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POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO

**PROSPECTUS**

**DOCTOR OF MEDICINE (MD)**

**AND**

**BOARD CERTIFICATION IN DERMATOLOGY**

**2014**

**BOARD OF STUDY IN DERMATOLOGY**

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**PROSPECTUS**  
**DOCTOR OF MEDICINE (MD) AND BOARD CERTIFICATION**  
**IN DERMATOLOGY**

**1. DESCRIPTION, NOMENCLATURE AND ASSOCIATED AGENCIES OF THE DEGREE PROGRAMME**

1. Name of the degree programme - MD in Dermatology
2. Full title—MD in Dermatology and Board Certification in Dermatology
3. University – University of Colombo, Sri Lanka
4. Faculties and institutes – Postgraduate Institute of Medicine of the University of Colombo (PGIM)
5. Departments, external resources and associated agencies – Board of Study in Dermatology, Board of Study in Medicine, Ministry of Health, Sri Lanka. College of Dermatologists

**2. INTRODUCTION**

Dermatology is a rapidly advancing science which has gained much recognition worldwide in the recent past. In Sri Lanka too, Dermatology has evolved to be a much sought after specialty over the past decade.

Dermatology is the study of diseases affecting the integumentary system comprising of diseases of skin, hair, nails and mucous membranes. The postgraduate Training programme in Dermatology provides knowledge in the diagnosis and managing common skin diseases, severe life threatening skin diseases as well as cosmetically important skin problems that are increasingly encountered in clinical practice.

This prospectus provides information on the regulations, objectives, curriculum, and guidelines for the teaching/learning /evaluation process leading to board certification in Dermatology.

**3. RATIONALE**

Prior to year 2000 board certification in dermatology was offered by the board of study in Medicine. A separate course of study leading to board certification in Dermatology under the supervision of Board of study in dermatology was established later. Since then many changes have taken place in the training programme. The new prospectus is inclusive of these changes according to the current PGIM rules and regulations.

#### **4. OUTCOMES OF THE MD (DERMATOLOGY) TRAINING PROGRAMME**

The training programme has objectives related to knowledge and understanding (K), acquisition of skills (S), and professional behavior and attitudes (A). These objectives have been incorporated within eight outcomes of the training in Dermatology, which a trainee should achieve at the end of the MD (Dermatology) training programme. These outcomes and the enabling KSAs are described below:

##### **1. Scientific basis of Practice**

Describe the development and the normal structure and function of the human skin; the interactions between the skin, the body and the mind; and the factors that may disturb these.

Discuss the aetiology, pathology, symptoms and signs, natural history and prognosis of dermatological diseases in children, adolescents, adults and the aged.

Apply the Scientific method at an adequate level to provide a rational basis for diagnosis, management and prevention of conditions in dermatological specialist practice as well as a wide range of medical diseases.

##### **2. Patient investigation and management**

Discuss the management of dermatological and medical conditions, including pharmacological, physical, nutritional and psychological therapies.

Discuss diagnostic procedures in dermatology, their uses and limitations.

Plan the diagnosis and management of conditions in dermatological specialist practice as well as a wide range of medical diseases.

Initiate proper investigations and manage general medical problems in a dermatology setting.

Manage medical emergencies in a dermatology setting.

Involve the patients and the family in planning the management.

Treat the patient to achieve optimal care without confining only to the dermatological problems.

##### **3. Clinical skills**

Obtain an accurate, organized and problem focused medical history.

Perform an accurate dermatological examination and a complete physical examination.

Interpret and integrate the history and physical examination findings to arrive at a diagnosis.

Recognize general medical problems in dermatology patients.

Perform interventional procedures mentioned in the curriculum for the diagnosis and management of dermatological and medical problems.

#### 4. Disease prevention and health promotion

Apply the principles of health education, disease prevention, amelioration of suffering and disability, and rehabilitation where relevant.

Understand the impact of chronic dermatological diseases on the patient, family and society

Plan the prevention of conditions in dermatological specialist practice as well as a wide range of medical diseases.

#### 5. Effective communication and collaboration

Communicate knowledge, opinion and health education to colleagues, paramedical staff, and the public in oral and written form.

Discuss the problems related to dermatological diseases with patient, family and society in a sensitive manner.

Work effectively in a team with other health care professionals and refer patients appropriately.

#### 6. Ethical and legal practice

Apply the principles of ethics related to health care and the legal responsibilities of the medical profession in dermatological specialist practice.

#### 7. Critical thinking and Lifelong learning

Interpret medical evidence in a critical and scientific manner and use information sources (including ICT) to pursue independent inquiry.

Develop self-directed learning skills to assimilate the advances in knowledge which will occur over their working life.

Initiate, conduct, and complete a research project.

#### 8. Reflective practice

Recognize when a clinical problem exceeds its capacity to deal with it safely and efficiently, and appropriately request for help from others when required.

Accept responsibility to maintain standards of medical practice at the highest possible level throughout the professional career.

### **4.1 Knowledge and understanding**

Postgraduates completing training should have knowledge and understanding of,

1. Scientific basis at a level adequate to provide a rational basis for present dermatological specialist practice, and to encourage critical thinking & lifelong learning which will last over their carrier.

2. Scientific methods at a level adequate to provide a rational basis for the disease prevention, diagnosis, investigation & treatment of a wide range of dermatological diseases.
3. The normal structure function and development of the human skin, the interactions between the skin, the body and the mind, and the factors that may influence these.
4. The aetiology, pathology, symptoms and signs, natural history and prognosis of dermatological diseases in children, adolescents, adults and the aged.
5. Diagnostic procedures, their uses and limitations.
6. Management of dermatological and medical conditions, including pharmacological, physical, nutritional and psychological therapies.
7. The principles of health education, disease prevention, amelioration of suffering and disability, and rehabilitation where relevant.
8. The ethical and legal practice related to health care and the legal responsibilities of the medical profession.

## **4.2 Skills**

Postgraduates during their training should develop the ability to

1. Take an accurate, organized and focused medical history.
2. Perform an accurate dermatological and physical examination.
3. Interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis and differential diagnosis.
4. Plan management with appropriate involvement of the patient and the family.
5. Suspect and recognize general medical problems in dermatology patients and to initiate proper investigations and management of these problems.
6. Manage general medical problems and medical emergencies in a dermatology setting.
7. Perform interventional procedures mentioned in the curriculum for the diagnosis and management of dermatological and medical problems.
8. Interpret medical evidence in a critical and scientific manner and to use information sources to pursue independent inquiry.
9. Communicate effectively with colleagues, paramedical staff, and the public.
10. Initiate, conduct, and complete a research project.

## **4.3 Professional behavior and attitudes**

Postgraduates during their training should develop

1. Awareness of the impact of chronic dermatological diseases on the family and society and the ability to deal with their problems in a sensitive manner.
2. A desire to achieve optimal patient care.
3. A desire to ease suffering.
4. A willingness to work effectively in a team with other health care professionals.
5. Ability to recognize when the clinical problem needs another opinion and to refer to a relevant resource.
6. An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout the professional career.



## 5. ELIGIBILITY CRITERIA TO SIT THE SELECTION EXAMINATION TO ENTER THE MD (DERMATOLOGY) TRAINING PROGRAMME

1. Candidates must hold the degree M.B.B.S. or an equivalent and registered with the Sri Lanka Medical Council.
2. Candidates must have one year service experience after the internship.
3. Candidates must successfully pass the selection examination.

## 6 SELECTION EXAMINATION

To enter the scheme of postgraduate training in Dermatology, a candidate must be successful at the selection examination (see **Annexure 01** for syllabus and recommended reading).

Selection of trainees will be based on the merit obtained at the selection examination.

Overseas trainees also will have to meet the minimum pass mark requirement. However, their appointments will be on a supernumerary capacity. Only one overseas trainee can be accommodated per training unit.

### 6.1 Format of the examination

The selection examination consists of 2 parts.

**Part I** - Multiple Choice Question paper of 3 hours duration, which will comprise 60 questions of the true /false type.

30 questions in Dermatology and Basic Sciences relevant to Dermatology (150 marks), and 30 questions in General Medicine (150 marks). Only candidates who have scored 50% or more in each component will be eligible to proceed to Part 2 of the examination.

**Part II** – Projected materials: 20 questions (100 marks) to be answered in 60 minutes based on projected material in Dermatology (15 questions: 75 marks) and General Medicine (5 questions: 25 marks).

### 6.2 Marking Scheme

Exam component	Marked out of	Allocated percentage in overall mark
Part I MCQs in Dermatology & Basic Sciences	150	37.5%
Part I MCQs in General Medicine	150	37.5%
Part II Projected materials	100	25%

### Pass marks

Candidates who obtain an overall mark of 50% or more, and 50% or more in each of the 2 components of Part 1, and 50% or more in Part II, will be considered to have passed the selection examination.

### **6.3 Intake**

The final selection will be based on the merit position of the candidate.

The number selected will depend on the number of training posts in Dermatology available for the current year as decided by the Board of Study and the PGIM each year.

If a trainee wishes to defer joining the training programme for reasons acceptable to the BOS, on re-joining the training programme such a trainee will be placed below the last candidate selected on merit for the index year. Deferment will be allowed for just one year only.

### **6.4 Examiners**

Three examiners appointed by the BOS in Dermatology and two examiners appointed by the BOS in Medicine will conduct the exam.

## **7 MODULES/STAGES AND DURATION OF THE TRAINING PROGRAMME**

During the training programme the candidate is expected to complete the following four Modules. (See **annexure2** – curriculum, syllabus and recommended reading).

### **I - Basic clinical dermatology**

During the initial six months of the training, trainee gains basic knowledge in clinical Dermatology, as a registrar in a Dermatology unit of a Teaching Hospital.

### **II - General medical training**

During the subsequent one year period, trainee undergoes training in General Medicine, as a registrar in a Medical Unit of a Teaching Hospital, approved by the BOS in Dermatology.

### **III - Advanced and applied dermatology**

The trainee will commence this module at the end of the module II and continue through Stage IV up to Board Certification.

### **IV - Research**

The trainee may commence this module at any stage of training. It is recommended that this be started as early as possible. The project proposal should be submitted to the Board for approval within the first two months of local SR training. Project report should be approved by the BOS before board certification. This is a prerequisite for board certification viva. All the details of the research project are given in the **annexure 03**.

These modules will be covered in four stages.

**Stages of the training will be as follows.**

**Stage I - Training in Basic Dermatology**

1. A selected trainee from the selection examination will be assigned to a Dermatology Unit recognized by the Board of Study in Dermatology, for a period of 6 months.
2. Whilst participating in the routine work of the Unit, the trainee shall participate in a series of lectures/discussions, workshops, and journal clubs.
3. Following the successful completion of six months of Basic Dermatology, Assessment I will be conducted.

**Stage 2 - Training in General Medicine**

During this one year period, the trainee will be attached to a Medical Unit approved by the Board of Study in Dermatology. The list of approved training units will be made available to the trainee during Stage I.

During this period of training the trainee will be required to gain knowledge and skills on the topics listed under Module II.

At the end of one year period of training in General Medicine, Assessment II will be held.

**Stage 3 - Training in Advanced and applied dermatology**

During this one year period the trainee will continue the training as a registrar in the same Dermatology unit as in stage 1. The trainee will be required to gain knowledge and skills on the topics listed in the Module III. At the end of this period, the MD Dermatology examination will be held.

**Stage 4 - Post MD Training in Dermatology**

There are two components.

1. One year of training as a senior registrar locally in a Dermatology unit, recognized by the Board of Study in Dermatology. The posting as a senior registrar will depend on the merit obtained at the MD Dermatology examination.
2. One year of overseas training in a Dermatology Unit approved by the Board of Study in Dermatology.

**8. TRAINING UNITS**

Recognized Training Posts for Dermatology Training

**1. Western Province**

National Hospital of Sri Lanka, Colombo (main training centre)

Colombo North Teaching Hospital

Colombo South Teaching Hospital

Lady Ridgeway Hospital for children (Paediatric dermatology training)

**2. Central Province**  
Teaching Hospital, Kandy

**3. Southern Province**  
Teaching Hospital, Karapitiya

The above list will be subjected to revision from time to time.

## **9. EVALUATION OF PROGRESS/ PROGRESS REPORTS**

### **9.1 Continuous Assessments**

#### **9.1.1 Assessment I**

This will be held at the end of the first six months of training (Module I: Basic Dermatology).

This will be conducted by a panel of examiners appointed by the Board of Study in Dermatology.

Components

(a) 20 Multiple Choice Questions of the true/false type - Duration of 45 minutes

(b) 20 Questions based on projected material - Duration 45 minutes

Questions will be based on Basic Dermatology

A trainee must obtain 60% or more in each component in order to be considered to have passed Assessment 1 successfully.

If a candidate is unsuccessful, another attempt could be made, while proceeding with further training. Number of attempts will be limited to three (3).

This assessment has to be completed within a period of 3 years of 1<sup>st</sup> attempt.

#### ***Failures***

A trainee who is unsuccessful in all 3 attempts will be allowed another attempt after completing 6 more months of further training in basic dermatology at a dermatology unit decided by the BOS.

#### **9.1.2 Assessment II**

At the end of completion of training in General Medicine this assessment will be held. This will be conducted by a panel of examiners appointed by the Board of Study in Dermatology and Board of Study in Medicine.

The panel will consist of two Consultant Physicians and a Consultant Dermatologist. Candidate's knowledge in General Medicine will be tested.

#### ***Components***

(a) Written component

Data interpretation - 5 questions - Duration 45 minutes.

Case histories - 3 questions - Duration 45 minutes.

(b) Clinical component

Long Case - Duration 60 minutes

The candidate is expected to take a history and perform a complete examination during 40 minutes. 20 minutes is allowed for discussion.

Short Cases - Duration 30 minutes

3-5 short cases will be shown to the candidate.

A trainee must obtain 60% or more in each of the Written and Clinical components in order to pass this Assessment,

If a candidate is unsuccessful, another attempt could be made while continuing with further training in dermatology. Number of attempts will be limited to three (3). This assessment has to be completed within a period of 3 years of the 1<sup>st</sup> attempt.

***Failures***

A trainee who is unsuccessful in all 3 attempts will be given another chance after completing 1 more year of training at a medical unit decided by the BOS.

**9.2 Progress reports**

**Skills, competencies and attitudes of the trainee as assessed by the local trainers, in Dermatology and Medicine, during his/her entire period of training**

These assessments will be in Dermatology and General Medicine during the entire period of training, assessed by the respective trainers every three months using the format shown in Annexure 4.

The areas assessed will be;

1. Quality of clinical work
2. Quality of operative skills
3. Dedication to work
4. Basic professional knowledge(include the ability to apply the basic principles correctly in his/her work)
5. Knowledge of new developments in his or her field (whether the doctor keeps pace with new developments and applies them effectively).
6. Ability to impart Professional Knowledge
7. Readiness to accept advice
8. Rapport with patients
9. Rapport with colleagues
10. Ability to work under pressure/in crisis
11. Quality of research and publications (if applicable)
12. Attendance and Punctuality

## **10. MD EXAMINATION**

This will be held at the end of the 3rd stage of training, after the trainee completes one year of training in Advanced and Applied Dermatology.

The examination will be conducted by a panel of examiners appointed by the Board of Study in Dermatology.

The panel will include whenever possible, an external examiner from a recognized training center overseas.

### **10.1. Eligibility criteria to appear for the MD Dermatology Examination**

1. Candidate must successfully complete

1. Assessment I.
2. Assessment II.
3. One year period of training in Advanced and Applied Dermatology.

2. Satisfactory progress reports from the trainers.

### **10.2. Format of the MD Examination**

**S1. Written examination**

**S2. Objective Structured Clinical Examination (OSCE)**

**S3. Clinical Examination**

**S4. Viva Voce**

### **10.3. The details of MD Examination**

The examination will consist of four components:

S1.1 Paper I. Four long questions to be answered in two hours. The 4 questions will carry equal marks. (120 marks)

S1.2 Paper II. Three structured questions to be answered in forty five minutes. (60 marks)

S2. Fifteen OSCE type questions to be answered in forty five minutes. (120 marks)

S3. Clinicals

Long Case: Each candidate will be given one long case – Thirty minutes for examination and twenty minutes for discussion. (150 marks)

Short Cases: Each candidate will be given a minimum of three short cases (duration thirty minutes). (150 marks)

S4. Viva Voce: The viva board is composed of three examiners inclusive of the external examiner. Two examiners will examine for twenty minutes, ten minutes and half minutes for each. (100 marks)

Assessment component	Marked out of	Allocated percentage in final mark	Minimum pass mark
S1. Paper I	120	17%	60%
S1. Paper II	60	09%	
S2. OSCE	120	17%	60%
S3. Clinical	300	43%	60%
S4. Viva voce	100	14%	No minimum
	<b>700</b>	100%	60%

#### 10.4. The Requirements to Pass the MD Examination

In order to pass the MD examination, a candidate should obtain 60% or more from the final total mark and 60% or more for written examination and 60% or more for Objective Structured Clinical Examination and 60% or more for the clinical examination. In the event a candidate obtains 60% or more for the written examination and fails the clinical components (OSCE and Clinical Cases) he or she can be exempted from the written paper for two subsequent attempts.

#### 10.5. Number of attempts

For unsuccessful candidates six (6) further attempts will be allowed. Please refer to PGIM General Rules and Regulations for further details.

Unsuccessful candidates will be reshuffled among the training units.

### 11. CALCULATION OF CREDITS

Calculation of Credits in MD Dermatology is given below.

Training component	Credits
Pre MD Basic Dermatology clinical training in stage 1 [45 hours per week x 24 weeks (45 hours =1 credit)]	24
Pre MD General Medicine clinical training in stage 2 [45 hours per week x 48 weeks (45 hours =1 credit)]	48
Pre MD Advanced Dermatology clinical training in stage 3 [45 hours per week x 48 weeks (45 hours =1 credit)]	48

Tutorials/Small Group Discussions [15x2hours=30 hours (30 hours=1 credit)]	01
Lectures [20x1.5hour =30 hours (15 hours=1 credit)]	02
Workshops/Study days [10x6 hours=60 hours (30 hours=1 credit)]	02
Research [90 hours (45 hours=1 credit)]	12
<b>Total</b>	<b>137</b>

## 12. PRE BOARD CERTIFICATION ASSESSMENT (PBCA)

### Eligibility for PBCA

The trainee will be eligible to appear for a PBCA after having satisfactorily completed the following:

1. One year of local training as a senior registrar in a Dermatology unit, recognized by the Board of Study in Dermatology.
2. One year of overseas training in a Dermatology Unit approved by the Board of Study in Dermatology.
3. Submitted satisfactory progress reports on the competence and skills of the candidate, from the local and overseas trainers.
4. Submitted a report on the completed research project according to the format shown in Annexure 3
4. Submitted a completed portfolio according to the format shown in Annexure 5

### Format of the Pre Board Certification Assessment (PBCA)

PBCA will be held following completion of local and overseas training.

The format of the PBCA is as follows:

A portfolio (**annexure 05**) viva (30 min) conducted by 2 examiners and a presentation (15-30min) to the BOS which should cover the details of training (local and overseas) received and the future vision of the trainee.

Assessment of the research report by two assessors according to the marking scheme set out in Annexure 3.

A candidate must obtain a closed mark of 8 or more (out of 10) in order to pass the PBCA.

Board Certification will be deferred if the candidate is unsuccessful in the PBCA. Following a counselling session/s, such candidates should sit for the PBCA again within a minimum period of 3-6 months. If successful at the first attempt after such counselling, the date of



Board Certification could be back dated. If unsuccessful, the date of Board Certification will be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the Board of Study.

### **13. ELIGIBILITY CRITERIA FOR BOARD CERTIFICATION**

A trainee who has successfully completed the Pre-Board Certification Assessment is eligible to apply for Board Certification, provided the application complies with the General Rules and Regulations of the PGIM.

### **14. BOARD CERTIFICATION**

A trainee who has successfully completed the Pre-Board Certification Assessment is eligible for Board Certification as a Specialist in Dermatology, on the recommendation of the Board of Study in Dermatology.

## **Annexure 1. Curriculum for Selection Examination**

### **Curriculum – Selection Examination**

The objective of the selection examination for entry into the dermatology training programme for the MD (Dermatology) is to select candidates with a sound basic knowledge of internal medicine and common dermatological disorders. They should also have a good theoretical knowledge and understanding of basic cutaneous microanatomy and biology, immunology, genetics and statistics so that they are adequately prepared to commence training as a registrar and be able to undergo the MD (Dermatology) training programme.

### **Recommended Reading list for Selection Examination**

The reading list is offered as a useful source of information and is a basis for study. For all books listed, the latest edition is recommended.

#### **Texts**

##### **Dermatology**

1. John C. Hunter, John Savin, Mark Dahl - Clinical Dermatology
2. Ronald Marks Roxburgh's- Common Skin Diseases
3. Rona M. MacKie- Clinical Dermatology
4. David J. Gawkrödger., Michael R Ardern-Jones- Dermatology : an illustrated colour text
5. J.L.Burton - Essentials of Dermatology

##### **Medicine**

- 1.Boon N A, Colledge N R, Walker B R,-‘Davidson’s Principles & Practice of Medicine’
2. Kumar P, Clark M. - Clinical Medicine

**Anatomy** Last RJ- Last's anatomy, regional and applied (Relevant sections)

**Physiology** – William.F.Ganong - Review of Medical Physiology

**Statistics** –Hill - Medical statistics

T.D.V. Swinscow revised by M.J. Campbell - Statistics at square one

**Immunology** - Dennis Burton Dennis R. Burton and Ivan M. Roitt - Roitt's Essential Immunology

- Pharmacology**– D. R. Laurence P. N. Bennett Morris J. Brown - Clinical pharmacology  
Humphrey P. Rang , Maureen M. Dale James M. Ritter R. J. Flower Graeme Henderson-Clinical Pharmacology
- Genetics** – Helen.M Kingston. – ABC of clinical genetics
- Periodicals** – Medicine international add-on series (Relevant issues)

## **Annexure 2. Curriculum for MD Training Programme**

### **Basic clinical dermatology**

#### **Preamble**

This period of training in the first six months is for the trainee to acquire the knowledge, skills and attitudes necessary for patient care in Dermatology. The trainees are expected to be competent in obtaining an accurate and problem related medical history, examination, diagnosis and care of patients with dermatological conditions both in outpatient and inpatient settings. They must have an understanding of the methods of the different diagnostic and therapeutic options and be able to perform simple dermatological procedures. During this period, a series of lectures on basic dermatology will be conducted. Whenever possible some lectures delivered by a senior dermatologist from Germany also will be included in this series. This is arranged with the help of Sri Lanka College of Dermatologists.

#### **Syllabus**

Knowledge of the etiology, pathogenesis, epidemiology, clinical features, investigations, differential diagnosis, prognosis and management is required regarding common dermatological problems such as:

Dermatitis (endogenous and exogenous);

Infections and infestations; bacterial, fungal, viral, parasitic; sexually transmitted diseases; Disorders of keratinization; psoriasis, other papulosquamous disorders;

Bullous disorders (inherited and acquired);

Disorders of pigmentation;

Disorders of blood vessels; disorders of mast cells; collagen vascular disorders; disorders of the dermis; disorders of appendages; cutaneous manifestations of systemic diseases; cutaneous adverse drug eruptions; skin tumors; therapy of skin diseases.

#### **Recommended reading**

##### **Texts**

1. .Tony Burns, et al. Rook's Textbook of Dermatology.
2. Wolff K, Goldsmith LA, Katz SI, et al., eds.: Fitzpatrick's Dermatology in General Medicine.

In the introductory basic dermatology module a complete knowledge of a smaller textbook of dermatology is mandatory. A few suggestions are given below.

1. Rona M MacKie. ClinicalDermatology
2. Roxburgh's common skin diseases.

3. David J. Gawkrödger. Dermatology : an illustrated colour text
4. John C. Hunter, John Savin, Mark Dahl - Clinical Dermatology

### **Journals**

- JAMA Dermatology
- British Journal of Dermatology
- Journal of the American Academy of the Dermatology
- International Journal of Dermatology
- Sri Lanka Journal of Dermatology
- Indian Journal of Dermatology, Venereology and Leprology.

### **Training in General Medicine**

#### **Preamble**

Although Dermatology has evolved to be a specialty of its own, its intimate association with General Medicine is well established. Most systemic diseases can affect the skin either directly or as a result of a complication of the disease or its treatment. Therefore a sound knowledge of General Medicine is mandatory to the practicing Dermatologist.

In the past all Dermatologists in Sri Lanka were expected to obtain a basic postgraduate degree in General Medicine eg. MD Medicine, MRCP (UK). Although the above requirement has been removed, the module II of the curriculum and assessment at the conclusion of training in General Medicine aims to fill the above void.

The duration of the training will be for a period of one year, where the trainee will be attached to a medical unit in a teaching hospital approved by the Board of Study in Dermatology as a registrar. The approved training units will be notified to the trainees.

#### **Syllabus**

The following only highlights the minimum training required. The postgraduates should acquire knowledge of a wide spectrum of medical illnesses and any new developments in general medicine. Knowledge of the aetiology, pathogenesis, epidemiology, clinical features, investigations, differential diagnosis, prognosis and management is required of diseases in the following categories.

#### **Cardiovascular diseases;**

ischemic heart diseases, arrhythmias, heart failure, valvular heart disease, arterial hypertension, congenital heart disease, diseases of the myocardium and pericardium, vascular diseases of the limbs and pulmonary embolism.

**Respiratory diseases;**

asthma and chronic airways disease, pneumonias and tuberculosis, diseases of the pleura, occupational lung disease, bronchiectasis and lung abscess, pulmonary neoplasms, interstitial lung disease, respiratory failure.

**Gastrointestinal diseases;**

peptic ulcer, gastrointestinal haemorrhage, inflammatory bowel diseases, diarrhoea and malabsorption, neoplasms of the GI tract, pancreatitis

**Diseases of the liver and the gallbladder;**

jaundice and hepatitis, cirrhosis of the liver, hepatic tumours, diseases of the gallbladder and bile ducts.

**Renal diseases;**

glomerular disorders, acute and chronic renal failure, renal infections, obstructive nephropathy, dialysis and renal transplantation.

**Neurologic and behavioral diseases;**

infections and inflammatory disorders of the nervous system, cerebrovascular diseases, extrapyramidal disorders, degenerative diseases and demyelinating diseases, epilepsies, diseases of the spine, diseases of the peripheral nervous system, diseases of muscle and neuromuscular junction, disorders of consciousness, psychiatric disorders in medical practice, tumours of the central nervous system

**Infectious diseases;**

principles of infection control, all infectious diseases seen in Sri Lanka, pyrexia of unknown origin, acquired immune deficiency syndrome.

**Haematologic diseases;**

anaemias, haemolytic disorders, thalassaemias, leukaemias, myeloproliferative disorders, paraproteinaemias, disorders of blood coagulation, lymphomas.

**Metabolic diseases;**

disorders of carbohydrate metabolism, disorders of lipoprotein metabolism, inborn errors of amino acid metabolism, gout, porphyria and amyloid diseases.

**Endocrine diseases;**

diseases of the pituitary, thyroid and adrenal cortex, diabetes mellitus, disorders of the reproductive system, hirsutism.

**Musculoskeletal and connective tissue diseases;**

arthritis, connective tissue diseases, rehabilitation of the immobilized and the disabled.

**Nutritional diseases;**

**Diseases of bone and bone mineral metabolism;**

**Intensive care and emergency medicine;**

**Toxicology and poisoning;**

**Diseases caused by protozoa and metazoa;  
Diseases of the immune system;**

**Procedures:**

Trainees should acquire the following procedural skills

1. cannulation
2. lumbar puncture
3. arterial puncture
4. liver biopsy
5. cardio-pulmonary resuscitation
6. DC conversion
7. pleural aspiration and biopsy
8. blood transfusion

**Reading list:**

The reading list is offered as a useful source of information and is a basis for study. For all books listed the latest edition is recommended.

**Texts:**

1. Boon N A, Colledge N R, Walker B R - 'Davidson's Principles & Practice of Medicine'
2. Kumar P, Clark M. - Clinical Medicine
3. Kasper DL, Braunwald E, Fauci AS, et al. - Harrison's Principles of Internal Medicine.
4. Warrell DA, Cox TM, Firth JD. - The Oxford Textbook of Medicine

**Journals:**

Medicine International - add - on series

British Medical Journal

New England Journal of Medicine

Lancet

The Ceylon Medical Journal

Journal of the Ceylon College of Physicians

## **Training in Advanced and Applied Dermatology**

### **Preamble**

At the completion of this training the trainee is expected to have a specialized knowledge of all dermatological disorders that may present to a specialist department of dermatology, have a comprehensive understanding of the basic sciences and their applications to dermatology, and have the skills and attitudes necessary to manage these patients. An understanding of the pharmacology, especially related to the systemic and local therapies used in dermatology, and the skills in using these for the proper indications is expected. The trainee should have an adequate knowledge of dermatopathology. A trainee should acquire knowledge of basic laboratory methods and the ability to identify fungal hyphae and hair shaft abnormalities. The knowledge and skills necessary to perform common dermatological procedures is mandatory. The trainee is expected to have the ability to impart knowledge in dermatology to undergraduates, medical and paramedical staff and the public.

It is also the aim of this programme to enable the trainee to acquire skills in lifelong learning in the expanding field of dermatology.

### **Syllabus**

#### **Biology of the skin**

Embryology of the skin; Molecular biology and the skin; Structure and ultrastructure of the epidermis - epidermal differentiation, kinetics and keratinization; The dermo-epidermal junction, structure and the function of the dermis; Biology of collagen, elastin, extra cellular matrix, proteoglycans, glycosaminoglycans, subcutaneous fat;

Biology of the oral mucosa blood vessels, lymphatics and nerves of the skin, the mast cell, Langerhans cells and the Merkel cells;

Microanatomy and the biology of hair, nails, sebaceous glands, endocrine and apocrine glands;

Variations in the skin at different ages and in different racial groups;

#### **Immunology**

Immunology - basic principles; Immunology in relation to the skin; Auto immune blistering disorders; Immune deficiency disorders; Collagen vascular disorders

#### **Cellular and molecular biology of inflammation**

Key cells of inflammation - leukocytes, mast cells and monocytes, macrophages; Adhesion molecules; Mediators of inflammation – cytokines, prostaglandins, etc.; Growth factors; Wound healing; Pruritus; Atopic dermatitis; Psoriasis;

#### **Genetics and Genodermatoses**

Genetic principles; DNA analysis and the human gene map; HLA antigens; Chromosomal disorders; Prenatal diagnosis of skin diseases/genetic counseling; Familial multiple tumour syndromes ; Ectodermal dysplasia ; Other genetic disorders;



## **Paediatric dermatology**

Disorders seen in neonates; Naevi and other developmental defects; Infections relevant to dermatology in children; Inflammatory dermatoses in childhood; Skin tumours of children; Pigmentary disorders; hair and nail disorders of childhood; Skin signs of systemic diseases in children;

## **Contact Dermatitis**

Immunology, pathogenesis, clinical features, patch testing and management.

Occupational Dermatology

## **Bacteriology**

Normal flora of the skin and cutaneous defense mechanism; Staphylococcal and streptococcal infections; Toxin mediated diseases; Leprosy - advances in management, prevention and control; Tuberculosis; Other mycobacterial diseases; Rare bacterial infections

## **Mycology**

Superficial cutaneous fungal infections; Hair and nail fungal infections; Subcutaneous mycoses; Cutaneous aspects of systemic mycoses- histological and cultural laboratory methods used in mycology, characteristics of fungal cultures;

## **Virology**

General pathology of viral infections; Exanthemas; Laboratory diagnosis; Pox viruses; Herpes viruses; Human papilloma viruses; Hepatitis viruses; Retro viruses - HIV/AIDS; Other viruses;

## **Parasitology**

Filariasis; Larva migrans and larva currens; Leishmaniasis; amoebiasis;

## **Arthropods and other noxious animals**

Papular urticaria; Myiasis; Lice and mites; Noxious and venomous stings and bites;

## **Cutaneous photobiology**

Principles of photobiology; Effects of UV radiation on the skin; Photosensitivity disorders; Phototherapy and photo chemotherapy;

## **Reactions to physical agents**

Mechanical, thermal and ionizing injury; Dermatological problems in amputees; Dermatological complications of stomas; Dermatological signs of child/elderly abuse; Sports dermatology;

## **Pigmentary Disorders**

Melanocyte biology; Hypermelanosis- pathogenesis, types, and differential diagnosis of hyperpigmentation; Hypomelanosis and vitiligo;

## **Vascular conditions**

Cutaneous vasculitis; Annular erythemas;

## **Disorders of the dermis**

Diseases of connective tissue; Mastocytosis; Histiocytosis; Necrobiotic disorders;

## **Perforating disorders**

### **Sarcoidosis**

### **Neutrophilic dermatoses**

### **Eosinophilic dermatoses**

### **Reiter's disease**

### **Behcet's disease**

## **Disorders of the subcutaneous fat**

Panniculitis; Lipodystrophy;

## **Metabolic and nutritional disorders**

Porphyrias; Xanthomas and lipid metabolism disorders; Mucinosis, Amyloid, Lipoid proteinosis; Nutrition and the skin; Skin disorders in Diabetes Mellitus;

## **Disorders of hair and nails**

## **Disorders affecting special sites**

Eye, ear, lips, oral cavity, breast and genitals;

## **Psycho-cutaneous disorders**

## **Ethics in Dermatology**

## **Skin tumours - benign and malignant**

Epidermal; Appendageal; Melanocytic; Dermal; Subcutaneous

## **Lymphomas and Pseudo lymphomas**

## **Drug reactions**

## **Pharmacology and dermatological therapy**

### **General aspects of management**

1. Principles of management
2. General management - explanation, avoidance of aggravating factors, diet
3. Timing and compliance
4. Side effects

### **Specific drugs for the treatment of skin diseases**

The trainee should be familiar with the different modes of therapy available for skin diseases

### **Systemic drugs**

Pharmacology – structure, absorption and distribution, mechanism of action, metabolism and excretion;

Clinical use - clinical indications and usage, adverse effects and contraindications, drug interactions;

The trainee should be familiar with the use of the following drugs:

Drugs for the treatment of infectious diseases - antibacterial, antifungals, antiviral and antiparasitic; Immunomodulatory and anti-proliferative drugs; Retinoids; Systemic

corticosteroid therapy; Psoralens; Dapsone and sulphapyridine; Antimalarials; Antihistamines; Antiandrogens; Vasoactive and anti-platelet drugs;

### **Topical therapy**

The trainee should be familiar with the skin barrier functions and principles of percutaneous absorption of drugs, and pharmacodynamics of topical therapy.

Pharmacology of topical therapy including vehicles, and types of preparations; Specific topical therapies; Corticosteroids; Germicides and other antibacterial agents; Antibiotics; Antifungal drugs; Antiviral drugs; Preparations used in psoriasis including tars, dithranol and calcipotriol; Keratolytics; Cytotoxic and immune modulatory agents; Preparations used for the treatment of Acne; Antiperspirants and depilatory agents; Agents used to reduce skin pigmentation; Sunscreens; Insect repellents and parasitacides; Cleansing agents and bath preparations; Camouflaging Preparations; Cosmetic applications;

### **Laboratory methods**

The trainee should become competent in the use of the standard microscope in day-to-day practice. Trainees are expected to have a basic knowledge of laboratory methods and have practical experience in the following:

The use of a microscope in diagnosis of

Fungal infections of skin, hair and nails

Viral infections, including Tzanck smear

Bacterial infections: Gram stain; Slit skin smear for *M. Lepae*;

Parasitic infestations: Scabies; Head lice; Body lice, Leishmaniasis, preparation of different smears and stains (including Giemsa and leishmanin)

Hair disorders, e.g. shaft defects

### **Dermatopathology**

Experience and training in dermatopathology is an essential part of the general dermatology training. The trainee should become competent in the use of the standard microscope and be able to adequately assess microscopically common dermatological conditions. The trainee should be familiar with the principles of interpretation of a skin histopathology slide.

He/she should be familiar with the following:

Spongiotic tissue reaction patterns; Lichenoid tissue reaction patterns; Psoriasiform tissue reaction patterns; Vesiculobullous tissue reaction patterns; Granulomatous tissue reaction patterns; Vasculopathic tissue reaction patterns; Naevi and benign tumours; Malignant skin tumours; Histopathology of other common dermatological diseases.

### **Procedural Dermatology**

1. Dermatosurgery
2. Patch testing procedures
3. Curettage and electro surgery
3. Cryosurgery
4. Phototherapy and photodynamic therapy
5. Laser surgery

## 6. Basic aspects of cosmetic dermatology (chemical peels, etc)

The essential practical knowledge in procedural dermatology will include the performance of skin biopsy of all types, curettage, cautery and electrosurgery, cryosurgery, basic instrument handling skills, tumour margin planning, haemostasis and management of significant intra operative bleeding, suturing, dressing techniques, and post-operative care.

The trainee will need to know about designing appropriate incision lines, respect for cosmetic units, ability of designing wound closures, excision and suture techniques. Knowledge and when possible the performance of split and full thickness skin grafts, punch grafts and a range of basic skin flaps.

Phototherapy is an important modality in procedural dermatology and a thorough and comprehensive knowledge of the theoretical principles are considered essential. It is important that the trainees are actively involved in the administration of UVB, UVA and PUVA to patients during the period of training.

The exact number is not important but documented evidence is required demonstrating that at least most of these have been performed under supervision and that the trainee has been assessed as being competent to perform these procedures. The log book and the trainee appraisal form are the usual source of evidence.

### **Medical Statistics and information technology**

Trainees need to be proficient in the fundamentals of evidence based dermatology and this will require a sound knowledge of basic medical statistics. It is necessary to acquire adequate knowledge and proficiency in information technology and basic uses of a computer.

### **Recommended reading:**

#### **Text books**

1. Tony Burns, et al. - Rook's Textbook of Dermatology.
2. Wolff K, Goldsmith LA, Katz SI, et al., - Fitzpatrick's Dermatology in General Medicine.
3. Lever, WF, Schaumburg-Lever, G, - Histopathology of the Skin.
4. D. Weedon, - Weedon's Skin Pathology,
5. Brunton LB, Lazo JS, Parker KL, eds. Goodman & Gilman's The Pharmacological Basis of Therapeutics.
6. Satish S Savnt, RadhaAtal-Shah, Deepak Gore Text book and Atlas of Dermatolo surgery and cosmetology
7. Dermatology Edited by Jean L Bologna, Joseph L Jorizzo, Ronal P Rapini
8. Text Book of Pediatric Dermatology Edited by John Harper, Arnold Oranje, Neil Prose.

#### **Journals**

JAMA Dermatology

British journal of Dermatology

Journal of the American Academy of Dermatology

International Journal of Dermatology

Indian Journal of Dermatology

Sri Lanka Journal of Dermatology

### **Annexure 3. Research Project leading to a Research Paper**

Successful completion of a research project is a mandatory requirement to be eligible to appear for the Pre-Board Certification Assessment (PBCA).

The purpose of this module is to enable the trainee to obtain a practical knowledge of conducting a research project.

This includes the ability to:

1. Develop an area of interest, to search and analyze the background on the subject and to undertake a literature search.
2. Define the aims and objectives of the study, to decide on a study design.
3. Identify the study sample, sampling methods, sample size and to decide on methods of data collection and analysis.
4. Learn the principles involved in ethical issues.
5. Utilize this information to prepare a research protocol.
6. Construct a timetable for the research, its conduction and completion.
7. Write and present the research paper.

It should be a study which is either hospital-based or community-based and could include clinical, epidemiological, genetic or immunological components. It may be observational or interventional in type.

All aspects of the study have to be assessed and deemed to be satisfactory by the Board of Study in dermatology ***before embarking on the proposed study.***

The draft proposal (format given below) should include all relevant details. The submitted proposal will be evaluated by a member appointed by the Board and comments submitted to the Board according to the format given below.

Once approved, it should be commenced without any delay and within a period of three months after approval. List of instructions to the supervisor is indicated below. The supervisor should submit a progress report to the Board every six months using the form given below. All projects would need ethical approval.

The trainee may submit the study for publication in a peer-reviewed journal or present in a recognized scientific session. A comprehensive report on the completed study should be produced to the Board according to the format given below. Examiner(s) appointed by the Board will assess the completed project report based on the marking scheme indicated below.

## **FORMAT OF DETAILED PROJECT PROPOSAL**

### **Section 1**

1. Name of trainee
2. Name(s) of supervisor(s)
3. Training centre

### **Section 2**

1. Project title
2. Background and justification
3. Objectives of study
4. Research plan
  1. Design
  2. Setting
  3. Method
  4. Sample size and sampling techniques
  5. Outcome measures
  6. Statistical analyses and plan of presentation of results
  7. Ethical considerations
  8. Work plan and time lines
5. References
6. Funding for study
7. Signature of trainee

### **Section 3**

Recommendation of supervisor(s)

Signature of Supervisor 1

Signature of Supervisor 2

Date

Date

### **Section 4**

Date of submission to PGIM

Date of approval by BOS

Signature of Secretary BOS

**REPORT OF THE BOS MEMBER (REVIEWER) EVALUATING THE PROPOSAL/ FINAL REPORT OF THE RESEARCH**

1. **Name of Trainee:**

2. **Training Centre:**

3. **Supervisor:**

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4. **Reviewer:**

Name:

Designation:

Address Official:

Tel//Fax:

Email:

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5. **Title of Project:**

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6. **Please comment on each of the following headings.**

1. **Introduction:** Rationale (Justification) – problem identified and quantified. Hypothesis and expected outcome, impact and relevance of the study.

Comment:

2. **Literature Review:** Adequacy ( evidence of a systematic search for related. similar, relevant studies)

Comment:



3. **Objectives:** Clearly defined, relevant and stated in measurable terms.  
Comment:
  
4. **Method:** Appropriate study design to address the objectives with clear detailed description of subjects, sampling technique and sample size, interventions, data collection and management. The study should be, internally valid and reproducible. Where specific details are available in the literature, reference should be made to the original papers, and comments kept to a minimum. If modifications have been made to the published techniques, these should be described in full. Appropriate statistical tests planned should be mentioned and ethical issues addressed  
Comment:
  
5. **Results:** Order of presentation and appropriate presentation of tables, figures, graphs. Appropriate statistical analyses and interpretations  
Comment:
  
6. **Discussion:** The findings of the study should be discussed taking into consideration findings of relevant studies, within and outside the country. The discussion should not be a repetition of the results only. Limitations should be included.  
Comment:
  
7. **Conclusion and recommendation:** Based of the results of the study and to address the objectives  
Comment:
  
8. **Limitations:** Any inherent and / or inadvertent biases and how they were dealt with.  
Comment:
  
9. **References:** According to the Vancouver system and relevant to the study. Properly documented in the Bibliography and appropriately cited in the text  
Comment:

**Institution(s) where work would be carried out:**

**11. Ethical considerations/institution from where ethical approval will be /has been obtained:**

Comment:

**12. Overall presentation:** Overall presentation of the proposal (grammar, spelling, typographical mistakes etc).

Comment:

**7. Recommendation of reviewer:**

Comment:

Is the project report acceptable?                      Yes / No

If No, What corrections are required? (Attach a separate sheet of paper if necessary)

**Signature:**

**Date:**

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**8. Recommendation of the Board of Study in Dermatology:**

**Signature of Chairperson/Secretary:**

**Date:**

## **INSTRUCTIONS TO SUPERVISORS**

1. The objective of the research project is to prove the trainee's capability to plan, carry out and present his / her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.
2. The supervisor should guide the student in planning and designing, carrying out the research and in presentation of the work.
3. The research project must be original and must comprise the trainee's own work.
4. It must contribute to existing knowledge relevant to Sri Lanka and afford evidence of originality as shown by independent, critical assessment and / or discovery of new facts in the area under study.
5. It should be satisfactory with regard to literary presentation.
6. The research project should be certified by the supervisor as suitable for submission.
7. General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the problem (both international and local) should be comprehensively and critically evaluated. An appropriate study design and method should be used to achieve the objectives stated. The results should be appropriately analyzed, interpreted and presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work. If they differ, the probable reasons for these differences need to be discussed. Theoretical / practical applications of the results, if any should be given. The conclusions should be valid and be based on the results obtained on the study.
8. Ethics: Approval should be obtained by a recognized Ethics Review Committee prior to commencement of the research project.
9. If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the Specialty Board in Dermatology. In such instances, a follow-up report should be forwarded within three months or earlier.

## **RESEARCH PROGRESS REPORT**

To be forwarded by the supervisor to the Board at least once in SIX months

**1. Name of trainee:**

**2. Training Centre:**

**3. Supervisor:**

**4. Title of project:**

**5. Description of work carried out to date:**

To be filled in by trainee: briefly describe progress in lab / field work and report writing

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### **Supervisor's comments**

**6. Is the work on schedule?**                      Yes / No

**7. Progress in writing:**    satisfactory / unsatisfactory

**8. Constraints** (if any)

**9. Recommendation of supervisor:**

Signature:

Date:

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**10. Recommendation of the Specialty Board in Dermatology:**

Signature of Secretary:

Date:

## **RESEARCH REPORT FORMAT**

### **General instructions**

The past tense should be used. The metric system and the International System (SI) of units should be used whenever possible.

### **Length**

The text should *not* exceed 4000 words, which equals to approximately 10 pages. With figures, references, etc., the total length is likely to be in the region of 15 - 20 pages.

## **RESEARCH REPORT MARKING SCHEME**

1. Title (05)
2. Author's name and address
3. Abstract (05)
4. Table of contents
5. List of tables
6. List of figures
7. Introduction (10)
8. Objectives (10)
9. Review of literature (10)
10. Materials and methods (15)
11. Results (15)
12. Discussion (including limitations) (20)
13. Conclusion and recommendations
14. Acknowledgements
15. References (05)
14. The overall presentation (05)

To pass the trainee should score 50 % or more.

## Annexure 4. Progress Report Format

### POSTGRADUATE INSTITUTE OF MEDICINE – UNIVERSITY OF COLOMBO PROGRESS REPORT – MD DERMATOLOGY (Local & Overseas)

Name of trainer .....

Name of the trainee .....

Duration of the training .....

Please circle the appropriate grade in the assessment scales using the following descriptors.

- Very Good - Performance which not only exceeds normal requirements but is also very good and deserves commendation.
- Good - Performance which fully meets normal requirements and which exceeds such requirements on some of the principle duties of the position.
- Fair - Performance which meets requirements in the principle duties of the position.
- Poor - Performance which fails to meet requirements in some duties of the position.
- Unsatisfactory- Performance which fails to meet most requirements of the position.

#### 1. Quality of Clinical Work

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

#### 2. Quality of Operative Skills

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

#### 3. Dedication to work

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

#### 4. Basic Professional Knowledge (include the ability to apply the basic principles correctly in his/her work).

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

5. Knowledge of new developments in his/her field (whether the doctor keeps pace with new developments and applies them effectively).

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

6. Willingness to impart Professional Knowledge

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

7. Readiness to accept advice

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

8. Rapport with patients

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

9. Rapport with colleagues

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

10. Ability to work under pressure/in crisis

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

11. Quality of research and publications (if applicable)

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

12. How often do you come into contact with this doctor whom you are supervising?

Unsatisfactory		Poor		Fair		Good		V.Good	
1	2	3	4	5	6	7	8	9	10

\_\_\_\_\_  
SIGNATURE & NAME OF TRAINER

\_\_\_\_\_  
DATE



## **Annexure 5. Portfolio**

### **Portfolio in Dermatology-MD Dermatology and Board certification**

An accurate assessment of trainee's performance and achievements is one of the most important aspects in postgraduate training. Portfolios are recognized as effective educational tools for such assessment purposes. They provide, an opportunity for trainees to reflect on and self judge their strengths and weaknesses, establish learning contracts with their supervisors and to address the gaps in their knowledge and skills. Through the maintenance of portfolios, it is possible to assess a range of curriculum outcomes that are not easily assessed by other methods.

The trainee should maintain a portfolio to document and reflect on his training experience with a view to identify and correct any weakness in the competencies expected from him. The portfolio should be maintained from the time of entry to the programme up to board certification. The portfolio should contain a collection of written records, completed assessment forms, and other forms of evidence that learning has taken place in terms of the eight outcomes of the MD programme. It should be a collection of trainee's work that exhibits their efforts, progress and achievements in each outcome.

The Trainers are expected to review the trainee's progress at regular intervals. It is the responsibility of the trainee to obtain the signature of the trainer after these reviews, and submit the portfolio for evaluation by BOS annually and also submit at the pre board certification assessment for evaluation of his/her competence to practice independently as specialist in dermatology.

It is encouraged to maintain the portfolio beyond Board certification, which would enable a specialist to maintain a comprehensive record of all aspects of his/her career.

Portfolio often takes the form of a printed document/book, however methods such as compiled photographs and videos are sometimes used to document the training obtained. These could be done in an e –Portfolio.

By definition, any material that provides evidence for achievement of the outcomes could be included in the portfolio. The standard portfolio should consist of:

1. Document of all aspects of training and learning experienced by trainee. Documentation of this experience should be with reflective and critical writing The contents should also include a minimum number(10 ) of interesting or useful case records, procedures and practical skills a minimum number (10)
2. Exposure to new technologies. This should include a critical review of their use. A minimum(05 ) of such technologies need to be included
3. Details of Continuing Professional Development activities. Minimum (10 )
4. Records of scientific presentations made. Minimum(05 )
5. Direct Observation of practical Skill minimum( 10 )
6. Case Based Discussions minimum( 10 )
7. Mini- Clinical Examination minimum( 10 )
8. Regular reflective writing on all aspects of patients care and professional training.
9. A record of individual activity based on the trainees' own experience.
10. Teaching (undergraduate/Postgraduates)
11. Research and audit

Each portfolio entry should be structured according to Kolb's reflective cycle. To put simply, each portfolio entry should address the following questions in relation to a learning experience that the trainee has experienced.

1. What is/was the learning experience?
2. What did I learn?
3. What more do I have to learn?
4. How can I learn it? What is my PLAN for further improvement?
5. Include evidence of further learning/implementation of change of practice.

List and attach the supporting documents to be used as evidence

6. Identify the programme outcomes addressed by this activity

### **Maintenance of Portfolio**

1. The Portfolio should be maintained as separate sections to conform to the above format and in a loose detachable folder.
2. It is mandatory that in each sub section, the entries are made in chronological order. Separate page numbering should be made in each sub section. In CPD and other areas in which further developments have taken place, reference may be made to earlier entries by providing the relevant page numbers.
3. All documents in the portfolio should be type written/computer printed or should be scanned images or photocopies of articles.

The trainee is expected to keep the portfolio updated regularly. It is not a document that could be prepared in a hurry at the end of the programme. The trainers will use the portfolio to assess the progress of the trainee and to provide a feed back at regular intervals during the training period. The trainers are expected to assess the level of competencies in different areas of training and provide advice and assistance to the trainees to achieve the expected level of skills.

### **Portfolio assessment and marking scheme**

The completed Portfolio should be submitted after completion of training for the purpose of assessment. It will be assessed by a panel of two examiners appointed by the BOS in Dermatology.

The examiners will initially assess the portfolio for the quality of evidence and the quality of reflection. Rating descriptors for reflective ability:

- 0 – no reflection; i.e. has not completed the reflective cycle
- 1 – reflected at a descriptive level; i.e. merely described the learning experience
- 2 – reflected at an analytical level; i.e. analyzed the reasons for the experience and the reasons for the outcome

- 3 – reflected at an evaluative level; i.e. evaluated how the outcome(s) would have been different if a different course of action was taken
- 4 – reflected at an evaluative level and has provided **high** quality evidence for implementing the action plan

Then the panel will sit at a formal discussion at a viva voce with the trainee and evaluate the portfolio over a period of time as determined by the Board of Study in Dermatology.

At this portfolio viva voce evaluation, the performance of the trainee will be marked by the examiners using the following scales:

<b>Grading</b>	<b>Closed Mark</b>
Bad Failure	6
Borderline Failure	7
Pass	8
Good Pass	9
Excellent Pass	10

It is a mandatory requirement to obtain a minimum mark of 8 to pass the evaluation.

A trainee who would score a close mark of less than 8 will be advised by the panel on exactly how the Portfolio could be improved to achieve a closed mark of 8 or more. In such case, the necessary corrections and amendments have to be made by the trainee and the portfolio submitted to the same panel of examiners for a second evaluation. If a closed mark of 8 or more is not obtained, a third evaluation by the same panel of examiners will become necessary.

The completed Portfolio, with satisfactory remarks by the BOS in Dermatology and a minimum pass grading is necessary for the trainee to be eligible to proceed to the Pre Board Certification Assessment and Board Certification.