THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No. 69, ANNA SALAI, GUINDY, CHENNAI – 600 032.

POST GRADUATE DIPLOMA COURSES

SYLLABUS AND CURRICULUM

2021 - 2022

DIPLOMA IN DERMATOLOGY, VENEROLOGY AND LEPROSY (DDVL)

THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI

DIPLOMA IN DERMATOLOGY, VENEREOLOGY AND LEPROSY (DDVL)

I GOALS

The goals of postgraduate training course would be to train a MBBS doctor who will:

- **To practice Dermatology, Venereology and Leprosy efficiently and effectively, backed by scientific knowledge, skill base, ethics and tenets of good medical practice.**
- **Recognize the economic costs of treatment and use the most effective therapy within the available economic resources.**
- **Communicate to patients and families the advantage of preventive as well as the importance of compliance to prescribed therapies.**
- **Be able to co-operate, collaborate with colleagues and contribute to the management, when the problem is a multi-system disease process.**

II OBJECTIVES

1. **Knowledge (Cognitive domain)**
2. **Skills (Psycho motor domain)**
3. **Behavior: Affective domain: Human values, Ethical practice and Communication, Partnership, Leadership and Teamwork abilities**
4. **Safety and quality**
5. **Maintaining trust**

Knowledge:

- **Attain cognitive proficiency in the diagnosis and management of dermatological conditions, sexually transmitted diseases and leprosy through a patient oriented structured curriculum.**
- **Describe the etiology, pathogenesis, clinical features, prognosis, differential diagnosis and treatment of diseases relevant to DVL.**
- **Demonstrate understanding of basic sciences relevant to the specialty and its application.**

- **Attain adequate knowledge in the clinical management of Sexually Transmitted Diseases and Infections (STDs & STIs) including HIV, surveillance and reporting, prevention of morbidity and mortality due to STDs and HIV by initiating treatment, partner notification and behavioral change. To know the importance of early diagnosis, prevention and transmission, management of long term risks of STDs including HIV.**

- **Attain knowledge about various sexual dysfunctions in both male and female and their management.**

- **Attain adequate knowledge about the importance of other departments like microbiology, obstetrics and gynecology, forensic medicine, medicine, public health and psychiatry.**

- **Attain knowledge about the care and support of male, female, transgender individuals of all age groups especially sexually active people, and vulnerable groups like drug abusers, sex workers etc.,**

- **Ability to teach and train different persons from undergraduate students, health care workers and community about STDs and STIs including HIV.**

- **Attain adequate knowledge of management of patients through a "work-based, hands- on" curriculum which entails 1) supervised management of patients,2) ward duties,3) 24 hour "on-call duties" which requires one to attend dermatological emergencies.**

- **Attain adequate knowledge of management of complex dermatology problems by attending consultations from other specialties,and attending multidisciplinary clinics and meetings.**

- **Describe methods, indications, and interpretation of common Dermatology, Venereology and Leprosy laboratory procedures.**

- **Describe method, indications, contraindications and complications of common dermatosurgical and cosmetic procedures, phototherapy, patch tests, Lasers, and injectables.**

- **Demonstrate adequate knowledge of acquiring consent prior to performing procedures and taking clinical photographs.**

- **Identify social and economic determinants in a given case, and take them into account for planning therapeutic measures**

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- **Recognize conditions that may be outside the area of his specialty/competence and to refer them to the appropriate specialist.**

Skills:

- **Record the patient's history in a structured format that benefits the patient and allows the physician to arrive at a diagnosis. This applies to both out-patient and in-patient setting with emphasis on patient confidentiality and effective time management (OPD setting).**

- **Perform a structured clinical examination of patients with Dermatology, Venereology and Leprosy related problems taking into account the specific systems that need to be examined in patients with Leprosy and Venereology related problems. Document clinical findings using acceptable terminology (relevant to DVL) in a structured manner.**

- **Document in- patient problems in a problem sheet with the management and discharge plan.**

- **Document progress, treatment, complications and the intervention strategies adopted in the care of in- patients.**

- **Provide treatment according to available best clinical evidence keeping in mind the economic impact of treatment on the patient.**

- **Perform and interpret results of common laboratory and other procedures relevant to Dermatology, Venereology and Leprosy.**

- **Interpret the histopathological features of benign and malignant diseases relevant to Dermatology, Venereology and Leprosy.**

- **Perform common dermatosurgical procedures in a safe and sterile environment.**

- **Provide basic and advanced life saving support services (BLS) in emergency situations**

Safety and Quality:
Contribute to the safety of patients, self and community:

1. **Regular audits of patient records, treatment administered, and guidelines followed**

2. **Report suspected adverse drug reactions**

3. **Report adverse event occurring during surgical and other procedures**

4. **Report needle stick injury and spills**

5. **External quality check of procedures done in the laboratory**

6. **Proper disposal of hospital wastes**

BEHAVIOR

Affective Domain: Human values, Ethical practice and Communication, Partnership, Leadership and Teamwork abilities

- **Adopt ethical principles in all aspects of his/her practice.**
- **Be aware of personal prejudices and judgmental attitude when confronted with diseases such as HIV, STDs, and leprosy. One should be able to deal with these positively through self-reflection or counseling.**
- **Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.**
- **Develop partnership, leadership and teamwork abilities with colleagues, subordinates and others in the departments and in the community.**
- **Apply ethical standards while carrying out human or animal research.**
- **Recognize limitations in his knowledge and skill and refer to more competent colleagues, when needed.**
- **Observe professional decorum regarding comments on diagnostic or management practices of professional colleagues.**
- **Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.**

Maintaining trust

Maintaining trust with patients.

Maintaining confidentiality and concern about the community in managing the various diseases of his/her specialty.

Application of the best of his/her knowledge for the well- being of the patient/community.

Learning Objectives for Diploma DVL students (Venereology)

STDs- Sexually Transmitted Diseases, STIs - Sexually Transmitted Infections, PEP- Post Exposure Prophylaxis, HIV- Human Immunodeficiency Virus, ART – Anti Retrovirus Therapy, NACP – National AIDS Control Program, FSW – Female Sex Worker, MSM – Men having Sex with Men, TG – Transgender, HAART – Highly Active Anti Retroviral Therapy, RPR – rapid Plasma Reagin Test, ViAViLi Test – Visual Inspection of Cervix with Acetic Acid and Lugols Iodine.

III.COMPONENTS OF THE POST GRADUATE CURRICULUM

- ***Theoretical Knowledge***
- ***Practical and Clinical Skills***
- ***Writing Thesis/Research Articles***
- ***Attitudes including Communication Skills***
- ***Training in Medical Ethics /Bioethics and Medicolegal aspects***

Students are encouraged to attend workshops/CME's on Bioethics conducted by the University and other reputed Institutions.

Medical ethics, bioethics, moral and legal issues and medical audit are part and parcel of the curriculum and syllabus.

IV. THEORY SYLLABUS

Dermatology

(Source: ROOK'S TEXT BOOK OF DERMATOLOGY
Volume 1-4, Ninth Edition, 2016
Edited by – Christopher Griffiths, Jonathan Barker, Tanya Bleiker, Robert Chalmers, Daniel Creamer)

1.History of Dermatology

2.Structure and Function of the Skin

3.Histopathology of the Skin: General Principles

4.Diagnosis of Skin Disease

5.Epidemiology of Skin Disease

6.Health Economics and Skin Disease

7.Genetics and the Skin

8.Inflammation, Immunology and Allergy

9.Photobiology

10.Cutaneous Response to Injury and Wound Healing

11.Psychological and Social Impact of Long-term Dermatological Diseases

12.Adverse Immunological Reactions to Drugs

13.Topical Drug Delivery

14.ClinicalPharmacology

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.HIV and the Skin

29.Fungal Infections

30.Parasitic Diseases

31.Arthropods

32.Psoriasis and Related Disorders

33.Pityriasis Rubra Pilaris

34.Lichen Planus and Lichenoid Disorders

35.Graft-versus-host Disease

36.Eczematous Disorders

37.Seborrhoeic Dermatitis

38.Atopic Eczema

39.Urticaria

40.Recurrent Angio-oedema without Wheals

41.Urticarial Vasculitis

42.Autoinflammatory Diseases Presenting in the Skin

43.Mastocytosis

44.Reactive Inflammatory Erythemas

45.Adamantiades–BehcetDisease

46.NeutrophilicDermatoses

47.Immunobullous Diseases

48.Lupus Erythematosus

49.Antiphospholipid Syndrome

50.Dermatomyositis

51.Mixed Connective Tissue Disease

52.Dermatological Manifestations of Rheumatoid Disease

53.Systemic Sclerosis

54.Morphoea and Allied Scarring and Sclerosing InflammatoryDermatoses

55.Cutaneous Amyloidoses

56.Cutaneous Mucinoses

57.Cutaneous Porphyrias

58.Calcificationof the Skin and Subcutaneous Tissue

59.Xanthomas and Abnormalities of Lipid Metabolism and Storage

60.Nutritional Disorders Affecting the Skin

61.Skin Disorders in Diabetes Mellitus

62.Inherited Disorders of Cornification

63.Inherited Acantholytic Disorders

64.Ectodermal Dysplasias

65.Inherited Hair Disorders

66.Genetic Defects of Nails and Nail Growth

67.Genetic Disorders of Pigmentation

68.Genetic Blistering Diseases

69.Genetic Disorders of Collagen, Elastin and Dermal Matrix

70.Disorders Affecting Cutaneous Vasculature

71.Genetic Disorders of Adipose Tissue

72.Congenital Naevi and Other Developmental Abnormalities Affecting the Skin

73.Chromosomal Disorders

74.Poikiloderma Syndromes

75.DNA Repair Disorders with Cutaneous Features

76.Syndromes with Premature Ageing

77Hamartoneoplastic Syndromes

78.Inherited Metabolic Diseases

79.Inherited Immunodeficiency

80.Pruritus, Prurigo and Lichen Simplex

81.Mucocutaneous Pain Syndromes

82.Neurological Conditions Affecting the Skin

83.PsychodermatologyandPsychocutaneous Disease

84.Acquired Disorders of Epidermal Keratinization

85.Acquired Pigmentary Disorders

86.Acquired Disorders of Hair

87.Acne

88.Rosacea

89.HidradenitisSuppurativa

90.Other Acquired Disorders of the Pilosebaceous Unit

91.Disorders of the Sweat Glands

92.Acquired Disorders of the Nails and Nail Unit

93.Acquired Disorders of Dermal Connective Tissue

94.Granulomatous Disorders of the Skin

95.Sarcoidosis

96.Panniculitis

97.Other Acquired Disorders of Subcutaneous Fat

98.Vascular Disorders Involving the Skin

99.Purpura

100.Cutaneous Vasculitis

101.Dermatoses Resulting from Disorders of the Veins and Arteries

102.Ulceration Resulting from Disorders of the Veins and Arteries

103.Disorders of the Lymphatic Vessels

104.Flushing and Blushing

105.Dermatoses of the Scalp

106.Dermatoses of the External Ear

107.Dermatoses of the Eye, Eyelids and Eyebrows

108.Dermatoses of the Oral Cavity and Lips

109.Dermatoses of the Male Genitalia

110.Dermatoses of the Female Genitalia

111.Dermatoses of Perineal and Perianal Skin

112.Cutaneous Complications of Stomas and Fistulae

113.Dermatoses of Pregnancy

114.Dermatoses of the Neonate

115.Dermatoses and Haemangiomas of Infancy

116.Benign Cutaneous Adverse Reactions to Drugs

117.Severe Cutaneous Adverse Reactions to Drugs

118.Cutaneous Side Effects of Chemotherapy and Radiotherapy

119.Dermatoses Induced by Illicit Drugs

120.Dermatological Manifestations of Metal Poisoning

121.Mechanical Injury to the Skin

122.Pressure Injury and Pressure Ulcers

123.Cutaneous Reactions to Cold and Heat

124.Burns and Heat Injury

125.Cutaneous Photosensitivity Diseases

126.Allergic Contact Dermatitis

127.Irritant Contact Dermatitis

128.Occupational Dermatology

129.Stings and Bites

130.Benign Melanocytic Proliferations and MelanocyticNaevi

131.Benign KeratinocyticAcanthomas and Proliferations

132.Cutaneous Cysts

133.Lymphocytic Infiltrates

134.Cutaneous Histiocytoses

135.Soft-tissue Tumours and Tumour-like Conditions

136.Tumours of Skin Appendages

137.Kaposi Sarcoma

138.Cutaneous Lymphomas

139.Basal Cell Carcinoma

140.Squamous Cell Carcinoma and its Precursors

141.Melanoma Melanoma Clinicopathology Systemic Treatment of Melanoma

142.Dermoscopy of Melanoma and Naevi

143.Merkel Cell Carcinoma

144.Skin Cancer in the Immunocompromised Patient

145.Cutaneous Markers of Internal Malignancy

146.The Skin and Disorders of the Haematopoietic and ImmuneSystems

147.The Skin and Endocrine Disorders

148.The Skin and Disorders of the Heart

149.The Skin and Disorders of the Respiratory System

150.The Skin and Disorders of the Digestive System

151.The Skin and Disorders of the Kidney and Urinary Tract

152.The Skin and Disorders of the Musculoskeletal System

153.Skin Ageing

154.Cosmeceuticals

155.Soft Tissue Augmentation (Fillers)

156.Aesthetic Uses of Botulinum Toxins

157.Chemical Peels

158.Lasers and Energy-based Devices

Sexually Transmitted Infections

(*Source: SEXUALLY TRANSMITTED INFECTIONS 2nd edition*

Editors: Dr. Somesh Gupta&Bhushan Kumar)

1. **Historical aspects of Sexually Transmitted Infections**
2. **Global Epidemiology of Sexually Transmitted infections**
3. **Global Epidemiology of HIV infection**
4. **Sexual Behavior and Sexually Transmitted infections**
5. **Prevention strategies for the control of sexually transmitted infections**
6. **Behavioral and counseling aspects of sexually transmitted infections (Including HIV)**
7. **Condoms and other Barrier methods of STI and HIV prevention**
8. **Prevention of HIV and other Sexually Transmitted Infections: Male circumcision**
9. **Microbicides for prevention of Sexually Transmitted Infections**
10. **Vaccines for Sexually Transmissible infections**
11. **Vaccines for HIV**
12. **Partner Notification for Sexually Transmitted Diseases**
13. **Implementation of STI programs**
14. **Monitoring and Evaluating Sexually Transmitted Infection Control Programs**
15. **Anatomy of the Male Genital Tract**
16. **Anatomy of the Female Genital Tract**
17. **Normal Genital Flora**
18. **History and Physical examination**

19. **Genital Mucosal Immunity Against Sexually Transmitted Infections**
20. **Laboratory Diagnosis of Sexually Transmitted Infections**
21. **Rapid tests for the Detection of Sexually Transmitted infections**
22. **Genital herpes simplex infections**
23. **Anogenital Human Papillomavirus infection: Natural History: Epidemiology, and vaccination**
24. **Anogenital Warts, Intraepithelial Neoplasia and their clinical management**
25. **Molluscum Contagiosum**
26. **Hepatitis Viruses**
27. **Human Cytomegalovirus infection**
28. **Epstein-Barr Virus Infections**
29. **Kaposi Sarcoma Herpesvirus**
30. **Infectious Syphilis**
31. **Late Syphilis**
32. **Endemic Treponematoses**
33. **Gonococcal Infections**
34. **Chlamydia Trachomatis Infections**
35. **LymphogranulomaVenereum**
36. **Chancroid**
37. **Donovanosis**
38. **Bacterial Vaginosis**
39. **Pelvic Inflammatory disease**
40. **Genital Mycoplasmas**
41. **Sexually Transmitted Anorectal Infections and Enteric Bacterial Infections**
42. **Genital Candidal Infections**
43. **Trichomonasvaginalis Infections**
44. **Intestinal Protozoa**
45. **The syndromic approach for the management of STIs: An overview**
46. **Genital Ulcer-Adenopathy syndrome**
47. **Urethral Discharge**
48. **Epididymitis and Epididymo-orchitis**

49. **Abnormal Vaginal Discharge: Syndromic management**
50. **Syndromic Management of Lower Abdominal pain in women**
51. **Inguinal and Femoral Buboes**
52. **Vulvar Vestibulitis Syndrome**
53. **Male Genital pain syndromes**
54. **Ocular Manifestations of Sexually transmitted infections**
55. **Arthritis associated with sexually transmitted infections**
56. **Human Immunodeficiency Virus: Biology and Natural history of infections**
57. **HIV Diagnosis**
58. **Pharmacology of Antiretroviral Drugs**
59. **Surrogate Markers of Antiretroviral Efficacy**
60. **Antiretroviral Drugs for HIV Prevention**
61. **Acute HIV infection**
62. **Opportunistic Infections**
63. **Mucocutaneous Manifestations of HIV**
64. **Pulmonary Manifestations of HIV Disease**
65. **Neurological Manifestations of HIV**
66. **Gastrointestinal Manifestations of HIV Infections and AIDS**
67. **Renal Manifestations of HIV Infection and AIDS**
68. **HIV and Endocrine Manifestations**
69. **AIDS Associated Malignancies and their treatment**
70. **Rheumatic Manifestations of HIV and AIDS**
71. **Cardiac Involvement in HIV Infection/AIDS**
72. **Ocular Manifestations of HIV Infection and AIDS**
73. **Sexually Transmitted Infections in HIV-Infected Patients**
74. **Human Immunodeficiency Virus infection in women**
75. **HIV in children**
76. **HIV infection in Homosexual Men**
77. **HIV in blood and blood product recipients**
78. **HIV in Injection and other drugs users**
79. **Sexually transmitted infections and pregnancy**

80. **Sexually Transmitted infections in Neonates and Infants**
81. **Congenital Syphilis**
82. **Sexually Transmitted Infections and Infertility**
83. **Aging. Sexual Behavior, and HIV/STI Risk**
84. **Sexually Transmitted infections in the Female Sex Worker Community**
85. **Sexually Transmitted Infections Associated with Sexual Assault**
86. **Sexual Health of Migrant Populations**
87. **Human Sexuality**
88. **Homosexuality, Bisexuality and Sexual Orientation**
89. **Sexually Transmitted Infections among women who have Sex with Women**
90. **Sexually Transmitted Infections in Transgender**
91. **Sexual Abuse in Children**
92. **Male Sexual Dysfunction**
93. **Women's Sexual Dysfunction**
94. **Sexuality Education for Young People**
95. **Dhat Syndrome: A Culture Bound Sex Related disorder in Indian Subcontinent**
96. **Clinical Services for Sexually Transmitted Infections and HIV**
97. **Medicolegal Aspects of Sexually Transmitted Infections and Sexual Assault**
98. **Sexually Transmitted Infections: Screening and Diagnostic Practices**
99. **Sexually Transmitted Infections Related Genital Neoplasias**
100. **HIV, Sexually Transmitted Infections, and Human Right**
101. **Animal Models of Sexually Transmitted Infections**

Guidelines for the Treatment of HIV and AIDS in Resource Limited Countries

102. **Guidelines for Prevention of Perinatal HIV Infection**
103. **Guidelines for the Management of HIV-Associated opportunities**

Infections Leprosy

(Source: IAL TEXT BOOK OF LEPROSY

Editors: Dr. Bhushan Kumar &Hemanta KumarKar2nd edition, 2016)

1. **History of Leprosy in India: A Historical overview from Antiquity to the introduction of MDT**
2. **Epidemiology of Leprosy**
3. **Global Leprosy situation: Historical perspective, Achievements, Challenges and future steps**
4. **Changing National Scenario, National Leprosy Control programmes, National Leprosy Eradication Programme, and New Paradigms of Leprosy Control**
5. **Immunogenetics of Leprosy**
6. **Bacteriology of Leprosy**
7. **Immunological Aspects**
8. **Biochemical Aspects of Leprosy**
9. **Pathological Aspects of Leprosy**
10. **Structure Electrophysiological and Ultrasongraphics studies of Peripheral Nerve**
11. **Pathomechanisms of Nerve Damage**
12. **Naturally occurring Leprosy: Mycobacterium leprae and other environmental mycobacteria in Nature**
13. **Experimental Leprosy: Contributions of Animal Models to Leprosy Research**
14. **History taking and clinical examination**
15. **Case definition and clinical types of Leprosy**
16. **Classification**
17. **Methods of Nerve examination**
18. **Histoid Leprosy**
19. **Laboratory diagnosis**
20. **Serological and molecular diagnosis of leprosy**
21. **Differential diagnosis of Dermatological Disorders in relation to Leprosy**
22. **Differential diagnosis of Neurological disorders in relation to Leprosy**
23. **Systemic involvement in Leprosy**
24. **Leprosy and Human immunodeficiency virus coinfection**
25. **Leprosy and pregnancy**
26. **Childhood Leprosy**
27. **Ocular Leprosy**
28. **Neuritis: Definition, Clinicopathological manifestations and Proforma to record nerve impairment in Leprosy**
29. **Leprosy Reactions: Pathogenesis and clinical features**
30. **Chemotherapy of Leprosy**
31. **Chemotherapy: Development and evolution of WHO-MDT and Newer treatment regimens**
32. **Management of Leprosy reactions**
33. **Management of neuritis and neuropathic pain**
34. **Chemoprophylaxis in Leprosy**

35. **Leprosy vaccine: Immunoprophylaxis and Immunotherapy**
36. **Nursing care in Leprosy patients**
37. **Deformities of Face, Hands, Feet and Ulcers and their management**
38. **Deformity and Disability prevention**
39. **Relapse in Leprosy**
40. **Drug resistance in Leprosy**
41. **Morbidity and Mortality in Leprosy Rehabilitation**
42. **Community-based initiatives in Comprehensive Leprosy Work**
43. **Psychosocial Aspects in Leprosy**
44. **Human Rights and Stigma in Leprosy**
45. **Health Promotion, Education and Counseling**
46. **Role of NGOs in National Leprosy Eradication Programme**

V. TEACHING AND LEARNING METHODS

The emphasis should be on patient oriented learning

i. **Acquire skills in clerking patients and communication through structured bedside clinics.**
ii. **"On the job teaching" by faculty in the OPD and during ward rounds.**
iii. **"One-One" or small group teaching of dermatosurgery and other procedures**
iv. **Grand rounds**
v. **Structured "class-room" based clinics to prepare the candidate for the final summative exam (University)**
vi. **Monthly Seminars**
vii. **Monthly Symposia**
viii. **Weekly Journal clubs**
ix. **Group discussions**
x. **Multidisciplinary team meetings- Skin malignancies, Leprosy, Tuberculosis, HIV, Genodermatoses, and for management of leprosy reactions.**
xi. **Tutorials- dermatopathology, clinical microbiology and virology, instruments**
xii. **Didactic lectures (optional)**
xiii. **Students should be encouraged to attend the following training programmes to attain basic competence in: Biostatistics, Research Methodology, Medical Ethics, Good medical practice, Communication skills, Medical education**

xiv. **Students should update their knowledge through attendance of subject related CMEs, workshops and conferences.**

xv. **However during any of the above training postings, the Postgraduates will be attached to the Dermatology Department.**

VI. STRUCTURED TRAINING PROGRAM FOR DIPLOMA COURSE- DVL
(2 years DIPLOMA – DD DVL COURSE)

The Students will be in the Department of Dermatology during their course period. However, the Students are encouraged to undergo special postings for learning new advanced techniques / Procedure / Skills in institutions of higher reputaion where the request facilities are available without affecting the duties of the parent department

Sl. No	First Year	Final Year (Second Year)
1	Knowledge : General Dermatology, Leprosy and Venereology including basic sciences, pathology, clinical microbiology and virology	General Dermatology, Leprosy and Venereology including basic sciences therapeutics, pathology, clinical microbiology and virology
2	General DVL OPD clinics (minimum of 3/week) and ward postings-minimum of 6 months/year Special clinics: Vitiligo, Pigmentary, immunobullous, contact dermatitis, connective tissue diseases, psoriasis, Pediatric Dermatology Leprosy / POD(Prevention of Deformity), and STI	General DVL OPD clinics (minimum of 3/week)and ward postings-minimum of 6 months/year Special clinics: Vitiligo, Pigmentary, immunobullous, contact dermatitis, connective tissue diseases, psoriasis, Pediatric Dermatology, Leprosy / POD, POP window dressing and STI
3	1.Elicit history and perform a clinical examination, arrive at a diagnosis, list differential diagnosis, select appropriate investigations and device a treatment plan.	1.Elicit history and perform a clinical examination, arrive at a diagnosis, list differential diagnosis, select appropriate investigations and device a treatment plan. Provide information about the disease in terms of prognosis, complications and treatment outcome. Counseling and follow up of patients should be advocated

4	**Procedural skills for trainees:** **1. Hand washing and sterile technique for procedures.** **2.Take an informed consent for procedures** **3. Methods of administration of local anesthesia for biopsies and other procedures** **4. Biopsies: Skin (punch, shave, elliptical, wedge) biopsies under sterile conditions, under supervision** **5. Describe histological features of common diseases including leprosy** **6.Intralesional injections** **7.Cryotherapy** **8.Paring** **9.Nail Avulsion** **10.Electrosurgery**	**Procedural skills for trainees: *(in addition procedural skills attained in 1st year)*** **1.Biopsies: nail, oral, nerve biopsies (under supervision)** **2.Phototherapy- Administer Narrow UVB, PUVA, targeted phototherapy, hand and foot phototherapy, bath PUVA, soak PUVA** **3.Perform Patch tests-standard and photopatch, interpret results and counsel** **4. Perform Contact immunotherapy for alopecia areata** **5.Perform a drug challenge (under supervision)** **6. Administer all Dermatology, Leprosy and Venereology related drugs and biologics in appropriate doses under supervision, after counseling patients on the side effects, expected benefits, interactions and teratogenic potential** **7 .Describe histologic features of common benign and malignant lesions and leprosy, interpret special stains and immunohistochemistry** **8. Observe preparation (grossing, staining) of dermatopathology specimens. (optional)** **9. Observe direct and indirect immunofluorescence procedures of immunobullous and connective tissue diseases (Optional)** **10. Microbiology and Virology:** **i)Learn techniques of plating and culture of bacteria associated with skin and soft tissue infections, fungus, M.Tb and atypical mycobacteria and STIs** **ii) Observe and learn methods of performing and interpretation of serological tests relevant to STIs** **iii)Observe lab techniques in diagnosis HIV**

4	**11. Radiofrequency surgery** **12.Molluscum needling** **13. Chemical cautery** **14.Auto Inoculation of Wart** **15. Vitiligo grafting** **16.Acne Scar Surgeries** **17.Dermaroller** **18.PRP** **19.Aesthetic Procedures(Botox / Fillers-Demo)** **20. Lasers (demo)** **21. Wood's lamp- indications and interpretation of results** **22. Students must be familiar in administering** **i)Saline and Kmno4 soaks / compresses, bleach baths, medicated tub bath, wet wraps** **ii) Fluid and temperature management in patients with skin failure** **23.Aware of principles of barrier nursing in patients with skin failure**	**11. Dermatoscope- Learn the features of dermascopic images of relevant common skin conditions and help to arrive at a diagnosis and differentiate benign and malignant pigmented lesions.** **12. Trichoscopy- should be able to recognize common hair shaft abnormalities** **13.Radiodermatology – Describe and interpret the features of relevant CXR, CT, MRI and fluoroscopic images eg. Esophagus in scleroderma** **14 .Peripheral Nerve High Resonance USG in Leprosy (optional)** **15. Teledermatology:** **Students should be introduced to teledermatology (optional)** **16.Trainees can observe and learn basics of compounding of common topical preparations used in Dermatology (optional)**

5	**Safety and Quality–Trainees should:** **1.Report adverse events during procedures to the supervisor** **2. Report needle stick injuries** **3. Be able to dispose medical waste correctly**	**Safety and Quality** **1.Report adverse drug reactions** ***In addition to those already mentioned (1st year)***
6	**Dermatology Laboratory:** **1.Learn methods for appropriate specimen collection- pus culture, throat culture, nasal swab,Tzanck smear, herpes culture, fungal culture, Mycobacterium Tb and atypical Mycobacteria, Leishmaniasis, and STIs** **2.Trainees should be trained to perform KOH, Gram stain, Leishman's stain/ Giemsa stain, Tzanck, , ZN stain, demonstrate sclerotic bodies** **Leprosy- Perform slit skin smears, stain and interpret slides** **STI-Students should be able to identify STI pathogens- trichomonas, gonococci, H.ducreyi, clue cells and Donovan bodies. Should be able to identify MNGs in herpetic infections** **Dark field examination for treponema pallidum**	**Dermatology Laboratory: Trainees should be able to perform KOH, Gram stain, Leishman's stain/ Giemsa stain, Tzanck smear , ZN stain, demonstrate sclerotic bodies** **Leprosy- Perform slit skin smears, stain, interpret slides , Calculate BI and MI and POP cost /window dressing** **STI-Students should be able to identify STI pathogens- trichomonas, gonococci, H.ducreyi, clue cells and Donovan bodies** **Perform Dark field examination for treponema pallidum**
7	**Dermatology emergencies- Trainees should attend to dermatology emergencies during their 24 hour "on call" duties under supervision**	**Dermatology emergencies- Trainees should attend to dermatology emergencies during their 24 hour "on call" duties under supervision**
8	**Internal rotation:** **Venereology posting – 3months / year – This is for Institutions where Venereology is present as a separate department.**	**Community dermatology** **1.Attend school and other DVL related camps (optional)**
9	**Academic Activities** **Attend CME-1 (optional)**	**Academic activities** **Attend National and State level conference -CME** **Undergraduate teaching**

Leprosy

First Year	Final Year (Second Year)
1. Trainees should be able to take a history, examine skin lesions, peripheral nerves, perform a sensory-motor examination and record findings, list deformities and signs of reaction and classify the disease **2.Trainees should learn to counsel patients and attenders about early signs and symptoms of leprosy, ameliorating the taboo against leprosy .** **3. Trainees should develop skills in interacting with the patients, persuading them to bring the family members for examination** **4. Stress should be given to acquire knowledge on medical ,occupational and social rehabilitation of patients**	**1.Trainees should be able to take a focused history, perform a relevant clinical examination, do slit skin smears for AFB, interpret results, treat and counsel patients with leprosy.** **2. Trainees should attain a sound knowledge of the principles of rehabilitative surgery, use of prostheses and disability prevention.** **3. Trainees should be encouraged to attend various camps organized at periphery level by district authorities.** **4. Trainees should take part in health education regarding prevention of damage to eyes, deformities of limbs.** **5.Trainees should be posted to leprosy homes rehabilitation centres, district leprosy hospitals for Institutions where leprosy patient load is inadequate for satisfactory training of postgraduates**

Knowledge Skills	Attitude Skills	Psychomotor Skills
<u>First Year</u>		
Classification of STDS	**Communication skills and Case holding**	**Blood sample collection, labeling**
Impact of STDs on the World – past, present and future	**Non Judgmental and Non Moralistic history taking**	**Smear preparation, Staining and microscopy**
Incubation period and Window period and their importance in STDS	**Psychological impact of STDS**	**Examination of a patient and describing the findings.**
Difference between STDs and STIs		**Disposal of Waste**
Hospital Waste Management		

Second Year (in addition to 1st year)		
Syndromic Management and other Managements of STDS	**Attitude towards HRB persons like FSW, MSM, TGs etc**	**RPR Test, HIV Test, Smear preparation from lesions**
PEP for HIV	**Pre test and Post test Counseling for HIV**	**Vaginal Speculum examination**
Complications of STDs	**Sexual Orientation**	**ViAViLi Testing**
Gender Identity, Gender Role	**Initiation of HAART**	**Colposcopy (Optional)**
Human Sexual Behavior and Sexual Response cycle, Sex problems	**Premarital and Pre employment testing**	**Podophylline application**
ART drugs	**Partner revelations, Partner Participation,**	**Prostatic massage**
Govt. Program(NACP)	**Follow Up Skills**	**Paraphimosis reduction (Optional)**
Legal aspects of STDs, Sex and Sexuality	**Case reporting**	**Semen analysis, and Circumcision(Optional)**
Use of newer investigations tools in the management of STDs	**Partner notification**	**Lumbar Puncture (Optional)**
Vaccines in STDS		**Proctoscopy**
Sex Reconstruction Surgery		
Pre marital and Pre employment tests		
Interpretation of tests		
Marriage and STDs, Infertility		
ART Failure and 2nd line ART, Resistance and Reinfection, Partner treatment		
Emergency contraception		

VII. Evaluation of the candidates in both theory and practicals will help the candidate in improvement of his/her knowledge, skills and attitude.

VIII. COMPETENCY ASSESSMENT:

1. OVERALL:

a) Communication / commitment / Contribution / ()
Compassion towards patients and Innovation () - 5 Marks
b) Implementation of newly learnt techniques /Skills ()

2. Number of cases presented in Clinical Meetings/ Journal clubs/seminars - 5 marks

3. Number of Posters/Papers presented in Conferences/ Publications and Research Projects - 5 marks

4. No. of Medals / Certificates won in the conference / Quiz competitions and other academic meetings with details. - 5 marks

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Total 20 Marks

PG CLINICAL COURSES

VIVA including Competency Assessment - 80 Marks (60 + 20)

Log Book - 20 marks

ASSESSMENT SCHEDULE IS AS FOLLOWS

Year of study	Period				Total Max.20 marks
I year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
II year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
	AVERAGE				20 Marks

IX.PUBLICATION IN UNIVERSITY JOURNAL OF MEDICAL SCIENCES:

Regarding submission of articles to the University Journal of Medical Sciences for all the PG Degree/Diploma courses, it is mandatory that the students have to submit at-least one research paper. Case Reports are not considered as Research Paper

X. THEORY EXAMINATION:

Paper I: Basic Science as applied to Dermatology, STDs and Leprosy

Paper II: Principles of Dermatology, Diagnosis and Therapeutics

Paper III: Venereology and Leprosy

Question paper pattern:

PAPER – I

Sec. A – (Dermatology & Leprosy)

Elaborate on	1 x 15 = 15
Write Notes on	7 x 7 = 49

Sec. B – (STDs)

Elaborate on	1 x 15 = 15
Write Notes on	3 x 7 = 21

PAPER – II

Elaborate on	2 x 15 = 30
Write Notes on	10 x 7 = 70

PAPER – III

Sec. A – (Leprosy)

Elaborate on	1 x 15 = 15
Write Notes on	5 x 7 = 35

Sec. B – (Venereology)

Elaborate on	1 x 15 = 15
Write Notes on	5 x 7 = 35

XI. CLINICAL EXAMINATION:

DIPLOMA IN DERMATOLOGY VENEREOLOGY & LEPROSY (Dip. DVL)

CLINICALS	
One Long case x 50 marks	*50 Marks*
Two short cases x 25 Marks *(Leprosy 1 + STD 1)*	*50 Marks*
Ward rounds - and Spotters – *(Ward rounds - 20 Marks + Spotters -30 Marks)*	*50 Marks*
OSCE (10 Stations x 5 marks)	*50 Marks*
Clinical Total	*200Marks(A)*

VIVA		
Dermatology (Including Leprosy) 40 + 10 marks	*Discussion Instruments Drugs*	*80 Marks*
STD (10 marks)	*Discussion Instruments Chats Kits & Condom*	
LOG BOOK		*20 Marks*
Viva		*100 Marks (B)*
Aggregate (Clinical + Viva Total)		*300 Marks (A+B)*
Minimum required Pass Marks		*150 Marks*

Clinical Examination in DDVL Detailed

PARTICULARS	
Clinical Long case 1 x 50 = 50 Marks Short case 2 x 25 = 50 Marks	100 marks
Ward Rounds – 4 cases each 5 marks = 20 marks Spotters – 10 spotters x 3 marks = 30 marks	50 marks
OSCE/OSPE – 10 Stations x 5 marks	50 marks
Viva – Voce including Competency Assessment	80 marks
Log Book	20 marks
Total	300 marks
Minimum for pass	150 marks

Clinical Exam Detail –DDVL

<table>
<tr><td colspan="4">I. LONG CASE</td></tr>
<tr><td rowspan="7">Duration : 40 mins
for Examination;
15 mins for Assessment
Total – 55 mins</td><td colspan="2">A)History</td><td>10 marks</td></tr>
<tr><td colspan="2">B) Physical findings & Clinical Bedside tests</td><td>15 marks</td></tr>
<tr><td colspan="2">C) Diagnosis and differential Diagnoses</td><td>5 marks</td></tr>
<tr><td colspan="2">D) Management</td><td>15marks</td></tr>
<tr><td>1. Investigation</td><td>5 marks</td><td></td></tr>
<tr><td>2. General Measures</td><td>5 marks</td><td></td></tr>
<tr><td>3. Specific Treatment
(Topical & Systemic)</td><td>5 marks</td><td></td></tr>
<tr><td></td><td colspan="2">E) Communication & Counseling</td><td>5 marks</td></tr>
<tr><td colspan="3">Total</td><td>50 marks</td></tr>
<tr><td colspan="4">II. SHORT CASE</td></tr>
<tr><td rowspan="8">STD
Examination 15 mins
Assessment 10 mins

Total – 25 mins</td><td colspan="2">Focused History</td><td>5 marks</td></tr>
<tr><td colspan="2">Physical Findings</td><td>5 marks</td></tr>
<tr><td colspan="2">Investigations</td><td>3 marks</td></tr>
<tr><td colspan="2">Diagnosis and differential Diagnoses</td><td>3 marks</td></tr>
<tr><td colspan="2">Treatment</td><td>3 marks</td></tr>
<tr><td colspan="2">Counseling</td><td>3 marks</td></tr>
<tr><td colspan="2">Follow up / Partner Management</td><td>3 marks</td></tr>
<tr><td colspan="2"></td><td></td></tr>
<tr><td rowspan="5">Leprosy
Examination 15 mins
Assessment 10 mins

Total – 25 mins</td><td colspan="2">Focused History</td><td>5 marks</td></tr>
<tr><td colspan="2">Physical Findings</td><td>10 marks</td></tr>
<tr><td colspan="2">Diagnosis</td><td>3 marks</td></tr>
<tr><td colspan="2">Management</td><td rowspan="2">7 marks</td></tr>
<tr><td>Investigation</td><td>Treatment
Medical Surgical, Counseling & Education</td></tr>
<tr><td colspan="3">Total (STD Case + Leprosy)</td><td>50 marks</td></tr>
</table>

Spotters:

10 Spotters including at least 1 case/ case scenario of STD and 1 case/ case scenario of Leprosy

Total – 30 marks

Time – 30 mins

Each spotter- 3 mins

1 min for Examination

2 mins – Assessment

Ward Rounds (Management based discussion)

Four stations including 1 case/case scenario of STD and 1 case/case scenario of Leprosy

5 mins(3 + 2 mins) each station x 4 Total-20 mins

Marks: 5 marks each station x 4 - 20 marks

XII. LOG BOOK

The post graduate students shall maintain a record(log)book of the work carried out by them and the training program undergone during the period of training.

Periodic review of Log book have to be done in the Department by guide/HOD once in every 6 months

13. VIVA

VIVA including competency assessment

VIVA including Competency Assessment - 80 Marks (60 + 20)

DERMATOLOGY and LEPROSY 8– mins 50 marks	General dermatology & Leprosy	10 marks
	Instruments	10 marks
	Drugs	10 marks
	Recent Advances	10 marks
	Aesthetic / Dermato-surgery	10 marks
STD 2-mins 10 marks	Applied Basics	10 marks
	Instruments	
	Charts	
	Kit & Condom	
Total		60 marks

Log book	20 marks
Viva	80 marks
Log Book + Viva	100 marks (B)

14. OSCE /OSPE

10 Stations, Each -2 mins

Marks: 5 X 10 = 50 marks

1. Histopathology – Malignancy
2. Histopathology – Non-Malignancy
3. Wet Mount / KOH / Tzanck / SSS / Grams Stain / Any culture
4. STD Station I
5. STD Station II
6. Leprosy – Splint / Prosthesis
7. Occupational Dermatology
8. Dermato-surgery
9. Aesthetic Dermatology
10. X-rays / CT scans / MRI / Any image.

15.RECOMMENDED JOURNALS

1) JAMA of Dermatology
2) British Journal of Dermatology
3) Indian Journal of Dermatology
4) Indian Journal of Dermatology, Venereology &Leprosy
5) Journal of American Academy of Dermatology
6) Journal of European Academy of Dermatology & Venereology
7) International Journal of Dermatology
8) Seminars in Cutaneous Medicine & Surgery
9) Clinical and Experimental Dermatology
10) Journal of Investigative Dermatology
11) Dermatology online
12) Indian dermatology online journal
13) Indian Journal of Leprosy
14) Leprosy Review
15) International Journal of STD & AIDS
16) Indian journal of Sexually transmitted diseases
17) Genitourinary Medicine
18) Pediatric Dermatology

16.RECOMMENDED BOOKS (The latest Edition of the text books listed is recommended)

1. *Rook's Text book of Dermatology.Edited by Christopher Griffiths, Jonathan Barker, Tanya Bleiker, Robert Chalmers & Daniel Creamer. 9th edition.*
2. *Fitzpatrick's Dermatology in General Medicine. Lowell A. Goldsmith, Stephen I. Katz, Barbara A. Gilchrest, Amy S. Paller, David J. Leffell, Klaus Wolff.8th Edition*

3. *Dermatology (Bolognia, Dermatology). Jean L. Bolognia MD, Joseph L. Jorizzo MD, Julie V. Schaffer MD, Jean L. Bolognia, Joseph L. Jorizzo, Julie V. 3rd Edition*

4. *IADVL Text Book of Dermatology. Editor S. Sacchidanand, Co-editors ChetanOberai, Arun C. Inamadar. 4th edition*

5. *Andrew's Diseases of the Skin – Clinical Dermatology. James DJ, Berger TG, ElstonDM,Neuhaus 12th edition*

6. *SexuallyTransmitted Diseases.King K. Holmes, P. Frederick Sparling, Walter E. Stamm, Peter Piot, Judith N. Wasserheit, Lawrence Corey, Myron S. Cohen and D. Heather Watts. 4th edition.*

7. *Sexually Transmitted Infections, Bhushan Kumar, Somesh Gupta.2nd Edition.*

8. *Sexually Transmitted Diseases and HIV/AIDS.Vinod K. Sharma. Second edition*

9. *Oxford Handbook of Genito Urinary Medicine, HIV and Sexual Health Edited by Richard Pattman and K Nathan Sankar*

10. *Donovanosis By R V Rajam and P N Rangiah, Published by WHO*

11. *Sexually Transmitted Infections The Facts – David Barlow*

12. *Sexually Transmitted Infections and Sexually Transmitted Diseases Edited by Gerd Gross and Stephen K Tyring*

13. *ABC of Sexually Transmitted Infections, Sixth Edition by Karen E Rogstad*

14. *Color atlas and synopsis of Sexually Transmitted Diseases, Third Edition by Hunter Handsfield*

15. *Sexually Transmitted Infections and HIV- An illustrated guide to management by VeerakathyHarindra, VerapolChandeying, and N. Usman*

16. *Websites of WHO, CDC and NACO for current updates*

17. *Hand book of Sexual dysfunction Edited by Richard Balon and R. Taylor Segraves*

18. *Textbook of Clinical Sexual Medicine by IsHak and Waguih*

19. *Leprosy, 2nd edition. Robert C. Hastings. Churchill. Livingstone: 1994*

20. *IAL text book of Leprosy. Editors Bhushan Kumar, Hemanta Kumar Kar. 2nd edition*

21. *Handbook of Leprosy. by W.H. Jopling*

22. *Dharmendra, Leprosy 2 Volumes – 1st Edition 1985, Samant and Company.*

23. *Histopathology of the Skin. Walter – F. Lever Gundula Schaumburg Lever, 11th edition.*

24. *Weedon'sSkin Pathology.4th edition*

25. *Comprehensive dermatologic drug therapy. Stephen E. Wolverton. 3rd edition.*

26. *Fisher's Contact Dermatitis. Robert L. Rietschel, Joseph F. Fowler, Alexander A. Fisher. 6th edition*

27. *Diseases of the nails and their management. Baran R, Dawber RPR, De Berker. 4th edition*

28. *A Textbook of Skin Disorders of Childhood and Adolescence. Hurwitz Clinical Pediatric Dermatology. Amy S Paller, Anthony J. Mancini MD. 5th Edition.*

29. *Dermatological Signs of Systemic Disease.Jeffrey Callen Joseph Jorizzo John Zone Warren Piette MishaRosenbach Ruth Ann Vleugel. 5th Edition.*

30. *Surgical Management of Vitiligo.Somesh Gupta, Mats J. Olsson, Amrinder J. Kanwar, Jean-Paul Ortonne*

31. *ACS(I) Textbook on Cutaneous and Aesthetic Surgery Hardcover – 2012 by Venkataram .*

32. *Text Book & Atlas of Dermato Surgery &Cosemetology. Satish S. Savant, RadhaAtalshah, Deepak Gore*

**** Note : The editions are as applicable and the latest editions *shall be the part of the syllabi.***

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