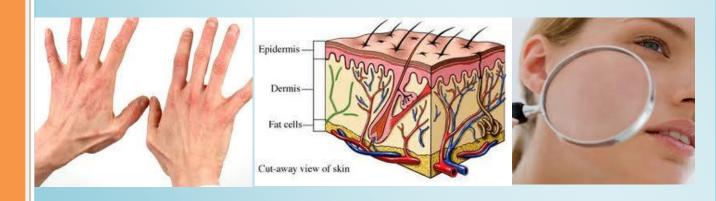


# CURRICULUM DIPLOMA IN DERMATOLOGY

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO 2024-25



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#### PREFACE

Medical education is a life long process and revision of curriculum is a part of education starting from pre-medical education, medical and proceeding to house job, post-graduation, professional development.

Curriculum of a subject is said to be the throbbing pulse of a nation. By looking at the curriculum of a subject, one can judge the state of intellectual development and progress of a nation. The world has turned into a global village, new ideas and information are pouring in a constant stream. It is, therefore, imperative to update our curricula by introducing the recent developments in the relevant fields of knowledge. The curricular model should be grounded in educational theory and adult learning principles, which promote learning. Curricula should ensure building of analytical and critical thinking, clinical and lifelong learning skills, and desired professional behaviors in post graduates by appropriate multimodal teaching, learning and assessment and feedback strategies

This Final draft is discussed and prepared by the Department of DERMATOLOGY.

Reviewed and rearranged; following the Guiding principles of Harden in the Curriculum Development, by Department of Medical Education, keeping in mind all the new trends in the curriculum setting with introducing new educational strategies for promotion of educational environment.

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# INTRODUCTION

Liaquat University of Medical & Health Sciences is a prestigious institute situated at Jamshoro, *the city of Education*. It is the first public sector medical university of Pakistan. It caters to the needs of patients belonging to whole of Sindh especially the areas spanning from Hyderabad to as remote as those bordering with Punjab.

There are two large hospitals attached with this University; one in Hyderabad and other at Jamshoro, which act as hub for the ailing population of peripheral areas.

Department of Dermatology is one of the old established departments of university. Since the day of inception it is not only providing tertiary care facilities to the patients with skin diseases but is also producing Dermatologists with a goal to expand the network of specialists deep in the province of Sindh. To accomplish the latter goal the university has introduced postgraduate Diploma in Dermatology (D. Derm)

Diploma in Dermatology (D. Derm) is a well-structured diploma offered to medical graduates aspiring for specialization in dermatology. It aims at producing dermatologists with following mission statement.

# MISSION STATEMENT

Producing specialists in the subject of Dermatology who have sufficient skills to Diagnose, Investigate, Treat, counsel and rehabilitate the patients suffering from skin diseases/problems. They are expected to deliver health care facilities in the far and remote areas of not only this province, but throughout the country.

# AIMS

To produce expert personnel in the subject who are able to recognize and manage common and life-threatening skin diseases and conditions prevalent in our country.

# OBJECTIVES

Candidate pursuing Diploma in Dermatology is desired:

- 1. To acquire knowledge of the structural and functional characteristics of skin (and its appendages) and their alteration in disease states.
- 2. To understand and describe the pathogenesis and pathology of skin diseases.
- 3. To acquire skills at eliciting a valuable and comprehensive history from patients with skin disease.
- 4. To acquire skills in the proper examination of skin, its appendages and relevant systems/organs.
- 5. To acquire expertise in recognizing the type, nature and pattern of skin lesions and formulating a working diagnosis.
- 6. To be able to order proper investigations.
- 7. To be able to treat the patient as an expert.
- 8. To recognize the situations and ensure proper referral of patient to upper level (secondary or tertiary care) or to other disciplines/specialties.
- 9. To acquire those skills listed in the core curriculum eg. Dermatological emergencies.

Further a trainee should become familiar with the standard terms used in dermatology.

- Should understand his/her limitations regarding theoretical as well as practical knowledge and do not hesitate for referral to a senior dermatologist.
- Would be required to learn and gain expertise in performing common Dermatological procedures as described in Log Book

#### STRATEGY FOR ACQUIRING THESE OBJECTIVES

#### I SET UP

Dermatology is unique specialty in that; Out-patient Department (OPD) forms its major component. Whereas a trainee works most of the time in OPDs looking after patients; he may also have an opportunity to work and take care of patients in wards where he would find chance to study the clinical course of a disease at details. He also would get chance to handle patients with dermatological emergencies. It is important that he takes active part in managing these patients rather than just observing specialists doing that.

#### II METHOD

#### ENTRY INTO TRAINING

Liaquat University of Medical & health Sciences has formulated a well organized system of entry into Diploma and Degree courses in various disciplines/specialties. This includes:

- Announcement of various courses and training programs in well known newspapers and through its website: *www.lumhs.edu.pk*
- An Entry Test comprising on-line single best MCQ is conducted.
- Formal Admission: On passing the entry test and fulfilling other <u>requirements</u> he would be admitted to course.

#### DURATION OF TRAINING

Diploma Dermatology encompasses a training duration of TWO years. This would be a full time training that prohibits candidates to take another course of study or job (for earning purpose or otherwise).

#### GENERAL GUIDELINES FOR TRAINEE

- A candidate spends much of his/her training time in dermatology out-patient clinics managing patients under supervision and guidance of supervisor/senior staff. However it is mandatory to involve him/her in vigorous formal teaching sessions during which time he/she is completely released from clinical responsibilities.
- These sessions include: Lectures, Tutorials, Seminars, Symposium, clinical Slide Sessions, and Histopathology Slide Sessions etc.
- It is important to realize that trainee actively takes part in these activities. He/She is
  encouraged to prepare the topics and present these in seminar on rotational basis.
  Passive listening to lectures delivered by teachers is discouraged.
- A Core Curriculum defining training needs and tasks needs to be provided at the start of training. The curriculum helps trainee to understand the task he has to accomplish during the specified period. It also can be used as a tool for assessment of the trainee.
- The trainee is required to record daily activities and progress in LOG BOOK.
- He/she is encouraged to resort to latest journals and surf internet for updating knowledge and be acquainted with the latest developments in specialty.
- Regular visits to departmental or hospital library is essential for all trainees.
- Trainees should be actively involved in audits.
- They are encouraged to attend local dermatology meetings.

#### JOB DISCRIPTION/DUTIES/RESPONSIBILITIES OF TRAINEE

- Look after/manage patients in out-patient department
- Look after /manage patient in ward
- Present seminars on rotation
- Take part in long case and short case presentations
- Take part in performing minor as well as major skin procedures

# EDUCATIONAL STRATEGIES ADOPTED UNDER SPICES MODEL FOR CURRICULUM PLANNING:

- Student-centered
- Problem-solving/
- Specialty (discipline) based
- Hospital-based.
- Elective
- Systematic-planned for
  - •Theoretical knowledge
  - •Practical and clinical skills
  - •Writing thesis/Research articles
  - Publishing scientific articles in accredited journals.
  - •Improving attitudes including communication skills.
  - •Training in research methodology, medical ethics including medico legal aspects.

#### **TEACHING METHODS**

Teaching Over the two years of postgraduate training, different didactic in programme includes.

- Lectures
- Weekly grand rounds
- Practical patient examination.
- Core Curriculum Seminar
- Mobility and Mortality (M & M) meetings

• Moring Report (Inpatient and Outpatient).

# **SYLLABUS**

#### GENERAL TOPICS

The trainee is expected to understand the Structure, Functions and Embryological development of skin and its alteration in states of diseases (Genetic, Inflammatory, infectious, Metabolic and Immunologic)

#### SKIN DISEASES

The trainee should acquire working and updated knowledge of these common and/or skin diseases. (Please note that this is not a complete list in any way; it is just a guide)

- ECZEMA
  - <u>Endogenous</u>: Atopic dermatitis (Children and adults), Sebhorrhoic Dermatitis, Pompholyx, Lichen simplex chronicus, Prurigo, Hand Eczema, Stasis eczema, Xerotic etc
  - Exogenous: Allergic contact dermatitis, Irritant contact dermatitis etc
- IDIOPATHIC INFLAMMATORY
  - Psoriasis,
  - o Lichen Planus
  - o Erythroderma
  - Pityriasis rubra pilaris
- BULLOUS
  - Autoimmune: Pemphigus, Pemphigoid, Herpes gestationis, Dermatitis herpetiformis.
  - o Genetic: all varieties of Epidermolysis bullosa, Hailey-Hailey disease

- INFECTIONS
  - o Bacterial: superficial bacterial infections,mycobacterial infections
  - Viral: Herpes Simplex, VZV, Molluscum contagiosum, HPV, HIV and viral exanthem.
  - Fungal and Yeast: Dermatophye of scalp trunk feet and nails, Candida and deep fungal infections
  - Protozoal: Leishmaniasis,
  - Mites: Scabies, Lice, insect bite
  - o Leprosy
  - 0
- AUTOIMMUNE
  - Lupus erythematosus (Discoid & systemic), Dermatomyositis, Scleroderma, Systemic sclerosis, antiphospholipid antibody syndrome, mixed connective tissue disorders, Rheumatoid arthritis

#### • VASCULITIDES

 Leucocytoclastic vasculitis, Henoch-Schonlein Purpura, Erythema nodosum, Pyoderma gangrenosum, Panniculitis etc

#### • METABOLIC, NUTRITIONAL

- Porphyrias
- Xanthomas
- o Amyloidosis
- Vitamin deficiencies
- o Protein deficiency, Zinc deficiency and diseases

#### • MISCELLANEOUS

- Leg Ulcers, Necrobiotic disorders, Mastocytosis, Histiocytoses, Urticaria, pruritus
- Darier's disease, perforating disorders,
- Rosacea, Perioral dermatitis

- PIGMENTARY DISORDERS
  - o Vitiligo, Melasma, Albinism etc
- GENODERMATOSES
  - Neurofibromatosis, Tuberous sclerosis, Ectodermal dysplasia, Incontinentia pigmenti, dyskeratosis congenita
- NEVI
  - o Vascular: haemangiomas and vascular malformations
  - Epidermal: verrucous epidermal, sebaceous, Becker's nevus
  - Melanocytic: Congenital, acquired
- DISEASES OF HAIR, NAILS AND GLANDS
  - o Alopecia (areata, androgenetic, secondary), Hirsutism, Greying,
  - o Nail dystrophies in chronic and inflammatory disorders
  - Apocrinitis, Acne, Sebaceous hyperplasia,
- TUMOURS
  - A. BENIGN:
    - Dermatofibroma, Leiomyoma, Syringoma, Trichoepithelioma, Pyogenic granuloma
  - B. PREMALIGNANT:
    - Solar Keratosis, Bowen's disease, Bowenoid papulosis, Porokeratosis,
  - C. MALIGNANT:
    - Squamous Cell carcinoma, basal cell carcinoma, Malignant melanoma, Kaposi sarcoma

#### • DEMATOLOGICAL EMERGENCIES:

Trainee should be able to discuss the management of following problems:

- o Angioedema & anaphylaxis
- Stevens-Jhonson syndrome
- Toxic epidermal necrolysis
- o Erythroderma
- o Disseminated herpes simplex infection
- Severe pemphigus
- Pustular psoriasis

# **1.** PRACTICAL SKILLS:

- OUT-PATIENT PROCEDURES:
  - Skin Scrapings for mycology/scabies
  - Tzank Smear preparation
  - Intralesional injections of corticosteroids
  - o Examination with Wood's light
  - Squeezing of mollusca
  - Patch Test: candidate should understand the principles of patch testing. He/She should have an opportunity to see patch test done and read
- SKIN SURGERY:

These procedures require supervision 2-3 times

- o Skin biopsy: Punch, Incisional, Excisional, Shave
- Currettage and cautry
- Excision and closure
- o Cryosurgery

- Phototherapy administration
- Nail avulsion, Nail biopsy

# 2. TREATMENTS

#### TOPICAL TREATMENTS

Trainee should understand the principles of topical treatments such as:

- Choice of base e.g. cream versus ointment, lotion, paste, aqueous etc
- Quantity to prescribe
- How to apply, frequency of application, duration of application
- Use of occlusion

He/She should be familiar with the use of:

- Emollients
- Topical steroids
- Tar, dithranol, calcipotriol preparations
- Scalp treatments
- Topical antibiotics
- Potassium permagnate soaks
- Topical retinoids
- Soaps and face washes, cleansing agents

#### SYSTEMIC TREATMENTS

Trainee should have discussed the indications and adverse effects of following drugs:

- Corticosteroids
- Retinoids
- Azathioprine
- Dapsone

- Methotrexate
- Cyclosporine
- Tacrolimus
- Biological agents

#### PHYSICAL THERAPIES

Trainee should have understood the indications and principles of use of:

- UVB phototherapy
- PUVA therapy
- Narrow-band UVB
- Lasers
- Intense pulsed light
- Dermabrasion
- Micro-dermabrasion
- cryotherapy

# **ASSESMENT& EVALUATION**

- Trainees should be apprised of requirements of their job regularly. They are regularly assessed by Supervisor.
- This assessment is in form of MCQs, SEQs or oral encounter. They are regularly conveyed of their deficits and the aspects that need improvement.
- All assessments need to be valid, objective, reliable and consistent. It should be based upon the core curriculum or training record.
- Competency in skin surgical techniques learnt should be assessed. candid
- Evaluation of candidate traditionally done in two formats

#### 1. FORMATIVE EVALUATION

- FEEDBACK PROFORMA
- LOGBOOKS
- INTERNAL EVALUATION THROUGH WARD TESTS
- DISCUSSION OF CASES
- PRESENTATIONS

#### 2. SUMMATIVE EVALUATION

The Diploma Dermatology Examination comprises.

- A. Theory
- B. Practical/clinical

#### A. .Theory Examination consist of following papers:

Paper-1	75 SBQs
Time:	Two and half hours
Paper –II	10 Short Essay Questions (SEQs)
Time	Two and half hour

To be successful in theory and eligible for practical examination the candidate should acquire 50% marks in each paper and an aggregate of 55% of total marks.

#### B. Practical/clinical Examination

The clinical section comprises two components.

- The clinical examination consisting of the long cases and short cases.
- OSCE (objectively structured clinical evaluation) OR
- Clinical Photograph Slides

#### • FORMAT OF LONG CASE EXAMINATION

Each candidate will have one patient for long case and allowed 30 minutes of history taking and clinical examination. The candidate should take a careful history from the patients (or relative) and do the physical examination to identify the problem to the patient. In this time the candidates will be observed by a pair of examiner. After 30 minutes the examiners will discuss the history taken by the candidate and the findings of clinical examination. The areas for assessment of the long case will be:

- Introduction to the patient
- Takes informed consent
- Listens patiently and is polite to the patient

- Able to extract relevant information
- Able to elicit the clinical finding by appropriate clinical methods.
- Narrates correct findings
- Justify the clinical interpretations and discusses the differential diagnosis.
- Discus and justify relevant investigations
- Outline and justifies treatment plan, including rehabilitations
- Discusses prevention and prognosis
- Must have the knowledge of recent advances relevant to the case.
- Discuss the treatment plan including the rehabilitation.

#### • FORMAT OF SHORT CASE EXAMINATION

Candidate will be examined in four short cases for a total of 40 minutes by a pair of examiners. Candidates will be given a specific task to perform over the patients. During that part of the examination, the candidate will be assessed in:

- Takes consent and introduce him/her self.
- Uses correct clinical methods including appropriate exposure and re draping
- · Examine the patient systematically
- Highlight the correct findings
- Discuss the findings systematically
- Justify the diagnosis and differential diagnosis

#### • FORMAT OF OSCE EXAMINATION

There will be two types of stations Static (10 Stations) and Interactive (4 stations).

The static stations are of 5 minutes each. The static station will have data, photograph, and instruments, X-Ray or CT Scan/MRI.

The candidate has to write answer on predesigned paper given by the OSPE center, is not allowed to write extra on the paper.

Interactive stations consist of examination of the patient, discussion the management plan to examiner already given by interactive sheets or performing the procedure over the patient. Each interactive station will have 5 minutes for performance and 5 minutes for questioning.

NOTE: The answers would be precise and relevant to the patients.

Total marks of Diploma Practical = 200

Long case 100 Marks

Short cases 40 Marks

OSCE 60 Marks

The successful candidate must secure at least 50% marks in all these components. The aggregate marks should not be less than 60%.

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# FACULTY

# **DEAN MEDICNE & ALLIED SCIENCES**

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 *MBBS, FCPS*

# **Recommended Books**

- Rooks' Textbook of Dermatology, by Tony Burns, Stephen B, neil Cox 8<sup>th</sup> Edition
- 2. Fitzpatrick's Dermatology in General Medicine 7<sup>th</sup> Edition