

**CURRICULUM/ STATUTES & REGULATIONS
FOR
5 YEARS DEGREE PROGRAMME
IN
DERMATOLOGY
(MD DERMATOLOGY)**



FATIMA JINNAH
MEDICAL UNIVERSITY, LAHORE
Government of The Punjab

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LAHORE

FATIMA JINNAH MEDICAL UNIVERSITY, LAHORE

STATUTES

Nomenclature of The Proposed Course

The name of degree program shall be MD Dermatology. This name is well recognized and established for the last many decades worldwide.

Course Title

MD Dermatology

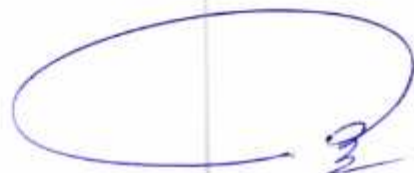
Training Centers

Departments of Dermatology (accredited by FJMU) in affiliated institutes of Fatima Jinnah Medical University, Lahore

Duration of Course

The duration of MD Dermatology course shall be five (5) years with structured training in a recognized department under the guidance of an approved supervisor. After admission in MD Dermatology Program, the resident will spend first 6 Months in the relevant Department of Dermatology as **Induction period** during which the resident will get orientation about the chosen discipline and will also participate in the **mandatory workshops** (Appendix E). The research project will be designed and the **synopsis** will be prepared during this period.

On completion of Induction Period, the resident will start formal training in the Principles of Internal Medicine for 18 Months. During this period,



the resident must get the research synopsis approved by AS&RB. At the end of 2 years, the candidate shall take up Intermediate Examination.

During the last 03 years of the Program, there will be two components of training:

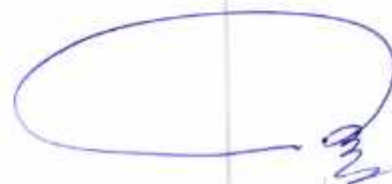
- 1) Clinical Training in Dermatology
- 2) Research and Thesis Writing

The candidate will undergo clinical training to achieve the educational objectives of MD Dermatology Program (Knowledge & Skills) along with rotations in the relevant fields. For the candidates in MD Dermatology, there shall be three rotational placements of total of 03 months duration, during 3rd year of the Program, as follows:

- Dermatopathology 1 Month
- Plastic Surgery 1 Month
- Laser & Leprosy 15 Days Each

The clinical training shall be competency based. There shall be generic and specialty competencies which shall be assessed by Continuous Internal Assessment (Appendix F&G).

The Research Component and Thesis Writing shall be completed over the five years duration of the Program. Candidates will spend total time equivalent to one calendar year for research during the training. Research can be done as one block or in small periodic rotations as long as total research time is equivalent to one calendar year.



Admission Criteria

Applications for admission to MD Training Programs of the University will be invited through advertisement in print and electronic media mentioning closing date of applications and date of Entry Examination.

Eligibility: The applicant on the last date of submission of applications for admission must possess the:

- i) Basic Medical Qualification of MBBS or equivalent medical qualification recognized by Pakistan Medical & Dental Council
- ii) Certificate of One Year House Job experience in institutions recognized by Pakistan Medical & Dental Council is essential at the time of interview. The applicant is required to submit Hope Certificate from the concerned Medical Superintendent that the House Job shall be completed before the Interview.
- iii) Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council

Registration and Enrollment

iv) As per policy of Pakistan Medical & Dental Council, the number of PG Trainees/ Students per supervisor shall be maximum 05 per annum for all PG programs including minor programs (if any).



- Beds to trainee ratio at the approved teaching site shall be at least 05 beds per trainee.
- The University will approve supervisors for MD courses.
- Candidates selected for the courses after their enrollment at the relevant institutions, shall be registered with FJMU as per prescribed Registration Regulations.

1. Accreditation Related Issues of The Institution

A). Faculty

Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (PMDC)

B). Adequate Space

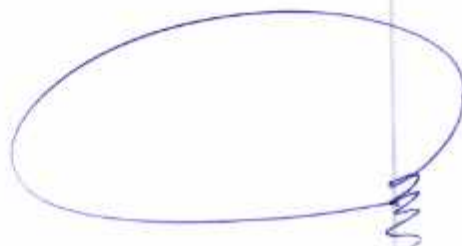
There should be adequate space including class-rooms (with audiovisual aids), demonstration rooms, computer lab and clinical pathology lab etc.

C). Library

Departmental library should have latest editions of recommended books, reference books and latest journals (National and International).

- Accreditation of Dermatology training program can be suspended on temporary or permanent basis by the University, if the program does not comply with requirements for residents training as laid out in this curriculum.
- Program should be presented to the University along with a plan for implementation of curriculum for training of residents.
- Programs should have documentation of residents training activities and evaluation on monthly basis.
- To ensure a uniform and standardized quality of training and availability

of the training facilities, the University reserves the right to make surprise visits of the training program for monitoring purposes and may take appropriate action if deemed necessary.



CREDIT HOURS

Calculation Key:

- 2 lectures per week + 2 teaching classes (CPC & Journal Club) = 4 hours of teaching per week = 16 hours in 4 weeks (1 month) = 1 Credit Hour/ month
- 4 hours of clinical activity for 4 days (each week) = 16 hours clinical work per week will be 32 hours in 2 weeks = 64 hours in 4 weeks (1 month) = 2 Credit Hours/ month

MODULES WITH CREDIT HOURS

Module No.	Months/ Year of Training	Credit Hours (Theoretical)	Credit Hours (Clinical)	Total No. of Credit Hours
Module No. 1	01-5.5 Months/ 01 Year	5.5	11	16.5
Module No. 1 (Workshops)	5.5-6.0 Months/ 01 Year	5.5	---	5.5
Module No. 2-5	07-12 Months/ 01 Year	6	12	18
Module No. 6-9	13-18 Months/ 02 Year	6	12	18
Module No. 10-13	19-24 Months/ 02 Year	6	12	18
Module No. 14-17	25-30 Months/ 03 Year	6	12	18
Module No. 18-21	31-36 Months/ 03 Year	6	12	18
Module No. 22-25	37-42 Months/ 04 Year	6	12	18
Module No. 26-29	43-48 Months/ 04 Year	6	12	18
Module No. 30-33	49-54 Months/ 05 Year	6	12	18
Module No. 34-37	55-60 Months/ 05 Year	6	12	18
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AIMS AND OBJECTIVES OF THE COURSE

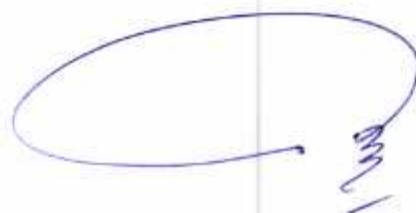
AIM

The aim of five years MD program in Dermatology is to train the residents to acquire the competency of a specialist in the field of Dermatology so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

GENERAL OBJECTIVES

MD Dermatology training should enable a student to:

- ❖ Assess and apply relevant knowledge to clinical practice:
 - Maintain currency of knowledge
 - Apply scientific knowledge in practice--Appropriate to patients' need and context
 - Critically evaluate new technology
- ❖ Safely and effectively perform appropriate clinical skills & procedures:
 - Consistently demonstrate sound clinical skills
 - Demonstrate procedural knowledge and technical skills at a level appropriate to the level of training
 - Demonstrate manual dexterity required to carry out procedures
 - Adapt their skills in the context of each patient and procedure
 - Maintain and acquire new skills
 - Approach and carry out procedures with due attention to safety of patient, self and others
 - Critically analyze their own clinical performance for continuous



improvement

- ❖ Design and implement effective management plans:
 - Recognize the clinical features
 - Formulate a well-reasoned provisional diagnosis and management plan based on a thorough history and examination
 - Formulate a differential diagnosis based on investigative findings
 - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs
 - Recognize disorders of the Dermatological system and differentiate those amenable to medical treatment
 - Effectively recognize and manage complications
 - Accurately identify the benefits, risks and mechanisms of action of current and evolving treatment modalities
 - Indicate alternatives in the process of interpreting investigations and in decision-making
 - Manage complexity and uncertainty
 - Consider all issues relevant to the patient
 - Identify risk
 - Assess and implement a risk management plan
 - Critically evaluate and integrate new technologies and techniques
- ❖ Organize diagnostic testing, imaging and consultation as needed:
 - Select medically appropriate investigative tools and monitoring techniques in a cost-effective and useful manner
 - Appraise and interpret appropriate diagnostic imaging and investigations according to patients' needs
 - Critically evaluate the advantages and disadvantages of different



investigative modalities

❖ Communicate effectively:

- Communicate appropriate information to patients (and their family) about procedures, potentialities and risks associated with procedure in ways that encourage their participation in informed decision making
- Communicate with the patient (and their family) the treatment options including benefits and risks of each
- Communicate and co-ordinate with health management teams to achieve an optimal management of the patient
- Initiate the resolution of misunderstandings or disputes
- Modify communication to accommodate cultural and linguistic sensitivities of the patient

❖ Recognize the value of knowledge and research and its application to clinical practice:

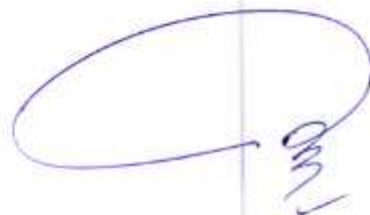
- Assume responsibility for self-directed learning
- Critically appraise new trends in Dermatology
- Facilitate the learning of others

❖ Appreciate ethical issues associated with Dermatology:

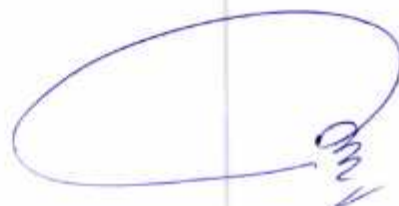
- Consistently apply ethical principles
- Identify ethical expectations that impact on medico-legal issues
- Recognize the current legal aspects of informed consent and confidentiality
- Be accountable for the management of their patients

❖ Professionalism by:

- Employing a critically reflective approach to Dermatology
- Adhering with current regulations concerning workplace harassment



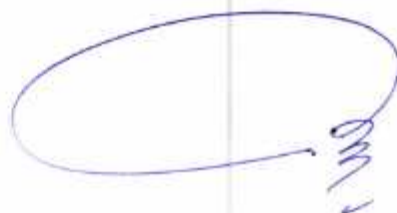
- Regularly carrying out self and peer-reviewed audit
- Acknowledging and have insight into their own limitations
- Acknowledging and learning from mistakes
- ❖ Work in collaboration with members of an inter-disciplinary team where appropriate:
 - Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type
 - Develop a care plan for a patient in collaboration with members of an interdisciplinary team
 - Employ a consultative approach with colleagues and other professionals
 - Recognize the need to refer patients to other professionals
- ❖ Management and Leadership:
 - Effective use of resources to balance patient care and system resources
 - Identify and differentiate between system resources and patient needs
 - Prioritize needs and demands dealing with limited system resources
 - Manage and lead clinical teams
 - Recognize the importance of different types of expertise which contribute to the effective functioning of clinical team
 - Maintain clinically relevant and accurate contemporaneous records
- ❖ Health advocacy:
 - Promote health maintenance of patients
 - Advocate for appropriate health resource allocation



SPECIFIC LEARNING OUTCOMES

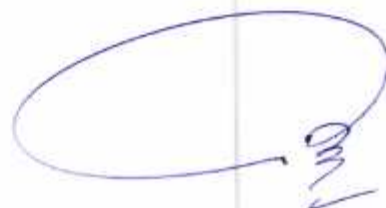
Resident completing five years training for MD Dermatology must possess sound knowledge and clinical experience, so that at the end of this training, a resident should be able to:

- Diagnose and manage independently, common skin diseases, sexually transmitted diseases and leprosy
- Manage independently and efficiently all medical emergencies related to skin, leprosy and venereal disease
- Adopt preventive measures at individual and community levels against communicable skin, venereal diseases and leprosy
- Teach requisite knowledge and laboratory skills to other medical/paramedical team members
- Adopt a compassionate attitude towards the patients (and their families) under his/ her charge
- Critically evaluate and initiate investigation for solving problems relating to skin, venereal diseases and leprosy

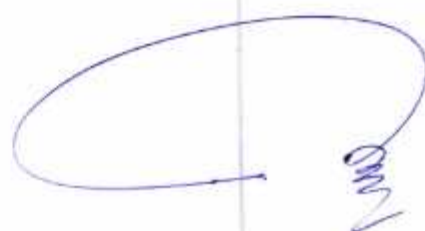


Advanced training in Dermatology shall train the resident to have a sound knowledge of:

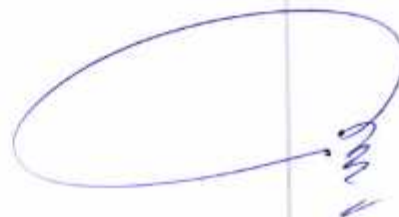
- 01 History of Dermatology
- 02 Structure and Function of the Skin
- 03 Histopathology of the Skin: General Principles
- 04 Diagnosis of Skin Disease
- 05 Epidemiology of Skin Disease
- 06 Health Economics and Skin Disease
- 07 Genetics and the Skin
- 08 Inflammation, Immunology and Allergy
- 09 Photobiology
- 10 Cutaneous Response to Injury and Wound Healing
- 11 Psychological and Social Impact of Long-term Dermatological Conditions
- 12 Adverse Immunological Reactions to Drugs
- 13 Topical Drug Delivery
- 14 Clinical Pharmacology
- 15 Principles of Holistic Management of Skin Disease
- 16 Principles of Measurement and Assessment in Dermatology
- 17 Principles of Evidence-based Dermatology
- 18 Principles of Topical Therapy
- 19 Principles of Systemic Therapy
- 20 Principles of Skin Surgery
- 21 Principles of Phototherapy
- 22 Principles of Photodynamic Therapy
- 23 Principles of Cutaneous Laser Therapy
- 24 Principles of Radiotherapy
- 25 Viral Infections
- 26 Bacterial Infections
- 27 Mycobacterial Infections
- 28 Leprosy
- 29 Syphilis and Congenital Syphilis
- 30 Other Sexually Transmitted Bacterial Diseases
- 31 HIV and the Skin
- 32 Fungal Infections
- 33 Parasitic Diseases
- 34 Arthropods



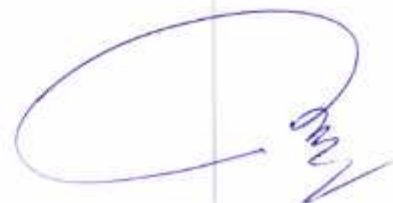
35	Psoriasis and Related Disorders
36	Pityriasis Rubra Pilaris
37	Lichen Planus and Lichenoid Disorders
38	Graft-versus-host Disease
39	Eczematous Disorders
40	Seborrhoeic Dermatitis
41	Atopic Eczema (Atopic Dermatitis)
42	Urticaria
43	Recurrent Angio-oedema without Weals
44	Urticarial Vasculitis
45	Autoinflammatory Diseases Presenting in the Skin
46	Mastocytosis
47	Reactive Inflammatory Erythemas
48	Adamantiades–Behçet disease
49	Neutrophilic Dermatoses
50	Immunobullous Diseases
51	Lupus Erythematosus
52	Antiphospholipid Syndrome
53	Dermatomyositis
54	Mixed Connective Tissue Disease
55	Dermatological Manifestations of Rheumatoid Disease
56	Systemic Sclerosis (Systemic Scleroderma)
57	Morphoea (Localized Scleroderma)
58	Cutaneous Amyloidoses
59	Cutaneous Mucinoses
60	Cutaneous Porphyrias
61	Calcification of the Skin and Subcutaneous Tissues
62	Xanthomas and Abnormalities of Lipid Metabolism and Storage
63	Nutritional Disorders Affecting the Skin
64	Skin Disorders in Diabetes Mellitus
65	Inherited Disorders of Cornification
66	Inherited Acantholytic Disorders
67	Ectodermal Dysplasias
68	Inherited Hair Disorders
69	Genetic Defects of Nails and Nail Growth
70	Genetic Disorders of Pigmentation
71	Genetic Blistering Diseases
72	Genetic Disorders of Collagen, Elastin and Dermal Matrix
73	Disorders Affecting Cutaneous Vasculature



74	Genetic Disorders of Adipose Tissue
75	Congenital Naevi and Other Developmental Abnormalities Affecting the Skin
76	Chromosomal Disorders
77	Poikiloderma Syndromes
78	DNA Repair Disorders with Cutaneous Features
79	Syndromes with Premature Ageing
80	Hamartoneoplastic Syndromes
81	Inherited Metabolic Diseases
82	Inherited Immunodeficiency
83	Pruritus, Prurigo and Lichen Simplex
84	Mucocutaneous Pain Syndromes
85	Neurological Conditions Affecting the Skin
86	Psychodermatology and Psychocutaneous Disease
87	Acquired Disorders of Epidermal Keratinization
88	Acquired Pigmentary Disorders
89	Acquired Disorders of Hair
90	Acne
91	Rosacea
92	Hidradenitis Suppurativa
93	Other Acquired Disorders of the Pilosebaceous Unit
94	Disorders of the Sweat Glands
95	Acquired Disorders of the Nails and Nail Unit
96	Acquired Disorders of Dermal Connective Tissue
97	Granulomatous Disorders of the Skin
98	Sarcoidosis
99	Panniculitis
100	Other Acquired Disorders of Subcutaneous Fat
101	Purpura
102	Cutaneous Vasculitis
103	Dermatoses Resulting from Disorders of the Veins and Arteries
104	Ulceration Resulting from Disorders of the Veins and Arteries
105	Disorders of the Lymphatic Vessels
106	Flushing and Blushing
107	Dermatoses of the Scalp
108	Dermatoses of the External Ear
109	Dermatoses of the Eye, Eyelids and Eyebrows
110	Dermatoses of the Oral Cavity and Lips
111	Dermatoses of the Male Genitalia



112	Dermatoses of the Female Genitalia
113	Dermatoses of Perineal and Perianal Skin
114	Cutaneous Complications of Stomas and Fistulae
115	Dermatoses of Pregnancy
116	Dermatoses of the Neonate
117	Dermatoses and Haemangiomas of Infancy
118	Benign Cutaneous Adverse Reactions to Drugs
119	Severe Cutaneous Adverse Reactions to Drugs
120	Cutaneous Side Effects of Chemotherapy and Radiotherapy
121	Dermatoses Induced by Illicit Drugs
122	Dermatological Manifestations of Metal Poisoning
123	Mechanical Injury to the Skin
124	Pressure Injury and Pressure Ulcers
125	Cutaneous Reactions to Cold and Heat
126	Burns and Heat Injury
127	Cutaneous Photosensitivity Diseases
128	Allergic Contact Dermatitis
129	Irritant Contact Dermatitis
130	Occupational Dermatology
131	Stings and Bites
132	Benign Melanocytic Proliferations and Melanocytic Naevi
133	Benign Keratinocytic Acanthomas and Proliferations
134	Cutaneous Cysts
135	Lymphocytic Infiltrates
136	Cutaneous Histiocytoses
137	Soft-tissue Tumours and Tumour-like Conditions
138	Tumours of Skin Appendages
139	Kaposi Sarcoma
140	Cutaneous Lymphomas
141	Basal Cell Carcinoma
142	Squamous Cell Carcinoma and its Precursors
143	Melanoma
144	Dermoscopy of Melanoma and Naevi
145	Merkel Cell Carcinoma
146	Skin Cancer in the Immunocompromised Patient
147	Cutaneous Markers of Internal Malignancy
148	The Skin and Disorders of the Haematopoietic and Immune Systems
149	The Skin and Endocrine Disorders
150	The Skin and Disorders of the Heart



151	The Skin and Disorders of the Respiratory System
152	The Skin and Disorders of the Digestive System
153	The Skin and Disorders of the Kidney and Urinary Tract
154	The Skin and Disorders of the Musculoskeletal System
155	Skin Ageing
156	Cosmeceuticals
157	Soft Tissue Augmentation (Fillers)
158	Aesthetic Uses of Botulinum Toxins
159	Chemical Peels
160	Lasers and Energy-based Devices

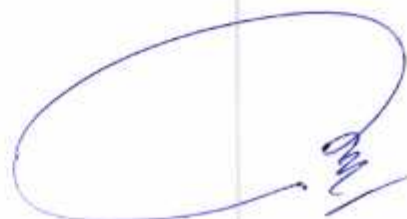
Investigative Competencies:

Carry out the laboratory investigations related to the diseases of Skin, STDs and Leprosy, such as:

- Scrapings of skin, nails and hair for fungus/ yeast and ecto-parasites
- Various types of skin biopsies
- Slit smear examination
- Cytopathological examination
- Tzanck smear
- Wood's lamp examination
- Basic staining procedures e.g. Zeihl Nelson, Giemsa, PAP smear
- Dermoscopy

Procedural Skills:

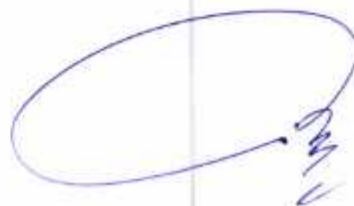
- Phototherapy and photo-chemotherapy
- Electro-cautery, cryotherapy, electrolysis, intra-lesional injections etc.
- Skin punch grafting
- Wound dressings
- Hair coloring----artificial or permanent dyes



- Nail surgery
- Split skin grafting
- Suction blister grafting
- Chemical peeling
- Comedone/ Milia extraction
- Excision of growth/ papilloma/ cysts etc.

More Advanced Procedures:

- Lasers
 - Hair removal
 - Q-switched Nd:YAG
 - Fractional CO₂
- Radiofrequency Microneedling
- Microdermabrasion
- Facial Rejuvenation
 - Dermal Fillers
 - Botox
 - Face Lifting Threads
- Platelet Rich Plasma (PRP)
- Plasma Pen
- Mesotherapy




REGULATIONS

Scheme of the Course

A summary of five years course in MD Dermatology is presented as under:

Course Structure	Components	Examination
<p>At the end of 2nd Year of MD Dermatology Program</p>	<ul style="list-style-type: none"> • Basic Principles of Internal Medicine • Relevant Basic Sciences (Physiology, Pharmacology, Pathology) 	<p><u>Intermediate Examination</u> at the end of 2nd Year of M.D. Dermatology Program</p> <p>Written = 300 Marks Clinical, TOACS/ OSCE & ORAL= 200 Marks</p> <p style="text-align: center;">Total = 500 Marks</p>
<p>At the end of 5th year of MD Dermatology Program</p>	<p><u>Clinical component</u></p> <ul style="list-style-type: none"> • Professional Education in Dermatology: <p>Training in Dermatology with Compulsory/ Optional rotations</p> <p><u>Research component</u></p> <p>Research work / Thesis writing must be completed and thesis be submitted at least 6 months before the end of final year of the program</p>	<p><u>Final Examination</u> at the end of 5th year of MD Dermatology Program</p> <p>Written = 500 Marks Clinical, TOACS/ OSCE/ Slides & ORAL = 500 Marks CIS = 100 Marks Thesis Evaluation = 400 Marks</p> <p style="text-align: center;">Total = 1500 Marks</p> <p>Thesis evaluation and defense at the end of 5th year of MD Dermatology Program</p>



Intermediate Examinations M.D. Dermatology Program

All candidates admitted in MD Dermatology course shall appear in Intermediate Examination at the end of 2nd calendar year.

Eligibility Criteria:

The candidates appearing in Intermediate Examination of the MD Dermatology Program are required:

- a) To have submitted certificate of completion of mandatory workshops
- b) To have submitted certificate/ certificates of completion of first two years of training from the supervisor/ supervisors of rotation
- c) To have submitted CIS assessment proforma from his/ her own supervisor
on 03 monthly basis and also from his/ her supervisors during rotation, achieving a cumulative score of **75%**
- d) To have submitted certificate of approval of synopsis or undertaking/ affidavit that if synopsis not approved within 30 days of submission of application for the Intermediate Examination, the candidate will not be allowed to take the examination and shall be removed from the training program
- e) To have submitted evidence of payment of examination fee

Intermediate Examination Schedule and Fee

- a) Intermediate Examination at completion of two years training, will be held twice a year.
- b) There will be a minimum period of 30 days between submission of application for the examination and the conduction of examination.
- c) Examination fee will be determined periodically by the University.



- d) The examination fee once deposited cannot be refunded/ carried over to the next examination under any circumstances.
- e) The Controller of Examinations will issue Roll Number Slips on receipt of prescribed application form, documents satisfying eligibility criteria and evidence of payment of examination fee.

At the end of 2nd year MD Dermatology Program:

Written Examination	300 Marks
Clinical, TOACS/ OSCE & ORAL	200 Marks
Total	500 Marks

Written Paper	300 Marks
MCQs	100 (2 Marks each MCQ)
SEQs	10 (10 Marks each SEQ)

Clinical, TOACS/ OSCE & ORAL = Total Marks 200

a) 4 Short Cases	100 marks
b) Long Case	50 marks
c) TOACS/ OSCE & ORAL	50 marks

Written Paper

Principles of Internal Medicine	70 MCQs	7 SEQs
Specialty	10 MCQs	1 SEQ

Basic Sciences	20 MCQs	2 SEQs
Physiology	8 MCQs	1 SEQ
Pharmacology	4 MCQs	-----
Pathology	8 MCQs	1 SEQ

Declaration of Result

The Candidate will have to score at least 50% marks in written and oral/ practical/ clinical components separately and a cumulative score of 60% to be declared successful in the Intermediate Examination.

A maximum total of four consecutive attempts (availed or un-availed) will be allowed in the Intermediate Examination during which the candidate will be allowed to continue his training program. If the candidate fails to pass his Intermediate Examination within the above mentioned limit of four attempts, the candidate shall be removed from the training program, and the seat would fall vacant, stipend/ scholarship if any would be stopped.

Final Examination of MD Dermatology Program

All candidates admitted in MD Dermatology course shall appear in Final examination at the end of structured training program (end of 5th calendar year), and having passed the Intermediate examination.

Eligibility Criteria:

To appear in the Final Examination the candidate shall be required:

- i) To have submitted the result of passing Intermediate Examination
- ii) To have submitted the certificate of completion of training, issued by the Supervisor
- iii) To have achieved a cumulative score of 75% in Continuous Internal Assessments of all training years
- iv) To have got the thesis submitted and will then be eligible to appear in Final Examination
- v) To have submitted no dues certificate from all relevant departments including library, hostel, cashier etc.
- vi) To have submitted evidence of submission of examination fee

Final Examination Schedule and Fee

- a) Final examination will be held twice a year.
- b) The candidates shall have to satisfy eligibility criteria before permission is granted to take the examination.
- c) Examination fee will be determined and varied at periodic intervals by the University.



- d) The examination fee once deposited cannot be refunded/ carried over to the next examination under any circumstances.
- e) The Controller of Examinations will issue an Admittance Card with a photograph of the candidate on receipt of prescribed application form, documents satisfying eligibility criteria and evidence of payment of examination fee. This card will also show the Roll Number, date/ time and venue of examination.

Components of Final Examination

Written Part of Final Examination	Total marks 500
Clinical, TOACS/ OSCE/ Slides & Oral	Total marks 500
Contribution of CIS to the Final Examination	Total marks 100
Thesis Evaluation	Total marks 400

Written Part of Final Examination

- a) There will be two written papers which will cover the whole syllabus of the specialty of training with total marks of 500.
- b) The written examination will consist of 200 single best answer type Multiple Choice Questions (MCQs) and 10 Short Essay Questions (SEQs). Each correct answer in the Multiple Choice Question paper will carry 02 marks. Each Short Essay Question will carry 10 marks.
- c) The Total Marks of the Written Examination will be 500 and to be divided as follows:

- Multiple Choice Question paper Total Marks = 400



- Short Essay Question paper Total Marks = 100
- d) The candidates obtaining a score of 50% in multiple choice question paper and short essay question paper will pass the written part of the final examination and will become eligible to appear in the clinical and oral examination.
- e) The written part result will be valid for three consecutive attempts for appearing in the Clinical and Oral Part of the Final Examination. After that the candidate shall have to re-sit in the written part of the Final Examination.

Clinical, TOACS/ OSCE/ Slides & Oral:

- a) The Clinical, TOACS/ OSCE/ Slides & Oral will consist of 04 short cases, 01 long case, Clinical and Histopathology Slides. Each short case will be of 10 minutes duration, 05 minutes will be for examining the patient and 05 minutes for discussion.
- b) The Total Marks of Clinical, TOACS/ OSCE/ Slides & Oral will be 500 and to be divided as follows:
- | | |
|----------------------------|-------------------|
| Short Cases | Total Marks = 200 |
| Long Case | Total Marks = 100 |
| TOACS/ OSCE/ Slides & Oral | Total Marks = 200 |
- c) A panel of at least four examiners will be appointed by the Vice Chancellor and of these two will be from university whilst the other two will be the external examiners. Internal examiner will act as a Convener. In



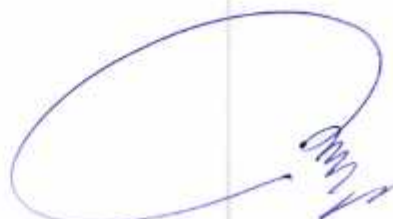
case of difficulty in finding an Internal Examiner in a given subject, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person with appropriate qualification and experience, outside the University as an examiner.

- d) The internal examiners will not examine the candidates for whom they have acted as Supervisor and will be substituted by other internal examiner.
- e) The candidates scoring 50% marks in each component of the Clinical & Oral Examination will pass this part of the Final Examination.

f) **Declaration of Result**

For the declaration of result:

- I. The candidate must get his/ her Thesis accepted.
- II. The candidate must have passed the final written examination with 50% marks and the clinical & oral examination securing 50% marks separately. The cumulative passing score from the written and clinical/ oral examination shall be 60%. Cumulative score of 60% marks to be calculated by adding up secured marks of each component of examination i.e. written and clinical/ oral and then calculating its percentage.
- III. The MD degree shall be awarded after acceptance of thesis and success in the final examination.



IV. On completion of stipulated training period, irrespective of the result (pass or fail) the training slot of the candidate shall be declared vacant.

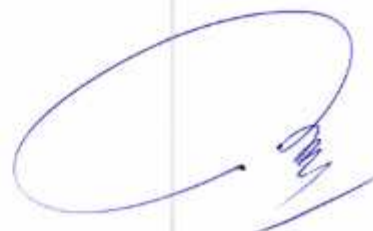
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Submission/ Evaluation of Synopsis

1. The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board, available on university website.
2. The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
3. Synopsis of research project shall be submitted by the end of the 2nd year of MD program. The synopsis after review by an Institutional Review Committee shall be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

Submission of Thesis

1. Thesis shall be submitted by the candidate duly recommended by the Supervisor.
2. The minimum duration between approval of synopsis and submission of thesis shall be one year, but the thesis cannot be submitted later than 8 years of enrolment.
3. The research thesis must be compiled and bound in accordance with the Thesis Format Guidelines approved by the University and available on website.
4. The research thesis will be submitted along with the fee prescribed by the University.



Thesis Examination

- a) The candidate will submit his/ her thesis at least 06 months prior to completion of training.
- b) The Thesis along with a certificate of approval from the supervisor will be submitted to the Registrar's office, who would record the date/ time etc. and get received from the Controller of Examinations within 05 working days of receiving.
- c) The Controller of Examinations will submit a panel of eight examiners within 07 days for selection of four examiners by the Vice Chancellor. The Vice Chancellor shall return the final panel within 05 working days to the Controller of Examinations for processing and assessment. In case of any delay the Controller of Examinations would bring the case personally to the Vice Chancellor.
- d) The Supervisor shall not act as an examiner of the candidate and will not take part in evaluation of thesis.
- e) The Controller of Examinations will make sure that the Thesis is submitted to examiners in appropriate fashion and a reminder is sent after every ten days.
- f) The thesis will be evaluated by the examiners within a period of 06 weeks.
- g) In case the examiners fail to complete the task within 06 weeks with 02 fortnightly reminders by the Controller of Examinations, the Controller of Examinations will bring it to the notice of Vice Chancellor in person.
- h) In case of difficulty in finding an internal examiner for thesis evaluation, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person as examiner in supersession of the relevant Clause of the University Regulations.
- i) There will be two internal and two external examiners. In case of difficulty in finding examiners, the Vice Chancellor would, in consultation with the concerned Deans, appoint minimum of three, one internal and two external examiners.
- j) The total marks of thesis evaluation will be 400 and 60% marks will be required to pass the evaluation.



- k) The thesis will be considered accepted, if the cumulative score of all the examiners is 60%.
- l) The clinical training will end at completion of stipulated training period but the candidate will become eligible to appear in the Final Examination at completion of clinical training and after acceptance of thesis. In case clinical training ends earlier, the slot will fall vacant after stipulated training period.

Award of MD Dermatology Degree

After successful completion of the structured course of MD Dermatology and qualifying Intermediate & Final examinations (Written, Clinical, TOACS/ OSCE/ Slides & Oral and Thesis), the degree with title MD Dermatology shall be awarded.



CONTENT OUTLINE

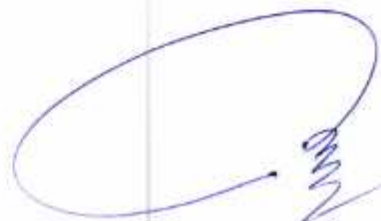
MD Dermatology

Basic Sciences for Intermediate Examination

1. Physiology

Cellular organization, structure/ function, correlations and physiological alterations in the integumentary system of body:

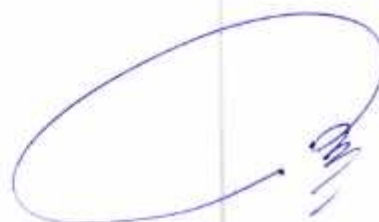
- General characteristics and functions of epithelial tissue
- Types of epithelium
- Classification of glands
- General characteristics of connective tissue
- Major cell types and fibers of connective tissues
- Major functions of each type of connective tissue
- Four major types of membranes
- Functions of the skin including protection, temperature regulation, excretion and secretion, sensitivity, sociosexual functions etc.
- Composition of the skin, blood supply, components
- General function of each layer of the skin
- Functions of accessory organs associated with the skin
- Factors that determine skin color
- Membrane biochemistry and signal transduction
- Gene expression and the synthesis of proteins
- Bioenergetics; fuel oxidation and the generation of ATP
- Carbohydrate metabolism
- Lipid metabolism
- Nitrogen metabolism
- Enzymes and biologic catalysis
- Tissue metabolism
- Biotechnology and concepts of molecular biology with special emphasis on use of recombinant DNA techniques in medicine and the molecular biology of cancer



- General principles of biochemical investigations
- Basic techniques in molecular biology
- Cloning and gene analysis
- Immunochemical techniques
- Protein chemistry and enzymology
- Cloning & PCR
- Protein chemistry and quantification
- Electrophoretic techniques; PAGE
- Immunoblotting
- Raising and purifying antibodies
- ELISA

2. Pharmacology

- The evolution of medical drugs
- British pharmacopoeia
- Pharmacokinetic processes
- Pharmacodynamic process
- Drug effect
- Beneficial responses
- Harmful responses
- Allergic responses
- Drug dependence, addiction, abuse and tolerance
- Drug interactions
- Drug prescription in dermatology
- Principles of toxicology
- Antibiotics, antifungals, antivirals, antiparasitics etc.
- Corticosteroids
- Histamine and antihistamine
- Classification of cytotoxic agents and immunosuppressants
- Dermatologically relevant cytotoxics and immunosuppressants
 - Azathioprine
 - Methotrexate
 - Cyclophosphamide
 - Cyclosporin
 - Tacrolimus etc.
- Analgesics, antipyretics and anti-inflammatory agents
- Vitamins and skin disorders
- Principles of topical dermatological therapy



3. Pathology

Pathological alterations at cellular and structural level in infection, inflammation, ischaemia, neoplasia and trauma affecting the skin and appendages:

Cell Injury and adaptation

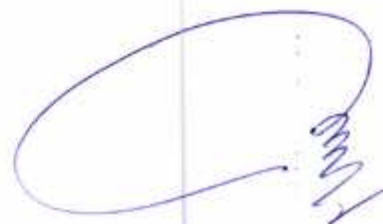
- Reversible and irreversible injury
- Fatty change, pathologic calcification
- Necrosis and gangrene
- Cellular adaptation
- Atrophy, hypertrophy
- Hyperplasia, metaplasia, aplasia

Inflammation

- Acute inflammation
- Cellular components and chemical mediators of acute inflammation
- Exudates and transudate
- Sequelae of acute inflammation
- Chronic inflammation
- Etiological factors and pathogenesis
- Distinction between acute and chronic (duration) inflammation
- Histologic hallmarks
- Types and causes of chronic inflammation, non-granulomatous & granulomatous

Haemodynamic disorders

- Etiology, pathogenesis, classification and morphological and clinical manifestations of edema, haemorrhage, thrombosis, embolism, infarction & hyperaemia
- Shock; classification etiology, and pathogenesis, manifestations
- Compensatory mechanisms involved in shock
- Pathogenesis and possible consequences of thrombosis
- Difference between arterial and venous emboli



Neoplasia

- Dysplasia and neoplasia
- Benign and malignant neoplasms
- Etiological factors for neoplasia
- Different modes of metastasis
- Tumor staging system and tumor grade

Immunity and Hypersensitivity

- Immunity
- Immune response
- Diagnostic procedures in a clinical immunology laboratory
- Protective immunity to microbial diseases
- Tumor immunology
- Immunological tolerance, autoimmunity and autoimmune diseases
- Transplantation immunology
- Hypersensitivity
- Immunodeficiency disorders
- Immunoprophylaxis & immunotherapy

Related Microbiology

- General aspects of microbiology and replication of bacteria, viruses and fungi
- Principles of laboratory diagnosis in microbiology (Bacteria, viruses, fungi and parasites)
- Sterilization and disinfection

Bacteriology:

- Normal flora of the skin and adjoining mucosae
- Pathogenesis of bacterial infections
- Classification of medically important bacteria
- Clinically relevant features of the following:
 - Gram positive cocci especially streptococci and staphylococci
 - Gram negative cocci especially Neisseriae gonorrhoea
 - Gram positive bacilli especially bacillus anthrax, clostridia, coryniform
 - Gram negative bacilli especially pseudomonas and proteus
 - Mycobacteria especially M. tuberculosis, M. leprae and atypical mycobacteria



- Actinomycetes
- Spirochetes especially T. pallidum and Borrelia burgdorferi
- Chlamydiae especially Chlamydia trachomatis
- Rickettsiae

Virology

- Pathogenesis of viral infections
- Classification of medically important viruses
- Clinically relevant features of the following:
 - Herpes viruses
 - Pox viruses
 - Papilloma viruses
 - Parvovirus B 19
 - Measles and rubella viruses
 - HIV

Mycology:

- Basic mycology
- Classification of medically important fungi

Parasitology:

- General aspects of dermatologically relevant parasites, especially Leishmania, Sarcoptes scabiei, Pediculosis
- Immunization
- Personnel protection from communicable diseases
- Use of investigation and procedures in laboratory
- Basics in allergy and immunology

Special Pathology

- Pathophysiology in different diseases of skin
- Common skin lesions, their causes and treatments
- Terminology of pathological lesions in skin and subcutaneous tissue
- Cause, treatment and lesions associated with inflammatory conditions
- Bacterial and viral infections including impetigo, furuncles, herpes simplex, herpes zoster and warts
- Fungal skin infections; various forms of tinea
- Scabies and pediculosis
- Skin neoplasms. Etiology, predisposing factors metastasis and prognosis of common skin malignancies in Pakistan

MD Dermatology

Course Contents in Principles of Internal Medicine for Intermediate Examination

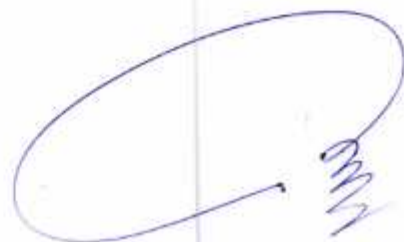
After spending first 6 months in Dermatology, the resident will start next 18 months Internal Medicine training. Resident should get exposure in the following organ and system competencies while considering and practicing each system in terms of:

- Medical ethics
- Professional values, student-teachers relationship
- Orientation of in-patients, out-patients and dermatological labs
- Approach to the patient
- History taking
- General physical examination
- Systemic examination
- Routine investigations
- Special investigations
- Diagnostic and therapeutic procedures

1. Cardiovascular Medicine

Common and / or important Cardiac Problems:

- Arrhythmias
- Ischaemic Heart Disease: acute coronary syndromes, stable angina, atherosclerosis
- Heart Failure
- Hypertension – including investigation and management of accelerated hypertension
- Valvular heart disease
- Endocarditis
- Aortic dissection
- Syncope
- Dyslipidaemia



Clinical Science:

- Physiological principles of cardiac cycle and cardiac conduction
- Pharmacology of major drug classes: beta blockers, alpha blockers, ACE inhibitors, Angiotensin receptor blockers (ARBs), anti-platelet agents, thrombolysis, inotropes, calcium channel antagonists, potassium channel activators, diuretics, anti-arrhythmics, anticoagulants, lipid modifying drugs, nitrates, centrally acting anti-hypertensives

2. Diabetes & Endocrine Medicine

Common and/ or Important Diabetes Problems:

- Diabetic ketoacidosis
- Non-acidotic hyperosmolar coma/ severe hyperglycaemia
- Hypoglycaemia
- Care of the acutely ill diabetic
- Peri-operative diabetes care

Common or Important Endocrine Problems:

- Hyper/Hypocalcaemia
- Adrenocortical insufficiency
- Hyper/ Hyponatraemia
- Thyroid dysfunction
- Dyslipidaemia
- Endocrine emergencies: myxoedemic coma, thyrotoxic crisis, Addisonian crisis, hypopituitary coma, pheochromocytoma crisis

Clinical Science:

- Outline the function, receptors, action, secondary messengers and feedback of hormones
- Pharmacology of major drug classes: insulin, oral anti-diabetics, thyroxine, anti-thyroid drugs, corticosteroids, sex hormones, drugs affecting bone metabolism

3. Gastroenterology and Hepatology

Common or Important Problems:

- Peptic ulceration and gastritis
- Gastroenteritis
- GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)
- Inflammatory bowel disease
- Iron deficiency anaemia
- Acute GI bleeding
- Acute abdominal pathologies: pancreatitis, cholecystitis, appendicitis, leaking

- abdominal aortic aneurysm
- Functional disease: irritable bowel syndrome, non-ulcer dyspepsia
- Coeliac disease
- Alcoholic liver disease
- Alcohol withdrawal syndrome
- Acute liver dysfunction: jaundice, ascites, encephalopathy
- Liver cirrhosis
- Gastro-oesophageal reflux disease
- Nutrition: indications, contraindications and ethical dilemmas of nasogastric feeding and EG tubes, IV nutrition, re-feeding syndrome
- Gall stones
- Viral hepatitis
- Auto-immune liver disease
- Pancreatic cancer

Clinical Science:

- Laboratory markers of liver, pancreas and gut dysfunction
- Pharmacology of major drug classes: acid suppressants, anti-spasmodics, laxatives, anti-diarrhoea drugs, aminosalicylates, corticosteroids, immunosuppressants, infliximab, pancreatic enzyme supplements

4. Renal Medicine

Common and / or Important Problems:

- Acute renal failure
- Chronic renal failure
- Glomerulonephritis
- Nephrotic syndrome
- Urinary tract infections
- Urinary calculus
- Renal replacement therapy
- Disturbances of potassium, acid/ base, and fluid balance (and appropriate acute interventions)

Clinical Science:

- Measurement of renal function
- Metabolic perturbations of acute, chronic, and end-stage renal failure and associated treatments

5. Respiratory Medicine

Common and/ or Important Respiratory Problems:

- COPD

- Asthma
- Pneumonia
- Pleural disease: Pneumothorax, pleural effusion, mesothelioma
- Lung Cancer
- Respiratory failure and methods of respiratory support
- Pulmonary embolism and DVT
- Tuberculosis
- Interstitial lung disease
- Bronchiectasis
- Respiratory failure and cor-pulmonale
- Pulmonary hypertension

Clinical Science:

- Principles of lung function measurement
- Pharmacology of major drug classes: bronchodilators, inhaled corticosteroids, leukotriene receptor antagonists, immunosuppressants

6. Allergy

Common or Important Allergy Problems

- Anaphylaxis
- Recognition of common allergies; introducing occupation associated allergies
- Food, drug, latex, insect venom allergies
- Urticaria and angioedema

Clinical Science

- Mechanisms of allergic sensitization: primary and secondary prophylaxis
- Natural history of allergic diseases
- Mechanisms of action of anti-allergic drugs and immunotherapy
- Principles and limitations of allergen avoidance

7. Haematology

Common and/ or Important Problems:

- Bone marrow failure: causes and complications
- Bleeding disorders: DIC, haemophilia
- Thrombocytopaenia
- Anticoagulation treatment: indications, monitoring, management of over-treatment
- Transfusion reactions
- Anaemia: iron deficient, megaloblastic, haemolytic, sickle cell
- Thrombophilia: classification; indications and implications of screening
- Haemolytic disease

- Myelodysplastic syndromes
- Leukaemia
- Lymphoma
- Myeloma
- Myeloproliferative disease
- Inherited disorders of haemoglobin (sickle cell disease, thalassaemias)
- Amyloid

Clinical Science:

- Structure and function of blood, reticuloendothelial system, erythropoietic tissues

8. Immunology

Common or Important Problems:

- Anaphylaxis (see also 'Allergy')

Clinical Science:

- Innate and adaptive immune responses
- Principles of Hypersensitivity and transplantation

9. Infectious Diseases

Common and/ or Important Problems:

- Fever of unknown origin
- Complications of sepsis: shock, DIC, ARDS
- Common community acquired infections: LRTI, UTI, skin and soft tissue infections, viral exanthema, gastroenteritis
- CNS infection: meningitis, encephalitis, brain abscess
- HIV and AIDS including ethical considerations of testing
- Infections in immuno-compromised host
- Tuberculosis
- Anti-microbial drug monitoring
- Endocarditis
- Common genito-urinary conditions: non-gonococcal urethritis, gonorrhoea, syphilis

Clinical Science:

- Principles of vaccination
- Pharmacology of major drug classes: penicillins, cephalosporins, tetracyclines, aminoglycosides, macrolides, sulphonamides, quinolones, metronidazole, anti-tuberculous drugs, anti-fungals, anti-malarials, anti-helminthics, anti-virals

10. Medicine in the Elderly

Common or Important Problems:

- Deterioration in mobility
- Acute confusion
- Stroke and transient ischaemic attack
- Falls
- Age related pharmacology
- Hypothermia
- Continence problems
- Dementia
- Movement disorders including Parkinson's disease
- Depression in the elderly
- Osteoporosis
- Malnutrition
- Osteoarthritis

Clinical Science:

- Effects of ageing on the major organ systems
- Normal laboratory values in older people

11. Musculoskeletal System

Common or Important Problems:

- Septic arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Seronegative arthritides
- Crystal arthropathy
- Osteoporosis – risk factors, and primary and secondary prevention of complications of osteoporosis
- Polymyalgia and temporal arteritis
- Acute connective tissue disease: systemic lupus erythematosus, scleroderma, poly- and dermatomyositis, Sjogren's syndrome, vasculitides

Clinical Science:

- Pharmacology of major drug classes: NSAIDs, corticosteroids, immunosuppressants, colchicine, allopurinol, bisphosphonates

12. Neurology

Common or Important Problems:



- Acute new headache
- Stroke and transient ischaemic attack
- Subarachnoid haemorrhage
- Coma
- Central Nervous System infection: encephalitis, meningitis, brain abscess
- Raised intra-cranial pressure
- Sudden loss of consciousness including seizure disorders (see also above syncope etc)
- Acute paralysis: Guillian-Barré, myasthenia gravis, spinal cord lesions
- Multiple sclerosis
- Motor neuron disease

Clinical Science:

- Pathophysiology of pain, speech and language
- Pharmacology of major drug classes: anxiolytics, hypnotics inc. benzodiazepines, antiepileptics, anti-Parkinson's drugs (anti-muscarinics, dopaminergics)

13. Psychiatry

Common and /or Important Problems:

- Suicide and parasuicide
- Acute psychosis
- Substance dependence
- Depression

Clinical Science:

- Principles of substance addiction, and tolerance
- Pharmacology of major drug classes: anti-psychotics, lithium, tricyclic antidepressants, mono-amine oxidase inhibitors, SSRIs, venlafaxine, donepezil, drugs used in treatment of addiction (bupropion, disulpharam, acamprosate, methadone)

14. Cancer and Palliative Care

Common or Important Oncology Problems:

- Hypercalcaemia
- SVC obstruction
- Spinal cord compression
- Neutropenic sepsis
- Common cancers (presentation, diagnosis, staging, treatment principles):

lung, bowel, breast, prostate, stomach, oesophagus, bladder)

Common or Important Palliative Care Problems:

- Pain: appropriate use, analgesic ladder, side effects, role of radiotherapy
- Constipation
- Breathlessness
- Nausea and vomiting
- Anxiety and depressed mood

Clinical Science:

- Principles of oncogenesis and metastatic spread
- Apoptosis
- Principles of staging
- Principles of screening
- Pharmacology of major drug classes in palliative care: anti-emetics, opioids, NSAIDS, agents for neuropathic pain, bisphosphonates, laxatives, anxiolytics

15. Clinical Genetics

Common and/ or Important problems:

- Down's syndrome
- Turner's syndrome
- Huntington's disease
- Haemochromatosis
- Marfan's syndrome
- Klinefelter's syndrome
- Familial cancer syndromes
- Familial cardiovascular disorders

Clinical Science:

- Structure and function of human cells, chromosomes, DNA, RNA and cellular proteins
- Principles of inheritance: Mendelian, sex-linked, mitochondrial
- Principles of pharmacogenetics
- Principles of mutation, polymorphism, trinucleotide repeat disorders
- Principles of genetic testing including metabolite assays, clinical examination and analysis of nucleic acid (e.g. PCR)

16. Clinical Pharmacology

Common and/ or Important problems:

- Corticosteroid treatment: short and long-term complications, bone protection, safe withdrawal of corticosteroids, patient counselling regarding avoidance of adrenal crises



- Specific treatment of poisoning with:
 - Aspirin,
 - Paracetamol
 - Tricyclic anti-depressants
 - Beta-blockers
 - Carbon monoxide
 - Opiates
 - Digoxin
 - Benzodiazepines

Clinical Science:

- Drug actions at receptor and intracellular level
- Principles of absorption, distribution, metabolism and excretion of drugs
- Effects of genetics on drug metabolism
- Pharmacological principles of drug interaction
- Outline the effects on drug metabolism of: pregnancy, age, renal and liver impairment

Investigative Competencies

Outline the Indications for, and Interpret the Following Investigations:

- Basic blood biochemistry: urea and electrolytes, liver function tests, bone biochemistry, glucose, magnesium
- Cardiac biomarkers and cardiac-specific troponin
- Creatine kinase
- Thyroid function tests
- Inflammatory markers: CRP / ESR
- Arterial Blood Gas analysis
- Cortisol and short Synacthen test
- HbA1C
- Lipid profile
- Amylase
- Full blood count
- Coagulation studies
- Haemolysis studies
- D dimer
- Blood film report
- Blood / Sputum/ Urine culture
- Fluid analysis: pleural, cerebrospinal, ascitic
- Urinalysis and urine microscopy

- Auto-antibodies
- Chest radiograph
- Abdominal radiograph
- Joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle)

More Advanced Competencies;

- Viral hepatitis serology
- Stool testing
- HIV testing
- Ultrasound
- Detailed imaging: Barium studies, CT, CT angiography, high resolution CT, MRI

Procedural Competencies

- The trainee is expected to be competent in performing the following procedures by the end of core training. The trainee must be able to outline the indications for these interventions, the importance of valid consent, aseptic technique, safe use of local anaesthetics and minimization of patient discomfort.
- Venepuncture
- Cannula insertion, including large bore
- Arterial blood gas sampling
- Lumbar Puncture
- Central venous cannulation
- Initial airway protection: chin lift, Guedel & nasal airway, laryngeal mask
- Basic and, subsequently, advanced cardiorespiratory resuscitation
- Various types of skin biopsies



MD Dermatology

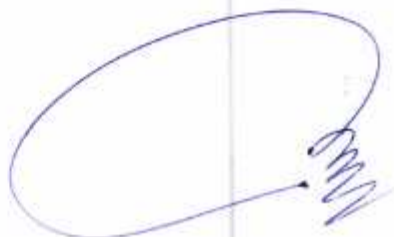
Components for Final Examination

- 01 History of Dermatology
- 02 Structure and Function of the Skin
- 03 Histopathology of the Skin: General Principles
- 04 Diagnosis of Skin Disease
- 05 Epidemiology of Skin Disease
- 06 Health Economics and Skin Disease
- 07 Genetics and the Skin
- 08 Inflammation, Immunology and Allergy
- 09 Photobiology
- 10 Cutaneous Response to Injury and Wound Healing
- 11 Psychological and Social Impact of Long-term Dermatological Conditions
- 12 Adverse Immunological Reactions to Drugs
- 13 Topical Drug Delivery
- 14 Clinical Pharmacology
- 15 Principles of Holistic Management of Skin Disease
- 16 Principles of Measurement and Assessment in Dermatology
- 17 Principles of Evidence-based Dermatology
- 18 Principles of Topical Therapy
- 19 Principles of Systemic Therapy
- 20 Principles of Skin Surgery
- 21 Principles of Phototherapy
- 22 Principles of Photodynamic Therapy
- 23 Principles of Cutaneous Laser Therapy
- 24 Principles of Radiotherapy
- 25 Viral Infections
- 26 Bacterial Infections
- 27 Mycobacterial Infections
- 28 Leprosy
- 29 Syphilis and Congenital Syphilis
- 30 Other Sexually Transmitted Bacterial Diseases
- 31 HIV and the Skin
- 32 Fungal Infections
- 33 Parasitic Diseases

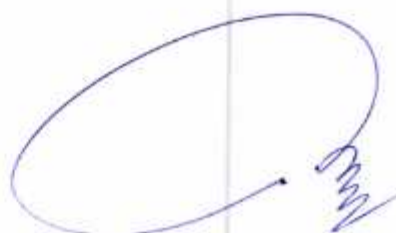
34	Arthropods
35	Psoriasis and Related Disorders
36	Pityriasis Rubra Pilaris
37	Lichen Planus and Lichenoid Disorders
38	Graft-versus-host Disease
39	Eczematous Disorders
40	Seborrhoeic Dermatitis
41	Atopic Eczema (Atopic Dermatitis)
42	Urticaria
43	Recurrent Angio-oedema without Weals
44	Urticarial Vasculitis
45	Autoinflammatory Diseases Presenting in the Skin
46	Mastocytosis
47	Reactive Inflammatory Erythemas
48	Adamantiades–Behçet disease
49	Neutrophilic Dermatoses
50	Immunobullous Diseases
51	Lupus Erythematosus
52	Antiphospholipid Syndrome
53	Dermatomyositis
54	Mixed Connective Tissue Disease
55	Dermatological Manifestations of Rheumatoid Disease
56	Systemic Sclerosis (Systemic Scleroderma)
57	Morphoea (Localized Scleroderma)
58	Cutaneous Amyloidoses
59	Cutaneous Mucinoses
60	Cutaneous Porphyrias
61	Calcification of the Skin and Subcutaneous Tissues
62	Xanthomas and Abnormalities of Lipid Metabolism and Storage
63	Nutritional Disorders Affecting the Skin
64	Skin Disorders in Diabetes Mellitus
65	Inherited Disorders of Cornification
66	Inherited Acantholytic Disorders
67	Ectodermal Dysplasias
68	Inherited Hair Disorders
69	Genetic Defects of Nails and Nail Growth
70	Genetic Disorders of Pigmentation
71	Genetic Blistering Diseases
72	Genetic Disorders of Collagen, Elastin and Dermal Matrix



- 73 Disorders Affecting Cutaneous Vasculature
- 74 Genetic Disorders of Adipose Tissue
- 75 Congenital Naevi and Other Developmental Abnormalities Affecting the Skin
- 76 Chromosomal Disorders
- 77 Poikiloderma Syndromes
- 78 DNA Repair Disorders with Cutaneous Features
- 79 Syndromes with Premature Ageing
- 80 Hamartoneoplastic Syndromes
- 81 Inherited Metabolic Diseases
- 82 Inherited Immunodeficiency
- 83 Pruritus, Prurigo and Lichen Simplex
- 84 Mucocutaneous Pain Syndromes
- 85 Neurological Conditions Affecting the Skin
- 86 Psychodermatology and Psychocutaneous Disease
- 87 Acquired Disorders of Epidermal Keratinization
- 88 Acquired Pigmentary Disorders
- 89 Acquired Disorders of Hair
- 90 Acne
- 91 Rosacea
- 92 Hidradenitis Suppurativa
- 93 Other Acquired Disorders of the Pilosebaceous Unit
- 94 Disorders of the Sweat Glands
- 95 Acquired Disorders of the Nails and Nail Unit
- 96 Acquired Disorders of Dermal Connective Tissue
- 97 Granulomatous Disorders of the Skin
- 98 Sarcoidosis
- 99 Panniculitis
- 100 Other Acquired Disorders of Subcutaneous Fat
- 101 Purpura
- 102 Cutaneous Vasculitis
- 103 Dermatoses Resulting from Disorders of the Veins and Arteries
- 104 Ulceration Resulting from Disorders of the Veins and Arteries
- 105 Disorders of the Lymphatic Vessels
- 106 Flushing and Blushing
- 107 Dermatoses of the Scalp
- 108 Dermatoses of the External Ear
- 109 Dermatoses of the Eye, Eyelids and Eyebrows
- 110 Dermatoses of the Oral Cavity and Lips



111	Dermatoses of the Male Genitalia
112	Dermatoses of the Female Genitalia
113	Dermatoses of Perineal and Perianal Skin
114	Cutaneous Complications of Stomas and Fistulae
115	Dermatoses of Pregnancy
116	Dermatoses of the Neonate
117	Dermatoses and Haemangiomas of Infancy
118	Benign Cutaneous Adverse Reactions to Drugs
119	Severe Cutaneous Adverse Reactions to Drugs
120	Cutaneous Side Effects of Chemotherapy and Radiotherapy
121	Dermatoses Induced by Illicit Drugs
122	Dermatological Manifestations of Metal Poisoning
123	Mechanical Injury to the Skin
124	Pressure Injury and Pressure Ulcers
125	Cutaneous Reactions to Cold and Heat
126	Burns and Heat Injury
127	Cutaneous Photosensitivity Diseases
128	Allergic Contact Dermatitis
129	Irritant Contact Dermatitis
130	Occupational Dermatology
131	Stings and Bites
132	Benign Melanocytic Proliferations and Melanocytic Naevi
133	Benign Keratinocytic Acanthomas and Proliferations
134	Cutaneous Cysts
135	Lymphocytic Infiltrates
136	Cutaneous Histiocytoses
137	Soft-tissue Tumours and Tumour-like Conditions
138	Tumours of Skin Appendages
139	Kaposi Sarcoma
140	Cutaneous Lymphomas
141	Basal Cell Carcinoma
142	Squamous Cell Carcinoma and its Precursors
143	Melanoma
144	Dermoscopy of Melanoma and Naevi
145	Merkel Cell Carcinoma
146	Skin Cancer in the Immunocompromised Patient
147	Cutaneous Markers of Internal Malignancy
148	The Skin and Disorders of the Haematopoietic and Immune Systems
149	The Skin and Endocrine Disorders



150	The Skin and Disorders of the Heart
151	The Skin and Disorders of the Respiratory System
152	The Skin and Disorders of the Digestive System
153	The Skin and Disorders of the Kidney and Urinary Tract
154	The Skin and Disorders of the Musculoskeletal System
155	Skin Ageing
156	Cosmeceuticals
157	Soft Tissue Augmentation (Fillers)
158	Aesthetic Uses of Botulinum Toxins
159	Chemical Peels
160	Lasers and Energy-based Devices

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RESEARCH/ THESIS WRITING

Total of one year will be allocated for work on a research project with thesis writing. Project must be completed and thesis be submitted before the end of training. Research can be done as one block in 5th year of training or it can be stretched over five years of training in the form of regular periodic rotations during the course as long as total research time is equivalent to one calendar year.

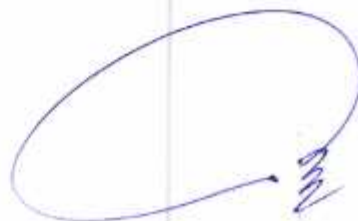
Research Experience

The active research component program must ensure meaningful, supervised research experience with appropriate protected time for each resident while maintaining the essential clinical experience. Recent productivity by the program faculty and by the residents will be required, including publications in peer-reviewed journals. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The program must provide instruction in the critical assessment of new therapies and of the surgical literature. Residents should be advised and supervised by qualified staff members in the conduct of research.

Clinical Research

Each resident will participate in at least one clinical research study to become familiar with:

1. Research design
2. Research involving human subjects including informed consent and



operations of the Institutional Review Board and ethics of human experimentation

3. Data collection and data analysis
4. Research ethics and honesty
5. Peer review process

This usually is done during the consultation and outpatient clinic rotations.

Case Studies or Literature Reviews

Each resident will write, and submit for publication in a peer-reviewed journal, a case study or literature review on a topic of his/ her choice.

Laboratory Research

Bench Research

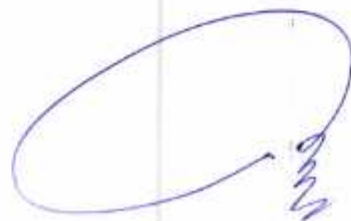
Participation in laboratory research is at the option of the resident and may be arranged through any faculty member of the division. When appropriate, the research may be done at other institutions.

Research involving animals

Each resident participating in research involving animals is required to:

1. Become familiar with the pertinent Rules and Regulations of the Fatima Jinnah Medical University, Lahore i.e. those relating to "Health and Medical Surveillance Program for Laboratory Animal Care Personnel" and "Care and Use of Vertebrate Animals as Subjects in Research and Teaching"
2. Read the "Guide for the Care and Use of Laboratory Animals"
3. View the videotape of the symposium on Humane Animal Care

Research involving Radioactivity



Each resident participating in research involving radioactive materials is required to:

1. Attend a Radiation Review session
2. Work with an Authorized User and receive appropriate instruction from him/her.

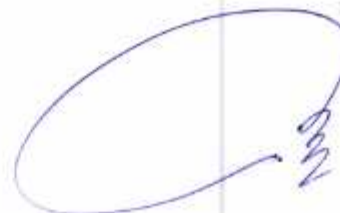
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METHODS OF INSTRUCTION/ COURSE CONDUCTION

As a policy, active participation of students at all levels will be encouraged. Following teaching modalities will be employed:

1. Lectures
2. Seminar Presentation and Journal Club Presentations
3. Group Discussions
4. Grand Rounds
5. Clinico-pathological Conferences
6. SEQ as assignments on the content areas
7. Skill teaching in ICU, emergency and ward settings
8. Attend genetic clinics and rounds for at least one month
9. Attend sessions of genetic counseling
10. Self-study, assignments and use of internet
11. Bedside teaching rounds in ward
12. OPD & Follow up clinics
13. Long and short case presentations

In addition to the conventional teaching methodologies interactive strategies like conferences will also be introduced to improve both communication and clinical skills in the upcoming consultants. Conferences must be conducted regularly as scheduled and attended by all available faculty and residents. Residents must actively request autopsies and participate in formal review of gross and microscopic pathological material from patients who have been under their care. It is essential that residents participate in planning and in conducting conferences.



1. Clinical Case Conference

Each resident will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Attending Physician on the Consultation Service, will prepare and present the case(s) and review the relevant literature.

2. Monthly Student Meetings

Each affiliated medical college approved to conduct training for MD Dermatology will provide a room for student meetings/discussions such as:

- a.** Journal Club Meeting
- b.** Core Curriculum Meetings
- c.** Skill Development

a. Journal Club Meeting

A resident will be assigned to present, in depth, a research article or topic of his/ her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department.



b. Core Curriculum Meetings

All the core topics of Dermatology should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure.

c. Skill Development

Two hours twice a month should be assigned for learning and practicing clinical skills.

List of skills to be learnt during these sessions is as follows:

1. Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques, and interpretation of results of those technical procedures integral to the discipline (mentioned in the appropriate section).
2. Residents must acquire knowledge of and skill in educating patients about the technique, rationale and ramifications of procedures and in obtaining procedure-specific informed consent. Faculty supervision of residents in their performance is required, and each resident's experience in such procedures must be documented by the program director.
3. Residents must have instructions in the evaluation of medical literature, clinical epidemiology, clinical study design, relative and absolute risks of disease, medical statistics and medical decision-making.
4. Training must include cultural, social, family, behavioral and economic



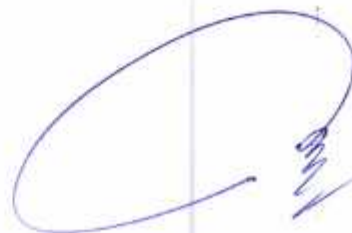
issues, such as confidentiality of information, indications for life support systems, and allocation of limited resources.

5. Residents must be taught the social and economic impact of their decisions on patients, the primary care physician and society. This can be achieved by attending the bioethics lectures and becoming familiar with Project Professionalism Manual such as that of the American Board of Internal Medicine.
6. Residents should have instruction and experience with patient counseling skills and community education.
7. This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education.
8. Residents may attend the series of lectures on Nuclear Medicine procedures (radionuclide scanning and localization tests and therapy) presented to the Radiology residents.
9. Residents should have experience in the performance of clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance and proficiency standards.
10. Each resident will observe and participate in each of the following procedures, preferably done on patients firstly under supervision and then independently

3. Annual Grand Meeting

Once a year all residents enrolled for MD Dermatology should be invited to the annual meeting at FJMU, Lahore.

One full day will be allocated to this event. All the chief residents from



affiliated institutes will present their annual reports. Issues and concerns related to their relevant courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve residents in decision making.

The research work done by residents and their literary work may be displayed.

In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.

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LOG BOOK

The residents must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MD examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

Proposed Format of Log Book is as follows:

Candidate's Name: -----

Supervisor -----

Roll No. -----

The procedures shall be entered in the log book as per format.

Residents should become proficient in performing the related procedures (mentioned the appropriate section). After observing the technique, they will be observed while performing the procedure and, when deemed competent by the supervising physician, will perform it independently. They will be responsible for obtaining informed consent, performing the procedure, reviewing the results with the pathologist and the attending physician and informing the patient and, where appropriate, the referring physician of the results.



Procedures Performed

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					
3					
4					

Dermatological Emergencies Handled

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure/ Management	Supervisor's Signature
1					
2					
3					
4					

Cases Presented

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Case Presented	Supervisor's Signature
1				
2				
3				
4				

Seminar/Journal Club Presentation

Sr.#	Date	Topic	Supervisor's Signature
1			
2			
3			
4			

Evaluation Record

(Excellent, Good, Adequate, Inadequate, Poor)

At the end of the rotation, each faculty member will provide an evaluation of the clinical performance of the fellow.

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				



EVALUATION & ASSESSMENT STRATEGIES

Assessment

It will consist of action and professional growth oriented *student-centered integrated assessment* with an additional component of *informal internal assessment, formative assessment* and measurement-based *summative assessment*.

Student-Centered Integrated Assessment

It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to own the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

In the proposed curriculum, it will be based on:

- Self-Assessment by the Student
- Peer Assessment
- Informal Internal Assessment by the Faculty

Self-Assessment by the Student

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate



measures to address those weaknesses.

Peer Assessment

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

Informal Internal Assessment by the Faculty

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.

It will include:

- a. Punctuality
- b. Ward work
- c. Monthly assessment (written tests to indicate particular areas of weaknesses)
- d. Participation in interactive sessions

Formative Assessment

It will help to improve the existing instructional methods and the curriculum in use.

Feedback to the faculty by the students:

After every three months, students will be providing a written feedback regarding their course components and teaching methods. This will help to



identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

Summative Assessment

It will be carried out at the end of the program to empirically evaluate cognitive, psychomotor and affective domains in order to award degrees for successful completion of courses.

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MD DERMATOLOGY EXAMINATIONS

Intermediate Examination

Total Marks: 500

All candidates admitted in MD Dermatology course shall appear in Intermediate examination at the end of 2nd calendar year. There shall be one written paper of 300 marks and Clinical, TOACS/ OSCE & ORAL of 200 marks.

Written Examination	=	300 Marks
Clinical, TOACS/ OSCE & Oral	=	200 Marks
Total	=	500 Marks

Written Paper	=	300 Marks
MCQs	=	100 (2 Marks each MCQ)
SEQs	=	10 (10 Marks each SEQ)
Clinical, TOACS/ OSCE & ORAL	=	Total Marks 200
a) 4 Short Cases	=	100 marks
b) Long Case	=	50 marks
c) Clinical, TOACS/ OSCE & ORAL	=	50 marks

Written Paper

Principles of Internal Medicine	=	70 MCQs	7 SEQs
Specialty	=	10 MCQs	1 SEQ
Basic Sciences	=	20 MCQs	2 SEQs
Physiology	=	8 MCQs	1 SEQ
Pharmacology	=	4 MCQs	-----
Pathology	=	8 MCQs	1 SEQ

Final MD Dermatology Examination

Total Marks: 1500

All candidates admitted in MD course shall appear in Final examination at the end of structured training program (end of 5th calendar year).

There shall be two written papers of 500 marks; Clinical, TOACS/ OSCE/ Slides & Oral of 500 marks, CIS 100 marks and thesis examination of 400 marks.

Components of Final Examination

Theory

Paper I

5 SEQs
100 MCQs

250 Marks

50 Marks
200 Marks

3 Hours

Paper II

5 SEQs
100 MCQs

250 Marks

50 Marks
200 Marks

3 Hours

Only those candidates, who pass in theory papers, will be eligible to appear in the Clinical, TOACS/OSCE & Slides.

Clinical, TOACS/ OSCE/ Slides & Oral

500 Marks

Four Short Cases

200 Marks

One Long Case

100 Marks

TOACS/ OSCE/ Slides & Oral

200 Marks

Continuous Internal Assessment

100 Marks

Thesis Examination

400 Marks



All candidates admitted in MD courses shall appear in thesis examination at the end of 5th calendar year of the MD program. The examination shall include thesis evaluation with defense.

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APPENDIX "E"
(See Regulation 9-iii)

MANDATORY WORKSHOPS

1. Each candidate of MD/MS/MDS program would attend the 04 mandatory workshops and any other workshop as required by the university.
2. The four mandatory workshops will include the following
 - a. **Research Methodology and Biostatistics**
 - b. **Synopsis Writing**
 - c. **Communication Skills**
 - d. **Introduction to Computer / Information Technology and Software programs**
3. The workshops will be held on 03 monthly basis.
4. An appropriate fee for each workshop will be charged.
5. Each workshop will be of 02 - 05 days duration.

3 months



APPENDIX "F"

(See Regulation 9xxiii, 13, 14 & 16)

CONTINUOUS INTERNAL ASSESSMENTS

a) Workplace Based Assessments

Workplace based assessments will consist of Generic as well as Specialty Specific Competency Assessments and Multisource Feedback Evaluation.

Generic Competency Training & Assessments

The Candidates of all MD / MS / MOS programs will be trained and assessed in the following five generic competencies.


i. Patient Care.

- a. Patient care competency will include skills of history taking, examination, diagnosis, plan of investigation, clinical judgment, plan of treatment, consent, counseling, plan of follow up, communication with patient/relatives and staff.
- b. The candidate shall learn patient care through ward teaching, departmental conferences, morbidity and mortality meetings, Core curriculum lectures and training in procedures and operations.
- c. The candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patient management, multisource feedback evaluation, Direct Observation of Procedures (OOPS) and operating room assessments.
- d. These methods of assessments will have equal weightage.

ii. Medical Knowledge and Research

- a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through lectures/discussions on topics selected from the syllabus, small group tutorials and bedside rounds.
- b. The medical knowledge/skill will be assessed by the teacher during

c. The candidate will be trained in designing research project, data collection, data analysis and presentation of results by the supervisor.

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d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptance.

iii. **Practice and System Based Learning**

a. This competency will be learnt from journal clubs, review of terature policies and guidelines, audit projects, medical error invesfigation, jroot cause analysis and awareness of healthcare facilities.

b. The assessment methods will include case studies, presentation in morbidity and mortality review meetings and pre\$entation of fudit projects if any.

c. These methods of assessment shall have equal weight-age.

iv. **Communication Skills**

a. These will be learnt from role models, supervispr and workshops.

b. They will be assessed by direct observation of the candidate hist interacting with the patients, relatives, collegus and th ""'isrce feedback evaluation.

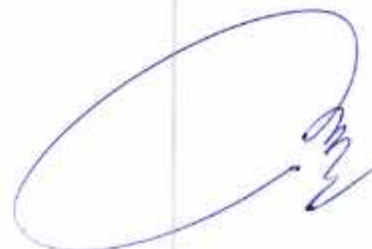
v. **Professionalism as per Hippocratic Oath**

a. This competency is learnt from suprvisor acting as a role model, etical case conferences and lectures on ethical issues such as confidentiality, infirmed consent, end of lfe decisjons, onflict of interet. h ras\$ent and use of human subjects in research.

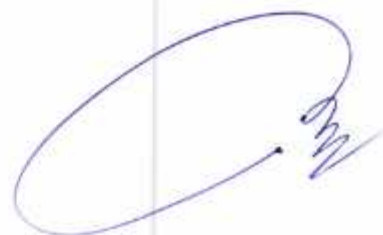
b. The assessment of residents will be through multisource feedpack evaluation according to proformas of evaluation and t-scoring metod.

ecialty Specific Competencies

i. The candidates will be trained in operative and procedural skills according to a quarterly based schedule.



ii. The level of procedural competences will be according to a competency table to be developed by each social .

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iii. The following key will be used for assessing operative and procedural competencies:

a. Level 1 Observer status

The candidate physically present and observing the supervisor and senior colleagues

b. Level 2 Assistant status

The candidate assisting procedures and operations

c. Level 3 Performed under supervision

The candidate operating or performing a procedure under direct supervision

d. Level 4 Performed independently

The candidate operating or performing a procedure without any supervision

iv. Procedure Based Assessments (PBA)

a. Procedural competency will assess the skill of consent taking, preoperative preparation and planning, intraoperative general and specific tasks and postoperative management

b. Procedure Based assessments will be carried out during teaching and training of each procedure.


c. The assessors may be supervisors, consultant colleagues and senior residents.

d. The standardized forms will be filled in by the assessor after direct observation.


e. The resident's evaluation will be graded as satisfactory, deficient requiring further training and not assess at all.

f. Assessment report will be submitted

g. A satisfactory score will be required to be eligible for taking final



examination.

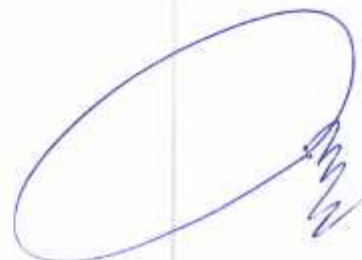
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Multisource Feedback Evaluation

- i. The supervisor would ensure a multisource feedback to **called** peer assessments in medical knowledge, clinical skills, communication skills professionalism, integrity, and responsibility.
- ii. Satisfactory annual reports will be required to become eligible for the final examination

b) Completion Of Candidate's Training Portfolio

- i. The Candidate's Training *Portfolio* (CTP) will be published (or computer based portfolio downloadable) by the university.
- ii. The candidates would either purchase the CTP or download it from the KMU web site.
- iii. The portfolio will consist of the following components
 - a) Enrollment details.
 - b) Candidate's credentials as submitted on the application for admission form.
 - c) Timeline of scheduled activities e.g dates of commencement of training, completion of training, submission of synopsis and thesis, assessments and examination dates etc (Appendix H)
 - d) Log Book of case presentations. Operation and procedures recorded in an appropriate format and validated by the supervisor.
 - e) Record of participation and presentations in academic activities e.g lectures, workshops, journal clubs, clinical audit projects, morbidity & mortality *review* meetings, presentation in house as well as national and international meetings.
 - f) Record of Publications if any.
 - g) Record of results of assessment and examinations if any.
 - h) Synopsis submission proforma and IRB proforma and A&RB approval letter
 - i) Copy of Synopsis as approved by AS&RB



iv. Candidates Training Portfolio shall be assessed as per proforma given in "Appendix-G".

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Supervisor's Annual Review Report.

This report will consist of the following components:

- i. Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) determined by relevant standards of studies.
- ii. A 90 % attendance in academic activities is expected. The academic activities will include: Lectures, Workshops other than mandatory workshop, Journal clubs, Morbidity & Mortality Review Meeting and Other presentations.
- iii. Assessment report of presentations and lectures
- iv. Compliance Report to meet timeline for completion of research project.
- v. Compliance Report on Personal Development Plan.
- vi. Multisource Feedback Report, on relationship with colleagues, patients.
- vii. Supervisor will produce an annual report based on assessments performed per proforma in appendix-G and submit it to the EXCEL (EXCEL) DeP, Sr/OJ/It.
- viii. 75 % score will be required to pass the Continuous Internal Assessment on annual review.



7

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APPENDIX " G "

(See Regulation 9ix, 9xxiii-d, 10, 11, 14 & 16)

Supervisor's Evaluation

PROFORMA FOR CONTINUOUS INTERNAL ASSESSMENTS

1. Generic Competencies		
(Please score from 1 – 100. 75% shall be the pass marks)		
i. Patient Care	Component Score	Score achieved
ii. Medical Knowledge and Research	20	
iii. Practice and System Based Learning		
• Journal Clubs	04	
• Audit Projects	04	
• Medical Error Investigation and Root Cause Analysis	04	
• Morbidity / Mortality / Review meetings	04	
• Awareness of Health Care Facilities	04	
iv. Communication Skills		
• Informed Consent	10	
• End of life decisions	10	
v. Professionalism		
• Punctuality and time keeping	04	
• Patient doctor relationship	04	
• Relationship with colleagues	04	
• Awareness of ethical issues	04	
• Honesty and integrity	04	
2. Specialty specific competencies		
Please score from 1 – 100. 75% shall be the pass marks		Score achieved
Operative Skills / Procedural Skills		
3. Multisource Feedback Evaluation (Please score from 1 – 100. 75% shall be the pass marks)		
4. Candidates Training Portfolio (Please score from 1 – 100. 75% shall be the pass marks)		
(Please score from 1 – 100. 75% shall be the pass marks)		
	Component Score	Score achieved
i. Log book of operations and procedures	25	
ii. Record of participation and presentation in academic activities	25	
iii. Record of publications	25	
iv. Record of results of assessments and examinations	25	