

**REGULATIONS AND CURRICULUM
FOR
POSTGRADUATE DEGREE AND DIPLOMA COURSES**

2010



**DERMATOLOGY, VENEREOLOGY
& LEPROSY**

**JSS UNIVERSITY
JSS MEDICAL INSTITUTIONS CAMPUS
SRI SHIVARATHREESHWARA NAGARA, MYSORE 570 015
KARNATAKA, INDIA**

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Postgraduate Medical Degree and Diploma Courses 2010

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CHAPTER I

Regulations for Postgraduate Degree and Diploma Courses in Medical Sciences

1. Branch of Study

1.1 Postgraduate degree courses

Post Graduate Degree courses may be pursued in the following subjects:

a) MD (Doctor of Medicine)

- i) Anaesthesiology
- ii) Anatomy
- iii) Biochemistry
- iv) Community Medicine
- v) Dermatology, Venereology and Leprosy
- vi) Forensic Medicine
- vii) General Medicine
- viii) Microbiology
- ix) Pathology
- x) Paediatrics
- xi) Pharmacology
- xii) Physiology
- xiii) Psychiatry

b) MS (Master of Surgery)

- i) General Surgery
- ii) Obstetrics and Gynaecology
- iii) Ophthalmology
- iv) Orthopedics
- v) Oto-Rhino-Laryngology

1.2 Postgraduate Diploma Courses

Post Graduate Diploma Courses may be pursued in the following subjects:

- a) Anesthaesiology (DA)
- b) Child Health (DCH)
- c) Clinical pathology (DCP)
- d) Dermatology, Venerology and Leprosy (DDVL)
- e) Obstetrics and Gynaecology (DGO)
- f) Ophthalmology (DO)
- g) Orthopaedics (D Ortho)
- h) Oto-rhino-laryngology (DLO)
- i) Psychiatry (DPM)

2. Eligibility for Admission

MD / MS Degree and Diploma courses : A candidate affiliated to this University and who has passed final year MBBS examination after pursuing a study in a medical college recognized by the Medical Council of India, or from a recognized medical college affiliated to any other university recognized as equivalent thereto and has completed one year compulsory rotating internship in a teaching institution or other institution recognized by the Medical Council of India, and has obtained permanent registration of any State Medical Council, shall be eligible for admission.

3. Obtaining Eligibility Certificate by the University before making admission

No candidate shall be admitted for any Postgraduate Degree/Diploma courses unless the candidate has obtained and produced the eligibility certificate issued by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

- a) MBBS pass/degree certificate issued by the university.
- b) Mark cards of all the university examinations passed before MBBS course.
- c) Attempt certificate issued by the Principal.
- d) Certificate regarding the recognition of the medical college by the Medical Council of India
- e) Completion of internship certificate.
- f) In case internship was done in a non- teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
- g) Registration by any state Medical Council.
- h) Proof of ST/SC or Category I, as the case may be.

Candidates should obtain the eligibility certificate before the last date for admission as notified by the university.

A candidate who has been admitted to postgraduate course should register his / her name in the university within a month of admission after paying the registration fee.

4. Intake of students

The intake of students to each course shall be in accordance with the MCI and GOI permissions in this regard.

5. Course of study

5.1 Duration

- a) **MD, MS Degree Courses:** The course of study shall be for a period of 3 years consisting of 6 terms.
- b) **Diploma courses:** The course of study shall be for a period of 2 years consisting of 4 terms.

6. Method of training

The training of postgraduate for degree/diploma shall be residency pattern, with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions, grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate should be required to participate in the teaching and training programme of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

7. Attendance, Progress and Conduct

- 7.1** A candidate pursuing degree/diploma course, should work in the concerned department of the institution for the full period as full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course, nor can he/she work in a nursing home or other hospitals/clinic/laboratory while studying postgraduate course.
- 7.2** Each year shall be taken as a unit for the purpose of calculating attendance.
- 7.3** Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.
- 7.4** Every candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. Provided, further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year.
- 7.5** Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

8. Monitoring Progress of Studies:

- 8.1 Work diary / Log Book:** Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the

candidate as well as details of clinical or laboratory procedures, if any, conducted by the candidate. The work diary shall be scrutinised and certified by the Head of the Department and Head of the Institution, and presented in the University practical/clinical examination.

- 8.2 Periodic tests:** In case of degree courses of three years duration (MD/MS, DM, M Ch.), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other at the end of the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce. Records and marks obtained in such tests will be maintained by the Head of the Department and sent to the University, when called for.
- 8.3** In case of diploma courses of two years duration, the concerned departments may conduct two tests, one of them at the end of first year and the other in the second year, three months before the final examination. The tests may include written papers, practical / clinical and viva voce.
- 8.4 Records:** Records and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

9. Dissertation

- 9.1** Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognised post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.
- 9.2** The dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.
- 9.3** Every candidate shall submit to the Director (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course, on or before the dates notified by the University. The synopsis shall be sent through proper channel.
- 9.4** Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

9.5 The dissertation should be written under the following headings

- a) Introduction
- b) Aims or Objectives of study
- c) Review of Literature
- d) Material and Methods
- e) Results
- f) Discussion
- g) Conclusion
- h) Summary
- i) References
- j) Tables
- k) Annexure

9.6 The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

9.7 Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six months before final examination, on or before the dates notified by the University.

9.8 The dissertation shall be valued by examiners appointed by the University. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.

9.9 Guide: The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India, Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognised as post graduate teachers.

9.10 Co Guide: A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognised for teaching/training by JSS University / Medical Council of India. The co-guide shall be a recognised post graduate teacher of JSS University.

9.11 Change of guide: In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the university.

10. Schedule of Examination

The examination for MD / MS courses shall be held at the end of three academic years (six academic terms). The examination for DM and M Ch courses shall be held at the end of three years. The examination for the diploma courses shall be held at the end of two academic years (four academic terms). For students who have already passed Post Graduate Diploma and appearing for MD examination, the examination shall be conducted after two academic years (four academic terms, including submission of dissertation) The University shall conduct two examinations in a year at an interval of four to six months between the two examination. Not more than two examinations shall be conducted in an academic year.

11. Scheme of Examination

11.1 MD / MS Degree

MD / MS Degree examinations in any subject shall consist of dissertation, written paper (Theory), Practical/Clinical and Viva voce.

11.1.1 **Dissertation:** Every candidate shall carryout work and submit a dissertation as indicated in SI NO 9. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

11.1.2 **Written Examination (Theory):** A written examination shall consist of four question papers, each of three hours duration. Each paper shall carry 100 marks. Out of the four papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical subjects, questions on applied clinical aspects should also be asked.

11.1.3 **Practical / Clinical Examination:** In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing student's ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The total marks for Practical / clinical examination shall be 200.

11.1.4 **Viva Voce.** Viva Voce Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The total marks shall be 100 and the distribution of marks shall be as under:

- i) For examination of all components of syllabus 80 Marks
- ii) For Pedagogy 20 Marks

If there is skills evaluation, 10 marks shall be reserved for Pedagogy and 10 marks for skill evaluation.

11.1.5 **Examiners.** There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

11.1.6 **Criteria for declaring as pass in University Examination*.** A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva-voce examination.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Registrar (Evaluation).

11.1.7 **Declaration of class:** A successful candidate passing the University examination in first attempt and secures grand total aggregate 75% of marks or more will be declared to have passed the examination with distinction, 65% but below 75% declared as First Class and 50% but below 65% declared as Second Class.

A candidate passing the University examination in more than one attempt shall be declared as Pass Class irrespective of the percentage of marks.

11.2 DM/M Ch

The examination shall consist of theory, clinical/practical and viva voce examination.

11.2.1 **Theory (Written Examination):** The theory examination shall consist of four question papers, each of three hours duration. Each paper shall carry 100 marks. Out of the four papers, the first paper will be on basic medical sciences. Recent advances may be asked in IV Paper.

11.2.2 **Practical / Clinical Examination:** In case of practical examination it should be aimed at assessing competence, skills of techniques and procedures as well as testing student's ability to make relevant and valid observations, interpretations and experimental work relevant to his / her subject.

In case of clinical examination it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The maximum marks for Practical / Clinical shall be 200.

11.2.3 **Viva-Voce:** Viva Voce examination shall aim at assessing thoroughly, depth of knowledge, logical reasoning, confidence and oral communication skills. The maximum marks shall be 100. This also includes spotters like instruments, anaesthesia machines, drugs, ECG, X – ray.

11.2.4 **Examiners:** There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

11.2.5 **Criteria for declaring as pass in University Examination*:** A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory (2) Practical including clinical and viva voce examination.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Registrar (Evaluation).

11.3 Diploma Examination:

Diploma examination in any subject shall consist of theory (written papers), Practical / Clinical and Viva - Voce.

11.3.1 **Theory:** There shall be three written question papers each carrying 100 marks. Each paper will be of three hours duration. In clinical subjects one paper out of this shall be on basic medical sciences. In basic medical subjects and Para- clinical subjects, questions on applied clinical aspects should also be asked.

11.3.2 **Practical Clinical Examination:** In case of practical examination it should be aimed at assessing competence, skills related to laboratory procedures as well as testing students ability to make relevant and valid observations, interpretation of laboratory or experimental work relevant to his/her subject.

In case of clinical examination, it should aim at examining

clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The maximum marks for Practical / Clinical shall be 150.

11.3.3 **Viva Voce Examination.** Viva Voce examination should aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The total marks shall be 50. This also includes spotters like instruments, anesthesia machines, drugs, ECG, X-ray.

11.3.4 Criteria for declaring as pass in University Examination* A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva voce examination.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Registrar (Evaluation).

11.3.5 **11.3.5 Declaration of distinction.** A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate marks is 75 percent and above. Distinction will not be awarded for candidates passing the examination in more than one attempt.

11.3.6 **Examiners.** There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

12. Number of Candidates per day

The maximum number of candidates for practical / clinical and viva-voce examination shall be as under:

MD /MS Course: Maximum of 6 per day.

Diploma Course: Maximum of 8 per day.

CHAPTER II

GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION PROGRAM

GOAL

The goal of postgraduate medical education shall be to produce competent specialists and/or medical teachers:

1. Who shall recognize the health needs of the community and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
2. Who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.
3. Who shall be aware of the contemporary advance and developments in the discipline concerned.
4. Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology and
5. Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

GENERAL OBJECTIVES

At the end of the postgraduate training in the discipline concerned the student shall be able to:

1. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.
2. Practice the speciality concerned ethically and in step with the principles of primary health care.
3. Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
4. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.
5. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.

6. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
7. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
8. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
9. Play the assigned role in the implementation of national health programme, effectively and responsibly.
10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
11. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
12. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
14. Function as an effective leader of a health team engaged in health care, research or training.

STATEMENT OF THE COMPETENCIES: Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Thesis skills.
- Attitudes including communication skills.
- Training in research methodology.

(Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000)

CHAPTER III
CURRICULUM
M D DERMATOLOGY, VENEREOLOGY AND LEPROSY

Goals

The goals of postgraduate training course would be to train a MBBS doctor who will:

1. Practice efficiently and effectively, backed by scientific knowledge and skill base.
2. Exercise empathy and a caring attitude and maintain high ethical standards.
3. Continue to evince keen interest in continuing education in the speciality irrespective of whether he is in a teaching institution or is a practicing specialist.
4. Be a motivated 'teacher' - defined as a specialist keen to share his knowledge and skills with a colleague or a junior or any learner.

Objectives

The following objectives are laid out to achieve the goals of the course. These objectives are to be achieved by the time the candidate completes the course. The objectives may be considered under the subheadings:

1. Knowledge (Cognitive domain).
2. Skills (Psycho motor domain).
3. Human values, ethical practice and communication abilities.

Knowledge:

1. Describe aetiology, pathophysiology, principles of diagnosis and management of common problems including emergencies, in adults and children.
2. Describe indications and methods for fluid and electrolyte replacement therapy including blood transfusion.
3. Describe common malignancies in the country and their management including prevention
4. Demonstrate understanding of basic sciences relevant to this speciality.
5. Identify social, economic, environmental and emotional determinants in a given case, and take them into account for planning therapeutic measures.
6. Recognize conditions that may be outside the area of his specialty/competence and to refer them to the proper specialist.
7. Advice regarding the operative or non-operative management of the case and to carry out this management effectively.
8. Update oneself by self-study and by attending courses, conferences and seminars relevant to the speciality.

9. Teach and guide his team, colleagues and other students.
10. Undertake audit, use information technology tools and carry out research, both basic and clinical, with the aim of publishing his work and presenting his work at various scientific fora.

Skills

1. Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the surgical condition.
2. Perform common procedures relevant to the speciality.
3. Provide basic and advanced life saving support services (BLS) in emergency situations.
4. Undertake complete monitoring of the patient.

Human values, Ethical practice and Communication abilities

1. Adopt ethical principles in all aspects of his/her practice. Professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
2. Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.
3. Provide leadership and get the best out of his team in a congenial working atmosphere.
4. Apply high moral and ethical standards while carrying out human or animal research.
5. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
6. Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

The goal is to provide learning opportunities for acquisition of knowledge, human values and skills that may enable to diagnose and treat relevant diseases and disorders as a specialist.

Course Contents

1. Introduction, historical aspects and epidemiology.
2. Comparative dermatology.
3. Anatomy and organization of human skin.
4. Functions of skin.
5. Diagnosis of skin diseases.
6. Histo-pathology of the skin-general principles.
7. Inflammation.
8. Clinical immunology and allergy.
9. Genetics and geno-dermatoses

10. Prenatal diagnosis of skin disease.
11. The neonate.
12. Naevi and other developmental defects.
13. Pruritus.
14. Eczema, lichenification, prurigo and erythroderma.
15. Atopic dermatitis.
16. Contact dermatitis.
17. Irritants and sensitizers.
18. Occupational dermatoses.
19. Reactions to mechanical and thermal injury.
20. Reactions to cold.
21. Cutaneous photo-biology.
22. Viral infections.
23. Bacterial infections.
24. Mycobacterial infections.
25. Leprosy.
26. Treponematoses.
27. Mycology.
28. Parasitic infestations and protozoa.
29. Diseases caused by arthropods and other noxious substances.
30. Disorders of keratinization.
31. Psoriasis.
32. Epidermal skin tumours.
33. Tumours of the skin appendages.
34. Melanocyte naevi and malignant melanoma.
35. Disorders of skin colour.
36. Bullous eruptions.
37. Lichen planus and lichenoid disorders.
38. Disorders of the, sebaceous glands.
39. Disorders of sweat glands.
40. Disorders of connective tissue.
41. Disorders of blood vessels.
42. Rosacea, flushing, and perioral dermatitis.
43. Urticaria.
44. Purpura.
45. Cutaneous vasculitis.
46. Diseases of the veins and arteries including leg ulcers.
47. Disorders of lymphatic vessels.
48. Necrobiotic disorders.
49. Histiocytosis.
50. Mastocytosis.
51. Soft tissue tumours.
52. Cutaneous lymphocytic infiltrates and pseudolymphomas.

53. Lymphomas and leukaemias.
54. Subcutaneous fat.
55. The connective tissue diseases.
56. Metabolic and nutritional disorders.
57. Sarcoidosis.
58. Systemic diseases and the skin.
59. Reiter's disease.
60. Skin and the nervous system.
61. Psychocutaneous disorders.
62. Disorders of nails.
63. Disorders of hair.
64. The skin and the eyes.
65. The external ear.
66. The oral cavity.
67. The lips.
68. The breast.
69. The umbilical, perianal and genital regions.
70. Racial influences and skin disease.
71. The ages of man and their dermatoses.
72. General aspects of treatment.
73. STDs.
74. HIV infection & AIDS.
75. Cutaneous drug eruptions.
76. Dermato – pharmacology.
77. Dermato-surgery
78. Lasers in dermatology

NOTE: Candidates are expected to be well versed in histopathology of all diseases.

Teaching and Learning Activities

A candidate pursuing the course should work in the institution as a full time student. No candidate should be permitted to run a clinic/laboratory/nursing home while studying postgraduate course. Each year should be taken as a unit for the purpose of calculating attendance.

Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

A list of teaching and learning activities designed to facilitate students acquire essential knowledge and skills outlined is given below.

- 1. Lectures:** Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated.

- a. **Didactic Lectures:** Recommended for selected common topics for postgraduate students of all specialties. Few topics are suggested as examples:

- i. Bio-statistics.
- ii. Use of library.
- iii. Research methods.
- iv. Medical code of conduct and medical ethics.
- v. National health and disease control programmes.
- vi. Communication Skills etc.

These topics may preferably taken up in the first few weeks of the 1st year.

- b. **Integrated Lectures:** These are recommended to be taken by multidisciplinary teams for selected topics, eg. jaundice, diabetes mellitus, thyroid etc.

2. **Journal Club:** Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the log book relevant details. Further, every candidate must make a presentation from the allotted journal(s), selected articles at least four times a year and a total of 12 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See checklist in chapter IV). A time table with names of the student and the moderator should be announced at the beginning of every year.
3. **Subject Seminar:** Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must present on selected topics at least four times a year and a total of 12 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See checklist in chapter IV). A timetable for the subject with names of the student and the moderator should be scheduled at the beginning of every year.
4. **Student Symposium:** Recommended as an optional multi disciplinary programme. The evaluation may be similar to that described for subject seminar.
5. **Ward Rounds:** Ward rounds may be service or teaching rounds.
- a. **Service Rounds:** Postgraduate students and interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
- b. **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students.

Entries of (a) and (b) should be made in the log book.

- 6. Clinical Case Presentations:** Minimum of 5 cases to be presented by every candidate each year. They should be assessed using check lists and entries made in the log book
- 7. Clinico-Pathological Conference:** Recommended once a month for all post graduate students. Presentation shall be done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.
- 8. Inter Departmental Meetings:** Strongly recommended particularly with departments of pathology and radio-diagnosis at least once a week. These meetings should be attended by post graduate students and relevant entries must be made in the log book.

Pathology: A dozen interesting cases may be chosen and presented by the post graduate students and discussed by them as well as the senior staff of Surgery department. The staff of Pathology department would then show the slides and present final diagnosis. In these sessions the advance immuno-histo-chemical techniques, the burgeoning markers other recent developments can be discussed.

Radio-diagnosis: Interesting cases and the imaging modalities should be discussed.

- 9. Teaching Skills:** Post graduate students must teach under graduate students (eg.medical, nursing) by taking demonstrations, bed side clinics, tutorials, lectures etc.

Assessment is made using a checklist by faculty as well students. (See model check list in chapter IV). Record of their participation be kept in log book. Training of postgraduate students in educational science and technology is recommended.

- 10. Continuing Medical Education Programmes (CME):** Recommended that at least 2 state level CME programmes should be attended by each student in 3 years.
- 11. Conferences:** Attending conferences is compulsory. The post graduates should attend 1 state, 1 regional (if applicable) and 1 national conference. They should present papers, at least 2 oral or posters, in 3 years training period.

Dissertation

- a. Every candidate pursuing degree course is required to carry out work on as selected research project under the guidance of a recognised postgraduate teacher. The results of such a work shall be submitted in the form of a dissertation.
- b. The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting

acquainted with recent advances, designing of a research study, collection of data, critical analysis, comparison of results and drawing conclusions.

- c. Every candidate shall submit to the Registrar (Academic), in the prescribed proforma, a synopsis containing particulars of proposed dissertation work six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.
- d. Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.
- e. The dissertation should be written under the following headings:
 - i. Introduction
 - ii. Aims or objectives of study
 - iii. Review of literature
 - iv. Material and methods
 - v. Results
 - vi. Discussion
 - vii. Conclusion
 - viii. Summary
 - ix. References (Vancouver style)
 - x. Tables
 - xi. Annexures
- f. The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexures. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.
- g. Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six months before final examination, on or before the dates notified by the University.
- h. The dissertation shall be valued by examiners appointed by the University. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.
- i. For some more details regarding Guide etc please see chapter I and for books on research methodology, ethics, etc, see chapter IV.

Rotation Postings

This is essential to acquire knowledge in allied subjects as applicable to dermatology, STD and leprosy. It is preferable to post PG students to general medicine, paediatrics, plastic surgery and psychiatry - 4 weeks each and posting to a leprosy hospital or National leprosy control units for 8 weeks.

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also helps teachers to evaluate-students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in chapter IV.

The learning out comes to be assessed should included: (1) Personal attitudes, (2) Acquisition of knowledge, (3) Clinical and operative skills, (4) Teaching skills and (5) Dissertation

1. Personal Attitudes: The essential items are:

- a. Caring attitudes.
- b. Initiative.
- c. Organisational ability.
- d. Potential to cope with stressful situations and undertake responsibility.
- e. Trust worthiness and reliability.
- f. To understand and communicate intelligibly with patients and others.
- g. To behave in a manner that establishes professional relationships with patients and colleagues.
- h. Ability to work in team.
- i. A critical enquiring approach to the acquisition of knowledge.

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

2. Acquisition of Knowledge: The methods used comprise of "Log Book" which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so desired.

Journal Review Meeting (Journal Club): The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see model checklist -1, chapter IV)

Seminars / Symposia: The topics should be assigned to the student well in

advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using a checklist (see model checklist-II, chapter IV)

Clinico-pathological conferences: This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

Medical Audit: Periodic morbidity and mortality meeting be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

3. Clinical skills:

Day to Day work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see model checklist III, chapter IV).

Clinical meetings: Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, chapter IV).

Clinical and Procedural skills: The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table No 3, Chapter IV)

- 4. Teaching skills:** Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See model checklist V, Chapter IV)
- 5. Dissertation in the Department:** Periodic presentations are to be made in the department. Initially the topic selected is to be presented before submission to the University for registration, again before finalisation for critical evaluation and another before final submission of the completed work (See model checklist VI & VII, Chapter IV)
- 6. Periodic tests:** The departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce.
- 7. Work diary/Log Book:** Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.

- 8. Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

Log book

The log book is a record of the important activities of the candidates during his training. Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures earned out by the candidate.

Format for the log book for the different activities is given in Tables 1, 2 and 3 of Chapter IV. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Scheme of Examination

A. Theory

There shall be four question papers, each of three hours duration. Each paper shall consist of two long essay questions, each question carrying 20 marks and 6 short essay questions each carrying 10 marks. Total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of distribution of topics for each paper will be as follows.

Paper I	Basic sciences as applied to dermatology, STD & leprosy	- 100
Paper II	Dermatology	- 100
Paper III	STD & leprosy	- 100
Paper IV	Dermatology in relation to other systemic diseases	- 100

Note: The distribution of chapters / topics shown against the papers are suggestive only.

B. Clinical: 200 marks

One long case (dermatology)	70 marks
Two short cases (1 each of STD & leprosy)	35 marks+35 marks
Spotters (Different varieties of cases included)	60 marks

C. Viva Voce: 100 marks

1) Viva-Voce Examination: (80 Marks)

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components of course contents. In addition, candidates may also be given case reports, charts, gross specimens, pathology slides, instruments, X-rays, ultrasound, CT scan images, for interpretation. It includes discussion on dissertation also.

2) Pedagogy exercise: (20 Marks)

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

D. Distribution of Marks:

Maximum marks for M D in Dermatology, Venereology & Leprosy	Theory	Practical	Viva	Grand Total
	400	200	100	700

Recommended books and Journals

1. Samuel L. Moschela M.D. Harry J. Hurllay MD, Text Book of Dermatology 2 volumes- 2nd (Latest Edition 1994), 1985 First Edition 1987, Jaypee Brothers, New Delhi.
2. Walter - F Lever Gundula Schamburg Lever, Histopathology of the Skin – 7th (Latest Edition 1996), 1990, J B Lippincott Company Philadelphia Grand Rapids, New York.
3. IADVL Indian Association of Dermatologists Veneraeologists & Leprologists, Text Book Atlas of Dermatology 2 Volumes – 1st Edition 1994, Bhalani Publishing House, Dadar, Mumbai.
4. I Larry L, Arnold Richard 13-Dom William D. James Andrew's Diseases of the Skin 1 Volume-8th Edition 1990, WB Saunder's Company Philedelphia.
5. Satish S. Savant, Radha Atalshah, Deepak Gore, Text Book & Atlas of Dermato Surgery & Cosmetology – 1st Edition, 1998, ASCAD, Mumbai (Association of Indian Scientific Cosmetology and Dermatology).
6. Richard Ashion, Barbara Lepdard, Differential Diagnosis in Dermatology – 2nd Edition 1992, Radchiffe Medical Press, Oxford.
7. Dharmendra, Leprosy 2 Volumes – 1st Edition 1985, Samant and Company, Mumbai.
8. Champion RH, Pye RJ, Recent advances in Dermatology 8th Volume 1st (8th) Edition 1990 Churchill Living Stone London.
9. Ambrose King, Claude Nicol, Philip Rodin, Venereal Diseases, 4th Edition 1980 reprinted 1984, 1986 ELBS English Language Book Society/Baillere Tindall, East Sussex.
10. R S Morton and JRW Harris, Recent Advances in STD – 1st Edition 1975, Churchill Livingstone London.
11. King K Holmes, Sexually Transmitted Diseases – 3rd Edition (Latest) 1999 McGraw Hill, Health profession Division, New Delhi, \$ 129.00, Rs. 5688.90
12. Jopin W H, Hand Book of Leprosy 3rd Edition, 1984, William Hethgunah Medical Book Ltd. London.
13. Dermatology in General Medicine, by Thomas B. Fitzpatrick McGraw Hill Book Company.

Journals

1. Archives of Dermatology
2. British Journal of Dermatology
3. Indian Journal of Dermatology
4. Indian Journal of Dermatology and Leprosy
5. Indian Journal of Leprosy
6. Journal of American Academy of Dermatology
7. International Journal of Dermatology
8. International Journal of STD & AIDS

DIPLOMA IN DERMATOLOGY, VENEREOLOGY AND LEPROSY (DDVL)

Goal

The goal is to provide learning opportunities for acquisition of knowledge, human values and skills that may enable to diagnose and treat relevant diseases and disorders as a specialist.

The postgraduate training course would aim to train a MBBS doctor who will:

- 1 Practice efficiently and effectively, backed by scientific knowledge and skill base.
- 2 Exercise empathy and a caring attitude and maintain high ethical standards.
- 3 Continue to evince keen interest in continuing education.
- 4 Be a motivated 'teacher' - defined as a specialist keen to share his knowledge and skills with a colleague or a junior or any learner.

Objectives

The following objectives are laid out to achieve the goals of the course. These objectives are to be achieved by the time the candidate completes the course. The objectives may be considered under the subheadings

1. Knowledge (Cognitive domain).
2. Skills (Psycho motor domain).
3. Human values, ethical practice and communication abilities.

Knowledge:

- 1 Describe aetiology, pathophysiology, principles of diagnosis and management of common problems including emergencies, in adults and children.
- 2 Describe indications and methods for fluid and electrolyte replacement therapy including blood transfusion.
- 3 Describe common malignancies in the country and their management including prevention.
- 4 Demonstrate understanding of basic sciences relevant to this specialty.
- 5 Identify social, economic, environmental and emotional determinants in a given case, and take them into account for planning therapeutic measures.
- 6 Recognize conditions that may be outside the area of his specialty/competence and to refer them to the proper specialist.
- 7 Advice regarding the operative or non-operative management of the case and to carry out this management effectively.
- 8 Update oneself by self-study and by attending courses, conferences and seminars relevant to the specialty.

- 9 Teach and guide his team, colleagues and other students.
- 10 Undertake audit, use information technology tools and carry out research, both basic and clinical, with the aim of publishing his work and presenting his work at various scientific fora.

Skills

- 1 Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the surgical condition.
- 2 Perform common procedures relevant to the specialty.
- 3 Provide basic and advanced life saving support services (BLS) in emergency situations.
- 4 Undertake complete monitoring of the patient.

Human values: Ethical practice and Communication abilities

- 1 Adopt ethical principles in all aspects of his/her practice. Professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- 2 Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.
- 3 Provide leadership and get the best out of his team in a congenial working atmosphere.
- 4 Apply high moral and ethical standards while carrying out human or animal research.
- 5 Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
- 6 Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

Course Contents

1. Introduction, historical aspects and epidemiology.
2. Comparative dermatology.
3. Anatomy and organization of human skin.
4. Functions of skin.
5. Diagnosis of skin diseases.
6. Histo-pathology of the skin-general principles.
7. Inflammation.
8. Clinical immunology and allergy.
9. Genetics and geno-dermatoses
10. Prenatal diagnosis of skin disease.
11. The neonate.
12. Naevi and other developmental defects.

13. Pruritus.
14. Eczema, lichenification, prurigo and erythroderma.
15. Atopic dermatitis.
16. Contact dermatitis.
17. Irritants and sensitizers.
18. Occupational dermatoses.
19. Reactions to mechanical and thermal injury.
20. Reactions to cold.
21. Cutaneous photo-biology.
22. Viral infections.
23. Bacterial infections.
24. Mycobacterial infections.
25. Leprosy.
26. Treponematoses.
27. Mycology.
28. Parasitic infestations and protozoa.
29. Diseases caused by arthropods and other noxious substances.
30. Disorders of keratinization.
31. Psoriasis.
32. Epidermal skin tumours.
33. Tumours of the skin appendages.
34. Melanocyte naevi and malignant melanoma.
35. Disorders of skin colour.
36. Bullous eruptions.
37. Lichen planus and lichenoid disorders.
38. Disorders of the, sebaceous glands.
39. Disorders of sweat glands.
40. Disorders of connective tissue.
41. Disorders of blood vessels.
42. Rosacea, flushing, and perioral dermatitis.
43. Urticaria.
44. Purpura.
45. Cutaneous vasculitis.
46. Diseases of the veins and arteries including leg ulcers.
47. Disorders of lymphatic vessels.
48. Necrobiotic disorders.
49. Histiocytosis.
50. Mastocytosis.
51. Soft tissue tumours.
52. Cutaneous lymphocytic infiltrates and pseudolymphomas.
53. Lymphomas and leukaemias.
54. Subcutaneous fat.
55. The connective tissue diseases.

56. Metabolic and nutritional disorders.
57. Sarcoidosis.
58. Systemic diseases and the skin.
59. Reiter's disease.
60. Skin and the nervous system.
61. Psychocutaneous disorders.
62. Disorders of nails.
63. Disorders of hair.
64. The skin and the eyes.
65. The external ear.
66. The oral cavity.
67. The lips.
68. The breast.
69. STDs.
70. The umbilical, perianal and genital regions.
71. HIV infection and AIDS.
72. Racial influences and skin disease.
73. Cutaneous drug eruptions.
74. The ages of man and their dermatoses.
75. Dermato-pharmacology.
76. General aspects of treatment.
77. Dermato-surgery.
78. Dermatology in relation to systemic diseases.
79. Lasers in dermatology.

NOTE:

1. Candidates are expected to be well versed in histopathology of all diseases.
2. DVD candidates need not know immunological aspects of the diseases in detail unlike MD candidates. In individual diseases, stress is not laid on histo-pathological aspects for DVD. However, they should know the microscopic appearance of sarcoptes scabies and house fly, histopathology of few common skin diseases like psoriasis, lichen planus, molluscum contagiosum, warts, squamous cell neurofibroma and all types of leprosy.
3. DVD candidates need to know few epidermal tumours like seborrhic keratosis, kerato-acanthoma, epidermal cysts and common tumours of skin appendages.
4. DVD candidates are expected to know commonly occurring syndromes.

Method of Training

A candidate pursuing the course should work in the institution as a full time student. No candidate should be permitted to run a clinic/laboratory/nursing home while studying postgraduate course. Each year should be taken as a unit for the purpose of calculating attendance. Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

A list of teaching and learning activities designed to facilitate students acquire essential knowledge and skills outlined is given below.

1. **Lectures:** Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated.

- a. **Didactic Lectures:** Recommended for selected common topics for postgraduate students of all specialties. Few topics are suggested as examples:

- i. Bio-statistics.
- ii. Use of library.
- iii. Medical code of conduct and medical ethics.
- iv. National health and disease control programmes.
- v. Communication Skills etc.

These topics may preferably taken up in the first few weeks of the 1st year.

- b. **Integrated Lectures:** These are recommended to be taken by multidisciplinary teams for selected topics, eg. jaundice, diabetes mellitus, thyroid etc.

2. **Journal Club:** Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the log book relevant details. Further, every candidate must make a presentation from the allotted journal(s), selected articles at least five times a year and a total of ten seminar presentations in two years. The presentations would be evaluated using checklists and would carry weightage for satisfactory completion of the course (See Checklist in Chapter IV).
3. **Subject Seminar:** Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must present on selected topics at least five times a year and a total of ten seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for satisfactory completion of the course.
4. **Student Symposium:** Recommended as an optional multi disciplinary programme. The evaluation may be similar to that described for subject seminar.
5. **Ward Rounds:** Ward rounds may be service or teaching rounds.

- a. **Service Rounds:** Postgraduate students and Interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
 - b. **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students. Entries of (a) and (b) should be made in the Log book.
6. **Clinico-Pathological conference:** Recommended once a month for all post graduate students. Presentation be done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.
7. **Clinical case presentations:** Candidates should periodically present cases, which will be assessed by using check lists (see Checklist in Chapter IV). Weekly clinical presentation and discussion -minimum of 5 per candidate per year.
8. **Inter Departmental Meetings:** Strongly recommended particularly with departments of Pathology and Radio-Diagnosis at least once a week. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.
 - a. Pathology: A dozen interesting cases may be chosen and presented by the post graduate students and discussed by them as well as the senior staff of department.
 - b. Radio-diagnosis: Interesting cases and the imaging modalities should be discussed.
9. **Continuing Medical Education Programmes (CME):** Recommended that at least 2 state level CME programmes should be attended by each student in 3 years.
10. **Conferences:** Attending conferences is compulsory. They should attend at least 1 state and 1 regional/national conference. They should present at least 1 paper, oral or poster during the training period of 2 years
11. Diploma candidates are required to take up a short research project for a duration of 8-12 months

Rotation Postings

This is essential to acquire knowledge in allied subjects as applicable to dermatology, STD and leprosy. It is preferable to post PG students to general medicine, paediatrics, plastic surgery and psychiatry - 4 weeks each and posting to a leprosy hospital or national leprosy control units for 4 weeks.

PG students to attend basic sciences departments like anatomy, physiology and biochemistry.

Monitoring Progress of Studies

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff 1 of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in chapter IV.

The learning out comes to be assessed should included: (1) Personal attitudes, (2) Acquisition of knowledge and (3) Clinical and operative skills.

1. **Personal Attitudes:** The essential items are:

- a. Caring attitudes
- b. Initiative
- c. Organisational ability
- d. Potential to cope with stressful situations and undertake responsibility
- e. Trust worthiness and reliability
- f. To understand and communicate intelligibly with patients and others
- g. To behave in a manner which establishes professional relationships with patients and colleagues
- h. Ability to work in team
- i. A critical enquiring approach to the acquisition of knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

2. **Acquisition of Knowledge:** The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.

Journal Review Meeting (Journal Club): The ability to do literature search, in depth study, presentation skills, and use of audio- visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see model checklist -I, chapter IV)

Seminars / Symposia: The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using a checklist (see model checklist-II, chapter IV)

Clinico-pathological conferences: This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

3. Clinical skills

Day to Day work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see model checklist III, chapter IV).

Clinical meetings: Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, Chapter IV).

Clinical and Procedural skills: The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table no3, chapter IV)

4. **Periodic tests:** The departments may conduct two tests, one of them be at the end of first year and the other in the second year, three months before the final examination. The tests may include written papers, practical / clinical and viva voce.
5. **Work diary / Log Book-** Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.
6. **Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

Log book

The log book is a record of the important activities of the candidates during his training. Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

Format for the log book for the different activities is given in Tables 1, 2 and 3 of Chapter IV. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counselled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Scheme of Examination

A. Theory

There shall be three question papers, each of three hours duration. Each paper shall consist of two long essay questions, each question carrying 20 marks and 6 short essay questions each carrying 10 marks. Total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of distribution of topics for each paper will be as follows:

Paper I	Includes basic sciences of dermatology, STD and leprosy	- 100
Paper II	Dermatology including systemic diseases	- 100
Paper III	STD and leprosy	- 100

Note: The distribution of chapters / topics shown against the papers are suggestive only.

B. Clinical: 150 Marks.

One long case (Dermatology)	50 marks
2 Short cases (1 each of STD and leprosy)	25+25 marks
10 spotters (Varieties of cases included)	50 marks

C. Viva Voce: 50 Marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components of course contents. In addition, candidates may be also be given case reports, charts, dummies, gross specimens, pathology slides, instruments, X- rays, ultrasound, CT scan images, etc for interpretation.

D. Distribution of Marks:

Maximum marks for Diploma in Dermatology, Venereology & Leprosy	Theory	Practical	Viva	Grand Total
	300	150	50	500

Recommended books and Journals

1. Samuel L. Moschela M.D. Harry J. Hurllay MD, Text Book of Dermatology 2 volumes- 2nd (Latest Edition 1994), 1985 First Edition 1987, Jaypee Brothers, New Delhi.
2. Walter - F Lever Gundula Schamburg Lever, Histopathology of the Skin – 7th (Latest Edition 1996), 1990, J B Lippincott Company Philadelphia Grand Rapids, New York.
3. IADVL Indian Association of Dermatologists Veneraeologists & Leprologists, Text Book Atlas of Dermatology 2 Volumes – 1st Edition 1994, Bhalani Publishing House, Dadar, Mumbai.
4. I Larry L, Arnold Richard 13-Dom William D. James Andrew's Diseases of the Skin 1 Volume-8th Edition 1990, WB Saunder's Company Philedelphia.
5. Satish S. Savant, Radha Atalshah, Deepak Gore, Text Book & Atlas of Dermato Surgery & Cosmetology – 1st Edition, 1998, ASCAD, Mumbai (Association of Indian Scientific Cosmetology and Dermatology).
6. Richard Ashion, Barbara Lepdard, Differential Diagnosis in Dermatology – 2nd Edition 1992, Radchiffe Medical Press, Oxford.
7. Dharmendra, Leprosy 2 Volumes – 1st Edition 1985, Samant and Company, Mumbai.
8. Champion RH, Pye RJ, Recent advances in Dermatology 8th Volume 1st (8th) Edition 1990 Churchill Living Stone London.
9. Ambrose King, Claude Nicol, Philip Rodin, Venereal Diseases, 4th Edition 1980 reprinted 1984, 1986 ELBS English Language Book Society/Baillere Tindall, East Sussex.
10. R S Morton and JRW Harris, Recent Advances in STD – 1st Edition 1975, Churchill Livingstone London.
11. King K Holmes, Sexually Transmitted Diseases – 3rd Edition (Latest) 1999 McGraw Hill, Health profession Division, New Delhi, \$ 129.00, Rs. 5688.90
12. Jopin W H, Hand Book of Leprosy 3rd Edition, 1984, William Hethgunah Medical Book Ltd. London.
13. Dermatology in General Medicine, by Thomas B. Fitzpatrick McGraw Hill Book Company.

Journals

1. Archives of Dermatology
2. British Journal of Dermatology
3. Indian Journal of Dermatology
4. Indian Journal of Dermatology and Leprosy
5. Indian Journal of Leprosy
6. Journal of American Academy of Dermatology
7. International Journal of Dermatology
8. International Journal of STD & AIDS

LEAVE PATTERN FOR POSTGRADUATES (DEGREE & DIPLOMA)

1. Maximum of 15 casual leave in a year. With a condition that they will not avail 3 days in a month
2. Special leave will be granted for attending conferences, CME, Workshops and Quiz programmes at the discretion of the Head Of the Department
3. Permission leave may be granted at the discretion of Head of the Department or Unit head, but not exceeding 2 in a month to a maximum of 10 in a year.
4. Leave record should be maintained by the PG in the log book
5. Stipend or any monetary benefits will be deducted in case of absence without permission or exceeding the leave.

CHAPTER IV

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring shall be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Model checklists are given in this chapter which may be copied and used.

The learning out comes to be assessed should include:

1. Personal Attitudes.
2. Acquisition of Knowledge.
3. Clinical and operative skills and
4. Teaching skills.

1. Personal Attitudes: The essential items are:

- a. Caring attitude.
- b. Initiative.
- c. Organisational ability.
- d. Potential to cope with stressful situations and undertake responsibility.
- e. Trust worthiness and reliability.
- f. To understand and communicate intelligibly with patients and others.
- g. To behave in a manner that establishes professional relationships with patients and colleagues.
- h. Ability to work in a team.
- i. A critical enquiring approach to the acquisition of knowledge.

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

2. Acquisition of Knowledge: The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.

- a. **Journal Review Meeting (Journal Club).** The ability to do literature search, in depth study, presentation skills, and use of audio- visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist – I, Chapter IV)
- b. **Seminars / Symposia.** The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using a checklist (see Model Checklist-II, Chapter IV)
- c. **Clinico-pathological conferences.** This should be a multidisciplinary study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.
- d. **Medical Audit.** Periodic morbidity and mortality meeting shall be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

3. Clinical skills:

- a. **Day to Day work:** Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see Model Checklist III, Chapter IV).
- b. **Clinical meetings:** Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, Chapter IV).
- c. **Clinical and Procedural skills:** The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table No.3, Chapter IV)

4. Teaching skills: Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist V, Chapter IV)

5. Periodic tests: In case of degree courses of three years duration, the department may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. In case of diploma courses of two

year duration, the departments may conduct two tests. One of them at the end of first year and the other in the second year, three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

6. Work diary: Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.

7. Records: Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

8. Log book: The log book is a record of the important activities of the candidates during his training. Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate. Format for the log book for the different activities is given in Tables 1, 2 and 3 of Chapter IV. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set him or herself right.

CHAPTER IV (Contd)
Format of Model Check Lists

Check List-I

**MODEL CHECK-LIST FOR EVALUATION OF
JOURNAL REVIEW PRESENTATIONS**

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope & objectives of the paper by the candidate					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper / subject					
6.	Audio-visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
	Total Score					

Check List – II

MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

SI No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted					
2.	Whether cross references have been consulted					
3.	Completeness of Preparation					
4.	Clarity of Presentation					
5.	Understanding of subject					
6.	Ability to answer questions					
7.	Time scheduling					
8.	Appropriate use of Audio-Visual aids					
9.	Overall Performance					
10.	Any other observation					
	Total Score					

Check List - III

MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN WARD / OPD

(To be completed once a month by respective Unit Heads, including posting in other departments)

Name of the Student:

Name of the Faculty/Observer:

Date:

SI No	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work up					
7.	Beside manners					
8.	Rapport with patients					
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.					
10.	Overall quality of ward work					
	Total Score					

Check List - IV
EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

SI No	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of Presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
10.	Investigations required ▪ Complete list ▪ Relevant order ▪ Interpretation of investigations					
11.	Ability to react to questioning Whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
14.	Others					
	Total Score					

Check List - V

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

SI No		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Check List - VI

MODEL CHECK LIST FOR DISSERTATION PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Sl No	Points to be considered divine	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & other faculty					
4.	Quality of Protocol					
5.	Preparation of proforma					
	Total Score					

Check List - VII

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO GUIDE

Name of the Student:

Name of the Faculty:

Date:

SI No	Items for observation during presentations	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide					
2.	Regular collection of case Material					
3.	Depth of analysis / discussion					
4.	Departmental presentation of findings					
5.	Quality of final output					
6.	Others					
	Total Score					

LOG BOOK

Table 1: Academic activities attended

Name:

Admission Year:

College:

Date	Type of Activity Specify Seminar, Journal Club, Presentation, UG teaching	Particulars

LOG BOOK

Table 2: Academic presentations made by the student

Name:

Admission year:

College:

Date	Topic	Type of Presentation Specify Seminar, Journal Club, Presentation, UG teaching

LOG BOOK

Table 2: Diagnostic and Operative procedures performed

Name:

Admission year:

College:

Date	Name	ID No.	Procedure	Category O, A, PA, PI*

*** Key:**

O - Washed up and observed

A - Assisted a more senior Surgeon

PA - Performed procedure under the direct supervision of a senior Surgeon

PI - Performed independently

Model Overall Assessment Sheet

Academic Fear:

Name of the College:

SI No	Faculty Member & Others	Name of Student and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1.											
2.											
3.											
4.											
5.											
	Total Score										

Chapter V

Medical Ethics

Sensitisation and Practice

Introduction

There is now a shift from the traditional individual patient- doctor relationship and medical care. With the advances in science and technology and the needs of patients, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal and General Objective stated in Chapter II and develop human values it is urged that ***ethical sensitisation*** be achieved by lectures or discussion on ethical issues, clinical discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentation, bedside rounds and academic postgraduate programmes.

Course Contents

1. Introduction to Medical Ethics

- What is Ethics?
- What are values and norms?
- Relationship between being ethical and human fulfillment.
- How to form a value system in one's personal and professional life.
- Heteronomous Ethics and Autonomous Ethics.
- Freedom and personal Responsibility.

2. Definition of Medical Ethics

- Difference between medical ethics and bio-ethics
- Major Principles of Medical Ethics
 - Beneficence = fraternity
 - Justice = equality
 - Self determination (autonomy) = liberty

3. Perspective of Medical Ethics

- The Hippocratic Oath.
- The Declaration of Helsinki.
- The WHO Declaration of Geneva.
- International code of Medical Ethics. (1993)
- Medical Council of India Code of Ethics.

4. Ethics of the Individual

- The patient as a person.
- The Right to be respected.
- Truth and Confidentiality.
- The autonomy of decision.
- The concept of disease, health and healing.
- The Right to health.
- Ethics of Behaviour modification.
- The Physician – Patient relationship.
- Organ donation.

5. The Ethics of Human life

- What is human life?
- Criteria for distinguishing the human and the non-human.
- Reasons for respecting human life.
- The beginning of human life.
- Conception, contraception.
- Abortion.
- Prenatal sex-determination.
- In vitro fertilization (IVF).
- Artificial Insemination by Husband (AIH).
- Artificial Insemination by Donor (AID).
- Surrogate motherhood.
- Semen Intra-fallopian Transfer (SIFT).
- Gamete Intra-fallopian Transfer (GIFT).
- Zygote Intra-fallopian Transfer (ZIFT).
- Genetic Engineering.

6. The Family and Society in Medical Ethics

- The Ethics of human sexuality.
- Family Planning perspectives.
- Prolongation of life.
- Advanced life directives – The Living Will
- Euthanasia
- Cancer and Terminal Care

7. Profession Ethics

- Code of conduct.
- Contract and confidentiality.
- Charging of fees, Fee-splitting.
- Prescription of drugs.
- Over-investigating the patient.

- Low – Cost drugs, vitamins and tonics.
- Allocation of resources in health care.
- Malpractice and Negligence.

8. Research Ethics

- Animal and experimental research / humaneness.
- Human experimentation.
- Human volunteer research — Informed Consent Drug trials.

9. Ethical workshop of cases

- Gathering all scientific factors.
- Gathering all human factors.
- Gathering all value factors.
- Identifying areas of value — conflict, setting of priorities
- Working out criteria towards decisions.

Recommended Reading

1. Francis C.M., Medical Ethics, 1 Ed, 1993, Jaypee Brothers, New Delhi, p 189, Rs. 150/-
2. Good Clinical Practices : GOI Guidelines for clinical trials on Pharmaceutical Products in India (www.cdsco.nic.in)
3. INSA Guidelines for care and use of Animals in Research – 2000.
4. CPCSEA Guidelines 2001 (www.cpcsea.org.)
5. Ethical Guidelines for Biomedical Research on Human Subjects, 2000, ICMR, New Delhi.
6. ICMR Guidelines on animal use 2001, ICMR, New Delhi.