

**T.C.**

**ISTANBUL MEDIPOL UNIVERSITY**

**INTERNATIONAL SCHOOL OF MEDICINE**



**DERMATOLOGY AND VENEREOLOGY CLERKSHIP GUIDE**

**2021-2022**

**DERMATOLOGY AND VENEREOLOGY**

**CLERKSHIP**

**CLERKSHIP DESCRIPTION**

 Totally 18 hours of theoretical lessons are given to the students during the clerkship period of Dermatology and Venereology. All theoretical courses are held between 08.30 and 12.30 (online/face-to-face) in the first week. Practical courses are held in hospital outpatient/inpatient clinics within the University for full day from 8.30 to 17.30 in the second and third weeks.

|  |  |
| --- | --- |
| **Education Period** | Year V |
| **Clerkship Duration** | 3 weeks |
| **Training Place** | Medipol Mega University Hospital and other hospitals of Istanbul Medipol University |
| Instrructors | * Assoc. Prof. Dr. Erkin Pekmezci
* Assis. Prof. Dr. Ugur Celik
 |
| **The Head Instructor** | * Assoc. Prof. Dr. Erkin Pekmezci
 |

THE AIM OF DERMATOLOGY AND VENEREOLOGY CLERKSHIP

 Basic approach to dermatological diseases, diagnosing with dermatological examination, accurate interpretation of elementary lesions, approach to patients with common skin diseases, and evaluation of dermatological diagnostic methods and therapeutic procedures.

Learning Methods:

* + - Theoretical Courses (Online/Face-to-Face)
		- Practice in Outpatient / Inpatient clinics
		- Case-Based Learning (CBL) sessions

**DERMATOLOGY AND VENEREOLOGY CLERKSHIP LEARNING GOALS**

|  |  |  |
| --- | --- | --- |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Elementary Lesions of the Skin | **He/She** dominates the terminology, used to identify the lesions in dermatological patients. | 2 Hours |
| Uses terminology to diagnose the disease and makes its differential diagnosis. |
| Contact Dermatitis | Lists and distinguishes the differences in terms of clinical features and dermatological findings between irritant and allergic contact dermatitis | 2 Hours |
| Lists the common causes of contact dermatitis in our society and outlines diagnostic approach. |
| Lists dermatological findings of contact dermatitis. |
| Describes the general approach to contact dermatitis treatment. |
| Bullous Diseases | Distinguishes and explains clinical and pathological differences. especially of the two most common autoimmune diseases, pemfigus vulgaris and bullous pemfigoid.,  | 2 Hours |
| Makes differential diagnosis in the approach to the patients with bullous skin lesions. |
| Lists the clinical characteristics of rare bullous dermatoses in general. |
| Outlines the diagnostic methods and the principles of general approach in treatment of bullous diseases. |
| Atopic Dermatitis | Identifies the atopic dermatitis disease. | 2 Hours |
| Ranks the areas of involvement of the atopic dermatitis. |
| Lists the symptoms of the atopic dermatitis and diagnostic criteria. |
| Lists the treatment options of the disease and treats those which have a mild clinical outcome. |
| Rosacae | Diagnoses and treats rosacea disease. | 2 Hours |
| SexuallyTransmitted Diseases | Conducts long-term monitoring and control of these diseases in primary care conditions. | 3 Hours |
| Behçet's Disease | Identifies Behçet’s disease. | 2 Hours |
| Lists the symptoms of Behçet's disease and diagnostic criteria. |
| Outlines the treatment options and general approach to Behçet’s disease. |
| Bacterial Diseases of the Skin | Identifies bacterial skin diseases | 2 Hours |
| Lists the symptoms and diagnostic methods of bacterial skin diseases. |
| Lists the treatment options of bacterial skin diseases and treats those with mild course. |
| Fungal and Parasitic Diseases of the Skin | Defines fungal and parasitic diseases of the skin. | 2 Hours |
| Knows the symptoms and clinical courses of diseases. |
| Knows the laboratory tests that miMSt be requested in the relevant diseases. |
| Knows the treatment options of the diseases and sorts the treatment algorithms. |
| Acne | Identifies acne. | 2 Hours |
| Lists the symptoms and clinical manifestations of acne. |
| Outlines the treatment options for acne. |
| Viral Diseases - Sexually Transmitted | Knows the incidence of sexually transmitted diseases and viral diseases in the society and explains its dermatological findings and diagnostic approaches. | 2 Hours |
| Diseases | Diagnoses and treats common sexually transmitted diseases and viral diseases. | 2 Hours |

|  |  |  |
| --- | --- | --- |
| **Course Name** |  **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Seborrheic Dermatitis | Defines Seborrheic dermatitis disease | 2 Hours |
| Knows the symptoms and diagnostic methods. |
| Knows the treatment options of the disease and treats mild forms. |
| Urticaria | Identifies urticaria. Lists different clinical subtypes that urticaria is acute or chronic, spontaneous or inducable. | 2 Hours |
| Lists important points in the etiopathogenesis of urticaria. |
| Requests the necessary diagnostic tests in the approach to the patient with urticaria. |
| Lists the necessary treatment approaches in mild forms of urticaria. |
| Psoriasis | Defines psoriasis. | 2 Hours |
| Knows the symptoms and diagnostic methods. |
| Knows the areas of involvement in psoriasis. |
| Lists the treatment options for the disease and knows the general treatment approach. |
| SkinTumours | Makes a preliminary diagnosis in tumoral diseases of the skin, performs the first procedures and refers it to the specialist. | 2 Hours |
| Autoimmune Connective Tissue Diseases | Identifies lupus erythematosus, dermatomyositis and scleroderma diseases. | 2 Hours |
| Lists the typical skin findings seen in lupus erythematosus, dermatomyositis and scleroderma. |
| Explains the treatment options and general approach to lupus erythematosus, dermatomyositis and scleroderma. |
| ReactiveNeutrophilicDermatoses | Describes Sweet’s syndrome and PQoderma gangrenosum diseases. | 1 Hour |
| Lists the pathogenesis and clinical characteristics of Sweet’s syndrome and PQoderma gangrenosum. |
| Describes the general approach and options for the treatment of Sweet’s syndrome and PQoderma gangrenosum. |

**ASSOCIATION OF LEARNING OBJECTIVES WITH PROGRAM COMPETENCIES AND KEY ROLES**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **BASIC ROLE** |  **MEDICAL SKILLS** |
|  |  | **R1- Medical Expert****R2-Collaborator****R3-Communicator****R4-Leader****R5-Health Advocate****R6-Scholar****R7-Professional** | **MS1- Analytical and Critical Thinking****MS2-Clinical Questioning-Reasoning****MS3-Problem Solving****MS4-Accessing and Using Information****MS5-Lifelong Learning****MS6-Communication and Teamwork** |
|  **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** |
|  |  |
|  |  |
| Remembers the knowledge of anatomy, physiology, histology related to skin and venereal diseases. | PQ1 | R1 |  |
| Explains the global burden of skin and venereal diseases, risk factors and ways of prevention. | PQ1, PQ6, PQ11, PQ14 | R1, R3, R7, | MS1, MS2, MS3, MS6 |
| Explains the symptoms, physiopathology, causes and relationships of systemic diseases such as Behçet's disease and psoriasis. | PQ1, PQ2 | R1, R7 | MS1, MS2, MS3 |
| Explains and interprets the common clinical, laboratory and pathological findings of skin diseases. | PQ1, PQ2, PQ14 | R1, R7 | MS1, MS2, MS3, |
| Evaluates the main symptoms of common dermatological diseases and differential diagnosis using skin examination findings and necessary diagnostic tools. | PQ1, PQ3, PQ14 | R1, R3, R5 | MS4, MS5 |
| Refers chronic diseases such as psoriasis and Behçet's disease to the specialist.  | PQ1, PQ2, PQ5, PQ6, PQ7, PQ14 | R1, R2,R7 | MS1, MS2, MS3, MS6 |
| Explains the criteria for further examination and referral of allergic diseases (contact dermatitis, atopic dermatitis), Behçet's disease and psoriasis. | PQ1, PQ2, PQ5, PQ6, PQ7, PQ14 | R1,R7 | MS6 |
| Interprets the results of drug side effects and diagnostic tests; makes diagnoses, explains risk factors; counsels, monitors, and explains principles to reduce their frequency. | PQ1, PQ2, PQ3, PQ4, PQ6, PQ7, PQ8, PQ14 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| Performs formerly regulated primary care level monitoring of Behçet's disease.  | PQ1, PQ2, PQ3, PQ4,PQ14 | R1, R2 | MS4, MS6 |
| Explains the principles to reduce the risk factors and frequency of venereal diseases and provides consultancy services. | PQ1, PQ2, PQ3, PQ4, PQ8, PQ14 | R1, R5 | MS4, MS6 |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPREDAD GENERAL MANAGEMENT SKILLS** |
| **R1-Medical Doctor****R2-Team Participant****R3-Communicator** **R4-Leader****R5-Health Advocate****R6-Scientist****R7-Professional** | **MS1-Analytical and Critical Thinking** **MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving****MS4-Accessing and Using Information****MS5-Lifelong Learning****MS6-Communication and TeamWork** |
| Plans the diagnosis of parasitic diseases of the skin, and the diseases with rash; within the scope of rational drug use principles by selecting appropriate diagnostic tests. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1, R5, R7 | MS1, MS2, MS3, MS6 |
| Explains skin and soft tissue infections, treatment methods of venereal diseases, properties of basic drugs and serious side effects. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1, R5 | MS1, MS2, MS3, MS6 |
| Explains the clinical properties of the life-threatening dermatological drug side effects and plans emergency treatment. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1 | MS1, MS2, MS3, MS6 |
| Refers severe diseases such as Behçet's disease and psoriasis to the appropriate unit and explains its principles. | PQ1, PQ2, PQ6, PQ7, PQ8, PQ11, PQ14 | R1, R3 | MS6 |
| Can follow-up an occupational disease such as contact dermatitis and plans treatment. | PQ1, PQ2, PQ3, PQ6,PQ7, PQ8, PQ14, PQ21 | R1, R5 | MS1, MS2, MS3, MS6 |
| Evaluates the necessary laboratory parameters of skin diseases. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| Uses diagnostic methods in skin diseases from simple to complex steps. | PQ1, PQ2, PQ7, PQ8,PQ18 | R1, R5, R7 | MS1, MS2, MS3 |
| Applies the principles of rational drug use. | PQ1, PQ2, PQ3, PQ7,PQ8, PQ18 | R1, R5, R7 | MS1, MS2, MS3 |
| Takes care of human and patient riMSts when providing medical services and adopts the principles of personal data protection. | PQ1, PQ18, PQ19 | R1, R3, R7 | MS6 |
| Understands the importance of multidisciplinary approach in the diagnosis, treatment and monitoring of skin diseases. | PQ1, PQ12, PQ14, PQ20 | R2, R4, R7 | MS6 |
| Explains the legal responsibilities in the diagnosis and follow-up of skin diseases. | PQ1, PQ11, PQ14, PQ18 | R1, R7 | MS6 |

**DERMATOLOGY AND VENEREOLOGY CLERKSHIP CEP TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT EVALUATION METHOD** |
| **SCAR IN THE MOUTH** | Sexually Transmitted Infections | 1. Viral Diseases
2. Sexually Transmitted Diseases
 | DT, P | Written, Oral |
| **SCAR IN THE MOUTH** | Behçet's Disease | Behçet's Disease | PreD | Written, Oral |
| **SCAR IN THE MOUTH** | Systemic Lupus Erythematosus | Collagen Tissue Diseases | PreD | Written, Oral |
| **NASAL FLOW / CONGESTION** | Allergic Reaction | Atopic Dermatitis | D, E | Written, Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Drug Side Effects | Elementary lesions of the Skin | PreD | Written, Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Urticaria and Angioedema | Elementary lesions of the Skin | PreD | Written, Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Diseases with Rashes | 1. Viral Diseases
2. Sexually Transmitted Diseases
 | DT, P | Written, Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Allergic Reaction | 1.Atopik Dermatitis2. Contact Dermatitis | PreD | Written, Oral |
|  |  |  |  |  |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Dermatitis ( Atopic, Contact, Seborrheic) | 1. Contact Dermatitis
2. Atopic Dermatitis
3. Seborrheic Dermatitis
 | D, F | Written, Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Vasculitis | Behçet's Disease | PreD | Written, Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT EVALUATION METHOD** |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Behçet's Disease | Behçet's Disease | PreD | Written, Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Parasitic diseases of the skin | Parasitic Diseases | DT, P | Written, Oral |
|  |  |  |  |  |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Acne Vulgaris | 1. Elementary Lesions of the Skin
2. Acne -Rosacea
 | DT, F | Written, Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Skin and Soft Tissue Infections | 1. Fungal Diseases of the Skin2. Bacterial Diseases of the Skin | DT | Written, Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Allergic Reaction | 1. Contact Dermatitis
2. Atopic Dermatitis
 | D,E | Written, Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Psöriasis, Liken Planus, Pityriasis Rosea | Papouloskuamous Diseases | PreD | Written, Oral |
| **DYSURIA** | Sexually Transmitted Infections | 1. Viral Diseases
2. Sexually Transmitted Diseases
 | DT, P | Written, Oral |
| **ARTHRALGIA / JOINT DISTENSION** | Behçet's Disease | Behçet's Disease | PreD | Written, Oral |
| **GENITAL ULCER** | Sexually Transmitted Infections | 1. Viral Diseases
2. Sexually Transmitted Diseases
 | DT, P | Written, Oral |
| **GENITAL ULCER** | Genital Infections | Sexually Transmitted Diseases | PreD | Written, Oral |
| **GENITAL ULCER** | Behçet's Disease | Behçet's Disease | PreD | Written, Oral |
| **CHEST PAIN** | Skin and Soft Tissue Infections(Herpes Zoster) | 1. Viral Diseases
 | DT | Written, Oral |
| **VISUAL IMPAIRMENT / LOSS** | Behçet's Disease | Behçet's Disease | PreD | Written, Oral |
| **ITCHING** | Parasitic Diseases | Parasitic Diseases of the Skin | DT, P | Written, Oral |
| **ITCHING** | Skin and Soft Tissue Infections | 1. Fungal Diseases of the Skin2. Bacterial Diseases of the Skin | DT | Written, Oral |
| **ITCHING** | Allergic Reaction | 1. Contact Dermatitis
2. Atopic Dermatitis
3. Urticaria
 | D, F | Written, Oral |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOMS/CONDITIONS** | **CORE DISEASES / CLINICAL PROBLEMS** | **TERM 5 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT EVALUATION METHOD** |
| **ITCHING** | Dermatitis (Atopic, Contact, Seborrheic) | 1. Contact Dermatitis
2. Atopic Dermatitis
3. Seborrheic Dermatitis
 | DT | Written, Oral |
| **ITCING** | Psoriasis, Liken Planus, Pityriasis Rosea | Papouloskuamous Diseases | PreD | Written, Oral |
| **NEURALGIAS** | Diseases with Rash | 1. Viral Diseases
2. Sexually Transmitted Diseases
 | DT, P | Written, Oral |
| **HAIR LOSS** | Skin and Soft Tissue Infections | 1. Fungal Diseases of the Skin2. Bacterial Diseases of the Skin | DT | Written, Oral |
| **STINGS (Insect) / BITES** | Allergic Reaction | 1. Atopic Dermatitis
 | D, E | Written, Oral |
| **STRIDOR** | Allergic Reaction | 1. Urticaria
2. Atopic Dermatitis
 | D, E | Written, Oral |

|  |  |
| --- | --- |
| **LEARNING LEVEL** | **EXPLANATION** |
| **E** | Should be able to recognize the emergency and perform emergency treatment, and refer him/her to a specialist when necessary. |
| **PreD** | Should be able to make a preliminary diagnosis and make the necessary preliminary actions and direct them to the specialist. |
| **D** | Should be able to make a diagnosis and have knowledge about the treatment, and should direct them to the specialist by making the necessary preliminary procedures. |
| **DT** | He should be able to diagnose, treat. |
| **F** | Should be able to perform long-term follow-up and control in primary care conditions. |
| **P** | Prevention measures (primary, secondary, tertiary prevention as appropriate/ones) should be implemented. |

**DERMATOLOGY AND VENEREOLOGY CLERKSHIP BASIC MEDICAL APPLICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION** | **APPLICATION NAME** | **TERM V COURSE NAME** | **LEVEL OF LEARNING** |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Skin examination | 1.Elementary Lesions of the Skin2. Practical Courses  | 4 |

**DERMATOLOGY AND VENEREOLOGY** **CLERKSHIP MEASUREMENT** **AND EVALUATION METHODS**

 At the end of the three-week clerkship period, students will undergo theoretical (written) and practical (oral) exams. The theoretical exam consists of a total of 25 multiple choice questions. The exam lasts 30 minutes and each question consists of a total of 5 choices. 10% of exam questions are very easy according to the general evaluation, 10% are very difficult and the remaining 80% have moderate difficulty. Case-based learning (CBL) assessments consisting discussions directly on the cases are also included in the practical exam. 60% of the practical exam and 40% of the theoretical exam are taken and the student’s total score is calculated.

Students with a score of 60 or more are considered successful in the clerkship and receive a passing grade. Other students must take the make-up exam. The make-up exam is held every year at a jointly concluded time period at the chair board meeting. The make-up exam consists only of theoretical questions. A total of 25 multiple choice questions are asked. The exam difficulty here is determined as 10 easy and 15 medium difficulty questions. Students who take 60 or more in this exam are considered successful in the clerkship. Students who receive below 60 are obliged to repeat the clerkship courses in the following year.

|  |  |
| --- | --- |
| **Exam Type** |  **Percentage** |
| **Theoretical Exam** | %40 |
| **Structured Practical Exam** | %40 |
| **CBL Assessment** | %20 |

**RECOMMENDED RESOURCES FOR CLERKSHIP DERMATOLOGY AND VENEREOLOGY**

1. Braun-Falco O, Plewig G, Wolff HH, Burgdorf WHC. Dermatology. 3rd ed. Berlin: Springer-Verlag; 2009.
2. Bolognia JL, Jorizzo JL, Rapini. Dermatology. 3rd ed. Elsevier; 2017.
3. Tüzün Y, Serdaroglu S, Aksungur VL, Gürer MA, Oguz O. Dermatoloji. 1. Baskı. 2008.
4. Aksungur VL. Dermatolojide Algoritmik Tanı. 1. Baskı. 2007.
5. Tüzün Y, Serdaroglu S, Erdem C, Özpoyraz M, Önder M, Ozturkcan S. Dermatolojide Tedavi 1. Baskı. 2010.