



BLDE UNIVERSITY

PG CURRICULUM

2012-13

MD Dermatology, Venereology And Leprosy

Published by

BLDE UNIVERSITY

[Declared as Deemed to be University u/s 3 of UGC act, 1956, vide notification No.F.9-37/2007-U.3(A)]

The Constituent College

SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE

Smt. Bangaramma Sajjan Campus, Sholapur Road, Bijapur - 586103, Karnataka, India.

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B.L.D.E. UNIVERSITY

(Declared vide notification No. F.9-37/2007-U 3 (A) Dated. 29-2-2008 of the MHRD, Government of India under Section 3 of the UGC Act,1956)
The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

BLDEU/REG/PG/2012-13/845

September 20, 2012

NOTIFICATION

Subject: Revised Curriculum for the Post Graduate Degree and Diploma Courses – 2012

Reference:

1. Medical Council of India Regulation on Graduate Medical Education, 1997 and subsequent amendments of the same from time-to-time.
2. Minutes of the meeting of the Academic Council of the University held on April 11, 2012
3. Minutes of the meeting of the BOM of the University held on May 23, 2012.

The Board of Management of University is pleased to approve the Curriculum for Post Graduate Degree and Diploma Courses at its meeting held on May 23, 2012.

The revised curriculum shall be effective, from the Academic Session 2012-13 onwards, for Post Graduate Degree and Diploma Course in the Constituent College of the University viz Shri B. M. Patil Medical College, Hospital and Research Centre.

To,
The Dean, Faculty of Medicine and Principal
Shri B. M. Patil Medical College,
Hospital and Research Centre,
BIJAPUR


REGISTRAR
REGISTRAR.
BLDE University, Bijapur.

Copy to:

1. The Secretary, UGC, New Delhi
2. The Controller of Examinations
3. Prof. & HODs of Pre, Para and Clinical Departments.
4. PS to Hon'ble President
5. PS to Hon'ble Vice Chancellor
6. Office Copy

Smt. Bangaramma Sajjan Campus, Sholapur Road, Bijapur – 586103, Karnataka, India.

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Vision and Mission

- *Committed to provide globally competitive quality medical education.*
- *To provide the best health care facilities in this backward region, in particular, to socially disadvantaged sections of the society.*
- *Constantly striving to become a reputed research University with world-class infrastructure, latest tech-tools for teaching/research and adopting global best practices.*

Section - I

Goals and General Objectives of Postgraduate Medical Education Program

Goal

The goal of postgraduate medical education shall be to produce a competent specialist and / or a medical teacher:

- (i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- (ii) Who shall have mastered most of the competencies, retraining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- (iii) Who shall be aware of the contemporary advances and developments in the discipline concerned;
- (iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- (v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

General Objectives

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

- (i) Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- (ii) Practice the specialty concerned ethically and in step with the principles of primary health care.
- (iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- (iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- (v) Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- (vi) Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- (vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- (viii) Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- (ix) Play the assigned role in the implementation of national health programs, effectively and responsibly.
- (x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- (xi) Develop skills as a self-directed learner; recognize continuing educational needs; select and use appropriate learning resources.

- (xii) Demonstrate competence in basic concept of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- (xiii) Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- (xiv) Function as an effective leader of a team engaged in health care, research or training.

Statement of the Competencies

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

Components of the PG Curriculum

The major components of the PG curriculum shall be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in writing thesis/research articles
- Attitudes, including communication.
- Training in research methodology, medical ethics & medicolegal aspects

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [amended upto January 2010]

Eligibility for Admission:

Eligibility requirements for Post Graduate Diploma and Degree Courses are : -

1. The candidates seeking admission to these courses should have passed MBBS from the college recognized by Medical Council of India.

Eligibility requirements for Post graduate degree in superspeciality courses, M.Ch./D.M are:

The candidate seeking admission to these courses should have passed MS/MD from the college recognized by Medical Council of India.

2. As per the requisitions of statutory bodies, as laid out in post graduate regulations 2000 of Medical Council of India and its amendments thereof, the minimum percentage of marks in the entrance test conducted by the University for eligibility for admission to Post Graduate courses in broad specialties and super specialties shall be 50 percent for candidates belonging to General category and 40 percent for the candidates belonging to Scheduled Caste, Scheduled Tribes and Other Backward Classes. Eligibility for persons with locomotor disability of lower limbs category will be 45 percent.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognised by Medical Council of India or equivalent qualification and should have obtained permanent Registration from the Medical Council of India or any of the

State/ Medical council or candidate should register the same within one month from the date of admission, failing which the admission of the candidate shall be cancelled. Provided that in the case of a foreign national, the MCI may on the payment of prescribed fee for the registration, grant temporary registration for the duration of post graduate training restricted to the medical college/ institute to which the applicant is admitted for the time being exclusively for post graduate studies; provided further, that temporary registration to such foreign national shall be subjected to the condition that such person is duly registered with appropriate registering authority in his /her country wherefrom he has obtained his basic medical qualification ,and is duly recognized by the corresponding Medical Council or concerned authority..

If the candidate fails to fulfill the relevant eligibility requirements as mentioned above he/she will not be considered eligible for admission for Medical Postgraduate Degree and Diploma Courses even if he/she is placed in the merit list of BLDEU-PGET/BLDEU-SUPERSPECIALTY ET.

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree/diploma course unless he/she has obtained and produced the eligibility certificate used by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. MBBS pass/degree certificate issued by the University.
2. Marks cards of all the university examinations passed MBBS course.
3. Attempt Certificate issued by the Principal
4. Certificate regarding the recognition of the Medical College by the Medical Council of India.
5. Completion of internship certificate.
6. In case internship was done in a non-teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
7. Registration by any State Medical council and
8. Proof of SC/ST or OBC or physically handicapped status, as the case may be

In addition to the above mentioned documents, candidate applying for admission to superspecialty courses has to produce degree/pass certificate of MD/MS degree with prescribed fee.

Intake of Students

The intake of students to each course shall be in accordance with the ordinance in this behalf.

Course Duration

a. M.D. / M.S. Degree Courses:

The course of study shall be for a period of 3 years consisting of 6 terms including examinations. For Candidates possessing recognized two year Postgraduate Diploma in the same subject the duration of the course shall be two years including examinations. (MCI PG REG 2000 10:1)

b.D.M/M Ch Degree Courses;(MCI PG REG 2000,10:2)

The duration of these courses shall be for a period of 3 years including examinations.

c. **Diploma Courses:**

The course of study shall be for a period of 2 years consisting of 4 terms including examinations (MCI PG REG 2000, 10.3).

Training Method

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

Attendance, Progress and Conduct

A candidate pursuing degree/diploma course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course

Each year shall be taken as a unit for the purpose of calculating attendance. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Every Candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. This shall include assignments, assessed full time responsibilities and participation in all facets of educational process. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year. Leave benefits shall be as per university rules.

A post graduate student pursuing degree course in broad specialities, MD, MS and superspeciality courses DM, M.Ch would be required to present one poster presentation, read one paper in national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him/her to be eligible to appear at the university degree examinations. (MCI, PG 2000, 13.9)

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

Monitoring Progress of Studies

The learning process of students should be monitored through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment done by using checklists that assess various aspects.

The learning outcomes to be assessed include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills,
- Teaching skills.

Personal Attitudes:

The essential items are :

- Caring attitudes
- Initiative
- Organizational ability
- Potential to cope with stressful situations and undertake responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

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

Acquisition of Knowledge:

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

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

a) Didactic Lectures: Recommended for selected common topics for post graduate students of all specialties. Few topics are suggested here.

- Bio-statistics
- Use of library,
- Journal review
- Use of computers,
- Appropriate use of AV aids
- Research Methods,
- Search of literature,
- Rational drug therapy
- Medical code of Conduct and Medical Ethics
- National Health and Disease Control Programmes
- Communication skills etc.

These topics may preferably be taken up in the first few weeks of the 1st year commonly for all new postgraduates

b) Integrated teaching : These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc.

Journal Review Meeting (Journal club):

The ability to do literature search, in depth study, presentation skills, and use of audio – visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist

Seminars / symposia:

The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids are to be assessed using a checklist.

Clinico-Pathological conferences:

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

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

Clinical Skills: Day to Day Work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills

Clinical Meetings:

Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list

Clinical and Procedural Skills:

The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book.

Teaching Skills:

Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students

Work diary / Log Book:

Every candidate shall maintain a work diary and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any, conducted by the candidate. The work diary shall be scrutinized by concerned teachers periodically and certified, by the Head of Department and Head of the Institution, and presented during university practical / Clinical examination.

Periodic tests:

In case of degree courses of three years duration (MD/MS, DM, M.Ch), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE(objective structured practical examination or OSCE(objective structured clinical examination) method.

.Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for,

In case of diploma courses of two years duration, the concerned departments may conduct two tests, one of them be at the end of first year and the other in the second year three months before the final examination. The tests may include written papers, practical /clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE or OSCE method.

Records: Records and marks obtained in tests will be maintained by the Head of the Departments and will be made available to the University or MCI.

Procedure for defaulter:

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

Dissertation: Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation shall be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature
4. Material and Methods
5. Results
6. Discussion
7. Conclusion
8. Summary
9. References
10. Tables
11. Annexure

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly

typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Four copies of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination on or before the dates notified by the University.

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

Guide:

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

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

Change of guide:

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

Schedule of Examination:

The examination for M.D. /M.S and DM/M.Ch courses shall be held at the end of three academic years (six academic terms). The examination for the diploma courses shall be held at the end of two academic years (four academic terms).

The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

Scheme of Examination

M.D. /M.S. Degree

M.D. / M.S. Degree examinations in any subject shall consist of dissertation, written papers (Theory), Practical/Clinical and Viva Voce.

Dissertation:

Every candidate shall carryout work and submit a Dissertation as indicated above. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances

may be asked in any or all the papers. In basic medical subjects and para-clinical - subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

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

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

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

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

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical/clinical and(3)viva voce examination. The candidate should pass independently in practical/clinical examination and Viva Voce vide MCI pg 2000 reg no 14(4)(Ciii)

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

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

D.M/M.Ch Degree

DM/M.Ch Degree examinations in any subject shall consist of written theory papers(theory),practical/clinical and Viva voce.

Written Examination (Theory):

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

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

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

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

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

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

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination vide MCI pg 2000 reg no 144-c(iii).

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

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

Distinction will not be awarded for candidates passing the examination in more than one attempt.

Diploma Examination:

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

Theory:

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

Practical / Clinical Examination:

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

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

The maximum marks for Practical/Clinical shall be 150.

Viva-Voce Examination: Viva Voce examination should aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The total marks shall be 50.

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

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

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

Examiners:

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

Number of Candidates per day:

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

MD / MS Courses: Maximum of 6 per day

Diploma Courses: Maximum of 6 per day

DM/M.Ch Courses Maximum of 3 per day

SECTION II

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY AND LEPROSY

Curriculum for post graduate degree course in Dermatology, Venereology and Leprosy[M D]

The curriculum is described under following headings:

I. Goals

II. Objectives

1. Knowledge
2. Skills
3. Human values, Ethical practice and Communication skills

III. Syllabus

IV. Learning and Teaching Activities

1. Lectures
2. Post graduate teaching programs
3. Interdepartmental meetings
4. Rotatory postings
5. Conferences, Continued medical education, Work shops
6. Teaching skills

V. Dissertation

VI. Monitoring of Learning process

1. Observation
2. Checklist
3. Log Book
4. Feedback
5. Dissertation work
6. Internal assessment

VII. Scheme of Examination

1. Theory
2. Practical
3. Viva-voce
4. Criteria for passing
5. Examiners

VIII. Recommended Books and Journals

I. GOALS

The goals of post graduate teaching is to train a MBBS doctor who will,

1. Practice efficiently, effectively backed by evidence based scientific knowledge and skills while maintaining high ethical standards
2. Exercise empathy and a caring attitude towards patients of all socio-economic strata
3. Be a constant learner updating recent advances in the field of his/ her specialty
4. Be a motivated teacher sharing his/ her knowledge and skills with a colleague or a junior or a learner
5. *Constantly take on research work related to his/ her specialty and contribute to the existing scientific knowledge by publishing in scientific journals and presenting papers in various scientific meets*
6. *Actively participate in the National health programs related to his/ her specialty*
7. *Actively participate in the education of general population to remove myths and stigma associated with certain skin diseases*

II. OBJECTIVES

At the end of the course in Dermatology, Venereology and Leprosy, the student should demonstrate the following knowledge and skills to accomplish above mentioned goals.

A. Knowledge

1. Understanding of relevant basic sciences
2. In depth knowledge of history, epidemiology, etiology, pathogenesis, histopathology, differential diagnosis, general principles of diagnosis and management, control and prevention of dermatological conditions including leprosy, sexually transmitted infections and malignancies in adults and children
3. *Pharmacology of topical preparations and systemic drugs used in Dermatology, Venereology and Leprosy*
4. Various therapeutic options (both medical and surgical) available for a given disease and selection of appropriate therapy after discussing the same with patients and / or their relatives while considering the socio-economic, environmental and emotional determinants
5. Recognition of skin signs of systemic diseases and referring the patients to proper specialists
6. Knowledge of information technology tools, and research methods and techniques

B. Skills

1. Elicitation of relevant and correct clinical history and presenting it in a chronological order
2. Complete clinical examination and demonstration of diagnostic clinical signs or tests that will help in arriving at the correct diagnosis of dermatoses and emergencies

3. *Write a complete case record with meaningful progress notes, a proper discharge summary with relevant details, and an appropriate referral note to other specialists or secondary or tertiary health care centers*
4. *Informing efficiently and quickly, the relevant details of an emergency case to seniors or other specialists*
5. *Simple side laboratory procedures or tests that are necessary to make bedside diagnosis*
6. *Appropriate and judicious use of laboratory tests to confirm the diagnosis*
7. *Method of application of various topical preparations and compresses used in the treatment of common dermatoses*
8. *Fluid and electrolyte replacement therapy, and blood transfusion*
9. Emergency procedures like, securing airway (intubation), intravenous access (IV canula/ Venesection/ Central line), Basic and advanced life support
10. Clinical and laboratory monitoring of patients for progression of disease, response to therapy and adverse effects of therapy
11. *Common dermatosurgical and cosmetic dermatological procedures*

C. Human values, Ethical practice and Communication skills

1. Delivery of health care irrespective of socio-economic status, race, religion or caste of the patient
2. Practice of ethical principles in all aspects of his/ her profession
3. *Preservation of professional dignity, honesty and integrity*
4. *Exercise empathy towards patients and their relatives, and behave in front of them appropriately*
5. Follow high moral and ethical standards while carrying out research on humans or animals
6. Develop communication skills to convince the patients and/ or their relatives regarding the prognosis of the disease, available treatment options, and their outcome
7. *Communicate efficiently about a bad news to the patient or family members*
8. *Listen and respond patiently to all the queries of patients regarding the disease and its management*
9. Respect the rights and privileges of patients including right to information and right to seek second opinion
10. Be humble enough to accept the limitations of one's knowledge and skills, and ask for help from colleagues when needed
11. Develop leadership qualities to provide congenial working environment and get the best out of team

III. SYLLABUS

A. Basic sciences relevant to the specialty

1. Basic Pathology
2. Basic Microbiology
3. Basic Pharmacology

4. Basic Immunology
5. Basic genetics

B. Dermatology

1. History of dermatology
2. Epidemiology of skin diseases
3. Embryology of skin and its appendages
4. Anatomy and Physiology of skin and its appendages
5. Basic skin lesions and general principles of diagnosis of skin diseases
6. Basic dermatopathology including special stains and immunohistochemistry
7. Pathophysiology and management of pruritus
8. Infections, Infestations, bites and stings
9. *Emerging infectious diseases (Chickungunya, Dengue and Rickettsial fever)*
10. Eczemas
11. Papulosquamous disorders and other disorders of keratinization
12. Vesiculobullous disorders including EM, SJS and TEN
13. Pigmentary disorders
14. Photodermatoses
15. Genodermatoses and prenatal diagnosis
16. Nevi and other developmental defects
17. Disorders of hair
18. Disorders of nail
19. Disorders of eccrine sweat glands
20. Disorders of apocrine glands
21. Disorders of sebaceous glands including rosacea, flushing and perioral dermatitis
22. Disorders of connective tissue
23. Inflammatory and neoplastic disorders of dermis
24. Disorders of subcutaneous tissue
25. Disorders of oral and anogenital mucosa
26. Vascular anomalies and tumors of skin and subcutaneous tissues
27. Benign and malignant tumors of epidermis and appendages
28. Occupational and environmental dermatoses
29. Skin changes due to chemical agents, drugs and transplantation
30. Skin changes due to mechanical and physical factors
31. Urticaria and angioedema
32. Neonatal, pediatric, adolescent and geriatric dermatology
33. Racial and ethnic skin diseases
34. Cutaneous manifestations in pregnancy
35. Cutaneous manifestations of nutritional and metabolic disorders
36. Cutaneous infiltration of bone marrow and blood cells
37. Cutaneous manifestations of disorders of organ systems
38. Cutaneous manifestations of multisystem diseases
39. Evidence based dermatology

C. Leprosy

1. History of Leprosy
2. Epidemiology of Leprosy
3. Microbiology of Mycobacterium leprae

4. Pathogenesis of Leprosy
5. Pathology of Leprosy
6. Classification of Leprosy
7. Clinical Leprosy
8. Diagnosis of Leprosy
9. Differential diagnosis of Leprosy
10. Management of Leprosy
11. Deformities and Disabilities in Leprosy
12. Rehabilitation of Leprosy patients
13. Control of Leprosy and National Leprosy Programs
14. Experimental Leprosy including Vaccines

D. Sexually transmitted diseases and HIV/ AIDS

1. History of Sexually Transmitted Diseases
2. Epidemiology of Sexually Transmitted Diseases
3. Sexually Transmitted Diseases and Reproductive Health
4. Interaction between Sexually Transmitted Diseases and HIV infection
5. Syphilis
6. Gonorrhoea
7. Lymphogranuloma venereum
8. Granuloma Inguinale
9. Herpes Genitalis
10. Genital Warts
11. Non gonococcal urethritis
12. Differential diagnosis of Vaginal discharge
13. Syndromic management of Sexually Transmitted Diseases
14. HIV/ AIDS- History, Epidemiology, Etiology, Pathogenesis, Muco-cutaneous manifestations, Systemic involvement, HIV counseling, Laboratory investigations and Management
15. Sexually Transmitted Diseases and HIV/ AIDS in children
16. Control of Sexually Transmitted Diseases and HIV/ AIDS including Vaccines

E. Dermatologic drug therapy

1. Topical therapy

- a. Topical formulations
- b. Principles of topical therapy
- c. Topical antibiotics
- d. Topical antifungals
- e. Topical antivirals
- f. Topical antiparasitics
- g. Topical steroids
- h. Topical retinoids
- i. Topical calcineurin inhibitors
- j. Topical Vitamin D₃ analogues
- k. Topical contact allergens
- l. Sunscreens

- m. Keratolytic and comedolytics
- n. Insect repellants
- o. Therapeutic shampoos
- p. Miscellaneous topical agents
- q. Intralesional therapy

2. Systemic therapy

- a. Systemic antibiotics including antileprosy and antituberculous agents
- b. Systemic antifungals
- c. Systemic antivirals
- d. Systemic antiparasitic agents
- e. Systemic corticosteroids
- f. Systemic immunosuppressants and Chemotherapeutics
- g. Systemic retinoids
- h. Antimalarials
- i. Antihistamines
- j. Antiandrogens and Androgen inhibitors
- k. Psychotropic agents
- l. Intravenous immunoglobulins
- m. Interferons
- n. Biological agents
- o. Vasoactive and Antiplatelet agents
- p. Miscellaneous systemic drugs

3. Phototherapy

- a. Narrow Band UVB/ UVB/ UVA therapy and Photochemotherapy
- b. Extracorporeal photochemotherapy
- c. Photodynamic therapy

4. Others

- a. Dermatologic drug therapy in pregnancy and lactation
- b. Dermatologic drug therapy in infants and children

F. Dermatosurgery

- 1. Local anesthesia and Nerve blocks
- 2. Electrosurgery
- 3. Vitiligo surgery
- 4. Iontophoresis
- 5. Excision cysts
- 6. Dermabrasion

G. Cosmetic dermatology

- 1. Chemical peels
- 2. Lasers in dermatology
- 3. Botulinum toxin injections

H. Human sexuality

IV. LEARNING AND TEACHING ACTIVITIES

The continuous learning and teaching activities require certain disciplines to be followed by a post graduate student. They are as follows:

1. Should work in the institution as a full time student
2. Should not run a clinic/ laboratory/ nursing home
3. Should attend teaching and learning activities as per the schedule prescribed by the department or institution
4. Should not remain absent from work or teaching and learning activities without a valid reason and in such case, should take prior permission from head of the department and/ or institution
5. Should have 80% or more attendance during each year to be eligible for university examination

The following are the list of teaching and learning activities designed to facilitate students to acquire essential knowledge and skills.

A. Lectures

Lectures are restricted for certain topics that are common for all post graduate students irrespective of specialty. Lectures may be didactic and integrated.

1. **Didactic lectures:** These are to be conducted by Department of Medical Education during the first few months of course. The following topics may be covered.
 - a. Medical code of conduct and Medical ethics
 - b. Bio-statistics
 - c. Research methods and techniques
 - d. Use of library
 - e. Literature search using information technology tools
 - f. Synopsis and Dissertation preparation
 - g. Medico-legal aspects
 - h. Guidelines for OHP writing and power point presentation
 - i. Communication and behavioral skills
2. **Integrated lectures:** These lectures, on common systemic disorders relevant to Dermatology, Venereology and Leprosy, are conducted by multidisciplinary team.

B. Post graduate teaching programs

The post graduate teaching programs are designed to enable a student to achieve the goals of post graduate course. The guidelines to conduct teaching programs are as follows:

- a. Should be held once in a week

- b. Should be attended by all the post graduate students and teaching staff
- c. All post graduate students and teaching staff should actively participate in discussion
- d. A time table of teaching programs with names of students and respective moderators should be displayed at the beginning of the year
- e. All students must accomplish, by rotation, all the allotted teaching programs
- f. Relevant details of teaching programs should be entered in a log book and should be signed by the moderator
- g. Any questions unanswered should be noted down in a home diary and the same should be answered next day
- h. The presentation is evaluated using a check list

1. Journal club

Preferably original articles or studies are selected. The articles are chosen not only from the dermatology, venereology and leprosy journals, but also from that of allied sciences. The components of an article, such as title of the article, need for the study, aims and objectives, material and methods, results, discussion, and conclusion are discussed.

2. Subject seminar

The subjects for seminar are chosen in such a way that all the topics of syllabus are covered. The time scheduled for each seminar is 40 minutes. The importance is given to in depth study and literature search.

3. Clinical case presentation

The case is given well in advance, preferably 2-3 days, for complete work up.

4. Grand rounds

Post graduate students should work up the newly admitted patients and present to the teaching staff next day. The details of case like, diagnosis, management and monitoring are discussed.

5. Clinico-pathological correlation

The histopathology of common dermatoses and also dermatoses with specific histopathological features are discussed. Good and classical histopathological slides are used for discussion. The importance is given for identification of pathological changes in each layer and structure of skin and subcutaneous tissue.

C. Short talks

Every day after the completion of ward rounds one of the post graduate students or teaching staff talks for 5 minutes about a topic of his/ her choice. This is entered in a separate book. The post graduate students should enter in the log book.

D. Interdepartmental meetings

Interactive sessions are conducted at least once a week with departments of pathology and radio-diagnosis. During each session a post graduate student presents clinical aspects of selected interesting case (seen in the OPD or wards) and histopathological features are discussed by the pathology staff. Similarly interesting case and its radiological changes can be discussed with radiology staff.

E. Rotatory postings

Post graduate students are posted to allied subjects relevant to Dermatology, Venereology and Leprosy. This will improve the knowledge and skills of students. The students are posted in first year to pathology and microbiology departments and in third year to Departments of General medicine, Pediatrics, Surgery, Casualty and psychiatry- 2 weeks each. The students are also posted to leprosy clinic/ hospital for 4 weeks. The syllabus for rotatory postings is as follows:

1. Pathology

- a. Specimen processing, and Hematoxyline and Eosin staining*
- b. Special staining methods for structures/ components of skin and its appendages*
- c. Normal histopathology of skin and its appendages*
- d. Recognition of basic histopathological reactive patterns of structures/ components of skin and its appendages in various disorders*
- e. Identification of normal and abnormal cells in the skin and its appendages*

2. Microbiology

- a. Collection and Transportation of clinical specimen*
- b. Staining Techniques*
- c. Culture methods*
- d. Serology techniques*
- e. Sterilization and antiseptic methods*
- f. Universal precaution and Disposal of Bio-medical wastes*

3. General medicine

- a. Management of shock*
- b. Fluid and electrolyte therapy, and Blood transfusion*
- c. Management of common emergencies, status epilepticus, status asthmaticus*

4. Surgery

- a. Securing airway*
- b. Securing intravenous access (IV canula/ Venesection/ Central line)*
- c. Suture techniques*
- d. Urethral catheterization and Ryle's tube insertion*

5. *Pediatrics*

- a. *Examination of a child*
- b. *Fluid and Electrolyte therapy, and blood transfusion*
- c. *Nutritional supplementation*

6. *Psychiatry*

- a. *Patient Counseling*
- b. *Diagnosis and Management of psychocutaneous disorders*

7. *Casualty*

- a. *Medico-legal aspects*
- b. *Declaration of death and Issue of death certificate*
- c. *Issue of Medical certificates*
- d. *Taking informed written consent from the patient or family members*

F. Conferences, Continued medical education, Work shops

The post graduate students are encouraged to present scientific papers or posters at various scientific meets. *Paper presentation in at least one national and one regional conference is compulsory.*

G. Teaching skills

The post graduate students should take bedside clinics or demonstrations for undergraduates.

V. MONITORING OF LEARNING PROCESS

Monitoring and assessment of learning process is important to evaluate students and also the effectiveness of learning and teaching activities. Several modalities are used for monitoring and assessment.

A. Observation

This modality is used to assess personal attitudes, and day to day work in out patient department and wards. The following items are observed.

1. Personal attitudes

- a. Caring attitudes
- b. Initiative
- c. Potential to cope with stressful situations and undertake responsibility
- d. Trust worthiness and reliability
- e. Organizational capability and ability to work in a team
- f. A critical enquiring approach to the acquisition of knowledge

2. Day to day work

The sincerity, punctuality, analytical approach and communication skills of students in day to day work in out patient department and wards are assessed. Procedural skills are assessed by giving graded responsibility to enable learning by apprenticeship and by direct observation.

B. Check list

The performance of post graduate student in the teaching programs is assessed using checklists (Checklists I- IV). Different model checklists are used for each type of teaching programme. Each parameter in the checklist is graded and marked accordingly. After assessment, the checklists are filed and separate file is maintained for each student.

C. Log book

Log book is used to enter following activities of the post graduate student:

1. Day to day work done in the out patient department and wards
2. Post graduate teaching programs attended including the presentations made
3. Interdepartmental meetings
4. Diagnostic and therapeutic procedures performed independently or as an assistant, or as an observer
5. Conferences, Continued Medical Education, Workshop etc., attended and paper or poster presented
6. Health camps attended
7. Undergraduate teaching or demonstration including the batch and topic
8. Short talks

D. Feedback

Feedback from the undergraduate students is used to assess teaching skills. Feedback from departments of allied subjects is also received to assess the performance of post graduate student during rotatory postings and interdepartmental meetings

E. Dissertation work

Post graduate student must meet his/ her guide once in a week to show the progress of dissertation work. The proformas and master chart are verified and signed by the guide.

F. Periodic assessment

Periodic theory, practical and viva-voce examinations are conducted to assess the acquisition of knowledge and skills. The periodic tests are conducted once in a year and the syllabus for the same is announced in the beginning. The marks obtained by each student are filed separately.

VI. SCHEME OF EXAMINATION (700 marks)

A. Theory (400 marks)

The theory examination is conducted after successful completion of 3 years of post graduate course. It consists of four papers held on four consecutive days. Each paper is of three hours duration. Details of question paper pattern and the distribution of syllabus for each paper is as follows:

SCHEME

Paper	Syllabus	No. of questions			Marks for each question			Time (hours)
		Long	Short	Total	Long	Short	Total	
I	Basic sciences relevant to dermatology, STDs and Leprosy	2	6	8	20	10	100	3
II	Dermatology including dermatologic drug therapy, dermatosurgery, cosmetic dermatology, and Skin in systemic diseases and multisystem disorders	2	6	8	20	10	100	3
III	STDs, HIV/ AIDS, Leprosy and Human sexuality	2	6	8	20	10	100	3
IV	Recent advances relevant to dermatology, STDs/HIV and Leprosy	2	6	8	20	10	100	3

B. Practical (200 marks, 3 hr)

The practical examination is conducted after theory and it consists of 3 cases (1 long case and 2 short cases) one each from dermatology, STDs and leprosy, and 10 spotters. No more than 6 post graduate students should be examined in a day. Marks and time distribution is as follows:

Case	Syllabus	No. of cases	Time for each case (Total time)	Marks for each case	Total marks
Long case	Dermatology	1	45+15 mins (1hr)	70	70
Short case	STDs/ HIV/ AIDS	1	20+10 mins (30 mins)	35	70
	Leprosy	1	20+10 mins (30 mins)	35	
Spotters	Common dermatoses, STDs and HIV/ AIDS, and Leprosy	10	03 mins (30 mins)	06	60

C. Viva-voce (100 marks, 30 mins)

1. Viva-voce examination (80 marks, 20 mins)

All the examiners conjointly conduct the viva-voce to assess candidate's comprehension, analytical approach, expression and interpretation of data. This can be done through following components:

- a. Questions from syllabus
- b. Case reports with photos
- c. Histopathology slides
- d. Instruments
- e. Drugs
- f. X-rays, and ultrasound and CT scan images
- g. Discussion on dissertation

2. Pedagogy (20 marks, 10 mins)

A topic is given to the candidate at the beginning of practical examination and he/ she is asked to make a presentation on the topic for 10 minutes.

D. Criteria for passing

A post graduate student is declared to have passed the university exams only if he/ she secure 50% or more marks each in practical and viva-voce. ***An aggregate of 50% (minimum 40% of marks in each theory paper)*** in theory is mandatory for passing.

E. Examiners

A total of four examiners should conduct the examination, two internal examiners from the same university and two external examiners from two different universities. At least one external examiner should be from another state.

VII. RECOMMENDED BOOKS AND JOURNALS (LATEST EDITIONS)

A. Books

1. Dermatology

- a. Rook's Textbook of Dermatology, Burns T, Breathnach S, Cox N, Griffiths C, Editors.
- b. Fitzpatrick's Dermatology in Internal Medicine, Wolff K, Goldsmith LA, Katz SI, Gilchrist BA, Paller AS, Leffell DJ, Editors.
- c. Dermatology, Bolgna JL, Jorrizzo JL, Rapini RP, Editors.
- d. Andrew's Diseases of the Skin. Clinical Dermatology, James WD, Berger TG, Elston DM, Editors.
- e. IADVL's Textbook and Color atlas of Dermatology, Walia RG, Walia AR, Editors.

- f. Textbook of Pediatric Dermatology, Harper J, Oranje A, Prose N, Editors.
- g. Pediatric Dermatology, Schachner CA, Hansen RC, Editors.
- h. *Textbook of Pediatric dermatology. Inamadar AC, Sacchidanand S, editors.*
- i. Hurwitz Clinical Pediatric Dermatology, Paller AS, Mancini AJ, Editors.
- j. Fisher's Contact Dermatitis. Rietschtl RL, Fowler Jr JF, Editors.
- k. Contact and Occupational Dermatology, Mark Jr JG, Elsner P, de Leo V, Editors.
- l. Lever's Histopathology of the skin, Elder D, Elentsas R, Johnson Jr B, Murphy GF, Editors.
- m. Skin Pathology, Weedon D, Editor.
- n. *Recent advances in pediatric dermatology. Inamadar AC, Aparna Palit, editors.*

2. Leprosy

- a. Leprosy, Hastings RC, Editors.
- b. *IAL Textbook of Leprosy. Kar HK, Kumar B, editors, 1st edition. New Delhi: JayPee Medical Publisher PVT Ltd, 2009*
- c. Handbook of Leprosy, Jopling WH, McDougal AC, Editors.

3. Sexually transmitted diseases and HIV/ AIDS

- a. Sexually Transmitted Diseases, Holmes KK, Sparling PF, Stamm WE, Piot P, Wasseheit JN, Corey L, et al., Editors, 4th Edition, New York: McGraw Hill Medical, 2008
- b. Venereal Diseases, King A, Nicole C, Rodin P, Editors, 4th Edition, East Sussex: ELBS, 1990
- c. Tropical Venereology, Arya and Osaba
- d. Clinical Practice in Sexually Transmitted Infections, McMillan A, Young H, Ogilvie MM, Scott GR, Editors.
- e. Sexually transmitted Diseases and AIDS, Sharma VK, Editors.

4. Dermatologic drug therapy

- a. Comprehensive Dermatologic Drug Therapy, Wolverton SE, Editor.

5. Dermatosurgery and Cosmetic dermatology

- a. Textbook and Atlas of Dermatosurgery and Cosmetic Dermatology, Sawant S, Atalshah R, Gore D, Editors.

6. Human sexuality

- a. Education in Human Sexuality, Panthaki D, Editors.

B. Journals

1. Archives of dermatology
2. British journal of Dermatology
3. Dermatology
4. Dermatology clinics
5. Indian Journal of Dermatology, Venereology and Leprosy
6. Indian Journal of Leprosy
7. Indian Journal of Sexually transmitted diseases
8. International Journal of Dermatology
9. Journal American Academy of Dermatology
10. Leprosy review
11. Pediatric dermatology
12. Seminars in Cutaneous Medicine and Surgery
13. Sexually Transmitted Infections
14. Lancet
15. New England Journal of Medicine
16. British Medical Journal
17. Clinical Infectious diseases

SECTION III

Additional reading

1. Compendium of Recommendations of Various committees on Health and Development (1943-1975) DGHS, 1985 Central Bureau of Health Intelligence, Directorate General of Health Services, Min. Of Health and Family Welfare, Govt. of India, Nariman Bhawan New-Delhi, P-335
2. National Health Policy: Min. of Health & Family Welfare, Nirman Bhawan, New Delhi, 1983
3. Santosh Kumar: The elements of Research, writing and editing 1994, Dept. of Urology, JIPMER, Pondicherry.
4. Srinivasa D K et al : Medical Education Principles and Practice, 1995. National Teacher Training Centre, JIPMER, Pondicherry.
5. Ethical guidelines for biomedical research on human participants I.C.M.R. New Delhi 2006.
6. Code of Medical Ethics framed under Section 33 of the Indian Medical Council Act, 1956. Medical Council of India, Kotla Road, New Delhi.
7. Francis C.M: Medical Ethics, Jaypee Publications, Bangalore, 2nd Edn-2004.
8. Indian National Science Academy, Guidelines for care and use of animals in Scientific Research, New Delhi, 1994.
9. International Committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N England Journal of Medicine. 1991, 424-8
10. Kirkwood B.R. Essentials of Medical Statistics, 1st Ed. Oxford, Blackwell Scientific Publications 1988.
11. Mahajan B.K.: Methods in Bio-statistics for Medical students, 5th Edition new Delhi, Jaypee Brothers Medical Publishers, 1989.
12. K.R. Sundaram, S.N. Dwivedi, V. Srinivas. Medical Statistics. Principles & Methods .B.I. Publications, New Delhi, 2010
13. R.K. Chaube: Consumer Protection Act and Medical Profession, 1st Edition, 1999, Jaypee Brothers.

SECTION IV

MODEL CHECKLIST - 1

MODEL CHECKLIST FOR EVALUATION OF SUBJECT SEMINAR

Title of the seminar topic:

Name of the moderator:

<i>Sl no.</i>	<i>Observations</i>	<i>Poor D</i>	<i>Average C</i>	<i>Good B</i>	<i>Excellent A</i>
<i>1</i>	<i>Clarity of presentation</i>				
<i>2</i>	<i>Chronological order of presentation</i>				
<i>3</i>	<i>Use of Audio-visual aids</i>				
<i>4</i>	<i>Time scheduling</i>				
<i>5</i>	<i>Completeness of preparation</i>				
<i>6</i>	<i>Quality and adequacy of references</i>				
<i>7</i>	<i>Ability to answer questions</i>				
<i>8</i>	<i>Overall performance</i>				

Remarks:

Date:

(Signature of the moderator)

MODEL CHECKLIST - II

MODEL CHECKLIST FOR EVALUATION OF JOURNAL CLUB

Name of the Journal:

Title of the article:

1.

2.

Name of the moderator:

<i>Sl no.</i>	<i>Observations</i>	<i>Poor D</i>	<i>Average C</i>	<i>Good B</i>	<i>Excellent A</i>
<i>1</i>	<i>Clarity of presentation</i>				
<i>2</i>	<i>Use of Audio-visual aids</i>				
<i>3</i>	<i>Time scheduling</i>				
<i>4</i>	<i>Analysis of Study design or report</i>				
<i>5</i>	<i>Analysis of Objectives of the article</i>				
<i>6</i>	<i>Analysis of Materials and methods</i>				
<i>7</i>	<i>Analysis of presentation of Results</i>				
<i>8</i>	<i>Analysis of Discussion of results</i>				
<i>9</i>	<i>Analysis of Conclusions drawn</i>				
<i>10</i>	<i>Cross references referred</i>				
<i>11</i>	<i>Ability to answer questions</i>				
<i>12</i>	<i>Overall performance</i>				

Remarks:

Date:

(Signature of the moderator)

MODEL CHECKLIST – III

MODEL CHECKLIST FOR EVALUATION OF CASE PRESENTATION

Diagnosis of case:

Name of the moderator:

<i>Sl no.</i>	<i>Observations</i>	<i>Poor D</i>	<i>Average C</i>	<i>Good B</i>	<i>Excellent A</i>
1	<i>Clarity of presentation</i>				
2	<i>Relevant history taking</i>				
3	<i>Chronological order of presentation</i>				
4	<i>Interpretation of historical findings</i>				
5	<i>General physical examination</i>				
6	<i>Completeness of cutaneous examination</i>				
7	<i>Demonstration of clinical signs and tests</i>				
8	<i>Interpretation of clinical signs and tests</i>				
9	<i>Examination of relevant systems</i>				
10	<i>Summary of the case</i>				
11	<i>Ability to defend the diagnosis</i>				
12	<i>Ability to exclude differential diagnosis</i>				
13	<i>Demonstration of side lab procedures</i>				
14	<i>Interpretation of side lab procedures</i>				
15	<i>Chronology of relevant lab investigations</i>				
16	<i>Interpretation of lab investigation</i>				
17	<i>Ability to use clinical and lab findings in management strategy</i>				
18	<i>Suggestion of appropriate management strategy</i>				
19	<i>Ability to answer questions</i>				
20	<i>Communication and behavioral skills</i>				
21	<i>Overall performance</i>				

Remarks:

Date:

(Signature of the moderator)

MODEL CHECHLIST- IV

MODEL CHECKLIST FOR EVALUATION OF CLINICO-PATHOLOGICAL CORRELATION

Histopathology slide:

Name of the moderator:

<i>Sl no.</i>	<i>Observations</i>	<i>Poor D</i>	<i>Average C</i>	<i>Good B</i>	<i>Excellent A</i>
1	<i>Clarity of presentation</i>				
2	<i>Ability to recognize all pathological changes</i>				
3	<i>Chronological order of presentation</i>				
4	<i>Interpretation of each pathological change</i>				
5	<i>Histiogenesis of each pathological change</i>				
6	<i>Ability to exclude relevant differential diagnosis</i>				
7	<i>Ability to defend the diagnosis</i>				
8	<i>Ability to answer questions</i>				
9	<i>Overall performance</i>				

Remarks:

Date:

(Signature of the moderator)