

Annexure 2:

Contents of written papers

Contents of the paper 1

Group A

- Applied Anatomy and Physiology of Dermatology & Venereology
- Immunological aspects of Dermatology
- Genetic basis of Dermatology
- Pharmacology related to Dermatology
- Cutaneous sign, symptom & diagnosis
- Reaction to physical, chemical and mechanical factors to skin.
- Occupational & Environmental Dermatoses
- Pruritus & Neurocutaneous Dermatoses
- Dermatology Therapeutics
- Aging of skin
- Geriatric Dermatology
- Genodermatoses

Group B

- Cutaneous manifestations of systemic diseases
- Dermatosurgery & LASER
- Arsenicosis
- STD & HIV/AIDS
- Non-infectious Immunodeficiency Disorders
- Photo Biology, Phototherapy & Cutaneous reaction to UV light
- Necrobiotic Disorders
- Bacterial Diseases
- Atopic dermatitis, contact dermatitis and Eczema
- Erythema & Urticaria
- Disorders of Metabolism
- Diseases of Subcutaneous Fat

Contents of the paper 2

Group A

- Disorders of Skin Appendages
- Mucinosis & Fibrosis
- Epidermal Nevi, Neoplasms & Cysts
- Nutritional Disorders
- Viral Diseases
- Cutaneous Manifestation of Endocrine Diseases
- Macrophage/ monocyte & Lymphocyte infiltrates of the Skin
- Cutaneous reactions due to Drugs
- Disorders of Pigmentation
- Diseases of Fibrous & Elastic tissue
- Cutaneous manifestation of Drug addicts

Group B

- Mycobacterial Diseases
- Hansen's Disease
- Papulosquamous Diseases
- Exfoliative Dermatitis
- Chronic Blistering Dermatoses
- Cutaneous vascular Diseases
- Connective Tissue Diseases
- Diseases of the Mucous Membrane
- Mycosis Fungoides & other Malignant Lymphomas & Allied Diseases
- Acne
- Parasitic Diseases
- Fungal Diseases
- Reiter's Disease
- Pediatric and Neonatal Dermatology

***Residency Program
Doctor of Medicine (MD)
Curriculum (Phase-B)***

Dermatology & Venereology



**Bangabandhu Sheikh Mujib Medical University
Dhaka, Bangladesh**

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1. Introduction:

1.1. Overview of the Specialty:

The speciality of Dermatology & Venereology developed as a sub-specialization of physicians who are predominantly concerned with the care of patients with disorders of Dermatology & Venereology. It is a branch of medicine concerned with prevention, investigation and therapy of, and research into, diseases involving the Dermatology & Venereology. Care of patients with Dermatologic & Venereology disorders embraces a wide range of clinical activities and Dermatologist & Venereologist needs a broad view of the Dermatological & Venereological care of individual patients and the communities in which they live including an understanding of any prevailing healthcare inequalities. This requires knowledge of not only the diagnostic and therapeutic modalities available, but also an appreciation of the importance of the epidemiology and potential for prevention of diseases of Dermatology & Venereology.

Dermatologist & Venereologist generally work as hospital based specialists and need to integrate their work with not only community based primary care colleagues but also other hospital based physicians, e.g. Endocrinologists or nephrologists. Specialisation in Dermatology & Venereology has become commonplace with individuals focusing the development of their expertise in areas such as dermatological emergencies, phototherapy, minor surgery like skin biopsy, cryosurgery etc.

1.2. Program Overview:

Residents will undertake a three year intensive Phase B training after completion of Phase A training in order to achieve the levels of knowledge, skills and expertise required

for clinical practice in the field of Dermatology & Venereology. It is a competency-based program emphasizing on meaningful integration and contextualization. The two years phase A training Program is designed to introduce and develop the broad range of core knowledge, skills, attitudes and behaviours required to become a competent physician. The knowledge and skills acquired during Phase A training are further focused and refined during Phase B training, which is a 3 year Speciality-specific training in Dermatology & Venereology.

The teaching, learning and assessment of the curriculum is facilitated by the provision of comprehensive, educationally oriented supervision and support, which is provided to all trainees across both the phases of the Program.

2. Goals and objectives:

2.1. Goals:

1. To prepare a Dermatologist & venereologist who would be able to meet and respond to the changing healthcare needs and expectation of the society.
2. To develop a specialist who posses knowledge, skills and attitudes that will ensure that they are competent to practice Dermatology & Venereology, safely and effectively.
3. To ensure that they have appropriate foundation for lifelong learning and further training in their specialty.
4. To help them develop to be critical thinkers and problem solvers when managing health problems in the community they serve.

2.2. Learning Objectives:

Residents of this training Program will be equiped to function effectively within the current and emerging professional,

medical and social contexts. At the completion of the training program in Dermatoogy & Venereology, as defined by this curriculum, it is expected that a new Dermatologist & Venereologist will have developed the clinical skills and have acquired the theoretical knowledge for competent Dermatological practice.

The educational and training process aims to produce Dermatologist who; -

- Can address all aspects of the healthcare needs of patients and their families.
- Maintain the highest standards appropriate in their professional field.
- Are aware of current thinking about ethical and legal issues.
- Are able to act as safe independent practitioners whilst recognizing the limitation of their own expertise and are able to recognize their obligation to seek assistance of colleagues where appropriate.
- Are aware of the procedures, and able to take appropriate action, when things go wrong, both in their own practice and in that of others.
- Will be honest and objective when assessing the performance of those they have supervised and trained.
- Can take advantage of information technology to enhance all aspects of patient care.
- Can develop management plans for the "Whole patient" and maintain a knowledge in other areas of medicine which impinge on the specialty of Dermatology.
- Understand that more effective communication between them and their patients can lead to more effective treatment and care.

- Apply appropriate knowledge and skill in the diagnosis and management of patients.
- Establish a differential diagnosis for patients presenting with medical problems by the appropriate use of the clinical history, examination and investigations.
- Are competent to perform the core investigations and procedures required in their specialties.
- Develop clinical practice which is based on an analysis of relevant clinical trials and to have an understanding of their research methodologies.
- Are able to apply the knowledge of biological and behavioural sciences in clinical practice.
- Are able to identify and take responsibility for their own educational needs and the attainment of these needs.
- Have developed the skills of an effective teacher.

3. Admission Requirements for Phase B Training:

Residents who has successfully completed Phase A training and passed Phase A Final Examination are eligible for enrolment in the Phase B Program.

4. Content (Syllabus) Outline: Detail in section 11

The training is designed to develop both the generic and speciality-specific attributes necessary to practice independently as a consultant Dermatologist & venereologist. The aim is to train individuals to provide the highest standard of service to patients with Dermatological & Venereological disorders. This includes the development of positive attitudes towards lifelong learning and the ability to adopt to future technological advances and the changing expectations of society. In-depth speciality-specific educational and training Program in this phase will make the resident competent and prepare them for the specialty qualification. It will provide

educational Program covering the speciality of Dermatology & Venereology, Biostatistics, Research methodology and Medical education along with rotation specific clinical training.

4.1. Educational Program: (May be organized into Academic Modules)

4.1.1. Applied Basic Medical Sciences

- Applied Medical Sciences related to Dermatology & Venereology with meaningful integration.

4.1.2. Syllabus

- The syllabus include the cardinal manifestations, definition, epidemiology, etiopathogenesis, genetics, clinical presentation, complications, differential diagnosis, investigations, treatment and prevention and prognosis of all Dermatological & Venereological diseases. In addition the trainee should be well versed with all the common and important pediatric Dermatological diseases, It will also cover the recent advances that have occurred in the field of Dermatology & Venereology.

4.1.3. Basic Courses on: (to be satisfactory completed)

- Research Methodology
- Medical Education

4.2. Phase B Training Rotations: (Annexure I)

speciality training comprises rotations in:

- Inpatients 6m
- outpatients 18m
- Minor Surgery 3m
- Phototherapy 3m
- Laser 3m
- Eligibility/ Assessment and Phase B Final Exam 3m

5. Teaching and Learning Methods:

The bulk of learning occurs as a result of clinical experiences (experiential learning, on-the-job learning) and self-directed study. The degree of self-directed learning will increase as trainees become more experienced. Teaching and learning occurs using several methods that range from formal didactic lectures to planned clinical experiences. Aspects covered will include knowledge, skills and practices relevant to the discipline in order to achieve specific learning outcomes and competencies. The theoretical part of the curriculum presents the current body of knowledge necessary for practice. This can be imparted using lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal clubs, self-directed learning, conferences and seminars.

6. Record of Training:

The evidence required to confirm progress through training includes :

- Details of the training rotations, the training plan agreed with weekly timetables and duty rosters; and numbers of practical procedures and outcomes.
- Confirmations of attendance at events in the educational Program, at departmental and inter-departmental meetings and other educational events.
- Confirmation (certificates) of attendance at subject-based/skills-training/instructional courses.
- Recorded attendance at conference and meetings.
- A properly completed **logbook** with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved.

- CME activity.
- Supervisor's reports on Observed performance (in the workplace): of duties, practical procedures, of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence and communication with others.

6.1. Logbook:

Residents are required to maintain a logbook in which entries of academic/professional work done during the period of training should be made on a daily basis, and signed by the supervisor. Completed and duly certified logbook will form a part of the application for appearing in Phase Final Examinations.

7. Research:

Development of research competencies forms an important part of the Residency Program curriculum as they are an essential set of skills for effective clinical practice. Undertaking research helps to develop critical thinking and the ability to review medical literature. Every Resident shall carry out work on an assigned research project under the guidance of a recognized supervisor, the project shall be written and submitted in the form of a Thesis/Research Report.

8. Assessment:

The assessment for certification of the MD degree of the University is comprehensive, integrated and phase-centered attempting to identify attributes expected of specialists for independent practice and lifelong learning and covers cognitive, psychomotor and affective domains. It keeps strict

reference to the components, the contents, the competencies and the criteria laid down in the curriculum. Assessment includes both **Formative Assessment and Summative (Phase final) Examinations.**

8.1. Formative Assessment:

Formative assessment will be conducted throughout the training phases. It will be carried out for tracking the progress of residents, providing feedback, and preparing them for final assessment (Phase completion exams).

There will be Continuous (day-to-day) and Periodic type of formative assessment.

- **Continuous (day-to-day) formative assessment** in classroom and workplace settings provides guide to a resident's learning and a faculty's teaching / learning strategies to ensure formative lesson / training outcomes.
- **Periodic formative assessment** is quasi-formal and is directed to assessing the outcome of a **block placement** or **academic module completion**. It is held at the end of Block Placement and Academic Module Completion. The contents of such examinations include **Block Units** of the Training Curriculum and **Academic Module Units** of the Academic Curriculum.

8.1.1. End of Block Assessment (EBA):

End of Block Assessment (EBA) is a periodic formative assessment and is undertaken after completion of each training block, assessing knowledge, skills and attitude of the residents. Components of EBA are written examination,

structured clinical Assessment (SCA), medical record review, and logbook assessment. Unsatisfactory block training must be satisfactorily completed to be eligible for phase final examination

8.1.2. Formative assessment for Academic modules for Biostatistics and Research Methodology and Medical Education to be done in the first nine months of Phase B training. Residents getting unsatisfactory grade must achieve satisfactory grade by appearing the re-evaluation examination to be eligible for the Phase B Final Examination.

8.2. Summative Examination:

Assessment will be done in two broad compartments.

- a) **Compartment A:** Consist of 3 (three) components.
1. Written Examination (Consisting of 2 papers).
 2. Clinical Examination (One long and four short cases).
 3. SCA and Oral (10 stations SCA, Oral one board consisting of 2 examiners).

Every Resident must pass all the 3 components of compartment-A separately. Candidates will be declared failed if he/she fails in one or more component (s) of the examination. He/she then have to appear all the 3 components in the next Phase B Final Examination.

- b) **Compartment B:** Thesis and Thesis defense.

8.2.1. Written Examination:

Two Papers: Contents of written papers listed in Annexure II

Question type and marks:

- Two Papers (Paper I and Paper II); 100 marks each; Time 3 hrs for each paper. Pass marks-60% of total of 2 papers.
- **Each paper will consist of Two Groups:**

- **Group A:**
 - 10 short questions (5 marks each)
 - These will assess the knowledge of different level and its application
- **Group B:**
 - 5 scenario based problem solving questions (10 marks for each).
 - The questions should focus to assess the capability of handling clinical problem independently and comprehensively as a specialist.
 - Suggested format:-
 - A scenario followed by question(s).
 - Questions may include diagnosis, differential diagnosis, investigation plan, treatment, follow up and patient education.

8.2.2. Clinical Examination: Long case and Short case:

- There will be one long case and four short cases.
- i) **Long case: Marks-100**
 - Directly observed
 - Two examiners for each examinee.
 - History taking and examination by the examinee – 30min.
 - Discussion on the case 20 min.(presentation 6min, crossing 6x2min and decision 2min).
 - Examiners will not ask any question nor stop the examinee in any way during history taking and physical examinations.
 - Discussion should be done preferably as per structured format and proper weightage on different segments of clinical skills.

- ii) **Short cases : Marks-100**
 - Four in number
 - Time 20-30 min. (Time will be equally divided for each short case)
 - Crossing should be done with proper weightage on different segment of clinical skills.
- iii) **Pass marks: 60% of total of Long and Short Cases**

8.2.3. Structured Clinical Assessment (SCA): Marks-100

- 10 stations : 5 min each

8.2.4. Oral Examination: Marks-100

- One board consisting of 2 examiners.
- 20 minutes (9+9+2).

8.2.5. Pass marks in SCA and Oral: 60% of total (SCA and Oral.)

8.3. Thesis Evaluation:

- **Marks: Thesis writing-200; Defense-100: Marks for acceptane-60% of total.**
- To be evaluated by 3 (three) evaluators:- 2 subject specialists and one academician preferably involve in research and teaching research methodology.
- Among the subject specialists one should be external.
- Evaluators should be in the rank of Professor/Associate Professor.
- Supervisor will attend the defense as an observer and may interact only when requested by the evaluators.
- Thesis must be submitted to the controller of Exam not later than 27 months of enrolment in Phase-B.
- Thesis must be sent to the evaluators 2 (Two) weeks prior to assessment date.

- Evaluation will cover Thesis writing and its defense.
- For thesis writing evaluator will mark on its structure, content, flow, scientific value, cohesion, etc.
- For defense – Candidate is expected to defend, justify and relate the work and its findings.
- Assessment must be completed in next 3 months.
- Outcome of the assessment shall be in 4 categories – “Accepted”, “Accepted with minor correction”, “Accepted with major correction” and “Not Accepted”.

8.3.1. Description of terms:

- **Accepted:** Assessors will sign the document and resident will bound it and submit to the Controller of Examinations by 10 days of the examination.
- **Accepted with minor correction:** Minor correction shall include small inclusion/exclusion of section; identified missing references, correction of references and typographical and language problem. This should be corrected and submitted within 2 weeks.
- **Accepted with major correction:** Task is completed as per protocol with acceptable method but some re-analysis of result and corresponding discussion are to be modified.
 - To be corrected, confirmed by Supervisor and submit within 3 (Three) weeks.
- **Not Accepted:** When work is not done as per protocol or method was faulty or require further inclusion or confirmation of study.
 - To complete the suggested deficiencies and reappear in defense examination during its next Phase Final Examination.
 - Candidate has to submit his/her thesis and sit for examination and pay usual examination fess for the examination.

8.3.2. Residents must submit and appear Thesis defense at notified date and time. However non- acceptance of the Thesis does not bar the resident in appearing the written, clinical and oral exam.

8.4. Qualifying for MD/MS Degree:

On passing both the compartments, the candidate will be conferred the degree of MD/MS in the respective discipline. If any candidate fails in one compartment he/she will appear in that compartment only in the subsequent Phase-B exam.

9. Supervision and Training Monitoring:

Training should incorporate the principle of gradually increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in a range of settings that include inpatients, outpatients, emergency and intensive care. All elements of work in training rotation must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Trainees will at all times have a named Supervisor, responsible for overseeing their education.

Supervisors are responsible for supervision of learning throughout the program to ensure patient and / or laboratory safety, service delivery as well as the progress of the resident with learning and performance. They set the lesson plans based on the curriculum, undertake appraisal, review progress against the curriculum, give feedback on both formative and summative assessments as well as sign the logbook and

portfolio. The residents are made aware of their limitations and are encouraged to seek advice and receive help at all times.

The Course Coordinator of each department coordinates all training and academic activities of the program in collaboration with the **Course Manager**. The **Course Director** of each faculty directs, guides and manages curricular activities under his / her jurisdiction and is the person to be reported to for all events and performances of the residents and the supervisors.

10. Curriculum Implementation, Review and Updating:

Both Supervisors and Residents are expected to have a good knowledge of the curriculum and should use it as a guide for their training Program. The Curriculum is specifically designed to guide an educational process and will continue to be the subject of active redrafting, to reflect changes in Dermatology & Venereology and educational theory and practice. Residents and Supervisors are encouraged to discuss the curriculum and to feedback on content and issue regarding implementation at Residency Course Director. Review will be time tabled to occur annually for any minor changes to the curriculum.

11. Detail Content of Learning (The Syllabus):

The educational process aims to provide basic knowledge, intellectual, clinical and transferable skills to produce competent specialists in Dermatology & Venereology. These specialists will be capable of providing specialized care of the highest order to patients with Dermatological disorders in the community as well as clinical tertiary centers. They shall recognize the health needs of the community and carry out professional obligations ethically and keeping their standards by engaging in continuing medical education. The program also aims to introduce the candidate to the basics of scientific medical research.

A. Applied Basic Medical Sciences: (Scientific Basis of Dermatology & Venereology)

I. Basic Principles in Dermatology & Venereology

1. Anatomy and Physiology of Skin & Genital organ
2. Biochemistry related to dermatology & Venereology
3. Pathophysiology of Dermatological & Venereological disorder
4. Genetic and Molecular Basis of Dermatological & Venereological Diseases
5. Clinical skills to diagnose and manage Dermatological & Venereological Diseases.

B. Diseases and Presentations:

I. Presentations and Manifestations of Dermatological & Venereological Diseases

Assess and treat patients presenting with -

1. Drug reacton.
2. Chronic blistering dermatosis
3. Pediatric dermatological disorders..
4. Erythroderma..
5. Papulosquamous diseases .
6. Mycobacterial diseases.
7. Erythema & Urticaria
8. Bacterial diseases.
9. Viral diseases
10. Mycological disorders.
11. Connective tissue diseases.
12. Parasitic diseases.
13. Cutaneous vascular diseases.
14. Connective tissue disorders
15. Disorders of skin Appendages

16. Disorders of pigmentation
17. Mucinoisis
18. Reaction of Physical agents
19. Error of Metabolism
20. Endocrine disorders(Cutaneous manifestations)
21. Dermal & subcutaneous tumours
22. Epidermal nevi, Cysts ,Neoplasm
23. Prurits & Neurocutaneous disorders
24. Diseases of subcutaneous fat
25. Abnormalities of dermal & fibrous connective tissue
26. Contact dermatitis & Drug eruption
27. Macrophage/ Monocyte disorders
28. Occupational dermatosis
29. Atopic dermatitis & Eczema
30. Cutaneous Manifestations of Systemic diseases
31. Geriatric dermatosis
32. Venereal diseases

II. Congenital & Inherited disorders:

- i) Diagnosis & Manage patient with Ichthyosis
- ii) Diagnosis & Manage patient with Neurofibromatosis
- iii) Diagnosis & Manage patient with Epidermolysis Bullosa

III. Condition affecting the vascular system

- i) Asses & treat the patient with Vasculitis
- ii) Asses & treat the patient with Raynaud's
- iii) Asses & treat the patient with Leg ulcer
- iv) Asses & treat the patient with Purpura
- v) Asses & treat the patient with Lymphedema

IV. At Risk Individuals and Groups

1. Assess and treat patients of dermatological & veneriological disorders who are pregnant or planning pregnancy.

2. Assess and manage pediatric& elderly patients of blistering diseases.
3. Assess and manage patients of drug reaction.

C. Practical Performance, Procedures and Investigations:

I) Skin Biopsy

- Perform biopsy from lesional & perilesional skin with or without DIF
- Perform shave,punch,incisional or excisional biopsy
- Laboratory methods & approach to microscopic examination of tissue sections.

II) Dermatosurgery

1) Cryosurgery

Perform cryotherapy by liquid Nitrogen & Nitrous oxide & follow up the diseaseses.

2) Electrocautery

Perform electrodessicaton, electrofulgaraton, electrocoooagulation/epilation & elctrosection

3) Nail surgery

Perform nail avulsion for therapeutic purpose

Perform partial nail excision of ingrowing nails

4) Curettage

5) Surgical treatment of Vitiligo-

perform punch & mini grafting in vitiligo

6) Describe the indications & Perform Moh's Microgrphic Surgery

7) Perform Hair transplantation,

8) Perform Skin grafting

III) Therapeutic procedure

- Describe the procedure of Phototherapy/ Photodynamic therapy, Photopheresis, with follow up
- Describe the procedure of Laser Therapy & perform it with follow up
- Perform Intralesional Therapy
- Perform Sclerotherapy – For Varicose vein & Telangiectatic vein
- Perform wound dressing
- Perform Iontophoresis

IV) Skin resurfacing -

- Explain the procedures & perform of Chemical peel
- Explain the procedures & perform of Dermabrasion

V) Cosmetology in relation to dermatology-

- Define the indications & perform soft tissue Augmentation
- Define the indications & perform Tumescent Liposuction
- Explain the procedures of Synthetic Fillers
- Explain the procedures of Botulinum toxin

VI) Perform Pathergy test, Tzanck test.

VII) Interpret Nikolsky sign.

VIII) Perform Wood's lamp examination to diagnose Vitiligo, Fungul infectiuon, PCT, Erythrsma & Others.

IX) Perform & interpret Mycological, Bacteriological, Viral, Parasitic, Mycobacterial, Treponemal test & interpret it.

Annexure 1:

Clinical Training Rotations:

Block 1						
Months	1st	2 nd	3rd	4th	5th	6th
Educational Program	Applied anatomy and Physiology of Dermatology & Venereology. Immunological aspects of Dermatology, Genetic basis of Dermatology, Pharmacology related to dermatology . Basic Courses: Biostatistics , Research Methodology, Basics of Medical Education					E O B A
Clinical Training Rotations	Inpatient, outpatient, Emergency					
Thesis Work	Protocol development/Submission/IRB clearance					

Block 2						
Months	7th	8th	9th	10th	11th	12th
Educational Program	Knowledge on Cutaneous sign symptoms & diagnosis, Bacterial diseases, Occupational & environmental dermatoses, Arsenicosis, Erythema & Urticaria, Exfoliative dermatitis, Papulosquamous diseases. Necrobiotic disorders, Pruritus & Neurocutaneous dermatosis. Cutaneous manifestations of systemic diseases, Acne & Rosacea, Parasitic & Fungul Diseases.					E O B A
Clinical Training Rotations	Inpatient, outpatient, Dermatosurgery					
Thesis Work	Patient enrolment, intervention and data collection					

Block 3						
Months	13th	14th	15th	16th	17th	18th
Educational Program	Vasculitis, Connective tissue diseases, Chronic blistering diseases, Atopic dermatitis, Contact dermatitis & Eczema, Noninfectious immunodeficiency disorders, Mycosis Fungoides & other Malignant Lymphomas & Allied diseases, reaction to Physical, Chemical & mechanical factors to skin.					E O B A
Clinical Training Rotations	Inpatient, outpatient, Dermatosurgery					
Thesis Work	Patient enrolment, intervention and data collection					

Block 4						
Months	19th	20th	21st	22nd	23rd	24th
Educational Program	Cutaneous manifestations of drug addicts, Genodermatosis, Melanotic Nevi & Neoplasm, Diseases of Fibrous & Elastic tissue, Disorders of metabolism, Nutritional disorders, Viral diseases, Cutaneous manifestations of Endocrine diseases, Macrophage/monocyte & Lymphocyte infiltrates of skin, Epidermal Nevi, Neoplasm & Cyst.					E O B A
Clinical Training Rotations	Inpatient, outpatient, Dermatotomy					
Thesis Work	Patient enrolment, intervention and data collection					

Block 5						
Months	25th	26th	27th	28th	29th	30th
Educational Program	Photobiology, Cutaneous reaction to UV light, Cutaneous TB, Leprosy, Diseases of subcutaneous fat, STD & AIDS, Cutaneous reactions due to drugs.					E O B A
Clinical Training Rotations	LASER Surgery Cutaneous					
Thesis Work	Data processing and Analysis					

Block 6						
Months	31st	32nd	33rd	34th	35th	36th
Educational Program	Pigmentary disorder, Pediatric & Neonatal dermatology, Aging of Skin, Geriatric dermatology.		E O B A	Eligibility Assessment and Phase B Final Examination		
Clinical Training Rotations	Phototherapy					
Thesis Work	Report writing and Submission					

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 - Pharmacology related to dermatology
 - Cutaneous sign symptoms & diagnosis
 - Bacterial diseases
 - Occupational & environmental dermatoses
 - Arsenicosis
 - Erythema & Urticaria Photobiology & Phototherapy
 - Necrobiotic disorders
 - Pruritus & Neurocutaneous dermatosis Atopic dermatitis Contact dermatitis & Eczema
 - Cutaneous manifestations of systemic diseases
 - Reaction to Physical Chemical & mechanical factors to Skin
 - Noninfectious immunodeficiency disorders

Contents of Paper 2

- Genodermatosis
- Melanotic Nevi & Neoplasm
- Disorders of metabolism
- Nutritional disorders
- Viral diseases
- Cutaneous manifestations of Endocrine diseases
- Macrophage/monocyte & Lymphocyte infiltrates of skin
- Epidermal Nevi, Neoplasm & Cyst
- Papulosquamous diseases
- STD & AIDS
- Chronic blistering diseases
- Vasculitis
- Cutaneous reactions due to drugs
- Pigmentary disorder
- Pediatric & Neonatal dermatology,
- Connective tissue diseases Cutaneous TB
- Leprosy
- Diseases of the Mucous Membrane
- Disorders of the skin Appendages
- Mycosis Fungoides & other Malignant Lymphomas & Allied diseases skin.

Residency Program

Dermatology & Venereology

- Acne & Rosacea
- Parasitic diseases
- Fungal Diseases
- Diseases of subcutaneous fat
- Cutaneous reaction to UV light
- Aging of Skin
- Geriatric dermatology
- Dermatosurgery & LASER
- Diseases of Fibrous & Elastic tissue
- Atopic dermatitis, Contact dermatitis & Eczema
- Noninfectious immunodeficiency disorders
- Mycosis Fungoides & other Malignant
- Lymphomas & Allied diseases
- Reaction to Physical Chemical & mechanical factors to skin.

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