# kol ang

**SYLLABUS of the MODULE (SUBJECT)**

**General Information**

|  |  |
| --- | --- |
| **Module title: ClINICAL ALLERGOLOGY** | |
| Module type | Clinical allergology |
| Faculty PMU | Faculty of Medicine and Dentistry |
| Major | Dentistry |
| Level of study | long-cycle (S2J) |
| Mode of study | full-time studies |
| Year of studies, semester | Year IV, semester VIII |
| ECTS credits (incl. semester breakdown) | 0,5 |
| Type/s of training | lectures (2h) /seminars (5h)/ practical (3h) |
| Form of assessment[[1]](#footnote-1) | graded assessment:  descriptive  test  practical  oral  non-graded assessment  final examination  descriptive  test  practical  oral |
| Head of the Department/ Clinic, Unit | DR N.MED. IWONA POZIOMKOWSKA-GĘSICKA |
| Tutor responsible for the module | IWONA POZIOMKOWSKA-GĘSICKA |
| Department’s/ Clinic’s/ Unit’s website | https://www.pum.edu.pl/wydzialy/wydzial-medycyny-i-stomatologii/zaklad-alergologii-klinicznej |
| Language | English |

**Detailed information**

|  |  |  |
| --- | --- | --- |
| **Module objectives** | | The dentist should see, understand and solve problems related to morbid hypersensitivity. This concept is commonly and erroneously associated with the mechanism of allergy. However, it has a broader meaning. Describes the episodic and chronic symptoms of response to stimuli tolerated by the general population, which do not result from a specific immune response. Due to the specifics of the dentist's work, particular importance are non-steroidal anti-inflammatory drugs, antibiotics, latex and materials used in dentistry as well as common environmental factors that are most often allergens that cause symptoms of allergic periodic and perennial rhinitis and asthma, so-called oral allergy syndrome, urticaria and angioedema, and anaphylaxis. Practical knowledge about allergic contact eczema, including changes in mucous membranes and the possible causative role of drugs and materials used in dentistry, is equally important. The dentist should know the principles of the diagnosis of morbid hypersensitivity and the possibilities of prevention in terms of individual patients' good. That is why we present the basic diagnostic techniques and principles of treatment of hypersensitivity symptoms and the possibility of selecting safe substitute drugs (antibiotics, local anesthetic agents and analgesics). |
| Prerequisite /essential  requirements | Knowledge | Knowledge acquired at earlier stages of education with particular emphasis on the following concepts: stimulus, reaction, individual and "normal" reaction, resistance, tolerance, hypersensitivity, allergy, sensitivity, specificity, prediction |
| Skills | Applicable to each doctor canon of medical proceedings (physical examination, physical examination, first diagnosis, diagnostic program, final diagnosis, treatment). This also applies to the principles of medical reasoning, taking into account the principle of causality and the ability to correctly logically deduce. |
| Competences | Subjective treatment of the patient and care for his individual good and ethos of the profession in line with the message of the Code of Medical Ethics, with particular emphasis on  recording:  **The biggest ethical order for a doctor is the good of the patient - salus aegroti suprema lex esto. Market mechanisms, social pressures and administrative requirements do not absolve physicians from compliance with this principle (Article 2 point 2)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of the learning out**c**omes for the subject /module** | | | |
| **No. of learning outcome** | **Student, who has passed the (subject)**  **knows /is able to /can:** | **SYMBOL**  **(referring the standards)** | **Method of verification of learning outcomes\*** | |
| W01 | knows and understands cases in which the patient should be referred to the hospital | E. W20 | O | |
| U01 | is able to perform differential diagnosis of most common diseases | E. U1 | O, ET | |
| U02 | is able to plan diagnostics and therapeutic management in case of most common diseases in adults | E. U3 | O, ET | |
| U03 | is able to interpret results of laboratory tests | E. U4 | O | |
| U04 | is able to identify life-threatening risk | E. U8 | O | |
| U05 | is able to diagnose and treat skin diseases: infectious, allergic and sexually transmitted | E. U14 | O, ET | |
| K01 | is ready to respect physician-patient privilege and patient's rights | K. 3 | O | |
| K02 | is ready to take activities towards patient on the basis of ethical principles with awareness of social conditions and disease restrictions | K. 4 | O | |
| K03 | is ready to notice and recognize own limitations, make self-assessment of educational deficits and needs | K. 5 | O | |
| K04 | is ready to propagate health-promoting behavior | K. 6 | O | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table presenting LEARNING OUTCOMES in relation to the form of classes** | | | | | | | | |
| **No. of learning outcome** | **Learning outcomes** | **Type of training** | | | | | | |
| **Lecture** | **Seminar** | **Practical classes** | **Clinical classes** | **Simulations** | **E-learning** | **Other…** |
| W01 | E. W20 | X | X | X | X |  |  |  |
| U01 | E. U1 | X | X | X | X |  | X |  |
| U02 | E. U3 |  |  | X | X |  |  |  |
| U03 | E. U04 |  |  | X | X |  |  |  |
| U04 | E. U08 | X | X | X | X |  |  |  |
| U05 | E. U014 | X | X | X | X |  |  |  |
| K01 | K. 3 |  |  | X | X |  |  |  |
| K02 | K. 4 |  |  | X | X |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table presenting TEACHING PROGRAMME** | | | |
| **No. of a teaching programme** | **Teaching programme** | **No. of hours** | **References to learning outcomes** |
| **Summer semester** | | | |
| **Lectures** | | | |
| TK01 | Basic concepts and mechanisms: individual and "normal" way of reacting, individual hypersensitivity and tolerance, allergic and non-allergic hypersensitivity. | 1 | E. W20, E. U3 |
| TK02 | Diagnosis of allergic diseases.  Ways to identify the stimulus that causes the reaction. Basic techniques for the detection of IgE-mediated and non IgE-mediated allergies.  Open and placebo-controlled provocation tests.  Skin prick test and sIgE.  Patch test | 1 | E. W20, E. U3  E. U4, E. U14 |
| **Seminars** | | | |
| TK01 | Undesirable events and reactions associated with the use of local anesthetic agents, antibiotics and non-steroid anti-inflammatory drugs. | 1 | E. W20, E. U14 |
| TK02 | Allergic and non-allergic anaphylaxis. | 1 | E. W20, E. U1,  E. U014 |
| TK03 | Allergic rhinitis and bronchial asthma. | 1 | E. W20, E. U1 |
| TK04 | Hypersensitivity reactions to medicines and implants regarding the skin and mucous membranes. | 1 | E. W20, E. U14 |
| TK05 | Angioedema.  Familial angioedema. | 1 | E. W20, E. U1,  E. U14 |
| **Clinical classes** | | | |
| TK01 | Presentation of cases:  Consequences of confusing the terms "allergy" and "hypersensitivity".  Neurotoxic reaction to lidocaine or „mental illness”?  Neurotoxic reaction to lidocaine or hypersensitivity to sulfite which preservative epinephrine? | 1 | E. U14 |
| TK02 | Presentation of cases:  Anaphylactic reactions to cefuroxime.  Typing a replacement antibiotic.  Anaphylactic reactions to metamizol. Typing a replacement medication.  Anaphylaxis to” venflon “ or nocebo effect? | 1 | E. U14 |
| TK03 | Presentation of cases:  A patient with allergic rhinitis  Patient with OAS (oral allergy syndrome).  A patient with exacerbation of bronchial asthma.  A patient with allergic contact eczema.  Patient with skin-induced allergic reaction | 1 | E. U14 |

|  |
| --- |
| **Booklist** |
| Obligatory literature: |
| 1. **Adverse events in anaesthesiology. Why do not we recognize anaphylaxis?**  **Kurek M and others.**  An overview article is available on the website of the Department of Clinical Allergology.  http://allergy.szczecin.pl/images/Pliki/materialy\_pomocnicze/2017/Dlaczego\_nie\_roz\_anafilaksji.pdf |
| 2. **Allergic and non-allergic hypersensitivity to antibiotics Kurek M and others.**  Development for teaching purposes available on the website of the Department of Clinical Allergology  http://allergy.szczecin.pl/images/Pliki/materialy\_pomocnicze/2017/Dlaczego\_nie\_roz\_anafilaksji.pdf |
| Supplementary literature: |
| 1. **Critique\_of\_impure\_reason\_ medicine based on scientific evidence and common sense**  **James Michelson**. 2003; Journal of Evaluation in Clinical Practice, 10, 2, 157-161 |
| 2. Epistemological issues in medicine based on scientific evidence       Benjamin Djulbegovic and others. Cancer Control 2009, Vol. 16, No. 2; 158-168 |

|  |  |
| --- | --- |
| **Student’s workload** | |
| Form of student’s activity  (in-class participation; activeness, produce a report, etc.) | Student’s workload [h] |
| Tutor |
| Contact hours with the tutor | 8 |
| Time spent on preparation to seminars/ practical classess | 3 |
| Time spent on reading recommended literature | 2 |
| Time spent on writing report/making project |  |
| Time spent on preparing to colloqium/ entry test | 2 |
| Time spent on preparing to exam |  |
| Other ….. |  |
| Student’s workload in total | 16 |
| **ECTS credits for the subject (in total)** | 0,5 |
| **Remarks** | |
|  | |

\* Selected examples of methods of assessment:

EP – written examination

EU – oral examination

ET – test examination

EPR – practical examination

K – colloqium

R – report

S – practical skills assessment

RZĆ – practical classes report, incl. discussion on results

O – student’s active participation and attitude assessment

SL – lab report

SP – case study

PS - assessment of student’s ability to work independently

W – entry test

PM – multimedial presentation

other…

1. replaceintowhere applicable [↑](#footnote-ref-1)