressed, the fluid separates the adjacent areas of the epidermis and the vesicle moves. When pulling the remaining cover of a vesicle, the epidermis detaches beyond the vesicle.
Q	1	Question: What diagnosis can be assumed? What are the symptoms?
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
Q	3	Question: With what diseases is it necessary to differentiate the dermatosis in this patient?
Q	4	Question: What is the treatment plan for this dermatosis?
Q	5	Question: What recommendations should be given to the patient after clinical recovery?

Case Study No.2 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Female patient, 55 years old, presents at the hospital with rashes in the oral cavity, causing difficulty swallowing, as well as rashes on the skin of the torso and hands. Anamnesis morbi: afflicted for 3 months. The disease manifested against the background of complete well-being. Vesicles began to appear in the oral cavity, which quickly opened, leaving behind erosion. She went to the dentist who prescribed rinses with nitrofurazone and a solution of potassium permanganate; there was no effect from the treatment. After 2.5 months, vesicles appeared on the skin of the torso and upper limbs, which opened leaving painful erosions. Status localis. In the oral cavity there are bright red erosions on the unchanged mucous membrane of the cheeks, palate, and lower surface of the tongue. On the skin of the torso and arms there are vesicles ranging in size from 0.5 to 2.0 cm in diameter. Some of the vesicles are tense, the other are loose; the contents of the vesicles are transparent. After a vesicle is opened a weeping/moist erosion with polycyclic outlines remains. Some of them are covered with brownish crusts. When a vesicle is pressed, the fluid separates the adjacent areas of the epidermis and the vesicle moves. When pulling the remaining cover of a vesicle, the epidermis detaches beyond the vesicle.
Q	1	Question: What diagnosis can be assumed? What are the symptoms?
A		Correct answer: 1. Pemphigus vulgaris 2. Bullous form of toxicoderma 3. Bullous form of streptoderma 4. Asboe-Hansen sign 5. Nikolsky's sign
R2	Very good	all correct points are mentioned

R1	Good/Satisfactory	4 correct points are mentioned 3 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
A		Correct answer: 1. Imprint smear aimed at detecting acantholytic cells 2. Analysis of vesicle contents aimed at detecting eosinophils 3. Biopsy
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	2 correct points are mentioned 1 correct point is mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	3	Question: With what diseases is it necessary to differentiate the dermatosis in this patient?
A		Correct answer: 1. Dermatitis herpetiformis 2. Bullous pemphigoid 2. Bullous form of toxicoderma 3. Bullous form of streptoderma
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	3 correct points are mentioned 2 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	4	Question: What is the treatment plan for this dermatosis?
A		Correct answer: 1. Glucocorticosteroids (administration of loading doses of prednisolone), followed by a decrease in the daily dose to the maintenance dose. 2. To prevent complications, it is necessary to prescribe potassium preparations (10% potassium chloride solution 1 tablespoon 3 times a day, potassium and magnesium asparaginate 1-2 tablets 2-3 times a day, orotic acid 0.5 g 2-3 times a day 1 hour before meals and periodically (in cycles of 2 weeks), antibiotic therapy. 3. All developed complications (diabetes mellitus, hypertension, candidiasis, etc.) are subject to simultaneous treatment. 4. Skin care (blisters should be punctured; disinfectant ointments, aerosols of Olasol, panthenol, etc. are prescribed for erosions) 5. In case of damage to the oral mucosa, frequent rinsing with solutions of potassium permanganate 0.05%, soda 2%, procaine 0.5%, tea infusion, applying 1% methylene blue solution, Castellani's paint (carbol fuchsin), treatment with sea buckthorn oil are prescribed. Glucocorticoid creams are prescribed for mucous membranes (lips, eye conjunctiva, nasal passages).
R2	Very good	all correct points are mentioned

R1	Good/Satisfactory	4 correct points are mentioned 3 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	5	Question: What recommendations should be given to the patient after clinical recovery?
A		Correct answer: 1. After discharge from the hospital, patients with vulgar pemphigus are subject to strict follow-up care and observation. 2. The patient is provided with free treatment. 3. The severity of the disease, but also the possibility of restoring ability to work provided that the doctor's recommendations are strictly followed, are explained to the patient.
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	2 correct points are mentioned 1 correct point is mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned

Assessment tool 4

Interview questions for interim assessment

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
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C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**ANSWER THE QUESTIONS** 1. Skin structure, blood supply, receptor apparatus. Functions of the skin. 2. Adnexa of skin, structure, functions. 3. Classification of skin lesions. Characteristics of primary and secondary skin lesions. 4. Pathohistological changes in the epidermis, dermis, and hypodermis. 5. Exogenous and endogenous causes of skin diseases. 6. Principles of internal therapy in dermatology, medications. 7. External therapy medications in dermatology, characteristics. 8. Pyoderma. Characteristics of conditions and predisposing

		factors. Classification. Characteristics of pathogens. Development of pyoderma in the workplace. 9. Clinical forms of staphylococcal pyodermas. Ostiofolliculitis, folliculitis, sycosis, furuncle, carbuncle, hydradenitis. 10. Streptoderma. Etiology, classification, clinical manifestation, treatment, prevention. 11. Scabies. Etiology, modes of transmission, clinical manifestation, treatment. Aspects of progression of scabies in newborns and the elderly. 12. Pediculosis (lice infestation). Etiology, modes of transmission, clinical manifestation, treatment. 13. Dermatitis. Classification, causes. 14. Simple contact dermatitis. Etiology, pathogenesis, clinical manifestation, features depending on the causing factor. Simple contact dermatitis in the workplace. 15. Allergic dermatitis. Etiology, pathogenesis, clinical manifestation, treatment. Allergy tests. Workplace allergic dermatitis and its prevention. 16. Toxicoderma. Etiology, clinical manifestation, treatment, prevention. 17. Lyell's syndrome and Stevens–Johnson syndrome. Etiology, clinical manifestation, treatment, prevention. 18. Eczema. Classification, clinical manifestation, treatment, prevention. 19. Characteristics of fungi, prevalence in nature, conditions and routes of infection. Classification of mycoses. 20. Keratomycosis. Etiology, classification, clinical manifestation, treatment, prevention. 21. Dermatomycosis. Etiology, classification, clinical manifestation, treatment, prevention. 22. Candidiasis. Etiology, classification, clinical manifestation, treatment, prevention. 23. Deep mycoses. Etiology, classification, clinical manifestation, treatment, prevention. 24. Pseudomycosis: actinomycosis. 25. Mycoses in the workplace. Clinical manifestation, treatment, prevention. 26. Neurodermatoses. Incidence rate, classification. 27. Skin pruritus (itching). Etiology, pathogenesis, classification, clinical manifestation, treatment. 28. Prurigo. Etiology, pathogenesis, clinical manifestation, treatment. 29. Urticaria. Etiology, pathogenesis, classification, clinical manifestation, treatment. 30. Localized neurodermatitis. Etiology, pathogenesis, clinical manifestation, treatment. 31. Atopic dermatitis. Etiology, pathogenesis, periods, clinical manifestation, treatment. 32. Connective tissue disorders. Incidence, causes, classification. Principles of treatment and follow-up care. 33. Lupus erythematosus. Clinical manifestation, pathogenesis, treatment. 34. Scleroderma. Clinical manifestation, pathogenesis,

		treatment. 35. Dermatomyositis. Clinical manifestation, pathogenesis, treatment. 36. Viral dermatoses. Incidence rate, classification. 37. Herpes simplex. Etiology, pathogenesis, clinical manifestation, treatment, atypical forms. Features of the progression in HIV-infected people. 38. Herpes zoster. Etiology, pathogenesis, clinical manifestation, treatment. Features of the progression in HIV-infected people. 39. Warts. Etiology, pathogenesis, classification. Features of the progression in HIV-infected people. 40. Anogenital warts (pointed condylomata). Clinical manifestation, pathogenesis, treatment. 41. Molluscum contagiosum. Clinical manifestation, pathogenesis, treatment. 42. Vesicular dermatoses. Incidence rate, classification. 43. Pemphigus vulgaris. Etiology, pathogenesis, classification. Aspects of diagnosis and treatment. 44. Dermatitis Herpetiformis. Etiology, pathogenesis, clinical manifestation, diagnosis, treatment. 45. Psoriasis. Etiology, classification. Characteristics of the clinical manifestations of typical psoriasis, periods of progression, seasonality. 46. Erythrodermic psoriasis. Clinical manifestation, pathogenesis, treatment. 47. Psoriatic arthritis. Clinical manifestation, pathogenesis, treatment. 48. Pustular psoriasis. Clinical manifestation, pathogenesis, differential diagnosis, treatment. 49. Lichen ruber planus. Etiology, pathogenesis, typical and atypical forms, differential diagnosis, treatment. 50. Characteristics of venereal (sexually transmitted) diseases. 51. Syphilis. The history of syphilis in Europe. Etiology, structure and properties of Treponema pallidum, conditions and routes of transmission. Periods of syphilis and its general progression. Immunity in syphilis. 52. First period of syphilis. Characteristics, clinical manifestation (characteristics, complications and differential diagnosis of a typical solid chancre), atypical solid chancres, principles of diagnosis. 53. Second period of syphilis. Characteristics, clinical manifestations of fresh and recurrent syphilis, principles of diagnosis. 54. Differential diagnosis of roseolous rash, papular syphilis, pustular syphilis. 55. Internal organs and nervous system damage in patients with secondary syphilis 56. Latent syphilis. Classification, principles of diagnostics. 57. Tertiary period of syphilis. Characteristics, main manifestations on the skin, lesions of the mucosa, internal organs damage. Clinical manifestation of late neurosyphilis. 58. Principles of diagnosis of tertiary syphilis. Differential

		diagnosis with tuberculosis, leishmaniasis, leprosy. 59. Congenital syphilis. Classification, fetal and placental lesions, clinical manifestation. 60. Principles of serological reactions and interpretation of the results. Principles of syphilis treatment, periodic examination. 61. Characteristics of STIs. 62. Gonorrhea. Structure and properties of gonococcus, incubation period, routes and conditions of transmission. Classification, clinical manifestation, complications. Diagnosis, treatment, periodic examination. 63. Trichomoniasis. Etiology, clinical manifestation, diagnosis, treatment, periodic examination. 64. Chlamydia infection. Etiology, pathogenesis, clinical manifestation, treatment. 65. Genital herpes. Etiology, pathogenesis, clinical manifestation, treatment. 66. Ureaplasma infection. Etiology, pathogenesis, clinical manifestation, treatment. 67. Candidiasis. Etiology, pathogenesis, clinical manifestation, treatment. 68. Bacterial vaginosis. Etiology, pathogenesis, clinical manifestation, treatment. 69. HIV infection. Etiology, pathogenesis. 70. HIV-associated skin diseases.

Assessment criteria

"Very good" - more than 80% correct answers of questions of every level
"Good" - 70-79% correct answers of questions of every level
"Satisfactory" - 55-69% correct answers of questions of every level
"Unsatisfactory" - less than 54% correct answers of questions of every level

Assessment tool 5
State Final Examination
Case Study No.1

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 45-year-old man presents with rash on the skin of the torso

		and hands, accompanied by itching and burning. Anamnesis morbi: the rash appeared two weeks prior. The patient links the onset of this disease with severe nervous and physical fatigue. Initially the patient noted itching, and then grouped vesicles appeared on the skin of the torso. Status localis: The process affects a large surface area. On the skin of the extensor surfaces of the extremities, torso, and neck there are grouped lesions, the skin around them is edematous and hyperemic; the lesions include vesicles, tense 5-10 mm bullae with transparent content, papules, pustules, blisters, excoriations, erosions, and crusts.
Q	1	Question: What diagnosis can be assumed? Which diagnostic test should be used?
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
Q	3	Question: With what diseases is it necessary to differentiate dermatosis in this patient?
Q	4	Question: What is the treatment plan, prognosis?
Q	5	Question: What recommendations should be given to the patient after clinical recovery?

Case Study No.1 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine for international students (in English)
C	GPC-4	Is able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Is able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 45-year-old man presents with rash on the skin of the torso and hands, accompanied by itching and burning. Anamnesis morbi: the rash appeared two weeks prior. The patient links the onset of this disease with severe nervous and physical fatigue. Initially the patient noted itching, and then grouped vesicles appeared on the skin of the torso. Status localis: The process affects a large surface area. On the skin of the extensor surfaces of the extremities, torso, and neck there are grouped lesions, the skin around them is edematous and hyperemic; the lesions include vesicles, tense 5-10 mm bullae with transparent content, papules, pustules, blisters, excoriations, erosions, and crusts.

Q	1	Question: What diagnosis can be assumed? Which diagnostic test should be used?
A		Correct answer: 1. Dermatitis herpetiformis 2. Pemphigus vulgaris 3. Bullous form of toxicoderma 4. Bullous form of streptoderma 5. Toxicoderma
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	4 correct points are mentioned 3 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
A		Correct answer: 1. Imprint smear aimed at detecting acantholytic cells 2. Nikolsky's sign 3. Analysis of vesicle/bulla contents aimed at detecting eosinophils 4. Eosinophils in the complete blood count 5. Biopsy
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	4 correct points are mentioned 3 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	3	Question: With what diseases is it necessary to differentiate dermatosis in this patient?
A		Correct answer: 1. Pemphigus vulgaris 2. Bullous pemphigoid 3. Bullous form of toxicoderma 4. Bullous form of streptoderma
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	3 correct points are mentioned 2 correct points are mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned
Q	4	Question: What is the treatment plan, prognosis?
A		Correct answer: 1. Sulfonamide medications. GCS (Dapson, Diaphenylsulfonum, prednisolone) 2. Symptomatic treatment (vesicular elements are opened and painted with fucorcin or an aqueous solution of aniline dyes) 3. Gluten-free diet 4. Chronic illness. Possibility of paraneoplastic genesis
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	3 correct points are mentioned 2 correct points are mentioned

R0	Fail	incorrect answer is given / no correct points are mentioned
Q	5	Question: Question: What recommendations should be given to the patient after clinical recovery?
A		Correct answer: 1. Long-term follow-up care 2. Gluten-free diet 3. Examination for oncopathology 4. To prevent recurrence, exclusion of products with wheat, rye, oats, barley, as well as products containing iodine (sea algae, saltwater fish, etc.) from the diet is necessary. 5. Any medications and diagnostic products containing iodine are contraindicated in these patients.
R2	Very good	all correct points are mentioned
R1	Good/Satisfactory	4 correct points are mentioned 3 correct point is mentioned
R0	Fail	incorrect answer is given / no correct points are mentioned

4. Assessment criteria for learning outcomes

"Pass" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"Fail" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Iodine test. Procedure and assessment of results

C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease		
F	A/02.7	Examination of the patient in order to make a diagnosis		
	Action		Performed	Not Performed
1.	Examine the skin the patient in a warm, well-lit room under diffuse daylight and determine the localization of lesions.		1 point	-1 point
2.	Examine the mucous membranes of the oral cavity, nose, pharynx, and vermilion surface (lips) and determine the localization of lesions.		1 point	-1 point
3.	Identify lesions on the skin and mucous membranes.		1 point	-1 point
4.	Perform the iodine test - apply 5% iodine alcohol tincture on the skin lesions and surrounding unaffected skin.		1 point	-1 point
5.	Evaluate the color of the lesions.		1 point	-1 point
6.	Give a conclusion. Assess the results of the test.		1 point	-1 point
	Total		6 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed