

SRI BALAJI VIDYAPEETH

(Deemed - to be - University u/s 3 of UGC Act, 1956)

Pillaiyarkuppam, Puducherry-607402

**Mahatma Gandhi Medical College & Research Institute
Shri Sathya Sai Medical College & Research Institute**



**COMPETENCY BASED POSTGRADUATE CURRICULUM
M.D. DERMATOLOGY VENEREOLOGY & LEPROSY**

2021

Preface

The promulgation of the much-awaited Competency Based Medical Education (CBME) for post graduate programs by the National Medical Council is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such a unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time, with regard to the competency based medical education for postgraduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be realised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

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Preface

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although NMC has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of assessment. The six competency model (ACGME) for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation and is used in this document. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. While doing all this, the syllabus prescribed by NMC is fully incorporated into the curriculum. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPAs which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.

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Foreword

“Dermatology... the younger daughter of Medicine ...”are the words of Paul Gerson Unna, a pioneer in dermatological research and education. These words describe the neoteric and evolving nature of the subject demanding periodic amendments in the syllabus. The postgraduate MD-DVL curriculum has been updated to exemplify the training process with inclusion of latest advances in the field.

The present curriculum clearly, describes the program educational objectives and outcomes expected at the end of three years of post graduate training, There is further elaboration with a list of Entrustable Professional Activities (EPS's) or work tasks that a student should be able to perform efficiently by the end of these course.

This curriculum will be competency based, where the students are assessed on six competencies considers essential for a medical professional. The student's academic milestones will be periodically recorded

The National Medical Council has laid down the PG curricula in their website <https://www.nmc.org.in/information-desk/for-colleges/pg-curricula-2> that is listing the syllabus course wise, listing competency to some extent, teaching learning methods and the assessment methods as well. The document describes competencies in three domains (knowledge, skill, and attitude). However, the most significant problem in competency-based training is the development of appropriate assessment tools.

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List of Abbreviations and Acronyms

PEO	Programme Educational Objective
PO	Programme Outcome
CO	Course outcome
EPA	Entrustable Professional Activity
MK	Medical Knowledge
PC	Patient Care
SBP	System Based Practice
PBLI	Practice Based Learning and Improvement
IPCS	Interpersonal Communication Skills
P	Professionalism

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Sri Balaji Vidyapeeth
Post - Graduate Programme
MD Dermatology, Venereology and Leprology

1. Preamble

The competency based curriculum should take into account the needs of the society, both local and global. It needs to outline the demand for the present day as well as future. The curriculum needs to be reviewed at least every five years to address the trending needs, as new knowledge is evolving and communication of the same is seamless. Accordingly the competencies need to meet the societal needs detailing the cognitive, psychomotor and affective domain development for attaining these competencies.

The curriculum indicates to the candidate the knowledge, basic skills and attitudes required to become a Dermatologist. It disciplines the thinking habits for problem solving and discovery of new knowledge in the field of *Dermatology*. It defines the Teaching -Learning methods adopted for the resident to achieve the goals of the curriculum, and the methods of assessment performed throughout the training period and at the completion of training. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment.

2. Programme Educational Objective (PEO)

Programme Educational Objectives are broad statements that describe what graduates are expected to attain within few years of completing their programme. These are based on the needs of the society as analysed and outlined by the regulatory body. So as defined by Medical Council of India (MCI), the PEO for MD Dermatology, Venereology and Leprology are as follows:

- PEO1.** Be a specialist who can provide comprehensive care related to Dermatology, Venereology & Leprosy over and above the physician of first contact.
- PEO2.** Be a leader and team member who understands health care system and act to provide safe patient care with accountability and responsibility.
- PEO3.** Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.
- PEO4.** Life long learner keen on up dating one self regarding the advancement in the health care field and able to perform the role of researcher and teacher.
- PEO5.** Professional who understands biomedical research and follows the principle of bio-ethics/ethics related to health care system.

3. Programme Outcome (PO)

PO's represent broad statements that incorporate many are as of inter-related knowledge and skills developed over the duration of the programme through a wide range of courses and experiences. They represent the big picture and describe broad aspects of knowledge, skill and attitude development. They encompass multiple learning experiences.

After a period of 3 years, there student should be able to attain the following PO's :

- o **PO1:** Provide treatment for common skin diseases.
- o **PO2:** Provide treatment for uncommon & complex skin diseases and its complications.
- o **PO3:** Provide treatment for leprosy, sexually transmitted infections and its complications.
- o **PO4:** Perform dermato surgery procedures.
- o **PO5:** Identify patient safety and system approach to medical errors.
- o **PO6:** Identify the needs of patients and society and provide cost effective preventive care and advocacy.
- o **PO7:** Communicate with stakeholders of the health care system.
- o **PO8:** Perform SDL and Critical appraisal of medical literature.
- o **PO9:** Develop & execute a protocol for a scientific research project, collect and analyse the data and scientifically communicate to the others
- o **PO10:** Informed consent and shared responsibility.

4. Course and Course Outcomes (CO)

CO's describe the learning that will take place across the curriculum through concise statements, made in specific and measurable terms, of what students will know and /or be able to do after successful completion of each course.

There are four courses for MD *Dermatology, Venereology and Leprology*:

1. Course 1 (C1) Applied basic medical science
2. Course 2 (C2) General dermatology and Tropical Dermatology (including principles of diagnosis and therapeutics)
3. Course 3 (C3) Sexually transmitted diseases, Leprosy and Public Health Dermatology
4. Course 4 (C4) Recent advances and cutaneous manifestations of systemic illnesses

Course 1 (C1): Allied Basic Medical Science

Objectives: At the end of three years post graduate student should be able to-

- C1.1** Demonstrate knowledge of pre and para clinical science related to Dermatology, Venereology and Leprosy and its application in the management of various dermatoses.
- C1.2** Understanding of the various formularies used in Dermatology.
- C1.3** Complete a basic course in Biomedical Research, Data collection & analysis, and scientific communication.

Course 2 (C2): General Dermatology and Tropical Dermatology (Including Principles of Diagnosis and Therapeutics)

Objectives: At the end of three years post graduate student should be able to-

- C2.1.** Take a detailed history and perform an adequate examination of dermatological conditions.
- C2.2.** Provide quality care in diagnosis and management of common dermatoses.
- C2.3.** Approach and diagnose uncommon dermatoses.
- C2.4.** Manage dermatological emergencies with appropriate referral when indicated.
- C2.5.** Perform bed side and side lab diagnostic tests.
- C2.6.** Interpret the histopathological findings of the various dermatoses.
- C2.7.** Management of paediatric dermatoses
- C2.8.** Adopt preventive measures at individual and community levels against communicable and non-communicable skin diseases.

Course 3 (C3): Sexually Transmitted Diseases, Leprosy and Public Health Dermatology

Objectives: At the end of three years post graduate student should be able to-

- C3.1.** Provide quality care to the community in the diagnosis and management of sexually transmitted diseases and leprosy.

- C3.2.** History taking and detailed examination of cases with Leprosy and STD.
- C3.3.** Counselling of Leprosy and Sexually transmitted diseases with a compassionate attitude
- C3.4.** Manage effectively all complications of Leprosy and STD's.
- C3.5.** Diagnosis, treatment, rehabilitation and appropriate referral of all Leprosy cases.
- C3.6.** Diagnosis and treatment of sexually transmitted diseases following syndromic management when applicable..
- C3.7.** HIV infection–immuno pathogenesis, diagnosis, treatment and counselling.
- C3.8.** Perform the relevant side lab investigations for diagnosis of Leprosy and STI with knowledge of the various other laboratory investigations for same.

Course 4 (C4): Recent advances and Cutaneous manifestations of system icillnesses.

Objectives: At the end of three years post graduate student should be able to-

- C4.1.** Recognise and manage skin manifestations in systemic diseases.
- C4.2.** Acquire adequate skills in dermatosurgical procedures and LASERS (Nd:YAG, CO 2, IPL).
- C4.3.** Interpretation of investigations like direct immuno fluorescence, nerve biopsy etc
- C4.4.** Demonstrate adequate knowledge of the medicolegal aspects in DVL
- C4.5.** Knowledge of newer tools, latest drugs and procedures in dermatology.
- C4.6.** Understand the responsibilities of adermatologist and importance of ethical practice.

Detailed documentation in medical records, counseling and informed consent for procedures.

Critically appraise medical literature.

5. Mapping of PEO, PO and CO

Programme mapping facilitates the alignment of course - level outcomes with programme outcomes. It allows faculty to create a visual map of a programme. It is also used to explore how students are meeting program - level outcomes at the course level. Outcomes mapping focuses on student learning also.

Table 1. Mapping of PEO, PO and CO

	PEO1					PEO2 &PEO3		PEO4		PEO5
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
C1	Y		Y					Y	Y	
C2	Y	Y		Y	Y	Y	Y	Y		Y
C3			Y	Y	Y	Y	Y	Y		Y
C4				Y			Y	Y	Y	

All courses run currently for 3 years, with a summative assessment at the end.

6. Competencies, Sub-Competencies and Milestones

The postgraduate programme is competency based, consisting of six domains of competency. Sub - competencies under these domains, specific to the speciality, have been mentioned in general terms. The progression through the curriculum is detailed in sub-competency milestone levels that direct the prescribed syllabus. These sub – competency milestones are mapped to the Entrustable Professional Activities (EPAs), identified as essential for a specialist. Formative assessment includes EPA assessment, and is carried out every quarter using appropriate tools, for identifying eligibility for transfer of trust, to the resident.

Domain of Competencies

1. **Medical Knowledge (MK)** - Acquiring Knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, and the application of this knowledge to patient care.
2. **Patient Care/Procedural Skill (PC/PS)** - Demonstrate ability to provide patient – centred care/demonstrate skills required for teaching and conducting research.
3. **System Based Practise (SBP)** - Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care, inculcating quality and economical practices.
4. **Practice Based Learning and improvement (PBLI)** - Demonstrate the commitment to learn by literature search, feedback, practice and improve upon their ability.
5. **Interpersonal Communication skills (IPCS)** - Demonstrate behaviour and skills that result in the effective communication, exchange of information and cooperation with patients, their families, and health professionals
6. **Professionalism (P)**-Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Sub-Competencies Medical Knowledge (MK)

- MK1.General Dermatology
- MK2.Paediatric Dermatology
- MK3.Dermatological Surgery
- MK4.Dermatopathology
- MK5.Application of basic science knowledge to clinical care.

Patient Care/Procedural skill (PC/PS)

- PC1: History, Examination, and Presentation
- PC2: Diagnostic Tests
- PC3: Dermatopathology Application
- PC4: Medical Treatment
- PC5: Pediatric Treatment

- PC6: Surgical Treatment
- PC7: Diagnosis, Management Decisions and Patient Education

System Based Practice

- SBP1. Adapts easily and works effectively in various health care delivery settings and systems
- SBP2. Works effectively within an interprofessional team
- SBP3. Improves health care delivery by identifying system errors and implementing potential systems solutions. Advocates for quality patient care and optimal patient care systems.
- SBP4. Practices cost-conscious care (for patients and populations)

Practice based learning and improvement

- PBLI1. Appraise and assimilate scientific evidence
- PBLI2. Continuously improve through self-assessment of competence
- PBLI3. Integrate quality improvement concepts and activities in practice
- PBLI4. Teach others

Interpersonal communication skills

- ICS1. Communication and rapport with patients and families.
- ICS2. Having Difficult Conversations
- ICS3. Team Member Respect and Care Coordination
- ICS4. Communication and Consultation with Other Physicians
- ICS5. Medical Documentation

Professionalism

- P1. Practices medicine ethically
- P2. Committed to life long learning and improvement
- P3. Patient care is the first priority

Milestone Levels for Sub-competencies Medical Knowledge (MK)

General Dermatology

MK1.GeneralDermatology				
MilestoneLevel1	MilestoneLevel 2	MilestoneLevel 3	MilestoneLevel 4	MilestoneLevel 5
Demonstrates rudimentary knowledge of common skin disorders	<p>In addition to Milestone Level 1 Demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders.</p> <p>Knowledge of dermatological emergencies. Rudimentary knowledge of preventive care and socio-behavioural aspects of dermatological disorders.</p>	<p>In addition to Milestone Level 2 Usually demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders;</p> <p>Demonstrates knowledge of management of dermatological emergencies.</p> <p>Comprehensive understanding of preventive care and the socio-behavioural aspects of common and complex dermatological disorders.</p>	<p>In addition to Milestone Level 3 Demonstrates mastery and ability to teach the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Practices preventive care with a detailed understanding of health care economics and medical ethics.</p>	<p>In addition to Milestone Level 4, Demonstrates knowledge in recent advances.</p> <p>Comprehends adequately to teach others the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Practices preventive care with a detailed understanding of health care economics and medical ethics.</p>

MK2. Paediatric Dermatology				
Milestone Level 1	MilestoneLevel2	MilestoneLevel3	MilestoneLevel4	MilestoneLevel5
Demonstrates rudimentary knowledge of common skin disorders in paediatric patients.	<p>In addition to Milestone Level 1</p> <p>Demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders in paediatric patients,</p> <p>Rudimentary knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.</p>	<p>In addition to Milestone Level 2</p> <p>Usually demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common and complex dermatological disorders in paediatric patients including neonatal dermatoses, birthmarks, vascular anomalies and genetic disorders.</p> <p>Comprehensive knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.</p>	<p>In addition to Milestone Level 3</p> <p>Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex paediatric dermatological disorders, including neonatal dermatoses, birthmarks, vascular anomalies and genetic disorders.</p> <p>Consistently demonstrates knowledge about socio-behavioural aspects and the value of preventive care in paediatric dermatology.</p>	<p>In addition to Milestone Level 4</p> <p>Demonstrates mastery and ability to teach the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex paediatric dermatological disorders.</p> <p>Practices preventive care in paediatric dermatology.</p>

MK3. Dermatological Surgery				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Demonstrates knowledge of the basic concepts of antisepsis, pharmacokinetics of local anaesthesia, and wound healing, including management of clean wounds and signs of infection.</p> <p>Recognizes the reasons for protocol-driven procedural safety, including universal precautions and informed consent.</p>	<p>In addition to Milestone Level 1</p> <p>Demonstrates knowledge of suture material used in skin and complex concepts of wound healing, including chronic ulcers and other complex wounds</p> <p>Demonstrates knowledge of topical anatomy and relevant underlying structures</p> <p>Recognizes potential relevant drug reactions and interactions related to dermatology</p> <p>Demonstrates knowledge of relevant oral sedatives, analgesics, including narcotics</p> <p>Recognizes the pathology of skin cancer and how it impacts surgical decision making.</p>	<p>In addition to Milestone Level 2</p> <p>Demonstrates knowledge of tissue biomechanics and optimal wound closure, including the design of flaps and grafts</p> <p>Demonstrates mastery in identifying topical anatomy and relevant underlying structures</p> <p>Demonstrates knowledge of the science of device-tissue interaction for commonly used tools in dermatology, including liquid nitrogen, electro-surgical devices, and LASER physics.</p> <p>Demonstrates knowledge of the concepts and principles of non-invasive cosmetic procedures, such as botulinum toxin injections, soft tissue augmentation,</p>	<p>In addition to Milestone Level 3</p> <p>Demonstrates knowledge of the methodology of procedures such as Mohs micrographic surgery, soft tissue augmentation, botulinum toxin injections, and LASER's.</p> <p>Demonstrates knowledge of the methodology and science associated with invasive cosmetic dermatologic procedures, such as LASER resurfacing, hair transplantation, and liposuction.</p>	<p>In addition to Milestone Level 4</p> <p>Demonstrates mastery of and teaches the indications, cost-effectiveness, and efficient execution of all steps in basic cutaneous surgical procedures, including biopsy, excision, electrosurgery, cryosurgery, vascular lasers, and simple, intermediate or complex repairs, including flaps and grafts.</p> <p>Demonstrates mastery of and teaches the indications, cost-effectiveness of Mohs micrographic surgery, and performs this procedure at the level of someone with advanced training in procedural dermatology</p> <p>Demonstrates mastery of and teaches the indications appropriate for a diversity of cosmetic dermatologic procedures,</p>

	Recognizes the indications for pre and post- operative antibiotic use.	And some light-based therapies.		and performs these procedures at the level of someone with advanced training in procedural dermatology
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MK4. Dermato pathology				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Identifies basic histology of the skin and inflammatory cells.	<p>In addition to Milestone Level 1 Recognizes histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Occasionally identifies histopathologic findings of common skin disorders correctly</p> <p>Formulates a limited differential diagnosis of pathologic findings</p> <p>Demonstrate knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies. Demonstrates knowledge of relevant special stains.</p>	<p>In addition to Milestone Level 2 Usually identifies histopathologic findings of common skin disorders correctly; Occasionally identifies less common disorders correctly.</p> <p>Formulates an expanded differential diagnosis for inflammatory and non-inflammatory disorders.</p> <p>Recognizes histologic features of most benign and malignant cutaneous tumours. Demonstrates knowledge of the indications and cost of special stains, immunofluorescence, and immunohistochemistry</p>	<p>In addition to Milestone Level 3 Consistently identifies histopathologic findings of uncommon skin disorders correctly.</p> <p>Formulates an exhaustive differential diagnosis for inflammatory and non-inflammatory disorders.</p> <p>Correctly identifies histologic features of benign and malignant cutaneous tumours.</p>	<p>In addition to Milestone Level 4 Recognizes and appraises the limitations of the laboratory processes.</p> <p>Consistently uses histology correctly to diagnose most cutaneous tumours and inflammatory disorders.</p> <p>Consistently uses special stains, immunofluorescence and immunohistochemistry in relevant cases.</p>

MK5. Application of basis science knowledge to clinical care.

Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Demonstrates rudimentary knowledge of basic science relevant to dermatologic conditions.</p> <p>Needs frequent guidance in applying basic science knowledge to dermatologic disorders</p>	<p>In addition to Milestone Level 1</p> <p>Occasionally applies basic science knowledge to dermatologic disorders</p>	<p>In addition to Milestone Level 2</p> <p>Usually applies basic science knowledge to dermatological disorders.</p> <p>Occasionally formulates clinical questions raised by new basic science information</p>	<p>In addition to Milestone Level 3</p> <p>Consistently demonstrates ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Usually formulates clinical questions raised by new basic science information</p>	<p>In addition to Milestone Level 4</p> <p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>

Patient Care / Procedural Skill - PC/PS

PC1: History, Examination, and Presentation				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>With guidance, consistently able to identify key historical or physical examination findings and recognize their significance</p> <p>Consistently demonstrates use of basic dermatologic terminology, but often needs guidance with precise description of skin disease morphology</p> <p>Presentations are often unfocused.</p>	<p>Consistently obtains accurate, targeted history and examination for routine conditions efficiently; needs guidance with subtle or complex findings.</p> <p>Usually gives a targeted presentation using appropriate terminology and providing pertinent negatives</p>	<p>Consistently able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>	<p>Consistently identifies information and subtle clinical patterns to diagnose complex disorders</p>	<p>Role models and teaches how to obtain a history and physical examination and is regularly sought out by other members of the health care team.</p> <p>Teaches presentation techniques and demonstrates mastery of descriptive language.</p>

PC2: Diagnostic Tests				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Occasionally able to perform and interpret in-office tests, such as KOH preparations and scrapings for ecto parasites	Usually performs in-office tests proficiently Consistently selects clinically appropriate laboratory and imaging tests	Consistently performs in-office tests proficiently and interprets results correctly Consistently and accurately interprets laboratory and imaging test results	Teaches junior learners to accurately interpret laboratory and imaging test results, including the selection of tests that are evidence-based and cost-effective	Is a role model for the performance and interpretation of in-office tests Ensures that appropriate regulatory processes are in place for performing in-office tests

PC3: Dermatopathology Application				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Seeks clinicopathologic correlation Ensures accurate completion of pathology requisition forms	Usually interprets and applies findings to clinical care accurately for common neoplasms Reviews own biopsy slides	Usually interprets and applies finding to clinical care accurately, including for uncommon neoplasms and common inflammatory dermatoses Usually interprets the results of special stains	Consistently interprets and correlates specimens accurately Articulates the limitations and challenges of dermatopathological interpretation	Performs at the level of someone with advanced training in dermatopathology and teaches clinicopathologic correlation

PC4:Medical Treatment				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Consistently able to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring	<p>Usually selects appropriate medications for common dermatologic disorders.</p> <p>Consistently selects correct vehicle and quantity for topical medications.</p> <p>Consistently prescribes and manages systemic medications for common dermatologic disease.</p> <p>Usually recognizes common and serious side effects, but needs direct input in ordering monitoring tests</p>	<p>Consistently selects appropriate medication and changes to medical therapy and usually selects appropriate systemic medication for management of complex diseases.</p> <p>Consistently monitors for side effects, including ordering appropriate tests</p>	Usually able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy	Role models appropriate medical management

PC5:Pediatric Treatment				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Seeks to integrate age and developmental status when managing or evaluating children	<p>Occasionally integrates age, development status, and psychosocial factors into care.</p> <p>Consistently uses weight-based dosing with guidance when prescribing medications for children.</p> <p>Consistently performs simple procedures on children with guidance.</p> <p>Seeks input on medicolegal issues (e.g.,prescribing to unaccompanied minors, child abuse)</p>	<p>Usually integrates age, development status, and psychosocial factors into care of common disorders.</p> <p>Consistently uses weight-based dosing when prescribing medications for children.</p> <p>Consistently performs simple procedures on children independently</p>	<p>Consistently integrates age, development status, and psychosocial factors into care of patients with common, uncommon, and complex disorders.</p> <p>Consistently counsels patients and families with certain disorders, such as birth marks and genodermatoses</p>	Performs at the level of someone with advanced training in pediatric dermatology and serves as a role model

PC6:Surgical Treatment				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Consistently implements universal precautions, obtains informed consent for biopsy, performs antisepsis, and administers local anesthesia for common procedures.</p> <p>Consistently demonstrates proficiency in basic procedures such as cryotherapy and biopsy.</p> <p>Consistently completes documentation for basic surgical procedures</p>	<p>Consistently able to assess and counsel patients for basic procedures.</p> <p>Usually able to perform pre-operative assessment and to set up surgical instrumentation.</p> <p>Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Consistently able to manage post-operative care and minor complications</p>	<p>Consistently able to assess and counsel patients for advanced procedures, such as Mohs micrographic surgery and laser therapy; able to assess patients for minimally invasive cosmetic dermatologic procedures.</p> <p>Usually able to prepare a patient for advanced procedures (e.g., use of pre- and post-operative antibiotics, sedatives, and narcotics; choice of appropriate anesthetic agent, including arrangement for general anesthesia if required).</p> <p>Consistently performs basic procedures, such as malignant destruction and excision sutured by layered closure.</p>	<p>Usually able to assess patients for invasive cosmetic procedures, such as laser resurfacing, hair transplantation, and liposuction.</p> <p>Consistently able to surgically treat most skin cancers by demonstrating knowledge of relevant anatomy to guide intra-operative surgical decision-making</p>	<p>Serves as a role model in performing basic and advanced procedures with consistent high-quality outcomes with low complication rates.</p> <p>Performs at the level of someone with advanced training in procedural dermatology.</p>

PC7. Diagnosis, Management Decisions and Patient Education				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Consistently formulates a limited differential diagnosis, but usually needs guidance in prioritizing diagnoses.</p> <p>Occasionally able to formulate an appropriate management plan for common disorders, but usually needs guidance.</p>	<p>Consistently develops a differential diagnosis that includes common disorders and some more complex conditions and only occasionally needs guidance for prioritization.</p> <p>Occasionally counsels patients about prevention, disease expectations, treatment, and longitudinal care.</p> <p>Usually able to formulate appropriate management plans for patients with common disorders, including longitudinal continuity care.</p> <p>Usually suggests appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Usually educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Consistently tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>	<p>Consistently and independently educates patients.</p> <p>Consistently makes independent management decisions, including customizing care in the context of patient preferences, overall health, and ability to comply</p>	<p>Models and teaches development of a comprehensive and weighted differential diagnosis</p> <p>Role models patient education, including ensuring that current, high-quality patient education is available in the practice setting</p> <p>Models management decision-making and actively seeks to improve) Actively seeks new opportunities for utilization of external resources</p>

System based practice (SBP)

SBP1. Adapts easily and works effectively in various health care delivery settings and systems				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Completes all required tasks for residency and first rotation site orientation.</p> <p>Articulates health care missions at participating sites</p>	<p>Uses electronic health record (EHR) efficiently and independently.</p> <p>Adapts to clinical work in different sites and healthcare systems (e.g., VA, university medical center).</p> <p>Maintains access to all needed systems Identifies target patient populations, and the differences in demographics and needs of these populations at each participating site.</p> <p>Accesses support services appropriately at different practice sites.</p>	<p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care).</p> <p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p>	<p>Recognizes the differences between a system change and a work-around (a bypass of a recognized system fault that attempts to improve efficiency).</p> <p>Identifies at least one work-around, explores opportunities for change, and when possible, takes steps to improve the system fault that in citedit</p>	<p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p>

SBP2. Work effectively with in an inter professional team				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Identifies members of the team who coordinate patient care.</p> <p>Describes own role as member of the health care team</p>	<p>Uses and consults with other health care providers in coordination of patient care.</p> <p>Appropriately communicates and coordinates care with the primary care and/or referral provider (s).</p> <p>Describes unique contributions (knowledge, skills, and attitudes) of other health care professionals, and seeks their input for appropriate issues.</p> <p>Describes the use of checklists and briefings to prevent adverse events in health care; recognizes the roles of team members And participates in briefings.</p>	<p>Delegates tasks appropriately to members of the health care team.</p> <p>Attends and contributes to academic department/division retreats (or similar organizational venue), as well as to clinic team/staff meetings at participating sites.</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure time outs) in health care activities</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team.</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p>	<p>Leads an interdisciplinary team</p>

SBP3. Improves health care delivery by identifying system errors and implementing potential systems solutions. Advocates for quality patient Care and optimal patient care systems.

Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
	<p>Participates in discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of institutional risk-management resources available.</p> <p>Begins to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Begins to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or Providers in other specialties)</p>	<p>Leads discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of the intersection of the legal system and health care system in the context of medical errors.</p> <p>Consistently identifies the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Consistently advocates for optimal patient care in the setting of interdisciplinary interactions</p>	<p>Consistently encourages open and safe discussion of error, and begins to identify and analyze error events</p>	<p>Consistently encourages open and safe discussion of errors, and characteristically identifies and analyzes error events, habitually approaching medical errors with a system solution methodology.</p> <p>Actively and routinely engages with teams and processes through which systems are modified to prevent medical errors</p> <p>Advocates to improve patient care provided by health care, social, community, and governmental systems, including for vulnerable populations</p>

SBP4. Practices cost-conscious care (for patients and populations)				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
	<p>Demonstrates knowledge of how a patient's health care is paid for, and how this affects the patient's care.</p> <p>Articulates awareness of costs for common diagnostic or therapeutic tests, including the cost of performing and interpreting skin biopsies.</p> <p>Considers cost of medical and surgical therapies and incorporates this into therapy decisions and discussions with the patient.</p> <p>Demonstrates awareness of minimizing unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters Usually applies principles</p>	<p>Articulates awareness of common socio-economic barriers that impact patient care.</p> <p>Articulates understanding of how cost-benefit analysis is applied to patient care (i.e., via principles of screening tests and the development of clinical guidelines).</p> <p>Identifies the role of various health care take holders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care.</p> <p>Consistently applies principles of coding (ICD-9/10) and reimbursement</p>	<p>Articulates an awareness of current debates/issues of health care financing and how it will affect patients, providers, third party payers, and others take holders Identifies inherent biases of interactions with pharmaceutical and medical device industries.</p> <p>Demonstrates the incorporation of cost-awareness principles into standard clinical judgments and decision-making</p>	<p>Demonstrates the incorporation of cost-awareness principles into complex clinical scenarios</p>

Practice Based Learning and Improvement

PBLI1. Appraise and assimilate scientific evidence				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>When directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Navigates electronic databases of indexed citations and abstracts to medical sciences journal articles.</p> <p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study.</p> <p>Provides appropriate reference lists for prepared hand-outs or other program-specific assignments</p>	<p>Without being directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Identifies critical threats to study validity and generalizability when reading research papers or study synopsis.</p> <p>Identifies well conducted research that impacts patient care.</p> <p>Actively participates by leading article review discussion and by asking appropriate questions during journal club/journal review activities</p>	<p>Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task.</p> <p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines.</p> <p>Critically evaluates information from others, including colleagues, experts, industry representatives, and patients.</p> <p>Summarizes complex medical topics through effective information synthesis and presentation of material within allotted time</p>	<p>Incorporates principles and basic practices of evidence-based practice and information mastery into clinical practice.</p> <p>Identifies alternative resources to answer clinical questions (e.g., microbiology lab director, E&M coding guidelines, Medicare policies, CDC reporting requirements)</p>	<p>Independently teaches and assesses evidence-based medicine and information mastery techniques.</p> <p>Cites evidence supporting several common practices in his or her practice</p>

PBLI2. Continuously improve through self-assessment of competence				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Usually asks for feedback.</p> <p>Relies on teachers and colleagues for immediate information needs</p>	<p>Consistently asks for feedback.</p> <p>Reviews feedback acknowledges gaps in personal knowledge and expertise and uses feedback/assessments to develop learning plans with some assistance.</p> <p>Remains open to criticism of performance, avoids defensiveness or denial of constructive criticisms received.</p> <p>Participates in the collection and analysis of program-specific resident competency data (e.g., patient logs, procedure logs, and treatment logs).</p> <p>Identifies the process for incident and error reporting in the institution.</p>	<p>Self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Identifies, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies</p>	<p>Performs mostly self-directed learning, integrating multiple feedback and assessment sources, with little external guidance.</p> <p>Demonstrates an effective method, system, or process for staying current with relevant changes in clinical dermatology and dermatology medical knowledge.</p> <p>Identifies personal gaps in achieving necessary or desired aspects of residency education and communicates these with program director</p>	<p>Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas.</p> <p>Demonstrates an effective method, system, or process for staying current with relevant changes in dermatology health policy and practice management.</p> <p>Regularly completes self-assessments of medical knowledge gaps relevant to practice and patient population</p>

PBLI3. Integrate quality improvement concepts and activities in practice				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Identifies problems in health care delivery and sees the quality gap in care	<p>Identifies the basic processes involved in quality improvement.</p> <p>Identifies deviations from standards of dermatologic care (e.g., identifies when guidelines of care were not followed, and when over- or under-utilization of diagnostic testing and therapy has occurred).</p> <p>Identifies some Stake holders involved in quality gaps</p>	<p>Reviews local gaps in quality and identifies systems and human errors that contribute to gaps in quality.</p> <p>Critically appraises current or proposed quality improvement interventions.</p> <p>Participates in quality improvement activities.</p> <p>Defines and constructs process and outcome measures</p>	Assesses outcomes of quality improvement efforts and applies these towards continuous quality improvement	Continues to engage in innovative quality improvement activities.

PBLI4. Teach others				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Provides education on a few basic dermatology topics to patients and other learners.</p> <p>Actively participates in conferences</p>	<p>Creates presentations that in corporate digital images.</p> <p>Able to synthesize medical topics, with some help, for presentations</p>	<p>Summarizes complex medical topics through effective information synthesis and presentation of material.</p> <p>Actively participates in activities designed to develop and improve teaching skills. Seizes the teachable moment with others in the clinical setting</p>	<p>Assumes a significant role in clinically teaching learners.</p> <p>Presents information in a well-rehearsed, confident manner within the allotted time. Seeks and receives feedback on clinical teaching and assesses this information to determine areas for teaching improvement.</p>	<p>Continues to teach others, including non-dermatology providers, about dermatology.</p> <p>Seeks feedback on teaching others, and in corporates plan to address areasfor teaching improvement</p>

Interpersonal Communication Skills

ICS1. Communication and rapport with patients and families.				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Describes the concepts of communication in the clinical setting, but usually needs guidance in using them to build rapport in encounters with patients and families.</p> <p>Begins to demonstrate sensitivity to socio-cultural practices</p>	<p>Usually communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Occasionally recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p>	<p>Educates junior learners and ancillary staff members in, and models adherence to, institutional and departmental policies and procedures, proper use of social media, equitable and empathic treatment of all patients, and maintaining patient confidentiality.</p> <p>Adheres to state, institutional, and professional guidelines regarding physician relationships with industry</p>	<p>Demonstrates ethical and professional behavior and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry.</p> <p>Has achieved sufficient self-awareness and understanding to manage work-life balance, and to recognize signs of impairment, mental illness, substance abuse, or burnout in oneself or one's colleagues to take appropriate action.</p>	<p>Adheres to federal and state regulations regarding digital privacy, HIV privacy, access to medical records, and records storage.</p> <p>Avoids inappropriate or problematic relationships with patients, staff members, residents, and students.</p> <p>Does not engage in misleading statements or puffery or use false testimonials when promoting his or her practice.</p> <p>Bills honestly, avoiding</p>

	<p>Counsels and written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension.</p> <p>Identifies special communication needs of vulnerable populations (e.g., pediatric and elderly patients, persons with disabilities or illiteracy, immigrants, refugees, veterans, prisoners); appropriately uses translators to facilitate communication with Patients and families.</p> <p>Demonstrates appropriate face-to-face interaction while using the electronic health record or completing the patient health record.</p>			<p>dishonest upcoding or inflated documentation.</p>
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ICS2. Having Difficult Conversations				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Describes the general approach to difficult conversations with patients and families, but usually needs guidance to recognize these situations and respond appropriately	<p>Recognizes the circumstances related to having difficult conversations with patients and families.</p> <p>Begins to effectively communicate in routine clinical situations, but requires guidance in complex or unusual circumstances</p>	Usually communicates effectively in difficult conversations with patients and families, including some complex or unusual circumstances	<p>Consistently communicates effectively in difficult conversations with patients and families in routine and complex circumstances.</p> <p>Customizes communication of emotionally difficult information for patients and families</p>	<p>Role models an effective and sensitive approach to difficult conversations with patients and families.</p> <p>Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to effectively handle difficult conversations in complex or unusual circumstances.</p>

ICS3. Team Member Respect and Care Coordination				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Recognizes the importance of the other members of the health care team and the need to communicate in ways that show appreciation for the skills and contributions of other professionals.	Communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations but requires guidance in difficult or contentious situations.	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contribution in routine situations, occasionally requiring guidance in difficult or contentious situations.	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine and difficult or contentious situations.	<p>Role models communication that shows appreciation for all members of the health care team, including in difficult or contentious situations.</p> <p>Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to communicate effectively in a team-based approach to care.</p>

ICS4. Communication and Consultation with Other Physicians				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Begins to recognize situations where consultation is needed, and the importance of effective communication with supervisors, consultants, and referring health care providers</p>	<p>Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances. Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers.</p>	<p>Consistently obtains and provides consultation and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine patient care situations, occasionally needing guidance in complex or nuanced situations.</p> <p>Communicates effectively with medical students, peers, and faculty members in a variety of formal and informal educational settings Provides both positive and negative feedback, as appropriate, when mentoring other physicians.</p> <p>Consistently respectful of the opinions of colleagues, and works to resolve conflicts through proper channels and communication</p>	<p>Consistently obtains and provides consultation independently, and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine and complex or nuanced patient care situations</p> <p>Promotes care coordination and on going communication with other providers</p>	<p>Role models coordination and on going communication with supervisors, consultants, and referring providers.</p> <p>Is regularly sought out by junior learners, peers, and other members of the health care team for his or her skill in functioning effectively both as a consultant and as a consultant</p>

ICS5. Medical Documentation				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Recognizes the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Recognizes that accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently documents office visits, consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations, but occasionally needs assistance with complex situations.</p> <p>Ensures that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing Confusion and error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine And complex situations</p>	<p>Provides some examples of the medicolegal repercussions of in appropriate medical record documentation</p>	<p>Serves as role model and consultant for, junior learners, peers, and other members of the health care team inpatient record documentation</p>

Professionalism

P1 Practices medicine ethically				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Truthfully documents and reports clinical information.</p> <p>Reads and abides by formal policies and procedures</p> <p>Maintains confidentiality of protected health information.</p> <p>Understands dermatologists' legal obligation to patients, and consistently places patient care needs above self-interest</p>	<p>Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.</p> <p>Adheres to the honor code and policies regarding academic honesty in preparing for and taking the post-graduation examinations.</p> <p>Displays academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Performs all human subjects research in accordance with federal, state, and institutional regulations and guidelines.</p> <p>Understands the actions and relationships that constitute interest in publications and presentations.</p>	<p>Educates junior learners and ancillary staff members in, and models adherence to institutional and departmental policies and procedures, proper use of social media, equitable and empathic treatment of all patients, and maintaining patient confidentiality.</p> <p>Adheres to state, institutional, and professional guidelines regarding dermatologists' relationships with industry</p>	<p>Demonstrates ethical and professional behavior and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry.</p> <p>Has achieved sufficient self-awareness and understanding to manage work-life balance, and to recognize signs of impairment, mental illness, substance abuse, or burnout in oneself or one's colleagues to take appropriate action</p>	<p>Adheres to national and state regulations regarding digital privacy, HIV privacy, access to medical records, and records storage.</p> <p>Avoids inappropriate or problematic relationships with patients, staff members, residents, and students.</p> <p>Does not engage in misleading statements or puffery or use false testimonials when promoting his or her practice.</p> <p>Bills honestly, avoiding dishonest upcoding or inflated documentation</p>

	<p>Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either in appropriate or illegal.</p> <p>Responds promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records); carries out timely interactions with colleagues, patients, and their designated care givers; promptly completes clinical, administrative, and curricular tasks</p> <p>Recognizes, manages, and discloses obvious conflicts of Interest in publications and presentations.</p> <p>Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal.</p>			
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P2. Committed to lifelong learning and improvement				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Aware of personal errors.</p> <p>Usually elicits feedback from faculty members.</p> <p>Explains how team work benefits patient care.</p> <p>Requires direction in determining what is important in learning goals</p>	<p>Admits to limitations and personal errors and knows when and whom to ask for help.</p> <p>Accepts constructive feedback and strives to improve.</p> <p>Explains the concept to fledging by example.</p> <p>Lists and organizes the topics and subtopics that must be learned for patientcare and to pass the post-graduation examination</p>	<p>Develops self-improvement plan to address limitations and personal errors.</p> <p>Provides feedback to junior residents and medical students.</p> <p>Assumes leadership role among the resident group (e.g., as chief resident, project manager); serves as a role model for junior residents.</p> <p>Lists gaps of knowledge and devises plan for improvement</p>	<p>Assists junior residents in recognizing their own limitations.</p> <p>Describes key elements in how to provide effective feedback.</p> <p>Describes the fundamental skill set for effective leadership.</p> <p>Capable of passing the post- graduation examination</p>	<p>Mentors residents/new graduates on how to recognize limitations and develop self-improvement plans.</p> <p>Effectively provides feedback to peers, office staff, and other learners.</p> <p>Takes a leadership role within the practice/department or in regional, state, or national organizations.</p> <p>Understands the Degree program, and fulfils MCI requirements.</p>

7. Syllabus

Course1 (C1) Allied basic medical science

- The structure, functions and development of human skin.
- Ultra structural aspects of epidermis, epidermal appendages, dermo-epidermal
 - junction, dermis, and sub-cutis.
- Immunology, molecular biology and genetics in relation to the skin.
- Epidermal cell kinetics and keratinization.
- Lipids of epidermis and sebaceous glands.
- Percutaneous absorption.
- Skin as an organ of protection and thermo regulation.
- Biology of eccrine and apocrine sweat glands.
- Biology of melanocytes and melanin formation.
- Biology of hair follicles, sebaceous glands and nails.
- Epidermal proteins.
- Dermal connective tissue: collagen, elastin, reticulin, basement membrane and
 - Ground substance.
- Metabolism of carbohydrates, proteins, fats and steroids by the skin.
- Cutaneous vasculature and vascular reactions.
- Mechanism of cutaneous wound healing.
- Cellular and molecular biology of cutaneous inflammation and arachidonic acid metabolism.
- Immunologic aspects of epidermis.
- Human leukocyte antigen (HLA) system.
- Immunoglobulins.
- Cytokines and chemokines.
- Lymphocytes, neutrophils, eosinophils, basophils and mast cells.
- Complement system.
- Hypersensitivity and allergy.
- Cutaneous carcinogenesis (chemical, viral and radiation).
- Basics of cutaneous bacteriology, mycology, virology, parasitology and host resistance.
- Common laboratory procedures, stains, culture media etc. related to the cutaneous diagnosis.
- Basic pathologic patterns and reactions of skin.

- Common laboratory stains and procedures used in the histopathologic diagnosis of skin diseases and special techniques such as immuno fluorescence, immuno peroxidase and other related techniques.
- History of dermatology, leprosy and STD
- Histopathological examination of skin and general principles
- Diagnosis of skin diseases
- Health economics and skin diseases
- Adverse Immunological Reactions to Drugs
- Principles of Measurement and Assessment in Dermatology

Course 2 (C2) General dermatology and Tropical Dermatology (including principles of diagnosis and therapeutics)

Clinical dermatology

- Epidemiology of cutaneous disease.
- Principles of Evidence-based Dermatology
- Psychologic aspects of skin disease and psycho-cutaneous disorders
- Pathophysiology and clinical aspects of pruritus.

Papulosquamous diseases

- Psoriasis, pityriasisrubrapilaris, pityriasisrosea
- Parapsoriasis, lichenplanus, lichennitidus.
- Palmo-plantarkeratodermas, Darier's disease, porokeratosis.
- Ichthyoses and ichthyosi form dermatoses.
- Kyrle's disease and other perforating disorders

Vesiculo-bullous disorders

- Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermalnecrolysis.
- Bullouspemphigoid, Pemphigus.
- Chronicbullous disease of childhood.
- Herpesgestationis (pemphigoidgestationis).
- Hereditary epidermoly sisbullosa.
- Epidermoly sisbullosa acquisita.
- Dermatitisherpetiformis.
- Familialbenignpemphigus.
- Sub corneal pustular dermatoses.
- Pustular eruptions of palmsandsoles.

Disorders of epidermal appendages and related disorders

- Disorders of hair and nails.
- Disorders of sebaceous glands. Rosacea, Perioraldermatitis, acne.
- Disorders of eccrine and apocrine sweat glands.
- Follicular syndromes within inflammation and atrophy.
- Precancerous lesions, squamous cell carcinoma and basal cell carcinoma
- Keratoacanthoma, benign epithelial tumours, appendageal tumours
- Merkel cell carcinoma, Paget's disease

Disorders of melanocytes

- Disorders of pigmentation, albinism, benign neoplasia and hyperplasias of melanocytes, dysplastic melanocytic nevi, cutaneous malignant melanoma.

Inflammatory and neoplastic disorders of the dermis

- Acute febrile neutrophilic dermatosis (Sweet's syndrome)
- Erythema elevatum diutinum
- Cutaneous eosinophilic diseases
- Granuloma faciale
- Pyoderma gangrenosum
- Erythema annulare centrifugum and other figurate erythemas
- Granuloma annulare
- Malignant atrophic papulosis (Degos' Disease)
- Neoplasms, pseudoneoplasms and hyperplasias of the dermis
- Vascular anomalies
- Kaposi's Sarcoma
- Anetoderma and other atrophic disorders of the skin
- Ainhum and pseudoainhum
- Neoplasias and hyperplasias of neural and muscular origin
- Elastosis perforans serpiginosa and reactive perforating collagenosis, lymphomas, pseudolymphomas and related conditions

Disorders of subcutaneous tissue

- Panniculitis
- Lipodystrophy
- Neoplasms of the subcutaneous fat

Disorders of the mucocutaneous integument

- Biology and disorders of the oral mucosa
- Disorders of the anogenitalia of males and females

Cutaneous changes in disorders of altered reactivity

- Genetic immunodeficiency diseases
- Urticaria and Angioedema

- Disorders associated with complement abnormalities
- Graft-versus-host Disease
- Mucocutaneous manifestations in immunosuppressed host other than HIV-infection
- Contact dermatitis
- Auto-sensitization dermatitis
- Atopic dermatitis (atopic eczema)
- Nummular eczematous dermatitis
- Seborrheic dermatitis
- Vesicular palmoplantareczema

Skin changes due to mechanical and physical factors

- Occupational skin disease
- Radiobiology of the skin
- Skin problems in amputee
- Sports dermatology
- Skin problems in warfield
- Decubitusulcers

Photo medicine, photo biology and photo immunology in relation to skin

- Acute and chronic effects of ultra violet radiation and sunlight on the skin
- Narrow-band ultra violet B(NBUVB) therapy, phototherapy, photo chemotherapy, photodynamictherapy

Disorders due to drugs and chemical agents

- Cutaneous reactions to drugs
- Mucocutaneous complications of anti-neoplastic therapy
- Cutaneous manifestations of drug abuse

Dermatology and the ages of man

- Neonatal dermatological problems
- Paediatric and adolescent dermatological problems
- Ageing of skin
- Geriatric dermatological problems

Bacterial diseases with cutaneous involvement

- General considerations of bacterial diseases
- Pyodermas:Staphylococcus aureus, Streptococcus, and others
- Staphylococcal Scalded-Skin syndrome
- Soft Tissue Infections: Erysipelas, Cellulitis, Septicemia and Gangrenous Cellulitis
- Gram-Negative Coccal and bacillary infections
- Bartonellosis

- Miscellaneous bacterial infections with cutaneous manifestations
- Tuberculosis and other mycobacterial infections
- Actinomycosis, Nocardiosis, and Actinomycetoma
- LymeBorreliosis
- Kawasaki Disease

Fungal diseases with cutaneous involvement

- Superficial fungal infection: Dermatophytosis, TineaNigra, Piedra
- Yeast Infections: Candidiasis, Pityriasis (Tinea) Versicolor
- Deep Fungal Infections

Viral and rickettsial disease

- Viral Diseases: general consideration
- Rubella (German Measles)
- Measles
- Hand, Foot and Mouth Disease
- Herpangina
- Erythema Infectiosum and Parvovirus B19 infection
- Herpes simplex
- Varicella and Herpes Zoster
- Cytomegalo virus Infection
- Epstein-Barr Virus Infections
- Human Herpes virus 6 & 7 infections and Exanthemsubitem (Roseola Infantumor Sixth Disease)
- Smallpox and Complications of smallpox vaccination
- Contagious Pustular Dermatitis, Contagious Ecthyma:Orfvirus infection
- Molluscum Contagiosum
- Milker's Nodules
- Warts
- Human Retroviral Disease: Human T-Lymphotropic viruses

Therapeutics

- Principles of Holistic Management of Skin Disease
- Topical therapy
 - Pharmaco kinetics principles in topical applications of drugs.
 - Principles of topical therapy.
- Topical agents
 - Glucocorticoids, Acnetherapies, Analgesics, Anaesthetics, Anti-inflammatory, Anti hair loss, Anti-microbial, Anti-parasitic, Anti-perspirants, Anti-pruritic, Anti-viral, Astringents, Bleaching agents, Keratolytics,

Psoriasis therapies, Wart therapies, Topical Retinoids, Topical Antibiotics, Topical Anti-fungal Agents, Sun-protective Agents, Keratolytic Agents, Topical Cytotoxic Agents, Cosmetics and Skin care in practice.

- Systemic therapy
 - Principles and pharmacokinetics of systemic drugs.
 - Systemic glucocorticoids, Sulfones, Aminoquinolines, Cytotoxic and Antimetabolic Agents, Oral Retinoids, Antihistamines, Antibiotics, Antiviral Drugs, Oral Antifungal Agents, Immunosuppressive and Immunomodulatory drugs, Thalidomide, photo-chemotherapy and phototherapy, electric cauterization, cryotherapy, electrolysis, tattooing, intra-lesional injections etc.

Course3 (C3) Sexually transmitted diseases, Leprosy and Public Health Dermatology

Venereology

- Clinical approach to the patient of sexually transmitted disease
- Anatomy of male and female genitalia
- Epidemiological aspects of STDs
- Viral STDs including HIV, Herpes, Human Papilloma virus (HPV), Molluscum contagiosum etc.
- Bacterial STD's: Syphilis, Gonorrhoea, Chancroid, Donovanosis
- Chlamydial infections: Lymphogranuloma venereum, urethritis, cervicitis
- Non gonococcal urethritis (NGU), non-specific vaginitis etc.
- Fungal: Candidiasis
- Protozoal: Trichomoniasis
- Ectoparasitic: Scabies, Pediculosis infestations.
- Syndromic management of STDs
- HIV/AIDS - Epidemiology, transmission, patient load, High risk groups, cutaneous manifestations of HIV, treatment of opportunistic infections, antiretroviral therapy, management of STDs in HIV positive cases
- STDs in reproductive health and Paediatrics
- STDs and HIV
- Prevention, counseling and education of different STDs including HIV
- National Control Programmes of STDs and HIV infection
- Medico-legal, social aspects of STDs including psychological and behavioural abnormalities in STD patients
- Historical aspects of Sexually Transmitted Infections
- Sexual Behavior and Sexually Transmitted infections
- Condoms and other Barrier methods of STI and HIV prevention
- Genital Mucosal Immunity Against Sexually Transmitted Infections

- Microbicides
- Legal aspects in STD and HIV
- Sexuality and education for young people

Leprosy

- History of Leprosy in India: A Historical overview from Antiquity to the introduction of MDT
- Epidemiological aspects
- Global Leprosy situation: Historical perspective, Achievements, Challenges and future steps
- Structure, biochemistry, microbiology of Mycobacterium leprae
- Naturally occurring Leprosy: Mycobacterium leprae and other environmental mycobacteria in Nature
- Animal models
- Pathogenesis
- Classification
- Immunology and molecular biological aspects
- Approach to the patient with leprosy
- Clinical features
- Methods of Nerve examination
- Reactions
- Systemic involvement (Ocular, bone, mucosa, testes and endocrine etc.)
- Pregnancy and leprosy
- Histopathology and diagnosis including laboratory aids
- Immunogenetics of Leprosy
- Biochemical Aspects of Leprosy
- Serological and molecular diagnosis of leprosy
- Structure Electro physiological and Ultrasonographics studies of Peripheral Nerve
- Pathomechanisms of Nerve Damage
- Chemotherapy: Development and evolution of WHO-MDT and Newer treatment regimens
- Chemoprophylaxis in Leprosy
- Leprosy vaccine: Immunoprophylaxis and Immunotherapy

Course 4 (C4) Recent advances and Cutaneous manifestations of systemic illnesses

Skin lesions in nutritional metabolic and heritable disorders

- Cutaneous changes in nutritional disease
- Acrodermatitis enteropathica and other zinc deficiency disorders

- Cutaneous changes in errors of aminoacid metabolism: TyrosinemiaII, phenyl ketonuria, argininesuccinicaciduria, and alkaptonuria
- Amyloidosis of the skin
- Theporphyrias
- Xanthomatos is and lipo protein disorders
- Fabry's Disease; galactosidase - a deficiency (Angiokerato macorporis diffusum universale)
- Lipidproteinosis
- Cutaneous mineralization and ossification
- Heritable disorders of connective tissue with skin changes
- Heritable disease with increased sensitivity to cellular injury
- Basal cell Naevus syndrome

Skin manifestations of hematologic disorders

- Skin changes in haematological disease
- Langerhans cell and other cutaneous histiocytosis
- The Mastocytosis syndrome

Skin manifestations of systemic disease

- The skin and disorders of the alimentary tract
- The hepatobiliary system and the skin
- Cutaneous changes in renal disorders, cardiovascular, pulmonary disorders and endocrinal disorders
- Skin changes and diseases in pregnancy
- Skin changes in the flushing disorders and the carcinoid syndrome

Skin manifestations of rheumatologic disease

- LupusErythematosus
- Dermatomyositis
- Scleroderma
- Systemic Necrotizing Arteritis
- Cutaneous Necrotising vasculitis
- Cryoglobulinemia and Cryofibrinogenemia
- Relapsing Polychondritis
- Rheumatoid Arthritis, Rheumatic Fever and Gout
- Sjogren's syndrome
- Raynaud's phenomenon
- Reiter's syndrome
- Multicentric Reticulohisticytosis

Cutaneous manifestations of disease in other organ systems

- Sarcoidosis of the skin
- Cutaneous manifestations of Internal Malignancy
- Acanthosis Nigricans
- Scleredema
- Papular Mucinosis
- Neurocutaneous disease
- Tuberous Sclerosis Complex
- The Neuro fibromatosis
- Ataxia Telangiectasia
- Behcet's disease

Therapeutics

- Topical agents
 - Glucocorticoids, Acnetherapies, Analgesics, Anaesthetics, Anti-inflammatory, Anti hair loss, Anti-microbial, Anti-parasitic, Anti-perspirants, Anti-pruritic, Anti- viral, Astringents, Bleaching agents, Keratolytics, Psoriasis therapies, Wart therapies, Topical Retinoids, Topical Antibiotics, Topical Anti-fungal Agents, Sun-protective Agents, Keratolytic Agents, Topical Cytotoxic Agents, Cosmetics and Skin care in practice.
- Systemic therapy
 - Principles and pharmaco kinetics of systemic drugs.
 - Systemic glucocorticoids, Sulfones, Aminoquinolines, Cytotoxic and Antimetabolic Agents, Oral Retinoids, Antihistamines, Antibiotics, Antiviral Drugs, Oral Antifungal Agents, Immuno suppressive and Immuno modulatory drugs, Thalidomide, photo-chemotherapy and photo-therapy, electric cautery, cryotherapy, electrolysis, tattooing, intra-lesional injections etc.

Surgery in dermatology

- Dermatologic Surgery: Introduction, Approach and Principles
- Skin Resurfacing: ChemicalPeels
- Skin Resurfacing: Dermabrasion
- Skin Resurfacing: Laser
- Skin punch grafting
- Wound Dressings
- Cryo surgery
- Nail Surgery

8. Teaching and Learning Method

The trainee will undergo a graded training over a period of three years.

- Orientation

At the beginning of the course each resident should be given an orientation to the department and subject. The candidate shall be assigned dissertation guides so as to help them prepare protocols

Theory (Knowledge/Cognitive Domain)

The teaching learning methods does not totally depend on didactic lectures. Only the introductory lectures by faculty are in this format.

Introductory lectures

Teaching programme

This will include theory topics and will ensure participation of the resident in the form of:

1. Seminars, group discussions and symposia. These should be regularly organized in the department.
2. Problem case discussion, before and after the conduct of the case should form part of training.
3. Journal club presentation and discussion
4. Inter departmental programmes with clinical departments
5. Simulation based training involving-Weekly 2hrs class on simulation:
 - a) Learning and practicing basic skills and competencies
 - b) Problem solving and decision making skills/Interpersonal and communications skills or team - based competencies, Deliberate practice with feedback, Exposure to uncommon events and Assessment of learners

SL.NO	ENTRUSTABLE PROFESSIONAL ACTIVITIES	MK	PC	ICS	SBP	PBLI	PROF	LEVEL
		MK1 MK2 MK3 MK4 MKS	PC1 PC2 PC3 PC4 PC5 PC6 PC7 IPC1 IPC2 IPC3 IPC4 IPC5	ICS	SBP1 SBP2 SBP3 SBP4	PBLI1 PBLI2 PBLI3 PBLI4	PROF1 PROF2 PROF3	6 MONTHS 1 YEAR 2 YEARS 2 YEARS 21/2 3 YEARS
1)	Gather history and perform detailed dermatological examination	**	**	**	**	*	*	I II III IV IV V
2)	Formulating differential diagnosis based on history and examination.	**	*	**	**	**	**	I II III IV V
3)	Ordering and interpretation of diagnostic tests.	*****	**	**	**	**	**	I I II III IV V
4)	Enter treatment orders and prescribing the necessary medications with clear instruction	*****	*****	**	**	*	**	I II III III IV
5)	Detailed documentation of the clinical details in the patients records.	***	*****	**	**	*	*	I II III IV IV V
6)	Clinical presentation of dermatology cases.	*****	*****	*	*	*	*	II II II III IV V
7)	Practicing evidence based medicine.	*****	*****	**	**	*****	*****	I II III IV IV V
8)	Co-ordination and communication during transition of care.	**	*	**	**	**	**	II II III III IV V
9)	Participating efficiently as a member of an inter professional team.	**	**	**	**	**	**	I II II III IV V
10)	Recognising emergencies and their management, including referral when indicated.	**	**	*****	**	*	*	I II III IV IV V
11)	Obtain informed consent for tests and/or procedures.	***	**	**	**	*	*	I II III III IV V
12)	Perform procedures and surgeries expected of a dermatologist.	**	*	*	*	*	*	II II II III III IV
13)	Identify system failures and contribute to the improvement of patients' healthcare.	**	*	*****	*****	*****	*****	I I III IV IV V
15)	Diagnose common sexually transmitted diseases and follow syndromic approach in their management.	*	*	*	*	*	*	I II III IV V
16)	Bedside diagnosis of skin diseases with various hand tools (lens, dermatoscope) and bedside tests.	**	***	**	**	***	*	I I II III III V
17)	Perform and interpret dermatological diagnostic procedures.	**	**	*****	**	***	**	*** I II III III
18)	IV Identify and interpret the histopathological findings of normal skin, common dermatoses and leprosy.	**	*	**	*	**	*	I I III IV IV
19)	V Diagnosis of paediatric dermatoses and their treatment with medications in appropriated dosage.	*	*	*****	*	***	***	I I III IV IV V
20)	Understand various formularies and their appropriate usage in dermatological medication	**	**	*****	*	***	***	*** I II IV
21)	IV Able to write scientific papers and deliver oral presentations at conferences.	III	IV	IV	**	*	*****	***** II
22)	II VFamiliar with recent advances in dermatology, sexually transmitted infections, leprosy and therapeutics.	**	*	*****	*****	*****	*****	I II III IV IV
	V Adopt preventive measures at individual and community level for skin diseases,	**	*	*****	*****	*****	*****	I II III IV IV

23) venereal infections and leprosy.	^^	^^^	^^	^^	^^^^^^		^	^	^	I	I	III	IV	III	IV
24) Able to effectively teach undergraduate students during clinical postings.	*****					***	**	*	*	I	I	II	III	III	IV
25) Treats all patients with respect and protects patients confidentiality.		*		*****				*	*	I	II	III	IV	IV	V

Resident Rotations

A major tenure of posting should be in the Department of Dermatology (2 years and 9months). It should include care of in-patients, out-patients, special clinics (STD clinic, leprosy clinic, vitiligo clinic etc.), urban and rural health centre clinics, as well as maintenance of case records for both in-and out-patients.

Posting in allied departments as follows:

General Medicine: 1 week

Plastic Surgery: 1 week

Pathology:1 week

Psychiatry:1 week

Paediatrics:1 week

Microbiology:1 week

Casualty:1 month

Postings in other institutes as follows: Dermato– surgery and Cosmetology: 2 weeks

Structured Graded Training –Year-wise Practical training objectives

E-portfolio

It is an electronic portfolio to be maintained by there sident to record their day to day academic and patient care activities under the following sections:

- Entrustable Professional Activity assessment
- Daily log
- Patient care
- Procedure
- Dissertation
- Academic activities (Seminar, symposium, case presentation, journal club)
- Co-curricular activities (Conference, CME, Workshop),
- Teaching Assignments,
- Awards and achievements
- Outreach activities.

E – portfolio will be monitored and endorsed periodically by the faculty supervisors. This will enable faculty to monitor residents progress, attainment of milestones and impart the training accordingly.

9. Assessment

Assessment will have 2 components Formative and Summative

Formative assessment

Cognitive Assessment

- Assessment in Cognitive Domain
- Schedule of the orytests
 - 1st year–2 papers consisting of syllabus from Course1
 - 2nd year–2 papers consisting of syllabus from Course2 and3
 - 3rd year–one paper consisting of syllabus from Course4
 - 3rd year– Mockexams one month prior to University examination, consisting of 4 papers, including syllabus from all the four courses.

EPA Assessment

- Assessment of Entrustable Professional Activities (EPA) done during the OT posting by the consultant in-charge. EPA assessment will be done once by the end of the 1st week of the posting and then again at the end of the posting, for monitoring of resident progress.

List of EPA's

Table3. List the of Entrustable Professional Activities (EPAs) for MD-DVL

	GENERAL DERMATOLOGY
1	Perform detailed dermatological examination with appropriate use of dermatological descriptive terminology.
2	Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.
3	Treatment of skin diseases with an understanding of the various formularies and their appropriate usage.
4.	Identify and interpret the histopathological findings of common, uncommon and complex dermatoses.
5.	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate Dosage.
6	Perform various dermato surgical procedures with adequate exposure on use of LASERS.
7.	Familiar with recent advances in dermatology.
8	Counselling of patients regarding treatment, course of disease and prognosis of the skin condition.
9.	Aware of the medicolegal aspects of dermatology.
	VENEREOLOGY AND LEPROSY
10.	Diagnosis, treatment and rehabilitation of leprosy cases.
11.	Diagnosis and treatment of sexually transmitted diseases, including syndromic management when relevant.
	PREVENTIVE DERMATOLOGY
12.	Adopt preventive measures at individual and communitylevel for skin diseases, venereal infections and leprosy.
13.	Identify system failures and contribute to the improvement of patients' healthcare.
	RESEARCH AND TEACHING
14.	Able to write scientific papers and deliver oral presentations at conferences
15.	Able to effectively teach undergraduate students during clinical postings
	ETHICS
16	Treats all patients with respect and protects patient's confidentiality.

EPA Descriptions (Enter all the EPA and their descriptions)

EPA1: Obtain detailed history and perform dermatological examination with appropriate Use of dermatological descriptive terminology			
Description for the activity	Residents should be able to obtain a detailed history and examine patients. This information is to be assessed and integrated with use of comprehensive dermatological terminology to develop provisional and differential diagnoses. Residents are expected to communicate with the patient, patient's family, colleagues including senior clinicians. This activity is to be performed in multiple settings, including outpatient department, inpatient wards and in emergency departments.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies Within each domain	Milestone level(L) in subcompetency
	MK	1	4
	MK	2	4
	PC	1	3
Resident will be trustable when these subcompetency Milestone Levels are attained	ICS	1	2
	Method of Assessment		
	1.Periodic written exam (Every 6 months)		
	2.Mini-cex		
3.Workplace assessment by Faculty			
4.Multisource feedback			
a. Patient			
b. Nurses			
c. Unit Chief/Head			
d. Peers			

EPA2: Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.			
Description for the activity	Student should be able to diagnose skin diseases based on history, examination and investigations. Student should be able to perform and interpret certain investigations like Tzanck smear, KOH mount etc., in the out-patient setting. The student should be confident in the use of various dermatological hand tools like hand lens, Dermatoscopy, Woods's lamp and tricho scan. These are integral in appropriate Management of skin diseases.		
Resident will be trustable when these subcompetency Milestone Levels Are attained	Relevant domains of competency	Subcompetencies Within each domain	Milestone level(L) in subcompetency
	PC	2	3
	ICS	5	1

Method of Assessment	1.Periodic written exam (Every6months) 2.Mini-cex 3.Work place assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers
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EPA3: Treatment of skin diseases with an understanding of the various formularies and their appropriate usage.

Description for the activity	Residents should be able to take and interpret medication histories to choose appropriate medications. They should communicate with patients about the benefits and risks as well as provide instructions on medication side effects. Residents should produce prescriptions, monitor for side effects and stop the drugs where appropriate. They have to perform this activity in multiple care settings, including inpatient and ambulatory care settings and in emergency department.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level(L) in subcompetency
	PC	4	3
	PC	5	3
	ICS	1	2
	SBP	4	2
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA4: Identify and interpret the histopathological findings of common, uncommon and complex dermatoses.			
Description for the activity	Residents should be to order and interpret histopathological examination of common, uncommon and complex dermatoses. They should also be aware of the principles and applications of special stains and immuno fluorescence techniques. Residents should accurately fillup are quision form for histopathology and also have effective inter-departmental communication		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level(L) in subcompetency
	MK	4	4
	PC	3	4
	ICS	4	2
	SBP	2	2
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA5: Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage			
Description for the activity	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for pediatric patients. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block For patiente valuation and management		
Resident will be Entrustable when these subcompetency Milestone Levels Are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level(L) in subcompetency
	MK	2	3
	PC	5	3
	ICS	1	2
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisourcefeedback <ul style="list-style-type: none"> a. Patient b. Nurses c. UnitChief/Head d. Peers 		

EPA6: Perform various dermatosurgical procedures with adequate exposure on use of LASERS			
Description for the activity	Residents should be able to select the right procedures and work in partnership with patients and to make choices that are right for them. Residents should obtain consent, set up the equipment, maintain sterile field, perform procedures, provide after care for patients and communicate after-care protocols & instructions to patients as well as the nursing staff.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level(L) in subcompetency
	MK	3	4
	PC	6	2
	ICS	1	2
Resident will be trustable when these subcompetency Milestone Levels are attained	ICS	5	2
	Method of Assessment		
1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Work place assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers			

EPA7: Familiar with recent advances in dermatology.			
Description for the activity	Residents should constantly appraise and assimilate scientific Knowledge and be upto date with the recent advances in the field of Dermatology		
Resident will be trustable when these subcompetency Milestone Levels Are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	5	4
	PBLI	1	4
	PBLI	2	4
Resident will be trustable when these subcompetency Milestone Levels Are attained	Method of Assessment		
	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Work place assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers		

EPA8: Counselling of patients regarding treatment, course of disease and prognosis of the dermatosis.			
Description for the activity	The resident should be able to counsel 1 patients regarding the disease, treatment, course of the condition and treatment options. The resident should be able to effectively communicate with the patient and patient's family in different care settings and situations. The resident should be able to cater to a wide range of socio-economic and cultural backgrounds		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	PC	7	4
	ICS	1	2
	ICS	2	3
	PROF	1	2
Method of Assessment	1.Periodicwrittenexam(Every6months)2. Mini-cex 3.Workplace assessment Faculty 4.Multisourcefeedback a. Patient b. Nurses c. Unit Chief/Head d. Peers		

EPA9: Aware of the medicolegal aspects of dermatology			
Description for the activity	The resident should have a sound knowledge of the rules, regulations, formal policies and medicolegal aspects of dermatological practice. The resident should adhere to and abide by the policies		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	ICS	5	2
	ICS	2	1
	PROF	1	2
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Work place assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers		

EPA10: Diagnosis, treatment and rehabilitation of leprosy cases			
Description for the activity	Residents should be able to clinically diagnose a case of leprosy. The student should be able to perform a Slit skin smear and interpret the histopathological findings of leprosy. The student should be able to classify leprosy based on the findings and determine the best treatment plan. Management of reactions in leprosy and deformities are integral In the patient care		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	1	4
	PC	1	3
	PC	2	3
	PC	4	4
	PC	7	3
	ICS	1	2
	SBP	2	2
Method of Assessment	1.Periodicwrittenexam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA11: Diagnose and treatment of sexually transmitted diseases, including syndromic Management when relevant.			
Description for the activity	Residents should be able to elicit a detailed exposure and sexual history in suspected cases of sexually transmitted disease. Detailed examination and relevant investigations can be done to form a diagnosis. Counselling forms an integral part in the management of sexually transmitted diseases. Management has to be individual Tailored when possible or a syndromic approach can be taken.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	1	4
	PC	1	3
	PC	2	3
	PC	4	4
	PC	7	3
ICS	1	2	
Method of Assessment	1.Periodicwritten exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisourcefeedback a. Patient b. Nurses c. Unit Chief/Head d. Peers		

EPA12: Adopt preventive measures atindividual and community level for skin diseases, Venereal infections and leprosy			
Description for the activity	Student should have knowledge of the epidemiology of skin diseases and adopt preventive measures for the same when applicable. These preventive measures can be on individual basis or at the level of the community.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	5	3
	PC	7	4
	ICS	1	
	SBP	1	
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers		

EPA13: Identify system failures and contribute to the improvement of patients' health care			
Description for the activity	Residents should be able to critically identify system failures in the Management of the patient and contribute ideas for further development of the department and/or hospital.		
Resident will be trustable when these subcompetency Milestone Levels Are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	SBP	3	3
	PBL	3	3
Method of Assessment	1.Periodic written exam(Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA14: Able to write scientific papers and deliver oral presentations at conferences			
Description for the activity	Residents should be able to understand, seek and compile scientific data. The student should complete a thesis on a selected topic, supervised by the Guide. The student should publish articles in peer Reviewed journals and present at conferences.		
Resident will be trustable when these subcompetency Milestone Levels Are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	5	4
	SBP	3	2
	PBLI	1	4
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA15: Able to effectively teach undergraduate students during clinical postings			
Description for the activity	Should be able to conduct classes for undergraduate students, under supervision, using the various teachings tools available. This activity is supervised and assessed by a senior staff member. Student has to be Familiar with clinical and class room teaching		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	MK	1	3
	MK	5	4
	PC	1	3
	PBLI	4	5
	PROF	2	3
Method of Assessment	1.Periodic written exam(Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

EPA16: Treats all patients with respect and protects patient's confidentiality			
Description for the activity	Residents should be treating all patients with respect and dignity; Adheres to the honor code and respects the patients right to confidentiality. This forms the basis of every doctor-patient relationship.		
Resident will be trustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies With in each domain	Milestone level (L) in subcompetency
	ICS	1	2
	ICS	2	4
	ICS	5	2
	SBP	4	4
	PROF	1	4
	PROF	3	3
Method of Assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers 		

Mapping of EPA to Programme Outcomes (PO)

Table 4 showing mapping of the EPA's to the Programme outcomes

	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
EPA1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EPA2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EPA3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EPA4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EPA5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EPA6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
EPA7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
EPA8.							<input type="checkbox"/>			
EPA9.										<input type="checkbox"/>
EPA10.							<input type="checkbox"/>			
EPA11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
EPA13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EPA14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EPA15.	<input type="checkbox"/>									
EPA16.	<input type="checkbox"/>									
EPA17.				<input type="checkbox"/>						
EPA18.								<input type="checkbox"/>	<input type="checkbox"/>	
EPA19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
EPA20.										<input type="checkbox"/>
EPA21.			<input type="checkbox"/>							
EPA22.			<input type="checkbox"/>							
EPA23.					<input type="checkbox"/>	<input type="checkbox"/>				
EPA24.					<input type="checkbox"/>					
EPA25.								<input type="checkbox"/>	<input type="checkbox"/>	
EPA26.								<input type="checkbox"/>		
EPA27.					<input type="checkbox"/>	<input type="checkbox"/>				

Summative Assessment Dissertation

Objectives

1. The student should be able to demonstrate capability in research by planning and conducting systematic scientific inquiry & data analysis and deriving conclusion.
2. Communicate scientific information for health planning.

Guide for Dissertation

1. Chiefguide will be allocated from the Department of Anesthesiology.
2. Co - guides can be selected from within the department or from other disciplines related to the dissertation topic.

Submission of dissertation protocol

It should be submitted at the end of six months after admission in the course, in the format prescribed by the institute:

1. Protocolin essence should consist of:
 - a) Introduction and objectives of there search project.
 - b) Brief review of literature
 - c) Suggestedmaterialsandmethods,and(schemeof work)
 - d) Statistician should beconsulted at the time of selection of groups, number of cases and method of study. He should also be consulted during the study.
 - e) Bibliography
2. The protocol must be presented in the Department of Anesthesiology before being forwarded to the Institutional Research Committee (IRC) for review.
3. Protocol must be approved by the research committee, which is appointed by the Dean / Principal to scrutinize the dissertation protocol in references to its feasibility, statistical validity, ethical aspects, etc.
4. Once approved by the IRC, the protocol will be forwarded to the Institutional Human Ethics Committee (IHEC) for review.
5. After presentation and approval of the protocol by the IHEC, the dissertation must be registered in the Clinical Trial Registry of India - <http://ctri.nic.in>, following which data collection may be initiated.

Submission of Dissertation

1. The dissertation shall relate to the candidates own work on a specific research problem or a series of clinical case studies in accordance with the approved plan.
2. The dissertation shall be written in English, printed or typed double line spacing, on white bond paper 22x28 cm with a margin of 3.5 cm, bearing the matteron oneside of paper only and neatly bound with the title, the name of the College and University printed on the front cover.

3. The dissertation shall contain: Introduction, review of literature, material and methods, observations, discussion, conclusion and summary and reference as per index medicus.
4. Each candidate shall submit to the Dean four copies of dissertation, through their respective Heads of the Department not later than six months prior to the date of commencement of theory examination in the subject.

Evaluation of Dissertation:

1. The dissertation shall be referred by the University for Evaluation, to External Examiners appointed by the University. The examiners will evaluate and report independently to the Controller of Examinations using Proforma for Dissertation Evaluation Form and recommend whether the dissertation
 - a. Accepted as submitted
 - b. Accepted pending modification as suggested
 - c. Not Accepted for reasons specified
2. The dissertation shall be deemed to be accepted when it has been approved by atleast two external examiners, who will allocate marks from which an average will be taken.
3. If the dissertation is rejected by one of the external examiners it shall be referred to another external examiner (other than the one appointed for initial evaluation) whose judgment shall be final for purposes of acceptance or otherwise of the dissertation.
4. Where improvements have been suggested by the external examiners, the candidate shall be required to re - submit the dissertation, after making the required improvements for evaluation.
5. When a dissertation is rejected by the examiners, it shall be returned to the candidate who shall have to rewrite it. The second version of the dissertation, as and when submitted shall be treated as a fresh dissertation and processed.
6. Acceptance of dissertation submitted by the candidate is a pre-condition for his /her admission to the written, oral and practical/clinical part of the examination.
 - a. Provided that under special circumstances if the report from one or more examiners is not received by the time the Post - Graduate examination is due, the candidate may be permitted provisionally to sit for the examination but the result be withheld till the receipt of the report, subject to the condition that if the dissertation is rejected then the candidate in addition to writing a fresh dissertation, shall have to reappear for the examination.
7. A candidate whose dissertation stands approved by the examiners but fails in the examination, shall not be required to submit a fresh one if he/she appears in the examination in the same branch on a subsequent occasion.

Eligibility Criteria

Candidates will be eligible to appear for the university examinations after completion of 3 years and when following criteria are fulfilled:

1. Attendance of 80%
2. Submission of dissertation and acceptance by external examiner
3. One research Publication based on the Dissertation
4. One poster and one Podium presentation at National or Regional conferences, recognised by Theory(Subject contents already outlined in syllabus)

Theory

- Final Theory Papers:4 papers
- All papers should have 10 short answer questions.
- Question papers are prepared based on the prescribed blueprint described later (see blue print section)
- Model question paper is attached for ready reference.

Practical

- The practical examination is structured and consists of 2 sessions- morning and afternoon.

Morning Session			
Clinical Cases	No	Duration	Marks
Long case	1	45 min	125
Short cases	2	20 min each	2x50=100
Spotters	10	3 min each	10x5=50
Side lab investigations		15 min	10
Histopathology slides	3	3 min each	3 X5=15

O Structured Assessment (For clinical Cases-long case, short case & spotters)

Segment	Marks distribution	Duration
Oral skills/Presentation	125	2hrs
Diagnosis/Investigations	75	1hrs
Management		3hrs

Afternoon Session		
Segment		Marks
1.	Instruments & Dermato surgical procedures	25
2.	Drugs in Dermatology	25
3.	General viva	50

- Total Marks allotted:

Segment	Total Marks
Theory (Papers 1 -4)	400
Practical	300
VivaVoce	100
GrandTotal	800

- Recommendations for passing:

1. The candidate will be required to secure minimum 50% marks in theory and 50% marks in clinicals and viva - voce separately, which is mandatory for passing the whole examination.
2. There will be enough gap between theory and practical examination as recommended by MCI rules.
3. There university practical examination will be conducted by 2 external and 2 internal examiners.

9. Blue print of Theory Exam Paper

Paper I

Basic sciences pertaining to Dermatology, Venereology and Leprology.

Total of 10 short essays (Anatomy-2, Physiology-1, Biochemistry- 1. Microbiology- 2. Pharmacology-2, and Pathology-2)

- Structure and development of skin and its appendages.
- Basement membrane.
- Cell kinetics.
- Keratinization.
- Percutaneous absorption.
- Melanocytes and Langerhans cells.
- Melanin and melanin information.
- Cutaneous circulation.
- Mechanism of sweating.
- Temperature regulation.
- Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology.
- Genetics in relation to the skin.
- Sebum.
- Lipid, carbohydrate and protein metabolism.
- Porphyrin.
- Inflammation and its mediators.
- Pathology in relation to Dermatology, Venereology & Leprology.
- Cytology.
- Pharmacology of drugs used in Dermatology, Venereology & Leprology.
- Structure, physiology and examination of the normal genitalia.
- Biology of Treponema pallidum, Neisseria gonorrhoea, Chlamydia trachomatis, Herpesviruses, HIV and Human papilloma virus.
- Diagnostic tests for skin diseases, STDs and leprosy.
- Cutaneous innervation pathway of skin sensation and anatomy of hands and feet.
- Lymphatic drainage of skin and genitalia.
- Experimental leprosy.
- Principles of clinical diagnosis of skin diseases, STDs and Leprosy
- Basic pathologic reactions in skin
- Epidermal stem cells
- Functions of skin (Skin as an organ of protection)

- Fundamentals of Cutaneous photobiology & photoimmunology
- Neurology of skin
- Pathophysiology of Pruritus
- Aging Of The skin
- Mechanism of auto immune diseases
- Endothelial in inflammation & Angiogenesis
- Principles & pharmacokinetics of topical therapy
- Prenatal Diagnosis of Genetic Skin Disease
- Wound Healing
- DNA Repair

PAPER II:

General dermatology & Tropical dermatology (including principles of diagnosis and therapeutics)

- Purpura.
- Disorders due to lipid metabolism (xanthomatosis).
- Histiocytosis.
- Mastocytosis.
- Lymphoma and leukaemias.
- Sarcoidosis and other granulomas.
- Amyloidosis.
- Porphyria.
- Pruritus.
- Psycho Cutaneous disorders.
- Skin and nervous system. SBV
- Skin and eyes.
- Drug eruptions.
- Metabolic, endocrinal and nutritional disorders.
- Skin changes in different ages.
- Dermatitis and eczema.
- Papulosquamous disorders.
- Acne and acneiform dermatoses.
- Reactions to physical agents.
- Photobiology.
- Vesiculobullous disorders.
- Disorders of skin colour.
- Occupational dermatoses.
- Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands).
- Diseases of dermis and hypodermis.
- Disorders of connective tissue.
- Disorders of keratinisation.
- Disorders of blood vessels and lymphatics.
- Disorders of oral cavity and mucous membranes.
- Collagen vascular disorders.
- Allergic dermatoses.
- Genodermatoses.

- Tumours of skin (benign and malignant).
- Cutaneous lymphocytic infiltration and pseudolymphomas.
- Bacterial infections.
- Diseases due to fungi and yeasts.
- Mycobacterial diseases.
- Viral dermatoses and rickettsial infections.
- Dermatoses caused by parasites, arthropods and insects.
- Topical therapy basic concepts./clinical aspects
- Topical and systemic skin therapy.
- Surgical and physical therapy, including cosmetology, cosmetic procedures, LASER's in dermatology and dermatological surgical procedures.
- The External Ear
- Lentigos, Melanocytic Naevi and Melanoma
- Soft-Tissue Tumours and Tumour-like conditions
- The Genital, Perianal and Umbilical Regions
- The Breast
- Necrotic Disorders
- Urticaria and angioedema
- Atopic Dermatitis
- Lichenification, Prurigo and Erythroderma
- The Neonate
- Disorder of DNA repair
- Naevi and other Developmental Defects
- Neutrophilic & Eosinophilic dermatosis
- Radiotherapy and Reactions to Ionizing Radiation
- Minimally Invasive Treatments and Procedures for Ageing skin
- Psoriasis
- Lichen planus and lichenoid disorders
- Flushing flushing reactions
- HIV and SKIN

PAPERIII:

Leprosy and STD's including social public health & preventive aspects.

Leprosy:

- Epidemiological aspects.
- Approach to patients with leprosy.
- Signs, symptoms and diagnosis of leprosy.
- DD of leprosy.
- Signs, symptoms and diagnosis of lepra reaction.
- Other system involvement (ear,nose,throat,eye,musculo-skeletal involvement in leprosy and lepra reaction).
- Management of leprosy, lepra reaction and other complication.
- Newer drugs in leprosy.
- Leprosy in pregnancy and children.
- Epidemiology and control of leprosy.
- Rehabilitation of leprosy.
- HIV and leprosy.
- Prevention, education and counselling.
- National leprosy control programme.
- History of leprosy.
- Classification of leprosy.
- Experimental leprosy.
- Immunology, microbiology and pathology of leprosy.

STD:

- Syphilis.
- Gonorrhoea.
- LGV.
- Chancroid.
- Donovanosis.
- Chlamydia infections and non-gonococcal urethritis.
- Genital herpes.
- Genital human papilloma virus infection (venereal warts) and Molluscum contagiosum.
- Pediculosis infection, scabies.
- Trichomoniasis and other protozoal infections.
- Vulvovaginal candidiasis and bacterial vaginosis.
- Acute pelvic inflammatory disease.

- Fitz-Hugh-Curtis syndrome.
- Acute epididymitis, prostatitis and proctitis.
- HIV/ AIDS (immuno pathogenesis, clinical spectrum, mucocutaneous manifestation, opportunistic infections, anti-retroviral therapy, prevention, counselling, post exposure management)
- Viral hepatitis.
- Non-venereal genital dermatoses.
- Other genital dermatoses-balanoposthitis, cervicitis and vaginitis.
- Genitalulcera denopathy syndrome.
- Arthritis associated with STDs in adults.
- STDs in reproduction, perinatology and paediatrics.
- Legal aspects of STDs and HIV infections.
- Psycho sexual disorders.
- Treatment of STDs and Syndromic approach to treatment of STDs.
- Epidemiology and control of STDs..
- Non-venereal treponematoses.
- Ocular manifestations of AIDS and STDs.
- Premalignant and malignant lesions of genitalia.

PAPER IV

Recent advances in Dermatology, Venereology & Leprology and Skin manifestations in systemic diseases.

A. Recent advances in Dermatology, Venereology and Leprology and related allied specialities

B. The Skin In Systemic Disease:

- Skin in Nutritional, Metabolic and Heritable disease
- Skin manifestations of bone marrow and blood disorders
- Skin manifestation of internal organ disorder
- The skin in vascular and Connective tissue disorders and other Auto immune disorders.
- The Skin in Inflammatory and other Vascular Disorders
- Skin changes and dermatoses in pregnancy.

10. Model Question Paper

MODEL QUESTION PAPER

SRI BALAJI VIDYAPEETH

P.G DEGREE EXAMINATION BRANCH X – M.D. DVL

PAPER-I: BASIC SCIENCES

Date:

Time: 3 Hours

Maximum marks:100

1. Answer all questions.
2. Illustrate your answers with suitable diagrams

LONG ESSAY

(2*25=50)

1. a) Describe Pilosebaceous unit b) Composition of sebum
2. a) Anatomy of Male urethra b) Components of semen

(15+10)

(15+10)

SHORT ESSAY

(3*10=30)

1. Itch path way
2. Antimicrobial peptides
3. Dressings in dermatology

SHORT NOTES

(4*5=20)

1. Micro-abscesses in dermatology
2. Structure of *M.leprae*
3. Meibomian gland phenomenon
4. Langerhans giant cell in dermatology

SRI BALAJI VIDYAPEETH

P.G DEGREE EXAMINATION BRANCH X – M.D. DVL

**PAPER- II : GENERAL DERMATOLOGY & TROPICAL DERMATOLOGY –
PRICIPLES OF DIAGNOSIS AND THERAPEUTICS**

Date:

Time: 3 Hours

Maximum marks:100

1. Answer all questions.
2. Illustrate your answers with suitable diagrams.

LONG ESSAY

(2*25=50)

1. a) Classify cutaneous lupusery thematosus.
2. b)Discuss the etiopathogenesis, clinical features & managementof SLE(5+20)
3. a)Discuss Immunopathology of cutaneous tuberculosis
4. b)Elaborate on Lupusvulgaris

(15+10)

SHORT ESSAY

(3*10=30)

1. Mycetoma
2. Kaposivaricelli for meruption
3. Acquiredichthyosis

SHORT NOTES

(4*5=20)

1. Gianotti-Crosti syndrome
2. Calcinosis cutis
3. Nevus spilus
4. Perioral dermatitis

MODEL QUESTION PAPER

P.G DEGREE EXAMINATION BRANCHX – M.D. DVL

PAPER-III: LEPROSY & STD, SOCIAL PUBLIC HEALTH AND PREVENTIVE ASPECTS

Date:

Time: 3 Hours

Maximum marks:100

1. Answer all questions.
2. Illustrate your answers with suitable diagrams

LONG ESSAY

(2*25=50)

1. Discuss the etiology & management of Balanoposthitis
2. Elaborate on Ocular leprosy & its management.

SHORTESSAY

(3*10=30)

1. Non-Gonococcalurethritis
2. Premalignant lesions of genitalia
3. Trophiculcer

SHORT NOTES

(4*5=20)

1. Lazarine leprosy
2. Microbicides inSTD
3. Relapsevs reaction in leprosy
4. Gumma

MODEL QUESTION PAPER

P.G DEGREE EXAMINATION BRANCH X – M.D. DVL

PAPER- IV: RECENT ADVANCES IN DERMATOLOGY, VENEREOLOGY & LEPROLOGY AND SKIN MANIFESTATIONS IN SYSTEMIC DISEASES

Date:

Time: 3 Hours

Maximum marks:100

1. Answer all questions.
2. Illustrate your answers with suitable diagrams.

LONG ESSAY

(2*25=50)

1. a)Mention the Cutaneous manifestations of chronic kidney disease (15+10)
b)Elaborate on Kyrles Disease.
2. BotulinumToxin in dermatology

SHORT ESSAY

(3*10=30)

1. Rituximab
2. Acrodermatitis Enteropathica
3. Alpha Hydroxypeels

SHORT NOTES

(4*5=20)

1. Pseudoxanthomaelasticum
2. Photo dynamic therapy
3. Rapamycin
4. Tolllikereceptors

11.Recommended Reading

List of Recommended Books General Dermatology

S.No	Name of the book	Author name
1.	Rook's text book of Dermatology. Ninth edition. Black well science. London.	BurnsT, Breathnach S, CoxN, Griffiths C
2.	Fitzpatrick's Dermatology in General Medicine. Ninth edition. McGrawHill. New York.	Wolff K, Gold smith LA, Katz SI, Gilcrest BA, Paller AS, Leffell DJ.
3.	Dermatology. Fourth edition. Saunders. Philadelphia	MoschellaSL, HurleyHJ
4.	Andrews' Diseases of the skin Clinical dermatology. Thirteenth edition. Saunders. Canada.	JamesWD, BergerTG, Elston DM
5.	Dermatology. Mosby.S pain	BologniaJL, JOrizzoJL, RapiniRP
6.	Skin signs in systemic disease.Third edition. Saunders. Philadelphia	BravermanIM.
7.	IADVLtextbookofdermatology.Fourthedition.Bhalan i publishinghouse. Mumbai.	ValiaRG,ValiaAR.
8.	Text book of dermatology. Jaypee brothers, Newdelhi.	ThappaDM.

Venereology

S.No	Name of the book	Author name
1.	Sexually transmitted diseases and AIDS. Viva books private limited. New Delhi	SharmaVK.
2.	Sexually transmitted infections. Elsevier. NewDelhi	KumarB, GuptaS.
3	Sexually transmitted diseases. 4 th edition. McGraw-Hill. New York	HolmesKK, MarahPA, SpalingPF, LemonSM, Stamm WE, Piot P, WarreheitJN.

Leprosy

S.No	Name of the Book	Author name
1	.Leprosy. Second edition. Churchill livingstone. Singapore.	HastingsRC, OpromollaDVA
2	Handbook of leprosy. Fifth edition. CBS publishers. New Delhi	JoplingWH, McDougallAC
3	Leprosy-First edition Samantand company. Mumbai	Dharmendra

4	Leprosy. Third edition Churchill Livingstone. Singapore	BrycesonAD, PfaltzgraffRE.
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Dermato surgery

S.No	Name of the Book	Author name
1	Text book of Dermato surgery and cosmetology. .Third edition. ASCAD, Mumbai	SavantSS.
2	Dermatologic Surgery Made Easy. Jaypee Brothers, New Delhi	SehgalVN
3	Roenigk and Roenigk Dermatologic surgery Principle and Practice. Second edition. Marcel Dekker. New York	RoenigkRK, RoenigkHH.

Pediatric Dermatology

S.No	Name of the Book	Author name
1	Paediatric dermatology. Fourth edition Mosby	SchachnerLA, HansenRC
2	Textbook of Paediatric Dermatology. Black well science. Oxford	HarperJ, OrangeA, ProseN.
3	Paediatric Dermatology. Fourth edition. Elsevier. China	CohenBA,

Dermato pathology

1	Lever's histopathology of the skin. Tenth edition. Lippincott Williams and Wilkins. Philadelphia,	Elder DE, Elenitsas R, JohnsonBL, MurphyGF
2	Skin pathology .Fourth edition. Churchill Livingstone. London	WeedonD, Strutton G
3	Fundamentals in dermatopathology. BI publications, New Delhi.	MysoreV.

Contact Dermatitis

S.No	Name of the Book	Author Name
1	Fisher's contact dermatitis. 6th edition. Lippincott Williams and Wilkins. Philadelphia, Cronin E. contact dermatitis. Churchill Livingstone. Edinburgh.	RietschelRL, FowlerJF.

Therapeutics

S.No.	Name of the Book	Author name
1	Treatment of skin disease. Comprehensive therapeutics strategies. Fifth edition, Elsevier. New Delhi.	Lebwohl MG, Heymann WR, Berth-JonesJ, CoulsonI.

2	Advanced dermatologic therapy. Second edition,.	Shelley.
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3	Comprehensive dermatologic drug therapy. Third edition.	Wolverton.
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List of Recommended Journals

S.No	Name of the Journal
1	Indian journal of Dermatology, Venereology & Leprology
2	Indian journal of Dermatology.
3	Indian journal of Leprosy.
4	Indian journal of sexually transmitted disease.
5	Archives of dermatology.
6	Journal of American academy of Dermatology.
7	International journal of Dermatology.
8	British journal of Dermatology.
9	Clinical and Experimental Dermatology
10	Dermatology online journal.
11	Indian Journal of Paediatric Dermatology
12	Leprosy review

Annexures - Assessment and Feedback forms

Annexure 1 – Multisource Evaluation sheet

**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

**Evaluation sheet for postgraduate clinical work
(To be completed by peers)**

Name of the Resident:

UIN No

Name of the peers:

Date:

S. No.	MILESTONE LEVEL	Criteria to be assessed	YES / NO
1.	ICS2-L4	Communicates the risks involved in understandable language and obtains consent without making the patient/attenders apprehensive and allows them to express their concerns	
2.	PROF3-L1	Cares and shows respect towards patients	
3.	ICS3-L5	Conveys clearly the patient clinical condition and management to the peers for continuity of patient care	
4.	PROF1-L2	Regular and maintains punctuality	
5.	PROF1-L2	Being respectful with peers	

6.	PBLI2-L2	Acknowledges gaps in personal knowledge and expertise. Readily accepts constructive feedback from peers	
7.	ICS3-L4-L5	Maintains emotional balance during triggering situations, people and environment.	
8.	PROF2-L4-L5/PROF1-L3	Has the ability to teach and train peers	
9.	ICS4-L2	Communicates effectively with other health professionals	

General Comments:
Signature

Annexure 2 – Seminar**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402****Evaluation sheet for postgraduate seminar**

(To be marked individually by each faculty)

Name of the Resident:

UIN No

Name of the Faculty:

Date:

S. No.	Criteria to be assessed	*Score (1 – 10)	Milestone level
1	Introduction of subject and its importance / Objectives		MK L1-L5
2	Confidently vocalises the topic clearly with good language articulation – both subject oriented and general grammar.		ICS1-L2
3	Communicates effectively with students, ensuring audience has understood		PBLI4-L4-L5
4	Consulted all relevant literature		PBLI1-L2
5	Use of audio - visual aids		SBP1-L2
6	Understanding of subject		
7	Summary and take home message		PBLI1-L5
8	Cites appropriate references / suggests further reading		PBLI1-L3
9	Time management		
10	Confidently able to answer questions, raised during the presentation, without a biased reproach.		

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations; 7-9->Exceeds expectation; 10->Outstanding.**

General Comments:
Highlights in performance (strengths)
Possible suggested areas for improvement (weakness)
Signature

Annexure 3 – Journal Club

**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

**Evaluation sheet for postgraduate journal club
(To be marked individually by each faculty)**

Name of the Resident:

UIN No

Name of the Faculty:

Date:

S. No	Criteria to be assessed	*Score (1-10)	Milestone level
1	Relevance of article chosen		PBLI1-L1
2	Identifies the problem addressed in the paper		PBLI1-L2
3	Confidently vocalises the topic clearly with good language articulation – both subject oriented and general grammar		ICS1-L2
4	Analyses and gives comments on methodology and statistics		PBLI2 -L1
5	Brief summary of results		PBLI2-L3
6	Understands how to critically analyse and compare articles relevant to topic/practise		PBLI1-L3
7	Merits and demerits of the paper		PBLI1-L3
8	Summary and take home message		PBLI1-L5
9	Brings out relevant articles in the journal giving future directions to the specialty		PBLI1-L4
10	Answers relevantly to questions, - attitude and confidence during answering.		ICS3-L1-L4

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations; 7-9->Exceeds expectation; 10->Outstanding.**

General Comments:
Highlights in performance (strengths)
Possible suggested areas for improvement (weakness)
Signature:

Annexure 4 – Multisource Evaluation sheet
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402

Evaluation sheet for postgraduate clinical work
 (To be completed by respective Unit Head)

Name of the Resident:

UIN No

Name of the Faculty/: done

Date:

S. No.	Criteria to be assessed	*Score (1 – 10)	Milestone level
1.	Being regular and punctual.Makes their presence respectful, with their physical appearance and wearing appropriate attire.		PROF1-L2-L3
2.	Follows the standard operating protocols as defined by the department.		PC6-L1
3.	Gathers the needed information during History taking and physical examination in a respectful manner and gives the necessary information regarding choice of management		PC1-L1-L2
4.	Communicates the risks involved in understandable language and obtains consent without making the patient/attenders apprehensive and allows them to express their concerns.		ICS1-L2
5.	Makes decisions which are ethically sound		PC7-L1-L4
6.	Conveys the required information clearly to the consultants, peers and other health care workers.		ICS4 L1-L4
7.	Has the ability to teach and train peers		PROF2 L4-L5
8.	Shows respect and obedience towards consultants, peers and other health care workers.		ICS4 L3-L4
9.	Readily accepts constructive feedback from consultants,		ICS4-L3
10.	Maintains emotional balance during triggering situations, people and environment.		PC4-L3-L4
11.	Considers cost effectiveness during case management		SBP4-L3

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations;**

7-10->Exceeds expectation;

General Comments:
Signature

Annexure 5 – Multisource Evaluation sheet**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE****PILLAIYARKUPPAM, PUDUCHERRY – 607 402****Evaluation sheet for postgraduate clinical work**

(To be completed by Nursing staff)

Name of the Resident:

UIN No

Name of the Nursing staff: done

Date:

S. No.	MILESTONE LEVEL	Criteria to be assessed	Yes/No
1	ICS1-L2	Does the resident communicate the steps involved in patient care in an understandable language without making the patients apprehensive.	
2	ICS1-L2	Does the resident care and show respect towards patients while talking to them / performing procedure.	
3	ICS1-L3	Does the resident conveys the required information clearly to the staff nurse	
4	PROF1-L2	Is the resident regular and punctual	
5	PROF1-L2	Is the resident respectful with you	
6	MK3-L5	Does the resident handles the equipment gently with care	
7	ICS3 L4-L5	Does the resident behave appropriately in stressful situations	
8	PC6-L1	Does the resident follows safety checklists.	

General Comments:

Signature

ANNEXURE 6 – EPA ASSESSMENT FORM
SRI BALAJI VIDYAPEETH
DEPARTMENT OF ANAESTHESIOLOGY
Entrustable Professional Activity Assessment Form

STUDENT NAME: UIN No:
 PGY: ASSESSMENT No:.....
 FACULTY: DATE:.....

Entrustable Professional Activity Assessment

1	Perform detailed dermatological examination with appropriate use of dermatological descriptive terminology	MK 2.4	PC1. 3	ICS 1.2
2	Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.	ICS 5.1		
3	Treatment of skin diseases with an understanding of the various formulations and their appropriate usage.	PC5. 3	ICS 1.2	SB P4.2

4	Identify and interpret the histopathological findings of	MK 4.4	PC3. 4	ICS 4.2	SBP 2.2

	common, uncommon and Complex dermatoses..							
5	Diagnosis of paediatric dermatoses and their treatment with medications In appropriate dosage	MK 2.3	PC5. 3	ICS 1.2				
6	Perform various dermatological surgical procedures with adequate exposure on use Of LASERS.	MK 3.4	PC6. 2	ICS 1.2	ICS 5.2			
7	Familiar with recent advances in dermatology.	MK 5.4	PBL 11.4	PBL 12.4				
8	Counselling of patients regarding treatment, course of disease and prognosis of the dermatosis.	PC7 .4	ICS 1.2	ICS 2.3	PR OF1 .2			
9	Aware of the medicolegal aspects of dermatology	ICS 5.2	SBP 2.1	PRO F1				
VENEREAL DISEASES AND LEPROSY								
10	Diagnosis, treatment and rehabilitation of leprosy.	MK 1.4	PC1. 3	PC2. 3	PC4. 4	PC7. 3	ICS 1.2	SBP 2.2
11	Diagnose and Treatment of	MK 5.3	PC7. 4	ICS 1	SBP 1	PC7. 3	ICS 1.2	

	Sexually transmitted diseases, including syndromic management When relevant.						
12	Adopt preventive measures at individual and community level for skin diseases, venereal infections and leprosy	MK 5.3	PC7. 4	ICS 1	SBP 1		

RESEARCH, TEACHING AND ETHICS

13	Identify system failures and contribute to the improvement of patient's health care	SB P3.3	PBL I3.3	SBV			
14	Able to write scientific papers and deliver oral presentations at conferences	MK 5.4	SBP 3.2	PBL I1.4			
15	Able to effectively teach undergraduate students during clinical postings	MK 1.3	MK 5.4	PC1. 3	PBL I4.5	PRO F2.3	
16	Treats all patients with respect and protects patients confidentiality	ICS 1.2	ICS 2.4	ICS 5.2	SBP 4.4	PRO F1.4	PRO F3.3

Signature of the resident		
Signature of faculty		
Signature of HOD		

Annexure 7 – EPA Progress Sheet

EPA	GRADE OF ENTRUSTABILITY								
	PGY1				PGY2		PGY3		
	0	3 MONTHS	6MONTHS	9 MONTHS	12MONTHS	6 MONTHS	12 MONTHS	6 MONTHS	12 MONTHS
Date Assessed									
EPA2									
EPA3									
EPA4									
EPA5									
EPA6									
EPA7									
EPA8									
EPA9									
EPA10.									
EPA11.									
EPA12.									
EPA13.									
EPA14.									
EPA15.									
EPA16.									
Candidates Sign									

HODSign									
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Annexure 8 – Multisource Evaluation sheet
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402
Evaluation sheet for postgraduate clinical work
 (To be completed by Clerk)

Name of the Resident:

UIN No

Name of the Technician: done

Date:

S. No.	MILESTONE LEVEL	Criteria to be assessed	Yes/No
1	ICS1-L2	Does the resident communicate the steps involved in patient care in an understandable language without making the patients apprehensive.	
2	PC6-LI-L4	Does the resident cares and shows respect towards patients while performing procedure.	
3	ICS1-L3	Does the resident conveys the required information clearly to the technician	
4	PROF1-L2	Is the resident regular and punctual	
5	PROF1-L2	Is the resident respectful with you	
6	SBP4-L2/MK3-L5	Does the resident handles the equipment gently and follows cost effectiveness	
7	ICS3 L4-L5	Does the resident behave appropriately in stressful situations	

General Comments:

Signature

Annexure 9 – Multisource Evaluation sheet
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402
Evaluation sheet for postgraduate clinical work
 (To be completed by patient/ patient relatives)

Name of the Resident:

UIN No

Name of the Patient/ relative: done

Date:

S. No.	MILE STONE LEVEL	Criteria to be assessed	YES / NO
1	ICS 1-L2	Did the doctor explain your clinical condition and treatment plan and the risks involved in understandable language and allows you to express your concerns	
2	PROF1-L2	Was the doctor respectful with you and your relatives	
3	PC6-L1-L3	Did the doctor clear your doubts while taking informed consent	
4	PC6-L1-L4	Was the doctor caring and respectful during your procedure	
5		Was the doctor wearing appropriate attire and introduced themselves	

General Comments:

Signature

Annexure 10 – Multisource Evaluation sheet
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402
Evaluation sheet for postgraduate Procedures
 (To be completed by **faculty**)

Name of the Resident: _____ UIN No _____
 Name of the peers: _____
 Date:

I-DERMATOSURGERY PROCEDURE

S. No.	MILESTONE LEVEL	Criteria to be assessed	YES / NO
1	PC6-LI-L4	Treats all patients with respect and protects their confidentiality	
2	PC6- L1	Obtains informed consent for procedures	
3	PC6 L1-L3	Implements the pre and post procedural protocols and instructions	
4	PC6 L1	Maintains aseptic precautions on procedures	
5	MK3-L1	Aware about post –procedure adverse effects	
6	PC6 L1-L3	Uses protective measures while doing procedures	
7	PC3 L1-L4	Documents pre and post procedure outcomes with proper clinical photographs , masking patient identity	

II –DIAGNOSTIC PROCEDURES

S. No.	MILESTONE LEVEL	Criteria to be assessed	YES / NO
1	PROF3 L1/PROF1 L1	Treats all patients with respect and protects their confidentiality	
2	PC6-L1	Obtains informed consent for procedures	
3	PC6 L1-L3	Uses protective measures while doing procedures	
4	PC2-L1 L3/PC3 L1-L2	Interprets and documents the procedural results	
5		Knows to manage post- procedural care and minor complication	

General Comments:
Signature

Annexure11–Dissertation evaluationform

MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

PILLAIYARKUPPAM, PUDUCHERRY– 607402

Proforma for evaluation of Dissertation

UIN:.....

Topic of the study: _____

DISSERTATION COMPONENTS	Grade		
	A	B	C
TITLE			
Title appropriate and clear	A	B	C
INTRODUCTION			
Purpose of the Study	A	B	C
Hypothesis/Research Question	A	B	C
Aims & Objectives	A	B	C
REVIEW OF LITERATURE			
Appropriate	A	B	C
Complete and current	A	B	C
METHODS			
Study subjects, controls, Inclusion and Exclusion criteria	A	B	C
Materials/Apparatus/Cases	A	B	C
Methodology used	A	B	C
Procedure for data collection	A	B	C
Appropriate statistical methods employed	A	B	C
Handling of ethical issues	A	B	C
RESULTS			
Logical organization of data	A	B	C
Appropriate use of charts, tables, Graphs, figures, etc.	A	B	C
Statistical/Clinical interpretation	A	B	C
DISCUSSION			
Appropriate to data	A	B	C
Discussion and implication of results	A	B	C
Comparison with other studies	A	B	C
Satisfactory explanation of deviations if any	A	B	C
Limitations of the study	A	B	C

Recommendation for future studies	A	B	C
CONCLUSION			
Relevance, are they in line with aims	A	B	C
SUMMARY			
Clear and Concise	A	B	C
REFERENCES			
Vancouver Format and appropriately cited in text.	A	B	C

Key for grading– A– Exceeds expectation, B–Meets expectation, C –Needs Improvement

Overall Impression

(Please check the appropriate

box) Accepted as submitted

Accepted pending modification as suggested below
Not Accepted for reasons specified below

Remarks:

Signature of the examiner with date

