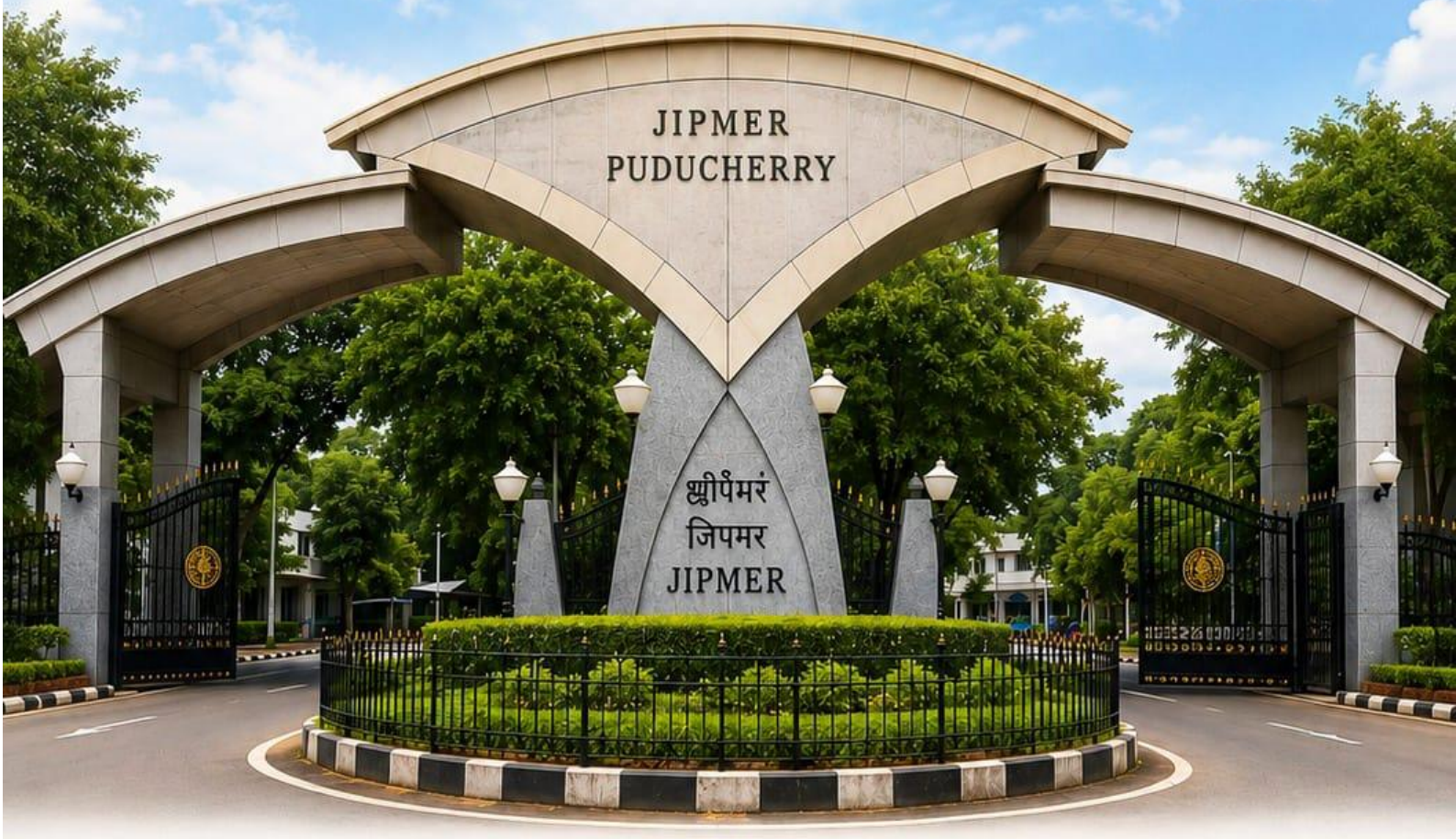
CURRICULUM
POSTGRADUATE

MD Dermatology, Venereology & Leprology

From July 2026 session



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER),
PUDUCHERRY – 605 006.

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This curriculum was approved at the 19th meeting of the Standing Academic Committee held on 28th January 2026 and ratified at the 22nd meeting of the Governing Body and will be applicable for students joining MD Dermatology, Venereology & Leprology from the July 2026 session.

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GOAL OF THE COURSE

- To create a new generation of competent and skilful dermatologists who are committed to providing comprehensive and compassionate care which is evidence based and patient centred with strong ethical and professional values emphasizing integrity, empathy, and cultural competence.
- To empower future leaders who would advocate for equitable access to dermatological care and work towards reducing healthcare disparities related to skin disorders and actively participate in public health initiatives targeting communicable skin diseases, leprosy, and sexually transmitted infections.
- To foster a lifelong commitment to learning and to nurture future leaders who will drive innovations which would contribute to advancements in the field of Dermatology, Venereology and Leprology in clinical care, teaching, and research.

TERMINOLOGY

Key-capabilities

- They refer to the practices carried out by the specialists as part of their professional services.
- They represent the services required from them, by patients, students, other medical/paramedical staff or the society in general.
- Thus, they refer to the specific tasks that the postgraduate will be expected to do after he completes the course.
- For the purpose of training, the tasks are broken down into units that have distinct cognitive concepts, unless they are predominantly procedural, or attitude based.

Core ideas in practice of Key-capabilities

They refer to the ideas that underly the practice of the specialists. They include ideas and concepts about structure and functioning of organs and organ systems in health and diseases, classification of diseases, equipment, tests, drugs etc.

COURSE CONTENT:

1. Key-capabilities in the practice of Dermatology, Venereology and Leprology (outline below, details in Annexure 1 (Part A))

2. Core ideas in the practice of key-capabilities (outline below, details in Annexure 1 (Part B))

3. Peripheral postings, details in Annexure 1(Part C) and under 'Educational strategy'

(Please refer Annexure 1 for details)

OUTLINE

KEY CAPABILITIES	
1	Diagnosis and Management of common dermatoses presenting to outpatient department in routine OPD
2	Inpatient management
3	Diagnosis and Management of Dermatological emergencies
4	Diagnosis, management and follow up of patients presenting with sexually transmitted infections
5	Diagnosis, management and follow up of patients presenting with leprosy
6	Procedural dermatology
7	Diagnostic modalities in dermatology and interpretation
8	Phototherapy
9	Prescription, Administration and Monitoring of topical and systemic agents
10	Comprehensive evaluation and management and monitoring of patients with chronic dermatoses in follow up clinics
11	Identification of Genetic, Psychosocial and ethical issues
12	Clinical Data management and Research
13	Social activities
14	Adherence to GCP Guidelines (Good Clinical Practice guidelines)
15	Leadership and Teamwork capabilities
16	Attitude, Relationships and communication skills
Learning objectives for key-capabilities in practice of Dermatology, Venereology and Leprology	

CORE IDEAS IN THE PRACTICE OF KEY-CAPABILITIES	
1	Foundations in dermatology
2	Infections and infestation
3	Inflammatory dermatoses
4	Metabolic and nutritional disorders
5	Genetic disorders of the skin
6	Psychological, sensory, and neurological disorders
7	Disorders associated with specific cutaneous structures
8	Vascular disorders involving the skin
9	Dermatoses specific to age, gender and site
10	Disorders due to external agents
11	Neoplastic and Infiltrative disorders of skin
12	Cutaneous manifestations of systemic diseases
13	Sexually transmitted infections
14	Leprosy
15	Dermatosurgery
16	Recent advances
17	Medical Statistics
Learning objectives	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

LEARNING RESOURCES

(Suggested Books/ Online Resources)

Please refer to latest edition when available

S.No	Name of Book	Author	Edition	Publisher
Dermatology				
1	Rooks textbook of dermatology	Griffiths, C., Barker, J., Bleiker, T.O., Chalmers, R. and Creamer, D.	Ninth edition	John Wiley & Sons.
2	Fitzpatrick textbook of dermatology	Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, Orringer JS.	Ninth edition	McGraw Hill
3	Bolognia textbook of dermatology	Bolognia J Schaffer JV Cerroni L	Fourth edition	Elsevier
4	IADVL textbook of dermatology	S. Sacchidanand, Savitha A S, Shilpa K	Fifth edition	Bhalani Publishing House
5	Andrews' diseases of the skin	James WD Elston DM Treat J Rosenbach MA Neuhaus I Andrews GC.	Third edition	Elsevier
6	Habif's clinical dermatology	Dinulos JGH.	Seventh edition	Elsevier
7	Moschella and Hurleys dermatology	Rao BK	Fourth edition	Jaypee brothers
8	Physical signs in dermatology	Lawrence CM, Cox NH	Second edition	Mosby
9	Fischer's contact dermatitis	Fowler JF Zirwas MJ.	Seventh edition	BookBaby, Cork
10	Textbook of Dermatology Venereology and Leprology	Thappa DM	Fourth edition	Elsevier

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

11	Clinical Paediatric Dermatology	Thappa DM	First edition	Elsevier
12	Atlas of Dermoscopy	Marghoob AA Braun RP Jaimes N	Third edition	CRC Press, Boca Raton
13	Dermoscopy in general dermatology	Lallas A Errichetti E Ioannides D Pietkiewicz P Ziarkiewicz M	First edition	Edra Urban & Partner
14	Dermoscopy of hair and nails	Tosti A	Second edition	CRC Press
15	Skin signs of systemic disease	Braverman IM	Third edition	Elsevier
16	Dermoscopy: An Atlas	Menzies S	Third edition	McGraw-Hill Companies
17	Disorders of the Hair and Nail: Diagnosis and Treatment	Tosti A Piraccini BM.	First edition	McGraw Hill
18	Baran and Dawber's Diseases of the Nails and Their Management	Baran R De Berker D Holzberg M Thomas L	Fourth edition	John Wiley & Sons
Venereology				
1	Sexually Transmitted Diseases and Hiv	Sharma VK	Second edition	MV Learning
2	Sexually Transmitted Infections	Kumar B Gupta S	Second edition	Elsevier India
3	Sexually Transmitted Diseases.	Holmes KK	Fourth edition	McGraw-Hill
Leprology				
1	Leprosy	Hastings RC	Second edition	Churchill Livingstone
2	Handbook of Leprosy	Jopling WH McDougall AC	Fifth edition	CBS
3	IAL Textbook of Leprosy	Kumar Bhushan, Kar Hemanta Kumar, Dogra Sunil	Third edition	Jaypee brothers

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4	Handbook of leprosy	Sardana Kabir, Khurana Ananta	Tenth edition	CBS
Dermatotherapeutics				
1	Comprehensive Dermatologic Drug Therapy	Wolverton SE, Wu JJ	Fourth edition	Elsevier
2	Manual of dermatologic therapeutics	Arndt	Eighth edition	Wolters Kluwer Health
3	Treatment of Skin Disease: Comprehensive Therapeutic Strategies	Lebwohl M Heymann WR Berth-Jones J Coulson I	Sixth edition	Elsevier
Dermatopathology				
1	Lever's histopathology of the skin	Elder DE	Eleventh edition	Lippincott William & Wilkins
2	Weedon's Skin Pathology	James W. Patterson	Fifth edition	Elsevier Health Sciences
3	Mckee's Pathology of the Skin: With Clinical Correlations	Calonje E Brenn T Lazar A Billings SD	Fifth edition	Elsevier
4	IADVL Textbook of Dermatopathology	M Ramam,Sujay Khandpur,Vishal Gupta ,Neetu Bhari	First edition	Jaypee brothers
Paediatric Dermatology				
1	Harper's Textbook of Paediatric Dermatology : In Two Volumes	Hoeger PH Kinsler V Yan AC	Fourth edition	John Wiley & Sons
2	Paller and Mancini: Hurwitz Clinical Paediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence.	Paller A Mancini AJ Hurwitz S	Sixth edition	Elsevier
3	Schachner and Hansen's Paediatric dermatology	Torrelo A Schachner LA Hansen RC	Fifth edition	Jaypee Brothers
4	Clinical Paediatric Dermatology	Thappa DM	First edition	Elsevier

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

5	Paediatric Dermatology	Cohen BA	Fifth edition	Elsevier
Dermatosurgery and Lasers				
1	ACS(I) textbook on cutaneous and aesthetic surgery	Venkataram Mysore	Second edition	Jaypee Brothers
2	Textbook of Dermatosurgery & Cosmetology: Principles & Practice	Satish savant	Third edition	Bhalani Publishing house
Miscellaneous				
1.	Medical Statistics at a Glance	Aviva Petrie & Caroline Sabin	4th, 2019	Wiley Blackwell
2.	IADVL research compendium	Gupta V	First edition	Elsevier
Online resources				
	BMJ dermatology UpToDate dermatology PathPresenter (Virtual slides, multiple dermopath channels) https://pathpresenter.net IADVL Digital Academy IADVL Research helpline WebPathology: http://www.webpathology.com Dermpath pro			

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Suggested Journals

S. No	Abbreviation Browse Journal in Medline	Journal Title Journal Home Page	ISSN	Publisher
1	IJDVL	Indian Journal of Dermatology, Venereology, and Leprology.	ISSN:0378-6323, E-ISSN 0973-3922	IADVL
2	IJD	Indian Journal of Dermatology	ISSN: Print- 0019-5154, Online - 1998-3611)	IADVL, WB
3	IJL	Indian Journal of Leprosy.		Hind Kusht Nivaran Sangh (Indian Leprosy Association)
4	IJSTD	Indian Journal of Sexually Transmitted Diseases.	0253-7184 (print) 1998-3816 (web)	Indian Association for the Study of Sexually Transmitted Diseases
5		Experimental Dermatology	Online ISSN:1600-0625	John Wiley & Sons Ltd
6	JAAD	Journal of American Academy of Dermatology	0190-9622	Elsevier
7	IJD	International Journal of Dermatology.	Online ISSN:1365-4632	Wiley-Blackwell
8	BJD	British Journal of Dermatology	0007-0963 (print); 1365-2133 (web)	Oxford University Press, Wiley-Blackwell
9	CED	Clinical and Experimental Dermatology.	Online ISSN:1365-2230	Wiley
10	DOJ	Dermatology Online Journal		California Digital Library

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11	IJD	Internet Journal of Dermatology	ISSN: 1531-3018	*Internet* Scientific Publications.
12	IJPD	Indian Journal of Paediatric Dermatology	ISSN: 2319-7250; Online ISSN: 2319-7269	*Wolters Kluwer – Medknow*
13	Ped Derm	Paediatric Dermatology	Online ISSN:1525-1470	Wiley-Blackwell
14	Dermat Surg	Dermatologic Surgery	1076-0512 (print); 1524-4725 (web)	Lippincott Williams & Wilkins
15	IJL	International Journal of Leprosy	00207349	International Leprosy Association
16	Lep Rev	Leprosy Review	e-ISSN 2162-8807 p-ISSN 0305-7518	British Leprosy Relief Association
17	IJSTD	International Journal of STD and AIDS	09564624, 17581052	SAGE Publications Ltd
18	STI	Sexually Transmitted Infections	14723263, 13684973	BMJ Publishing Group
19	JAMA Dermatol.	JAMA Dermatology	21686068, 21686084	American Medical Association
20	JEADV	Journal of European Academy of Dermatology and Venereology	09269959, 14683083	Wiley-Blackwell
21	IJDDD	Indian journal of Dermatopathology and Diagnostic Dermatology	Online ISSN: 2349-6029	Medknow publication
22	JCP	Journal of cutaneous Pathology	Online ISSN:1600-0560	Wiley-Blackwell Publishing Ltd
23		Dermatopathology	ISSN: 2296-3529	
24	AJDP	The American Journal of	0193-1091	International Society of

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		Dermatopathology		Dermatopathology (ISDP)
25	IJSTD AND AIDS	Indian Journal of Sexually Transmitted Diseases and AIDS	0253-7184 (print) 1998-3816 (web)	Medknow Publications
26		International Journal of Leprosy and Other Mycobacterial Diseases	0148-916X, 1544-581X	International Leprosy Assoc. : Greenville, SC 2003
27	JID	Journal of Investigative Dermatology	0022-202X (print); 1523-1747 (web)	Elsevier, Nature Portfolio
28	JCMS	Journal of Cutaneous Medicine and Surgery	1203-4754 (print); 1615-7109 (web)	Sage
29	Dermat ther	Dermatology and Therapy	21938210, 21909172	Springer Verlag
30		Skin Pharmacology and Physiology	Online ISSN 1660-5535 Print ISSN 1660-5527	Karger
31	JDT	Journal of Dermatological Treatment	09546634	Informa Healthcare
32	JDD	Journal of Drugs in Dermatology	1545-9616	SanovaWorks (USA)
33		Skin Research and Technology	16000846, 0909752X	Wiley-Blackwell Publishing Ltd
34	JDC	Journal of Cosmetic Dermatology	14732165, 14732130	Wiley-Blackwell Publishing Ltd
35		Dermatologic Clinics	07338635	W.B. Saunders Ltd
36		Clinics in dermatology	18791131, 0738081X	Elsevier Inc.
37		Dermatitis	17103568	Lippincott Williams and Wilkins Ltd.

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38	EJPD	European Journal of Pediatric Dermatology	11227672	Dermatologia Pediatrica
39	IJT	International journal of trichology	09747753, 09749241	Wolters Kluwer Medknow Publications
40		Lancet dermatology	01406736, 1474547X	Elsevier Ltd.
41	BMJ	British Medical Journal	00070556	British Columbia Medical Association
42	JCAS	Journal of Cutaneous and Aesthetic Surgery	09745157, 09742077	Wolters Kluwer Medknow Publications
43		Lasers in Surgery and Medicine	01968092, 10969101	Wiley-Liss Inc.
44	JDS	Journal of Dermatological Science	09231811	Elsevier Ireland Ltd
45		Archives of Dermatological Research	03403696, 1432069X	Springer Verlag

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EDUCATIONAL STRATEGY

Academic Activity	Day	Timing
Presentations		
Short topics related to Dermatology, Venereology and Leprology by postgraduate residents	Tuesday-Friday	8.00-9.00 AM
Short topics on Paediatric Dermatology and Dermatosurgery and LASER candidates by PDCC residents	Tuesday	3.00-4.30 PM
Short topics related to Dermatopathology and slide discussion	Monthly twice – Alternate Monday	3.00-4.30 PM
Interesting/ Challenging case presentations	Monthly twice – Alternate Friday	3.00-4.30 PM
Journal club presentations which includes journal critiquing, short presentations on research methodology, recent updates in therapeutics	Monthly twice – Alternate Monday/Friday	3.00-4.30 PM
Case Discussions		
Bed-side discussion	Every day -ward round	9.00-10.30 AM
Long case discussion	Wednesday	3.00-4.30 PM
Spotter discussion	Thursday	3.00-4.30 PM
Others		
Intradepartmental Lectures by Consultants and Senior residents	Fifth Monday/Friday	3.00-4.30 PM
Interdepartmental lectures by Consultants	Fifth Monday/Friday	3.00-4.30 PM
Clinicopathological Conference with presentations and slide discussions	Fifth Monday/Friday	3.00-4.30 PM
Morbidity and Mortality meeting	Fifth Monday/Friday	3.00-4.30 PM
Foundation classes for first year residents taken by Consultants and Senior residents–to orient them to the department functioning as well as to guide them in history taking, examination and approach to patients with commonly encountered dermatological disorders and dermatological emergencies.	Daily for one month - within first three months of joining the department	3.00-4.30PM

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Posting within Department

The postgraduate residents will be posted in different workplaces of the department on rotation at frequent intervals through the course. He/she will achieve the objectives of the posting in all these workplaces.

First Postgraduate Year (PGY1)	Second Postgraduate Year (PGY2)	Third Postgraduate Year (PGY3)
1. Wards (2 monthly rotation in each ward) 2. OPD (2 monthly rotation in each OPD) 3. Minor OT (Skin biopsy, electrosurgery, radiofrequency ablation, cryosurgery, intralesional therapy and minor procedures – 2 months) 4. Follow-up clinic 5. Side lab (one month) 6. Ward emergency duty (for first six months)	1. Wards (2 monthly rotation in each ward) 2. OPD (2 monthly rotation in each OPD) 3. Follow-up clinics 4. Phototherapy and other dermatological investigations including patch test, photopatch test and prick test (1 month) 5. STD clinic (6 weeks) 6. Hansen clinic (6 weeks) 7. Paediatric Dermatology clinic (2 months)	1. OPD (2 monthly rotation in each ward) 2. Wards (2 monthly rotation in each ward for first 6 months) 3. Follow up clinics 4. Staff clinic (2 months) 5. Dermatosurgery and LASERS (1 month)

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

Peripheral Posting

The postgraduate residents will be posted in different departments/divisions of the hospital/institute during the first two years of their course. The resident will be assessed for their knowledge, skills and performance in the department of peripheral posting. Attendance and feedback from these postings will be sent by respective departments to Dermatology.

Department	Basic Objectives	Duration
Pathology	Understand and learn to identify the major and minor reaction patterns and key histopathological features of common skin diseases. Proficiency in interpreting the histopathological slides and arriving at a diagnosis with clinicopathological correlation.	4 Weeks
Intensive care unit/ Critical care unit	Learn the principles of critical care and understand how to evaluate and manage critically ill patients. BCLS training in first year	4 Weeks

(May include more departments as needed/available)

Dissertation

- A research project should be undertaken and dissertation must be submitted as per Postgraduate Research Monitoring Committee (PGRMC) guidelines of JIPMER.
- Two hard copies of the dissertation, prepared from the research project, should be submitted to the Dean (Academics) JIPMER, at two and half years of the course to become eligible to appear for the final examination at the end of the course, as per the guidelines of JIPMER.
- Six monthly interim presentations of the dissertations will be done to monitor the progress of the research work and take corrective measures when faced with difficulties.
- **Please refer to Postgraduate Dissertation Regulations and Postgraduate Examination Regulations document for further details**

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

Workplace Observation

Logbook

(Please refer Annexure 2 for sample forms)

1. A consolidated record of the number of cases, observed, done independently and with assistance, of each procedure type is entered as per the format in **Annexure 2.** Each entry is made with date and is to be certified by faculty.
2. Detailed work-up of cases selected every month from posting in different workplaces (2 cases with different clinical diagnoses) will be maintained by the resident and entered in the logbook.
3. Record of academic activities (at department, institute or outside institute level) to be entered in the logbook are as following

- Presentation in departmental seminars
- Presentations in journal clubs presented (with Title, Journal & Article reference)
- Conferences attended – National/International
- Papers presented at conferences with title, name of the conference, date of presentation (with abstract book)
- Papers published in journal (with article reference)
- Peripheral postings : Feedback forms/score sheet filled by faculties in other departments during the peripheral posting

4. Record of co-scholastic activities, if any

Workplace observation scheme

(Recorded 4 monthly – submitted along with internal assessment marks)

(Please refer Annexure 3 for sample forms)

- The day to day activities in practice and learning by the resident will be observed and recorded in the "workplace observation form", at pre-decided time instances.
- Assessment of logbook is to be done at the same time instances, and entry made in the 'workplace observation form' by the faculty.
- Feedback, as part of formative assessment is given to residents, by faculty, during these time instances
- At the end of every posting, marks are given by the posting senior resident/faculty in the workplace assessment form.

Dissertation Presentation: Six monthly interim presentations of the dissertations will be done to monitor the progress of the research work and take corrective measures when faced with difficulties.

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ASSESSMENT

Marks

Exam	Marks	Description
Theory exit examination	400 marks	This is the written exam at the end of the course. Four theory examination papers as given in the curriculum document of the course.
Practical exit exam	400 marks	This is the practical examination at the end of the course. The detailed scheme is given in the curriculum document of the course.
Internal Assessment	Internal assessment Theory: 50 marks	Two exams should be conducted - one at the end of first year and the other at the end of second year. Portions for the examination and pattern of the examination must be notified to the students at least one month in advance. The pattern of the internal assessment test will be similar to one paper of the theory exit examination. Two faculty members will evaluate the paper of each candidate in a blinded manner and the average of the 2 scores will be taken as the final score for the internal assessment. If a resident misses one of the tests due to medical reasons (medical certificate from a faculty member of the treating department and duly forwarded by the HoD to the Dean (Academic)), he/she can be permitted to appear in the test that is held for the next batch 6 months later. This can be permitted only once in the course period. If a resident does not attend an internal assessment test, or if he/she fails to attend the rescheduled test due to medical reasons, the score will be considered as 0 for the test. No retests or re-evaluation will be permitted under any circumstances. The internal assessment marks should be communicated to the students within two months of conducting the exams. Internal assessment test marks will be added to the final aggregate to the tune of 100 marks (theory and practical). There is no cut off of internal assessment test scores for determining eligibility to appear in the exit examination or to decide pass/fail

		solely based on the internal assessment test scores. However, when a student secures less than 50% marks in the internal assessment or when any concern is formally raised by the student with the Dean office, a review board with at least 3 faculty members should be constituted to review the student's performance with the student, recommend appropriate remedial measures, document the remedial plan, and submit a signed copy of the document to the Dean's Office. Additional periodic assessments can be held as part of formative assessment. Scores of these tests will not be considered for internal assessment and will not be considered for replacing scores of any of the internal assessment tests. Information to be provided to the Dean Office, before the final examination. 1. Dates of internal assessment examinations conducted 2. Names of faculty members involved in assessment against each date 3. Marks obtained by students in theory, practical and workplace-based observation in each exam session 4. Internal assessment marks for each student for Theory, Practical and Workplace based assessment. An average of the two theory and practical tests will be used to calculate scores for 50 and 25 marks respectively. Cumulative workplace-based assessment scores will be determined for 25 marks. 5. Copy of review documentations for periods of low performance of a student, if any, with remedial measures suggested by the departmental committee.
Internal Assessment (Practical and Workplace-based assessment)	Internal assessment Practical: 25 marks	For practical examinations, all members of the faculty of the department, from Assistant Professor to the senior-most faculty, shall participate in internal assessment on a rotating basis. The assessment shall be planned such that multiple faculty members are engaged for each student and different faculty members are engaged for the two assessments, wherever feasible. The pattern prescribed in the curriculum document shall be followed for practical assessments and the score shall be adjusted for 25 marks.

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	Internal assessment Workplace-based assessment: 25 marks	Workplace-based assessment marks are given based on practice of the profession and affective domain attributes in the workplace and in the learning environment. Workplace observation proforma should be provided to students at the time of joining the department. The method of workplace observation should be explained to the students at the beginning of the course.
Dissertation	100 marks	Dissertation marks will be calculated by the average of the scores provided by 2 external examiners. Approval of the dissertation with more than 50% scores awarded by the external examiners will be one of the eligibility criteria for appearing for the exit examination of the discipline.
Total	1000 marks	**Criteria for PASS:** 1. (a) A candidate will need to pass the final Theory Exit Exam and Practical Exit Exam independently. (b) A minimum of 50% marks in 'Theory Exit exam' (a minimum of 40% in each of the four papers) and 50% in 'Practical Exit exam' separately shall be mandatory 2. A candidate should also score 50% or above in the final aggregate marks (500 out of 1000) to pass in the degree course. If a student secures a pass score in theory and practical examination but fails in the aggregate score, he/she can re-appear in the exit examination of the subsequent session. There is no provision to improve internal assessment or dissertation scores.
Please refer to Postgraduate Examination Regulations document for further details		

Theory Exit Exam

1. **Theory Examinations = 400 Marks**

   Written exam is conducted in the following four papers,

   A. **Paper I: Basic Sciences pertaining to Dermatology, Venereology And Leprology, 100 Marks (Total 10 questions, each question carries total 10 marks)**

   Structure, function and development of skin and its appendages - Basement membrane - Cell kinetics - Keratinization - Percutaneous absorption - Melanocytes and Langerhan's cells - Melanin and Melanin formation - Cutaneous circulation - Mechanism of sweating - Temperature regulation - Cutaneous microbiology, virology, mycology and immunology

in relation to Dermatology, Venereology and Leprosy -Genetics in relation to the skin - Sebum - Lipid carbohydrate and protein metabolism - Porphyrin - Inflammation and its mediators - Pathology in relation to Dermatology, Venereology and Leprosy - Cytology - Pharmacology of drugs used in Dermatology, Venereology and Leprosy - Structure, physiology and examination of male and female genitalia - Biology of Treponema pallidum, Neisseria gonorrhoeae, Chlamydia trachomatis, Herpes viruses, HIV and genital human papillomavirus. - Diagnostic tests for skin diseases, STDs and Leprosy – Imaging in Dermatology-Cutaneous innervations pathway of skin sensations and anatomy of hands and feet - Lymphatic drainage of skin and genitalia - Experimental leprosy - Principles of clinical diagnosis of skin diseases, STDs and Leprosy- Basic research methodology - Dermatopathology -Imaging in dermatology -Evidence based dermatology

B. Paper II: Internal Medicine in relation to Dermatology including recent advances in Dermatology, 100 Marks (Total 10 questions, each question carries total 10 marks)

Purpura – Vasculitis-connective tissue diseases-Disorders due to lipid metabolism (Xanthomatosis) - Histiocytosis - Mastocytosis - Sarcoidosis and other granulomas - Amyloidosis - Porphyria - Pruritus - Psychocutaneous disorders - Cutaneous manifestations of systemic diseases (cardiac, pulmonary, hepatobiliary, pancreatic, renal, hematologic, CNS, eyes) - – Drug eruptions - Allergic dermatoses – Urticaria and angioedema - Metabolic, endocrinal and nutritional disorders – Skin and Internal malignancies- Skin changes and dermatoses in pregnancy - Skin changes in different ages - Recent Advances in Dermatology

C. Paper III: Clinical Dermatology and Therapeutics, 100 Marks (Total 10 questions, each question carries total 10 marks)

Dermatitis and Eczema - Papulosquamous disorders - Acne and Acneiform dermatoses - Reactions to physical agents - Photobiology - Vesiculobullous disorders - Disorders of skin colour - Occupational dermatoses - Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands) - Diseases of Dermis and hypodermis - Disorders of connective tissue - Disorders of Keratinization - Disorders of blood vessels and lymphatics - Disorders of oral cavity and mucous membranes - Genodermatoses - Tumours of skin (Benign and malignant) - Cutaneous lymphocytic infiltrates and pseudolymphomas - Naevi - Bacterial infections - Diseases due to Fungi and Yeasts - Mycobacterial diseases - Viral dermatoses and Rickettsial infections - Dermatoses caused by parasites, arthropods and insects - Topical Therapy Basic Concepts - Topical and systemic skin therapy - Surgical and physical therapy, including cosmetology, cosmetic procedures, LASER‘s in Dermatology and dermatosurgical procedures

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

D. Paper IV: Leprosy and STDs including recent advances, 100 Marks (Total 10 questions, each question carries total 10 marks)

A: Leprosy: History of leprosy - Signs and symptoms and diagnosis of Leprosy - Classification of Leprosy - Differential diagnosis of Leprosy - Complications of Leprosy - Eye involvement in Leprosy - Ear, nose and throat involvement in leprosy - Treatment of Leprosy and its complications - Leprosy in pregnancy and children - Epidemiology and control of Leprosy - Rehabilitation in Leprosy - Recent advances in Leprosy-National Leprosy Programme-Reconstructive surgery in Leprosy -Leprosy vaccines and immunotherapy-Drug resistance-Recent advances

B: STDs: - Syphilis - Gonorrhoea – Lymphogranuloma venereum- Chancroid - Donovanosis – Chlamydial and Mycoplasma infections - Genital herpes - Genital Human Papilloma Virus infection (Venereal warts) and molluscum contagiosum - Pediculosis infection, scabies - Trichomoniasis and other protozoal infections - Vulvo-vaginal candidiasis and Bacterial vaginosis - Acute pelvic inflammatory disease (PID) - Fitz-Hugh-Curtis Syndrome - Acute epididymitis, prostatitis and proctitis - HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous manifestations, opportunistic infections, antiretroviral therapy, prevention, counselling, post-exposure management, National AIDS control Programme) - Viral hepatitis - Non-venereal treponematoses - Non-venereal genital dermatoses - Other genital dermatoses – balanoposthitis, cervicitis and vaginitis - Genital ulcer Adenopathy Syndrome - Arthritis associated with STDs in adult - Ocular manifestations of AIDS and STDs - Sexually Transmitted Diseases in reproduction, perinatology and paediatrics - Premalignant and malignant lesions of genitalia - Legal aspects of STD‘s and HIV infections - Psychosexual disorders - Treatment of STDs and Syndromic approach to treatment of STDs - Epidemiology and control of STDs - Recent advances in STDs-STD vaccines- Drug resistance-Recent advances

Practical Exit Exam

A. Practical: 240 marks

- Four semi long cases (2 cases from Dermatology; 1 case from Venereology; 1 case from Leprology) (25 min for each case) – 4x30= 120 marks
- Ten spotters (5 min for each case) – 10x10=100 marks
- OSCE/OSPE - 4X5=20 marks

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

B. Viva Voce: 80 Marks

All examiners will conduct viva voce – 30 minutes per candidate

- Interpretation of five classical histopathology slides (major and minor reaction patterns; infections; Hansen disease; benign and malignant skin tumours)- 5x6=30 marks
- Imaging – Interpretation of radiological images including X-ray and CT and dermoscopic images – 10 marks
- Instruments, procedural dermatology and LASERs – 10 marks
- Drugs used in the specialty – 10 marks
- Emergency case scenarios, Counselling, general viva - 10 marks
- Research methodology, Thesis defense, Pedagogy – 10 marks

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

MODEL THEORY QUESTION PAPERS

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

M.D. DEGREE EXAMINATIONS

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

Paper I

Basic Sciences pertaining to Dermatology, Venereology and Leprosy

Time: Three Hours Maximum Marks: 100

Answer ALL Questions

1. Describe the steps and applied aspects of (5+5)

    (a) melanin biosynthesis and

    (b) melanosome transport.

2. Classify topical corticosteroids based on their potency and explain fingertip unit application of topical steroids. Discuss in detail the use of compresses in dermatology. (2+3+5)

3. Discuss in detail the histology of various types of leprosy and lepra reactions with diagrams. (10)

4. Discuss briefly on (5+2+3)

    a) The molecular structure of the desmosomes and their related genetic skin disorders.

    b) Odland bodies

    c) Systemic consequences of skin barrier dysfunction.

5. Describe briefly the (5+5)

    a) Heme Biosynthesis

    b) Diagnostic tests for porphyrias

6. Discuss briefly on (5+5)

    a) Advances in transcutaneous drug delivery.

    b) Intralesional Radiofrequency.

7. Discuss the indications, methodology and interpretation of (5+5)

    a) Photo testing

    b) Photo-provocation

8. Discuss the various epidermal reaction patterns. (10)

9. Describe the following with neat diagram (5+5)

    a) The Biology of Trichomonas vaginalis in relation to urogenital tract infections.

    b) Lymphatic drainage of female genital tract and its clinical applications.

10. Write short notes on the following (5+5)

    a) Design a study to test the efficacy of a newer drug XYZ for psoriasis

    b) Applied microbiology of Mycobacterium leprae.

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

M.D. DEGREE EXAMINATIONS

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

Paper II

Internal Medicine in relation to Dermatology including Recent Advances in Dermatology

Time: Three Hours **Maximum Marks: 100**

Answer ALL Questions

1. Elaborate the cutaneous manifestations of sarcoidosis. List the work-up and management of the same. (5+2+3)

2. A 6month-old-baby presents with diarrhoea and eczematous plaques on the peri-orificial region and acral eruptions of 2 weeks duration. What are your differentials? Discuss the clinical features in detail and management of one of the conditions. (2+4+4)

3. Classify paraneoplastic phenomena involving the skin. Discuss the paraneoplastic conditions strongly associated with haematological malignancies. (3+7)

4. Classify eosinophilic dermatoses. Discuss clinical features and management of angiolymphoid hyperplasia with eosinophilia, granuloma faciale, and Kimura disease. (4+6)

5. Write short notes on (5+5)

    a) Pseudoxanthoma elasticum

    b) Pseudomonal skin infections

6. Discuss salient cutaneous features of thyroid gland disorders and diabetes mellitus. (5+5)

7. Classify cutaneous T cell lymphoma and discuss the clinical features, pathology, and management of subcutaneous panniculitis like T cell lymphoma. (4+6)

8. Enumerate the various disorders that present with atopic dermatitis phenotype. Discuss in detail about hyper IgE syndrome. (3+7)

9. Write briefly on (5+5)

    a) Blue light in acne

    b) Biological therapy in hidradenitis suppurativa

10. Discuss the following (5+5)

    a) Oral mucosa as a reflection of systemic diseases

    a) Melatonin in atopic dermatitis

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

M.D. DEGREE EXAMINATIONS

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

Paper III

Clinical Dermatology and Therapeutics

Time: Three Hours **Maximum Marks: 100**

Answer ALL Questions

1. Discuss in detail (5+5)
    a) Recommendations for care of adults with neurofibromatosis type 1.
    b) Paradoxical eruptions to targeted therapy in dermatology
2. Discuss the pathogenesis, clinical features, assessment and treatment of hidradenitis suppurativa. (3+2+3+2)
3. Discuss in detail the various types of non-eczematous contact dermatitis. (10)
4. Write short notes on (5+5)
    a) Figurate erythemas and their causes.
    b) Management of prurigo nodularis.
5. Discuss the role of Cancer chemoprophylaxis in dermatology. (10)
6. Discuss in detail the approach to evaluation of collodion baby. (10)
7. Write short notes on (5+5)
    a) Characterizing calcinosis cutis in a Paediatric population.
    b) Different injection patterns of inj. Botulinum toxin A for crow's feet.
8. Write short notes on (5+5)
    a) Updates in urticaria
    b) Management of refractory urticaria
9. Discuss in detail the classification and clinical features of scarring alopecia. (10)
10. Discuss the pathogenesis, clinical types, and treatment of rosacea. (10)

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

M.D. DEGREE EXAMINATIONS

DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

Paper IV

Leprosy and STDs including Recent Advances

Time: Three Hours **Maximum Marks: 100**

Answer ALL Questions

1. Define the following in context of syphilis. (2+2+2+2+2)
    a) Serological cure
    b) Treatment failure.
    c) Serologic non-response
    d) Serofast status.
    e) Re-infection
2. Write short notes on (5+5)
    a) Chlamydial vaccines
    b) Management of genital chlamydial infection
3. How will you approach and manage a seven-year-old boy with genital warts (6+4)
4. Discuss the components and steps of Pre and post-test counselling in HIV (5+5)
5. Classify Neurosyphilis. Discuss the clinical features, lab diagnosis and treatment of neurosyphilis. (2+3+3+2)
6. Is leprosy a zoonotic disease? What is the impact of HIV and COVID 19 on leprosy? Discuss current diagnostic methods in leprosy. (2+4+4)
7. Write short notes on (5+5)
    a) Systemic involvement in leprosy
    b) Pure neuritic leprosy
8. Discuss the present program indicators in NLEP for leprosy elimination program of India. (10)
9. Define chronic ENL and discuss in detail the work up and management of chronic ENL. (10)
10. Write short notes on (4+6)
    a) Role of post exposure chemo prophylaxis in prevention of transmission in leprosy.
    b) Surgical rehabilitation of foot drop due to leprosy.

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

Annexure 1 (Part A)

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

Key Capabilities in the Practice of Dermatology, Venereology and Leprology

S.No	Key capabilities	Minimum expected level of performance at time-points						
		6 m	1 yr	1.5 yrs	2 yrs	2.5 yrs	3 yrs	
KNOWLEDGE AND SKILLS								

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

1	Diagnosis and Management of common dermatoses presenting to outpatient department in routine OPD							
	Superficial cutaneous bacterial, viral, and fungal infections and infestations	1,2	3	4	4	5	5	
	Deeper and Complicated cutaneous infections associated with systemic involvement			1,2	2,3	3,4	4,5	
	Systemic infections associated with cutaneous involvement							
	Cutaneous infections in special scenarios and special population							
	Mycobacterial cutaneous infections (typical and atypical)							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Protozoal and helminthic skin infections							
	Papulosquamous disorders	1	1	2	3,4	4	4,5	
	Immunobullous disorders							
	Keratinization disorders		1	1,2	3,4	4	4,5	
	Lichenoid disorders							
	Eczematous disorders							
	Photodermatoses							
	Disorders of pigmentation							
	Allergic disorders							
	Adverse cutaneous drug reactions							
	Cutaneous disorders due to mechanical and physical factors							
	Pruritus, Prurigo and Lichen Simplex							
	Disorders of sebaceous glands							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Disorders of eccrine and apocrine glands							
	Purpura and Vasculitis			1,2	3	4	4,5	
	Panniculitis							
	Neutrophilic dermatoses							
	Connective tissue disease							
	Disorders of connective tissue							
	Disorders of arterial, venous and lymphatic system							
	Disorders of hair and nails							
	Geriatric Dermatoses							
	Pregnancy Dermatoses							
	Genodermatoses			1	1,2	3	3,4	
	Neonatal and Paediatric Dermatoses							
	Nevi and nevoid conditions							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Granulomatous disorders of the skin							
	Metabolic and nutritional disorders							
	Psychodermatology							
	Cutaneous manifestations in Systemic disease			1	1,2	3	3	
	Autoinflammatory syndromes							
	Primary Immunodeficiency disorders							
	Sarcoidosis							
	Histiocytosis							
	Mastocytosis							
	Lymphomas and pseudolymphomas							
	Benign and malignant tumours of skin							
	Appendageal tumours							
2	Inpatient management							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Immunobullous disorders	1	1,2	2	3	3	4	
	Psoriasiform disorders							
	Eczematous disorders							
	Lichenoid disorders							
	Erythroderma							
	Deeper and Complicated cutaneous infections associated with systemic involvement							
	Keratinization disorder		1	1,2	2,3	3	4	
	Vasculitis							
	Connective tissue diseases							
	Drug reactions							
	Lepra reactions							
	Deformities in Leprosy							
	HIV infection							
	Secondary Syphilis							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Genodermatoses			1	1,2	3	3	
	Cutaneous lymphomas							
	Metabolic and nutritional disorders							
	Cutaneous manifestations of systemic disorders							
	Paraneoplastic dermatoses							
	Vascular tumours and malformations							
	Malignant disorders of skin							
3	Diagnosis and Management of Dermatological emergencies							
	Acute urticaria and angioedema	1	1,2	2	3	4	4,5	
	Anaphylaxis							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Infections - Eczema herpeticum, Staphylococcal scalded skin syndrome, Toxic shock syndrome, Necrotizing fasciitis, ecthyma gangrenosum							
	Erythroderma							
	Immunobullous disorders							
	Pustular psoriasis							
	Methotrexate toxicity							
	Drug reactions- Drug hypersensitivity syndrome, Acute generalized exanthematous pustulosis, Symmetrical drug-related intertriginous and flexural exanthema, Stevens-Johnson syndrome, Toxic Epidermal necrolysis		1	2	2	3	3	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Infections – Mucormycosis, Meningococcemia, Cutaneous Anthrax, Rickettsial infection							
	Henoch Schonlein purpura							
	Emergencies in procedural dermatology – vasovagal syncope, Lignocaine allergy, lignocaine toxicity	2	3	4	4	5	5	
	Emergencies in Leprosy - Lepra reactions, Lucio phenomenon			1	2	3	4	
	Emergencies in Venereology - Jarisch-Hexeimer reaction, Penicillin allergy							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Dermatological emergencies in neonates – neonatal erythroderma, harlequin ichthyosis, sclerema neonatorum, neonatal lupus erythematosus, infections in neonates– varicella, herpes, candidiasis, listeriosis, syphilis				1	2	3	
	Kasabach-Meritt phenomenon							
	Kawasaki disease							
	Multisystem inflammatory syndrome in children/adults							
	Purpura fulminans							
	Calciphylaxis							
	Acute graft versus host disease							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

4.	Diagnosis, management and follow up of patients presenting with sexually transmitted infections							
	Clinical approach to the patient of sexually transmitted disease			1	2,3	3,4	4,5	
	Detailed sexual history and related psychosocial factors							
	Risk assessment							
	External genital examination, per speculum examination, per vaginal examination, per rectal examination, proctoscopy							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Syndromic management of STI as per NACO recommendations – urethral discharge/cervical discharge/anorectal discharge/painful scrotal syndrome; vaginal discharge; genital ulcer disease; lower abdominal pain; inguinal bubo							
	Perform Side lab investigations for diagnosis of STI							
	Ask for appropriate investigations for etiological diagnosis							
	Counselling on risk reduction strategies and prevention of transmission							
	Screening for other STI							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Pre and post-test counselling for HIV testing							
	Contact tracing and partner management and counselling							
	Registration of patients with STI and maintenance of specific patient record form							
	Implement components of National AIDS and STD control programme.							
	Prepare and report statistics							
	Gonorrhoea and its complications – diagnosis and management				1,2	3	3	
	Antibiotic resistance in gonorrhoea							
	Ophthalmia neonatarum – prevention, diagnosis, management and referral							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Chlamydial infections – diagnosis and management							
	Pelvic inflammatory disease – diagnosis, management and referral							
	Prostatitis - diagnosis, management and referral							
	Syphilis –screening, diagnosis and management of various stages of syphilis			1	2,3	3,4	4	
	Serological tests in syphilis							
	Diagnosis and management of syphilis in special scenario – pregnancy, HIV, penicillin hypersensitivity							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Management of complications associated with syphilis treatment – penicillin hypersensitivity, Jarish-Hexeimer reaction, Hoigne phenomenon							
	Prevention and management of congenital syphilis							
	Serological monitoring for treatment response in syphilis							
	Diagnosis and management of neurosyphilis - CSF analysis and interpretation							
	Herpes in pregnancy and HIV			1	2,3	3,4	4	
	Management of recurrent herpes							
	Diagnosis and management of neonatal herpes							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Anogenital warts – screening, management, vaccination							
	Management of anogenital warts in pregnancy							
	Chancroid			1	2,3	3,4	4	
	Donovanosis							
	Lymphogranuloma venereum							
	Management of Candidal balanoposthitis; vulvovaginal candidiasis			1	2,3	3,4	4	
	Recurrent and complicated vulvovaginal candidiasis							
	Bacterial vaginosis – diagnosis and management							
	Trichomoniasis –diagnosis and management; resistance							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	STI in special populations (MSM, transgenders, CSW, etc) – screening, treatment, presumptive treatment, vaccination				1,2	3	3	
	Sexually acquired reactive arthritis							
	Sexually acquired intestinal syndromes							
	STIs in reproduction health and Paediatrics							
	Sexual abuse in children							
	Non venereal dermatoses of genitalia							
	Extragenital manifestations of STI							
	Medico-legal, social aspects of STIs including psychological and behavioural abnormalities in these patients							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	HIV/AIDS – diagnosis and staging			1	2,3	3,4	4	
	Laboratory diagnosis – pre and post-test counselling; informed consent							
	Cutaneous manifestations of HIV							
	Screening and treatment of opportunistic infections							
	Referral to ART and link ART centres							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Antiretroviral therapy as per NACO recommendations– counselling; initiation of HAART; monitoring of CD4 count and viral load; monitoring for response and adverse events; monitoring for compliance and adherence; resistance; second- and third-line ART; immunological failure; virological failure; immune reconstitution inflammatory syndrome							
	HAART in special situations – pregnancy; lactation; opportunistic infections; concomitant tuberculosis, hepatitis; children							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Prevention of parent to parent to child transmission							
	Screening and management of STIs in HIV positive cases							
5.	Diagnosis, management and follow up of patients presenting with leprosy							
	Clinical diagnosis of leprosy	1	2	3	4	5	5	
	Nerve Function Assessment and Muscle Testing							
	Slit skin smear examination							
	Interpretation of histopathology							
	Classification of spectrum							
	Treatment of Leprosy based on spectrum							
	Self-care, Footwear and Assistive Devices							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Chemoprophylaxis, Immunoprophylaxis and Immunotherapeutics							
	Registration of patients with leprosy and maintenance of specific patient record form							
	Implement components of Leprosy control Programme							
	Prepare and report statistics							
	Diagnosis and management of Lepra reactions		1	1,2	2,3	4	4	
	Diagnosis and management of Relapse, Reactivation and Reinfection							
	Diagnosis and management of Drug resistance							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Management of Leprosy in Special Scenarios and Populations (children , pregnancy, HIV, concomitant ATT, etc							
	Neural Involvement and its Management			1,2	1,2	3	3,4	
	Perform Nerve biopsy							
	Diagnosis and management of pure neuritic Leprosy							
	Ocular Complications and Management							
	Deformities in Leprosy and Their Management by Physiotherapy and Orthoses							
	Surgical Correction of Common Deformities of Upper and Lower Extremities				1	1	1	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Correction of Deformities of Face in Leprosy							
6.	Procedural dermatology							
	Skin biopsy (punch, incisional, excisional, shave)	2	4	5	5	5	5	
	Sterilization of instruments and consumables							
	Bio-medical waste management							
	Sutures and Suturing techniques in cutaneous surgery							
	Intralesional therapy							
	Chemical cautery							
	Parring							
	Incision and drainage							
	Wound care, compresses and dressing							
	Excision		1	2	3	4	4	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Electrosurgery							
	Radiofrequency							
	Cryosurgery							
	PRP (platelet rich plasma) therapy							
	Dermabrasion			1	2	3	3	
	Microdermabrasion							
	Chemical peels							
	CO2 LASER							
	Nerve biopsy							
	Nail biopsy							
	Acne scar revision (subcision, punch excision and grafting, TCA cross)				1	2	2	
	Vitiligo surgery (Punch grafting, Pinch grafting, Blister grafting, split thickness skin grafting, autologous melanocyte keratinocyte transfer)							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	LASER surgery (pigmentation, hair removal, vascular lesions, resurfacing)							
	Nail Surgery (ingrown toe nail, nail avulsion)							
	Hair Transplantation (Non-Cicatricial Alopecia, Cicatricial Alopecia)					1	1	
	Aesthetic procedures (Botox, fillers, body contouring, soft tissue augmentation, etc)							
7	Diagnostic modalities in dermatology and interpretation							
	Indications for side lab investigations	1,2	3	4	4	4	4,5	
	Collection of appropriate specimens							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Performs and interprets bedside and side lab 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/Leishman stain, oil mount, wet mount, standardized skin surface biopsy, tissue smear							
	Pathergy (skin and mucosal)							
	Indications for skin biopsy, nerve biopsy, nail biopsy			1	2	3	3,4	
	Choice of Site and lesion for biopsy							
	Type of biopsy required							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Identification of major and minor reaction patterns; common infections and common benign and malignant skin tumors; Hansen disease							
	Interpretation of histopathology, immunopathology and immunohistochemistry							
	Clinicopathological correlation							
	Performs and interprets			1	1,2	2,3	3,4	
	Hair shaft examination							
	Trichogram							
	Modified hair wash test							
	Trichoscopy							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Interpretation of X-Rays for psoriatic arthritis, Reiter's disease, osteomyelitis, mycetoma, bone changes in leprosy, bone changes in congenital syphilis, Langergans cell histiocytosis, calcinosis, connective tissue diseases and genodermatoses			1	1,2	3	3	
	Interpretation of USG and USG Doppler for cystic lesions, vascular tumors and vascular malformations, venous insufficiency				1	2	2	
	Interpretation of CT scan and MRI for mycetoma, vascular tumors, vascular malformations, cortical tubers, leptomeningeal melanosis, etc							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Interpretation of nerve conduction study and nerve ultrasound in leprosy							
	Reviews imaging with a radiologist in cases of complexity or uncertainty							
	Performs and interprets			1	2,3	4,5	5	
	Patch test							
	Photopatch test							
	Prick test							
	MED determination							
	Autologous serum skin test/ Autologous plasma skin test							
	Provocation tests for inducible urticaria							
	Drug provocation test							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Performs, interprets and documents			1	2	3	3,4	
	Dermoscopy of benign and malignant tumors							
	Dermoscopy of inflammatory disorders							
	Dermoscopy of pigmentary disorders							
	Entomodermoscopy							
	Onychoscopy							
	Nail fold capillaroscopy							
	Infrared thermography					1	1	
	High frequency ultrasound							
	Optical coherence tomography							
8	Phototherapy							
	Choose appropriate patients and indications for phototherapy and photochemotherapy		1	1,2	3,4	5	5	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Choose the appropriate phototherapy and photochemotherapy based on patient condition and diagnosis							
	Monitoring treatment response and adverse effect							
	Calibration and maintenance of phototherapy equipment							
	Topical PUVASol therapy		1	2	3,4	5	5	
	Systemic PUVASol therapy			1	2,3	3,4	4,5	
	Phototherapy protocols for different types of phototherapy and various diseases – UVA, UVA1, NBUVB, targeted phototherapy, excimer light							
	Minimal erythema dose determination							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Photo patch testing							
	Provocation test for solar urticaria							
	Dose calculation and titration based on response and side effects							
	Management of adverse events							
9	Prescription, Administration and Monitoring of topical and systemic agents							
	Principles of topical therapy and choice of formulations	1,2	3	4	5	5	5	
	Prescription of commonly used topical agents							
	Instructions on mode of administration of drugs							
	Monitor for response and adverse events							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Prescription of commonly used systemic drugs like antibiotics, antivirals, antifungals, steroids and other immunosuppressants as per standard recommendations	1,2	3	4	5	5	5	
	Monitoring protocol for response and adverse events							
	Management of adverse events							
	Appropriate dose adjustments and alternative therapy based on co-morbidities and special scenarios (children, elderly, hepatic and renal disorders, immunosuppression, metabolic disorders, pregnancy, lactation, contemplating pregnancy)							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Evaluation and administration of biologics and other immunomodulators as per standard recommendations	1	1	2	2,3	3,4	4	
	Monitoring protocol for response and adverse events							
	Management of adverse events							
10	Comprehensive evaluation and management and monitoring of patients with chronic dermatoses in follow up clinics							
	Protocol for clinical examination and monitoring for disease activity		1	2	3	4	5	

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Application of disease activity (PDAI, VIDA, SALT, UAS, etc) and severity scores (PASI,EASI, USS, SCORAD, NAPSI, VASI, CLASI, etc) and quality of life scores (DLQI, CU-QOL, etc)	1	1,2	3,4	4,5	5	5	
	Clinical decision making			1	2	3	4,5	
	Treatment response assessment as per standard criteria		1	1,2	3,4	4,5	5	
	Monitoring for adverse effects of treatment and toxicity							
	Education, Counselling and monitoring compliance							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Management and monitoring in special scenarios (co-morbidities; immunosuppressed; pregnancy and lactation; contemplating pregnancy; concomitant infections; etc)			1	2	2,3	3,4	
	Interdepartmental opinion and referral for complicated cases							
11	Identification of Genetic, Psychosocial and ethical issues		1	2	3	4	5	
	Genetic- e.g., Identification of familial skin diseases/ familial cancer syndromes/ high risk patients with genetic susceptibility							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

	Psychosocial- e.g., Handling skin disease related stigma and depression, treatment and prognosis related counselling for patients and caretakers, partner screening and counselling in STI, family member screening in leprosy							
	Ethical issues- e.g., specifically related to long term side effects e.g., immunosuppression, fertility related issues, genetic disorders and appropriate counselling; confidentiality, informed consent, partner notification with regards to STI							
	Handling all these concerns with empathy and professionalism							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

12	Clinical data and research	1	2	3	4		5	
	12A- Clinical data and research							
	12bB- Participation and presentation in journal club							
13	Social activities							
	Health camps, Community outreach initiatives related to skin diseases, sexually transmitted infections and leprosy		1	2	3	4	5	
	Play the assigned role in the implementation of national health programmes, especially leprosy STI and AIDS effectively and responsibly							

Levels of performance: 1-knows; 2-can do with strict supervision; 3- can do with loose supervision; 4-can do independently; 5-can teach

14	Adherence to GCP Guidelines (Good clinical practice guidelines)	1	2	3	4	4	4	
	Professionalism, Medical Ethics, Patient safety and communication							
15	Leadership and Teamwork capabilities			1	2	3	4	
	Teaching, Supervising and Teamwork capabilities							
Affective Domain								
16	Attitude, Relationships and communication skills	1	2	3	4	4	4	
	For learning objectives and assessment -Refer							
	Affective domain							

Learning Objectives for Key Capabilities

1. Diagnosis and Management of common dermatoses presenting to out patient department in routine OPD

- Takes a detailed history and performs detailed general and cutaneous and mucosal examination and describes the morphology of lesions to make accurate clinical diagnosis
- Considers appropriate differential diagnosis
- Asks for appropriate investigations for workup and confirmation of diagnosis
- Performs side lab investigations and other OPD based investigations
- Interprets the results of investigations
- Evaluates for associated co-morbidities, associations, and systemic complications
- Seeks appropriate specialist opinion or referral
- Provides the appropriate treatment which is evidence based and patient centered
- Explains in detail the instructions to be followed and counsels on treatment compliance and adherence and follow up.
- Provides advice on general and supportive measures for skin care and lifestyle measures to be followed.
- Assesses patient's response to treatment and considers alternative therapeutic plan or considers alternative diagnosis.
- Addresses stigma associated with skin disorders and offers or refers for counselling.

2. Inpatient management:

- Identifies social, economic, environmental, biological and emotional determinants of patients, and institutes diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patients.
- Demonstrates investigative, monitoring, therapeutic and documentation skills
- Monitors vitals, sample collection, administers fluids and drugs, dressing, compresses, wound care
- Follows hospital infection control practices like hand hygiene, barrier nursing, reverse barrier nursing
- Provides supportive care and follows basic principles of rehabilitation.
- Offers basic life support measures during emergencies
- Evaluates for associated co-morbidities, associations, and systemic complications and

seeks appropriate specialist opinion or referral and liaise with them for optimal management plan of patients

- Presents cases in a clear and concise manner highlighting the relevant points and questions to be answered and involves in clinical decision making
- Safely and effectively manages disease and treatment-related complications of patients taking into consideration acute and chronic medical co-morbidities
- Provides the appropriate treatment which is evidence based and patient centered
- Assesses patient's response to treatment and considers change in treatment plan or reconsiders the diagnosis made
- Promptly identifies critical laboratory values and the acutely deteriorating patient, institutes the appropriate initial medical management, and seeks appropriate advice, including from other specialties
- Communicates effectively and compassionately with patients and care givers regarding disease prognosis and treatment offered
- Clearly communicates the benefits and risks of available treatment options, including those available within clinical trials, to enable informed consent
- Completes the documentation of treatment summary, prescribes medication and **c**reates monitoring protocol and explains to patient the need for further follow-up
- Communicates and works effectively with relevant multi-professional teams to provide appropriate holistic in-patient care and safe and timely hospital discharge
- Respects the expertise, viewpoints and responsibilities of all members and helps foster a supportive and collaborative environment for open discussion
- Documents morbidity and mortality data relevant to the assigned situation

3. Identification and management of dermatological emergencies

- Demonstrates knowledge of signs and symptoms of acute emergencies
- Demonstrates knowledge of doses of pharmacological agents to treat acute emergencies
- Demonstrates judgement in institution of life saving procedures and drugs
- Demonstrates ability to mobilize resources appropriately
- Communicates effectively with physicians and other health care professionals for further management of the patient
- Communicates effectively to patient/family for shared decision making

4. **Diagnosis, management and follow up of patients presenting with leprosy**

- Takes a detailed history including sexual history and the associated psychosocial factors and perform a detailed examination (external genitalia, perianal region, per vaginal examination, per speculum examination, per rectal examination, proctoscopy)
- Demonstrates knowledge on laboratory investigations for STI
- Collects appropriate specimens for side lab investigations and performs side lab investigations and interprets them
- Asks for appropriate serological tests and molecular diagnostic tests
- Provides appropriate pre and posttest counselling
- Does contact tracing and partner screening
- Provides syndromic management as per NACO recommendations
- Liaises with NGO and local NACO medical officers for management of STI and HIV/AIDS
- Integrates and follows the National programmes for STI and HIV/AIDS
- Evaluates patients with syphilis and its complications and monitors for treatment response
- Evaluates patients with HIV, screens for opportunistic infections and other STIs and refers to ART centers.
- Demonstrates knowledge on prevention of parent to parent to child transmission of STI and HIV
- Implements appropriate preventive and prophylactic strategies in the transmission of STI
- Educates and counsels patients on strategies for risk reduction and prevention of transmission.

5. Diagnosis, management and follow up of patients presenting with leprosy

- Identifies a clinical case of leprosy and classify the clinical spectrum of leprosy as per standard classification (Ridley-Jopling classification/WHO classification/ modified Indian classification/NLEP classification)
- Takes a detailed history including the associated psychosocial factors and perform a detailed examination (cutaneous/ peripheral and cranial nerves/ sensory/ motor/ autonomic nervous system)

- Considers appropriate differential diagnosis
- Perform slit skin smear and report the bacillary index and morphological index
- Asks for appropriate investigations (skin biopsy/nerve biopsy) for confirmation of diagnosis and classification of spectrum
- Evaluates for associated complications and work up for treatment
- Chooses the appropriate treatment as per WHO/NLEP recommendations
- Able to counsel for and monitor treatment compliance
- Suspects and evaluates for drug resistance in cases of poor response.
- Liaises with the Medical officers at Primary health centers and State Leprosy officers for down referral of patients to get blister packs and for surveillance.
- Screens family members of patients with leprosy
- Able to elicit history related to perceived and enacted stigma from patients and family and offer counselling/or refer for professional help.
- Able to provide counselling on skin care, eye care, hand and feet care in leprosy
- Identifies disabilities and targets disability prevention
- Identifies and refers patients for reconstructive surgery and correction of deformities
- Provides basic rehabilitation

6. Procedural dermatology

- Able to identify patients suitable for procedures (biopsy, intralesional therapy, excision, dermatosurgery, electrosurgery, cryosurgery, chemical cautery, LASER) based on evidence, availability and patient factors.
- Determines the most appropriate procedure according to the evidence base, the clinical condition and any patient factors
- Identifies and organises appropriate investigations required prior to treatment
- Communicates effectively with the team to ensure the availability of all required facilities and personnel
- Understands how the procedure should be performed and follows appropriate recommendations
- Appropriately evaluates the treatment plan in line with consensus guidelines and employs suitable strategies to improve on an inadequate plan

- Communicates the treatment plan in detail to the patient and clearly explains the outcome expected and adverse events both common and rare and obtains informed consent.
- Understands how to safely prescribe medications
- Understands the skin protection measures required following procedure and is able to communicate them appropriately to patients
- Able to recognise and appropriately manage any acute and late complications of treatment

10. Comprehensive evaluation and management and monitoring of patients with chronic dermatoses in follow up clinics

- Selects the most appropriate therapeutic regimen and associated supportive measures for the clinical situation according to available evidence and holistic patient assessment
- Modifies approach to address the specific needs of individual patients, including special population
- Recognises the limitations of clinical guidelines in cases of uncertainty or complexity
- Applies the knowledge of mechanisms of action and treatment toxicities to pre-empt, monitor and manage these in patients
- Collaborates effectively with members of the multi-disciplinary team when patients are receiving multi-modality treatment in complex cases

12A. Clinical Data & Research

- Develops skills as a self-directed learner, recognizes continuing educational needs; uses appropriate learning resources and critically analyzes relevant published literature in order to practice evidence-based dermatology
- Understands the importance of accurate and secure collection of clinical data every day.
- Actively participates in departmental Morbidity & Mortality Meeting and contributes to clinical data collection
- Ability to interpret clinical data and suggest improvement measures accordingly
- Understands principles of research and academic writing
- Demonstrates competence in basic concepts of research methodology and epidemiology

- Recognizes knowledge gaps and lacunae in current practice and formulates questions to address the knowledge gap
- Identifies sources of knowledge to answer the question
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Identifies validity and risk of bias in evidence
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Participating in clinical research trials and developing guidelines and protocols to safely implement new therapeutic interventions
- Understands and adheres to the laws, frameworks and guidelines which govern the set up and delivery of clinical trials
- Understands and adheres to trial protocols
- Understands and follows the correct safety reporting requirements, including reporting mechanisms for any deviations from protocol or adverse events
- Understands the roles and responsibilities of regional/ national/ international organisations involved in dermatology trials
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate
- Demonstrates knowledge of available new therapeutic interventions and potential benefits and risks
- Completes a dissertation project under the supervision of a faculty
- Dissemination of research findings in state/ national/ international conference
- Dissemination of research findings in journal publication
- Participates in workshops, symposium and other Continued Medical Education programmes

12B. Participation and presentation in journal club

- Identification of PICOT, Understanding statistical analysis, identification of type of trials Recognition of knowledge gaps and lacunae in current practice
- Formulation of question to address knowledge gap and lacunae
- Identification of sources of knowledge to answer the question
- Interpretation and critique of evidence
- Determination of validity and risk of bias in evidence
- Application and potential integration of evidence into practice
- Formulation of research study design to answer question
- Execution of research protocol
- Analysis and interpretation of research findings

14. **Professionalism, Medical Ethics, Patient Safety and Communication**

- Aware of legal responsibilities, including safeguarding vulnerable groups like children, physically/mentally challenged, pregnant women, marginalized and underserved population etc.
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently
- Demonstrates communication skills of a high order in explaining management and prognosis, providing counselling and giving health education messages to patients, families and communities
- Demonstrates timely communication of critical findings to the senior members of the team and documentation of the same
- Demonstrates ability to convey poor prognosis and bad news professionally to patients and their family
- With respect to interdisciplinary discussions/referrals, demonstrates that he/she seeks to understand the clinical problem under question and the perspectives of the problem from the point of view of different disciplines and communicates clearly his/her and their role/solution to the clinical problem.

15. **Teaching, Supervising & Teamwork capability**;

- Delivers effective teaching and training to medical students, junior doctors and other health care professionals as a teacher-trainer
- Ensures patient safety during bedside teaching/small group teaching

- Use best practices instructional methods for large group teaching
- Collaboratively identifies learners needs and establishes expectations between teaching and learner
- Efficient use of teaching moments
- Provides appropriate supervision, constructive feedback and coaching during bedside teaching/small group teaching
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act a clinical supervisor to doctors in earlier stages of training
- Provide effective role modelling by teacher
- Function as a productive member of a team engaged in health care, research and education

16. Affective domain

- Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
- Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements of the state and the nation
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently
- Develop good communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

Annexure 1(PART B)

Core ideas in the practice of key-capabilities

(Learning objectives are mentioned below table)

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
1	Foundations in dermatology ● Describe in detail the structure and function of the skin. ● Describe the structure of basement membrane and junctional complexes in detail (Tight junctions, gap junctions ,desmosomes ,adherens) ● Describe in detail the various cellular contents of the skin such as keratinocytes, sweat glands,melanocytes,mast cells,merkel cells etc. ● Explain the structure and functions of collagen and collagen biosynthesis. ● Explain the structure and function of elastin and elastin biosynthesis. ● Describe the nervous and blood supply of skin. ● To explain the basic mechanism of itch and mediators of itch pathway ● To explain in detail about various sensory receptors of the skin ● Describe the ` basic histology of skin including layers of skin and terminology of dermatopathology ● Enumerate he special stains and immunhistochemical techniques in dermatology ● Describe in detail about innate and adaptive immune mechanism of skin	1	2	3	4,5	5	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	• Explain regarding the various mediators of inflammation including the cellular components. • Explain the various principles underlying photobiology and photoprotection. • Explain the cutaneous response to injury and wound healing. • Enumerate the various hypersensitivity reactions and drug hypersensitivity reactions. • Explain the various topical drug preparations and principles of topical drug delivery.						
2	Infections and infestations • Describe in detail the various etiological agents ,clinical features ,diagnosis and treatment of viral infections of the skin (Poxvirus ,human herpes virus ,Human papilloma virus ,polyoma virus ,HIV ,parvovirus ,hepatitis B,C) • Describe in detail the various etiogical agents, clinical features ,diagnosis and treatment of fungal infections of the skin(superficial,subcutaneous and deep fungal infections) • Describe in detail the various etiogical agents, clinical features ,diagnosis and treatment of bacterial infections of the skin(Gram positive and gram negative organisms including anerobes and spirochetes) • Describe in detail the various etiogical	1	2	3	4.5	5	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	agents, clinical features, diagnosis and treatment of parasitic infections of the skin(ectoparasitse ,nematodes ,trematodes and cestodes)						
3	Inflammatory dermatoses ● Define and explain in detail about etiopathogenesis, types, complications ,histology,diagnosis and various treatment modalities in psoriasis and psoriatic arthritis ● Define and explain in detail about etiopathogenesis, types, complications ,histology,diagnosis and various treatment modalities in pityriasis rubra pilaris ● Define and explain in detail about etiopathogenesis, types ,complications ,histology,diagnosis and various treatment modalities in Lichen planus and lichenoid disorders ● Define and explain in detail about etiopathogenesis, types ,complications ,histology,diagnosis and various treatment modalities in acute and chronic Gvhd ● Define eczema , enumerate about various endogenous and exogenous causes of eczema ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of acute and chronic urticaria and angioedema		1	2	3	4,5	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	• To describe etiopathogenesis, types ,complications ,histology, diagnosis and various treatment modalities in autoinflammatory syndromes • To describe etiopathogenesis, types ,complications ,histology, diagnosis and various treatment modalities in mastocytosis • To metion various causes and types of reactive erythemas • Describe in detail about behect disease • To describe the etiopathogenesis, types ,complications ,histology,diagnosis and various treatment modalities in various intraepidermal blistering autoimmune disorders including pemphigus • To describe the etiopathogenesis, types ,complications ,histology,diagnosis and various treatment modalities in various subepidermal blistering autoimmune disorders including pemphigoid • To describe the etiopathogenesis, types ,complications ,histology, diagnosis and various treatment modalities in various connective tissue disorders including SLE ,systemic sclerosis ,Sjogren syndrome ,rheumatoid arthritis ,dermatomyositis, MCTD and overlap syndromes • To describe etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities in neutrophilic						

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	dermatoses including sweets syndrome ,pyoderma gangrenosum						
4	Metabolic and nutritional disorders ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of cutaneous and systemic amyloidosis ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of mucinosis ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of various disorders of calcification including calciphylaxis ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of hyperlipoproteinemia including xanthomas ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of nutritional deficiency disorders including fat and water soluble vitamins ,micronutrients and minerals ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities in skin manifestations of diabetes mellitus		1	2	3	4,5	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
5	Genetic disorders of the skin ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of various mendelian disorders of cornification including Ichthyosis and palmoplantar keratoderma ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of inherited acantholytic disorders (Dariers and Hailey Hailey disease) ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment modalities of ectodermal dysplasias ● To describe in detail about etiopathogenesis, types of genotrichosis ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of various inherited disorders of pigmentations ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of inherited blistering disorders mainly epidermolysis bullosa ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities inherited disorders of			1	2	3	3

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	connective tissue ,adipose tissue and vasculature ● To explain mosacisim ,congenital nevi and various manifestations ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of congenital poikiloderma syndromes including DNA repair disorders ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment modalities of primary immunodeficiency						
6	Psychological, sensory, and neurological disorders ● To describe in detail about etiopathogenesis, types, complications, histology,diagnosis and treatment of prurigo and prurigo simplex ● To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment of various psychocutaneous syndromes			1	2	3	4
7	Disorders associated with specific cutaneous structures ● Cutaneous : To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment ofacquired epidermal keratinzation disorders ,pigmentary disorders,acne and other disorders of pilosebaceous unit,disorders of connective		1	2	3	4	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	tissue,adipose tissue including panniculitis ,granulomatous disorders . ● Hair: To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of acquired disorders of hair. ● Sweat glands :To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of eccrine and apocrine glands ● Nails: To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of acquired nail disorders						
8.	Vascular disorders involving the skin ● To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of various disorders of veins ,artery and lymphatics		1	2	3	4	5
9	Dermatoses specific to age, gender and site To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of various skin disorders associated with specific site ,sex and age		1	2	3	4	5
10	Disorders due to external agents To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of various disorders caused by external		1	2	3	4	5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	agents including physical agents, drugs, occupational and environmental agents						
11	Neoplastic and Infiltrative disorders of skin To describe in detail about etiopathogenesis, types, complications ,histology, diagnosis and treatment of various neoplasms and infiltrative disorders of skin including histiocytosis, mastocytosis, lymphomas, benign, premalignant and malignant tumors of skin			1	2	3	3
12	Cutaneous manifestations of systemic diseases To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of various cutaneous manifestations of systemic disease including cardiovascular, respiratory, gastrointestinal, hepatobiliary pancreatic, hematologic, musculoskeletal, endocrine and nervous system.			1	2	3	3
13	Sexually transmitted infections To describe in detail about etiopathogenesis, types ,complications ,histology, diagnosis and treatment of various sexually transmitted infections including approach to following : ● Genital ulcer disease ● Vaginal discharge ● Inguinal bubo ● Urethritis ● HIV ● Prostatitis ● Epidydymo-orhcitis ● Non veneral STI		1	2	3	3	4,5

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	• Premalignant and malignant disorders • Syphilis • Partner management • Diagnosis and point of care testing • Syndromic management in STI • National program • Pre and post exposure prophylaxis						
14	Leprosy To describe in detail about etiopathogenesis, types ,complications ,histology,diagnosis and treatment of leprosy including • Structure ,immunology ,microbiology of m leprae • Diagnostic testing • Immunopathogeneis • Clinical leprosy • Neuritic leprosy and nerve function assessment • Lepra reactions • Deformities and disabilities • Relapse and reinfections • Immunotherapy and chemotherapy • Immunoprophylaxis and chemoprophylaxis • National programs	1	2	3	4	5	5
15	Dermatosurgery To know and perform / explain basic dermatosurgical procedures as follows : • Punch biopsy techniques • Suturing techniques • Electrosurgery			1	2	3	3,4

S.No	Core ideas in the practice of key-capabilities	Semester					
		Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6
	● Cryotherapy ● Acne scar surgery ● Vitiligo surgery ● LASER Basics including types and lasers and uses ● Keloid and hypertrophic scar ● Intralesional therapy ● Paring ● Excision of simple lesions						
16	. Recent advances in the disease classification, pathogenesis diagnostics and management of all disorders including dermatology, venereology, leprology; new dermatosurgery techniques and advancements in LASERs; newer topical and systemic agents including biologics and small molecules, targeted therapies; gene therapy and new drug delivery systems; new diagnostic and prognostic methods including biomarkers; Recent updates in the field of molecular and immunodermatology; latest updates in national and international guidelines; latest clinical trials and newer research methodologies and treatment principles						1*
17	**Medical Statistics** The resident should demonstrate the statistics knowledge necessary to: – understand the design of studies – read and use a trial protocol – present and interpret data – interpret results of clinical trials – critically review and evaluate papers	1*					

*** Some of the objectives are to be achieved over a longer period (one year)**

Learning objectives for core ideas

Medical statistics

Part 1/2

- Present and summarise individual variables
- Recognise categorical data (nominal, ordinal)
- Recognise discrete and continuous numerical data
- Recognise symmetric and skewed distribution
- Describe the normal distribution
- Interpret bar charts and histograms
- Define and apply measures of central tendency and Spread
- Describe the concept of a source population
- Explain random sampling
- Explain estimation of population statistics
- Describe standard error of a sample mean and of a proportion, and their differences
- Define and use confidence intervals
- Explain reference ranges
- Explain hypothesis testing and estimation
- Contrast Type I and II errors
- Interpret p-values and confidence intervals
- Define and identify the difference between statistical and clinical significance
- Explain the concept of and correction for multiple testing (e.g., false discovery rate, Bonferroni correction)

Part 2/2

- Interpret tests comparing means and percentages
- Interpret the meaning of correlation and regression analysis
- Interpret the meaning of scatter plots
- Calculate and interpret the meaning of sensitivity, specificity, positive and negative predictive values and accuracy
- List types of time-to-event data
- Interpret and describe the principles of Kaplan-Meier and actuarial survival curves
- Understand censorship
- Understand how the KM curves can be derived using algorithms and how to input the data
- Describe the possible methods of summarizing survival data

- Interpret and describe methods used to compare groups:
    a) Logrank test for two or more groups, including ordered groups
    b) Cox's proportional hazards regression model
    c) hazard ratios and their interpretation
- Compare the design and role of phases I-IV of clinical trials
- Explain the need for randomization and the problems with non-randomised studies and historical controls
- Describe the methods of randomisation (simple, block, stratified, minimisation)
- Explain the concepts of blinding/masking
- Describe the possible trial designs: parallel group, cross-over, factorial
- Describe the contents of a trial protocol
- Discuss the ethical basis for research of what constitutes informed consent and reporting adverse events
- Describe the possible measures of response
- Outline the principles of:
    a) sample size calculation
    b) interim analyses
    c) intent-to-treat analysis
    d) early stopping rules
- Outline the role and basic principles of meta-analysis and systemic reviews
- Contrast the design and interpretation of cross-sectional case control and cohort studies
- Define the principles, calculate and interpret odds ratios and risk ratios
- Define incidence, prevalence, mortality rates and standardised mortality rates

Annexure 1 (Part C)

Learning Objectives -Peripheral Posting of MD DVL Residents

- Will be attended by Junior Residents in 1st, 2nd, 3rd and 4th Semester
- Total Duration- 8 weeks (Each posting for 4 weeks)
- The student will be assessed in the PERIPHERAL POSTING department
- Attendance and feedback will be sent from the peripheral posting department to the dermatology department
- Residents should maintain a log of all the procedures done in the posting

Peripheral posting of MD DVL residents in Critical Care Unit/Intensive care unit

Objectives:

1. Demonstrate knowledge, clinical and technical skills and decision-making capabilities pertinent to the management of critically ill patients.
2. Demonstrate awareness of the ethical and medicolegal principles pertinent to critically ill patients

Specific Objectives

1. Basic Life Support
2. Fluid electrolyte management
3. Measurement of CVP
4. Central line maintenance
5. Interpretation of critical values
6. Identification and prevention of deep vein thrombosis
7. Interpretation of electrocardiogram/recognition of important life-threatening findings
8. Asepsis
9. Antibiotic selection policy
10. Management of sepsis
11. Management of common co-morbidities – diabetes, hypertension, pre renal failure, etc
12. Management of skin failure (immuno-bullous disorder and cutaneous adverse drug reaction)
13. Management of Anaphylactic shock

14. Nutritional Support in Critical Care
15. Seek appropriate consultation from other health professionals for optimal care of the critically ill patient

Peripheral posting of MD DVL residents in Pathology

Objectives:

1. Demonstrate knowledge, clinical and decision-making capabilities pertinent to clinicopathological correlations in the diagnosis of skin disorders

Specific Objectives

1. Understand how to create clear and concise biopsy request that effectively communicate diagnostic information to referring pathologists
2. Learn how to operate and interpret results from different types of microscopes
3. Recognize and differentiate normal skin structures from pathological changes
4. Understand the key histopathological features of common skin diseases
5. Develop proficiency in diagnosing various skin diseases based on correlation of clinical and histopathological features
6. Accurately diagnose a wide range of dermatological conditions, including infectious, inflammatory, autoimmune and neoplastic disorders by identification of major and minor reaction patterns.
7. Distinguish between benign and malignant skin lesions, including tumors and inflammatory conditions
8. Generate a comprehensive list of differential diagnoses for skin lesions based on histopathological findings and rule out diagnoses through clinical correlation
9. Familiarize with the application of immunofluorescence, immunohistochemical markers and special stains in dermatopathology and interpret the results to aid in the diagnosis of challenging cases
10. Develop effective communication skills to discuss cases with pathologists

Annexure 2

DIAGNOSTIC AND THERAPEUTIC PROCEDURES

The numbers observed, performed with assistance and performed independently are entered during the period of posting and signed by the Senior resident and Faculty in charge.

Area of posting: Side lab/Minor OT/LASER/ Phototherapy/Others

Period of posting:

Name and Designation of Assessor:

S.No	Procedure	Number		
		Observed	**Performed with assistance**	**Performed independently**
Diagnostic modalities				
1	Woods lamp examination			
2	Dark ground illumination			
3	KOH smear			
4	Gram stain			
5	Tzanck smear			
6	Zheil Neelson stain			
7	Slit skin smear			
8	Giemsa stain/Leishman stain			
9	Oil mount			
10	Wet mount			
11	Standardized skin surface biopsy			
12	Tissue impression smear			
13	Hair shaft examination			
14	Trichoscopy			
15	Trichogram			
16	Modified hair wash test			
17	Dermoscopy			
18	Nail fold capillaroscopy			
19	Pathergy			
20	ASST/APST			

21	Dermatopathology slide interpretations			
22	Patch test			
23	Prick test			
24	Drug provocation test			
25	Provocation tests for inducible urticaria			
Phototherapy				
1	NBUVB			
2	UVA1			
3	PUVA therapy			
4	Targeted phototherapy			
5	Photopatch testing			
6	MED determination			
Procedures				
1	Skin biopsy			
2	Nerve biopsy			
3	Nail biopsy			
4	Intralesional therapy			
5	Parring			
6	Incision and drainage			
7	Chemical cautery			
8	Excision			
9	Electrosurgery			
10	Radiofrequency			
11	Cryosurgery			
12	Dermabrasion			
13	Microdermabrasion			
14	Chemical peels			
15	CO2 LASER			
16	Hair removal LASER			
17	Pigmentary LASER			

18	Vascular LASER			
19	LASER resurfacing			
20	Microneedling			
21	Subcision			
22	Punch excision and grafting for acne scar			
23	TCA cross			
24	Punch grafting			
25	Pinch grafting			
26	Blister grafting			
27	Split thickness skin grafting			
28	Autologous melanocyte keratinocyte transfer			
29	Ingrown toe nail surgery			
30	Nail avulsion			
31	PRP (platelet rich plasma) therapy			
32	Hair Transplantation			
33	Aesthetic procedures			

Signature of assessor:

Annexure 3

A. WORKPLACE BASED ASSESSMENT – monthly (ward, OPD, peripheral posting)

- To be assessed by the Senior resident/Faculty in charge of the area posted
- This is a general assessment of the work attitude, work ethics and etiquettes of the resident
- Scores: 0 (Does not attempt to meet expectations), 1 (Attempting to, but yet to meet expectations), 2 (Meets expectations), 3 (Proficient, independently exhibits responsibility and standards beyond minimum expectations)

Area of posting: Ward/OPD/Follow-up clinics/Minor OT/LASER/STD/Leprosy/ Phototherapy/Others

Period of posting:

Name and Designation of Assessor:

	Assessment parameters	**Not assessed**	**0**	**1**	**2**	**3**
Clinical work						
1	Being Punctual to OPD and ward					
2	History and clinical examination					
3	Having instruments for clinical examination					
4	Shows compassion and respect during communication with patient					

5	Adequacy of literature search/discussion/ rationale related to diagnosis					
6	Quality of diagnosis					
7	Oral presentation of findings and differential diagnosis with consultants					
8	Following up of patient's investigations and treatment.					
9	Recording number of OPD cases seen per day					
System-based work						
10	Appropriately filling the requisitions for investigations – biopsy requests					
11	Appropriately writing prescriptions					

12	Appropriately writing dermoscopy findings, patch test readings, phototherapy records					
13	Appropriately writing procedure notes (LASER parameters, dermatosugery procedures) and follow up care					
Team work and leadership						
14	Co-ordination and communication with dermatology and other department colleagues					
15	Co-ordination and communication with other staff involved in dermatology OPD services					

16	Shows interest in teaching juniors, Gives appropriate feedback to juniors					
17	Accepts feedback, self-reflects, and demonstrates willingness to change					
Ethical attributes of clinical practice						
18	Demonstrates autonomy and shared responsibility in patient care					
19	Ensures privacy and confidentiality in patient					
20	Sensitive to medico-legal, socio-cultural and economic issues related to patient care					
Others						

21	Understanding and handling medico- legal aspects as per existent norms					
22	Appropriate documentation					
Leaves taken		Authorized Unauthorized				

Feedback by assessor

Strengths
Limitations
Suggestions for improvement

Signature of assessor:

B. IN TRAINING ASSESSEMENT - once in 6 months during the notified exams

- To be assessed by the Faculty in charge
- This is a general overall assessment of the trainee by the supervisor
- Scores: 0 (Does not attempt to meet expectations), 1 (Attempting to, but yet to meet expectations), 2 (Meets expectations), 3 (Proficient, independently exhibits responsibility and standards beyond minimun expectations)

Period of assessment:

Name and Designation of Assessor:

MEDICAL EXPERT	**Not assessed**	**0**	**1**	**2**	**3**
Basic scientific and clinical knowledge relevant to dermatology.					
History with adequate detail. Focused, efficient physical examination.					
Clinical judgement: Makes a differential diagnosis & plan of care. Assesses patients; balances risks/benefits of interventions.					
Emergencies: Skills appropriate for the level of training. Communicates effectively and remains calm.					
Overall Competence:					
COMMUNICATOR	**Not assessed**	**0**	**1**	**2**	**3**
Clarity of communication: Attentive listener; counsels appropriately; clear communication with peers					

Presents well during rounds; accurate written records					
Overall Competence:					
PROFESSIONAL	**Not assessed**	**0**	**1**	**2**	**3**
Exhibits honesty, respect, compassion and ethical behavior. Courteous to colleagues					
Accepts feedback and demonstrates willingness to change behavior in response to feedback. Able to self-assess.					
Overall Competence:					
SCHOLAR	**Not assessed**	**0**	**1**	**2**	**3**
Identifies knowledge gaps and develops a self-learning plan. Curious and inquisitive. Critically appraises literature					
Interested in teaching other learners (JRs, UGs). Gives an effective lecture/presentation. Gives and receives feedback.					
Overall Competence:					

Feedback by assessor

Strengths
Limitations
Suggestions for improvement

Signature of assessor:

C. COMPETENCY ASSESSMENT - Direct Observation of Procedural Skills (DOPS)

- **These may include (non-inclusive list):** Side lab techniques, Dermatoscopy, Dermatopathology, Skin biopsy, Nerve biopsy, Scalpel surgery, Electrosurgery, Cryotherapy**,** Intralesional therapy**,** Vitiligo surgeries**,** Microneedling**,** PRP**,** FUE/FUT, LASER, Phototherapy, Patch testing, Speculum/ proctoscopic examination
- The resident should approach the assessor for DOPS assessment and should have completed a minimum of one assessment for each procedure.
- To be assessed by the Senior resident/Faculty in charge during the respective peripheral postings
- Scores: 0 (Does not attempt to meet expectations), 1 (Attempting to, but yet to meet expectations), 2 (Meets expectations), 3 (Proficient, independently exhibits responsibility and standards beyond minimun expectations)

Date of assessment:

Procedure assessed:

Name and Designation of Assessor:

Assessment parameters	**Not assessed/ Not applicable**	**0**	**1**	**2**	**3**
Exhibits knowledge of indications, relevant anatomy, and technique					
Confirms patient identification					
Appropriate history and examination done					

History of contraindications noted (allergies, pacemakers, Raynaud's phenomenon etc)					
Communicates procedure and risks to patient					
Obtains informed consent					
Use of appropriate anaesthesia					
Follows Universal safety precautions					
Follows strict aseptic measures					
Exhibits knowledge of equipment and uses equipment appropriately with appropriate safety precautions					
Demonstrates appropriate technical					

skills/follows right procedure					
Seeks help when required					
Demonstrates good communication skills with patient/staff					
Demonstrates good judgement in case of difficulties or unforeseen events					
Documentation of procedure done					
Quality of reporting of results of procedure done (dermatopathology, dermatoscopy, etc)					
Appropriate post procedural advice given to patients					
Quality of prescription					

Follow-up advice given					
Appropriate biomedical waste management done					

Assessment	**Self-evaluation by trainee**	**Feedback by assessor**
Strengths		
Limitations		
Suggestions for improvement		

Signature of assessor

D. KNOWLEDGE AND COMPETENCY ASSESSMENT

(a) Mini-Clinical Evaluation Exercise (Mini-CEX) - once in 6 months during the notified exams

- To be assessed by the faculty in charge
- Duration of evaluation – 15 to 20 minutes.
- The mini-CEX form can be downloaded from https://www.abim.org/Media/qlvp1fhb/mini-cex.pdf.
- The assessing faculty should provide timely and specific feedback to the resident
- Scores: 0 (Does not attempt to meet expectations), 1 (Attempting to, but yet to meet expectations), 2 (Meets expectations), 3 (Proficient, independently exhibits responsibility and standards beyond minimun expectations)

Assessment parameters	**Not assessed/Not applicable**	**0**	**1**	**2**	**3**
Medical Interviewing Skills					
Physical Examination Skills					
Communication skills					
Clinical Judgement					
Management skills					
Counselling skills					
Professionalism/Humanistic Qualities					
Organisation/Efficiency					

Assessment	**Self-evaluation by trainee**	**Feedback by assessor**
Strengths		
Limitations		
Suggestions for improvement		

Signature of assessor

(b) Case based Discussions (CbD) – once in 6 months during the notified exams

- To be assessed by Faculty in charge
- The resident should approach the assessor with cases in whose management he/she was actively involved, and the assessor chooses one case for discussion. The discussion should be focused on the candidate's record keeping, clinical reasoning and decision-making abilities with respect to patient assessment, investigation, referral, treatment and follow-up.
- Scores: 0 (Does not attempt to meet expectations), 1 (Attempting to, but yet to meet expectations), 2 (Meets expectations), 3 (Proficient, independently exhibits responsibility and standards beyond minimun expectations)

Assessment parameters	**Not assessed/Not applicable**	**0**	**1**	**2**	**3**
Demonstrates clarity in structure and content of the patient's notes					
Appropriate clinical assessment					
Clinical reasoning - relates the patient's symptoms to the examination findings to form a diagnosis and considered appropriate differential diagnosis					
Assessment of risk of complications and appropriate management					

Assessment and treatment of medical comorbidities					
Appropriate referrals done and expert opinions taken					
Critical selection of investigations that will help with diagnosis as well as management					
Right choice of treatment that is evidence-based and appropriate for the patient considering co-morbidities, complications, affordability and availability					
Demonstrates knowledge on prognosis of patient's condition					
Informed the patients/attenders on critical decisions and consent taken wherever appropriate (eg-use of immunosuppressants, need for contraception, etc)					
Inclusion of patient education and preventive					

measures in management plan					
Inclusion of plan for follow-up					

Assessment	**Self-evaluation by trainee**	**Feedback by assessor**
Strengths		
Limitations		
Suggestions for improvement		

Signature of Assessor