

DESCRIPTION OF RESIDENCY PROGRAM IN DERMATOVENEREOLOGY

Name of the residency program	State code of the program
Dermatovenerology	733A30059

Higher educational institution, department	Language of instruction
Lithuanian University of Health Sciences (LUHS), Medical Academy, Department of Skin and Venereal Diseases, A. Mickevičiaus str. 9, LT-44307 Kaunas	Lithuanian

Type of studies	Cycle of studies	Qualification degree according to the Lithuanian Qualifications framework (LQF)
University studies	Non-degree-awarding studies	Level VII

Form and duration (years) of studies	Volume of the program in credits	Total workload (hours) for a resident	Contact work hours	Independent work hours
Full-time, 4 years	264	7040	6195	845

Field of studies	Main branch of the study program	Additional branch of the study program (if applicable)
Biomedical sciences	Medicine	-

Professional qualification to be awarded
Dermatovenerologist

Supervisor of the study program	Contact information of the supervisor
Prof. Skaidra Valiukevičienė	E-mail: skaidra.valiukeviciene@kaunoklinikos.lt , Phone, fax: +370 37-326246

Institution providing accreditation	Accreditation given until
Center for Quality Assessment in Higher Education	2014

Aim of the residency program
The principal aim of the residency program in Dermatovenerology is to educate and train specialists with the professional qualification of a dermatovenerologist, who would acquire theoretical knowledge and practical skills and abilities necessary for practice in dermatovenerology, who would be interested in scientific novelties in this field, and who would seek higher scientific qualification in doctoral studies.

Profile of the residency program		
Content of residency studies: cycle groups	Character of the residency program	Characteristic features of the residency program
The Program consists of compulsory and elective cycles including theory, practical training, and independent work. The compulsory cycles are oriented towards increasing dermatovenerologists' knowledge and abilities in the fields of infectious and internal diseases, overlapping therapeutic specialties, gynecology, allergology and clinical immunology, surgical dermatology, and CPR. Resident physicians gain theoretical and practical knowledge	This is a program of applied studies oriented towards practical activity, improving research skills, and awarding the professional qualification of a dermatologist.	The program was prepared following legal acts of the republic of Lithuania, the concept of the European Dermatology Forum (European Dermatology Forum. White Book – The Challenge of Skin Diseases in Europe, 3rd Edition. 2009), and the requirements of the European Union of Medical Specialists for the Training of Medical Specialists (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. Requirements

<p>in cycles on general dermatology, dermatology-allergology, venereology, invasive dermatology, dermatology-oncology, pediatric dermatology, and dermatology-histopathology. Elective cycles provide knowledge in the fields of photo-dermatology or mucosal diseases.</p>		<p>for the Specialties Dermatology-Venereology (Continental Europe), Dermatology and Venereology (UK and Ireland). UEMS 2001. Web address: http://www.uems-ebdv.org/ebdv/images/stories/downloads/Chapter6DermVen.pdf</p> <p>The program is based on the integration of theoretical studies and practical work since the first year of studies. The theoretical knowledge and practical skills are acquired with the assistance of LUHS teachers – specialists in resident education and training. The hospitals accredited for different cycles of the residency program are Kaunas Clinical Hospital and State Hospital in Klaipėda. The Hospital of LUHS Kaunas Clinics is the principal base of residency in Dermatovenereology. The Hospital has all the departments and laboratory services required for residency studies in dermatovenereology concentrated in one area. The LUHS Department of Skin and Venereal Diseases operates out-patient and in-patient departments, a day-case department, and specialized rooms for venereology, phototherapy, digital dermoscopy, surgical procedures, photodynamic therapy, and allergen diagnostics; the Clinic also provides round-the clock services in radiology, laboratory medicine, pathological anatomy, and intensive care. The base for the residency is selected following LUHS Regulations for residency studies in medicine. Scientific work skills are developed during research activities at LUHS Department of Skin and Venereal Diseases. A part of the residency studies (up to one year) may be carried out at a selected foreign clinic.</p>
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Requirements for entrants	Possibilities for the recognition of previous studies
<p>Master's degree in medicine and professional qualification of a physician. Standard admission procedure is applied. The composition of the passing score is provided in terms and conditions of the admission to LUHS residency programs. The main components of the cumulative score are the following: the mean score of the evaluations of all subjects taken during the integrated studies, the evaluation of the final exam, the evaluation of clinical practice, and the results of the motivation interview. The motivation interview is carried out following a schedule that is planned in advance and is presented at the LUHS website. The evaluating commission of the interview consists of the</p>	<p>The results of previous studies are recognized individually, following the procedure set by the LUHS Senate, and taking into account the developed competences and learning outcomes, and their correspondence to the residency program in dermatovenereology.</p>

<p>academic staff of the Department of Skin and Venereal Diseases, and a representative of the resident physicians. During this interview, the commission evaluates the future residents' research and practical activity in the field of dermatovenereology, as well as his or her personality characteristics. The entry competition is public and is organized separately for each residency program; the competition is organized in two stages – the main and the additional ones. The second (additional) stage is organized if there are still vacancies left after the first (main) stage is completed.</p>	
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Access to further studies
Degree-awarding third-cycle doctoral studies (chosen by ca. 10-15% of specialists who acquired the professional qualification of a dermatovenereologist).

Access to professional career
A dermatovenereologist may practice and provide his/her services in a licensed healthcare institution - either state or private. Dermatovenereologists are licensed by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, upon submitting the graduation diploma in medical studies, the internship certificate, and the residency certificate. A dermatovenereologist may also engage in scientific research or pedagogical work at higher educational institutions. The residency graduation certificate and the awarded qualification are recognized in the EU countries. Due to the dwindling number of dermatovenereologists and their increasing mean age, as well as due to the aging of Lithuania's population and the growing trends of skin diseases, the need for the education and training of dermatovenereologists does not decrease, and prospects for employment after residency in this field are promising.

Methods of studies	Assessment strategy
<p>Various teaching and learning methods are employed, including lectures, seminars, consultations, group discussions with resident physicians, and work with skin simulators. The learning process also includes filling out the daily routine schedule, preparation and presentation of clinical cases at physicians' conferences, viewing educational videos, digital images, and dermatohistopathological preparations, and devising and following the personal development plan.</p>	<p>Participation in lectures and activeness during seminars, consultations, and group discussions are registered on a separate sheet. The requirement is that no less than 75% of all the topics covered during the theoretical classes should be accounted for according to the annual schedule of lectures, seminars, and group discussions. Passing equalization exams or tests individually or with previous-year residents is allowed.</p> <p>Written and verbal evaluation is conducted at the end of each cycle. Written evaluation is based on answers to questions on the topics of the cycle. The score is registered as points on a ten-point scale.</p> <p>Verbal evaluation is applied in the practical part, including independent examination of the patient's condition (under the monitoring of the residents' supervisor), filling out medical documentation beginning with the patient's complaints, his or her current condition, and examination, and ending with the compilation of the treatment plan.</p> <p>The final evaluation of the cycle is the mean score of the evaluation of theoretical knowledge and practical skills.</p>
<p>Abilities and skills acquired when examining and treating patients with dermatological-venereal somatic disorders at the Department of Skin and Venereal Diseases as well as at other inpatient and outpatient departments and the intensive care unit; when participating in the daily and weekly rounds and meetings of the heads of the Clinic, the Department, and the sectors; when supervising patients under the guidance of the residency advisor; and when working on scheduled shifts at the subunits of the residency base</p>	<p>Continuous evaluation of clinical work, performance and/or interpretation of diagnostic procedures through weekly reviews of the Daily Activity Book, and confirming the completion of the assigned tasks with the stamp of the residency supervisor.</p> <p>The evaluation of the analysis and presentation of individual clinical cases during weekly rounds, recording this in the Daily Activity Book, and confirming the completion of the assigned tasks with the</p>

<p>under the guidance of the supervisor of the residency program or a licensed physician.</p>	<p>stamp of the residency supervisor.</p> <p>Written (in free form or questionnaires) responses of the residency base staff (physicians and auxiliary personnel and other employees) about the resident's independent activity, submitted at the end of each cycle. The responses are registered as appendices to the Daily Activity Book.</p> <p>Practical skills and abilities acquired during the cycle are evaluated with a mark on a ten-point scale, and the evaluation is recorded in the Daily Activity Book and the resident's Credit Book.</p> <p>Preparation and presentation of scientific literature surveys and clinical case analyses with literature survey during physicians' conferences following an individual schedule. Twice per year, the presentations are registered in the Daily Activity Book, and confirmed with the stamp of the residency supervisor.</p> <p>The research topic may be proposed by the resident, the head of the specialized clinic, or the coordinator of the residency studies. The preliminary topic, the object, and the methods of the research are discussed and confirmed during the staff meeting of the specialized clinic. The results of the research are presented during the meeting session of the Residency Committee of the Clinic of Skin and Venereal Diseases not later than one month before the final examination.</p> <p>The residency program is completed with theoretical and practical examinations. During the practical examination, the resident has to analyze no less than 10 clinical cases. The theoretical examination is conducted in written and consists of a discussion on five randomly selected questions from the general question package.</p>
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General competences		Learning outcomes of the residency program	
1.	Professional characteristics	1.1	Being honest and respectable with the patients suffering from dermatological, venereal, and concomitant diseases, following the norms of medical ethics and good medical practice, being critical towards the others and oneself, being capable of feeling sympathy for the patients, and being creative and proactive.
2.	Professional activity	2.1	Being able to evaluate the limits of one's competences in dermatovenereology and related specialties, to act in new dermatovenereology-related and urgent situations, to adapt and solve the arising problems and to make decisions independently, to communicate and work in a team together with specialists in other areas, and also to organize and plan professional activity, including the working time.
3.	Expert physician's activity	3.1	Being able to analyze the symptoms and syndromes of dermatological and venereal disorders, to continuously develop in the specialty field through life-long education, to apply theoretical knowledge and abilities in practice and to pass them to the younger colleagues, and to plan and conduct scientific research.

Specific competences		Learning outcomes of the residency program	
4.	Dermatological and venereological consultation of a patient	4.1	Being able to conduct the general somatic evaluation of a patient, to detect and interpret symptoms of dermatological, venereal, and related concomitant internal diseases, to compile and to interpret relevant dermatological and venereal anamnesis, and to perform screening and diagnostic dermatological, venereal, and somatic examination of a patient.
		4.2	Being able to explain to the patient (and his/her relatives) the aim and the meaning of the procedures the patient has to undergo, the findings of skin and visible mucosal sample analyses, to discuss further actions and the prognosis of the diseases, and to reassure and motivate the patient.
5.	Compilation of the dermatological and venereological examination plan for a patient	5.1	Being able to evaluate the patient's clinical dermatological, venereal, and general somatic condition and its severity, and to compile the plan of the required diagnostic examinations; being able to interpret the results of the study, to perform primary (complaints, anamnesis, and clinical dermatological, venereal, and general examination) and secondary (interpreting test results and planning, conducting, and interpreting additional test results) differential diagnostics of a patient; to compile a suitable individual treatment plan for a patient, and to discuss it with the patient and his/her relatives, and to be able to evaluate possible drug interactions, adverse drug reactions, and the efficacy of the prescribed treatment.
		5.2	Being capable of communicating with the patients and their relatives in cases of critical conditions; being able to gain trust and to obtain a written informed consent, to communicate in written (filling out medical documentation), and to communicate with an aggressive patient.
6.	Provision of emergency medical assistance	6.1	Being able to recognize somatic, dermatological, and venereal conditions requiring emergency assistance, to provide first aid, to provide CPR following the recommendations, to administer primary assistance in cases of traumas, and to be able to recognize and treat dermatological and venereal diseases requiring urgent assistance.

7.	Diagnostic and therapeutic procedures, evaluation and interpretation of examination results	7.1	Being able to conduct specialized functional examination of the skin and mucosa - dermoscopy, capillaroscopy, prick and patch skin allergy tests, ultrasonography of skin and subcutaneous soft tissues and blood vessels, and tests of skin sensitivity to UV; to treat skin diseases with ultraviolet radiation including photochemotherapy (PUVA) and photodynamic therapy; to conduct microscopic examinations of native, Gram-stained, or methylene blue-stained samples of skin, mucosa, hair, nails, or genital tract; to prepare these samples, to apply local, infiltrative, or conductive anesthesia (in the arm or the foot); to conduct skin and mucosal biopsy and excision of cutaneous and subcutaneous lesions, to apply cutaneous and subcutaneous sutures, and to stop bleeding; to perform surgical removal of the nail plate, to treat ingrown nails; to perform subcutaneous lymph node puncture, electrocautery, surgical dermabrasion, cryotherapy and laser therapy, prostate palpation and prostate secretion sampling, and colposcopy; to perform lumbar puncture in case of suspected neurosyphilis; to separate skin layers, to correct aging skin and hyperhidrosis with conservative and invasive techniques, and to apply local treatment and care of wounds and ulcers.
		7.2	Being able to evaluate and interpret findings of functional, radiological, biochemical, immunological, microbiological, molecular, dermato-histopathological (histochemical, immunohistological, immunofluorescent, and immunohistochemical), and genetic examinations for differential diagnostics.
8.	Participation in healthcare, and promotion of healthy lifestyle	8.1	Being able to evaluate the risk to a patient's health, and to apply appropriate and rational risk reduction measures, to apply infection control, to evaluate occupational health hazards, and to take appropriate preventive measures.
		8.2	Participating in health promotion programs on the population and the individual levels.