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Postgraduate Institute of Medicine – University of Colombo

**POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO, SRI LANKA**



**PROSPECTUS**

**POSTGRADUATE DIPLOMA  
DOCTOR OF MEDICINE (MD)  
AND  
BOARD CERTIFICATION  
IN  
VENEREOLOGY**

**2013**

**BOARD OF STUDY IN  
VENEREOLOGY**

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**PROSPECTUS**  
**POSTGRADUATE DIPLOMA IN VENEREOLOGY**

**1. INTRODUCTION**

The Board of Study in Venereology will conduct a course of study over a period of **18** months and a structured examination, leading to the award of the Postgraduate Diploma in Venereology.

**2. AIMS**

To develop a cadre of medical officers trained in venereology who will be capable of carrying out preventive, curative, administrative and research activities. Such medical officers should be able to:-

- plan, implement and evaluate control activities in keeping with the broad objectives of the National Strategic Plan of the National Sexually Transmitted Diseases and AIDS Control Programme ( NSACP)
- provide comprehensive clinical services for persons seeking care for Sexually Transmitted Infections (STI) , Human Immune Deficiency HIV and related conditions
- carry out surveillance activities in HIV and STI
- Develop appropriate interventions for behaviour modification for prevention and control of STI/HIV.

**3. ELIGIBILITY CRITERIA TO SIT THE SELECTION EXAMINATION**

Prospective applicants must satisfy the following requirements.

- (a) A Medical degree registered <sup>1\*</sup> with the Sri Lanka Medical Council.
- (b) Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- (c) Satisfactory completion of one year of post internship in medical/clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM.

*The criteria prescribed in paragraphs (a) to (c) must have been satisfied by the applicants as at the date of closure of applications, provided that where a short-fall has occurred due to any reasons including sick, maternity or other leave, the applicant concerned should complete such shortfall in order to become eligible to apply for the Selection examination.*

- (d) Any other requirement/s stipulated by the Board of Study (BOS) in Venereology that has/have been approved by the Board of Management.

<sup>1</sup> \* Foreign nationals who seek to apply to register for selection examinations should possess a medical degree registrable with the Sri Lanka Medical Council.

A quota of one trainee or a number determined by the BOS/BOM for the private sector is available.

#### **4. SELECTION EXAMINATION**

Candidates will be selected on the basis of a competitive written selection examination. **(Annex 1. Syllabus)**

##### **4.1. Format**

The selection exam shall consist of a **written paper** of **three hours** duration which will include five (05) essay questions in Community Medicine, Statistics and Venereology. All five questions are to be answered. Each question will be marked out of 100 independently by two examiners. Allocation of marks for each question or part will be shown in the parenthesis in the question paper.

##### **4.2. Requirement to pass the Selection Examination**

A candidate has to obtain 50% or more of a total aggregate of 500 marks.

##### **4.3. Number to be selected for the training course**

Only a predetermined number of candidates who pass the Selection Examination will be enrolled on merit for the training course. The number of candidates to be enrolled for the course will be decided by the Board of Study in Venereology (BOS) before calling for applications and the number will be indicated in the circular/advertisement calling for applications.

##### **4.4. Number of attempts for the Selection Examination**

The number of attempts is unlimited.

##### **4.5. Enrolment to the Postgraduate Diploma in Venereology Training Programme**

Candidates who are selected for the training programme should get enrolled in the same year. A candidate who decides to join in a subsequent year will have to sit the Selection Examination again.

#### **5. FORMAT OF THE COURSE**

##### **5.1 Postgraduate Diploma Venereology curriculum**

The curriculum will consist of **26 modules** listed below. The details of each module with content areas are described in Annex 2.

- Module 1 – Introduction to National STD/AIDS Control Programme
- Module 2 – Statistics and Basic Epidemiology
- Module 3- Research Methodology
- Module 4 – Epidemiology, prevention and control of STIs/HIV/AIDS
- Module 5 – Strategic Information Management (Surveillance, M&E, Research)
- Module 6 – Legal and ethical issues

- Module 7 – Sexual Behavior and Psychosexual issues
- Module 8 – Approach to patient management
- Module 9 - Natural history, diagnosis and management of specific sexually transmitted infection
- Module 10 – STIs in pregnancy and neonate
- Module 11 – Sexually transmissible infections
- Module 12 – Extra genital manifestations of STIs
- Module 13 – Non STI genital pathologies
- Module 14 - STIs and malignancy
- Module 15 – Viral Hepatitis
- Module 16 – Contraception
- Module 17 – Imaging of genital tract.
- Module 18 – Virology, immunology, pathogenesis & natural history of HIV
- Module 19 – Counseling in HIV/ STIs
- Module 20 – Laboratory diagnosis of HIV (adult and paediatric)
- Module 21 - Diagnosis and management of opportunistic infections
- Module 22 – Anti retroviral therapy for adults
- Module 23 – Prevention of mother to child transmission of HIV
- Module 24 – Management of pediatric HIV
- Module 25 – Community based and home based care
- Module 26 – Infection control and post exposure prophylaxis.

## **5.2 Training schedule/ Teaching Instrument**

The course shall be a fulltime course. It will be conducted over a period of **18 months** and all candidates should follow the full training schedule listed below.

**5.2.1 Six (6) months of public health** training under direct supervision of a Medical Officer of Health (MOH) having at least MSc Community Medicine. The trainees will be appointed in the capacity of Assistant Medical Officer of Health (AMOH). The Board of study Venereology will select the MOH stations.

**5.2.2 One year of training in venereology** under supervision of consultant venereologists.

- Nine months of this training will be at the Central STD clinic, Colombo
- Three months at a peripheral STD Clinic.

**5.2.3 Lectures/discussions/ tutorials/demonstrations** will be held on Friday full day and Saturday morning over a period of approximately 30 weekends. The total number of lecture hours will be 189 hours and discussions / tutorials 30 hours.

**5.2.4 Teaching instruments**

These will include lectures, discussions, tutorials, demonstrations, clinical training/ practical

### Calculation of credits

The various components of the course consist of learning activities that comprise the following credit hours

Lectures	– 189 hours	– 12 credits
Discussions / tutorials	– 30 hours	– 02 credits
Clinical / practical training (24 hours /week x 52 week)	– 1248 hours	– 28 credits
<b>Total</b>		<b>42 credits</b>

*One credit is equivalent to 15 hours of lectures or 30 hours of practical sessions or 45 hours of clinical work.*

#### 5.2.5 Components of taught course (lectures)

No.	Module	Number of lectures	Lecture hours
1	Introduction to National STD/AIDS Control Programme	6	9
2	Statistics and Basic Epidemiology	11	16.5
3	Research methodology	6	9
4	Epidemiology and prevention of STIs /HIV	7	10.5
5	Strategic Information Management (Surveillance, M&E, Research)	5	7.5
6	Legal and ethical issues	5	7.5
7	Sexual behavior and psychosexual issues	8	12
8	Patient management	8	12
9	Specific sexually transmitted infections	30	45
10	STIs in pregnancy and neonate	4	6
11	Sexually transmissible infections	2	3
12	Extra-genital manifestations of STIs	3	4.5
13	Non STI genital pathologies	2	3.0
14	STIs and malignancy	1	1.5
15	Viral hepatitis	3	4.5
16	Contraception	1	1.5
17	Imaging of genital tract.	1	1.5
18	Virology, immunology, pathogenesis and natural history of HIV	4	6
19	Counseling in HIV	4	6
20	Laboratory diagnosis of HIV	1	1.5
21	Management of opportunistic infections	4	6
22	Anti retroviral therapy for adults	2	3
23	Prevention of mother to child transmission of HIV	2	3
24	Management of pediatric HIV	2	3
25	Community and home based care for HIV	1	1.5
26	Infection control and Post exposure prophylaxis for HIV	3	4.5



## **5.2.6 Components of in Service clinical / practical training**

**5.2.6.1** In service training as a MOH for six months. (**Annex 3**)

**5.2.6.2** In service clinical / practical training in sexually transmitted infections and HIV care - 24 hours / week for 52 weeks (**Annex 4**)

## **5.2.7 Format of Evaluation**

### **5.2.7.1 In course assessment**

#### **5.2.7.1.1 Six months training under Medical Officer of Health.**

Monthly review meetings to assess the work carried out under supervision of the MOH.

Monthly presentations at the review meetings on STI/HIV and public health related issues in the relevant MOH areas.

Monthly progress reports (**Annex 5A**) from the trainer:

Trainer/s will be requested to submit the progress reports of the trainees at the end of each month and the final report to be sent at the end of 6 months using the “Assessment Rating Form” (**Annex 5B**). If 50% or more unsatisfactory Assessment ratings are given to any of the three broad areas the progress of the trainee shall be considered unsatisfactory. Unsatisfactory reports may result in candidates being requested to extend the training period or discontinue from the training programme

#### **5.2.7.1.2 Twelve months training in STIs/HIV in the Central STD clinic and at a Provincial STD clinic**

Quarterly progress reports from the trainer:

Trainer/s will be requested to send quarterly progress reports of the trainees using the “Assessment Rating Form” (**Annex 6**).

Unsatisfactory reports will result in candidates being requested to extend the training period or discontinue from the training programme.

## **6. POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**

### **6.1. Eligibility to sit for the examination**

**6.1.1** Completion of Postgraduate Diploma in Venereology training course with at least 80% attendance in lectures and in-service clinical training appointments

**6.1.2** Obtain satisfactory progress reports from assigned trainers for in service training (MOH and clinical)

- 6.1.3** Submission of three case studies acceptable to the BOS two months before the date of Postgraduate Diploma Venereology examination. Case studies should include STIs/HIV and public health related cases (**Annex 7**)

## **6.2 COMPONENTS OF THE POSTGRADUATE DIPLOMA IN VENEREOLOGY EXAMINATION**

**There shall be three components:**

C1 – Written: Paper 1 and 2

C2 – Clinical

C3 - OSPE

**C1 – Written**

**C1.1 Paper 1**

Essay type questions – 5 questions – three hours -200 marks

(Each question shall be marked independently by two examiners)

**C1.2 Paper 2**

Short Answer questions – 20 questions – three hours -300 marks

(Each question shall be marked independently by two examiners)

**C2 Clinical Examination**

Two cases – 45 minutes / case - 300 marks

(30 minutes for history taking and examination and 15 minutes for the discussion)

(Each case shall be examined by two examiners)

**C3 OSPE**

Twenty stations over a period of 2 hours – 200 marks

(Each station shall be marked by two examiners independently)

## **7. REQUIREMENTS TO PASS THE POSTGRADUATE DIPLOMA IN VENEREOLOGY**

**Candidates should obtain:**

50% or more (500 marks or more) of the total 1000 marks

And

50% or more for written (250 marks)

And

50% or more for clinical cases (150 marks)

And

50% or more for OSPE (100 marks)

*A candidate should be successful in not more than six (6) attempts in the Postgraduate Diploma in Venereology examination within eight (8) years from the first attempt*

## **8. AWARD OF POSTGRADUATE DIPLOMA IN VENEREOLOGY**

Award of Postgraduate Diploma in Venereology Candidate has to pass all components of the examination in one sitting will be considered for the award of the Postgraduate Diploma in Venereology.

**PROSPECTUS**  
**MD AND BOARD CERTIFICATION IN VENEREOLOGY**

The Board of Study in Venereology will conduct a training programme in venereology leading to the degree MD and Board Certification in Venereology.

**1. GOAL**

To develop a cadre of specialists in Venereology with requisite knowledge, skills and attitudes.

**2. OBJECTIVES**

At the end of the training programme the trainee should have the knowledge, skills and attitudes to function as a specialist in Venereology.

**2.1 Objectives related to prevention**

Postgraduate trainees completing the training should have:

- a) An understanding of the key components of STI/HIV control programme in relation to prevention
- b) Knowledge and skills on surveillance on STI/HIV
- c) Ability to critically assess the effectiveness of preventive interventions, programmes, and services through audit and evaluations.
- d) Knowledge on development and implementation of policies related to STI and HIV/AIDS.
- e) Acquire leadership skills to work in partnership with other programmes and agencies

**2.2 Objectives related to Care**

**2.2.1** Postgraduate trainees completing training should have knowledge of:

- a) Comprehensive care for sexually transmitted infections and HIV including pharmacological, physical and psychological aspects in children, adolescents, adults and aged.
- b) Available diagnostic procedures and their limitations.
- c) the principles of amelioration of suffering and disability and rehabilitation
- d) The principles of ethics related to health care and the legal responsibilities of the medical profession.

**2.2.2** Postgraduate trainees during their training should have developed the skills to:

- a) Interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis/ differential diagnosis.
- b) Plan appropriate management of the patient with the involvement of the family where relevant.

- c) Suspect and recognize general medical problems in patients presenting to STD clinics and to initiate proper investigation and management of these problems.
- d) Manage medical emergencies in a STD clinic setting.
- e) To perform interventional procedures for the diagnosis and management of patients with STI/HIV and related conditions.
- f) To interpret medical evidence in a critical and scientific manner and make use of other information sources as applicable.
- g) To communicate effectively with patients, colleagues and health care staff in oral and written form.

**2.2.3** Postgraduate trainees during their training should have developed attitudes to :

- a) Appreciate the impact of STI/HIV on the patient, family and society and the ability to deal with sensitivity.
- b) Appreciate the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.

### **2.3 Objectives related to research project leading to a dissertation**

- a) To initiate, conduct and complete a research project.
- b) submission of a dissertation for Board Certification

## **3. ELIGIBILITY FOR SELECTION FOR THE MD TRAINING PROGRAMME**

Applications will be called from candidates who have obtained the Postgraduate Diploma in Venereology of the Postgraduate Institute of Medicine, University of Colombo.

All qualified applicants will be enrolled. They should apply within two (2) years of passing the Postgraduate Diploma in Venereology examination. Posting for training attachments will depend on the merit order at the Postgraduate Diploma in Venereology Examination.

## **4. FORMAT OF THE MD TRAINING COURSE**

**4.1. The MD training programme will consist of in-service clinical and practical training of 27 months and the conduct of a research project.**

**4.1.1.** In service training attachments: (Clinical and practical training curriculum – Annex 8)

- 6 months of General Medicine
- 3 months of Community Medicine
- 3 months of Dermatology
- 1 ½ months of Obstetrics and Gynaecology
- 1 ½ months of Psychiatry

1 year of Venereology (Central STD clinic, peripheral STD clinic, HIV clinic, Laboratory, IDH)

**Calculation of credits**

Discussions / tutorials	-	30 hours	-	02
Clinical training (36 hours /week x 104 week)	-	3744 hours	-	83
Practical training (Community Medicine)	-	360 hours	-	12

**Total - 97 credits**

*(One credit is equivalent to 15 hours of lectures or 30 hours of practical work or 45 hours of clinical work).*

**4.1.2. Research project leading to a Dissertation**

Candidate should submit the pre proposal within 6 months of commencing the MD training and detailed proposal within 18 months of commencing training. The dissertation must be submitted to the BOS at the end of the two year post MD training the latest.

Guidelines for preparation of the Research Project and submission of the Dissertation (**Annex: 9**)

**4.2. Format of evaluation**

**4.2.1. Peer Team Rating**

During MD venereology training period Peer Team Rating will be conducted during Venereology, Medicine and Dermatology appointments. (**Annex 10**)

**4.2.2. Progress Reports**

The trainer should submit the progress reports at the end of each component of training. (**Annex 11A, 11B, 11C**)

If a progress report is not satisfactory, or the candidate does not have the required attendance for any attachment, he/she will have to repeat that attachment in the same unit or a different unit as decided by the Board of Study.

**4.2.3. Log Book (Annex 11D)**

If the Log Book is not accepted the recommended corrections or improvements must be made, to be eligible to sit for the examination

**5. MD VENEREOLOGY EXAMINATION**

**5.1. Eligibility to sit the examination**

- 5.1.1. The candidate should have at least 80% attendance in each of the attachments including each component in venereology.
- 5.1.2. Candidates should have satisfactory progress reports and completion of the Log Book.
- 5.1.3. Approval of the BOS should have been obtained for the research project leading to the dissertation.

## 5.2. Components of the examination

**There shall be three components**

**C1. Written papers**

**C2. Clinical**

**C3. OSCE**

C1. Written Papers – 500 marks

C1.1. Paper 1

Essay type questions – 5 questions – three hours -200 marks

(Each question shall be marked independently by two examiners)

C1.2. Paper 2

Short Answer questions – 20 questions – three hours -300 marks

(Each question shall be marked independently by two examiners)

C2. Clinical Examination – 500 marks

C2.1. Long case

One long case – 45 minutes for history and examination

20 minutes for the discussion - 200 marks

(Long case shall be examined by two examiners)

C2.2. Short cases – four stations (40 minutes) - 200 marks

Candidate will rotate around four stations. Each station will take

10 minutes. A pair of examiners in each station will assess the candidate.

C2.2.3. OSCE – 100 marks

Ten stations over a period of 1 hour – 100 marks

Long OSCE – 4 stations, 7.5 minutes each (each station will be assessed by an examiner)

Short OSCE – 6 stations, 5 minutes each

## 5.3. Requirements for a pass at the Examination

Candidates who obtain 50% or more of the total 1000 marks (500 marks)

AND

a minimum of 50% in written papers (250 marks)

AND

a minimum of 50% in the clinical cases (200 marks) in one sitting

AND

a minimum of 50% in OSCE (50 marks) in one sitting shall be considered to have passed the MD examination.

#### **5.4. Number of attempts at the examination**

The maximum number of attempts allowed for the MD examination will be six (6) within eight (8) years from the first attempt.

### **6. AWARD OF DEGREE MD VENEREOLOGY**

Candidates successful at the MD Venereology examination will be considered for the award of the degree MD Venereology.

### **7. POST MD TRAINING**

Candidates successful at the MD Venereology examination should undergo one year local training and one year overseas training in a center/centers approved by the BOS.

#### **7.1. Objectives (Post MD Local Training)**

At the end of training programme the trainee should have adequate knowledge and skills to carry out prevention and care activities related to the main programme areas of the National STD/AIDS Control Programme

##### **7.1.1. Objectives related to prevention**

Postgraduate trainees completing the training should have adequate knowledge and skills to:

- Assess the local situation related to STIs and HIV and select the appropriate preventive programmes based on evidence and prioritize them
- Plan and implement suitable preventive activities in the community with special emphasis on vulnerable populations
- Support planning and implementing targeted interventions for MARP
- Carry out IEC and Condom promotion activities Carry out advocacy for policy makers
- Prevent mother to child transmission of STIs and HIV
- Carry out surveillance on STI/HIV
- Carry out monitoring and evaluation and critically assess the effectiveness of preventive interventions, programmes and services
- Develop policies related to STI and HIV/AIDS when necessary.
- Take leadership and work in partnership with other programmes and agencies in preventive activities

### 7.1.2. Objectives related to Care

Postgraduate trainees completing training should be able to;

- a) Provide comprehensive care for sexually transmitted infections and HIV including pharmacological, physical and psychological aspects for children, adolescents, adults and aged.
- b) Carry out appropriate management of the patient with the involvement of the family where relevant.
- c) Manage medical emergencies in a STD clinic setting.
- c) Maintain standards of medical practice at the highest possible level throughout a professional career.

### 7.2. Objectives (Overseas Training)

During overseas training period trainee is expected to learn:

- 7.2.1. The recent advances in prevention of STIs and HIV in children, adolescents and adults
- 7.2.2. The recent advances in care of STIs and HIV in children, adolescents and adults

### 7.3. Duration

This will consist of 12 months of training locally as a Senior Registrar in Venereology in an approved unit by the BOS and 12 months of training at a recognized centre overseas, approved by the PGIM. The 12 months of local training can be done *en bloc* or in two parts before and after the period of overseas training.

### 7.4. Progress Reports

During the post MD training period, progress reports will have to be submitted by the trainer once in three months during the local and overseas training. **(Annex 12A,12 B).**

### 7.5. Maintenance of Training Portfolio — Post MD

During this 24 month period, the trainee has to document the progress of his/her training and maintain a comprehensive record in the Training **Portfolio**. This will enable the trainee to reflect on his training experience and identify and correct any weaknesses in the competencies expected from him/her, and also recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The trainer needs to conduct regular assessments and certify that the trainee has satisfactorily acquired the required competencies.



The Training Portfolio will be used at the Pre Board Certification Assessment, to evaluate the trainee's competence to practice independently as a Specialist in Venereology. (Annex 13 A- Guidelines for Maintenance of Training Portfolio)

### **7.6. Dissertation**

During this 24 month period, the trainee has to complete the research project leading to the dissertation and submit the dissertation at the end of the 2 year post MD training period the latest.

## **8. PRE BOARD CERTIFICATION ASSESSMENT (PBCA)**

### **8.1. Eligibility criteria**

After the completion of the prescribed post MD training programme, to be eligible to sit the PBCA, the trainee should provide the following one month before the PBCA:

- Completed Portfolio – on both local and overseas work
- satisfactory progress reports on local and overseas training
- Submission of completed dissertation accepted by the BOS by the end of post MD training period (**Annex 9**)

**However, any period of delay of submission of the above documents beyond two years after completing the MD examination will lead to a deferment of the date of Board Certification by the same period of time.**

### **8.2. Format of the Pre Board Certification Assessment (PBCA)**

**Assessment shall consist of two sections listed below:**

**8.2.1. A presentation of 30-45 minutes duration acceptable to the BOS on post the MD overseas training received by the trainee.**

**8.2.2. Portfolio viva for 20 minutes**

A pair of examiners shall conduct the viva and award marks independently. In order to pass the viva, the trainee should score a minimum of 50 marks out of 100. Details of the Marking Scheme are in **Annex 13B**.

### **8.3. Requirements to Pass the PBCA**

A minimum mark of 50/100 for the Pre Board Certificate Portfolio Viva.

**If unsuccessful at the first attempt the candidate should repeat the PBCA in 3 months and if successful at this attempt the date of Board Certification shall be back dated. However if unsuccessful at the second attempt, the trainee shall**

**undergo further training for a minimum period of six months in a unit selected by the BOS before appearing for the PBCA again and the date of board certification shall be deferred according to PGIM rules and regulations.**

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

A trainee who has fulfilled the following criteria shall be deemed to be eligible for Board Certification:

- (a) Passed the MD Venereology Examination
- (b) Satisfactory completion of one year local and one year overseas training in units approved by the Board of Study.
- (c) Submitted satisfactory progress reports from the local supervisor appointed by the Board of Study
- (d) Submitted satisfactory progress reports from the overseas supervisor appointed by the Board of Study
- (e) Acceptance of the Dissertation
- (f) Passed the Pre-Board Certification Assessment
- (g) Made an Oral Presentation acceptable to the Board of Study - Approximately 30 minutes duration to the BOS regarding his / her post-MD training and future vision regarding improvement of quality of patient care/diagnostic services in Sri Lanka.

## **10. DATE OF BOARD CERTIFICATION**

The date of Board Certification will be decided according to the General Regulations of the PGIM taking in to consideration the satisfactory completion of all the components of the MD training programme.

## **11. INTERPRETATION AND AMENDMENTS**

In any matter relating to the interpretation of the above regulations, the decision of the Board of Study, approved by the Board of Management of the PGIM and Senate shall be final.

## **12. GENERAL REGULATIONS OF THE PGIM**

General Regulations of the PGIM which are applicable to postgraduate trainees on all courses conducted by the PGIM are in a separate booklet. All trainees are expected to familiar with the General Regulations in addition to the information in this prospectus.

## **13. TRAINERS**

Specialists with at least three years experience after Board Certification in the field of Venereology or in other specialties will be appointed as trainers by the BOS.

The roles and responsibilities of a trainer are identified in **Annex 14**. Current training units are given in **Annex 15**.

## ANNEX 1

### VENEREOLOGY SELECTION EXAMINATION – SYLLABUS

1. Organizational structure of Preventive and curative Health Services in Sri Lanka
2. Roles and responsibilities of Provincial Directors, Regional Directors, Regional Epidemiologist and Medical Officers of Health, PHIs, PHNS and PHMs in carrying out preventive activities of communicable diseases.
3. Primary Health Care Service delivery system in Sri Lanka – Maternal and Child Health Services, family planning clinics, well women clinics and well-baby clinics.
4. Programme objectives, roles, responsibilities and services provided by Specialized Public Health Campaigns in Sri Lanka.
5. Roles and responsibilities of the National STD/AIDS Control Programme, National Blood Transfusion Services, Health Education Bureau, Family Health Bureau in prevention and control of STIs/ HIV.
6. HIV/STI epidemiology – Global, regional and Sri Lankan situation.
7. Risk and vulnerabilities for HIV and STIs.
8. Multi- sectoral approach in prevention and control of STIs/HIV
9. Planning and implementation of STI/HIV prevention activities in the community.
10. Community participation of HIV prevention
11. Prevention of mother to child transmission of STIs and HIV, congenital syphilis
12. Addressing stigma and discrimination related to STI/ HIV
13. Cost effectiveness and cost efficiency of preventive and curative health care services.
14. Social, economical, medical, legal and ethical aspects of STIs and HIV
15. Health education and counseling relevant to HIV and STIs
16. Roles and responsibilities of different categories of primary health care staff.
17. Interpretation and discussion on HIV/ STIs related statistics.
18. Clinical care services for reproductive tract infections in Sri Lanka
19. Syndromic management of STIs
20. Health education and counselling
21. Vital statistics of Sri Lanka.
- 22 Principles of epidemiology and epidemiologic methods.
  - Aims of epidemiology
  - Epidemiological approach
  - Rates and ratios
  - Measurement of morbidity
  - Measurement of mortality
  - Epidemiologic methods
  - Descriptive epidemiology
  - Analytical epidemiology
  - Experimental epidemiology
  - Association and causation
  - Uses of epidemiology
  - Infectious disease epidemiology
  - Disease transmission
  - Disease prevention and control
  - Investigation of an epidemic

23. Screening for disease

- Concept of screening
- Uses of screening
- Criteria for screening
- Sensitivity and specificity
- Problems of the borderline

24. Disease Surveillance

25. Health information and basic medical statistics.

## **ANNEX 2**

### **DIPLOMA VENEREOLOGY CURRICULUM**

#### **Module 1 - Introduction to National STD/AIDS Control Programme**

##### National Health System and Primary Health Care

- Organizational structure of National STD/AIDS Control Programme- Preventive and Curative component
- Programme management and implementation
- Roles and Responsibilities of each category of staff at the central and peripheral levels
- History of STD control in Sri Lanka
- History of HIV control in Sri Lanka

#### **Module 2 - Statistics and Basic Epidemiology**

- Introduction to statistics and variables
- Data presentations
- Sampling
- Data analysis
- Epidemiological concepts
- Concepts of disease screening with special reference to STIs - lead time, ethical aspects

#### **Module 3 - Research Methodology**

- Basic research methodology

#### **Module 4 - Epidemiology and prevention and control of STD/HIV/AIDS**

- Global/ regional and Sri Lankan STD/HIV - current situation
- Prevention of STD & HIV in Sri Lanka
- Promotion of sexual health
- Different approaches for prevention (advocacy/ IEC/ BCC etc.)
  - STI/ HIV screening as a tool of prevention
  - Vulnerable and Most at risk population
  - Role of stakeholders in prevention of STI and HIV
  - Importance of Primary health care team to reach the community
  - Condom promotion

#### **Module 5 - Strategic Information Management (Surveillance, M&E, Research)**

- Disease surveillance for STD including case definitions
- HIV surveillance
- Planning, monitoring and evaluation of STD/HIV prevention programmes

#### **Module 6 - Legal and ethical issues**

- Law relating to sexual offences and prostitution
- Sexual abuse of children
- Rape and sexual assault clinical examination report writing and documentation

- Gender issues
- HIV/AIDS – rights, privileges and confidentiality

### **Module 7 - Sexual behaviour and psychosexual issues**

- Homosexuality and alternative sexual lifestyles
- Sex workers issues and intervention
- Sex and drugs
- Sexual deviation and their management
- Psychosocial and psychiatric issues related to STI
- Sexual dysfunction in men
- Sexual dysfunction in women

### **Module 8 - Patient management**

- Anatomy and physiology of reproductive tract
- Taking sexual history
- Clinical examination
- Clinical records, clinic registers, importance of accurate data collection and reporting
- Pharmacology of drugs commonly used in STI
- Special considerations in the management of STD patients

### **Module 9 - Natural history, diagnosis and management of specific Sexually Transmitted Infections**

#### **Syphilis**

- Natural history, pathogenesis, clinical aspects, staging and management of Primary, secondary, early latent and late latent syphilis,
- Natural history, pathogenesis, clinical aspects and management of cardiovascular syphilis
- Natural history, pathogenesis, clinical aspects and management of neurosyphilis
- Natural history, pathogenesis, clinical aspects management Congenital Syphilis
- Laboratory diagnosis of syphilis

#### **Gonorrhoea**

- Natural history, pathogenesis, clinical aspects and management of patient and partner
- Complications in males and females
- Laboratory diagnosis

#### **Chlamydia and non specific infections**

- Natural history and pathogenesis, clinical aspects of Chlamydia infection in men and women and their management including partner management.
- Complications of Chlamydia in men and women
- Laboratory diagnosis of Chlamydia
- Non gonococcal infection in men and women their management including partner management.

### **Herpes**

- Natural history, pathogenesis and clinical aspects and management of patient and partner/discordant couple
- Laboratory diagnosis of herpes

### **Genital warts**

- Natural history, pathogenesis, clinical aspects of genital warts
- Management of patient and partner/discordant couple

### **Chancroid**

- Natural history, pathogenesis, clinical aspects, laboratory diagnosis and management of patient and partner

### **LGV**

Natural history, pathogenesis, clinical aspects, laboratory diagnosis, late sequel and management

### **Granuloma Inguinale**

- Natural history, pathogenesis, clinical aspects, laboratory diagnosis and management of patient and partner

### **Vaginitis**

- Natural history, pathogenesis, clinical aspects and management of vaginitis
- Laboratory diagnosis of vaginitis

### **Bacterial Vaginosis**

- Natural history, pathogenesis, clinical aspects, laboratory diagnosis and management of bacterial vaginosis

### **Syndromic management of STIs**

#### **Pelvic inflammatory disease**

#### **Chronic prostatitis**

#### **Role of vaccines in STI**

### **Module 10 - STIs in Pregnancy and neonate**

- Syphilis in pregnancy and neonate
- Gonorrhoea and Chlamydia in pregnancy and neonate
- HSV in pregnancy and neonate
- HPV, BV, TV, Mycoplasma, Group B Streptococcal infection in pregnancy and neonate

### **Module 11 - Sexually transmissible infections**

- Scabies, Pediculosis pubis, Group B haemolytic streptococcal infection, Balanoposthitis

### **Module 12 - Extra genital manifestations of STIs**

- Skin manifestations in STD
- Eye manifestations in STD/AIDS

- Joint and bone manifestations in STD/AIDS

**Module 13 - Non STI genital pathologies (Genital Dermatitis)**

**Module 14 - STIs and malignancy – colposcopy, cervical screening**

**Module 15 - Viral hepatitis**

- Natural history, pathogenesis, clinical aspects, laboratory diagnosis, management of patient and partner/ discordant couple
- Hepatitis in pregnancy and management
- Neonatal infection and management

**Module 16 - Principles of contraception**

**Module 17 - Imaging of genital tract**

**Module 18 - HIV**

- Virology and immunology
- Pathogenesis, natural history, clinical aspects and clinical diagnostic criteria

**Module 19 - Counseling in HIV**

**Module 20 - Laboratory diagnosis of HIV**

**Module 21 - Opportunistic infections (OIs), diagnosis and management**

- Immediate management of common acute presentations OIs and other HIV related conditions
- Neurological disorders and management
- HIV and TB

**Module 22 - Anti Retroviral Therapy for adults**

- Modes of action of current ARV therapy
- Guidelines on ART
- Adherence to ART
- Side effects and toxicity
- Drug interactions

**Module 23 - Strategies for Prevention of mother to child transmission of HIV (PMTCT)**

- HIV and pregnancy
- Management of patient with HIV and partner/ discordant couple

**Module 24 – Paediatric HIV infection and management**

**Module 25 - Community and home based care in HIV**

**Module 26 - Infection control and Post exposure prophylaxis**



### **ANNEX 3**

#### **COMPONENTS OF IN-SERVICE TRAINING AS A MOH FOR SIX MONTHS.**

Attachment is as an Assistant MOH to a MOH office where the supervising MOH should have either MSc Community or MD in Community Medicine.

The trainees will spend the first six months of their training programme as an AMOH. The MOH offices for these attachments will be selected by the BOS. The objectives of this attachment are to enable trainees to develop their skills in functioning effectively as a member, leader of a health care team and to gain hands on experience in public health. The trainee is expected to conduct clinic sessions, obtain hand on training as well as be active member of the primary Health Care Team.

During the 6 months period the trainee is expected to

1. Study in detail the service provided by the MOH and his/her staff to the community , especially with respect to –
  - a. Maternal health
  - b. Family planning
  - c. Child health
  - d. School health
  - e. Control of communicable diseases
  - f. Environmental health
  - g. Food sanitation
2. Critically assess the strengths and weaknesses of the community health services in Sri Lanka.
3. Describe the relationship between social, cultural/behavioral, and economic factors and health /disease.

During the attachment the trainee should gain experience in all aspects of work of an MOH including administration. The trainee should be given more responsibility

Trainee should get involved in-

1. Organizing and conducting various clinics (i.e. Antenatal, Family Planning, Child Welfare & Well Woman)
2. School health activities
3. Investigation and control of communicable disease
4. Supervising Staff
5. Conducting staff meeting
6. Regional and Provincial review meetings
7. Liaising with other government organizations (i.e. Local Authority, Divisional Secretary, Social Services, Dept. of Education) and NGO's
8. Preparation of returns and reports.

The trainee is expected to maintain a diary/log book during this attachment. During this period the trainee will have half day a week for self –study/library.

The trainee should have a meeting with the trainer at least once a month to review progress and share experiences. These monthly meetings will also include –

1. Journal clubs
2. ‘Case Presentations’
  - a) Outbreak investigation
  - b) Failure of health services
  - c) Administrative problems
  - d) Audit

#### **ANNEX 4**

#### **DIPLOMA VENEREOLOGY: COMPONENTS OF IN SERVICE CLINICAL/ PRACTICAL TRAINING IN SEXUALLY TRANSMITTED INFECTIONS AND HIV CARE**

- Development of Communication skills to take a history relevant to STI and HIV
- Relevant clinical examination
- Techniques for obtaining specimens
- Carrying out relevant investigations
- Accurate interpretation of results
- Provision of comprehensive STI care according to the National Guidelines
- Development of necessary skills in health education
- Skills in STI counseling
- Partner notification and management related to STIs
- Regular follow up and defaulter tracing
- Safer sex practices and condom promotion
- Appropriate management of STI in pregnancy/ neonates and children
- Medico- legal aspects of STIs
- Prevention through early detection of infected people and appropriate management
- Staff training and management issues in the delivery of comprehensive services
- Counseling in continuum of care for HIV
- Base line assessment and screening for opportunistic infections (OIs) in PLWHIV
- Prophylaxis and management of OIs
- Anti retro viral treatment and related management
- Management of HIV in pregnancy, PMTCT
- Management of pediatric HIV
- Management of post exposure prophylaxis following occupational exposure.

**ANNEX 5A**

**MONTHLY PROGRESS REPORT DURING MOH APPOINTMENT**

Postgraduate Institute of Medicine (PGIM), Sri Lanka

*(To be filled by the trainer and send to Director PGIM monthly)*

**MOH Training for Diploma in Venereology Trainees**

**Name of trainee:**

**Period of Training Starting from:**

**To:**

**MOH area:**

**Name of MOH:**

**Weekly Clinic Program**

	<b>AM</b>	<b>PM</b>

**Information Regarding the MOH area**

**Population:**

**Number of staff:**

**Doctors including the trainee:**

**Other Staff:**

**If required. Please use additional sheets.**

**Activities undertaken during the month - Summary**

**Name of trainee:**

**Month:**

<b>Clinic sessions</b>	<b>Number attended</b>	<b>Clinical functions Undertaken*</b>
<b>Ante natal clinics</b>		
<b>Children and well women clinic</b>		
<b>Family Planning</b>		
<b>Polyclinic</b>		
<b>School Medical Inspection</b>		
<b>Others</b>		

**\* Average number of patients, whether trainee was the only MO or not etc.**

**Use the next section to document your role as active member in team. (These could be the ones specified in the objectives as well as others related to work of an (MOH)**

<b>Other Activities</b>	<b>Number attended</b>	<b>Remarks</b>

.....  
**Signature of trainee**

.....  
**Signature of MOH**

**ANNEX 5B**  
**ASSESSMENT RATING FORM – MOH APPOINTMENT**

**Postgraduate Institute of Medicine (PGIM), Sri Lanka**

*(To be filled by the trainer and send to Director PGIM monthly)*

<b>Name of the trainee:</b>	
<b>Date of commencement of training:</b>	
<b>Name of the supervisor:</b>	
<b>Name &amp; address of the training unit:</b>	
<b>Evaluation period:</b>	
<b>General conduct of the trainee :</b>	
Attendance	Unsatisfactory/ Satisfactory/ Good
Punctuality	Unsatisfactory/ Satisfactory/ Good
Compliance with the rules and regulations of the institution	Unsatisfactory/ Satisfactory/ Good
Regular communication with supervisor	Unsatisfactory/ Satisfactory/ Good
Response to critiques	Unsatisfactory/ Satisfactory/ Good
Relationship with other colleagues	Unsatisfactory/ Satisfactory/ Good
Relationship with other categories of staff	Unsatisfactory/ Satisfactory/ Good
Attitudes towards team work	Unsatisfactory/ Satisfactory/ Good
<b>Patient care at the MOH</b>	
Attitudes towards patients	Unsatisfactory/ Satisfactory/ Good
Accuracy and completeness of management of patients	Unsatisfactory/ Satisfactory/ Good
Accuracy, completeness and timeliness of record keeping	Unsatisfactory/ Satisfactory/ Good
Follow up of patients with Special problems	Unsatisfactory/ Satisfactory/ Good

**Prevention activities**

Problem/s identification  
related spread of STIs/HIV

Unsatisfactory/ Satisfactory/ Good

Involvement in preventive  
work

Unsatisfactory/ Satisfactory/ Good

Reliability and responsibility

Unsatisfactory/ Satisfactory/ Good

Team work

Unsatisfactory/ Satisfactory/ Good

**Date:**

**Name and signature of supervisor**

.....

.....

**ANNEX 6**

**PROGRESS REPORT OF DIPLOMA VENEREOLOGY TRAINEE**

**Assessment Rating Form – STD Appointment**  
**Postgraduate Institute of Medicine (PGIM), Sri Lanka**  
*(To be filled by the trainers and send to Director PGIM once in 3 months)*

<b>Name of the trainee:</b>	
<b>Date of commencement of training:</b>	
<b>Name of the supervisor:</b>	
<b>Name &amp; address of the training unit:</b>	
<b>Evaluation period:</b>	
<b>General conduct of the trainee :</b>	
Attendance	Unsatisfactory/ Satisfactory/ Good
Punctuality	Unsatisfactory/ Satisfactory/ Good
Compliance with the rules and regulations of the institution	Unsatisfactory/ Satisfactory/ Good
Regular communication with supervisor	Unsatisfactory/ Satisfactory/ Good
Response to critiques	Unsatisfactory/ Satisfactory/ Good
Relationship with other colleagues	Unsatisfactory/ Satisfactory/ Good
Relationship with other categories of staff	Unsatisfactory/ Satisfactory/ Good
Attitudes towards team work	Unsatisfactory/ Satisfactory/ Good
<b>Patient care ( STIs, HIV/AIDS)</b>	
Attitudes towards patients	Unsatisfactory/ Satisfactory/ Good
Accuracy and completeness of Clinical assessment of patients	Unsatisfactory/ Satisfactory/ Good
Comprehensive management Of patients	Unsatisfactory/ Satisfactory/ Good



Accuracy, completeness and timeliness of patient records and investigations	Unsatisfactory/ Satisfactory/ Good
Honesty and integrity in patient care	Unsatisfactory/ Satisfactory/ Good
<b>Prevention activities</b>	
Involvement in preventive work	Unsatisfactory/ Satisfactory/ Good
Reliability and responsibility	Unsatisfactory/ Satisfactory/ Good
<b>Active participation in CME activities</b> <b>Case presentation, journal clubs etc. carried out by trainee</b>	
	Unsatisfactory/ Satisfactory/ Good
<b>General comments:</b>	

\_\_\_\_\_  
Name & signature of the supervisor

\_\_\_\_\_  
Date

**ANNEX 7**

**GUIDELINES FOR SUBMITTING CASE BOOKS IN DIPLOMA VENEREOLOGY**

**File No:**

**Age/ Sex / Date of registration:**

**Name of the institution:**

**Trainee's name:**

**Supervisor's signature:**

**Summary:**

**History:**

Relevant detailed history covering all aspects related to STD/HIV/AIDS

**Examination:**

General examination, relevant systemic examination and genital examination

**Differential diagnosis:**

**Investigations:**

Interpretation of investigations

**Diagnosis:**

**Problems identified:** other medical problems, social problems etc.

**Management:**

Medical, social and psychological problem

Immediate management, long term management and follow up plan

**Discussion:**

*Note:*

*Font -Times New Roman, size -12, double spacing, loose bound*

*Minimum 10 pages*

## **ANNEX 8**

### **MD VENEREOLOGY TRAINING CURRICULUM**

#### **Sexually Transmitted Infections and HIV (1 year)**

##### **1. Prevention**

Postgraduate trainees completing the training should have:

- a. An understanding of the key components of STI/HIV control programme in relation to prevention
- b. Knowledge and skills on surveillance on STI/HIV
- c. Ability to critically assess the effectiveness of preventive interventions, programmes, and services through audit and evaluations
- d. Knowledge on development and implementation of policies related to STI and HIV/AIDS
- e. Acquire leadership skills to work in partnership with other programmes and agencies

##### **2. Care**

**2.1.** Postgraduate trainees completing training should have knowledge of:

- a) Comprehensive care for sexually transmitted infections and HIV including pharmacological, physical and psychological aspects in children, adolescents, adults and aged.
- b) Available diagnostic procedures and their limitations.
- c) The principles of ethics related to health care and the legal responsibilities of the medical profession.

**2.2.** Postgraduate trainees during their training should have developed the skills to:

- a) Interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis/ differential diagnosis.
- b) Plan appropriate management of the patient with the involvement of the family where relevant.
- c) Suspect and recognize general medical problems in patients presenting to STD clinics and to initiate proper investigation and management of these problems.
- d) Manage medical emergencies in a STD clinic setting.
- e) To perform interventional procedures for the diagnosis and management of patients with STI/HIV and related conditions.
- f) To interpret medical evidence in a critical and scientific manner and make use of other information sources as applicable.
- g) To communicate effectively with patients, colleagues and health care staff in oral and written form.

**2.3.** Postgraduate trainees during their training should have developed attitudes to :

- a) Appreciate the impact of STI/HIV on the patient, family and society and the ability to deal with sensitivity.
- b) Appreciate the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.

**Medicine (6 months duration)**

- Medical emergencies and common conditions seen in a medical ward
- Pyrexia of unknown origin, weight loss, diarrhoea, vomiting, fatigability, head ache, focal neurological signs/symptoms, visual disturbance, breathlessness, cough, oesophageal pain, abdominal pain
- Primary HIV infection
- Clinical conditions mimicking primary HIV infection
- Initial assessment of the newly diagnosed HIV positive patient and monitoring their subsequent health
- Opportunistic infections in immune deficiency status – *PCP, pneumococcus, Salmonella, Shigella, CMV, HSV, HZV infection, PML, Candida (albicans & non-albicans) types, Cryptococcal infection, Aspergillus infection, Disseminated histoplasmosis, tuberculosis, MAC infection and other mycobacteria relevant to HIV infection(eg. M.kansasii), Toxoplasmosis, Cryptosporidiosis and Microsporidiasis, leishmaniasis, Strongyloidiasis*
- Malignancies in immune deficiency status: Kaposi's sarcoma and other HHV8 – associated malignancies (primary effusion lymphoma, Castleman's disease) , lymphoma (primary cerebral lymphoma, Hodgkin's disease, NHL)
- System specific HIV associated conditions and co- infection:
  - Haematological:  
*Thrombocytopenia, Neutropenia, Anaemia – including parvovirus infection*
  - Neurological:  
*AIDS dementia complex, Vacuolar myelopathy, Polyradiculopathy, Autonomic neuropathy, Peripheral neuropathy, T.B.Meningitis, Encephalitis, Space occupying lesions in brain.*
  - Endocrine/ metabolic:  
*Hyperglycaemia, Hyperlipidaemia, Adrenal insufficiency, Pancreatitis, Hypogonadism Hypercholesterolemia*
  - Respiratory:  
*Pneumonia, TB, Pulmonary hypertension*
  - Cardiac:  
*Cardiomyopathy*
  - Gastro-intestinal:  
*Oral hairy leukoplakia, pancreatitis (pancreatic insufficiency), HIV related sclerosing cholangitis, viral hepatitis*
  - Renal :  
*Nephropathy*
  - Hepatic:  
*HIV and liver, Hepatic toxicities associated with ARV Sexually transmitted Hepatitis viruses*
  - Musculoskeletal system:*  
*Medical conditions involving musculoskeletal system*

Other;

- Medical conditions associated with wasting
- Medical conditions associated with drug use –drug related clinical syndromes, co-infections, treatment issues, drug interactions, violence and psychiatric morbidity
- Management of immune reconstitution syndrome
- Medical conditions closely related to STIs
- Medical conditions in the differential diagnosis of STIs
- Drug interactions - ARV, drugs use for OIs other medical conditions
- Baseline medical assessment for ARV , detection of abnormalities and their appropriate management
- Side effects of ARV, their clinical presentation, differential diagnosis
- Vaccination , primary and secondary prophylaxis of other infections
- Occupational exposure to HIV
- Legal and ethical aspects of HIV testing in wards
- Pre and post test counselling in HIV

*\* Candidates are required to use the knowledge and skills acquired during the medicine appointment in the comprehensive management of patients with HIV/ AIDS.*

### **Community Medicine (3 months duration)**

During the MD training period the trainee will be attached to a department of community medicine for a three months period.

Knowledge acquired during training in community medicine will be assessed in the MD Venereology Examination.

Trainees are expected to achieve and demonstrate skills in the following:

1. Organizing and conducting an outreach programme in relation to STD/HIV/AIDS. This should include writing proposals and report writing at the end of the programme
2. Information Technology (IT) skills – searching bibliographic databases, use of data management and data analysis software, use of presentation software

Trainees are expected to gain knowledge regarding:

- The sources of information regarding health in Sri Lanka and their limitations
- The sources of information regarding health at international level and their limitation

Other:

Current global and local epidemiology of STIs/HIV/AIDS

Changing epidemiology of HIV

Surveillance methodologies

Research methodology, principles of research and assessment of treatment and to interpret data in a research abstract; candidates must be familiar with common statistical terms and the sources of errors in studies and be able to identify the limitations of studies.

Audit and interpretation of data

### Clinical trials

Assess the effectiveness of healthcare related interventions, programmes and services, behaviour change communication

Policy and strategy development

Strategic leadership and collaborative working for health

Health promotion and protection

The trainees should *make use of this appointment* to develop their research project and submit the protocol for approval by the board of study.

### **Dermatology (3 months duration)**

**Knowledge and skills acquired during training in dermatology will be assessed in the long case, short cases, OSCE, orals and written component at the MD Venereology Examination**

At the end of the training programme the trainee is expected to acquire adequate knowledge, develop necessary skills and correct attitudes in managing following conditions:

Dermatological presentations of STIs /HIV/ AIDS and their differential diagnoses

Dermatological presentation of OIs and differential diagnoses

Dermatological presentation of drug reactions

Dermatological presentation of ARV side effects and their differential diagnoses

Dermatological conditions commonly associated with HIV – seborrhoeic dermatitis, dry skin, molluscum contagiosum, warts, scabies, bacterial and fungal skin infections, pustular and eosinophilic folliculitis

Genital dermatoses: psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosis, fungal dermatoses, Behcet's syndrome etc.

Non venereal genital ulceration and genital presentations of systemic illnesses

Skin biopsies

### **Psychiatry (6 weeks duration)**

**Knowledge and skills acquired during training in psychiatry will be assessed in MD Venereology Examination**

At the end of the training programme the trainee is expected to acquire adequate knowledge, develop necessary skills and correct attitudes in managing following conditions

Psycho-social and psychiatric issues related to sexual health

Mental health and HIV

Stigma, sexuality and cultural issues

### **Gynaecology (6 weeks)**

**Knowledge and skills acquired during training in gynaecology will be assessed in the MD Venereology Examination**

At the end of the training programme the trainee is expected to acquire adequate knowledge, develop necessary skills and correct attitudes in managing following conditions:

Dyspareunia

Vulvodynia

Vaginal discharges

Abnormal vaginal bleeding

Acute and chronic cervicitis

Differential diagnosis, investigation and management of lower abdominal pain, PID and chronic pelvic pain

Pelvic pathologies

Vulval, vaginal and cervical intraepithelial neoplasia

Vulval, vaginal and cervical malignancies

Rape and sexual abuse

Infertility, subfertility

Effects of STIs on pregnancy and neonate

Principles of contraception

Gynaecological investigations

Pap smear screening, colposcopy, biopsies

## **ANNEX 9**

### **GUIDELINES FOR PREPARATION OF THE RESEARCH PROJECT AND SUBMISSION OF THE DISSERTATION**

The preparation and submission of research proposal is in two stages.

1. Pre-proposal –  
This should be submitted within six months of commencing the MD Training.
2. Detailed Research proposal –  
This should be submitted within eighteen months of commencing MD Training

#### **Pre- proposal**

This should be prepared once a research problem has been identified. The Pre- proposal should not exceed two A 4 size pages on one side.

The following areas should be covered in the Pre- proposal.

- Title of the proposed study
- Research question- statement of problem/justification and rationale for the study
- Objectives - general  
specific
- Methodology- This part should briefly cover the following areas
  - study setting
  - study population
  - study design
  - sampling
  - Data collection techniques
  - Ethical issue

The Pre- proposal will be reviewed by the research proposal review committee (RPRC) and once approved it will be registered by the Board of Study in the name of the candidate. Following the approval of the pre proposal candidate is required to submit quarterly progress reports regarding the status of the study through the supervisor to the PGIM.

#### **Detailed Research Proposal**

Detailed proposal should cover the following areas.

- Title of the proposed study
- Introduction-
  - brief description of the research area
  - conceptual framework of the research topic
- Research Question –
  - statement of problem /justification and rationale for the study
- Review of the relevant literature
- Objectives –
  - general
  - specific



- Methodology -
  - study
  - Study population - exclusion criteria if any
  - research design
  - sample – technique
  - sample size calculation
  - study factors, variable, operational variable and measures
- Data collection
  - Methods to be used
  - Study instrument (instrument to be annexed)
  - Data collection technique
  - if interviewers are to be employed, type of interviewers and training that should be given to them etc.
- Ethical issues and how they are going to be addressed
- Plan of Data analysis
  - data entry, cleaning etc.
  - statistical packages and statistical methods to be used
- Gantt chart

Detailed proposal should be submitted to the Board in two (02) copies with comments of the pre proposal given by the RPRC

Approval of the Board for the detailed proposal is a requirement to sit for the MD examination

Following the approval of the detailed proposal candidate is required to submit quarterly progress reports regarding the status of the study through the supervisor to the PGIM.

The supervisor shall be contacted and the guidance obtained at all stages of the research.

#### **Submission of Dissertation.**

It is recommended that the dissertation should be type written with a standard font (Times new roman, Arial , courier and font size 12 using double spacing on good quality A4 size paper on one side only.

The dissertation should contain 8000-10,000 words.

A margin of not less than 44 mm should be allowed on the left hand side to facilitate binding, and margins of 20 mm should be left on the right, top and bottom.

Chapter headings should be capitalized and centered whilst subdivision heading should be typed from left hand margin in lower case type underlined.

Tables and figures should be placed as near as possible to the part of the text to which they refer.

**1. The Contents of the dissertation should be given under the following headings**

- I. Title
- II. Authors name and degrees
- III. Summary
- IV. Table of contents
- V. List of tables
- VI. List of figures
- VII. Introduction
- VIII. Review of literature
- IX. Materials and methods
- X. Results
- XI. Discussion
- XII. limitations of study
- XIII. recommendations (if any)
- XIV. acknowledgements
- XV. References (Vancouver system should be used.)
- XVI. Annexes

**2. Final dissertation should be submitted to the PGIM with the approved detailed proposal.**

There copies of the dissertation should be submitted loose bound to the PGIM for evaluation. On submission of the dissertation it will be evaluated by two examiners appointed by the BOS in Venereology.

**3. Results of the Evaluation –**

- Pass with no corrections
- Pass with minor corrections –to be completed and resubmitted within 6/52
- Pass with major corrections- to be completed and resubmitted within 3/12
- Unsatisfactory – fail. New proposal to be submitted

**4. When the dissertation is accepted it should be bound in a hand cover with the authors name, the degree and year printed in gold on the spine (bottom upwards). The cover should be black. Front cover should carry the title on top, the authors name in the center and the year at the bottom printed in gold. Three copies of the dissertation should be submitted to the Director, PGIM. Two copies shall be property of the PGIM while the third copy will be returned to the candidate.**

**5. Candidate must pass the dissertation within 2 years of passing the MD Examination. Any period of delay beyond the three years will lead to a delay in board certification by the same period of time.**

**6. Satisfactory completion of MD dissertation is a prerequisite for Board Certification as a Consultant Venereologist.**

**ANNEX 10**

**MD VENEREOLOGY TRAINING; PTR FORM OF PGIM**

*Confidential*



**PGIM PTR ASSESSMENT OF REGISTRARS/ SENIOR REGISTRARS**

(This form is also available in Sinhala and Tamil)

Name of the Trainee

Specialty

Year training

 1  2  3  4  5  6

Name of Rater

(You can remain Anonymous)

**We are very grateful for your independent and honest rating of our trainees.**

**Please indicate your profession by filling in one of the following circles**

- |  |                                  |   |                                     |
|--|----------------------------------|---|-------------------------------------|
| <input type="radio"/> Consultant                 | <input type="radio"/> Registrars | <input type="radio"/> SHO or HO               | <input type="radio"/> Other Specify |
| <input type="radio"/> Allied Health Professional | <input type="radio"/> SR         | <input type="radio"/> Clerical or Secretarial | .....                               |
|  |                                  | <input type="radio"/> Staff                   |                                     |

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

**THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS**

<b>1. Attitude to staff: Respects and values contributions of other members of the team</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
	Y		
<b>2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<b>3. Reliability and punctuality</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

<b>4. Communication skills: communicates effectively with patients and families</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<b>5. Communication skills: communicates effectively with healthcare professionals</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<b>6. Honesty and Integrity, do you have any concerns? <input type="radio"/> Yes <input type="radio"/> No</b>			
<b>7. Team player skills: Supportive and accepts appropriate responsibility; Approachable</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<b>8. Leadership skills: Takes responsibility for own actions and actions of the team</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
<b>9. OVERALL PROFESSIONAL COMPETENCE</b>			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

**Comments about the trainee (BLOCK CAPITALS PLEASE) – Write in English/ Sinhala/ Tamil**

**Your  
Signature:**

(You can remain Anonymous)

**Date:**

--	--	--	--	--	--	--	--	--	--

**Please return to the supervising consultant**

**DO NOT return to the Registrar or Senior Registrar.**

**To supervising Consultant – Please use this information to give a feedback/counsel the trainee and return this form to Director PGIM under confidential cover.**

**ANNEX 11 A**  
**PROGRESS REPORT OF MD VENEREOLOGY TRAINEE**  
**Assessment Rating Form – STD Appointment**

**Postgraduate Institute of Medicine (PGIM), Sri Lanka**  
*(To be filled by the trainer and send to Director PGIM once in 3 months)*

<b>Name of the trainee:</b>	
<b>Date of commencement of training:</b>	
<b>Name of the supervisor:</b>	
<b>Name &amp; address of the training unit:</b>	
<b>Evaluation period:</b>	
<b>General conduct of the trainee :</b>	
Attendance	Unsatisfactory/ Satisfactory/ Good
Punctuality	Unsatisfactory/ Satisfactory/ Good
Compliance with the rules and regulations of the institution	Unsatisfactory/ Satisfactory/ Good
Regular communication with supervisor	Unsatisfactory/ Satisfactory/ Good
Response to critiques	Unsatisfactory/ Satisfactory/ Good
Relationship with other colleagues	Unsatisfactory/ Satisfactory/ Good
Relationship with other categories of staff	Unsatisfactory/ Satisfactory/ Good
Attitudes towards team work	Unsatisfactory/ Satisfactory/ Good
<b>Patient care ( STIs, HIV/AIDS)</b>	
Attitudes towards patients	Unsatisfactory/ Satisfactory/ Good
Accuracy and completeness of Clinical assessment of patients	Unsatisfactory/ Satisfactory/ Good
Comprehensive management Of patients	Unsatisfactory/ Satisfactory/ Good
Accuracy, completeness and timeliness of patient records and investigations	Unsatisfactory/ Satisfactory/ Good

Honesty and integrity in patient care	Unsatisfactory/ Satisfactory/ Good
<b>Prevention activities</b>	
Involvement in preventive work	Unsatisfactory/ Satisfactory/ Good
Reliability and responsibility	Unsatisfactory/ Satisfactory/ Good
<b>Active participation in CME activities</b> Case presentation, journal clubs etc. carried out by trainee	
<b>General comments:</b>	

\_\_\_\_\_  
**Name & signature of the supervisor**

\_\_\_\_\_  
**Date**

**ANNEX 11 B**  
**PROGRESS REPORT OF MD VENEREOLOGY TRAINEE**

**Assessment Rating Form**  
**Postgraduate Institute of Medicine (PGIM), Sri Lanka**  
*(To be filled by the trainer and send to Director PGIM)*

<b>Name of the trainee:</b>	
<b>Date of commencement of training:</b>	
<b>Name of the supervisor:</b>	
<b>Name &amp; address of the training unit:</b>	
<b>Evaluation period:</b>	
<b>General conduct of the trainee :</b>	
Attendance	Unsatisfactory/ Satisfactory/ Good
Punctuality	Unsatisfactory/ Satisfactory/ Good
Compliance with the rules and regulations of the institution	Unsatisfactory/ Satisfactory/ Good
Regular communication with supervisor	Unsatisfactory/ Satisfactory/ Good
Response to critiques	Unsatisfactory/ Satisfactory/ Good
Relationship with other colleagues	Unsatisfactory/ Satisfactory/ Good
Relationship with other categories of staff	Unsatisfactory/ Satisfactory/ Good
Attitudes towards team work	Unsatisfactory/ Satisfactory/ Good
<b>Patient care</b>	
Attitudes towards patients	Unsatisfactory/ Satisfactory/ Good
Accuracy and completeness of Clinical assessment of patients	Unsatisfactory/ Satisfactory/ Good

Comprehensive management Of patients	Unsatisfactory/ Satisfactory/ Good
Accuracy, completeness and timeliness of patient records and investigations	Unsatisfactory/ Satisfactory/ Good
Honesty and integrity in patient care	Unsatisfactory/ Satisfactory/ Good
<b>Active participation in CME activities</b> <b>Case presentation, journal clubs etc. carried out by trainee</b>	
<b>General comments:</b>	

\_\_\_\_\_  
**Name & signature of the supervisor**

\_\_\_\_\_  
**Date**



**ANNEX 11 C**  
**ASSESSMENT RATING FORM – COMMUNITY MEDICINE**

**Postgraduate Institute of Medicine (PGIM), Sri Lanka**  
*(To be filled by the trainer and send to Director PGIM)*

<b>Name of the trainee:</b>	
<b>Date of commencement of training:</b>	
<b>Name of the supervisor:</b>	
<b>Name &amp; address of the training unit:</b>	
<b>Evaluation period:</b>	
<b>General conduct of the trainee :</b>	
<b>Attendance</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Punctuality</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Compliance with the rules and regulations of the institution</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Regular communication with supervisor</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Response to critiques</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Relationship with other colleagues</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Relationship with other categories of staff</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Attitudes towards team work</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Teaching and training activities</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Prevention activities</b>	
<b>Identification of public health Problems in the community</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Involvement in preventive work</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Reliability and responsibility</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>
<b>Team work</b>	<b>Unsatisfactory/ Satisfactory/ Good</b>

**Active participation in CME activities**  
**Case presentation, journal clubs etc. carried out by trainee**

**General comments:**

\_\_\_\_\_  
**Name & signature of the supervisor**

\_\_\_\_\_  
**Date**

**ANNEX 11 D**

**LOG BOOK**

**MD VENEREOLOGY**

**POSTGRADUATE INSTITUTE OF MEDICINE  
COLOMBO  
INSTRUCTIONS TO TRAINEES**

The purpose of the log book is;

- 1) To help trainees record his training in brief detail so that the experience acquired can be assessed and deficiencies identified and remedied.
- 2) To help supervisors assess the overall training and provide guidance in the areas where it is needed.

Entries in the log book should be made by the trainee at the time of acquiring the skill and **Counter signed** by the supervisor **immediately following the procedure**.

During the appointment an assessment based on the log book will be done by the supervisor. **It is the trainees responsibility to get the assessments sheets completed by the supervisors within 2 weeks of completion of the appointments. Completed log books are essential to assess the eligibility of the candidate to sit for the examination.**

#### **INSTRUCTIONS TO SUPERVISORS**

It is also the responsibility of the supervisor to see that the entries in the log book are authentic and made regularly.

Please take the assessment seriously. It is vital to give the trainee accurate feedback on your views about the trainee's performance in the job.

Please review regularly the trainee's record of educational activities. It is also necessary to review the record of medical training and if there are deficits, attempts must be taken to rectify these.

**PERSONAL DETAILS**

Surname.....

Other names.....

Address.....

Telephone .....

Date of Birth .....

Date and place of Graduation (eg MBBS)  
.....

SLMC Registration No; ..... Date of Registration .....

Date of passing the Diploma in Venereology  
Examination.....

Date of commencing MD  
Training.....

**Appointment Time Table**

<b>Specialty</b>	<b>Supervisor</b>	<b>Period</b>
General Medicine ( 6 )		
Venereology ( I ) ( 3 )		
HIV medicine ( 3 )		
Venereology ( II ) ( 4 )		
Laboratory ( 2 )		
Dermatology ( 3 )		
Community Medicine ( 3 )		
Psychiatry ( 6/52 )		
Obstetrics &Gynaecology(6/52 )		

**GENERAL MEDICINE**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
On call commitment:		
Departmental CME:		

**MEDICINE**

**ACTIVE PARTICIPATION AT MEETINGS:**

Case presentation, Journal clubs, Lectures etc. **conducted by the trainee.**

Date	The event & a brief summary of the presentation
1.	
2.	
3.	
4.	
5.	



**MEDICINE**

ATTENDANCE AT CME OUTSIDE THE UNIT/ DEPARTMENT:

Conferences, Lectures, Symposia, Grand ward rounds, Journal clubs, Audit meetings  
Etc.

Date	Event	Duration	Place & Organiser
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			
<u>8.</u>			
<u>9.</u>			
<u>10.</u>			

## **MEDICINE**

### TEACHING EXPERIENCE:

Write a brief summary of the teaching you have done in the unit - (mid appointment and end of the appointment)

**Give details such as the target group, topic, areas covered etc.**

Mid - Appointment:

End - Appointment

**MEDICINE**

**RECORD OF PROCEDURES PERFORMED:**

**Procedures performed should be recorded in this page and certified by the supervising Consultant/ senior registrar on the same day. Base on the entries each month the supervisor will attempt to correct any deficits and provide opportunity for acquiring the required skills.**

**Trainee may annex more pages if needed.**

	Date	BHT	Supervisor Signature
Lumbar puncture			
Pleural aspiration			
Paracentesis			
Intubation			
CPR			
Others:			

**MEDICINE**

Leave:

**Leave should be approved by the supervising consultant.**

Date	Type of leave	Approved or not	Signature of Consultant

**Postgraduate Institute of Medicine**

**Trainee in MD Venereology Assessment Rating Form – Medicine**

Name of Trainee:

.....

Period of Training: From ..... To

.....

Name of

Supervisor:.....

<i>Instruction to supervisors: Please allocate marks to each major category of assessment. If possible indicate a break down or marks against each sub category of assessment. Marking scheme (range of 1-10) is given below.</i>									
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Unsatisfactory Performance with severe deficits		Performance limited by significant deficits		Adequate performance without significance deficits		Performance which consistently exceeds average expectations		Outstanding performance	

**1. DATA COLLECTING ABILITY**

Histories are accurate including a psychosocial history	
Physical examinations are accurate	
Written records are complete and clear	
Oral presentations are focused on data relevant to the appropriate differential diagnoses	
Important data are separated from unimportant	
Patient clinical courses are followed carefully and appropriate observations are recorded	
<b>Overall justification in data collecting ability</b> (divide the total by six)	

**2. INTERPRETIVE SKILLS**

Important problems are defined	
Problem definition reflects understanding of the interrelatedness of biopsychosocial factors	
Problems are appropriately weighed with respect of importance and immediacy	
Underlying diseases are identified	
Pathophysiologic mechanisms are clearly understood	
Assessments are revised appropriately on the basis or progress data	
<b>Overall justification in interpretive skills</b> ( <i>divide the total by six</i> )	

**3. MEDICAL INFORMATION AND EVIDENCE OF SELF-DIRECTED LEARNING**

Effective access and use of relevant literature	
Effectively uses basic pathophysiology in the therapeutic decisions	
Knows when to ask for and how to use supervisors medical knowledge	
<b>Overall justification in medical information and evidence of self-directed learning</b> ( <i>divide the total by three</i> )	

**4. FUNCTIONING IN THE CLINICAL SETTING**

Organized in clinical functions and use of time	
Performs and interprets common clinical procedures (refer to log book)	
Participates actively and effectively in ward activities	
Demonstrates appropriate Initiatives	
<b>Overall justification in functioning in the clinical setting</b> ( <i>divide the total by four</i> )	

**5. FUNCTIONING IN AN EDUCATIONAL SETTING**

Participates in teaching of different categories	
Competent in lecturing medical students and house officers	
Ably presents cases at clinical meeting	
<b>Overall justification in an educational setting</b> ( <i>divide the total by three</i> )	

**6. INTERPERSONAL SKILLS**

Demonstrates awareness of and sensitivity to patient’s needs	
Establishes rapport and communicates effectively with patients	
Effectively uses self-understanding in interpersonal relationships	
Effectively uses constructive criticism	
Demonstrates harmonious relationships with other health professional and with physician and ward employees	
Demonstrates positive relationships with attending physician and ward residents	
Demonstrates humanistic qualities (provides emotional support and affirms patient’ rights)	
<b>Overall justification in interpersonal skills</b> ( <i>divide the total by seven</i> )	

**TOTAL ASSESSMENT RATING** (*add overall score for items 1-6 and divide by six*)

--

\_\_\_\_\_  
Trainee’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s signature

\_\_\_\_\_  
Date

**Venereology Central STD clinic**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Departmental CME:		



**VENEREOLOGY**

**Lecture/Case discussions/journal clubs and audits conducted by the trainee**

<u>Date</u>	<u>Type of educational Activity</u>	<u>Subject</u>	<u>Signature of Tutor</u>

**VENEREOLOGY**

**ATTENDANCE AT CME OUTSIDE THE UNIT/ DEPARTMENT:**

Conferences, Lectures, Symposia, Grand ward rounds, Journal clubs, Audit meetings  
Etc.

Date	Event	Duration	Place &Organiser
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			
<u>8.</u>			
<u>9.</u>			
<u>10.</u>			

**VENEREOLOGY**

**HIV – Medicine**

1. Clinical skills acquired at the HIV clinic

No of patients seen -

No of student presentations -

Observations by the Supervisor

**VENEREOLOGY**

**HIV – Medicine at Infectious Diseases Hospital**

No of patients seen -

No of student presentations -

Observations by the Supervisor

**VENEREOLOGY**

**TEACHING EXPERIENCE:**

Write a brief summary of the teaching you have done in the unit - (mid appointment and end of the appointment)

**Give details such as the target group, topic, areas covered etc.**

Mid - Appointment:

End - Appointment

**Venereology Laboratory Training**

Serology Test	Date	Signature of the Supervisor
VDRL		
TPHA		
FTA		
HIV Ab Test		
Other Special Tests		
P24, Viral Load, CD4 etc.		
HEP B&C		
HSV Ab Testing		
HSV - ELISA		
HSV - Culture		
Chlamydia – ELISA		
GC – Culture		
PAP – Smear		

Signature of Consultant Microbiologist

**VENEREOLOGY**

**RECORD OF PROCEDURES PERFORMED:**

Procedures performed should be recorded in this page and certified by the supervising Consultant. Base on the entries each month the supervisor will attempt to correct any deficits and provide opportunity for acquiring the required skills.

	Date	BHT	Supervisor Signature
Lumbar puncture			
Prostate massage			
Colposcopy			
Punch Biopsy			
Others:			

## **Venereology**

### **Other Activities**

Activities which are performed by the trainee during the MD training under supervision of the consultant. May attach more pages.

Surveillance: STI reporting, quarterly returns, case diagnosis, sentinel surveillance, BSS etc.

Contact Tracing: involvement in defaulter tracing and contact tracing.

Project proposal writing:

Workshop Organizing: training programmes etc.

Out-reach activities: awareness programmes, reports on successes and failures

Report writing: Reports of workshops, survey reports and reports related to administration.

Remarks by the Supervisor





**Venereology Research Project**

	<u>Date</u>	<u>Signature of the Supervisor</u>
1. Submission of proposal		
2. Date of approval		
3. Submission of detail protocol		
4. Date of approval		
5. Date of completion		
6. Date of submission and acceptance by the Board		

Postgraduate Institute of Medicine

Trainee in MD Venereology Assessment Rating Form – Venereology

Name of Trainee:

.....

Period of Training: From ..... To

.....

Name of Supervisor:

.....

*Instruction to supervisors: Please allocate marks to each major category of assessment. If possible indicate a break down or marks against each sub category of assessment. Marking scheme (range of 1-10) is given below.*

<b>1 2</b>	<b>3 4</b>	<b>5 6</b>	<b>7 8</b>	<b>9 10</b>
Unsatisfactory Performance with severe deficits	Performance limited by significant deficits	Adequate performance without significance deficits	Performance which consistently exceeds average expectations	Outstanding Performance

### 1. DATA COLLECTING ABILITY

Histories are accurate including a psychosocial history	
Physical examinations are accurate	
Written records are complete and clear	
Oral presentations are focused on data relevant to the appropriate differential diagnoses	
Important data are separated from unimportant	
Patient clinical courses are followed carefully and appropriate observations are recorded	
<b>Overall justification in data collecting ability</b> (divide the total by six)	

**2. INTERPRETIVE SKILLS**

Important problems are defined	
Problem definition reflects understanding of the interrelatedness of biopsychosocial factors	
Problems are appropriately weighed with respect of importance and immediacy	
Underlying diseases are identified	
Pathophysiologic mechanisms are clearly understood	
Assessments are revised appropriately on the basis or progress data	
<b>Overall justification in interpretive skills</b> <i>(divide the total by six)</i>	

**3. MEDICAL INFORMATION AND EVIDENCE OF SELF-DIRECTED LEARNING**

Effective access and use of relevant literature	
Effectively uses basic pathophysiology in the therapeutic decisions	
Knows when to ask for and how to use supervisors medical knowledge	
<b>Overall justification in medical information and evidence of self-directed learning</b> <i>(divide the total by three)</i>	

**4. FUNCTIONING IN THE CLINICAL SETTING**

Organized in clinical functions and use of time	
Performs and interprets common clinical procedures (refer to log book)	
Participates actively and effectively in ward activities	
Demonstrates appropriate Initiatives	
<b>Overall justification in functioning in the clinical setting</b> <i>(divide the total by four)</i>	

**5. FUNCTIONING IN AN EDUCATIONAL SETTING**

Participates in teaching of different categories	
Competent in lecturing medical students and house officers	
Ably presents cases at clinical meeting	
<b>Overall justification in an educational setting</b> ( <i>divide the total by three</i> )	

**6. INTERPERSONAL SKILLS**

Demonstrates awareness of and sensitivity to patient’s needs	
Establishes rapport and communicates effectively with patients	
Effectively uses self-understanding in interpersonal relationships	
Effectively uses constructive criticism	
Demonstrates harmonious relationships with other health professional and with physician and ward employees	
Demonstrates positive relationships with attending physician and ward residents	
Demonstrates humanistic qualities (provides emotional support and affirms patient’ rights)	
<b>Overall justification in interpersonal skills</b> ( <i>divide the total by seven</i> )	
<b>TOTAL ASSESSMENT RATING</b> ( <i>add overall score for items 1-6 and divide by six</i> )	

\_\_\_\_\_  
Trainee’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s signature

\_\_\_\_\_  
Date

**Venereology Provincial Clinic**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Departmental CME:		



**Venereology**

ATTENDANCE AT CME OUTSIDE THE UNIT/ DEPARTMENT:

Conferences, Lectures, Symposia, Grand ward rounds, Journal clubs, Audit meetings  
Etc.

Date	Event	Duration	Place & Organiser
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			
<u>8.</u>			
<u>9.</u>			
<u>10.</u>			



**HIV – Medicine in the provincial clinic:**

1. Clinical skills acquired at the HIV clinic

No. of patients seen -

Details:

No. of student presentations -

Observations by the Supervisor

**Venereology**

TEACHING EXPERIENCE:

Write a brief summary of the teaching you have done in the unit - (mid appointment and end of the appointment)

Mid - Appointment:

End - Appointment

Observations of the supervisor:

**Venereology**

**RECORD OF PROCEDURES PERFORMED:**

Procedures performed should be recorded in this page and certified by the supervising Consultant. Base on the entries each month the supervisor will attempt to correct any deficits and provide opportunity for acquiring the required skills.

	Date	BHT	Supervisor Signature
Lumbar puncture			
Prostate massage			
Colposcopy			
Punch Biopsy			
Others:			

**Venereology**  
**Other Activities**

Activities which are performed by the trainee during the MD training under the supervising consultant. May attach more pages.

Surveillance: STI reporting, quarterly returns, case diagnosis, sentinel surveillance, BSS etc.

Contact Tracing: involvement in defaulter tracing and contact tracing.

Project proposal writing:

Workshop Organizing: training programmes etc.

Outreach activities: awareness programmes, reports on successes and failures

Report writing

Remarks by the Supervisor



Postgraduate Institute of Medicine

Trainee in MD Venereology Assessment Rating Form – Venereology

Name of Trainee:

.....

Period of Training: From ..... To

.....

Name of Supervisor

.....

<i>Instruction to supervisors: Please allocate marks to each major category of assessment. If possible indicate a break down or marks against each sub category of assessment. Marking scheme (range of 1-10) is given below.</i>									
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Unsatisfactory Performance with severe deficits		Performance limited by significant deficits		Adequate performance without significance deficits		Performance which consistently exceeds average expectations		Outstanding Performance	

**1. DATA COLLECTING ABILITY**

Histories are accurate including a psychosocial history	
Physical examinations are accurate	
Written records are complete and clear	
Oral presentations are focused on data relevant to the appropriate differential diagnoses	
Important data are separated from unimportant	
Patient clinical courses are followed carefully and appropriate observations are recorded	
<b>Overall justification in data collecting ability</b> (divide the total by six)	

**2. INTERPRETIVE SKILLS**

Important problems are defined	
Problem definition reflects understanding of the interrelatedness of biopsychosocial factors	
Problems are appropriately weighed with respect of importance and immediacy	
Underlying diseases are identified	
Pathophysiologic mechanisms are clearly understood	
Assessments are revised appropriately on the basis or progress data	
<b>Overall justification in interpretive skills</b> <i>(divide the total by six)</i>	

**3. FUND OF MEDICAL INFORMATION AND EVIDENCE OF SELF-DIRECTED LEARNING**

Effective access and use of relevant literature	
Effectively uses basic pathophysiology in the therapeutic decisions	
Knows when to ask for and how to use supervisors medical knowledge	
<b>Overall justification in medical information and evidence of self-directed learning</b> <i>(divide the total by three)</i>	

**4. FUNCTIONING IN THE CLINICAL SETTING**

Organized in clinical functions and use of time	
Performs and interprets common clinical procedures (refer to log book)	
Participates actively and effectively in ward activities	
Demonstrates appropriate Initiatives	
<b>Overall justification in functioning in the clinical setting</b> <i>(divide the total by four)</i>	

**5. FUNCTIONING IN AN EDUCATIONAL SETTING**

Participates in teaching of different categories	
Competent in lecturing medical students and house officers	
Ably presents cases at clinical meeting	
<b>Overall justification in an educational setting</b> ( <i>divide the total by three</i> )	

**6. INTERPERSONAL SKILLS**

Demonstrates awareness of and sensitivity to patient’s needs	
Establishes rapport and communicates effectively with patients	
Effectively uses self-understanding in interpersonal relationships	
Effectively uses constructive criticism	
Demonstrates harmonious relationships with other health professional and with physician and ward employees	
Demonstrates positive relationships with attending physician and ward residents	
Demonstrates humanistic qualities (provides emotional support and affirms patient’ rights)	
<b>Overall justification in interpersonal skills</b> ( <i>divide the total by seven</i> )	

**TOTAL ASSESSMENT RATING** (*add overall score for items 1-6 and divide by six*)

--

\_\_\_\_\_  
Trainee’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s signature

\_\_\_\_\_  
Date



**Dermatology**

**Lecture/Case discussions/journal clubs and audits conducted by the trainee**

<u>Date</u>	<u>Type of educational Activity</u>	<u>Subject</u>	<u>Signature of Tutor</u>

## **Procedural Dermatology**

This will be an entry of supervised procedures conducted by the trainees at any time during their training period. It is expected that a minimum number of each procedure is done by the trainee. Entries must be made of procedures not done but performed in workshops (eg. Flaps, grafts) on animal specimens.

The procedures that have to be performed are:

Skin biopsy – of different types

Punch

Incisional

Shave

Excisional

Excision of cutaneous tumours

Curettage

Electrosurgery

Cryotherapy

UVA and UVB therapy

Laser surgery

**Dermatology procedures**

<u>Date</u>	<u>Diagnosis</u>	<u>BHT No.</u>	<u>Nature of Procedure</u>	<u>Signature of Supervisor</u>



**Dermatology**

<u>Item of skill, competence attitude</u>	<u>Very good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
1. Reliability regarding patient care				
2. Responsibility, initiative and punctuality in the work place				
3. Communications with Patients				
4. Rapport with patients and their families				
5. Relationship with other health professionals (registrars, medical officers, nurses and others)				
6. Contributions to rounds, clinics, education meetings, audits				
7. Knowledge in dermatology				
8. Diagnostic skills in history Taking				
9. Diagnostic skills in morphological examination				
10. Clinical judgment				
11. Surgical skill				
12. Acceptance of criticism				

**Psychiatry**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Departmental CME:		

**Psychiatry**

**ACTIVE PARTICIPATION AT MEETINGS:**

Case presentations, Journal clubs, Lectures etc.

Date	The event & a brief summary of the presentation
1.	
2.	
3.	
4.	
5.	
6.	

**Psychiatry**

ATTENDANCE AT CME:

Conferences, Lectures, Symposia, Grand ward rounds, Journal clubs, Audit meetings  
Etc.

Date	Event	Duration	Place & Organiser
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			





**Psychiatry**

<u>Item of skill, competence attitude</u>	<u>Very good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
1. Responsibility, initiative and punctuality in the work place				
2. Communications with Patients				
3. Relationship with other health professionals (registrars, medical officers, nurses and others)				
4.. Contributions to rounds, clinics, education meetings, audits				
5.. Knowledge				
6.. Diagnostic skills				
7.. Clinical judgment				
8.. Acceptance of criticism				

**Community Medicine**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

## Community Medicine

### ACTIVE PARTICIPATION AT MEETINGS:

Case presentations, Journal clubs, Lectures etc.

Date	The event & a brief summary of the presentation
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**Community Medicine**

ATTENDANCE AT CME:

Date	Event	Duration	Place & Organiser
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			
<u>8.</u>			
<u>9.</u>			
<u>10.</u>			

## **Community Medicine**

### TEACHING EXPERIENCE:

Write a brief summary of the teaching you have done in the unit - (mid appointment and end of the appointment)

Mid - Appointment:

End - Appointment

**Community Medicine**

Leave taken:

Date	Type of leave	Approved or not	Signature of Consultant

**Community Medicine**

<u>Item of skill, competence attitude</u>	<u>Very good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
1. Responsibility, initiative and punctuality in the work place				
2. Relationship with other health professionals (registrars, medical officers, nurses and others)				
3. Contributions to clinics, education meetings, lectures/teaching				
4. Knowledge				
5. Acceptance of criticism				



**Obstetrics & Gynaecology**

Period of Training:                      From..... To.....

<b>Weekly Programme:</b>	<b>AM</b>	<b>PM</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Departmental CME:		

**Obstetrics & Gynaecology**

**ACTIVE PARTICIPATION AT MEETINGS DURING THE TRAINING PERIOD:**

Case presentations, Journal clubs, Lectures etc.

Date	The event & a brief summary of the presentation
1.	
2.	
3.	
4.	
5.	
6.	

**Obstetrics & Gynaecology**

ATTENDANCE AT CME:

Conferences, Lectures, Symposia, Grand ward rounds, Journal clubs, Audit meetings  
Etc.

Date	Event	Duration	Place & Organiser
1,			
2.			
3.			
4.			
5.			
6.			



**Obstetrics & Gynaecology**

<u>Item of skill, competence attitude</u>	<u>Very good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
1. Reliability regarding patient care				
2. Responsibility, initiative and punctuality in the work place				
3. Communications with Patients				
4. Rapport with patients				
5. Relationship with other health professionals (registrars, medical officers, nurses and others)				
6. Contributions to rounds, clinics, education meetings, audits				
7. Knowledge				
8. Diagnostic skills				
9. Clinical judgment				
10. Acceptance of criticism				

**ANNEX 12 A  
EVALUATION OF THE POST MD VENEREOLOGY TRAINEE (LOCAL TRAINING)**

**Postgraduate Institute of Medicine (PGIM), Sri Lanka**

(To be filled by the trainer and send to Director PGIM once in 3 months)

Name of the trainee:

.....  
.....

Date of commencement of training:

.....

Name of the supervisor:

.....  
.....

Name & address of the training unit:

.....

Evaluation period:

.....  
.....

Main activities carried out in the training center:

.....  
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.....  
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.....  
.....  
.....  
.....  
.....  
.....

General conduct of the trainee:

Regular attendance

.....  
.....

Punctuality.....  
.....

Compliance with the rules and regulations of the institution  
.....

Regular communication with supervisor.....

Relationship with other colleagues.....  
.....

Relationship with other categories of staff.....

Attitudes towards team work.....  
.....

Number of STD clinic sessions per month:  
.....

Number of HIV clinic sessions per month:  
.....

Application of knowledge and skills on STIs, HIV/AIDS in prevention and care activities.....

Active participation in CME activities – case presentation, journal clubs etc.....

Progress of the research undertaken:  
.....

Audits carried out:  
.....

Teaching and training activities carried out  
.....  
.....

Involvement in carrying out prevention activities  
.....  
.....

Involvement in programme management activities:  
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.....

Engagement in work related to data management:

.....  
.....

General comments:

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.....

\_\_\_\_\_  
Name & signature of the supervisor

\_\_\_\_\_  
Date



**ANNEX 12 B**  
**EVALUATION OF THE POST MD VENEREOLOGY OVERSEAS TRAINEE**

**Postgraduate Institute of Medicine (PGIM), Sri Lanka**  
**(To be filled by the trainer and send to Director PGIM once in 3 months)**

Name of the trainee:

.....  
.....

Date of commencement of training:

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.....

Name of the supervisor:

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.....

Name & address of the training unit:

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.....

Evaluation period:

.....  
.....

Main activities carried out in the training center:

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.....  
.....  
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.....  
.....  
.....  
.....

General conduct of the trainee:

Regular attendance

.....

Punctuality.....

.....

Compliance with the rules and regulations of the institution

.....

Regular communication with supervisor

.....

Relationship with other colleagues

.....

Relationship with other categories of staff

.....

Attitudes towards team work

.....

Number of STD clinic sessions per month:

.....

Number of HIV clinic sessions per month:

.....

Application of knowledge and skills on STIs, HIV/AIDS in prevention and care activities:

.....

Active participation in CME activities – case presentation, journal clubs etc

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Progress of any research undertaken:

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Audits carried out:

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.....

Teaching and training activities carried out:

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.....  
.....  
.....

Involvement in carrying out prevention activities:

.....  
.....  
.....

Engagement in work related to data management:

.....  
.....  
.....

General comments:

.....  
.....  
.....  
.....

\_\_\_\_\_  
Name & signature of the supervisor

\_\_\_\_\_  
Date

## **ANNEX 13 A**

### **GUIDELINES FOR MAINTENANCE OF TRAINING PORTFOLIO**

The trainee should maintain a Training and Assessment Portfolio to document and reflect on his/her training experience and identify and correct any weaknesses in the competencies expected of him/her, and also recognize and analyze any significant clinical and preventive events experienced, so that appropriate changes in management / action t could be adopted.

The Portfolio should be maintained from entry to the post MD training programme up to Board Certification. The supervisors/Trainers are expected to review the candidate'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 Training Portfolio for evaluation by the BOS annually and also at the Pre Board Certification Assessment for evaluation of his/ her competence to practice independently as a Specialist in Venereology.

#### **Objectives**

To assess the competence to be appointed as a Specialist Venereology to practice independently in

Sri Lanka, on completion of the in-service training before and after the MD Venereology Examination, the Trainee should:

- a) Have good knowledge and appropriate attitudes
- b) Have administrative and organizational skills
- c) Have skills appropriate to a specialist (diagnostic, , counseling, risk reduction ,management of medico-legal issues, comprehensive care for STIs and HIV)
- d) Assess the risk and vulnerability of different groups in the community to STIs and HIV and plan and implement effective prevention activities
- e) Carry out teaching and training in STIs and HIV
- f) Be able to carry out and also supervise research and clinical audits
- g) Be committed to Continuous Professional Development
- h) Have adequate knowledge of the English Language and be able to communicate effectively
- i) Have adequate knowledge and skills in Information Technology

#### **1.0.Components of the Portfolio**

##### **1.1 Reflective notes – Title or description of the experience**

What happened?

Lessons learnt

How it would have been prevented

Has this experience highlighted any further learning needs?

Trainee should write a minimum number of three (03) reflective notes during post MD local training and a minimum number of three (03) during overseas training.

1.2 Professional Development – active participation in CME activities

Trainee should do a minimum number of two (02) case presentations and two (02) journal clubs during post MD local training.

1.3 Teaching ( undergraduates / postgraduates/ nurses / midwives )

Trainee should carry out a minimum number of ten (10) teaching sessions during post MD local training.

1.4 Research or Audit

Trainee should carry out a minimum number of one (01) research or audit during post MD local training.

1.5 Programme or preventive activities

Trainee should plan and implement a minimum number of four (04) preventive activities (workshops, awareness programmes etc.) during post MD local training.

**ANNEX 13 B**  
**ASSESSMENT OF PORTFOLIO**

1. Reflective Ability

		Marks /10
Fail	Has not completed Reflective cycles	3
Borderline	Has only described the learning experience	4
Pass	Analyzed the reasons for the experience and the reasons for outcome	5
Good pass	Evaluated how the outcome could have been different if a different course of action was taken	6
Excellent Pass	Provided high quality evidence for implementing changes	7+

2. Continuous Professional Development Activities

Case presentations, journal clubs, Workshops, Seminars, Conferences attended

	Marks /10
Fail	3
Borderline	4
Pass	5
Good pass	6
Excellent Pass	7+

3. Teaching (undergraduates/ nurses /midwives)

	Marks /10
Fail	3
Borderline	4
Pass	5
Good pass	6
Excellent Pass	7+

4. Research or audit

	Marks /10
Fail	3
Borderline	4
Pass	5
Good pass	6
Excellent Pass	7+

5. Programme or preventive activities

	Marks /10
Fail	3
Borderline	4
Pass	5
Good pass	6
Excellent Pass	7+

Total Mark out of 50 Examiner 1=

Total Mark out of 50 Examiner 2=

Mark out of 100 =

## **ANNEX 14**

### **ROLES AND RESPONSIBILITIES OF A TRAINER**

**The roles and responsibilities of a trainer are multiple:**

- A. MD trainer
- B. Academic Appraiser
- C. Supervisor of a research project
- D. Reviewer/assessor of a research project
- E. Supervisor of the Training Portfolio
- F. Role model
- G. Examiner

#### **A. As a MD trainer, he/she should**

1. Be involved in teaching and ensure trainees learn on the job.
2. Allocate time for trainees to discuss academic as well as personal issues.
3. In instances of unsatisfactory behavior, attitude or problems of the trainee, first warn the trainee and if the situation persists, inform the academic appraiser of the trainee to sort out the problem at grass root level. As a last resort, inform the Director PGIM and Board of Study in microbiology so that remedial action can be taken. Communications on such issues should be copied to the trainee's academic appraiser.
4. Consult the Board of Study and inform the academic appraiser of the trainee, if a trainee is required to repeat any duration of a clinical appointment or any other appointment.
5. Send progress reports to the BOS, every six months.
6. Supervise the leave arrangements of trainees. (Warn the trainees if in excess and remind them that leave is not a right but a privilege, but give their due)
7. Encourage trainees to participate in continuing medical and professional development activities such as time to visit the library, participate in other clinical meetings, workshops, critical appraisal of journal articles etc.
8. Encourage presentations by the trainees in clinical meetings, CPD activities etc.
9. Conduct workplace based assessments – DOPS and Mini Clinicals as indicated in the portfolio guidelines.
10. Inform the BOS if more than 2 weeks of leave is to be taken by you.
11. Arrange for cover up of leave for training purposes (since this may be different from work cover up)
12. Inform the BOS and give adequate time for the trainee to be moved to another training site if more than 1 month leave is to be taken, since off site cover is not acceptable in such a situation.
13. Handover the required letters of release/ attest to the satisfactory completion of portfolio of the trainees on completion of an appointment by the trainee (it might be difficult for them to come later)
14. Give constructive feedback continuously, which will help the trainees to improve both academically and professionally. Feedback on negative aspects of a trainee should be dealt with in a confidential manner.
15. Provide a pleasant and disciplined environment in your laboratory for the trainee to work.



**B. As an academic appraiser, the trainer should**

1. Have regular meetings with the trainees.
2. Be accessible to the trainee and give your contact number and convenient times for meetings.
3. Develop an approachable, friendly relationship so that trainees are not hesitant to contact you in times of need.
4. Supervise the entries and ensure regular updates of your appraisee's portfolio.

**C. As a supervisor of a research project, the trainer should**

1. be realistic and ensure the trainee gets hands on experience to do research on his or her own.
2. Not have too many goals which will burden the trainee who will find it difficult to finish the project within 4 months.
3. make sure that trainees submit duly filled forms and suggest the name of a reviewer to review the project proposal.
4. Assist and advice trainees regarding obtaining funds in time for project commencement.
5. correct the trainee's presentation and writing (including spelling and grammar) before it is presented or sent to the reviewer or submitted for evaluation.
6. Encourage them to publish or present in national and international scientific sessions.

**D. As a reviewer and assessor of a research project dissertation, the trainer should**

1. Review the work done in the Sri Lankan context.
2. Write a detailed report including the corrections and changes that a trainee has to attend to
3. Complete the review within the allocated time, otherwise trainees will face difficulties in attending to the corrections
4. Remember that a delay in submission of your assessor report will delay the procedure of sending all the dissertations to the foreign examiner by the PGIM.

**E. As a role model the trainer should**

1. be exemplary in your dealings with colleagues of other disciplines and all personnel in the Healthcare team.
2. Always be punctual
3. be sympathetic to the trainees appreciating that they too have problems.
4. Avoid criticizing other trainers and training sites.

**F. As an examiner the trainer should**

Read and abide by the guidelines of the PGIM document.

**ANNEX 15**  
**CURRENT TRAINERS / TRAINING UNIT**

**TRAINERS**

The trainers shall be the Board Certified Consultant who are in charge of accredited Venereology training units in Teaching Hospitals, Ministry of Health.

**QUALIFICATIONS**

MBBS; MD with Board Certification

**TRAINING UNITS (current)**

Central STD Clinic, National STD/AIDS Control Programme

STD Clinic, Colombo South Teaching Hospital

STD Clinic, Colombo North Teaching Hospital

STD Clinic, Teaching Hospital Kandy