The Draft CBME Curriculum for PG Clinical is being Circulated for Comments and Suggestions. The Suggestions are to be sent to RGUHS by mail to dcd.rguhs@gmail.com and copy to be mailed to Chairman BOS PG Clinical ravikdoc@gmail.com

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DRAFT

GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAININGPROGRAMME FOR MD IN DERMATOLOGY

PREAMBLE

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training. A postgraduate undergoing training for MD Dermatology should be trained to identify and recognize various congenital, developmental, inflammatory, infective, traumatic, metabolic, neuromuscular, degenerative and oncologic disorders of dermatology.She/he should be able to provide competent professional services to trauma patients at a primary/ secondary/tertiary healthcare centres. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of "domains of learning" under the heading "**Competencies**".

SUBJECT SPECIFIC LEARNING OBJECTIVES

This will be dealt with under the following headings:

- Theoretical knowledge (Cognitive domain)
- Practical and clinical skills (psychomotor domain)
- Attitudes including communication skills (Affective domain)
- Writing thesis / Reviewing Research activities (Scholarly activity)
- Training in Research Methodology (Practice based learning, Evidence based practice)
- Professionalism
- Teaching skills

SUBJECT SPECIFIC COMPETENCIES

A. COGNITIVE DOMAIN

At the end of the M.D. Dermatology programme, the post graduate student should be able to: identify a dermatological disorder or its complication when presentig independently or a co-existence with multi-systemic disorder.

B. AFFECTIVE DOMAIN

Attitudes including communication skills and professionalism

a. **Communication skills**
b. **Teamwork**
c. **Counseling of relatives**
d. **Leadership**
e. **Advocacy**
f. **Ethics**

C. PSYCHOMOTOR DOMAIN

- **At the end of the first year of M.D Dermatology programme, the student should have:**
    1. **communication skills**
    2. **rapport with seniors and colleagues**
    3. **perform simple bed-side tests.**

- **At the end of the second year of M.D Dermatology programme, the student should be able to:**
    1. **perform simple bed-side tests**
    2. **able to give differential diagnosis**
    3. **able to treat simple dermatology cases with senior postgraduates' guidance**

- **At the end of the final year of M.D Dermatology programme, the student should be able to:**
    1. **Diagnose and treat all dermatology cases independently.**
    2. **Manage the complications associated with the condition or its treatment.**

SYLLABUS

ANATOMY AND ORGANIZATION OF HUMAN SKIN

Must know	Should know	Good to know
• Components of normal human skin • Epidermis • Dermo-epidermal Junctional • Dermis • Langerhan'scells • Mastcells	• Nerves and sense organs • Merkel cells • Basophils • Blood vessels • Lymphatic systems	• Embryology • Regional variation of lymphatic

FUNCTION OF THE SKIN

Must know	Should know	Good to know
• Barrier functions • Temperature regulation • Skin Failure • Immunological function	• Mechanical function • Sensory and autonomic function	• Bioengineering and the skin • Sociosexual communication

DIAGNOSIS OF SKIN DISEASE

Must know	Should know	Good to know
• Fundamental of diagnosis • Disease definition • The history • Examination of the skin • Additional clinical investigation (Diascopy, Wood‘s light, F.N.A.C. of lymph nodes etc.) • Skin testing	• Radiological and imaging • Commonly used laboratory tests examination	• Oral provocation test

EPIDEMIOLOGY OF SKIN DISEASE

Must know	Should know	Good to know
• What is epidemiology and why is it relevant to dermatology • Describing the natural history and association of specific skin disease • Epidemiologic study designs.	• How much of public health problem is skin disease • What determines the frequency of skin disease	

HISTOPATHOLOGY OF THE SKIN GENERAL PRINCIPLES

Must know	Should know	Good to know
• Biopsy of the skin • Laboratory methods	• Artefacts • The approach to microscopic examination of a tissue sections	

MOLECULAR BIOLOGY

Must know	Should know	Good to know
• Basic biology of the cell • Genetics to understand various hereditary geno dermatosis	• Basic Molecular biology of the cell • Molecular techniques • Cancer genetics • Complex traits	• Strategies for identification of disease causing genes • Futures trategies

INFLAMMATION

Must know	Should know	Good to know
• Innate immunity • Adaptive immunity • Complements components • Wound healing • Characteristics of inflammation • Phases of inflammation • Innate defence mechanisms • Apoptosis • Major histocompatibility • Hypersensitivity reactions complex	• Vasculature and inflammation • Mediators of inflammation	• Coagulation pathway • Sympathetic and parasympathetic nervous system

CLINICAL IMMUNOLOGY, ALLERGY AND PHOTO IMMUNOLOGY

Must know	Should know	Good to know
• Immune system, its structure and function. • Innate immunity. • Adaptive immunity. • Hypersensitivity reactions – Gell & Coomb classification. • Inflammation and its mediators. • Autoimmunity and Auto immune dermatological disorders.	• Overview of immunological disease	• Overview of diagnostic testing for immunological and allergic disease

WOUND HEALING

Must know	Should know	Good to know
• Clinical aspects of wound healing	• Biological aspects of wound healing	

GENETICS AND GENODERMATOSES

Must know	Should know	Good to know
• Principles of Genetics and patterns of inheritance • Genetics and disorders of the skin • Histocompatibility antigens and disease association • Chromosomal disorders – down's syndrome, trisomy 18, trisomy 13 (clinical features, diagnosis, management) • Ectodermal dysplasias a) HypohidroticED – definition, etiology, clinical features, diagnosis,treatment b) EECsyndrome c) Hidrotic ED d) Rapp Hodgkin syndrome • Syndromes associated with DNA instability a) Xeroderma pigmentosa–definition, etiology, clinical features, diagnosis, treatment b) Bloom's syndrome c) Cockayane's syndrome • Sex chromosomal defects – turner's, klinefelter's, noonan syndrome • Familial multiple tumour syndromes – neurofibromatosis syndrome 1,2 – (definition, etiology, clinical features, treatment) • Tuberous sclerosis complex • Keratoderma	• Nosology of genetics in skin disease • Principles of medical genetics • Genetic counseling • Poikilodermatous syndromes: dyskeratosis congenital, rothmund Thompson syndrome • Gardnersyndrome • Cowdensyndrome • Gene therapy	• Miscellaneous syndromes • Focal dermal • Hypoplasia • Nail patella syndrome • Pachydermo-periostosis

PRENATAL DIAGNOSIS OF GENETIC SKIN DISEASE

Must know	Should know	Good to know
• Methods in prenatal diagnosis • Complication of fetalskin biopsy • Ethical aspects of prenatal diagnosis • Current indications forfetal skin biopsy	• DNAtechniques • Preimplantation genetic diagnosis	

THE NEONATE

Must know	Should know	Good to know
• Skin disorders in the neonate • Collodion baby • Eczematous eruption in the newborn • Inflantile psoriasis and napkin psoriasis • Infections- bacterial/ viral/ fungal. • Ichthyoses. • Eczemas. • Immune deficiency disorders	• Disorders caused by transplacental transfer of maternal autoantibody • Blueberry muffin baby • Disorders caused by transfer of toxic • Acute hemorrhagic oedema of childhood • Infections • Primary immunodeficiency disorders • Disorders ofsubcutaneous fat	• Substances in maternal milk • Neonatal purpura fulminans

NAEVI AND OTHER DEVELOPMENTAL DEFECTS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW

• Definitions
  ○ Etiology
  ○ Classification
 	
• Epidermalnaevi
  ○ Keratinocytenaevi
  ○ VEN
  ○ ILVEN
  ○ Follicular naevi
  ○ Comedo naevus
  ○ Nevus sebaceous
  ○ Epidermal naevus syndrome
 	
• Vascular naevi
  ○ Infantilehemangioma
  ○ Kasabachmerrittsyndrome
 	
• Vascular malformations
  • Capillary
  ○ Salmonpatch
  ○ Port wine stain
  ○ Naevusanemicus
  ○ Sturge weber syndrome
  ○ Mixed vascular
  • Klippeltrenauny
  • Parkas weber syndrome
  • Cutis Marmorata telangiectatica
 	
Angiokeratomas
• Angiokeratomacircumscriptum
• Angiokeratomaof Mibelli
• Solitarypopular
• Angiokeratomaof scrotum
• Preauricular cyst andsinus
• Aplasia cutiscongenita
	• Linearporokeratosis
	• Apocrinenaevus
	• Eccrinenaevus
	• Dermal and subcutaneousnaevi
	• Eruptive collagenoma
	• Shagreen patch
	• Knuckle pads
	• Pseudoxanthoma elasticum
	• Proteus syndrome
	• Zosteriform venous malformation
		1. Branchial cyst
		2. Branchial sinus
		3. and fistula

PRURITUS

• **Classification** • Measurement • Pathophysiology • Central itch • Factors modulating itching • Scratching • Itching in non-inflamed skin • Itching in disease states • Aquagenic pruritus • Psychogenic pruritus • Postmenopausal pruritus • Pruritus of atopic eczema • Acquired immune deficiency syndrome • **Investigation of generalized pruritus** • Management of itching	• Important miscellaneous causes of intense itching • Neuropathic itch • Uremic pruritis • Difference between pain and itch • Role of anti histamin	• IFSI • Icepack sign • Dermographism • Prognosis and effect on quality of life

ECZEMAS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Definitions, classification, histopathology • Secondary dissemination : mechanism, C/F • Infective dermatitis • Dermatophytides • Seborrheic dermatitis : definition, etiology, C/F, morphology, variants, diagnosis, treatment • Seborrheic folliculitis • Asteatotic eczema • Discoid eczema • Hand eczema • Pompholyx • Hyperkeratotic palmar eczema • Ring eczema • Wear tear dermatitis • Finger tip eczema • Gravitational eczema • Juvenile plantar dermatosis • Pityriasis alba • Diagnosis and treatment of eczemas • Lichenification • Lichen simplex • Lichen chronicus • Prurigo • Nodular prurigo • Prurigo pigmentosa • Prurigo of pregnancy • Actinic prurigo • Neurotic excoriation	• Metabolic eczema • Eczematous drug eruption • Chronic superficial scaly dermatitis • Sequence of histological events • Photo patch test • Wet trap dressing • Systemic therapy in eczema	• Papuloerythroderma of Ofujii • Eosinophilic pustular folliculitis • Xerotic eczema • Venus eczema • Light therapy • Diet in eczema • Stress management

ATOPIC DERMATITIS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Aetio pathogenesis • Clinical features • Associated disorders • Complications • Natural history and prognosis • Diagnosis • Differential diagnosis • Investigation • Treatment	• Disease prevention and occupational advice • Atopic dermatitis mimickers • Systemic association with atopic dermatitis • Newer drugs in management of AD	• Headlight sign • Hertghe sign • White dermographism • Role of anti histamin • Probiotics

CONTACT DERMATITIS: IRRITANT

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Pathogenesis, Pathology • Predisposing factors • Clinical features • Specific irritant • Investigations • Management • Prevention • Prognosis	• Common irritants. Eg:Acid, alkali • Risk groups • Difference between AID, CID	• Testing for irritant contact dermatitis • Complications. Eg: sec bact infn

CONTACT DERMATITIS: ALLERGIC

MUST KNOW	SHOULD KNOW	GOOD TO

• Pathogenesis, Pathology
  ○ Predisposing factors
  ○ Clinical features
• Photo allergic contact dermatitis
• Non-eczematous responses
• Differential diagnosis
• Allergic contact dermatitis
  ○ to specific allergens (airborne contact allergens, plants, cosmetic,robber,latex,)
• Patch testing
• Photopatch testing
  ○ Prevention
  ○ Management
  ○ Prognosis
	• Oral desensitization
	• Immune contact urticaria
	• Multiple patch-test reaction
	• Other test
	• Auto sensitization reaction
	• Atypical presentation
		• Prevalance
		• Contact dermatitis of vulva
		• Sportsgear associated contact dermatitis

OCCUPATIONAL DERMATOSES

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Eczematous dermatoses • Non-eczematous occupational dermatoses • Medicolegal aspects of occupational dermatoses • Specific occupational hazards	• Classification • Plant related dermatitis • Pesticide related dermatitis • Occ D. in industrial workers, Healthcare workers	• Employer's responsibility

MECHANICAL AND THERMAL INJURY

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Penetrating injuries • Skin lesions in drug addicts • Skin hazards of swimming and diving • Vibration • Reactions to internal mechanical stress • Mechanical trauma and skin neoplasia • Effects of heat and infrared radiation • Burns	• Biomechanical considerations • Effects of friction • Pressure ulcer • Effects of ction • Miscellaneous reactions to mechanical trauma Foreign bodies	

REACTIONS TO COLD

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Physiological reactions to cold • Disease of cold exposure 1. Frostbite 2. Trench foot • Diseases of abnormal sensitivity to cold 1. Perniosis 2. Acrocyanosis 3. Erythrocyanosis 4. Livedo reticularis 5. Raynaud‘s phenomenon 6. Cryoglobulinaemia 7. Cryofibrinogenaemia 8. Cold agglutinins 9. Cold haemolysins 10. Cold urticaria 11. Cold erythema	• Other syndromes caused by cold • Neonatal cold injury • Cold panniculitis • Hypothermia	

BACTERIAL INFECTIONS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW

• Normal flora of the skin
• Gram positive bacteria
  o Staphylococcus aureus
  o Streptococci
• Impetigo
• Ecthyma
• Folliculitis
• Furunculosis
• Carbuncle
• Sycosis
• Ecthyma
• Erysipelas
• Cellulitis
• Vulvovaginitis
• Perianal infection
• Streptococcal ulcers
• Blistering distal dactylitis
• Necrotising fasciitis
• Cutaneous disease due to effect of bacterial toxin
  o Staphylococcal Scalded Skin Syndrome
  o Toxic Shock Syndrome
• Non-infective Folliculitis
• Skin lesions due to allergic hypersensitivity to streptococcal antigens
• Erythema nodosum
• Vasculitis
• Coryneform bacteria
  o Diphtheria
  o Erythrasma
  o Trichomycosis axillaris
  o Pitted Keratolysis
	• Tissue damage from circulating toxins
	• Scarlet fever
	• Toxic-shock like syndrome
	• Propionibacterium
	• Anthrax
	• Tularaemia
	• Pasturella infection
	• Brucellosis
	• Rickettsial infections
		• Listeriosis

• Erysipeloid
• Gas gangrene
• Gram negative bacteria
  ○ Meningococcal infection
  ○ Gonococcal infection
  ○ Chancroid
  ○ Salmonella infection
  ○ Pseudomonas infection
  ○ Rhinoscleroma
  ○ Plague & Yersinia infections
  ○ Bacillary angiomatosis
  ○ Anaerobic bacteria
  ○ Tropical ulcer
  ○ Granuloma inguinale
  ○ Spirochetes & spiral bacteria
  ○ Lyme disease
  ○ Leptospirosis
  ○ Botryomycosis
  ○ Necrotising subcutaneous infections
  ○ Mycoplasma infections
  ○ Lymphogranuloma venerum
  ○ Actinomycete infections
  ○ Nocardiosis
• Dermatoses possibly attributed to bacteria
  • Chancriform pyoderma
  • Dermatitis vegetans
  • Kawasaki disease
  • Supurative hidradenitis		

MYCOBACTERIAL INFECTIONS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Mycobacterium tuberculosis- • Microbiology • Epidemiology • Immunology • The tuberculin test • Cutaneous tuberculosis-clinical features,classification,histopathology,prognosis, diagnosis,treatment,BCG vaccination,M.tuberculosis • Co-infection with HIV	• Non-tuberculous mycobacteria-classification,clinical features,diagnosis and treatment	

MYCOLOGY

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Superficial and cutaneous mycoses-Dermatophytosis,laboratory investigations (KOH,Wood'slight,culture),candidiasis, pityriasis versicolor,piedra,tinea nigra,onychomycosis • Subcutaneous and deep fungal infections-lab diagnosis and management • Sporotrichosis,mycetoma,chromoblastomycosis • Phaeohyphomycosis,lobomycosis,rhinosoridiosis,subcutaneous zygomycosis,histoplasmosis, blastomycosis, coccidiomycosis, paracoccidiomycosis.		

PARASITIC WORMS AND PROTOZOA

Must Know	Should Know	Good to Know
• Lymphatic filariasis,leishmaniasis- epidemiology,clinical features,diagnosis and treatment	• Larva migrans	• Cutaneous amoebiasis

ARTHROPODS AND NOXIOUS ANIMALS

Must Know	Should Know	Good to Know
• Scabies and pediculosis- epidemiology,clinical features,diagnosis and management	• Cutaneous myiasis,insect bites	

DISORDERS OF KERATINIZATION

Must Know	Should Know	Good to Know
• ICHTHYOSIS –definition, classification • Congenital ichthyosis histopathology, etiology, pathogenesis, clinical features, treatment • Ichthyosis vulgaris • X linked recessive ichthyosis • Colloidan baby • Non bullous icthyosiform erythroderma • Lamellar ichthyosis	• Multiple sulphatase deficiency • Sjogren larrson syndrome • Refsum‘s disease • IBIDIS syndrome • X linked dominant ichthyosis • Pityriasis rotunda • Peeling skin syndrome– acquired, familial • Transient and persistant acantholytic dermatosis	• Neutral lipid storage disorders • KID syndrome • HID syndrome • CHILD syndrome • Ichthyosis follicularis with alopecia and photophobia • Ichthyosis with renal disease • Ichthyosis with immune defects • Ichthyosis with cancer • Keratoderma and

• Harlequin ichthyosis • Bullous icthyosiform erythroderma • Ichthyosis bullosa of Seimens • Ichthyosis hystrix • Netherton syndrome	• Acrokeratosis verruciformi • Perforating keratotic disorders	associated disorders
• Acquired ichthyosis • Ichthosis with malignancy • Ichthosis with non malignant disease • Drug induced ichthyosis • Erythrokeratoderma • Erythrokeratoderma variabilis • Progressive Symmetrical erythrokeratoderma • Keratosispilaris • Keratosis follicularis spinulosadecalvans • Pityriasis rubrapilaris • Darier‘sdisease • porokeratosis • PALMOPLANTAR KERATODERMA diffuse, transgradient, focal, striate • ACANTHOSIS NIGRICANS confluent and reticulate papillomatosis		

PSORIASIS

Must Know	Should Know	Good to Know
• Epidemiology • Aetiology and pathogenesis • Histopathology • ClinicalFeatures • Complications • Differentialdiagnosis • Prognosis • Management-topical,systemic and biologictherapies • Pustular psoriasisandpsoriatic arthropathy • Nail psoriasis	• Different scoring systems in psoriasis like PASI, NAPSI etc..	

NON-MELANOMA SKIN CANCER AND OTHER EPIDERMAL SKIN TUMOURS

Must Know	Should Know	Good to Know
• Epidemiology and risk factors • Clinical features, diagnosis and management of NMSC • Basal cell carcinoma • Squamous cell carcinoma • Premalignant epithelial lesions-Actinickeratosis,Bowen'sdisease,Cutaneous horn • Erythroplasia of Queyrat,seborrheickeratoses,dermatosespapulosanigra,skintags,keratoacanthoma,pseudoepitheliomatoushyperplasia,milia	• Molecular and cellular biology-role of UVR and HPV • Arsenical keratoses,Disseminated superficial actinic porokeratosis,Bowenoid papulosis • steatomacystoma multiplex • epidermal cyst • trichlemmal cyst • keratoacanthoma	

TUMOURS OF THE SKIN APPENDAGES

Must Know	Should Know	Good to Know
• Syringoma, trichoepithelioma, pilomatricoma, Paget's disease • Comedone nevus	• Syringocystadenoma papilliferum • Cylindroma • Apocrine & eccrine hidradenoma • Eccrine poroma • Paget disease of nipple	• Other appendageal Tumours • Epidermal cyst • Milia • Steatocystoma multiplex

DISORDERS OF CUTANEOUS MELANOCYTE

Must Know	Should Know	Good to Know
• Ephelids,lentiginosis and itstypes • Naevi – melanocytic, spitz, halo, congenital melanocytic • Nevus of ota and ito • Mongolianspot • Malignant melanoma of theskin- • etiology,variants,histopathology,staging,management andprevention	syndromes	ABNOM (Hori's naevus)

DISORDERS OF SKIN COLOR

Must Know	Should Know	Good to Know
• The basics of melanocytes-EMU,distribution,embryology,finestructure,melanogenesis • Hypermelanosis-Lentiginosis,ephelides,hereditarydisorders,hypermelanosis due to systemic disorders and drugs,postinflammatoryhypermelanosis,erythemadyschromicumperstans,facial melanoses,dermalmelanoses,treatment • Hypomelanosis-Vitiligo,genetic and naevoid disorders	• Melanocyte culture,pathogenesis of disorders of pigmentation Acquired hypomelanosis, endogeneous and exogeneous non-melanin pigmentation • Scoring systems of vitiligo severity / activity • Vitiligo surgeries	• Exogenous pigmentation

BULLOUS ERUPTIONS

1) CONGENITAL AND INHERITEDDISEASES

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Epidermolysis Bullosa o Classification,diagnosis • EBsimplex: o Molecularpathology o Clinicalfeatures o Diagnosis,d/d o Management • JunctionalEB: o Molecularpathology o Clinicalfeatures o Diagnosis,d/d o Management • DystrophicEB: o Molecularpathology o Clinicalfeatures	Subtypes Subtypes	Molecular genetics

○ Diagnosis,d/d ○ Management • Hailey-haileydisease: ○ Etiopathogenesis ○ Clinical features complications, treatment	Subtypes Genetics	

IMMUNOLOGICAL BLISTERING DISORDERS

a) Intra-epidermalblistering

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• Structure and functioning of Desmosome & Hemi desmosome • Dermo - epidermaljunction • Pemphigus: oetiopathogenesis, oimmuno- pathology, ogenetics, oclinical features, odiagnosis (differential), oManagement, oprognosis • P. Vulgaris: asabove • P. Vegetans: asabove • P. Foliaceus: asabove • P. Erythematosus: asabove Paraneoplastic pemphigus: as above	Molecular functionalanatomy Molecular functionalanatomy	

b) Sub-epidermal blistering

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
• BullousPemphigoid: etiopathogenesis, immunopathology, genetics, clinical features, diagnosis (differential), Management, prognosis • Cicatricial Pemphigoid:as above • Pemphigoid (Herpes) gestationis: asabove • Linear IgA Immuno-bullous disease: asabove • EpidermolysisBullosa Acquisita: asabove • Bullous SLE: asabove Dermatitis Herpetiformis: as above		

c) Miscellaneous Blistering Disorders

Must know	Should know	Good to know
• Sub-cornealPustular Dermatosis • Acantholyticdermatoses: transient & persistent • Approach to blistering disorders	• Bullae in renaldisease • Diabeticbullae	

LICHEN PLANUS & LICHENOID DISORDERS

Must know	**Should know**	**Good to know**
• Lichen Planus &Lichenoid Disorders: etiopathogenesis, clinical Definition, features, variants, Differential diagnosis, histology, complications, associations,	• LP- Psoriasis overlap	• Nekam‘sdisease

Treatment, prognosis, • Lichenoidreactions, • Drug inducedLP • Lichennitidus • Concept of Ashy dermatosis and lichen planuspigmentosus • GVHD • Bullous LP & LP pemphigoides • Dermoscopic findings		

DISORDERS OF THE SEBACEOUS GLANDS

Must know	Should know	Good to know
• SebaceousGland o Structure, o Function o distribution o Funct^{n}ofsebum o Composition & biosynthesis of sebum o Endocrine control of sebaceousgland • AcneVulgaris o definiton o etiology o Clinical features o Factors affecting o (differential)diagnosis o Management	o Histochemistry &ultrastructure o Development o Syndromic Associations ofacne o Lasers and photodynamic therapy in acne	o Measurement of sebaceous activity & sebumproduction

• Acnevariants o acneexcoriee, o acneiformeruptions, o cosmetic, o occupational, o chloracne, o acneconglobata, o pyodermafaciale, o acnefulminans, o G-vefolliculitis		
o Steroidacne o Drug inducedacne o Adult onsetacne • Seborrhea Ectopic sebaceous glands • Complications of acne. • Acne scars management	• Sebaceous glandtumors o Classification o Sebaceouscyst	

DISORDERS OF SWEAT GLANDS

Must know	Should know	Good to know
• Sweat Gland(Eccrine) o Anatomy &Physiology o Measurement of sweat glands activity o Thermore gulations • Hyperhidrosis o generalized o PalmoPlantar &Axillary o Asymmetrical o Gustatory • An/Hypo -hidrosis o Definition, o Etiopathogenesis, o Classification • Miliaria o Etio-pathogenesis, o Clinicalfeatures, o Variants/types, o Management • Apocrine sweatglands o Chromhidrosis, o Bromhidrosis o Fox-Fordycedisease	• Naevus sudoriferous • Compensatory hyperhidrosis o Associations o Heatstress	o Granulosis rubranasi o Diseases associatedwith abnormal sweat gland histology o Benign and malignant tumors of sweat glands o Fish odour syndrome o Hematohidrosis

DISORDERS OF CONNECTIVE TISSUE

Must know	Should know	Good to know
• Cutaneous atrophy o Causes / classification, o Generalized cutn. atrophy o Striae • Localized cutaneous atrophy o Atrophoderma o Anetoderma o Facial hemiatrophy o Poikiloderma • Disorders of Elastin o Lax skin o Elastotic striae • Pseudo Xanthoma Elasticum o Definition o Etio - pathology o Clinical features, o Diagnosis (differential) o Managemen t Actinic elastosis o Etio- pathogenesis o Clinical features, o Diagnosis (differential) o Management • Marfan syndrome— o Etio - pathogenesis, o Clinical features • Ehlers – Danlos syndrome o Types/ Classification, Dupuytren‘s contracture • Knuckle pads Keloid V/s Hypertrophic scars	o local panatrophy o Plantar fibromatosis • Osteogenesis imperfecta • Pachydermoperiostosis • Relapsing polychondritis • Peyronie‘s disease	o Achenbach‘s syndrome o Chronic atrophic acrodermatitis o Linear focal elastosis • Actinic granuloma o Clinical features • Elastofibroma • Elastoderma • Prolidase deficiency

PREMATURE AGEING SYNDROMES

Must know	Should know	Good to know

• Pangeria
• Progeria
• Acrogeria
 	
• Perforating dermatoses:
  ○ Types/classification,
  ○ Clinical features,
  ○ (Etio.) pathology,
  ○ Management
• Colloid milium
	• Congenital progeroid syndrome
	• Diabetic thick skin
	• Ainhum & pseudo-ainhum
		• leprechaunism

DISORDERS OF BLOOD VESSELS

Must know	Should know	Good to know
• Erythemas • Diffuse erythematous eruptions • Annular erythemas o Types , o Etio - pathology, o Clinical features, o Diagnosis (differential) o Management • Telangiectasias o primary & secondary o etio(pathology) • Erythema multiforme: o Etio- pathogenesis, o Clinical features, o Diagnosis (differential), o Management • Toxic Epidermal Necrolysis o Etio - pathogenesis, o Clinical features, o Differential diagnosis, o Management & prognosis	o Functional anatomy of Cutn. blood vessels • Well's syndrome o (Etio) pathology, o Clinical features o Management • Ataxia-Telengectasia	o Assessment of Cutn. blood vessels o Capillary microscopy

FLUSHING & FLUSHING SYNDROMES, ROSACEA, PERIORAL DERMATITIS

Must know	Should know	Good to know
• Flushing o Definition o Etio-pathogenesis, Flushing syndromes o Classification • Rosacea o Definition o Etio-pathology, o Clinical features, o Diagnosis (differential), o Management • Perioral dermatitis— o Etio-pathology, o Clinical features, o Diagnosis (differential), o Management & prognosis	• Carcinoid syndrome— o Etiopathogenesis, o Management	

URTICARIAS, ANGIOEDEMA and MASTOCYTOSIS

Must know	Should know	Good to know
• Urticaria: Definition o Classification o Etio – pathogenesis o Provoking factors o Clinical features, • Chronic urticarias o Definition , o Classification •Mastocytosis • classification • clinical features	• Physical o Classification, • Cholinergic urticaria • Cold urticaria • Contact urticaria • Aquagenic • Solar • Autoimmune urticaria • Hereditary angioedema • Etiopathogenesis of mastocytosis	• Omalizumab
• histopathology • investigations • management • Urticarial vasculitis o Definition , o Etiopathogenesis , o Clinical features, o Management • Angioedema o Classification o Etio-pathogenesis o Management & prognosis		

SYSTEMIC DISEASES AND SKIN

Must know	Should know	Good to know
Endocrine disorders o Cushings disease o Adrenal insufficiency o Hyper and hypothyroidism Cutaneous markers of internal malignancy o Paraneoplastic syndromes o Migratory erythemas GI Tract o Crohn's disease o Ulcerative colitis o Celiac disease Liver diseases o Hepatitis o Dermatosis associated with liver diseases Pancreatic diseases	Skin complications of stones Hemochromatosis o Subcutaneous fat necrosis o Migratory thrombophlebitis o Necrolytic migratory	o Hyper and hypopituitarism o Parathyroid o Multiple endocrinopathies syndrome o Autoimmune polyglandular syndrome Dermatosis associated with esophagus and stomach disorders Bowel associated dermatitis arthritis syndrome Intestinal polyposis o Other pancreatic tumours and glucagonoma syndrome

Renal disease o Dermatosis associated with renal failure and dialysis Hematological o Anemia o DIC o Antiphospholipid syndrome Annular and figurate reactive erythemas	erythema	o Renocutaneous syndromes Cardiac disease and respiratory disease Lymphoma, leukemia Skin disorders associated with bony abnormality

PURPURA

Must know	Should know	Good to know
• Purpuras: o Classification, diagnosis • Anaphylactoid purpura (HSP)- - definition, o Etio-pathogenesis , o Clinical features, o Differential diagnoses, o Management • Capillaritis (pigmented purpuric dermatoses) o Schamberg‘s Pigmented purpuric lichenoid dermatosis of Gougerot & Blum o Lichen aureus o Gravitational purpura	● Thrombocytopenic purpuras ● I.T. Purpura ● Senile purpura ● Toxic purpura ● Itching purpura ● Majocchi‘s ds ● Disseminated Intravascular Coagulation	• Painful bruising syndrome • Purpura simplex • Neonatal purpura

CUTANEOUS VASCULITIS

Must know	Should know	
● Classification of vasculitis and clinical features • Single organ small vessel vasculitis • Recurrent cutaneous necrotizing eosinophilic vasculitis • Small vessel immune complex associated vasculitis • IgA vasculitis • Granulomatosis with polyangitis • Erythema elevatumdiutinum • Paniculitides • Poly Arteritis Nodosa • Hypersensitivity angiitis • Vascular lesions of rheumatoiddiseases o Etio,path o Investigations • Leucocytoclasticangitis o Definition, o Etio-pathogenesis, o Clinicalfeatures, o Management • Henoch SchonleinPurpura o Definition, o Etio-pathogenesis, o Clinicalfeatures, o Management • Pyodermagangrenosum— o Definition, o Etio-pathogenesis, o Clinicalfeatures, o Management • Purpurafulminans— o Definition,	• Granulomafaciale • Degos`disease • Giant cellarteritis • Cryoglobulinemic vasculitis • Small vessel ANCA associated vasculitis	• A V

○ Etio-pathogenesis, ○ Clinicalfeatures, ○ Management • Sweet`s syndrome ○ Definition, ○ Etio-pathogenesis, ○ Clinical features,Management • Erythemanodosum— ○ Definition, ○ Etio-pathogenesis, ○ Clinicalfeatures, ○ Management • Erythemainduratum— ○ Definition, ○ Etio-pathogenesis, ○ Clinicalfeatures, ○ Management • Wegener‘sgranulomatosis ○ Definition, ○ Etio-pathogenesis, ○ Clinicalfeatures, o Management		

DISEASES OF VEINS & ARTERIES: LEG ULCERS

Must know	Should know	Good to know
• Vasculogenesis, Angiogenesis and ateriogenesis • Signs & symptoms ofarterial diseases • Investigations • Erythromelalgia o Physiology of venous microcirculation • Veins o Functionalanatomy, o pathology • Atrophie-blanche • Thrombophlebitismigrans • Venousthrombosis • Oedema • Varicoseveins • Chronic venous insufficiency • Venous ulcer and its management • Mixed leg ulcer • Hypertensive ischemic ulcer • Post phlebiticsyndr • Causes of legulcers • Venousulcer—management • Arteriovenous malformations • Venous malformations • Dressings for leg ulcers	• Erythromelalgia • Telangiectasias • Angiokeratoma circumscriptum Venous lakes • Atherosclerosis o Prognosis &management • Thromboangiitisobliterans	Neurovascular disorders • Ischaemic ulcer

DISORDER OF LYMPHATIC VESSELS

Must know	Should know	Good to know
• Lymphangiogenesis • Functional Anatomy of skin lymphatics • Identification of skinlymphatics • Lymphtransport • Immunefunction • Clinical presentation of lymphatic dysfunction • Oedema/Lymphoedema o Epidemiology o Pathophysiology o Aetiology and classification o Clinical features and diagnosis o Complication o Investigation • D/d of the swollen limbs • Management of lymphoedema o Physicaltherapy o Drugtherapy o Surgery o Provision ofcare • Congenitallymphatic malformation • Lymphangiomacirucmscriptum • Diffuselymphangioma • Cystic hygroma • Acquiredlymphatic malformation • Acquiredlymphangioma	• Primarylymphoedemas • Inheritedform • Other geneticform • Congenital non hereditary forms oflymphoedema • Clinical patterns of pri.lymphoedema • Sec.Lymphoedema • Midlinelymphoedema • Drug induced lymphedema • lymphangioma • lymphangiomatosis • lymphangiomyomatosis • recurrentacute	• lymphatic tumor o acquired progressive o lymphangiosarcoma

• Lymphangitis • Kaposisarcoma • lipodermatosclerosis	inflammatory episode • Lymphangiothrombosis • Carcinomaerysipeloides	oChylous sarcoma o seroma • abdominal wall lymphedema

	• Yellow nail syndrome	obesity associated lymphedema

HISTIOCYTOSIS

Must know	Should know	Good to know
• Ontogeny & Function of histiocytosis • Classification ofhistiocytosis • Langerhans cellhistiocytosis • Class llahistiocytosis • Dermatofibroma • Juvenilexanthogranuloma • Multicentricreticulohistiocytosis • Generalized eruptive histiocytoma • Papularxanthoma • Progressive nodular histiocytosis • Xanthomadisseminatum • Class llbhistiocytosis • Diffuse planexanthomatosis • Familial haemophagocyticlymphohistiocytosis • Malakoplakia • Necrobioticxanthogranuloma • Sinus histiocytosis with massive lymphadenopathy	• Malignant histiocytosis • Monocyticleukaemia • Truehistiocytic lymphoma • Histiocytic sarcoma	• Benign cephalic histiocytosis • Erdheimchesterdisease • Fat storing hemartomaof dermal dendrocytes • Familial sea blue histiocytosis • Hereditary progressive mucinoushistiocytosis • Virus associated haemophagocytic syndrome

SOFT TISSUE TUMOURS AND TUMOURS LIKE CONDITIONS

Must know	Should know	Good to know
• Vasculartumours: o Classification Pyogenic granuloma oKaposi sarcoma ○ Angiosarcoma ○ Glomus tumour • Peripheral neuroectodermaltumours ○ Schwannoma ○ Solitaryneurofibroma ○ Plexiformneurofibroma ○ Diffuseneurofibroma • Tumours ofmuscle • Skeletal muscle tumours • Tumours of uncertain histogenesis • Tumours of fatcell • Osteomacutis • Cutaneouscalculus ○ Leiomyoma ○ Leiomyosarcoma ○ Rhabdomyoma Cutaneous Rhabdomyosarcoma	• Fibrous and myofibroblastic tumors: ○ Classification ○ Nodularfasciitis • Fibrohistiocytictumor • Giant cell tumour of tendon sheath • Fibroushistiocytoma • Angiomatoid fibrous histiocytoma • Plexiform fibrous histiocytoma • Atypicalfibroxanthoma • Malignant fibrous histiocytoma • Glomeruloidhemangioma ○ Epitheloidhemangioma ○ Sinusoidalhemangioma ○ Dermal nerve sheath myxoma ○ Malignant peripheral nerve sheathtumour ○ Congenital smooth musclehamartoma	○ Pleomorphic fibroma ○ Fibro osseouspseudotumour ○ Ischemicfasciitis ○ Fibrous hamartoma ofinfancy ○ Calcifying fibroustumour ○ Calcifying aponeuroticfibroma ○ Inclusion bodyfibromatosis ○ Fibroma of tendonsheath ○ Collagenousfibroma ○ Nuchalfibroma ○ Myxofibrosarcoma ○ oKaposiformhemangio-endothelioma

CUTANEOUS LYMPHOMAS AND LYMPHOCYTIC INFILTRATES

A) PRIMARY CUTANEOUS T CELLLYMPHOMA

Must know	Should know	Good to know
• Mycosis Fungoides(MF) • Follicularmucinosis • Pagetoidreticulosis • Granulomatous slackskin • Sezary'ssyndrome • Lymphomatoidpapulosis • Primary cutaneous CD30+ large celllymphoma CD30+ large cell cutaneous lymphoma with regional nodal involvement	• EpidermotropicCD8 + cytotoxiclymphoma • Large cell CD 30- cutaneous lymphoma • Pleomorphic CD30- cutaneouslymphoma	• CD30+cutaneous lymphoproliferative disorder • Regressing CD30+large cell cutaneousltmphoma Secondary cutaneous CD30+anaplastic large cell lymphoma

B) SECONDARY CUTANEOUSLYMPHOMA

Must know	Should know	Good to know
• Subcutaneous panniculitis like T cell lymphoma • Adult T cellleukaemia lymphoma • Primary cutaneous B cell lymphoma • Follicle centre celllymphoma • Leukaemiacutis • Cutaneous Hodgkins disease	• Extra nodal NKcell lymphoma • BlasticNK celllymphoma	Lennert‘s lymphoma

C) PRIMARY CUTANEOUS B CELLLYMPHOMAS

Must know	Should know	Good to know
	• Follicle centrecell lymphoma Cutaneous plasmacytoma	• Marginal zonelymphoma • Large B celllymphoma

D) PSEUDOLYMPHOMAS

Must know	Should know	Good to know
• Parapsoriasis • Actinic reticuloid • Lymphocytomacutis Jessner‘s lymphocytic infiltrate		

SUBCUTANEOUS FAT

Must know	Should know	Good to know
• Obesity • General pathology of adiposetissue • Panniculitis o Septalpanniculitis o Lobularpaniculitis o Mixedpanniculitis	o Cellulite o Frontalis associatedlipoma o Hibernoma o Lipomatosis	
o Panniculitis with vasculitis • Lipodystrophy • Localizedlipoatrophy • Partial or generalized lipoatrophy • Lipoma • Angiolipoma		

THE CONNECTIVE TISSUE DISEASES

Must know	Should know	Good to kn
• Lupuserythematosus o Discoid lupus erythematosus o Subacute cutaneous lupuserythematosus o Systemic lupus erythematosus o Neonatal lupus erythematosus o The lupus anticoagulant, anti cardiolipin antibodies and the antiphospholipid syndrome • Scleroderma o Localizedmorphea o Gen.Morphea o Pseudoscleroderma o Occupational scleroderma o Iatrogenicscleroderma o Graft –versus –host disease o Eosinophilic fasciitis o Systemicsclerosis Mixed connectivetissuedisease • Cold, flexedfinger • Lichensclerosus • Scleroedema • Dermatomyositis • Sjogren syndrome Rheumatic fever	• Dermatological manifestation of rheumatoid disease • Still`s disease	

NUTRITIONAL AND METABOLIC DISEASES

Must know	Should know	Good to know
• The cutaneousporphyrias o Etiopathogenesis o laboratory testing inporphyria o Clinicalfeatures o The individualporphyrias o Porphyriaswhich cause cutaneousdisease o Porphriaswhich cause cutaneous disease and acute attack • Mucinoses o Classification of the cutaneous mucinoses o Lichenmyxoedematous • Amyloid and the amyloidoses of theskin o Primary localizedcutn. Amyloidosis o Sec. Localizedcutn. Amyloidosis o Systemicamyloidosis o Primary and myeloma associated cutn.Amyloidosis o Sec. Systemicamyloidosis • Angiokeratoma corporis diffusum	o Reticular erythematous mucinosis o Self healing juvenile cutaneousmucinosis o Cutaneous mucinosis of infancy o Papulonodular mucinosis associated withS.L.E. o Cutaneous focalmucinosis o Acral persistantpapular mucinosis o Mucinosis naevus o Follicularmucinosis o Secondarymucinoses o Mucopolysaccharidoses o Mucolipidoses o Dialysis related amyloidosis o Inheritedsystemic amyloidosis	o Cutaneous mucinosis in the toxic oil syndrome G.K o Neutral lipid storage disease o Farbersdisease • Disorders of aminoacid metabolism o Hyperphenylalaninaemiasyndrome o Tyrosinemia o Alkaptonuria o Homocysteinurias o Hartnupdisease

• Xanthomas and abnormalities of lipid metabolism andstorage
• Lipidmetabolism
  ○ Genetic primary Hyperlipidemias
  ○ Lipid storagedisease
• Nutrition and theskin
  ○ Malabsorption
  ○ Vitamins
• Kwashiorkor andmarasmus
• Calcification and ossification of theskin
• Ironmetabolism
• Skin disorders in diabetes mellitus
• Granulomaannulare
• Necrobiosislipoidica
• Granulomamultiforme
	○ Gaucher'sdisease
	○ Niemann Pickdisease	

SARCOIDOSIS

Must know	Should know	Good to know
• Sarcoidosis ○ Definition ○ Epidemiology ○ Aetiology ○ Histopathology ○ Immunologicalaspects • General manifestations of sarcoidosis • Staging of thedisease • Systemicfeatures • Sarcoidosis of theskin • Management ○ Investigation ○ Biopsy ○ Kveimtest	• Unusual and atypicalforms • Associateddisease • Course andprognosis • Other sarcoidalreaction ○ Infection ○ Foreignmaterial ○ Crohn‘sdisease ○ Whipple‘sdisease ○ Farmer‘slung ○ Othercondition	
○ Otherinvestigation ○ Treatment ○ Topical therapy Systemictherapy		

THE SKIN AND THE NERVOUS SYSTEM

Must know	Should know	Good to know

• Skininnervations
  ○ Sensoryinnervations
  ○ Autonomic nervoussystem
  ○ Wound healing and the trophiceffects
• Postherpeticneuralgia
  ○ Pathophysiology ofpain
  ○ Prevention ofP.H.N.
  ○ Management ofP.H.N.
• Neuropathiculcer
• Peripheralneuropathy
• HIVneuropathy
• Syringomyelia
• Tabesdorsalis
• Spinaldysraphism
• Spinal cordinjury
	• Neuroimmunology
	• Neurophysiological testing for skininnervations
	• Disorders associated with autonomic abnormalities
	• Hereditary sensory autonomicneuropathy
	• Hornersyndrome
	• Gustatoryhyperhidrosis
	• Chronic skinpain
	• Notalgiaparesthetica
	• Brachioradialpruritus
	• Skin achesyndrome
	• Burning feetsyndrome
		• Trigeminal trophicsyndrome
		• Peripheralinjury
		• Restless legsyndrome

PSYCHOCUTANEOUS DISORDERS

Must know	Should know	Good to know
• Introduction • Emotional factorsin diseases of theskin • Psychological importance of skin • Disability and quality oflife • Classification • Delusions ofparasitosis • Cutaneousphobias • Anorexia nervosa and bulimia • Self inflicted andsimulated skindisease ○ Lichen simplex and neurodermatitis ○ Acneexcoriee ○ Trichotillomania • Factitious skindisease o Malingering • Cutaneous disease and alcoholmisuse • AIDS, HIV infection and Psychologicalillness • Suicide in dermatological patients o Treatment	• Body image • Delusions ofsmell • Body dysmorphicdisorder ○ Epidemic hysteria syndrome and occupational mass psychogenicillness ○ Sick buildingsyndrome ○ Psychogenicexcoriation ○ Psychogenicpruritus ○ Onycotillomania and onychophagia ○ Psychogenicpurpura ○ Dermatitissimulate ○ Dermatitispassivata ○ Munchausen‘s syndrome ○ Munchausen‘s syndrome by proxy ○ Self-mutilation ○ Psychotropicdrugs	• Psychoneuroimmunology ○ Mind-body efferent immuneinteraction ○ Body- Mind afferent immunereactions ○ Habituation todressings ○ Dermatological pathomimicry ○ Hypnosis ○ Misc.therapies ○ Skin disease in patients with learningdisability

DISORDERS OF NAILS

Must know	Should know	Good to know
• Anatomy and biology ofnail unit o Structure & Development andcomparative anatomy o Bloodsupply o Nail growth • Nail signs and systemic disease o Abnormalities ofshape o Changes in nailsurface o Changes incolour • Developmentabnormalities • Infections- nail and nailfolds • Dermatoses ofnails • Nail surgery o Patterns of nailbiopsy o Lateralmatrix phenolization • Traumatic nail disorders o Acutetrauma o Chronic repetitive trauma • The nail andcosmetics	o Nails in childhood and oldage o Abnormalities ofnail attachment • Tumours under or adjacent to the nail o Benign tumours o Other bone tumours o Vascular tumours o Myxoid cyst o Squamous cell carcinoma o Epithelioma cuniculatum o Keratoacanthoma o Melanocytic lesions o Other surgical modalities	

DISORDERS OF HAIR

Must know	Should know	Good to know
• Anatomy andphysiology o Development and distribution of hairfollicles o Anatomy of hairfollicle o Hair cycle and hormonal control • Alopecia o Common baldness– androgeneticalopecia& Pattern Alopecia in Females o Alopeciaareata o Acquired cicatricial alopecia o Infections Scalingdisorders • Excessive growth ofhair • Hirsutism • DOAP - Lasers and IPL for excessive hair growth • Variation inHair o Pigmentation	o Types ofhair o Disturbance of hair cycle/shaft o Developmental defects and hereditarydisorders o Congenital alopecia and hypotrichosis o Hypertrichosis o Shampoos o Conditioners o Cosmetic haircolouring o Permanentwaving Hairstraightening(relaxing) o Hairsetting o Complication o DOAP - Hair Transplantation o PRP – in Alopecias	o Alopecia in central nervous systemdisorders o Other abnormalities of shaft

THE SKIN AND THE EYES

Must know	Should know	Good to know
• Anatomy and physiologyof the eye • Chronic blepharitis , rosacea , and seborrhoeic dermatitis o Immunopathogenisis o Treatment • Atopy and atopic eye disease • Cicatrizing conjunctivitis and the immunobullous disorders o Erythema multiforme major and toxic epidermal necrolysis • Systemic disease with skin and eyeinvolvement • Ocular complicationsof dermatological therapy	o Theeyebrows o Theeyelids o The lacrimalglands o The pre-cornealtear film • Disorders affecting the eyebrows andeyelashes • Infections o Viralinfections o Bacterialinfection o Parasiticinfection • Inheriteddisorder • Tumors o Benign and malignant tumors ofeyelids	

EXTERNAL EAR

Must know	Should know	Good to know
• Dermatoses and external ear • Systemic disease and the externalear	• Anatomy andphysiology • Examination • Developmentaldefects • Traumaticconditions	• Ageingchanges • Tumors of pinna and external auditorycanal

THE ORAL CAVITY AND LIPS

Must know	Should know	Good to know
• Biology of themouth • Immunity in the oralcavity o Examination of the mouth and perioralregion • Disorders affecting the oral mucosa orlips • Genetic and acquired disorders affecting the oral mucosa orlips o White or whitishlesions o Pigmentedlesions o Redlesions o Vesico-erosivedisorders o Lumps andswellings o Various orocutaneous syndromes • Oral manifestations of systemic diseases • Acquired liplesions o Cheilitis o Lupuserythematosus o Sarcoidosis	• Disorders affectingthe teeth and skin o Ectodermaldysplasia • Disorders affecting the periodontium o Gingival disorders affecting theperiodontium o Genetic disorders affecting the periodontium o Acquired disorders affecting the periodontium	

THE BREAST

Must know	Should know	Good to know
• Gynaecomastia o Physiological o In endocrinedisorders o In nutritional, metabolic, renal and hepaticdisease o Drug-induced • Morphea • Silicone breast implant and autoimmunedisease	• Breasthypertrophy • Gigantomastia o Management of gynaecomastia • Hypomastia • Rudimentarynipples • Adnexal polyp of neonatal skin • Invertednipple	• Supernumerary breast or nipples
• Cracked nipple inlactation • Lupuspanniculitis • Sarcodosisofbreast • Sebaceous hyperplasia of areolae • Breastabscess • Basal cell carcinomaof nipple • Seborrhoeicwart • Mondor‘sdisease	• Hyperkeratosis of nipple andareola • Jogger‘s andcyclist‘s nipples • Nipplepiercings • Artefactual breastdisease • Vasculitis of thebreast • Erosive adenomatosis of nipple • Breasttelangiectasia	

THE GENITAL, PERIANAL AND UMBILICAL REGIONS

Must know	Should know	Good to know
• Generalapproach • Genitocruraldermatology o Inflammatory o Infections • Male genitaldermatology o Structure andfunction o Trauma andartifact o Inflammatorydermatoses o Non-sexually transmitted infections o Precancerousdermatoses o Squamous carcinoma • Female genitaldermatology o Structure andfunction o Trauma andartifact o Inflammatorydermatoses o Ulcerative and bullous disorders o Non-sexually transmitted infections o Benign tumoursandtumor-like lesions ofvulva o Precancerousdermatoses	o Congenitaland developmental abnormalities of male and female genitalia o Other malignant neoplasms o Vulvalmalignancy	• Umbilicaldermatology o Structure andfunction o Congenital and developmentalabnormalities o Trauma andartifact o Inflammatory dermatoses

• Perineal and perianal dermatology o Structure andfunction o Infections	o Benigntumours o Premalignant dermatoses and frank malignancies	

GENERAL ASPECTS OF TREATMENT

Must know	Should know	Good to know
• General measures in treatment like explanation, avoidance of aggravating factors, regimen, role of diet, food metabolites and toxins • Topicaltherapy - Cosmetic camouflage - Dressings • Systemic drugtherapy • Genetherapy	• Emergency treatment of anaphylaxis • Treatment for anxiety and depressive statesin dermatology • Medicolegal aspectsof dermatology • Counselling patients. How to avoid drug reactions • Polypharmacy	• Alternative therapieslike - Physiotherapy - Acupuncture - Biofeedback techniques - Behaviourtherapy - Heliotherapy - Actinotherapy - Climatotherapy - Homeopathy

DRUG REACTIONS

Must know	Should know	Good to know
• Classification andmechanism • Histopathology • Types of clinicalreaction Exanthematous, purpuric, pityriasis rosea like, psoriasiform, exfoliative dermatitis, anaphylaxis, urticaria, drug hypersensitivity syndrome, fixed drug eruptions, lichenoid eruptions, photosensitivity, pigmentation, acneform eruption, bullous eruptions, vasculitis, LE like, DM like, scleroderma like erythema nodosum, anticonvulsant hypersensitivity, hair and nail changes, • Management of drugreactions Diagnosis	• Incidence • Annular erythemas • Acute generalized exanthematous pustulosis • Serum sickness • Eczematous • Acanthosisnigricans • Erythromelagia • Common drugs responsible for different types of reactions and side effects • Differential diagnosis • Investigations	

ERYTHEMA MULTIFORME, STEVENS JOHNSON SYNDROME, TOXIC EPIDERMALNECROLYSIS

Must know	Should know	Good to know

• Erythemamultiforme, Stevens-Johnson syndrome and toxic epidermalnecrolysis
- Etiology
- Predisposition inHIV
- Pathology
- SCORTEN
- Diagnosis
- Treatment
- Prevention
	• Incidence
	• Common drugs responsible for SJS and TEN
	• Investigations
	• Management in pregnancy and in children
	• Differential diagnosis
	• Fluid replacement
	• Role of steroids,IVIg, & biologics
	  • Role of drug challenge
	  • Pharmacovigilence
	  • Counselling the attendents	

RADIOTHERAPY AND REACTIONS OF IONIZING RADIATION

Must know	Should know	Good to know
• Indications - Acute - Chronic • Radiodermatitis	• Role in benign diseases like psoriasis,keloids	• Role in malignant diseases • Radiationinduced tumors

LASERS

Must know	Should know	Good to know
• Basic principles • Lasersafety • Targettissues • Main types oflasers 1. Enumeration 2. Wavelengths 3. Indications 4. Role of lasers in Management of scars,vascular lesions, hair removal,pigmentation 5. Laser combined procedures	• Laserablation • Resurfacing • Non-ablative skin remodeling • Counselling patients • Consent of patient • photography • Record maintenance	• Skin rejuvenation

RACIAL INFLUENCES ON SKIN DISEASES

Must know	Should know	Good to know
• Classification ofraces and their main characteristics	• Racial variationsin pigmentation, hair and cutaneousappendages • Diseases with distinct racial or ethnic predisposition	• Racial variationin common diseases

THE AGES OF MAN AND THEIR DERMATOSIS

• Somaticgrowth • Sexual development and its effect on skin, especially sebaceous activity • Puberty associated hormonal eventsand cutaneouschanges • Enumeration of puberty dermatosis and their clinicalfeatures • Cutaneous changes with menstrualcycle • Physiological changes related topregnancy • Vascularchanges • Pregnancydermatoses - Pruritusgravidarum - Pemphigoidgestationis - Pruritiuc urticarial papules and plaques ofpregnancy - Prurigo ofpregnancy - Pruriticfolliculitis	• Pediatric dermatology • Counselling in adolescent age group • Geriatric dermatology • Premature and delayed puberty - causes and presentation • Disorders ofmenopause • Agingskin -Concept of Geriatric patients & physiological changes in ageing skin -Polypharmacy -Management of late onset Vitiligo,Psoriasis. - Skin disorders associated with aging • Autoimmune progesteronedermatitis	• Enumeration and identification of common syndromes with short stature

SYSTEMIC THERAPY

Must know	Should know	Good to know
• Systemicsteroids • Antihistamines • Retinoids • Cyclophosphamide • Methotrexate • Mycophenolatemofetil • Cyclosporin • PUVA • Intravenous immunoglobulin • Penicillamine • Antibiotics • Antitubecular drugs • Antileprosy drugs • Antifungal drugs • Antiviral drugs - Acyclovir and its congeners • Anti-retroviral drugs • Ivermectin • Drugs of peripheral circulation - Pentoxyphyllin - Calcium channel blockers - Sildenafil citrate - ACE-inhibitors and antagonists • Antimalarials • Thalidomide • Colchicine	• Hormonalpreparations • NSAIDs • Cytokines • Interferons • Essential fattyacids • Bleomycin • Fumaric acidesters • Photopharesis • Plasmapheresis • Other anti-retroviral • Dethylcarbamazine • Sulfasalazine	• Interleukins • Chlorambucil • Dacarbazine • Hydroxyuria • Melphelan • Gold • Other antiviral drugslike Vidarabine, Idoxuridine • Recent advances in therapeutics. • Photopharesis • Plasmapheresis

TOPICAL THERAPY

Must know	Should know	Good to know
• General principles - Choice of vehicle - Frequency and mode of application - Quantity to be applied • Various formulation - Enumeration with main characteristics - Enumeration of vehicle components • Anti-perspirants • Topical antibiotics - Fusidic acid - Mupirocin - Clindamycin - Silver sulfadiazine - Metronidazole • Antifungals - Allyamines - Imidazoles - Ciclopirox olamine - Morpholines • Antiparasitic agents - Pyrethroids - Malathion - Benzyl benzoate • Antiviral agents - Acyclovir • Astringents - Potassium permanganate - Aluminium acetate - Silver nitrate	- Erythromycin - Polyenes - Bleomycin - 5-flurouracil - Baxoretene - Depilators - Contact sensitizers - Capsaicin	- Bacitracin - Gentamicin - Polymyxin B - Tetracyclines - Tolnaftate - Undecylenic acid - Pencyclovir - Idoxuridine - Mechlorethamine - T4 endonuclease V - Camphor - Menthol - Dyes

• Corticosteroids - Mechanism - Side effects (local and systemic) - Classification - Intralesionalsteroids - Indications • Cytotoxic and antineoplastic agents - Imiquimod - Podophyllin and podophyllotoxin • Depigmentingagents - Hydroquinone - Retinoicacid - Kligmancream - Azelaicacid - Kojic acid • Emollients • Immunomodulators - Tacrolimus - Pimecrolimus • Retinoids - Retinoicacid - Adapalene - Tazarotene • Miscellaneous - Dithranol - Sunscreen - Tars - Vit Danalogue - Minoxidil		

BASIC PRINCIPLES OF DERMATOSURGERY

Must know	Should know	Good to know
• RSTL • Instruments usedin dermatosurgery • Methods ofsterilization	• Types of woundhealing • Woundmanagement	oTissue glues, staples, wound closure tapes,
• Suture materials: o Classification, o Suture size, o Type and size of needle • Types of suturing: o simple interrupted, o mattress, vertical & horizontal o Intradermal buried, o S.C. buried, o Running subcuticular, o Figure of 8 • Suture removal • Preoperative workup: o medication, o part preparation o relevant investigation • Types of local anesthesia: o Topical/surface, o infiltration, o tumescent, o field blocks, o nerve block • Types of Anesthetic agents • Waste segregation & disposal • Patient counseling, psychological assessment and consent • Emergencies and their management in dermatosurgery (vasovagal reaction, anaphylaxis, haemorrhage)		Newer wound healing products such as topical Epidermal growth factors

STANDARD DERMATOSURGICAL PROCEDURES

Must know	Should know	Good to know
• Electrosurgery: oTypes (Electro-fulguration, -section, -cautery, etc.)	oPhysics: basic principles	• Intralesionalsclerotherapy
o Indications • Curettage: o Indications, o Techniques: combination with E.C. • Intralesional steroid therapy: o Indications o Dosage • Chemical cautery: o Use of Agents (TCA, Phenol) o Indications • Cryosurgery : o Mech. Of action, o Cryogens and their properties, o Techniques – dip stick, spray, probe, o Indications • Excision Bx • Epidermal cyst excision – Indication and technique • Corn enucleation	• Radiofrequency surgery: o Physics, circuitry, o Techniques, o Types, o Indications o Agents other than TCA, Phenol	• Various agents of sclerotherapy • Intralesionalsclerotherapy • And different Techniques of sclerotherapy • Styptic agents: Hemostasis

SPECIAL DERMATOSURGICAL PROCEDURES:

Must know	Should know	Good to know
• Dermabrasion: o Preoperative workup, oinstruments used, oindications, o Techniques o Post-opcare • Vitiligo surgery & skingrafting: o Punchgraft, o Suction blistergraft, oideal donor sites/sites to be avoided o types of post operative dressing • split thickness graft	o Facial cosmetic units o Microdermabrasion ▪ Mechanism ofaction, ▪ Indications/Limitations o Split-thicknessgraft o Tattooing	▪ Instrumentuse, ▪ procedure, ▪ complication o Non cultured Melanocyte-keratinocyte transfer technique
• Nail surgery : o Intra matrix injection, o Nail matrix Bx, o Nail unit Bx o Partial & complete nail avulsion • Hair restoration surgery o Principles o Types o Indications • Lasers • Dermal fillers – - type and indications • Iontophoresis: o Mechanism, indications, contra-Indications o Procedures • Eletroepilation: o Indications o Contraindications, o Types - electrolysis, thermolysis	• Chemical peel: o Classification/types (AHA, BHA, others), o Combination peels • Scar revision – techniques • Male genitalia – o dorsal slit • Botunimum toxin: o Pharmacology& mechanism of action, o Indications, o contra indications, o available preparation • Dermal fillers – - type and indications	Keloid: debulking o Methodology o Pre- & Post-op care o Circumcision • Tissue Augmentation: o Principles o Materials o Techniques • Ear, nose and body piercing • Ear lobe repair o storage, o dilution and dosage, o procedure, o complications • Liposuction

SEXUALLY TRANSMITTED INFECTIONS

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
Anatomy • Anatomy of male and female genital tract (including blood supply and lymphatic drainage) Microbiology & Immunology • Normal/abnormal genital flora	• Role of lactobacilli • Risk factors for transmission of STD	Mucosal immune system in males and females • Bacterial adhesins • Strategies for development of mucosal immune response to control STI
Syndromic approach • Etiology, clinical features, and management of the following STI syndromes: ➢ Genital ulcer disease ➢ Vaginal discharge ➢ Urethral discharge ➢ Inguinal bubo ➢ Scrotal swelling ➢ Lower abdominal pain ➢ Ophthalmia neonatorum • NACO guidelines for management of various STDs **Viral STDs** **<u>Genital herpes virus infection</u>**		• CDC guidelines for management of various STDs • Morphology of virus

(HPG) • Life cycle including latency & reactivation • Clinical presentation ➢ Primary episode ➢ Non-primary first episode ➢ Recurrent episode • Lab diagnosis ➢ Specimen collection ➢ Cytology (Tzanck) ➢ Culture ➢ Histopathology ➢ Serological diagnosis ➢ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment ➢ Drugs for HSV ➢ NACO guidelines for treatment of primary & recurrent episodes in immunocompetent & immunocompromised host.	• Epidemiology & transmission • Immune response • Complications like aseptic meningitis, encephalitis, radiculomyelopathy dissemination etc. • Lab diagnosis ➢ Antigen detection by IF, IP, EIA etc. ➢ DNA hybridization based molecular tests • Treatment ➢ Parenteral treatment for severe infection ➢ Treatment of acyclovir- resistant herpes ➢ Treatment of HPG in pregnancy • HIV & genital herpes	• Treatment - CDC guidelines • HSV Vaccines • Recent advances in diagnosis and treatment
Neonatal herpes simplex infection • Modes of transmission and relation with nature of	• Laboratory diagnosis • Treatment	

maternal infection and immunity. • Clinical presentation – asymptomatic, localized, disseminated disease. **<u>Human papilloma virus infections (HPV)</u>** • Clinical presentation – condyloma acuminata, papular, macular, giant warts (Buschke-Lownestein) etc. • Lab diagnosis ➢ Acetowhite test ➢ Histopathology • Treatment ➢ Treatment options like chemical cauterization, physical modalities and other drugs. ➢ NACO guidelines **<u>Genital molluscum contagiosum (MC)</u>** • Clinical features • Lab diagnosis – ➢ Microscopy – HP bodies ➢ Pathology (biopsy) • Treatment options for localized and disseminated lesions	• Epidemiology & transmission • Immune response • Lab diagnosis ➢ Antigen detection ➢ Molecular tests – DNA hybridization, PCR etc • Treatment in pregnancy • HPV infection with HIV • Morphology of virus • MC in HIV infection	• HPV induced carcinogenesis – high-risk serotypes, mechanism of neoplasia & screening • Treatment - CDC guidelines • HPV vaccines • Recent advances in diagnosis & treatment • Differential diagnosis of MC-like umblicated lesions
<u>HIV</u>		

• Structure & biology of HIV • Modes / risk factors for transmission • Cutaneous manifestation of HIV (infective / non infective) • PEP prophylaxis – indications, source code, exposure code, regimen, monitoring, side effects, adherence	• Lab diagnosis of HIV • Disease classification / staging • HAART ➢ Classification of ART drugs ➢ NACO guidelines on indications, first line regimens, patient monitoring ➢ Side effects of ART drugs	• Mechanism of depletion of CD4 cells, role of cytokines etc. • HAART ➢ ART failure & second line regimens ➢ Pediatric ART – dose, regimens, side effects, monitoring ➢ Adherence to ART & ART drug resistance

• Sentinel surveillance	• Management of HIV in pregnancy – regimen, doses, monitoring, side effects • Prevention of mother to child transmission • National AIDS control programme (NACP) - phases, goals, targets and achievements	• Management of HIV patient in tuberculosis, hepatitis, injection drug abusers • Immune reconstitution inflammatory syndrome (IRIS) • Indications for CPT prophylaxis & management of opportunistic infections • Kaposi's sarcoma – etiology, clinical variants, treatment modalities • New drugs or approaches to target HIV
Bacterial STDs ***Syphilis*** • Structure of *Treponema pallidum* • Modes of transmission • Natural history of disease (course of untreated syphilis) • Classification of syphilis • Clinical presentations of primary, secondary, tertiary syphilis • Clinical features of different	• History of syphilis – Columbian and environmental theory • Pathogenesis of disease • Immune response	• Mechanism of motility • Treponemal antigens

stages – primary chancre, variants of secondary stage (chancre redux, syphilis de emblee, pseudochancre redux), tertiary syphilis (gumma, other manifestations) • Lab diagnosis – DGI, serological tests (treponemal and non treponemal tests), false positive VDRL / TPHA • Treatment – NACO guidelines • Congenital syphilis – clinical manifestations	• Malignant syphilis • Cardiovascular syphilis • Neurosyphilis- different stages • Charcot joints • Lab diagnosis - technique, monitoring & positivity of tests in different stages • Treatment in pregnant patient • Jarisch herxheimer reaction- etiology, clinical features, management • Syphilis & HIV • Congenital syphilis - management	• Complications of primary and secondary stages • Histopathology in different stages • Treatment ➢ CDC guidelines ➢ Treatment of penicillin-allergic patients & desensitization • Syphilis vaccines • Endemic syphilis (yaws) - clinical features, diagnosis & treatment
<u>Chancroid</u> • Morphology *of H ducreyi* • Clinical features including variants • Lab diagnosis ➢ Microscopy ➢ Culture ➢ Serology • Treatment – NACO guidelines	• Growth characteristics *of H ducreyi* • Lab diagnosis ➢ Histopathology ➢ Molecular techniques like PCR • Chancroid & HIV	• Drug resistance in chancroid • Treatment – CDC guidelines

Gonococcal infections • Morphology & biology of *N gonorrhoea* • Clinical features & complications including acute urethritis, acute & chronic complications, anorectal, pharyngeal and disseminated infection • Lab diagnosis – ➢ Specimen collection & transport ➢ Microscopy ➢ Culture ➢ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment – NACO guidelines for uncomplicated and complicated gonococcal infections	• Genetic characteristics and strains • Lab diagnosis – ➢ Antigen detection tests ➢ Serological tests ➢ DNA hybridization based molecular tests like PACE etc. • Gonorrhoea in pregnancy • HIV & gonorroea • Drug resistance in gonorrhoea	
<u>Chlamydia trachomatis infections</u> • Clinical features & complications – entire spectrum of urethritis, cervicitis, proctitis, neonatal conjunctivitis, and related complications. • Lab diagnosis – ➢ Specimen collection & transport ➢ Microscopy ➢ Culture ➢ Nucleic acid amplification tests (NAATs) including PCR & LCR • Treatment – NACO guidelines	• Morphology & biology of *C trachomatis* • Lab diagnosis – ➢ Antigen detection tests ➢ Serological tests ➢ DNA hybridization based molecular tests like PACE etc	• Treatment – CDC guidelines • Gonococcal vaccines • Recent advances in diagnosis & treatment • Treatment – CDC guidelines

<u>Lymphogranuloma venereum</u> • Clinical features – including different stages and complications • Bubo and types of bubo • Lab diagnosis – ➢ specimen collection ➢ cytology ➢ culture • Treatment ➢ NACO guidelines ➢ Surgical	• Epidemiology & transmission • Pathogenesis & pathology • Lab diagnosis – ➢ antigen detection ➢ serological tests molecular tests like PCR, RFLP • HIV & LGV	• Treatment – CDC guidelines
Donovanosis		
• Morphology of organism • Clinical features including clinical variants & complications • pseudobubo • Lab diagnosis- ➢ specimen collection ➢ microscopy ➢ histopathology ➢ isolation of organism • Treatment ➢ NACO guidelines ➢ Surgical	• Epidemiology & transmission • Pathogenesis & spread of disease • HIV & Donovanosis	• Treatment – CDC guidelines

Bacterial vaginosis (BV) • Epidemiology & risk factors • Pathogenesis including alteration of mucosal microflora and biochemical changes • Clinical features • Lab diagnosis – Amsel's criteria • Treatment – NACO guidelines • Types of vaginal discharge in different genital diseases. **<u>Pelvic inflammatory disease (PID)</u>** • Epidemiology & risk factors • Microbiology of PID • Clinical features & complications • Lab diagnosis • Treatment - NACO guidelines Fungi, protozoa & arthropod infections	• Complications • Lab diagnosis – Nugent's criteria • BV in pregnancy	• Treatment – CDC guidelines • Differential diagnosis of acute pelvic pain • Treatment - CDC guidelines
<u>Genital candidal infections (VVC & CBP)</u> • Predisposing factors • Clinical features ➢ VVC in females - uncomplicated and complicated disease ➢ CBP in males ➢ Candidal hypersensitivity • Lab diagnosis – microscopy	• Epidemiology including risk factors • Mycology of albicans and non-albicans candida • Lab diagnosis – newer • Role of candidiasis as STD and non STD	

and culture • Treatment ➢ topical and oral drugs ➢ NACO guidelines for uncomplicated & complicated disease (including pregnancy) **<u>Trichomonas vaginilis</u> <u>infection</u>** • Morphology of *T vaginilis* • Clinical features • Lab diagnosis ➢ microscopy • Treatment - NACO guidelines **Genital scabies** • Morphology & life cycle of the mite • Epidemiology & transmission • Clinical features – typical and special variants • Lab diagnosis by microscopy • Treatment – ➢ Principles and options ➢ NACO guidelines *Phthiriasis pubis* • Morphology & life cycle of the mite • Clinical features • Diagnosis • Treatment – NACO guidelines	tests like PCR • Treatment of fluconazole resistant *C albicans* and non-albicans Candidiasis • HIV & genital candidiasis • Lab diagnosis – culture methods, molecular techniques. • Trichomonas infection in pregnancy • Immunity in scabies • Lab diagnosis by newer techniques – epiluminiscence microscopy, PCR • HIV & Scabies • Epidemiology & transmission • Epididymo-orchitis • Dhat syndrome – etiology, clinical features, treatment	• Treatment - CDC guidelines • Recent advances like newer topical and systemic anti-mycotic drugs (like voriconazole) • Treatment – CDC guidelines Treatment – CDC guidelines • Treatment – CDC guidelines • Acute & chronic prostatitis • Chronic pelvic pain syndrome

Miscellaneous		

LEPROSY

MUST KNOW	SHOULD KNOW	GOOD TO KNOW
History Epidemiology • Transmission • Recent Status of Leprosy in India • Leprosy control programmes Microbiology & Immunology • Structure of *M leprae*	• Global scenario	• History of leprosy and treatments of historical interest
• Humoral response • Cell mediated immune response • Tests for assessment of CMI Classification of leprosy • Immunopathological spectrum of leprosy • Ridley Jopling classification • Paucibacillary and multibacillary leprosy Clinical features • Cutaneous • Nerve involvement • Ocular involvement-causes, effects due to infiltration and	• Important M.leprae antigens • Role of macrophages in leprosy • Difference Between Madrid and Ridley Jopling classification	• Biochemical characteristics of M leprae • Other classification systems in leprosy
inflammation and reactions • Involvement of other mucosae • Systemic Involvement in Leprosy-muskuloskeletal, hepatic, renal and reproductive • Variants of leprosy like Neuritic, indeterminate, single skin lesion, lucio, histoid , lazarine	• Sensory and motor dysfunction	

• Differential diagnosis of:Hypopigmental macules • Erythematous skin lesions • Nodules • Peripheral nerve thickening Investigations • Slit skin smear including bacterial index, morphological index		
• Histopathology of skin according to Ridley Jopling classification • Lepromin test • Clinical tests for sensory, motor and autonomic functions Treatment of leprosy • Conventional drugs-dapsone, rifampicin and clofazamine –meachanism of action, pharmacokinetics and side effects • Standard and alternative regimes • Drug resistance • Investigational drugs • Vaccines in leprosy Reactions in Leprosy • Aetiopathogenesis • Clinical features-cutaneous and systemic • Differentiate between relapse and reversal • Histopathology • Treatment - corticosteroids, thalidomide, clofazamine, antimalarials etc Special situations like	• Histopathology of nerves • Serology in leprosy esp., PGL-1 ELISA • Newer and short duration regimes • Uniform MDT • Tests for drug resistance • Immunotherapy in leprosy • Classify severity of type 2 reaction • Management of nerve abscess	• Histopathology of other tissues like kidneys, liver, lymph nodes, mucosae • In-vitro testing of M. leprae

• Pregnancy • Childhood Leprosy • Leprosy and HIV Experimental models in leprosy		

• Mice • Armadillos Deformities in leprosy • Types- anesthetic, motor and specific deformities involving hands, feet (including trophic ulcer) and face • Nerve damage- clinical features and management • Assessment • Prevention • Management- • medical, surgical and physiotherapy Disability prevention & Rehabilitation	• Disability assessment • Physical – prosthesis, surgical	• Other non human primates • Vocational and social • Quality of life issues in leprosy • Dermoscopy of leprosy

Log book

- Each student must be asked to present a specified number of cases for clinical discussion, perform procedures/tests/operations/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions. They should be entered in a Logbook.
- The Log books shall be checked and assessed periodically by the faculty members imparting the training.

ASSESSMENT

Assessment should be comprehensive and objective assessing the competencies stated in the course. The assessment is both formative and summate. Formative is spread over the entire duration of the programme and the summative is as per university examination pattern.

Formative assessment: During the training, Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system. The formative assessment is continuous as well as end-of-term.

The formative assessment is continuous as well as end-of-term. The former is being based on the feedback from the senior residents and the consultants concerned. All the consultants of the unit in which resident is working will give marks based on performance. These marks will be summated over a period of tenure. **End-of-term assessment is held at the end of each semester (up to the 5th semester). Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.**

Internal assessment: The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

1. End of term theory examination can be conducted at end of every 6 months and the average calculated.

2. End of term practical/oral examinations can be conducted at the end of every year, final year to be conducted 3 months before their final exam and the average calculated.

The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as follows.

Sr. No.	Items	Marks
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20

These marks allotted here can be considered in the final year practical exams under the heading viva.

1. **Personal attributes**

a. **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.

b. **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.

c. **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.

d. **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

Clinical work

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.

- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

2. Academic Activity

Performance during presentation at journal club/ seminar/ case discussion/inter department meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

3. **End of term theory examination** conducted at end of 1st, 2nd year and after 2 years 9 months.(three months before the final examination)

4. **End of term practical/oral examinations** after 2 years 9months. (three months before the final examination)

a. Marks for **personal attributes** and **clinical work** should be given annually by all the faculty under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.

b. Marks for **academic activity** should be given by the all faculty who have attended the session presented by the resident.

c. The internal assessment should be presented to the board of examiners for due consideration at the time of final examinations.

General principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination.

Quarterly assessment during the M.D. training should be based on the following academic activities

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self-directed learning and teaching
4. Interdepartmental learning activity
5. External and Outreach Activities /CME

Summative assessment: At the end of the course, Post Graduate Examination,the summative examination would be carried out as per the Rules given in POSTGRADUATEMEDICAL EDUCATION REGULATIONS, 2000.

The postgraduate examination shall be in the following parts: -

1. Thesis

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. **Theory**:

The examinations shall be organized on the basis of 'Grading 'or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. **Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole**. The examination for M.D. / MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period**.** There shall be four theory papers as follows:

Paper I:
Paper II:
Paper III:
Paper IV:

3. **Practical/clinical**

The **practical examination should consist of the following and should be spread over two days**, if the number of post graduate students appearing is more than five.

1. **One long case**: History taking, physical examination, interpretation of clinical findings, differential diagnosis, investigations, prognosis and management.
2. **Short cases from various sections of the specialty (three)**

4.Oral/Viva-voce Examination
Job responsibilities:

RECOMMENDED READING: All dermatogy text books, journals and monograms

TEACHING PROGRAM:

Teaching schedule:
1. Journal club Once a week
2. Seminar Twice a week

3. PG case discussion Once a week
4. Group discussion Once a week
5. Faculty lecture once a week
6. Dermato-Pathology and dermato-radiology Meet Once a month
7. Central session As per hospital schedule

8.Discussion on one important drug per month and call it as Drug of Month

9.Debates on few topics so that they can be stimulated to read and also improve their communication skills

SENT UP CRITERIA

- The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sr. No.	**Items**	**Marks**
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20