



BLDE

(DEEMED TO BE UNIVERSITY)

Competency Based Medical Education
(CBME)

PG CURRICULUM
2019-20

MD Dermatology, Venereology
and Leprosy

Published by

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Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

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

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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BLDE(DU)/REG/PG-Curr/2019-20/268

May 06, 2019

NOTIFICATION

Sub: **Competency Based Medical Education (CBME) based Revision of Post Graduate Curriculum**

- Ref: 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 28th meeting Academic Council of the University held on April 26, 2019.
3. Minutes of the 47th meeting Board of Management held on May 04, 2019.

The Board of Management of the University is pleased to **approve the CBME based Revised Curriculum for Post Graduate Degree Course at in its 47th meeting held on May 04, 2019.**

The Revised Curriculum shall be effective, from the Academic Session 2020-21 onwards, for Post Graduate Degree Course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.

REGISTRAR
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BLDE (Deemed to be University)
Vijayapura-586103, Karnataka.

To,

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

Copy to:

- The Secretary, UGC, New Delhi
- The Secretary, MCI
- The Controller of Examinations
- The Vice Principal
- The Vice Principal (Academics)
- The Prof. & HODs Pre, Para and Clinical Departments
- The Co-ordinator, IQAC
- PS to the Hon'ble Chancellor
- PS to the Hon'ble Vice-Chancellor

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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Our Vision

“To be a Leader and be recognized as an Institution striving for maintenance and enhancement of Quality Medical Education and Healthcare”

Our Mission

- To be committed to promote sustainable development of higher education including Health science education, consistent with the statutory and regulatory requirements.
- Reflect the needs of changing technology and make use of the academic autonomy to identify the academic programs that are dynamic.
- Adopt global concepts in education in the healthcare sector.

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 as stated in the Post Graduate Medical Education Regulations 2000 and its amendments thereof [May2018]

- (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, pertaining 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
- Teaching skills to the undergraduates, juniors and support teams

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [amended upto May 2018]

Eligibility for Admission:

1. Post graduate degree course:

The candidate seeking admission should have passed MBBS from a college recognized by Medical Council of India.

As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test

conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

Candidates seeking admission to superspeciality [M.Ch]

The candidate seeking admission to superspeciality course should have passed MS/MD in concerned subjects (As per MCI regulations & its amendments thereof) or passed DNB in concerned broad specialities & should fulfill requirements of MCI regulations.

2. As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognized 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 Courses even if he/she is placed in the merit list of statutory authority and BLDE (Deemed to be University).

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree 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 superspeciality courses has to produce degree/pass certificate of MD/MS/DNB 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 completed 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 completed years including examinations.

Training Method

The postgraduate training for degree 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. Exposure to applied aspects of their learning should be addressed. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

Training of superspeciality [M.Ch] should follow similar pattern. In addition, they have to be trained in advanced techniques of diagnosis and treatment pertaining to their specialty, participate actively in surgical operations as well.

Attendance, Progress and Conduct

A candidate pursuing degree 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, assessment of 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 specialties, 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, skills of performing necessary tests/experiments
- Teaching skills.
- Documentation skills

Personal Attitudes:

The essential items are:

- Caring attitude, empathy
- Initiative in work and accepting responsibilities
- Organizational ability
- Potential to cope with stressful situations and undertake graded 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. Any appropriate methods can be used to assess these. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers. However every attempt should be made to minimize subjectivity.

Acquisition of Knowledge:

Lectures: Lectures/theory classes as necessary may be conducted. It is preferable to have one class per week if possible. They may, be employed for teaching certain topics. Lectures may be didactic or integrated.

The following selected common topics for post graduate students of all specialties to be covered are suggested here. These topics can be addressed in general with appropriate teaching-learning methods centrally or at departmental level.

- History of medicine with special reference to ancient Indian medicine
- Basics of health economics and health insurance
- Medical sociology, Doctor –Patient relationship, role of family in disease
- Professionalism & Medical code of Conduct and Medical Ethics
- Research Methods, Bio-statistics
- Use of library, literature search ,use of various software and databases

- Responsible conduct of research
- How to write an article, publication ethics and Plagiarism
- Journal review and evidence based medicine
- Use of computers & Appropriate use of AV aids
- Rational drug therapy
- National Health and Disease Control Programmes
- Roles of specialist in system based practice
- Communication skills.
- Bio medical waste management
- Patient safety, medical errors and health hazards
- Patient's rights for health information and patient charter.

These topics may preferably taken up in the first few weeks of the 1st year commonly for all new postgraduates and later in 2nd year or 3rd year as required during their progression of the programme. The specialty wise topics can be planned and conducted at departmental level.

- a) Integrated teaching: These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc. They should be planned well in advance and conducted.

Journal Review Meeting (Journal club):

The ability to do literature search, in depth study, presentation skills, use of audio – visual aids, understanding and applying evidence based medicine are to be focused and 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.

Group discussions: Group discussions are one of the means to train and assess the student's ability to analyse the given problem or situation, apply the knowledge and make appropriate decisions. This method can be adopted to train and assess the competency of students in analyzing and applying knowledge.

Death review meetings/Mortality meetings: Death review meetings is important method for reflective learning. A well conducted morbidity and mortality meetings bring about significant reduction in complications, improve patient care and hospital services. They also address system related issues. Monthly meetings should be conducted with active participation of faculty and students. Combined death review meetings may be required wherever necessary.

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

Attitude and Communication skills:

Candidates should be trained in proper communication skills towards interaction and communication with patients, attendees and society in general. There should be appropriate training in obtaining proper written informed consent, discussion and documentation of the proceedings. Structured training in various areas like consent, briefing regarding progress and breaking bad news are essential in developing competencies.

Variety of teaching –learning methods like Role play, video based training, standardized patient scenarios, reflective learning and assisting the team leader in all these areas will improve the skills. Assessment can be done using OSCE simulated scenarios and narratives or any appropriate means. Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness are very helpful.

Work diary / Log Book:

Every candidate shall maintain a Work Diary/Log Book 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, conducted by the candidate. A well written and validated Log Book reflects the competencies attained by the learner and points to the gap which needs address. This Log Book 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,

Assessment

Assessment should be comprehensive & objective. It should address the stated competencies of the course. The assessment needs to be spread over the duration of the course.

FORMATIVE ASSESSMENT, ie., assessment during the training would include:

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles

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

Quarterly assessment during the Postgraduate training course should be based on following educational activities:

1. Journal based/recent advances learning
2. Patient based/Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and outreach Activities/CMEs

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.

Adequate number of copies as per norms and a soft copy of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination or before the dates notified by the University.

The dissertation shall be valued by examiners appointed by the university. Acceptance 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 and its amendments thereof. 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 (Deemed to be 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. 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 and 4th paper on Recent advances, which 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 minimum. However additional assessment methods can be adopted which will test the necessary competencies reasonably well.

The total marks for Practical / Clinical examination shall be 300.

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 pass & distinction: 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)

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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 300.

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 passing and distinction: 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).

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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

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 8 per day
- DM/M.Ch Maximum of 3 per day

Additional annexure to be included in all curricula

Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
Name of the PG Student :
Period of Training : FROM..... TO.....

Sr. No	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1	Journal based/recent advances learning				
2	Patient based /Laboratory or Skill based learning				
3	Self directed learning and teaching				
4	Departmental and interdepartmental learning activity				
5	External and Outreach Activities/CMEs				
6	Thesis/Research work				
7	Log Book Maintenance				

Publications Yes/No

Remarks*
.....
.....
.....

*Remarks: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF GUIDE

SIGNATURE OF HOD

SIGNATURE OF UNIT CHIEF

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 (Cognitive domain)
2. Skills (Psychomotor domain)
3. Human values, Ethical practice and Communication skills (Affective domain)

III. Syllabus

IV. Learning and Teaching Activities

1. Lectures
2. Post graduate teaching programs
3. Interdepartmental meetings
4. Rotatory postings to Medicine and Emergency care
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, as well as acquire basic skills in teaching medical/para-medical students.
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 and be able to* be able to counsel patients and relatives in infectious diseases like HIV/AIDS, STDs, cutaneous tuberculosis, leprosy and any event of serious illness or death.

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 (Cognitive domain)

1. Understanding of relevant basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology)
2. Describe structure, functions and development of human skin.
3. Describe ultrastructural aspects of epidermis, epidermal appendages, dermoepidermal junction, dermis, and sub-cutis.
4. Describe basic pathologic patterns and reactions of skin.
5. 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
6. *Pharmacology of topical preparations and systemic drugs used in Dermatology, Venereology and Leprosy*
7. 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

8. Acquire knowledge of the basics of laser operation and precautions which needs to be taken.
9. Recognition of skin signs of systemic diseases and referring the patients to proper specialists
10. Knowledge of information technology tools, and research methods and techniques

B. Skills (Psychomotor domain)

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 slide laboratory procedures or tests that are necessary to make bedside diagnosis*
6. *Appropriate and judicious use of laboratory tests to confirm the diagnosis*
7. Be able to plan and deliver comprehensive treatment for diseases using principles of rational drug therapy.
8. Be able to plan and advice measures for the prevention of infectious disease.
9. Be able to plan rehabilitation of patient suffering from chronic illness and disability and those with special needs like leprosy.
10. Be able to analyze and interpret histopathology slides.
11. *Method of application of various topical preparations and compresses used in the treatment of common dermatoses*
12. *Fluid and electrolyte replacement therapy, and blood transfusion*
13. Emergency procedures like, securing airway (intubation), intravenous access (IV canula/ Venesection/ Central line), Basic and advanced life support
14. Clinical and laboratory monitoring of patients for progression of disease, response to therapy and adverse effects of therapy
15. *Common dermatosurgical, laser and cosmetic dermatological procedures*

C. Human values, Ethical practice and Communication skills (Affective domain)

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. *To 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
40. Basics of Dermoscopy and its application in 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. Small molecules in the treatment of dermatological conditions
- q. 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
- 7. Platelet rich plasma in androgenetic alopecia, acne scar management
- 8. Platelet rich fibrin in wound care

G. Cosmetic/Aesthetic dermatology

- 1. Chemical peels
- 2. Microneedling therapy
- 3. Lasers in dermatology
- 4. Fillers and injectables in cosmetic/aesthetic

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: Students are posted for four weeks under the department of Medicine/Emergency Medicine for exposure in management of emergencies and resuscitation.

F. Conferences, Continued medical education, Work shops

The post graduate students are encouraged to present scientific papers or posters at various scientific meets. A postgraduate is required to present a paper, a poster in a national/state conference, and publish/submit a paper for publication to be eligible to appear for final examination.

G. Teaching skills

The post graduate students should take bedside clinics or demonstrations for undergraduates as well as para-clinical and nursing students.

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

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

B. Practical (300 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 8 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)	100	100
Short case	STDs/ HIV/ AIDS	1	20+10 mins (30 mins)	50	100
	Leprosy	1	20+10 mins (30 mins)	50	
Spotters	Common dermatoses, STDs and HIV/ AIDS, and Leprosy	10	03 mins (30 mins)	10	100

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. 9th ed
- b. Fitzpatrick's Dermatology in Internal Medicine, Wolff K, Goldsmith LA, Katz SI, Gilchrist BA, Paller AS, Leffell DJ, Editors. 8th ed.
- c. Dermatology, Bologna JL, Jorizzo JL, Rapini RP, Editors. 4th ed.
- d. Andrew's Diseases of the Skin. Clinical Dermatology, James WD, Berger TG, Elston DM, Editors. 12th ed.
- e. IADVL's Textbook and Color atlas of Dermatology, Walia RG, Walia AR, Editors. 4th ed.
- f. Textbook of Pediatric Dermatology, Harper J, Oranje A, Prose N, Editors. 3rd ed.
- g. Pediatric Dermatology, Schachner CA, Hansen RC, Editors.
- h. *Textbook of Pediatric dermatology. Inamadar AC, Sacchidanand S, editors. 2nd ed*
- i. Hurwitz Clinical Pediatric Dermatology, Paller AS, Mancini AJ, Editors. 5th ed.
- j. Fisher's Contact Dermatitis. Rietschtl RL, Fowler Jr JF, Editors. 6th ed.
- 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. 11th ed.
- m. Skin Pathology, Weedon D, Editor. 4th ed.
- 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, 2nd 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. 3rd ed.

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**MODEL CHECKLIST - 1****MODEL CHECKLIST FOR EVALUATION OF SUBJECT SEMINAR**

Title of the seminar topic:

Name of the moderator:

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

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:

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

Remarks:

Date:

(Signature of the moderator)

MODEL CHECKLIST – III**MODEL CHECKLIST FOR EVALUATION OF CASE PRESENTATION**

Diagnosis of case:

Name of the moderator:

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

Remarks:

Date:

(Signature of the moderator)

MODEL CHECHLIST- IV**MODEL CHECKLIST FOR EVALUATION OF CLINICO-PATHOLOGICAL
CORRELATION****Histopathology slide:****Name of the moderator:**

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

Remarks:**Date:****(Signature of the moderator)**

CHECHLIST- V
Postgraduate Students Appraisal Form
Pre / Para /Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1.	Journal based / recent advances learning				
2.	Patient based /Laboratory or Skill based learning				
3.	Self directed learning and teaching				
4.	Departmental and interdepartmental learning activity				
5.	External and Outreach Activities / CMEs				
6.	Thesis / Research work				
7.	Log Book Maintenance				

Publications

Yes/ No

Remarks* _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD

SECTION - IV**MEDICAL ETHICS & MEDICAL EDUCATION****Sensitization and Practice****Introduction**

There is now a shift from the traditional individual patient, doctor relationship, and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal (i), General Objectives (ii) stated in Chapter II (pages 2.1 to 2.3), and develop human values it is urged that **ethical sensitization** be achieved by lectures or discussion on ethical issues, clinical case discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentations, bedside rounds and academic postgraduate programs.

Course Contents

1. Introduction to Medical Ethics

What is Ethics?

What are values and norms?

Relationship between being ethical and human fulfillment

How to form a value system in one's personal and professional life

Heteronomous Ethics and Autonomous Ethics

Freedom and personal Responsibility

2. Definition of Medical Ethics

Difference between medical ethics and bio-ethics

Major Principles of Medical Ethics 0

Beneficence = fraternity

Justice = equality

Self determination (autonomy) = liberty

3. Perspective of Medical Ethics

The Hippocratic Oath

The Declaration of Helsinki

The WHO Declaration of Geneva

International code of Medical Ethics (1993)

Medical Council of India Code of Ethics

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

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

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

7. Profession Ethics
 - Code of conduct
 - Contract and confidentiality
 - Charging of fees, Fee-splitting
 - Prescription of drugs
 - Over-investigating the patient
 - Low – Cost drugs, vitamins and tonics
 - Allocation of resources in health cares
 - Malpractice and Negligence

8. Research Ethics
 - Animal and experimental research / humanness
 - Human experimentation
 - Human volunteer research – Informed Consent
 - Drug trials\
 - ICMR Guidelines for Ethical Conduct of Research – Human and Animal
 - ICH / GCP Guidelines
 - Schedule Y of the Drugs and Cosmetics Act.
9. Ethical work -up of cases
 - Gathering all scientific factors
 - Gathering all human factors
 - Gathering value factors
 - Identifying areas of value – conflict, setting of priorities,
 - Working our criteria towards decisions

Recommended Reading

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