POST GRADUATE MEDICAL EDUCATION
REGULATIONS AND CURRICULUM
FOR
POST GRADUATE DEGREE AND DIPLOMA COURSES
2016

DERMATOLOGY, VENEREOLOGY AND LEPROMY

JAGADGURU SRI SHIVARATREESHWARA UNIVERSITY
MYSURU
POST GRADUATE MEDICAL EDUCATION
REGULATIONS AND CURRICULUM
FOR
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2016

DERMATOLOGY, VENEREOLOGY AND LEPROSY

JAGADGURU SRI SHIVARATREESHWARA UNIVERSITY
SRI SHIVARATHREESHWARA NAGARA
MYSORE 570015
KARNATAKA, INDIA
THIS BOOK CAN BE OBTAINED FROM

THE REGISTRAR
JAGADGURU SRI SHIVARATREESHWARA UNIVERSITY
SRI SHIVARATHREESHWARA NAGARA
MYSURU - 570015
KARNATAKA, INDIA
# REGULATIONS AND CURRICULUM

**FOR**

**POST GRADUATE DEGREE AND DIPLOMA COURSES**

**2016**

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**DERMATOLOGY, VENEREOLOGY AND LEPROSY**

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CHAPTER I

REGULATIONS FOR POST GRADUATE DEGREE AND DIPLOMA COURSES

1. Branch of study

1.1 Post graduate degree courses

1.1.1 Doctor of Medicine

a) Anaesthesiology
b) Anatomy
c) Biochemistry
d) Community medicine
e) Dermatology, venereology and leprosy
f) Emergency medicine
g) Forensic medicine
h) General medicine
i) Hospital administration
j) Microbiology
k) Pathology
l) Paediatrics
m) Pharmacology
n) Physiology
o) Psychiatry
p) TB and chest diseases
q) Radio Diagnosis

1.1.2 Master of Surgery

a) General surgery
b) Obstetrics and gynaecology
c) Ophthalmology
d) Orthopaedics
e) Oto rhino laryngology

1.2 Post graduate diploma courses

a) Anaesthesiology (DA)
b) Child Health (DCH)
c) Clinical Pathology (DCP)
d) Dermatology, Venereology & Leprosy (DDVL)
e) Medical Radio Diagnosis (DMRD)
f) Obstetrics & Gynaecology (DGO)
g) Ophthalmology (DO)
h) Orthopaedics (D Ortho)
i) Otolaryngology (DLO)
j) Psychiatric Medicine (DPM)
2. Eligibility for admission

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

3. Admission

A candidate desirous of admission to Post Graduate Medical Programmes MD/ MS / PG Diploma Courses is required to complete the application form and submit to the University along with prescribed documents on or before the scheduled date. Eligibility criteria, application form and details of documents to be submitted are available in the University website: www.jssuni.edu.in.

4. Registration

A candidate who has been admitted to postgraduate course shall register in the university within a month of admission after paying the registration fee.

5. Intake of students

The intake of students to each course shall be in accordance with the MCI.

6. Duration of study

6.1 MD, MS Degree Courses: The course of study shall be for a period of 3 years consisting of 6 terms.

6.2 Diploma courses: The course of study shall be for a period of 2 years consisting of 4 terms.

7. Methodology of training

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

8.1 A candidate pursuing degree/diploma course, shall work in the concerned department of the institution for the full period as full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course, nor can he/she work in a nursing home or other hospitals/clinic/laboratory while studying postgraduate course.

8.2 Each year shall be taken as a unit for the purpose of calculating attendance.

8.3 Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

8.4 Every candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. Provided, further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year.

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

9. Monitoring progress of study

9.1 Work diary / Log Book: Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention shall be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any, conducted by the candidate. The work diary shall be scrutinised and certified by the Head of the Department and Head of the Institution, and presented in the University practical/clinical examination.

9.2 Periodic tests: In case of degree courses of three years duration (MD/MS), the concerned departments shall conduct three tests, two of them be annual tests, one at the end of first year and the other at the end of the second year. The third test shall be held three months before the final examination. The tests shall include written papers, practical / clinical and viva voce. Records and marks obtained in such tests shall be maintained by the Head of the Department and sent to the University, when called for.
9.3 In case of diploma courses of two years duration, the concerned departments shall conduct two tests, one of them at the end of first year and the other in the second year, three months before the final examination. The tests shall include written papers, practical / clinical and viva voce.

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

10. Dissertation

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

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

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

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

10.5 The dissertation should be written under the following headings:
   a) Introduction
   b) Aims or Objectives of study
   c) Review of Literature
   d) Material and Methods
   e) Results
   f) Discussion
   g) Conclusion
   h) Summary
   i) References
   j) Tables
   k) Annexure
   l) Proof of Paper presentation and publication
10.6 The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

10.7 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.

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

10.9 Guide: The academic qualification and teaching experience required for recognition as a guide for dissertation work is as per MCI Minimum Qualifications for Teachers in Postgraduate Medical Education Regulations, 2000. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Assistant Professor gained after obtaining post graduate degree shall be recognised as post graduate teachers.

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

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

10.12 A postgraduate student is required to present one poster presentation, to read one paper at a 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 eligible to appear at the postgraduate degree examination.

11. Schedule of examination

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

12. Scheme of examination

12.1 MD/MS

12.1.1 Dissertation: Every candidate shall carry out work and submit a dissertation as indicated in Sl No 10. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

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

Pattern of Theory Examination Question Paper:

Each paper shall consist of two long essay questions each carrying 20 marks, 3 short essay questions each carrying 10 marks and 6 short answer questions each carrying 5 marks. Total marks for each paper shall be 100.

12.1.3 Practical/Clinical Examination: In case of Practical examination for the subjects in Basic Medical Sciences Practical Examination shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/Laboratory studies and his ability to perform such studies as are relevant to his subject.

Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.

The total marks for Practical / clinical examination shall be 200.
12.1.4 **Viva Voce:** Viva Voce shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which form a part of the examination.

The total marks shall be 100 and the distribution of marks shall be as under:

i) For examination of all components of syllabus 80

ii) For Pedagogy 20

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

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

12.1.6 **Criteria for declaring as pass in University Examination:** A candidate shall pass theory and practical including clinical and viva-voce examination separately and shall obtain 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers for post graduate degree examination to be declared as pass.

A candidate obtaining less than 40% marks in any paper and obtaining less than 50% of marks cumulatively in all the four papers for post graduate degree examination 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.

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

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

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

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

**Pattern of Theory Examination Question Paper:**

Each paper shall consist of two long essay questions each carrying 20 marks, 3 short essay questions each carrying 10 marks and 6 short answer questions each carrying 5 marks. Total marks for each paper shall be 100.

12.2.2 Practical Clinical Examination: In case of practical examination it shall 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 shall aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate shall 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 shall be thorough and shall aim at assessing the candidate’s knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which shall from a part of the examination. The total marks shall be 50.

12.2.3 Examiners. There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.
12.2.4 **Criteria for declaring as pass in University Examination:** A candidate shall pass theory and practical including clinical and viva-voce examination separately and shall obtain 40% marks in each theory paper and not less than 50% marks cumulatively in all the three papers for post graduate diploma examination to be declared as pass.

A candidate obtaining less than 40% marks in any paper and obtaining less than 50% of marks cumulatively in all the three papers for post graduate diploma examination 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.

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

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

13. **Number of candidates per day**

The maximum number of candidates to be examined in Clinical/practical and Oral on any day shall not exceed eight for M.D./M.S. degree, eight for diploma.
CHAPTER II

GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION PROGRAM

GOAL

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

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

GENERAL OBJECTIVES

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

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

7. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.

8. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.

9. Play the assigned role in the implementation of national health programme, effectively and responsibly.

10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

11. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.

12. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.

13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

14. Function as an effective leader of a health team engaged in health care, research or training.

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

**COMPONENTS OF THE POSTGRADUATE CURRICULUM:**
The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Thesis skills.
- Attitudes including communication skills.
- Training in Research Methodology, Medical Ethics and Medicolegal aspects.

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

Monitoring Learning Progress

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

The learning outcomes to be assessed should include:

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

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

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

2. **Acquisition of Knowledge:** The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.
a) **Journal Review Meeting (Journal Club).** The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist – I, Chapter III)

b) **Seminars / Symposia.** The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist (see Model Checklist – II, Chapter III)

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

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

3. **Clinical skills:**

a. **Day to Day work:** Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see Model Checklist III, Chapter III).

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

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

4. **Teaching skills:** Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist V, Chapter III).
5. **Periodic tests**: In case of degree courses of three years duration, the department may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. In case of diploma courses of two year duration, the departments may conduct two tests. One of them at the end of first year and the other in the second year, three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

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

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

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

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

### Check List-I

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

Name of the Student:

Name of the Faculty/Observer:

Date:

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

MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

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

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

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

**Name of the Student:**

**Name of the Faculty/Observer:**

**Date:**

<table>
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<th>Sl No</th>
<th>Points to be considered</th>
<th>Poor 0</th>
<th>Below Average 1</th>
<th>Average 2</th>
<th>Good 3</th>
<th>Very Good 4</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Regularity of attendance</td>
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<tr>
<td>2.</td>
<td>Punctuality</td>
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<td>3.</td>
<td>Interaction with colleagues and supportive staff</td>
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<td>4.</td>
<td>Maintenance of case records</td>
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<td>5.</td>
<td>Presentation of cases during rounds</td>
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<tr>
<td>6.</td>
<td>Investigations work up</td>
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<td>7.</td>
<td>Beside manners</td>
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<td>8.</td>
<td>Rapport with patients</td>
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<tr>
<td>9.</td>
<td>Counseling patient's relatives for blood donation or Postmortem and Case follow up.</td>
<td></td>
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<tr>
<td>10.</td>
<td>Overall quality of ward work</td>
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**Total Score**
Check List - IV
EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:
Name of the Faculty:
Date:

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

Total Score
### Check List - V

**MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE**

<table>
<thead>
<tr>
<th>SI No</th>
<th>Strong Point</th>
<th>Weak Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Communication of the purpose of the talk</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Evokes audience interest in the subject</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The introduction</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The sequence of ideas</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The use of practical examples and/or illustrations</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Speaking style (enjoyable, monotonous, etc., specify)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Attempts audience participation</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Summary of the main points at the end</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Asks questions</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Answers questions asked by the audience</td>
<td></td>
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<tr>
<td>11.</td>
<td>Rapport of speaker with his audience</td>
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</tr>
<tr>
<td>12.</td>
<td>Effectiveness of the talk</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Uses AV aids appropriately</td>
<td></td>
</tr>
</tbody>
</table>
Check List - VI
MODEL CHECK LIST FOR DISSERTATION PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

<table>
<thead>
<tr>
<th>SI No</th>
<th>Points to be considered divine</th>
<th>Poor 0</th>
<th>Below Average 1</th>
<th>Average 2</th>
<th>Good 3</th>
<th>Very Good 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Interest shown in selecting a topic</td>
<td></td>
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<tr>
<td>2.</td>
<td>Appropriate review of literature</td>
<td></td>
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<tr>
<td>3.</td>
<td>Discussion with guide &amp; other faculty</td>
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<tr>
<td>4.</td>
<td>Quality of Protocol</td>
<td></td>
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<tr>
<td>5.</td>
<td>Preparation of proforma</td>
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</tbody>
</table>

Total Score


## Check List - VII

**CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO GUIDE**

Name of the Student:

Name of the Faculty:

Date:

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

**Total Score**
**LOG BOOK**

**Table 1:** Academic activities attended

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Activity Specify Seminar, Journal Club, Presentation, UG teaching</th>
<th>Particulars</th>
</tr>
</thead>
</table>

Name:  
Admission Year:
**LOG BOOK**

**Table 2:** Academic presentations made by the student

| Date | Topic | Type of Presentation  
Specify Seminar, Journal Club,  
Presentation, UG teaching |
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</table>

LOG BOOK

Table 2: Diagnostic and Operative procedures performed

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>ID No.</th>
<th>Procedure</th>
<th>Category O, A, PA, PI*</th>
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</thead>
<tbody>
<tr>
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</table>

* Key:

O - Washed up and observed
A - Assisted a more senior Surgeon
PA - Performed procedure under the direct supervision of a senior Surgeon
PI - Performed independently
### Model Overall Assessment Sheet

**Academic Year:**

<table>
<thead>
<tr>
<th>SI No</th>
<th>Faculty Member &amp; Others</th>
<th>Name of Student and Mean Score*</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>1.</td>
<td>Journal Review Presentations</td>
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<tr>
<td>2.</td>
<td>Seminars</td>
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</tr>
<tr>
<td>3.</td>
<td>Clinical work in wards</td>
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</tr>
<tr>
<td>4.</td>
<td>Clinical presentation</td>
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<tr>
<td>5.</td>
<td>Teaching skill practice</td>
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</tr>
<tr>
<td></td>
<td>Total Score</td>
<td></td>
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</tbody>
</table>

Note: Use separate sheet for each year.

**Signature of HOD**

**Signature of Principal**

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study, in addition to the attendance requirement.

*KEY:*

**Mean score** : Is the sum of all the scores of checklists 1 to 7.

**A, B,...** : Name of the trainees.
Chapter IV
Medical Ethics
Sensitisation and Practice

Introduction

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

Course Contents

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

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

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

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

5. The Ethics of Human life

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

6. The Family and Society in Medical Ethics

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

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

8. Research Ethics

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

9. Ethical workshop of cases

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

Recommended Reading

1. Francis C.M., Medical Ethics, 1 Ed, 1993, Jaypee Brothers, New Delhi, p 189, Rs. 150/-


4. CPCSEA Guidelines 2001 (www.cpcsea.org.)


Chapter IV
SYLLABUS

1. Introduction

2. Objectives
3. Skills to be learnt
4. Post Graduate Training
5. Teaching programme
6. Publications and conferences
7. Dissertation
8. Syllabus
9. Scheme of Examination
10. Recommended Textbooks
11. Recommended Journals

1. INTRODUCTION:
Dermatology including Venereology (STD) and Leprology is one of the important basic clinical specialties. Considerable advances have taken place in the understanding of dermatological disorders and their treatment. Leprosy is still a public health problem of considerable magnitude in the country. The STDs are showing worldwide increase in incidence with new dimensions added to it. The curriculum of Dermatology has been designed to match the other clinical specialties at the Institute. An attempt has been made to give a comprehensive training to the postgraduates including basic subjects and recent advances. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

2. OBJECTIVES:
1. Diagnose and manage independently common skin diseases, sexually transmitted diseases and leprosy
2. Manage independently and efficiently all Dermatological emergencies
3. Adopt preventive measures at individual and community levels against communicable and non-communicable skin, venereal diseases and leprosy
4. Impart requisite knowledge and laboratory skills to other medical / paramedical team members
5. Have compassionate attitude, counsel patients (and their families) with Leprosy, chronic skin diseases and venereal diseases including Retroviral Infection
6. Critically evaluate and initiate investigations for solving problems relating to skin (including cosmetic dermatology), venereal diseases and leprosy
7. Understand the various formularies, and prescribe them appropriately
8. Present and publish scientific papers, utilize computers including power point presentation and internet services
9. Understand the importance of ethics and its implementation in clinical practice. Have knowledge about the medico legal aspects in DVL
10. Perform common dermato surgical and aesthetic procedures.
11. Classify diseases according to ICD and maintain medical records

2. **SKILLS TO BE LEARNT:**

1. History taking for Dermatology, Sexually transmitted diseases and Leprosy
2. Describe cutaneous findings in dermatological terms in a systematic manner
3. Evaluate and manage the common diseases in dermatology and have a broad idea as how to approach an uncommon disease
4. Evaluate and manage patients with STD
5. Evaluate and manage HIV positive persons
6. Systemic examination relevant to dermatologic conditions
7. Maintain basic skills such as pulse, blood pressure, chest and cardiac auscultation learnt in MBBS
8. Care of dermatologic emergencies such as TEN, pemphigus, angioedema, drug reactions, necrotic ENL, etc.,
9. To perform and supervisee lab procedures such as KOH mount, slit skin smear, Tzanck smear, skin biopsy and various therapeutic procedures , namely cryotherapy , phototherapy, electrocautery, chemical cautery, lasers, etc.,
10. Learn to counsel patients suffering from leprosy, chronic skin diseases like psoriasis, STDs including HIV infection and their families
11. Familiarity with other higher investigations like immunoflourescence, nerve biopsy, etc.,
12. Familiarity with the computers, especially power point presentation and internet browsing
13. Speculum examination in women for various diseases of the female Genitalia
14. Classify diseases according to ICD and maintain medical records
15. Provide leadership and get the best out of his team in a congenial working Atmosphere
16. Should be able to write Research proposals and submit articles for Publications

4. **POST GRADUATE TRAINING**

**CLINICAL POSTINGS:**

1. A major tenure of posting should be in Dermatology, Venereology and Leprology [2 years and 9 months]. It should include care of in-patients, out-patients, special clinics, urban and rural health centre clinics and maintenance of case records for both in and out-patients.
Peripheral postings of 1 month in the departments of –
1. Plastic surgery  15 days
2. Pathology  15 days

5 Teaching Program

5.1. General Principles

➢ Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented.

➢ Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

5.2. Teaching Sessions

- Long Seminar
- Short Seminar
- Long Case discussion
- Short Case discussion
- Journal Club
- Bedside Teaching Rounds
- Histopathology session
- Group discussion
- Debate

5.3. Teaching Schedule

In addition to bedside teaching rounds to be carried by consultants daily in the department there should be daily hourly sessions of formal teaching per week.

1. Long Seminar (1 in number)  ---  Once a week
2. Short Seminar (2 in number)  ---  Once in 2 weeks
3. Long case discussion  ---  Once a week
4. Short case discussion (2 in number)  ---  Once in 2 weeks
5. Journal Club  ---  Once a week
6. Bedside case discussion  ---  Alternate days
7. Histopathology sessions  ---  Once a week
8. Group discussion and debate  ---  Once a month

Note: The Degree candidate is expected to present at least 25 seminars, present 25 cases, 25 journal clubs and participate in Debates, Group discussions and Histopathology sessions in 3 yrs.

All sessions should be attended by the faculty members. All PGs are supposed to attend the sessions

The work done should be entered in a log book and signed by the authorized teacher and HOD periodically

The candidate has to undergo training in Biostatistics, research methodology, teaching methodology, health economics, medical ethics, etc. during the orientation programme in the first year.
Each PG student will be required to teach the undergraduate (clinical demonstration) at least 10 sessions

Model teaching programme schedule is attached:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/7/16</td>
<td>Long Seminar – Dermoepidermal junction</td>
<td>Dr Priyanka</td>
<td>Dr Ashwini</td>
</tr>
<tr>
<td>6/7/16</td>
<td>Journal club</td>
<td>Holiday</td>
<td></td>
</tr>
<tr>
<td>7/7/16</td>
<td>Short seminar – 1) peeling skin syndrome - 2) targeted phototherapy</td>
<td>1) Dr. Archana</td>
<td>Dr. Savitha</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Dr. Sreenivas</td>
<td></td>
</tr>
<tr>
<td>8/7/2016</td>
<td>Long case</td>
<td>Dr. Akila</td>
<td>Dr. Kanthraj</td>
</tr>
<tr>
<td>12/7/2016</td>
<td>Long seminar-Non-gonococcal urethritis</td>
<td>Dr. Vinay.N</td>
<td>Dr. Veeranna</td>
</tr>
<tr>
<td>13/7/2016</td>
<td>Journal club</td>
<td>Dr. Ranjan</td>
<td>Dr. Chethana</td>
</tr>
<tr>
<td>14/7/2016</td>
<td>Short case</td>
<td>1) Dr. Navya</td>
<td>Dr. Vinutha</td>
</tr>
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<td>2) Dr. Poovamma</td>
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<td>15/7/2016</td>
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<td>Dr. Sreenivas</td>
<td>Dr. Veeranna</td>
</tr>
<tr>
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<td>Long seminar-lepra reaction</td>
<td>Dr. Poovamma</td>
<td>Dr. Savitha</td>
</tr>
<tr>
<td>20/7/2016</td>
<td>Group Discussion – Epidermolysis bullosa</td>
<td>Dr. Akila</td>
<td>Dr. Vinutha</td>
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<tr>
<td>21/7/2016</td>
<td>Short seminar-1) Atypical Mycobacterium 2) Glomus Body</td>
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<td>Dr. Savitha</td>
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<td>Dr. Jayadev</td>
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<td>Dr. Navy</td>
<td>Dr. Kanthraj</td>
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<td>Dr. Veeranna</td>
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<td>Dr. Renugha</td>
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<td>Dr. Renugha</td>
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<td>2) Dr. Sanjay</td>
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<td>Dr. Ashwini</td>
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<td>Dr. Kanthraj</td>
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<td>Dr. Veeranna</td>
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<td>Dr. Jayadev</td>
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<td>2) Dr. Navya.B</td>
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<td>Dr. Chethana</td>
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<td>Dr. Vinutha</td>
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<td>Dr. Archana</td>
<td>Dr. Savitha</td>
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<td>18/8/2016</td>
<td>Short seminar 1) Dermal fillers 2) Intradermal tests</td>
<td>1) Dr. Poovamma</td>
<td>Dr. Veeranna</td>
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<td>2) Dr. Jyothi</td>
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<td>Dr. Vinay B</td>
<td>Dr. Vinutha</td>
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<tr>
<td>23/8/2016</td>
<td>Long seminar – Lab diagnosis of syphilis</td>
<td>Dr. Ranjan</td>
<td>Dr. Chethana</td>
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### 6. PUBLICATIONS:
The compulsory presentation/ publication of papers in Conferences/ Journals will be as

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<th>Topic</th>
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<tr>
<td>24/8/2016</td>
<td>Debate – Systemic steroids in SJS and TEN</td>
<td>Dr. Sreenivas and Dr. Archana</td>
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<tr>
<td>25/8/2016</td>
<td>Short case</td>
<td>Dr. Archana Dr. Vinay N</td>
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<td>26/8/2016</td>
<td>Long case</td>
<td>Dr. Akila</td>
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<tr>
<td>30/8/2016</td>
<td>Long Seminar – Haemangioma</td>
<td>Dr. Poovamma Dr. Ashwin</td>
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<td>31/8/2016</td>
<td>Journal club</td>
<td>Dr. Tony</td>
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<tr>
<td>1/9/2016</td>
<td>Short Seminar- Mucocutaneous pain syndrom Co2 Laser</td>
<td>Dr. Navya Dr. Ranjan</td>
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<tr>
<td>2/9/2016</td>
<td>Long Case</td>
<td>Dr. Sreenivas Dr. Veeranna</td>
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<tr>
<td>6/9/2016</td>
<td>Long Seminar – Lab diagnosis of HIV</td>
<td>Dr. Vinay B Dr. Jayadev</td>
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<tr>
<td>7/9/2016</td>
<td>Journal club</td>
<td>Dr. Sanjay Dr. Chethana</td>
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<tr>
<td>8/9/2016</td>
<td>Short case</td>
<td>Dr. Navya Dr. Poovamma</td>
</tr>
<tr>
<td>9/9/2016</td>
<td>Long Case</td>
<td>Dr. Archana Dr. Kanthraj</td>
</tr>
<tr>
<td>13/9/2016</td>
<td>Long Seminar- Thermoregulation</td>
<td>Dr. Noor Dr. Savitha</td>
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<tr>
<td>14/9/2016</td>
<td>Journal club</td>
<td>Dr. Vinay N Dr. Veeranna</td>
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<tr>
<td>15/9/2016</td>
<td>Short Seminar- 1) Vaccines in STI 2) Infantile stiff skin syndrom</td>
<td>Dr. Akila Dr. Sreenivas</td>
</tr>
<tr>
<td>16/9/2016</td>
<td>Long Case</td>
<td>Dr. Ranjan Dr. Ashwin</td>
</tr>
<tr>
<td>20/9/2016</td>
<td>Long Seminar- Panniculitis</td>
<td>Dr. Archana Dr. Ranugha</td>
</tr>
<tr>
<td>21/9/2016</td>
<td>Group Discussion – Ichthyosis and related disorders</td>
<td>Dr. Navya Dr. Vinutha</td>
</tr>
<tr>
<td>22/9/2016</td>
<td>Short case</td>
<td>Dr. Ranjan Dr. Vinay B</td>
</tr>
<tr>
<td>23/9/2016</td>
<td>Long Case</td>
<td>Dr. Poovamma Dr. Savitha</td>
</tr>
<tr>
<td>27/9/2016</td>
<td>Long Seminar- Reaction patterns in Dermatopathology</td>
<td>Dr. Malavika Dr. Veeranna</td>
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<tr>
<td>28/9/2016</td>
<td>Journal club</td>
<td>Dr. Sreenivas Dr. Ranugha</td>
</tr>
<tr>
<td>29/9/2016</td>
<td>Short seminar 1) Calcinosi 2) Dermatological manifestations of Metallic poisoning</td>
<td>Dr. Archana Dr. Vinay N</td>
</tr>
<tr>
<td>30/9/2016</td>
<td>Holiday</td>
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</tr>
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</table>

Histopathology classes will be held on alternate Saturdays by Dr. Veeranna and Dr. Kanthraj. PGs are supposed to collect in advance.

Dr. Jayadev Betkerur
Professor and HOD
per MCI norms. The dissertation has to be submitted for publication to an Indexed journal before submitting to JSS University.

Conferences.
It is compulsory to attend 1 National, 1 Regional and 1 State level conference and present paper in these conferences. They are expected to attend CMEs as and when possible.

7. DISSERTATIONS:
Workshop on dissertation protocol in September. Dissertation needs to be submitted 6 months before the date of examination. The assessment of dissertation is as per JSS UNIVERSITY norms.

8. SYLLABUS
BASIC SCIENCES PERTAINING TO DERMATOLOGY, VENEREOLOGY & LEPROLOGY
- Structure and development of skin and its appendages.
- Basement membrane.
- Cell kinetics.
- Keratinization.
- Percutaneous absorption.
- Melanocytes and Langerhan cells.
- Melanin and melanin formation.
- Cutaneous circulation.
- Mechanism of sweating.
- Temperature regulation.
- Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology.
- Genetics in relation to the skin.
- Sebum.
- Lipid, carbohydrate and protein metabolism.
- Porphyrin.
- Inflammation and its mediators.
- Pathology in relation to Dermatology, Venereology & Leprology.
- Cytology.
- Pharmacology of drugs used in Dermatology, Venereology & Leprology.
- Structure, physiology and examination of the normal genitalia.
- Biology of Treponemapallidum, Neisseria gonorrhea, Chlamydia trachomatis, Herpes viruses, HIV and Human papilloma virus.
• Diagnostic tests for skin diseases, STDs and leprosy.
• Cutaneous innervations pathway of skin sensation and anatomy of hands and feet.
• Lymphatic drainage of skin and genitalia.
• Experimental leprosy.
• Principles of clinical diagnosis of skin diseases, STDs and Leprosy
• Basic pathologic reactions in skin
• Epidermal stem cells
• Functions of skin (Skin as an organ of protection)
• Fundamentals of Cutaneous photobiology & photoimmunology
• Neurology of skin
• Pathophysiology of Pruritus
• Aging of The skin
• Mechanism of autoimmune diseases
• Endothelial inflammation & Angiogenesis
• Principles & pharmacokinetics of topical therapy
• Prenatal Diagnosis of Genetic Skin Disease
• Wound Healing
  DNA Repair

GENERAL DERMATOLOGY & TROPICAL DERMATOLOGY - PRINCIPLES OF DIAGNOSIS AND THERAPEUTICS

• Purpura.
• Disorders due to lipid metabolism (xanthomatosis).
• Histiocytosis.
• Mastocytosis.
• Lymphoma and leukaemias.
• Sarcoidosis and other granulomas.
• Amyloidosis.
• Porphyria.
• Pruritus.
• Psycho Cutaneous disorders.
• Skin and nervous system.
• Skin and eyes.
• Drug eruptions.
• Metabolic, endocrinal and nutritional disorders.
• Skin changes in different ages.
• Dermatitis and eczema.
• Papulosquamous disorders.
• Acne and acneiform dermatoses.
• Reactions to physical agents.
• Photobiology.
• Vesiculobullous disorders.
• Disorders of skin colour.
• Occupational dermatoses.
• Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands).
• Diseases of dermis and hypodermis.
• Disorders of connective tissue.
• Disorders of keratinisation.
• Disorders of blood vessels and lymphatics.
• Disorders of oral cavity and mucous membranes.
• Collagen vascular disorders.
• Allergic dermatoses.
• Genodermatoses.
• Tumors of skin (benign and malignant).
• Cutaneous lymphocytic infiltration and pseudolymphomas.
• Bacterial infections.
• Disease due to fungi and yeasts.
• Mycobacterial diseases.
• Viral dermatoses and rickettsial infections.
• Dermatoses caused by parasites, arthropods and insects.
• Topical therapy basic concepts/clinical aspects.
• Topical and systemic skin therapy.
• Surgical and physical therapy, including cosmetology, aesthetic procedures, Lasers and dermotosurgical procedures.

Aesthetic procedures- chemical peels, facial rejuvenation, acne scar revision, botox, fillers, body contouring, liposuction, Platelet rich plasma Lasers - Hair removal laser, Pigment Lasers, Lasers for scar revision and photorejuvenation, vascular lasers Dermatosurgery- Nail surgery, vitiligo surgery, acne scar revision procedures, autologous fat transplant, hair transplantation.
• The External Ear
• Lentigos, Melanocytic Naevi and Melanoma
• Soft-Tissue Tumours and Tumour-like conditions
• The Genital, Perianal and Umbilical Regions
• The Breast
• Necrobiotic Disorders
• Urticaria and angioedema
• Atopic Dermatitis
• Lichenification, Prurigo and Erythroderma
• The Neonate
• Disorder of DNA repair
• Naevi and other Developmental Defects
• Neutrophilic&Eosinophilicdermatosis
• Radiotherapy and Reactions to Ionizing Radiation
• Minimally Invasive Treatments and Procedures for Ageing skin
• Psoriasis
• Lichenplanus and lichenoid disorders
• Flushing an flushing reactions
• HIV and SKIN

LEPROSY AND STD. & SOCIAL PUBLIC HEALTH & PREVENTIVE ASPECTS

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

STD:
• Syphilis.
• Gonorrhoea.
• LGV.
• Chancroid.
• Donovanosis.
• Chlamydia infections and non-gonococcal urethritis.
• Genital herpes.
• Genital human papilloma virus infection (venereal warts) and Molluscum contagiosum.
• Pediculosis infection, scabies.
• Trichomoniasis and other protozoal infections.
• Vulvo vaginal candidiasis and bacterial vaginosits.
• Acute pelvic inflammatory disease.
• Fitz-hugh-curtis syndrome.
• Acute epididymitis, prostatitis and proctitis.
• HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous manifestation, opportunistic infections, anti-retro viral therapy, prevention, counseling, post exposure management)
• Viral hepatitis.
• Non-venereal genital dermatoses.
• Other genital dermatoses- balanoposthitis, cervicitis and vaginitis.
• Genital ulcer adenopathy syndrome.
• Arthritis associated with STDs in adults.
• STDs in reproduction, perinatology and pediatrics.
• Legal aspects of STDs and HIV infections.
• Psycho sexual disorders.
• Treatment of STDs and Syndromic approach to treatment of STDs.
• Epidemiology and control of STDs.
• Non-venereal treponematoses.
• Ocular manifestations of AIDS and STDs.
• Premalignant and malignant lesions of genitalia.
RECENT ADVANCES IN DERMATOLOGY, VENEREOLOGY AND LEPROLOGY. AND SKIN MANIFESTATIONS IN SYSTEMIC DISEASES

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

B. The Skin In Systemic Disease:
   • Skin in Nutritional, Metabolic and Heritable disease
   • Skin manifestations of bone marrow and blood disorders
   • Skin manifestation of internal organ disorder
   • The skin in vascular and Connective tissue disorders and other autoimmune disorders.
   • The Skin in Inflammatory and other Vascular Disorders
   • Skin changes and dermatoses in pregnancy.

9. SCHEME OF EXAMINATION

A. THEORY: There shall be 4 papers, each of three hours durations. Marks for each paper - 100

Question Paper Pattern
First Paper: Basic Science
Second Paper: General and Systemic Dermatology
Third Paper: STD and Leprosy
Fourth Paper: Recent Advances

Each paper:
Time 3 hrsTotal 100 MARKS
20 Marks – 2 Questions
10 Marks – 3 Questions
5 Marks – 6 Questions

B. CLINICAL: Clinical /Practical - 300 marks

- Long case-1 (dermatology) [45 mins] (125 marks)
- Short case- 2 (STD -1, leprosy -1) [20 mins each] (2 X 50 = 100 marks)
- Spotters -10 [3 mins each] (10 X 5 = 50 marks)
- Relevant sidelab investigation [15 mins] (10 marks)
- Histopathological slides- 3 [3 mins each] (3 X 5= 15 marks)

C. VIVA VOCE IN DERMATOLOGY, VENEREOLOGY & LEPROLOGY:

1. Instruments &Dermatosurgical procedures (25 Marks)
2. Drugs (25 Marks)
3. General viva (DVL) (50 Marks)

(30 min) (100 marks)
All examiners will conduct viva voce jointly. It will be based on course content, analysis of histopathology slides, instruments used in the speciality etc., Thus, total marks for M.D in Dermatology, Venereology and Leprology course will be 800.

The candidate has to pass separately in theory, practical and viva.

**EXAMINER SHIP:** Criteria for internal and external examiners as per MCI rules.
- Internal examiner- 3 years as post graduate teacher
- External examiner- 6 years as post graduate teacher

**EXAMINATION:** End of April / May. The supplementary examination is as per JSS UNIVERSITY Norms

### Weightages for each topic in question papers

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<td>• Structure and development of skin and its appendages.</td>
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<td>• Basement membrane.</td>
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<td>• Melanin and melanin formation</td>
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<td>• Genetics in relation to the skin</td>
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<tr>
<td>• Structure, physiology and examination of the normal genitalia.</td>
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<tr>
<td>• Lymphatic drainage of skin and genitalia.</td>
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<tr>
<td>• Epidermal stem cells</td>
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<td>• Neurology of skin</td>
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<tr>
<td>• DNA Repair</td>
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| • Cell kinetics. | |
| • Keratinization. | |
| • Percutaneous absorption. | |
| • Cutaneous circulation. | |
| • Mechanism of sweating. | |
| • Temperature regulation. | |
| • Functions of skin(Skin as an organ of protection) | |
| • Pathophysiology of Pruritus | |

| • Sebum. | |
| • Lipid, carbohydrate and protein metabolism. | |
| • Porphyrin. | |
| • Fundamentals of Cutaneous photobiology& photoimmunology | |

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<tr>
<td>Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology.</td>
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<tr>
<td>Biology of Treponema pallidum, Neisseria gonorrhea, Chlamydia trachomatis, Herpes viruses, HIV and Human papilloma virus.</td>
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<td>Experimental leprosy</td>
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<td>Diagnostic tests for skin diseases, STDs and leprosy</td>
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<td>Prenatal Diagnosis of Genetic Skin Disease</td>
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<tr>
<td>Principles of clinical diagnosis of skin diseases, STDs and Leprosy</td>
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<td>Inflammation and its mediators.</td>
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<td>Cytology</td>
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<td>Basic pathologic reactions in skin</td>
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<td>Mechanism of autoimmune diseases</td>
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<td>Endothelial inflammation &amp; Angiogenesis</td>
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<td>Aging of The skin</td>
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<tr>
<td>Wound Healing</td>
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<tr>
<td>Pharmacology of drugs used in Dermatology, Venereology &amp; Leprology.</td>
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<tr>
<td>Principles &amp; pharmacokinetics of topical therapy</td>
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**Paper 2: General Dermatology & Tropical Dermatology-Principles of Diagnosis and Therapeutics**

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<td>Skin changes in different ages.</td>
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<td>Dermatitis and eczema.</td>
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<td>Papulosquamous disorders.</td>
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<tr>
<td>Occupational dermatoses.</td>
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<tr>
<td>Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands).</td>
<td>20%</td>
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</table>
- Diseases of dermis and hypodermis.
- Disorders of blood vessels and lymphatics.
- Disorders of oral cavity and mucous membranes.
- Allergic dermatoses.
- Tumors of skin (benign and malignant).
- Surgical and physical therapy, including cosmetology, cosmetic procedures, LASERs in dermatology and dermatosurgical procedures.

- The External Ear
- Lentigos, Melanocytic Naevi and Melanoma
- Radiotherapy and Reactions to Ionizing Radiation
- Minimally Invasive Treatments and Procedures for Ageing skin

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<td>Disease due to fungi and yeasts.</td>
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<td>Mycobacterial diseases.</td>
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<td>Viral dermatoses and rickettsial infections.</td>
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<tr>
<td>Dermatoses caused by parasites, arthropods and insects.</td>
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<tr>
<td>HIV and SKIN</td>
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<td>Neutrophilic &amp; Eosinophilic dermatosis</td>
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<td>Disorder of DNA repair</td>
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<td>The Neonate</td>
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<td>Necrobiotic Disorders</td>
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<tr>
<td>Urticaria and angioedema</td>
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</table>
- Atopic Dermatitis
- Lichenification, prurigo and erythroderma
  - Genodermatoses.
- Collagen vascular disorders.
- Disorders of keratinisation.
- Vesiculobullous disorders.
- Disorders of skin colour.
- Pruritus.
- Porphyria.
- Metabolic, endocrinal and nutritional disorders.
- Purpura.
- Disorders due to lipid metabolism (xanthomatosis).

- Flushing an flushing reactions
- Naevi and other Developmental Defects
- The Breast, The Genital, Perianal and Umbilical Regions
- Soft-Tissue Tumours and Tumour-like conditions
  - Topical and systemic skin therapy.
  - Disorders of connective tissue.
  - Cutaneous lymphocytic infiltration and pseudolymphomas.
  - Topical therapy basic concepts./ clinical aspects
- Acne and acneiform dermatoses
  - Reactions to physical agents
- Photobiology.
- Drug eruptions.
- Psycho Cutaneous disorders

20 %
- Histiocytosis.
- Mastocytosis.
- Lymphoma and leukaemias.
- Sarcoidosis and other granulomas.
- Amyloidosis.

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<thead>
<tr>
<th>Paper 3 (LEPROSY AND STD. &amp; SOCIAL PUBLIC HEALTH &amp; PREVENTIVE ASPECTS)</th>
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<tbody>
<tr>
<td><strong>LEPROSY:</strong></td>
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<tr>
<td>• Approach to patients with leprosy.</td>
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<td>• Signs, symptoms and diagnosis of leprosy.</td>
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<td>• DD of leprosy.</td>
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<td>• Leprosy in pregnancy and children.</td>
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<td>• HIV and leprosy.</td>
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<tr>
<td>• History of leprosy.</td>
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<td>• Classification of leprosy.</td>
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<tr>
<td>• Experimental leprosy.</td>
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<tr>
<td>• Immunology, microbiology and pathology of leprosy.</td>
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<tr>
<td>• Signs, symptoms and diagnosis of lepra reaction</td>
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<td>• Other system involvement (ear, nose, throat, eye, musculo-skeletal involvement in leprosy and lepra reaction).</td>
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<td>• Management of leprosy, lepra reaction and other complication.</td>
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<td>• Newer drugs in leprosy.</td>
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<tr>
<td>STD:</td>
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<tr>
<td>• HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous</td>
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<tr>
<td>manifestion, opportunistic infections, anti-retro viral therapy,</td>
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<td>prevention, counseling, post exposure management)</td>
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<tr>
<td>• Syphilis.</td>
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<td>• Gonorrhoea.</td>
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<td>• LGV.</td>
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<td>• Chancroid.</td>
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<td>• Donovanosis.</td>
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<td>• Chlamydia infections and non-gonococcal urethritis.</td>
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<td>• Genital herpes.</td>
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<td>• Genital human papilloma virus infection (venereal warts) and</td>
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<td>Molluscum contagiosum.</td>
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<td>• Pediculosis infection, scabies.</td>
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<td>• Trichomoniasis and other protozoal infections.</td>
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<td>• Vulvo vaginal candidiasis and bacterial vaginosis.</td>
</tr>
</tbody>
</table>
- Acute pelvic inflammatory disease.
- Fitz-hugh-curtis syndrome.
- Acute epididymitis, prostatitis and proctitis.
- Viral hepatitis.
- Non-venereal genital dermatoses.
- Other genital dermatoses- balanoposthitis, cervicitis and vaginitis.
- Genital ulcer adenopathy syndrome.
- Arthritis associated with STDs in adults.
- STDs in reproduction, perinatology and pediatrics.
- Legal aspects of STDs and HIV infections.
- Psycho sexual disorders.
- Treatment of STDs and Syndromic approach to treatment of STDs.
- Non-venereal treponematoses.
- Ocular manifestations of AIDS and STDs.
- Premalignant and malignant lesions of genitalia.

- National leprosy control programme. 
  Epidemiological aspects
  - Epidemiology and control of leprosy.
  - Prevention, education and counseling.
  - Rehabilitation of leprosy.
  - Epidemiology and control of STDs.

**Paper 4** RECENT ADVANCES IN DERMATOLOGY, VENEREOLOGY AND LEPROLOGY. AND SKIN MANIFESTATIONS IN SYSTEMIC DISEASES

10. RECOMMENDED TEXTBOOKS (LATEST EDITION)

Dermatology:


Venereology:


Leprosy:


Dermatosurgery:


Pediatric Dermatology:


Dermatopathology:


Contact dermatitis:


Therapeutics:

3. Wolverton S.E. Comprehensive dermatologic drug therapy. 3rd ed. Elsevier,
2013.

11. RECOMMENDED JOURNALS

1. Indian journal of Dermatology, Venereology & Leprology.
2. Indian journal of Dermatology.
3. Indian journal of Leprosy.
4. Indian journal of sexually transmitted disease.
5. Archives of dermatology.
10. Dermatology online journal.
11. Internet journal of Dermatology.
12. Indian journal of Pediatric Dermatology.
13. Pediatric Dermatology.
16. Leprosy review.
17. International journal of STD & AIDS.
18. Sexually transmitted infections.

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Chapter VI
SYLLABUS

DERMATOLOGY, VENEREOLOGY & LEPROLOGY
(DDVL)

3. Introduction

2. Objectives
3. Skills to Be Learnt
4. Post Graduate Training
5. Teaching programme
6. Syllabus
7. Scheme of Examination
8. Recommended Textbooks
9. Recommended Journals

1. INTRODUCTION

Dermatology including Venereology (STD) and Leprology is one of the important basic clinical specialties. Considerable advances have taken place in the understanding of dermatological disorders and their treatment. Leprosy is still a public health problem of considerable magnitude in the country. The STDs are showing worldwide increase in incidence with new dimensions added to it. The curriculum of Dermatology has been designed with a view to matching the other clinical specialties at the Institute. An attempt has been made to give a comprehensive training to the postgraduates including basic subjects and recent advances. Learning in postgraduate programme is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

2. OBJECTIVES

1. Diagnose and manage independently common skin diseases, sexually transmitted diseases and leprosy.
2. Manage independently and efficiently all Dermatological emergencies
3. Adopt preventive measures at individual and community levels against communicable and non-communicable skin, venereal diseases and leprosy
4. Impart requisite knowledge and laboratory skills to other medical / paramedical team members
5. Have compassionate attitude, counsel patients (and their families) with Leprosy, chronic skin diseases and venereal diseases including Retroviral Infection
6. Critically evaluate and initiate investigations for solving problems relating to skin (including cosmetic dermatology), venereal diseases and leprosy
7. Understand the various formularies, and prescribe them appropriately
8. Present and publish scientific papers, utilize computers including power point presentation and internet services
9. Understand the importance of ethics and its implementation in clinical practice. Have knowledge about the medico legal aspects in DVL

10. Perform common dermatosurgical and aesthetic procedures.

11. Classify diseases according to ICD and maintain medical records

**2 SKILLS TO BE LEARNT:**

1. History taking for Dermatology, Sexually transmitted diseases and Leprosy

2. Describe cutaneous findings in dermatological terms in a systematic manner

3. Evaluate and manage the common diseases in dermatology and have a broad idea as how to approach an uncommon disease

4. Evaluate and manage patients with STD

5. Evaluate and manage HIV positive persons

6. Systemic examination relevant to dermatologic conditions

7. Maintain basic skills such as pulse, blood pressure, chest and cardiac auscultation learnt in MBBS

8. Care of dermatologic emergencies such as TEN, pemphigus, angioedema, drug reactions, necrotic ENL, etc.,

9. To perform and supervise lab procedures such as KOH mount, slit skin smear, Tzanck smear, skin biopsy and various therapeutic procedures, namely cryotherapy, phototherapy, electrocautery, chemical cautery, lasers, etc.,

10. Learn to counsel patients suffering from leprosy, chronic skin diseases like psoriasis, STDs including HIV infection and their families

11. Familiarity with other higher investigations like immunofluorescence, nerve biopsy, etc.

12. Familiarity with the computers, especially power point presentation and internet browsing

13. Speculum examination in women for various diseases of the female Genitalia

14. Classify diseases according to ICD and maintain medical records

15. Provide leadership and get the best out of his team in a congenial working atmosphere

16. Should be able to write Research proposals and submit articles for Publications

**4. POSTGRADUATE TRAINING:**

**CLINICAL POSTINGS:**

Complete tenure of posting should be in Dermatology, Venereology and Leprology [2 years]. It should include care of in-patients, out-patients, special clinics, urban and rural health centre clinics and maintenance of case records for both in and out-patients.
Peripheral postings of 1 months in the departments of –
1. Plastic surgery 15 days
2. Pathology 15 days

5. Teaching Programme:

5.1. General Principles

- Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented
- Learning in postgraduate programme is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort

5.2. Teaching Sessions

- Long Seminar
- Short Seminar
- Long Case discussion
- Short Case discussion
- Journal Club
- Bedside Teaching Rounds
- Histopathology session
- Group discussion
- Debate

5.3 Teaching Schedule

In addition to bedside teaching rounds to be carried by consultants daily in the Department, there should be daily (hourly) sessions of formal teaching per week. The suggested teaching schedule will be as follows:

1. Long Seminar (1 in number) --- Once a week
2. Short Seminar (2 in number) --- Once in 2 weeks
3. Long case discussion --- Once a week
4. Short case discussion (2 in number) --- Once in 2 weeks
5. Journal Club --- Once a week
6. Bedside case discussion  --- Alternate days
7. Histopathology sessions  --- Once a week
8. Group discussion and debate  --- Once a month

**Note:**

The Diploma candidate is expected to present at least 15 seminars, present 15 cases, 15 journal clubs and participate in Debates, Group discussions and Histopathology sessions.

All sessions should be attended by the faculty members. All PGs are supposed to attend the sessions.

The work done should be entered in a log book and signed by the authorized teacher and HOD periodically.

The candidate has to undergo training in Biostatistics, research methodology, teaching methodology, health economics, medical ethics, etc. during the orientation programme in the first year.

Each PG student will be required to teach the undergraduate (clinical demonstration) at least 5 sessions.
Model teaching programme schedule is attached:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/7/16</td>
<td>Long Seminar – Dermoepidermal junction</td>
<td>Dr Priyanka</td>
<td>Dr Ashwini</td>
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<tr>
<td>6/7/16</td>
<td>Journal club</td>
<td>Holiday</td>
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<tr>
<td>7/7/16</td>
<td>Short seminar – 1) peeling skin syndrome - 2) targeted phototherapy</td>
<td>1) Dr. Archana</td>
<td>Dr. Savitha</td>
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<td>2) Dr. Sreenivas</td>
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<tr>
<td>8/7/2016</td>
<td>Long case</td>
<td>Dr. Akila</td>
<td>Dr. Kanthraj</td>
</tr>
<tr>
<td>12/7/2016</td>
<td>Long seminar – Non-gonococcal urethritis</td>
<td>Dr. Vinay.N</td>
<td>Dr. Veeranna</td>
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<tr>
<td>13/7/2016</td>
<td>Journal club</td>
<td>Dr. Ranjan</td>
<td>Dr. Chethana</td>
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<tr>
<td>14/7/2016</td>
<td>Short case</td>
<td>1) Dr. Navya</td>
<td>Dr. Vinutha</td>
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<td>2) Dr. Poovamma</td>
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<tr>
<td>15/7/2016</td>
<td>Long case</td>
<td>Dr. Sreenivas</td>
<td>Dr. Veeranna</td>
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<tr>
<td>19/7/2016</td>
<td>Long seminar – lepra reaction</td>
<td>Dr. Poovamma</td>
<td>Dr. Savitha</td>
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<tr>
<td>20/7/2016</td>
<td>Group Discussion – Epidermolysis bullosa</td>
<td>Dr. Akila</td>
<td>Dr. Vinutha</td>
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<tr>
<td>21/7/2016</td>
<td>Short seminar – 1) Atypical Mycobacterium 2) Glomus Body</td>
<td>1) Dr. Vinay.B</td>
<td>Dr. Chethana</td>
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<td>2) Dr. Tony.B</td>
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<tr>
<td>22/7/2016</td>
<td>Long case</td>
<td>Dr. Archana</td>
<td>Dr. Savitha</td>
</tr>
<tr>
<td>26/7/2016</td>
<td>Long seminar – Skin as barrier</td>
<td>Dr. Poojitha</td>
<td>Dr. Jayadev</td>
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<tr>
<td>27/7/2016</td>
<td>Journal club</td>
<td>Dr. Navya</td>
<td>Dr. Kanthraj</td>
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<tr>
<td>28/7/2016</td>
<td>Short case</td>
<td>1) Dr. Sreenivas</td>
<td>Dr. Veeranna</td>
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<td>2) Dr. Akila</td>
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<tr>
<td>29/7/2016</td>
<td>Long case</td>
<td>Dr. Ranjan</td>
<td>Dr. Renugha</td>
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<td>2/8/2016</td>
<td>Long seminar – DNA repair defect</td>
<td>Dr. Navya</td>
<td>Dr. Renugha</td>
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<td>3/8/2016</td>
<td>Journal club</td>
<td>Dr. Vinay.B</td>
<td>Dr. Ashwini</td>
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<tr>
<td>4/8/2016</td>
<td>Short seminar – 1) cold injury 2) ultrastructure of M. Leprae</td>
<td>1) Dr. Akila</td>
<td>Dr. Savitha</td>
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<td>2) Dr. Sanjay</td>
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<td>5/8/2016</td>
<td>Long case</td>
<td>Dr. Poovamma</td>
<td>Dr. Ashwini</td>
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<tr>
<td>9/8/2016</td>
<td>Long seminar – premature ageing</td>
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<td>Dr. Kanthraj</td>
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<td>10/8/2016</td>
<td>Journal club</td>
<td>Dr. Vinay.N</td>
<td>Dr. Veeranna</td>
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<td>11/8/2016</td>
<td>Short case</td>
<td>1) Dr. Ranjan</td>
<td>Dr. Jayadev</td>
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<td>2) Dr. Vinay.B</td>
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<td>12/8/2016</td>
<td>Long case</td>
<td>Dr. Navya</td>
<td>Dr. Chethana</td>
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<tr>
<td>16/8/2016</td>
<td>Long seminar – Long anaesthetics</td>
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<td>Dr. Vinutha</td>
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<td>17/8/2016</td>
<td>Journal club</td>
<td>Dr. Archana</td>
<td>Dr. Savitha</td>
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<tr>
<td>18/8/2016</td>
<td>Short seminar 1) Dermal fillers 2) Intradermal tests</td>
<td>1) Dr. Poovamma</td>
<td>Dr. Veeranna</td>
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<td>2) Dr. Jyothi</td>
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<tr>
<td>19/8/2016</td>
<td>Long case</td>
<td>Dr. Vinay B</td>
<td>Dr. Vinutha</td>
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<tr>
<td>23/8/2016</td>
<td>Long seminar – Lab diagnosis of syphilis</td>
<td>Dr. Ranjan</td>
<td>Dr. Chethana</td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Organizer(s)</td>
<td>Facilitator(s)</td>
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<td>24/8/2016</td>
<td>Debate – Systemic steroids in SJS and TEN</td>
<td>Dr. Sreenivas and Dr. Archana</td>
<td>Dr. Jayadev</td>
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<tr>
<td>25/8/2016</td>
<td>Short case</td>
<td>Dr. Archana and Dr. Vinay N</td>
<td>Dr. Ranugha</td>
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<tr>
<td>26/8/2016</td>
<td>Long case</td>
<td>Dr. Akila</td>
<td>Dr. Jayadev</td>
</tr>
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<td>30/8/2016</td>
<td>Long Seminar - Haemangioma</td>
<td>Dr. Poovamma</td>
<td>Dr. Ashwini</td>
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<td>31/8/2016</td>
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<td>Dr. Tony</td>
<td>Dr. Vinutha</td>
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<tr>
<td>1/9/2016</td>
<td>Short Seminar - Mucocutaneous pain syndrom Co2 Laser</td>
<td>Dr. Navya and Dr. Ranjan</td>
<td>Dr. Ashwini</td>
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<tr>
<td>2/9/2016</td>
<td>Long Case</td>
<td>Dr. Sreenivas</td>
<td>Dr. Veeranna</td>
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<td>6/9/2016</td>
<td>Long Seminar – Lab diagnosis of HIV</td>
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<td>7/9/2016</td>
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<td>Dr. Ranugha</td>
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<td>9/9/2016</td>
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<td>Dr. Archana</td>
<td>Dr. Kanthraj</td>
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<td>14/9/2016</td>
<td>Journal club</td>
<td>Dr. Vinay N</td>
<td>Dr. Veeranna</td>
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<tr>
<td>15/9/2016</td>
<td>Short Seminar-1) Vaccines in STI 2) Infantele stiff skin syndrom</td>
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<td>Dr. Vinutha</td>
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<tr>
<td>16/9/2016</td>
<td>Long Case</td>
<td>Dr. Ranjan</td>
<td>Dr. Ashwini</td>
</tr>
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<td>20/9/2016</td>
<td>Long Seminar - Panniculitis</td>
<td>Dr. Archana</td>
<td>Dr. Ranugha</td>
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<td>21/9/2016</td>
<td>Group Discussion – Ichthyosis and related disorders</td>
<td>Dr. Navya</td>
<td>Dr. Kanthraj</td>
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<tr>
<td>22/9/2016</td>
<td>Short case</td>
<td>Dr. Ranjan and Dr. Vinay N</td>
<td>Dr. Vinutha</td>
</tr>
<tr>
<td>23/9/2016</td>
<td>Long Case</td>
<td>Dr. Poovamma</td>
<td>Dr. Savitha</td>
</tr>
<tr>
<td>27/9/2016</td>
<td>Long Seminar- Reaction patterns in Dermatopathology</td>
<td>Dr. Malvika</td>
<td>Dr. Veeranna</td>
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<td>28/9/2016</td>
<td>Journal club</td>
<td>Dr. Sreenivas</td>
<td>Dr. Ranugha</td>
</tr>
<tr>
<td>29/9/2016</td>
<td>Short seminar1) Calcinosis 2) Dermatological manifestations of Metallic poisoning</td>
<td>Dr. Archana and Dr. Vinay N</td>
<td>Dr. Jayadev</td>
</tr>
<tr>
<td>30/9/2016</td>
<td>Holiday</td>
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</tbody>
</table>

Histopathology classes will be held on alternate Saturdays by Dr. Veeranna and Dr. Kanthraj. PGs are supposed to collect in advance.

Dr. Jayadev Betkerur
Professor and HOD
6. SYLLABUS

BASIC SCIENCES PERTAINING TO DERMATOLOGY, VENEREOLOGY & LEPROSY

- Structure and development of skin and its appendages
- Basement membrane
- Cell kinetics
- Keratinization
- Percutaneous absorption
- Melanocytes and Langerhan’s cells
- Melanin and melanin formation
- Cutaneous circulation
- Mechanism of sweating
- Temperature regulation
- Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology
- Sebum
- Lipid, carbohydrate and protein metabolism
- Porphyrins
- Inflammation and its mediators
- Pathology in relation to Dermatology, Venereology & Leprology
- Cytology
- Pharmacology of drugs used in dermatology, Venereology & Leprology
- Structure, physiology and examination of the normal genitalia
- Biology of Treponema pallidum, Neisseria gonorrhea, Chlamydia trachomatis, Herpes viruses, HIV and Human papilloma virus
- Diagnostic tests for skin diseases, STDs and leprosy
- Cutaneous innervations, pathway of skin sensation and anatomy of hands and feet
- Lymphatic drainage of skin and genitalia
- Experimental leprosy
- Principles of clinical diagnosis of skin diseases, STDs and leprosy
- Basic pathologic reactions in skin
- Functions of skin (Skin as an organ of protection)
- Fundamentals of Cutaneous photobiology & photo immunology
- Neurology of skin
- Pathophysiology of Pruritus
- Aging of the skin
- Mechanism of autoimmune diseases
- Endothelial inflammation & Angiogenesis
- Principles & pharmacokinetics of topical therapy

- Prenatal Diagnosis of Genetic Skin Disease
• Wound healing
• DNA repair

DERMATOLOGY INCLUDING INTERNAL MEDICINE IN RELATION TO DERMATOLOGY, VENEREOLOGY & LEPROLOGY AND THERAPEUTICS AND RECENT ADVANCES

• Purpura
• Disorders due to lipid metabolism (xanthomatosis)
• Histiocytosis
• Mastocytosis
• Lymphoma and leukaemias
• Sarcoidosis and other granulomas
• Amyloidosis
• Porphyria
• Pruritus
• Psycho Cutaneous disorders
• Cutaneous manifestations of systemic diseases
• Skin and nervous system
• Skin and eyes
• Drug eruptions
• Metabolic, endocrinal and nutritional disorders
• Skin changes and dermatoses in pregnancy
• Skin changes in different ages
• Dermatitis and eczema
• Papulo squamous disorders
• Acne and acneiform dermatoses
• Reactions to physical agents
• Photobiology
• Vesiculobullous disorders
• Disorders of skin colour
• Occupational dermatoses
• Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands)
• Diseases of dermis and hypodermis
• Disorders of connective tissue
• Disorders of keratinisation
• Disorders of blood vessels and lymphatics
• Disorders of oral cavity and mucous membranes
• Collagen vascular disorders
• Allergic dermatoses
• Genodermatoses
• Tumors of skin (benign and malignant)
• Cutaneous lymphocytic infiltration and pseudolymphomas
• Bacterial infections
• Diseases due to fungi and yeasts
• Mycobacterial diseases
• Viral dermatoses and rickettsial infections
• Dermatoses caused by parasites, arthropods and insects
• Topical therapy basic concepts./ clinical aspects
• Topical and systemic skin therapy
• Surgical and physical therapy, including cosmetology, aesthetic procedures, Lasers and dermatosurgical procedures
  Aesthetic procedures- chemical peels, facial rejuvenation, acne scar revision, botox, fillers, body contouring, liposuction, Platelet rich plasma
  Lasers- Hair removal laser, Pigment Lasers, Lasers for scar revision and photorejuvenation, vascular lasers
• Dermatosurgery- Nail surgery, vitiligo surgery, acne scar revision procedures, autologous fat transplant, hair transplantation
• The external ear
• Lentigos, Melanocytic Naevi and Melanoma
• Soft-Tissue Tumours and Tumour-like conditions
• The Genital, Perianal and Umbilical Regions
• The Breast
• Necrobiotic disorders
• Disorder of DNA repair
• Urticaria and Angioedema
• Atopic Dermatitis
• Lichenification, prurigo and Erythroderma
• The Neonate
• Naevi and other Developmental Defects
• Neutrophilic & Eosinophilic dermatosis
• Radiotherapy and Reactions to Ionizing Radiation
• Minimally Invasive Treatments and Procedures for Ageing skin
• Psoriasis
• Lichen planus and lichenoid disorders
• Flushing an blushing reactions
• HIV and skin
LEPROSY AND STDs & THEIR SOCIAL PUBLIC HEALTH & PREVENTIVE ASPECTS

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

STD:

- Syphilis
- Gonorrhea
- LGV
- Chancroid
- Donovanosis
- Chlamydia infections and non-gonococcal urethritis
- Genital herpes
- Genital human papilloma virus infection (venereal warts) and Molluscum contagiosum
- Pediculosis infection, scabies
- Trichomoniasis and other protozoal infections
- Vulvo vaginal candidiasis and bacterial vaginosis
- Acute pelvic inflammatory diseases
- Fitz-Hugh-Curtis syndrome
- Acute epididymitis, prostatitis and proctitis
- HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous manifestation, opportunistic infections, anti-retro viral therapy, prevention, counseling, post exposure management)
7. SCHEME OF EXAMINATION

A. THEORY: There shall be 3 papers, each of three hours durations. Format for each paper Total – 100

**Question Paper Pattern**

- **First Paper:** Basic Science  
- **Second Paper:** General and Systemic Dermatology  
- **Third Paper:** STD and Leprosy

**Each Paper:** Time 3 hrs  Total 100 MARKS  
20 Marks – 2  
10 Marks – 3  
5 Marks – 6

**B Clinical: Clinical / Practical 200 Marks**

- Long Case – 1 (Dermatology) 45 Min. (75 Marks)  
- Short Case - 2 (STD, Leprosy) 20 Min (25x2=50 Marks)  
- Spotters – 10 (3 Min each) (10x5=50 Marks)  
- Relevant Side Lab Investigation 15 Min (10 Marks)
Histopathological Slides – 3 (3 Min each) (3x5=15 Marks)

C. VIVA VOCE IN DERMATOLOGY, STD & LEPROLOGY:

1. Instruments & Dermatosurgical procedures 25 Marks
2. Drugs 25 Marks
3. General Viva(DVL) 50 Marks

[30 MINS] (100 MARKS)

All examiners will conduct viva voce for the candidate. It will be based on course content, analysis of histopathology slides, instruments used in the specialty etc.

Thus, total marks for Diploma in Dermatology, Venereology and Leprosy course will be 600.

The candidate has to pass separately in theory, practical and viva.

EXAMINERSHIP: Criteria for internal and external examiners as per MCI rules.

- Internal examiner - Three years as post graduate teacher
- External examiner- Six years as post graduate teacher

EXAMINATION: End of April / May. Supplementary Examination (if necessary) - As Per JSS UNIVERSITY Rules.

Weightages for each topic in question papers

<table>
<thead>
<tr>
<th>Topics /Systems to be covered</th>
<th>Weightage</th>
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<tbody>
<tr>
<td>Paper I - BASIC SCIENCES PERTAINING TO DERMATOLOGY, VENEREOLOGY &amp; LEPROLOGY</td>
<td>20 %</td>
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<tr>
<td>- Structure and development of skin and its appendages.</td>
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<td>- Basement membrane.</td>
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<td>- Melanocytes and Langerhan cells.</td>
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<td>- Melanin and melanin formation</td>
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<td>- Genetics in relation to the skin</td>
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<td>- Structure, physiology and examination of the normal genitalia.</td>
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<td>- Lymphatic drainage of skin and genitalia.</td>
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<td>- Epidermal stem cells</td>
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<td>- Neurology of skin</td>
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<td>- DNA Repair</td>
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<td>Percentage</td>
<td>Topics</td>
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</table>
| 20%        | Cell kinetics.  
Keratinization.  
Percutaneous absorption.  
Cutaneous circulation.  
Mechanism of sweating.  
Temperature regulation.  
Functions of skin (Skin as an organ of protection)  
Pathophysiology of Pruritus |
| 10%        | Sebum.  
Lipid, carbohydrate and protein metabolism.  
Porphyrin.  
Fundamentals of Cutaneous photobiology & photoimmunology |
| 20%        | Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology.  
Biology of Treponema pallidum, Neisseria gonorrhoea, Chlamydia trachomatis, Herpes viruses, HIV and Human papilloma virus.  
Experimental leprosy  
Diagnostic tests for skin diseases, STDs and leprosy  
Prenatal Diagnosis of Genetic Skin Disease  
Principles of clinical diagnosis of skin diseases, STDs and leprosy |
| 20%        | Inflammation and its mediators.  
Pathology in relation to Dermatology, Venereology & Leprology.  
Cytology.  
Basic pathologic reactions in skin  
Mechanism of autoimmune diseases  
Endothelial inflammation & Angiogenesis  
Aging Of The skin  
Wound Healing |
| 10%        | Pharmacology of drugs used in Dermatology, Venereology & Leprology.  
Principles & pharmacokinetics of topical therapy |
| 40%        | Lymphoma and leukaemias. |
• Psycho Cutaneous disorders.
• Cutaneous manifestations of systemic diseases.
• Skin and nervous system.
• Skin and eyes.
• Drug eruptions.
• Skin changes and dermatoses in pregnancy.
• Skin changes in different ages.
• Dermatitis and eczema.
• Acne and acneiform dermatoses.
• Reactions to physical agents.
• Photobiology.
• Occupational dermatoses.
• Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands).
• Diseases of dermis and hypodermis.
• Disorders of connective tissue.
• Disorders of blood vessels and lymphatics.
• Disorders of oral cavity and mucous membranes.
• Allergic dermatoses.
• Genodermatoses.
• Tumors of skin (benign and malignant).
• Cutaneous lymphocytic infiltration and pseudolymphomas.
• Topical therapy basic concepts./clinical aspects
• Topical and systemic skin therapy.
• Surgical and physical therapy, including cosmetology, cosmetic procedures, LASER’s in dermatology and dermatosurgical procedures.
• The external ear
• Lentigos, Melanocytic Naevi and Melanoma
• Soft-Tissue Tumours and Tumour-like conditions
• The Genital, Perianal and Umbilical Regions
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<td>Disorder of DNA repair</td>
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<td>Radiotherapy and Reactions to Ionizing Radiation</td>
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<td>Minimally Invasive Treatments and Procedures for Ageing skin</td>
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<tr>
<td>Flushing an blushing reactions</td>
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<td>HIV and skin</td>
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<td>Purpura.</td>
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<td>Disorders due to lipid metabolism (xanthomatosis).</td>
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<td>Histiocytosis.</td>
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<td>Mastocytosis.</td>
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<td>Sarcoidosis and other granulomas.</td>
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<td>Amyloidosis.</td>
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<td>Porphyria.</td>
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<td>Pruritus.</td>
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<td>Metabolic, endocrinal and nutritional disorders.</td>
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<td>Vesiculobullous disorders</td>
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<td>Papulosquamous disorders.</td>
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<td>Disorders of skin colour.</td>
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<td>Disorders of keratinisation.</td>
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<td>Psoriasis</td>
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<td>Lichenplanus and lichenoid disorders</td>
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<td><strong>Neutrophilic &amp;Eosinophilic dermatosis</strong></td>
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<td>Naevi and other Developmental Defects</td>
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<td>Urticaria and Angioedema</td>
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<td>Atopic Dermatitis</td>
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<td>Lichenification, prurigo and Erythroderma,</td>
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<td>Necrobiotic disorders</td>
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<td>Bacterial infections.</td>
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<td>Disease due to fungi and yeasts.</td>
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<td>Mycobacterial diseases.</td>
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<td>Viral dermatoses and rickettsial infections.</td>
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<td>Dermatoses caused by parasites, arthropods and insects</td>
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<td>Collagen vascular disorders</td>
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### LEPROSY AND STDs. AND THEIR & SOCIAL PUBLIC HEALTH & PREVENTIVE ASPECTS

**Paper 3:**

- **LEPROSY:**
  - Approach to patients with leprosy.
  - Signs, symptoms and diagnosis of leprosy.
  - DD of leprosy.
  - Leprosy in pregnancy and children.
  - HIV and leprosy.
  - History of leprosy.
  - Classification of leprosy.
  - Experimental leprosy.
  - Immunology, microbiology and pathology of leprosy.

- **Signs, symptoms and diagnosis of lepra reaction**
  - Other system involvement (ear, nose, throat, eye, musculo-skeletal involvement in leprosy and lepra reaction).
  - Management of leprosy, lepra reaction and other complication.
  - Newer drugs in leprosy.

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**Recent advances**

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<td>Signs, symptoms and diagnosis of leprosy.</td>
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**STD:**

- HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous manifestation, opportunistic infections, anti-retro viral therapy, prevention, counseling, post exposure management)
- Syphilis.
- Gonorrhoea.
- LGV.
- Chancroid.
- Donovansosis.
- Chlamydia infections and non-gonococcal urethritis.
- Genital herpes.
- Genital human papilloma virus infection (venereal warts) and Molluscum contagiosum.
- Pediculosis infection, scabies.
- Trichomoniasis and other protozoal infections.
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<td>Acute pelvic inflammatory disease.</td>
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<td>Fitz-hugh-curtis syndrome.</td>
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<td>Acute epididymitis, prostatitis and proctitis.</td>
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<td>Viral hepatitis.</td>
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<td>Non- venereal genital dermatoses.</td>
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<tr>
<td>Other genital dermatoses-balanoposthitis, cervicitis and vaginitis.</td>
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<td>Genital ulcer adenopathy syndrome.</td>
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<td>Arthritis associated with STDs in adults.</td>
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<td>STDs in reproduction, perinatology and pediatrics.</td>
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<td>Legal aspects of STDs and HIV infections.</td>
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<td>Psycho sexual disorders.</td>
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<td>Treatment of STDs and Syndromic approach to treatment of STDs.</td>
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<td>Non-venereal treponematoses.</td>
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<td>Ocular manifestations of AIDS and</td>
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<td>STDs.</td>
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<tr>
<td>• Premalignant and malignant lesions of genitalia.</td>
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<td>• Epidemiological aspects.</td>
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<td>• Epidemiology and control of leprosy.</td>
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<td>• Prevention, education and counseling.</td>
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<td>• National leprosy control programme.</td>
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<tr>
<td>• Rehabilitation of leprosy</td>
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<tr>
<td>• Epidemiology and control of STDs.</td>
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8. **RECOMMENDED TEXTBOOKS**

**Dermatology:**


**Venereology:**


**Leprosy:**


**Dermatosurgery:**


**Pediatric Dermatology:**


**Dermatopathology:**

2016.

**Contact dermatitis:**


**Therapeutics:**


**9. RECOMMENDED JOURNALS**

- Indian journal of Dermatology, Venereology & Leprology.
- Indian journal of Dermatology.
- Indian journal of Leprosy.
- Indian journal of sexually transmitted disease.
- Archives of dermatology.
- International journal of Dermatology.
- British journal of Dermatology.
- Clinical and Experimental Dermatology.
- Dermatology online journal.
- Internet journal of Dermatology.
- Indian journal of Pediatric Dermatology.
- Pediatric Dermatology.
- Dermatologic surgery(Optional).
- International journal of Leprosy.
- Leprosy review.
- International journal of STD & AIDS.
- Sexually transmitted infections.