

Study & Evaluation Scheme

of

M.D. (Dermatology)
[Applicable for the Batch 2014-15 till revised]



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Annexure-1

Syllabus: General Guidelines - During the training period, efforts should always be made that adequate time is spent in discussing health problems of public health importance in the country.

1. Theory: Approach to Important Clinical Problems & disorders (Definition, epidemiology, etio-pathogenesis, presentation, complications, differential diagnosis and treatment)

- **Skin**

- (i) Anatomy, embryogenesis & functions of skin
- (ii) Diagnosis & Histopathology
- (iii) Molecular biology
- (iv) Inflammation & clinical immunology
- (v) Genetics, genodermatosis & skin of neonate
- (vi) Pruritus- Pathophysiology, factors affecting, types & management
- (vii) Dermatitis- Atopic dermatitis, contact dermatitis- irritant & allergic, acute, subacute & chronic eczema, stasis eczema, lichenification & erythroderma
- (viii) Infections
- (ix) Bacterial
- (x) Gram +ve (impetigo, cellulitis, ecthyma, erysipelas, SSSS, TSS, Anthrax) & G-ve infections, Anaerobic infections, Rickettsial Infections
- (xi) Viral
- (xii) Herpes virus, human papilloma virus, Hemorrhagic fevers, PR
- (xiii) Mycobacterial
 - a) Cutaneous TB- typical & atypical, MDT
 - b) Leprosy- Types, reactions, Lab. investigations, management (MDT) & rehabilitation, NLEP
 - c) Mycology- Superficial & cutaneous, Subcutaneous & deep mycoses
- (xiv) Parasitic, protozoal & arthropodal infection
 - a) Filariasis
 - b) Leishmaniasis
 - c) Larva migrans
 - d) Scabies
 - e) Pediculosis
- (xv) Sexually Transmitted Diseases
 - a) Syphilis, gonorrhoea, NGU, donovanosis, chancroid, LGV, Herpes genitalis, Viral warts- diagnosis, treatment & prevention
 - b) HIV & AIDS- Cutaneous manifestations, Lab. Diagnosis & management, prevention, syndromic management, NACO guidelines

- (xvi) Cutaneous photobiology: Polymorphic light eruption, actinic prurigo, solar urticaria , chronic actinic dermatitis
- (xvii) Disorders of keratinization: Ichthyosis- congenital & acquired, erythrokeratoderma, PRP, Dariers Dis., Psoriasis
- (xviii) Disorders of pigmentation: Melanogenesis, Hypermelanosis, hypomelanosis, melanocytic nevi, melanoma skin cancer
- (xix) Tumours of skin
 - a) Malignant
 - Squamous Cell Carcinoma
 - Basal Cell Carcinoma
 - b) Benign
 - Actinic keratosis
 - Bowen's disease
 - Seborrhoeic keratosis
 - Keratoacanthoma
 - Pilomatricoma
 - Cylindroma
 - Syringoma
 - Paget's disease
- (xx) Bullous disorders
 - a) Congenital – Epidermolysis bullosa - simplex, junctional & dystrophic
 - b) Immunobullous- Pemphigus & its variants, bullous pemphigoid, cicatricial
- (xxi) pemphigoid, DH - Basis , clinical presentation, treatment and pulse therapy
- (xxii) Disorders of sebaceous & sweat glands
- (xxiii) Acne & its variants, sebaceous gland disorders, rosacea, hyperhidrosis, miliaria
- (xxiv) Connective tissue disorders: Lupus erythematosus- DLE, SLE, systemic sclerosis, MCTD, Dermatomyositis, graft v/s host disease
- (xxv) Urticaria: Types, urticarial vasculitis, angioedema, mastocytosis
- (xxvi) Purpura: Classification, diagnosis & management
- (xxvii) Vasculitis & Neutrophilic Reactions: Small, medium & large vessel vasculitis, Sweet's syndrome, pyoderma gangrenosum, Erythema nodosum, Behcet's dis
- (xxviii) Arterial, venous & lymphatic disorders: Arterial & peripheral ischemic disorders, venous thrombosis & ulceration, lymphedema
- (xxix) Psychocutaneous disorders: Trichotillomania, dermatitis artefacta
- (xxx) Immunological diseases: Lichen planus, lichenoid disease, sarcoidosis
- (xxxi) Systemic diseases & skin: Cardiac, renal, GIT, markers of internal malignancy, nervous system
- (xxxii) Ages of men & other dermatoses

- **Nail**
 - (i) Structure & function of nail
 - (ii) Disorders of nail development- Anonychia, pachyonychia
 - (iii) Nail infections- Paronychia, Onychomycosis
 - (iv) Dermatoses affecting nails- Psoriasis, Darier's dis., lichen planus, twenty naidystrophy
 - (v) Nail tumours- Koenan's tumour
 - (vi) Nail surgery- nail biopsy, surgery for in growing nail
- **Hair**
 - (i) Structure & cycle
 - (ii) Alopecia- Alopecia areata, androgenetic alopecia, cicatricial alopecia
 - (iii) Disturbances of hair cycle-Telogen effluvium
 - (iv) Scaling disorders of scalp
 - (v) Hypertrichosis
 - (vi) Hirsutism
- **Mucosa**
 - (i) Oral: Peutz-Jegher's syndrome, acrodermatitis enteropathica, aphthous stomatitis, Behcet's disease, lichen planus, pemphigus, lupus erythematosus, herpes simplex,candidiasis,hairy leukoplakia
 - (ii) Genital: Non-STD lesions
- **Miscellaneous**
 - (i) Skin & eyes: Seborrhoeic blepharitis, cicatricial pemphigoid, EM, TEN, HSV, Reiter's disease
 - (ii) Skin & ears: Granulomatous disorders,perichondritis,otitis externa
 - (iii) Breast, perianal & umbilical disorders: Gynecomastia, cracked nipples, lupus panniculitis, Mondor's disease, pruritus ani, hidradenitis suppurativa, AIN
- **Treatment**
 - (i) Principles
 - (ii) Topical therapy
 - (iii) Systemic therapy
 - (iv) Drug reactions including EM,SJS/TEN, maculopapular rash, FDE.
- **Recent Advances**
 - (i) LASER & its applications
 - (ii) Dermatosurgery & Cosmetology: Punch grafting, suction blister grafting, chemical peels, cryotherapy, radiofrequency, chemical cautery

2. Practical

- **Semi- Long case**
 - (i) Leprosy
 - (ii) Sexually Transmitted diseases
 - (iii) General Dermatology - Vesiculobullous diseases/ Connective tissue diseases/Erythroderma

- **Short Cases- Any 10 cases of the following:**
 - (i) Disorders of Keratinization
 - (ii) Genetics & Genodermatosis
 - (iii) Diseases of hair
 - (iv) Diseases of nail
 - (v) Diseases of mucosa
 - (vi) Diseases of sebaceous & sweat glands
 - (vii) Dermatitis
 - (viii) Infections- viral, bacterial, mycobacterial, fungal
 - (ix) Disorders of pigmentation
 - (x) Drug Reactions
 - (xi) Photodermatosis
 - (xii) Connective tissue diseases
 - (xiii) Immunological diseases
 - (xiv) Vasculitis
 - (xv) Leprosy
 - (xvi) Sexually Transmitted diseases
- **Histopathology**
- **Grand viva - voce including drugs, X-rays, Equipment & thesis discussion**

3. Skills

- History and examination: History taking including psychosocial history, general & systemic examination, local examination - skin & its appendages, mucosa.
- Bedside procedures
 - (i) Monitoring skills: vitals recording, blood sampling.
 - (ii) Therapeutic & investigative skills: Dressing, administration of fluids & drugs, pulse therapy, skin & mucosal biopsy, abscess drainage and basic principles of rehabilitation.
- Bedside investigations: Woods lamp examination, dark ground illumination (DGI), urine: routine and Microscopic examination, KOH smear, Slit skin smear, Gram stain, ZN stain, tzanck smear, giemsa stain (tissue smear).
- Interpretation of X-rays of chest, abdomen, ECG.
- Understanding of Histopathology, Immunopathology, Immunohistochemistry.

4. Community and Social Dermatology

- National programmes – TB, leprosy, STD, AIDS. Prevention of sexually transmitted diseases, contraception, government and non-government support services. General principles of prevention and control of infectious diseases, investigation of an outbreak in a community.

Annexure-2

Contents of each paper

Paper 1	Basic sciences as related to Dermatology, Venereology and Leprosy
Paper 2	Principles and practice of Dermatology
Paper 3	(a) Histopathology (b) Leprosy and STD (c) Cosmetology
Paper 4	(a) Recent advances in Dermatology, Leprosy, STD (b) General medicine as relates to Dermatology

Annexure-3

Assessment: All the PG residents have to be assessed daily for their academic activities and also periodically,

1. General Principles

- The assessment has to be valid, objective, and reliable.
- It should cover cognitive, psychomotor and affective domains.
- Formative, continuing and summative (final) assessment to be conducted in theory as well as practical/clinical, in addition, thesis should also be assessed separately.

2. Formative Assessment: The formative assessment is to be continuous as well as end-of-term. The former has to be based on the feedback from the senior residents and the consultants concerned. End-of-term assessment should be held at the end of each semester (upto the 5th semester). Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.

3. Internal Assessment: The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sl. No.	Items	Marks
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20

A. Theory exam (Total 400)

Paper 1	100
Paper 2	100
Paper 3	100
Paper 4	100

B. Practical & Viva-voce Examination (Total=400)

Two external and two internal examiners to conduct the examinations

Short Cases	10	100 MARKS
Semi long cases	3	150 MARKS
Histopathology		50 MARKS
Grand viva – voce including Thesis discussion, drugs, X-rays, equipment		100 MARKS
Total		400