

SRI BALAJI VIDYAPEETH

(Deemed - to be - University u/s 3 of UGC Act, 1956)

Pillaiyarkuppam, Puducherry – 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute



COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.D. DERMATOLOGY, VENEREOLOGY AND LEPROLOGY (2020 Onwards)

(As approved at the 30th Academic Council Meeting held on 28th September 2020)

Preface

Following the promulgation of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, Deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be realised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

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Preface

Following roll out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

The MCI has laid down the syllabus course wise, listing competency to some extent, teaching learning methods and the assessment methods as well. The MCI describes competencies in three domains (knowledge, skill, and attitude). However, the most significant problem in competency-based training is the development of appropriate assessment tools.

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of assessment. The six competency model (ACGME) for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPA's which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.



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Foreword

“Dermatology...the young daughter of Medicine...” are the words of Paul Gerson Unna, a pioneer in dermatological research and education. These words describe the neoteric and evolving nature of the subject demanding periodic amendments in the syllabus. The postgraduate MD-DVL curriculum has been updated to exemplify the training process with inclusion of latest advances in the field.

The present curriculum clearly, describes the program educational objectives and outcome expected at the end of three years of postgraduate training. There is further elaboration with a list of Entrustable Professional Activities (EPA's) or work tasks that a student should be able to perform efficiently by the end of the course.

This curriculum will be competency based, where the students are assessed on six competencies considered essential for a medical professional. The student's academic milestones will be periodically recorded based on the level of competency attained. We attempt to broaden our assessment protocol by including multisource feedback, mini – cex and workplace assessment by faculty in addition to the theoretical exams.

The syllabus is up to date, which includes all the recent advances in Dermatology, Venereology and Leprosy. The teaching methodology has been designed to provide a comprehensive training to the postgraduates in the subject with focus on self-directed learning.

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Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprology
Post-Graduate Program

1. Preamble

Dermatology including Venereology (STD) and Leprology is one of the important basic clinical specialties. Considerable advances have taken place in the understanding of dermatological disorders and their treatment. Leprosy is still a public health problem of considerable magnitude in the country. The STDs are showing worldwide increase in incidence with new dimensions added to it.

The curriculum of Dermatology has been designed to match the other clinical specialties at the Institute. An attempt has been made to give a comprehensive training to the postgraduates including basic subjects and recent advances. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

2. Program Educational Objectives (PEO)

- PEO1:** Specialist who can provide comprehensive care related to Dermatology, Venereology & Leprosy over and above the physician of first contact.
- PEO2:** Leader and team member who understands health care system and act to provide safe patient care with accountability and responsibility.
- PEO3:** Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.
- PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher.
- PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

3. Program Outcome (PO)

After three years of residency program postgraduate should be able to

- PO1:** Provide treatment for common skin diseases.
- PO2:** Provide treatment for uncommon & complex skin diseases and its complications.
- PO3:** Provide treatment for leprosy, sexually transmitted infections and its complications.
- PO4:** Perform Dermatotomy procedures.
- PO5:** Identify patient safety and system approach to medical errors.
- PO6:** Identify the needs of patients and society and provide cost effective preventive care and advocacy.
- PO7:** Communicate with stake holders of the health care system.
- PO8:** Perform SDL and Critical appraisal of medical literature.
- PO9:** Develop & execute a protocol for a scientific research project, collect and analyse the data and scientifically communicate to the others
- PO10:** Informed consent and shared responsibility.

4. Course and Course Objectives (CO)

4.1 Course 1 (C1): Applied Basic Medical Sciences

Objectives: At the end of three years post graduate student should be able to-

- C1.1** Demonstrate knowledge of pre and para clinical science related to Dermatology, Venereology and Leprosy and its application in the management of various dermatoses.
- C1.2** Understanding of the various formularies used in Dermatology.
- C1.3** Complete a basic course in Biomedical Research, Data collection & analysis, and Scientific communication.

4.2 Course 2 (C2): General dermatology and Tropical Dermatology (including principles of diagnosis and therapeutics)

Objectives: At the end of three years post graduate student should be able to-

- C2.1** Take a detailed history and perform an adequate examination of dermatological conditions.
- C2.2** Provide quality care in diagnosis and management of common dermatoses.
- C2.3** Approach and diagnose uncommon dermatoses.
- C2.4** Manage dermatological emergencies with appropriate referral when indicated.
- C2.5** Perform bedside and side lab diagnostic tests.
- C2.6** Interpret the histopathological findings of the various dermatoses.
- C2.7** Management of paediatric dermatoses
- C2.8** Adopt preventive measures at individual and community levels against communicable and non-communicable skin diseases.

4.3 Course 3 (C3): Sexually transmitted diseases, Leprosy and Public Health Dermatology

Objectives: At the end of three years post graduate student should be able to-

- C3.1** Provide quality care to the community in the diagnosis and management of sexually transmitted diseases and leprosy.
- C3.2** History taking and detailed examination of cases with Leprosy and STD.
- C3.3** Counselling of Leprosy and Sexually transmitted diseases with a compassionate attitude
- C3.4** Manage effectively all complications of Leprosy and STD's.
- C3.5** Diagnosis, treatment, rehabilitation and appropriate referral of all Leprosy cases.
- C3.6** Diagnosis and treatment of sexually transmitted diseases following syndromic management when applicable..
- C3.7** HIV infection – immunopathogenesis, diagnosis, treatment and counselling.
- C3.8** Perform the relevant side lab investigations for diagnosis of Leprosy and STI with knowledge of the various other laboratory investigations for same.

4.4 Course 4 (C4): Recent advances and Cutaneous manifestations of systemic illnesses.

Objectives: At the end of three years post graduate student should be able to-

- C4.1 Recognise and manage skin manifestations in systemic diseases.
- C4.2 Acquire adequate skills in dermatosurgical procedures and LASERS (Nd:YAG, CO 2, IPL).
- C4.3 Interpretation of investigations like direct immunofluorescence, nerve biopsy etc
- C4.4 Demonstrate adequate knowledge of the medico legal aspects in DVL
- C4.5 Knowledge of newer tools, latest drugs and procedures in dermatology.
- C4.6 Understand the responsibilities of a dermatologist and importance of ethical practice.
- C4.7 Detailed documentation in medical records, counselling and informed consent for procedures.
- C4.8 Critically appraise medical literature.

The PEO, PO and the CO are mapped with each other. (Table 1)

	PEO 1				PEO2		PEO3	PEO 4		PEO 5
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
C1	Y		Y					Y	Y	
C2	Y	Y		Y	Y	Y	Y	Y		Y
C3			Y	Y	Y	Y	Y	Y		Y
C4				Y			Y	Y	Y	

Table1. Mapping of PEO, PO and CO

- All courses run concurrently for 3 years with a summative assessment at the end of 3 years.
- The program is competency based and the competencies, sub-competencies and milestones are detailed. These are mapped to the Entrustable Professional Activities (EPA) identified as essential for a specialist.
- Formative assessment is carried out every three months using appropriate tools, for identifying eligibility for transfer of trust.

5. Competencies, Sub-competencies and Milestones:

At the end of the MD course in Dermatology, Venereology and Leprosy, the student should have acquired various competencies i.e. Medical knowledge, Patient care, Interpersonal communication skill, System based practice, Practice based learning & Implementation, and Professionalism.

Details of each competency with its sub – competencies and milestones are described below

Table 2: Description of Competencies, Sub – competencies and Milestones

I. MEDICAL KNOWLEDGE (MK)				
MK1. General Dermatology				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates rudimentary knowledge of common skin disorders	<p>Demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders.</p> <p>Knowledge of dermatological emergencies.</p> <p>Rudimentary knowledge of preventive care and socio-behavioural aspects of dermatological disorders.</p>	<p>Usually demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders;</p> <p>Demonstrates knowledge of management of dermatological emergencies.</p> <p>Comprehensive understanding of preventive care and the socio- behavioural aspects of common and complex dermatological disorders.</p>	<p>Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Identifies and manages dermatological emergencies.</p> <p>Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio- behavioural aspects of dermatological disorders.</p>	<p>Demonstrates mastery and ability to teach the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Practices preventive care with a detailed understanding of health care economics and medical ethics.</p>

MK2. Paediatric Dermatology				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates rudimentary knowledge of common skin disorders in paediatric patients.	Demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders in paediatric patients, Rudimentary knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.	Usually demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common and complex dermatological disorders in paediatric patients including neonatal dermatoses, birthmarks, vascular anomalies and genetic disorders. Comprehensive knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.	Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex paediatric dermatological disorders, including neonatal dermatoses, birthmarks, vascular anomalies and genetic disorders. Consistently demonstrates knowledge about socio-behavioural aspects and the value of preventive care in paediatric dermatology.	Demonstrates mastery and ability to teach the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex paediatric dermatological disorders. Practices preventive care in paediatric dermatology.

MK3. Dermatological Surgery				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Demonstrates knowledge of the basic concepts of antisepsis, pharmacokinetics of local anaesthesia, and wound healing, including management of clean wounds and signs of infection.</p> <p>Recognizes the reasons for protocol-driven procedural safety, including universal precautions and informed consent.</p>	<p>Demonstrates knowledge of suture material used in skin and complex concepts of wound healing , including chronic ulcers and other complex wounds</p> <p>Demonstrates knowledge of topical anatomy and relevant underlying structures</p> <p>Recognizes potential relevant drug reactions and interactions related to dermatology- surgery</p> <p>Demonstrates knowledge of relevant oral sedatives or analgesics , including narcotics</p> <p>Recognizes the pathology of skin cancer and how it impacts surgical decision making.</p> <p>Recognizes the indications for pre and post- operative antibiotic use.</p>	<p>Demonstrates knowledge of tissue biomechanics and optimal wound closure , including the design of flaps and grafts</p> <p>Demonstrates mastery in identifying topical anatomy and relevant underlying structures</p> <p>Demonstrates knowledge of the science of device-tissue interaction for commonly used tools in dermatology- surgery, including liquid nitrogen, electrosurgical devices, and LASER physics.</p> <p>Demonstrates knowledge of the concepts and principles of non-invasive cosmetic procedure , such as botulinum toxin injections , soft tissue augmentation, and some light-based therapies.</p>	<p>Demonstrates knowledge of the methodology of procedures such as Mohs micrographic surgery, soft tissue augmentation, botulinum toxin injections, and LASER's.</p> <p>Demonstrates knowledge of the methodology and science associated with invasive cosmetic dermatologic procedures, such as LASER resurfacing, hair transplantation, and liposuction.</p>	<p>Demonstrates mastery of and teaches the indications, cost-effectiveness, and efficient execution of all steps in basic cutaneous surgical procedures, including biopsy, excision, electrosurgery, cryosurgery, vascular lasers, and simple, intermediate or complex repairs, including flaps and grafts.</p> <p>Demonstrates mastery of and teaches the indications, cost-effectiveness of Mohs micrographic surgery, and performs this procedure at the level of someone with advanced training in procedural dermatology</p> <p>Demonstrates mastery of and teaches the indications appropriate indications for a diversity of cosmetic dermatologic procedures, and performs these procedures at the level of someone with advanced training in procedural dermatology</p>

MK4. Dermatopathology				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies basic histology of the skin and inflammatory cells.	<p>Recognizes histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Occasionally identifies histopathologic findings of common skin disorders correctly</p> <p>Formulates a limited differential diagnosis of pathologic findings</p> <p>Demonstrate knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies.</p> <p>Demonstrates knowledge of relevant special stains.</p>	<p>Usually identifies histopathologic findings of common skin disorders correctly; Occasionally identifies less common disorders correctly.</p> <p>Formulates an expanded differential diagnosis for inflammatory and non-inflammatory disorders.</p> <p>Recognizes histologic features of most benign and malignant cutaneous tumours.</p> <p>Demonstrates knowledge of the indications and cost of special stains , immunofluorescence, and immunohistochemistry</p>	<p>Consistently identifies histopathologic findings of uncommon skin disorders correctly.</p> <p>Formulates an exhaustive differential diagnosis for inflammatory and non-inflammatory disorders.</p> <p>Correctly identifies histologic features of benign and malignant cutaneous tumours.</p>	<p>Recognizes and appraises the limitations of the laboratory processes.</p> <p>Consistently uses histology correctly to diagnose most cutaneous tumours and inflammatory disorders.</p> <p>Consistently uses special stains, immunofluorescence and immunohistochemistry in relevant cases.</p>

MK5. Application of basic science knowledge to clinical care.				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Demonstrates rudimentary knowledge of basic science relevant to dermatologic conditions.</p> <p>Needs frequent guidance in applying basic science knowledge to dermatologic disorders</p>	<p>Occasionally applies basic science knowledge to dermatologic disorders</p>	<p>Usually applies basic science knowledge to dermatological disorders.</p> <p>Occasionally formulates clinical questions raised by new basic science information</p>	<p>Consistently demonstrates ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Usually formulates clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>

II. PATIENT CARE				
PC1: History, Examination, and Presentation				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>With guidance, consistently able to identify key historical or physical examination findings and recognize their significance</p> <p>Consistently demonstrates use of basic dermatologic terminology, but often needs guidance with precise description of skin disease morphology</p> <p>Presentations are often unfocused.</p>	<p>Consistently obtains accurate, targeted history and examination for routine conditions efficiently; needs guidance with subtle or complex findings.</p> <p>Usually gives a targeted presentation using appropriate terminology and providing pertinent negatives</p>	<p>Consistently able to extract difficult-to- elicit but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>	<p>Consistently identifies information and subtle clinical patterns to diagnose complex disorders</p>	<p>Role models and teaches how to obtain a history and physical examination and is regularly sought out by other members of the health care team.</p> <p>Teaches presentation techniques and demonstrates mastery of descriptive language.</p>

PC2: Diagnostic Tests				
Level 1	Level 2	Level 3	Level 4	Level 5
Occasionally able to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites	Usually performs in-office tests proficiently Consistently selects clinically appropriate laboratory and imaging tests	Consistently performs in-office tests proficiently and interprets results correctly Consistently and accurately interprets laboratory and imaging test results	Teaches junior learners to accurately interpret laboratory and imaging test results, including the selection of tests that are evidence-based and cost effective	Is a role model for the performance and interpretation of in-office tests Ensures that appropriate regulatory processes are in place for performing in-office tests

PC3: Dermatopathology Application				
Level 1	Level 2	Level 3	Level 4	Level 5
Seeks clinicopathologic correlation Ensures accurate completion of pathology requisition forms	Usually interprets and applies findings to clinical care accurately for common neoplasms Reviews own biopsy slides	Usually interprets and applies findings to clinical care accurately, including for uncommon neoplasms and common inflammatory dermatoses Usually interprets the results of special stains	Consistently interprets and correlates specimens accurately Articulates the limitations and challenges of dermatopathologic interpretation	Performs at the level of someone with advanced training in dermatopathology and teaches clinicopathologic correlation

PC4: Medical Treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
Consistently able to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring	<p>Usually selects appropriate medications for common dermatologic disorders.</p> <p>Consistently selects correct vehicle and quantity for topical medications.</p> <p>Consistently prescribes and manages systemic medications for common dermatologic disease.</p> <p>Usually recognizes common and serious side effects, but needs direction in ordering monitoring tests.</p>	<p>Consistently selects appropriate medication and changes to medical therapy and usually selects appropriate systemic medication for management of complex diseases.</p> <p>Consistently monitors for side effects, including ordering appropriate tests</p>	Usually able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy	Role models appropriate medical management

PC 5: Pediatric Treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
Seeks to integrate age and developmental status when managing or evaluating children	<p>Occasionally integrates age, development status, and psychosocial factors into care.</p> <p>Consistently uses weight-based dosing with guidance when prescribing medications for children.</p> <p>Consistently performs simple procedures on children with guidance.</p> <p>Seeks input on medicolegal issues (e.g., prescribing to unaccompanied minors, child abuse)</p>	<p>Usually integrates age, development status, and psychosocial factors into care of common disorders.</p> <p>Consistently uses weight-based dosing when prescribing medications for children.</p> <p>Consistently performs simple procedures on children independently</p>	<p>Consistently integrates age, development status, and psychosocial factors into care of patients with common, uncommon, and complex disorders.</p> <p>Consistently counsels patients and families with certain disorders, such as birthmarks and genodermatoses</p>	Performs at the level of someone with advanced training in pediatric dermatology and serves as a role model

PC6: Surgical Treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Consistently implements universal precautions, obtains informed consent for biopsy, performs antisepsis, and administers local anesthesia for common procedures.</p> <p>Consistently demonstrates proficiency in basic procedures such as cryotherapy and biopsy.</p> <p>Consistently completes documentation for basic surgical procedures</p>	<p>Consistently able to assess and counsel patients for basic procedures.</p> <p>Usually able to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Consistently able to manage post-operative care and minor complications</p>	<p>Consistently able to assess and counsel patients for advanced procedures, such as Mohs micrographic surgery and laser therapy; able to assess patients for minimally invasive cosmetic dermatologic procedures.</p> <p>Usually able to prepare a patient for advanced procedures (e.g., use of pre- and post-operative antibiotics, sedatives, and narcotics; choice of appropriate anesthetic agent, including arrangement for general anesthesia if required).</p> <p>Consistently performs basic procedures, such as malignant destruction and excision sutured by layered closure.</p>	<p>Usually able to assess patients for invasive cosmetic procedures, such as laser resurfacing, hair transplantation, and liposuction.</p> <p>Consistently able to surgically treat most skin cancers by demonstrating a knowledge of relevant anatomy to guide intra-operative surgical decision-making.</p>	<p>Serves as a role model in performing basic and advanced procedures with consistent high- quality outcomes with low complication rates.</p> <p>Performs at the level of someone with advanced training in procedural dermatology.</p>

PC7. Diagnosis, Management Decisions and Patient Education				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Consistently formulates a limited differential diagnosis, but usually needs guidance in prioritizing diagnoses.</p> <p>Occasionally able to formulate an appropriate management plan for common disorders, but usually needs guidance.</p>	<p>Consistently develops a differential diagnosis that includes common disorders and some more complex conditions and only occasionally needs guidance for prioritization.</p> <p>Occasionally counsels' patients about prevention, disease expectations, treatment, and longitudinal care.</p> <p>Usually able to formulate appropriate management plans for patients with common disorders, including longitudinal continuity care.</p> <p>Usually suggests appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Usually educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Consistently tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>	<p>Consistently and independently educates patients.</p> <p>Consistently makes independent management decisions, including customizing care in the context of patient preferences, overall health, and ability to comply</p>	<p>Models and teaches development of a comprehensive and weighted differential diagnosis</p> <p>Role models patient education, including ensuring that current, high-quality patient education is available in the practice setting</p> <p>Models management decision-making and actively seeks to improve)</p> <p>Actively seeks new opportunities for utilization of external resources</p>

III. INTERPERSONAL COMMUNICATION SKILL (ICS)				
ICS1. Communication and rapport with patients and families.				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Describes the concepts of communication in the clinical setting, but usually needs guidance in using them to build rapport in encounters with patients and families.</p> <p>Begins to demonstrate sensitivity to socio- cultural practices</p>	<p>Usually communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Occasionally recognizes non- verbal cues from patients and uses non- verbal skills to convey empathy, but requires guidance in time- pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient’s and family’s perspective; uses patient hand- outs and/or diagrams to explain diseases and treatments when appropriate.</p>	<p>Educates junior learners and ancillary staff members in, and models adherence to, institutional and departmental policies and procedures, proper use of social media, equitable and empathic treatment of all patients, and maintaining patient confidentiality.</p> <p>Adheres to state, institutional, and professional guidelines regarding physician relationships with industry</p>	<p>Demonstrates ethical and professional behavior and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry</p> <p>Has achieved sufficient self-awareness and understanding to manage work-life balance, and to recognize signs of impairment, mental illness, substance abuse, or burnout in oneself or one’s colleagues to take appropriate action.</p>	<p>Adheres to federal and state Regulations regarding digital privacy, HIV privacy, access to medical records, and records storage.</p> <p>Avoids inappropriate or problematic relationships with patients, staff members, residents, and students.</p> <p>Does not engage in misleading statements or puffery or use false testimonials when promoting his or her practice.</p> <p>Bills honestly, avoiding dishonest upcoding or inflated documentation</p>

	<p>Counsels and written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension.</p> <p>Identifies special communication needs of vulnerable populations (e.g., pediatric and elderly patients, persons with disabilities or illiteracy, immigrants, refugees, veterans, prisoners); appropriately uses translators to facilitate communication with patients and families.</p> <p>Demonstrates appropriate face-to-face interaction while using the electronic health record or completing the patient health record.</p>			
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ICS2. Having Difficult Conversations				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the general approach to difficult conversations with patients and families, but usually needs guidance to recognize these situations and respond appropriately	Recognizes the circumstances related to having difficult conversations with patients and families. Begins to effectively communicate in routine clinical situations, but requires guidance in complex or unusual circumstances	Usually communicates effectively in difficult conversations with patients and families, including some complex or unusual circumstances	Consistently communicates effectively in difficult conversations with patients and families in routine and complex circumstances. Customizes communication of emotionally difficult information for patients and families	Role models an effective and sensitive approach to difficult conversations with patients and families. Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to effectively handle difficult conversations in complex or unusual circumstances.

ICS3. Team Member Respect and Care Coordination				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of the other members of the health care team and the need to communicate in ways that show appreciation for the skills and contributions of other professionals.	Communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations but requires guidance in difficult or contentious situations.	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, occasionally requiring guidance in difficult or contentious situations.	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine and difficult or contentious situations.	Role models communication that shows appreciation for all members of the health care team, including in difficult or contentious situations. Is regularly sought out by junior learners, peers, and other members of the health care team for his or her ability to communicate effectively in a team-based approach to care.

ICS4. Communication and Consultation with Other Physicians				
Level 1	Level 2	Level 3	Level 4	Level 5
Begins to recognize situations where consultation is needed, and the importance of effective communication with supervisors, consultants, and referring health care providers	<p>Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances.</p> <p>Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers.</p>	<p>Consistently obtains and provides consultation and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine patient care situations, occasionally needing guidance in complex or nuanced situations.</p> <p>Communicates effectively with medical students, peers, and faculty members in a variety of formal and informal educational settings</p> <p>Provides both positive and negative feedback, as appropriate, when mentoring other physicians.</p> <p>Consistently respectful of the opinions of colleagues, and works to resolve conflicts through proper channels and communication</p>	Consistently obtains and provides consultation independently, and communicates effectively and efficiently with supervisors, consultants, and referring providers in routine and complex or nuanced patient care situations Promotes care coordination and ongoing communication with other providers	<p>Role models coordination and ongoing communication with supervisors, consultants, and referring providers.</p> <p>Is regularly sought out by junior learners, peers, and other members of the health care team for his or her skill in functioning effectively both as consulter and consultant</p>

ICS5. Medical Documentation				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Recognizes the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Recognizes that accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently documents office visits, consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations, but occasionally needs assistance with complex situations.</p> <p>Ensures that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing confusion and error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p>	<p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>	<p>Serves as role model and consultant for, junior learners, peers, and other members of the health care team in patient record documentation</p>

SBP1. Adapts easily and works effectively in various health care delivery settings and systems				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Completes all required tasks for residency and first rotation site orientation.</p> <p>Articulates health care missions at participating sites</p>	<p>Uses electronic health record (EHR) efficiently and independently.</p> <p>Adapts to clinical work in different sites and health care systems (e.g., VA, university medical center).</p> <p>Maintains access to all needed systems Identifies target patient populations, and the differences in demographics and needs of these populations at each participating site.</p> <p>Accesses support services appropriately at different practice sites .</p>	<p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care).</p> <p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p>	<p>Recognizes the differences between a system change and a work-around (a bypass of a recognized system fault that attempts to improve efficiency).</p> <p>Identifies at least one work-around, explores opportunities for change, and when possible, takes steps to improve the system fault that incited it</p>	<p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p>

SBP2. Works effectively within an interprofessional team				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies members of the team who coordinate patient care.</p> <p>Describes own role as member of the health care team</p>	<p>Uses and consults with other health care providers in coordination of patient care.</p> <p>Appropriately communicates and coordinates care with the primary care and/or referral provider(s).</p> <p>Describes unique contributions (knowledge, skills, and attitudes) of other health care professionals, and seeks their input for appropriate issues.</p> <p>Describes the use of checklists and briefings to prevent adverse events in health care; recognizes the roles of team members and participates in briefings .</p>	<p>Delegates tasks appropriately to members of the health care team.</p> <p>Attends and contributes to academic department/division retreats (or similar organizational venue), as well as to clinic team/staff meetings at participating sites.</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team.</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p>	<p>Leads an interdisciplinary team</p>

SBP3. Improves health care delivery by identifying system errors and implementing potential systems solutions. Advocates for quality patient care and optimal patient care systems.

Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Participates in discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of institutional risk-management resources available.</p> <p>Begins to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Begins to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or care providers in other specialties)</p>	<p>Leads discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of the intersection of the legal system and health care system in the context of medical errors.</p> <p>Consistently identifies the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Consistently advocates for optimal patient care in the setting of interdisciplinary interactions</p>	<p>Consistently encourages open and safe discussion of error, and begins to identify and analyze error events</p>	<p>Consistently encourages open and safe discussion of errors, and characteristically identifies and analyzes error events, habitually approaching medical errors with a system solution methodology.</p> <p>Actively and routinely engages with teams and processes through which systems are modified to prevent medical errors</p> <p>Advocates to improve patient care provided by health care, social, community, and governmental systems, including for vulnerable populations</p>

SBP4. Practices cost-conscious care (for patients and populations)				
Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Demonstrates knowledge of how a patient's health care is paid for, and how this affects the patient's care.</p> <p>Articulates awareness of costs for common diagnostic or therapeutic tests, including the cost of performing and interpreting skin biopsies.</p> <p>Considers cost of medical and surgical therapies and incorporates this into therapy decisions and discussions with the patient.</p> <p>Demonstrates awareness of minimizing unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters Usually applies principles</p>	<p>Articulates awareness of common socio- economic barriers that impact patient care.</p> <p>Articulates understanding of how cost-benefit analysis is applied to patient care (i.e., via principles of screening tests and the development of clinical guidelines).</p> <p>Identifies the role of various health care stakeholders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care.</p> <p>Consistently applies principles of coding (ICD-9/10) and reimbursement</p>	<p>Articulates an awareness of current debates/issues of health care financing and how it will affect patients, providers, third party payers, and other stakeholders Identifies inherent biases of interactions with pharmaceutical and medical device industries.</p> <p>Demonstrates the incorporation of cost-awareness principles into standard clinical judgments and decision-making</p>	<p>Demonstrates the incorporation of cost-awareness principles into complex clinical scenarios</p>

PBL11. Appraise and assimilate scientific evidence				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>When directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Navigates electronic databases of indexed citations and abstracts to medical sciences journal articles.</p> <p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study.</p> <p>Provides appropriate reference lists for prepared hand-outs or other program- specific assignments</p>	<p>Without being directed, accesses appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Identifies critical threats to study validity and generalizability when reading a research paper or study synopsis. Identifies well conducted research that impacts patient care.</p> <p>Actively participates by leading article review discussion and by asking appropriate questions during journal club/journal review activities</p>	<p>Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task.</p> <p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines.</p> <p>Critically evaluates information from others, including colleagues, experts, industry representatives, and patients.</p> <p>Summarizes complex medical topics through effective information synthesis and presentation of material within time allotted</p>	<p>Incorporates principles and basic practices of evidence-based practice and information mastery into clinical practice.</p> <p>Identifies alternative resources to answer clinical questions (e.g., microbiology lab director, E&M coding guidelines, Medicare policies, CDC reporting requirements)</p>	<p>Independently teaches and assesses evidence-based medicine and information mastery techniques.</p> <p>Cites evidence supporting several common practices in his or her practice</p>

PBLI2. Continuously improve through self-assessment of competence				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Usually asks for feedback.</p> <p>Relies on teachers and colleagues for immediate information needs</p>	<p>Consistently asks for feedback.</p> <p>Reviews feedback acknowledges gaps in personal knowledge and expertise and uses feedback/assessments to develop learning plans with some assistance. Remains open to criticism of performance, avoids defensiveness or denial of constructive criticisms received.</p> <p>Participates in the collection and analysis of program-specific resident competency data (e.g., patient logs, procedure logs, and treatment logs).</p> <p>Identifies the process for incident and error reporting in the institution.</p>	<p>Self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Identifies, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies</p>	<p>Performs mostly self-directed learning, integrating multiple feedback and assessment sources, with little external guidance.</p> <p>Demonstrates an effective method, system, or process for staying current with relevant changes in clinical dermatology and dermatology medical knowledge.</p> <p>Identifies personal gaps in achieving necessary or desired aspects of residency education and communicates these with program director</p>	<p>Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas.</p> <p>Demonstrates an effective method, system, or process for staying current with relevant changes in dermatology health policy and practice management.</p> <p>Regularly completes self-assessments of medical knowledge gaps relevant to practice and patient population</p>

PBLI3. Integrate quality improvement concepts and activities in practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies problems in health care delivery and sees the quality gap in care	<p>Identifies the basic processes involved in quality improvement.</p> <p>Identifies deviations from standards of dermatologic care (e.g., identifies when guidelines of care were not followed, and when over- or under-utilization of diagnostic testing and therapy has occurred).</p> <p>Identifies some stakeholders involved in quality gaps</p>	<p>Reviews local gaps in quality and identifies systems and human errors that contribute to gaps in quality.</p> <p>Critically appraises current or proposed quality improvement interventions. Participates in quality improvement activities.</p> <p>Defines and constructs process and outcome measures</p>	Assesses outcomes of quality improvement efforts and applies these towards continuous quality improvement	Continues to engage in innovative quality improvement activities.

PBLI4. Teach others				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Provides education on a few basic dermatology topics to patients and other learners.</p> <p>Actively participates in conferences</p>	<p>Creates presentations that incorporate digital images.</p> <p>Able to synthesize medical topics, with some help, for presentations</p>	<p>Summarizes complex medical topics through effective information synthesis and presentation of material.</p> <p>Actively participates in activities designed to develop and improve teaching skills.</p> <p>Seizes the teachable moment with others in the clinical setting</p>	<p>Assumes a significant role in clinically teaching learners.</p> <p>Presents information in a well-rehearsed, confident manner within the allotted time.</p> <p>Seeks and receives feedback on clinical teaching and assesses this information to determine areas for teaching improvement.</p>	<p>Continues to teach others, including non-dermatology providers, about dermatology.</p> <p>Seeks feedback on teaching others, and incorporates plan to address areas for teaching improvement</p>

PROF1. Practices medicine ethically				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Truthfully documents and reports clinical information.</p> <p>Reads and abides by formal policies and procedures</p> <p>Maintains confidentiality of protected health information.</p> <p>Understands a dermatologists judiciary obligation to patients, and consistently places patient care needs above self-interest</p>	<p>Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.</p> <p>Adheres to the honor code and policies regarding academic honesty in preparing for and taking the post-graduation examinations.</p> <p>Displays academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Performs all human subjects research in accordance with federal, state, and institutional regulations and guidelines.</p> <p>Understands the actions and relationships that constitute interest in publications and presentations.</p>	<p>Educates junior learners and ancillary staff members in, and models adherence to institutional and departmental policies and procedures, proper use of social media, equitable and empathic treatment of all patients, and maintaining patient confidentiality.</p> <p>Adheres to state, institutional, and professional guidelines regarding dermatologists relationships with industry</p>	<p>Demonstrates ethical and professional behavior and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry.</p> <p>Has achieved sufficient self- awareness and understanding to manage work-life balance, and to recognize signs of impairment, mental illness, substance abuse, or burnout in oneself or one’s colleagues to take appropriate action</p>	<p>Adheres to national and state regulations regarding digital privacy, HIV privacy, access to medical records, and records storage.</p> <p>Avoids inappropriate or problematic relationships with patients, staff members, residents, and students.</p> <p>Does not engage in misleading statements or puffery or use false testimonials when promoting his or her practice.</p> <p>Bills honestly, avoiding dishonest upcoding or inflated documentation</p>

	<p>Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal.</p> <p>Responds promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records); carries out timely interactions with colleagues, patients, and their designated caregivers; promptly completes clinical, administrative, and curricular tasks</p> <p>Recognizes, manages, and discloses obvious conflicts of interest in publications and presentations.</p> <p>Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal.</p>			
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PROF2. Committed to lifelong learning and improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Aware of personal errors.</p> <p>Usually elicits feedback from faculty members.</p> <p>Explains how teamwork benefits patient care.</p> <p>Requires direction in determining what is important in learning goals</p>	<p>Admits to limitations and personal errors and knows when and whom to ask for help.</p> <p>Accepts constructive feedback and strives to improve.</p> <p>Explains the concept of leading by example.</p> <p>Lists and organizes the topics and subtopics that must be learned for patient care and to pass the post- graduation examination</p>	<p>Develops self-improvement plan to address limitations and personal errors.</p> <p>Provides feedback to junior residents and medical students.</p> <p>Assumes leadership role among the resident group (e.g., as chief resident, project manager); serves as a role model for junior residents.</p> <p>Lists gaps of knowledge and devises plan for improvement</p>	<p>Assists junior residents in recognizing their own limitations.</p> <p>Describes key elements in how to provide effective feedback.</p> <p>Describes the fundamental skill set for effective leadership.</p> <p>Capable of passing the post- graduation examination</p>	<p>Mentors residents/new graduates on how to recognize limitations and develop self-improvement plans.</p> <p>Effectively provides feedback to peers, office staff, and other learners.</p> <p>Takes a leadership role within the practice/ department or in regional, state, or national organizations.</p> <p>Understands the Degree program, and fulfils requirements.</p>

PROF3. Patient care is the first priority				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Recognizes the challenges of balancing professional and personal life.</p> <p>Demonstrates empathy and compassion to patients; respects patient dignity and autonomy.</p> <p>Describes common opportunities for patient advocacy in the outpatient setting.</p> <p>Treats patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age, sexual orientation, or socioeconomic status.</p>	<p>May need assistance with time management and setting priorities, but all patient care activities are completed in a timely fashion.</p> <p>Consistently demonstrates empathy and compassion to patients of all ages.</p> <p>Seeks appropriate resources to advocate for individual patient needs with assistance.</p> <p>Recognizes when patient values differ from his or her own values and how this might affect the physician-patient interaction.</p> <p>Recognizes disparities in health care among the local or referral- based population and how these may impact care of specific dermatologic diagnoses</p>	<p>Establishes list of priorities and effective time management that enables successful pursuit of professional and personal goals.</p> <p>Consistently demonstrates empathy and compassion to patients of all ages, including difficult or challenging patients.</p> <p>Demonstrates effective strategies to manage conflict when patient values differ from his or her own values.</p> <p>Discusses ideas and strategies to offset disparities in health care for specific dermatologic diagnoses</p>	<p>Adjusts priorities in response to changing demands.</p> <p>Anticipates the needs of patients and works to meet those needs in daily practice.</p> <p>Effectively advocates for individual patient needs</p>	<p>Provides advice and assistance for peers or other learners experiencing major changes affecting professional or personal life.</p> <p>Is a proactive advocate for individual patients and their families.</p> <p>Embraces the dermatologist's role in understanding and addressing causes of disparity in disease and suffering</p>

6. Syllabus

Course contents

Topics related to allied basic sciences

- The structure, functions and development of human skin.
- Ultrastructural aspects of epidermis, epidermal appendages, dermo-epidermal junction, dermis, and sub-cutis.
- Immunology, molecular biology and genetics in relation to the skin.
- Epidermal cell kinetics and keratinization.
- Lipids of epidermis and sebaceous glands.
- Percutaneous absorption.
- Skin as an organ of protection and thermoregulation.
- Biology of eccrine and apocrine sweat glands.
- Biology of melanocytes and melanin formation.
- Biology of hair follicles, sebaceous glands and nails.
- Epidermal proteins.
- Dermal connective tissue: collagen, elastin, reticulin, basement membrane and ground substance.
- Metabolism of carbohydrates, proteins, fats and steroids by the skin.
- Cutaneous vasculature and vascular reactions.
- Mechanism of cutaneous wound healing.
- Cellular and molecular biology of cutaneous inflammation and arachidonic acid metabolism.
- Immunologic aspects of epidermis.
- Human leukocyte antigen (HLA) system.
- Immunoglobulins.
- Cytokines and chemokines.
- Lymphocytes, neutrophils, eosinophils, basophils and mast cells.
- Complement system.
- Hypersensitivity and allergy.
- Cutaneous carcinogenesis (chemical, viral and radiation).
- Basics of cutaneous bacteriology, mycology, virology, parasitology and host resistance.
- Common laboratory procedures, stains, culture media etc. related to the cutaneous diagnosis.
- Basic pathologic patterns and reactions of skin.
- Common laboratory stains and procedures used in the histopathologic diagnosis of skin diseases and special techniques such as immunofluorescence, immunoperoxidase and other related techniques.
- History of dermatology, leprosy and STD
- Histopathological examination of skin
- General principles of Diagnosis of skin diseases

- Health economics and skin diseases
- Adverse Immunological Reactions to Drugs
- Principles of Measurement and Assessment in Dermatology

Clinical dermatology

- Epidemiology of cutaneous disease.
- Principles of Evidence-based Dermatology
- Psychologic aspects of skin disease and psycho-cutaneous disorders
- Pathophysiology and clinical aspects of pruritus.

Papulosquamous diseases

- Psoriasis, pityriasis rubra pilaris, pityriasis rosea
- Parapsoriasis, lichen planus, lichen nitidus.
- Palmo-plantar keratodermas, Darier's disease, porokeratosis.
- Ichthyoses and ichthyosiform dermatoses.
- Kyrle's disease and other perforating disorders

Vesiculo - bullous disorders

- Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis.
- Bullous pemphigoid, Pemphigus.
- Chronic bullous disease of childhood.
- Herpes gestationis (pemphigoid gestationis).
- Hereditary epidermolysis bullosa.
- Epidermolysis bullosa acquisita.
- Dermatitis herpetiformis.
- Familial benign pemphigus.
- Subcorneal pustular dermatoses.
- Pustular eruptions of palms and soles.

Disorders of epidermal appendages and related disorders

- Disorders of hair and nails.
- Disorders of sebaceous glands. Rosacea, Perioral dermatitis, acne.
- Disorders of eccrine and apocrine sweat glands.
- Follicular syndromes with inflammation and atrophy.

Epidermal and appendageal tumours

- Precancerous lesions, squamous cell carcinoma and basal cell carcinoma
- Keratoacanthoma, benign epithelial tumours, appendageal tumours
- Merkel cell carcinoma, Paget's disease

Disorders of melanocytes

- Disorders of pigmentation, albinism, benign neoplasia and hyperplasia of melanocytes, dysplastic melanocytic nevi, cutaneous malignant melanoma.

Inflammatory and neoplastic disorders of the dermis

- Acute febrile neutrophilic dermatosis (Sweet's syndrome)
- Erythema elevatum diutinum
- Cutaneous eosinophilic diseases
- Granuloma faciale
- Pyoderma gangrenosum
- Erythema annulare centrifugum and other figurate erythemas
- Granuloma annulare
- Malignant atrophic papulosis (Dego's Disease)
- Neoplasms, pseudoneoplasms and hyperplasias of the dermis
- Vascular anomalies
- Kaposi's Sarcoma
- Anetoderma and other atrophic disorders of the skin
- Ainhum and pseudoainhum
- Neoplasias and hyperplasias of neural and muscular origin
- Elastosis perforans serpiginosa and reactive perforating collagenosis, lymphomas, pseudolymphomas and related conditions

Disorders of subcutaneous tissue

- Panniculitis
- Lipodystrophy
- Neoplasms of the subcutaneous fat

Disorders of the mucocutaneous integument

- Biology and disorders of the oral mucosa
- Disorders of the anogenitalia of males and females

Cutaneous changes in disorders of altered reactivity

- Genetic immunodeficiency diseases
- Urticaria and Angioedema
- Disorders associated with complement abnormalities
- Graft-versus-host Disease
- Muco-cutaneous manifestations in immunosuppressed host other than HIV-infection
- Contact dermatitis
- Auto-sensitization dermatitis
- Atopic dermatitis (atopic eczema)
- Nummular eczematous dermatitis

- Seborrheic dermatitis
- Vesicular palmoplantar eczema

Skin changes due to mechanical and physical factors

- Occupational skin disease
- Radiobiology of the skin
- Skin problems in amputee
- Sports dermatology
- Skin problems in war field
- Decubitus ulcers

Photomedicine, photobiology and photo immunology in relation to skin

- Acute and chronic effects of ultraviolet radiation and sun light on the skin
- Narrow-band ultraviolet B (NBUVB) therapy, phototherapy, photochemotherapy, photodynamic therapy

Disorders due to drugs and chemical agents

- Cutaneous reactions to drugs
- Mucocutaneous complications of anti-neoplastic therapy
- Cutaneous manifestations of drug abuse

Dermatology and the ages of man

- Neonatal dermatological problems
- Paediatric and adolescent dermatological problems
- Ageing of skin
- Geriatric dermatological problems

Skin lesions in nutritional metabolic and heritable disorders

- Cutaneous changes in nutritional disease
- Acrodermatitis enteropathica and other zinc deficiency disorders
- Cutaneous changes in errors of amino acid metabolism: T tyrosinemia II, phenylketonuria, arginine succinic aciduria, and alkaptonuria
- Amyloidosis of the skin
- The porphyrias
- Xanthomatosis and lipoprotein disorders
- Fabry's Disease; galactosidase - a deficiency (Angiokeratoma corporis diffusum universale)
- Lipid proteinosis
- Cutaneous mineralisation and ossification
- Heritable disorders of connective tissue with skin changes
- Heritable disease with increased sensitivity to cellular injury
- Basal cell Naevus syndrome

Skin manifestations of hematologic disorders

- Skin changes in haematological disease
- Langerhans cell and other cutaneous histiocytosis
- The Mastocytosis syndrome

Skin manifestations of systemic disease

- The skin and disorders of the alimentary tract
- The hepatobiliary system and the skin
- Cutaneous changes in renal disorders, cardiovascular, pulmonary disorders and endocrinal disorders
- Skin changes and diseases in pregnancy
- Skin changes in the flushing disorders and the carcinoid syndrome

Skin manifestations of rheumatologic disease

- Lupus Erythematosus
- Dermatomyositis
- Scleroderma
- Systemic Necrotizing Arteritis
- Cutaneous Necrotising vasculitis
- Cryoglobulinemia and Cryofibrinogenemia
- Relapsing Polychondritis
- Rheumatoid Arthritis, Rheumatic Fever and Gout
- Sjogren's syndrome
- Raynaud's phenomenon
- Reiter's syndrome
- Multicentric Reticulohistiocytosis

Cutaneous manifestations of disease in other organ systems

- Sarcoidosis of the skin
- Cutaneous manifestations of Internal Malignancy
- Acanthosis Nigricans
- Scleredema
- Papular Mucinosis
- Neurocutaneous disease
- Tuberous Sclerosis Complex
- The Neurofibromatosis
- Ataxia Telangiectasia
- Behcet's disease

Bacterial diseases with cutaneous involvement

- General considerations of bacterial diseases
- Pyodermas: Staphylococcus aureus, Streptococcus, and others
- Staphylococcal Scalded-Skin syndrome
- Soft Tissue Infections: Erysipelas, Cellulitis, Septicemia and Gangrenous Cellulitis
- Gram-Negative Coccal and bacillary infections
- Bartonellosis
- Miscellaneous bacterial infections with cutaneous manifestations
- Tuberculosis and other mycobacterial infections
- Actinomycosis, Nocardiosis, and Actinomycetoma
- Lyme Borreliosis
- Kawasaki Disease

Fungal diseases with cutaneous involvement

- Superficial fungal infection: Dermatophytosis, Tinea Nigra, Piedra
- Yeast Infections: Candidiasis, Pityriasis (Tinea) Versicolor
- Deep Fungal Infections

Viral and rickettsial disease

- Viral Diseases: general consideration
- Rubella (German Measles)
- Measles
- Hand, Foot and Mouth Disease
- Herpangina
- Erythema Infectiosum and Parvovirus B 19 infection
- Herpes simplex
- Varicella and Herpes Zoster
- Cytomegalovirus Infection
- Epstein - Barr Virus Infections
- Human Herpes virus 6 & 7 infections and Exanthem subitem (Roseola Infantum or Sixth Disease)
- Smallpox and Complications of small pox vaccination
- Contagious Pustular Dermatitis, Contagious Ecthyma: Orf virus infection
- Molluscum Contagiosum
- Milker's Nodules
- Warts
- Human Retroviral Disease: Human T-Lymphotropic viruses

Therapeutics

- Clinical Pharmacology
- Principles of Holistic Management of Skin Disease
- Topical therapy
 - Pharmacokinetics principles in topical applications of drugs.
 - Principles of topical therapy.
- Topical agents
 - Glucocorticoids, Acne therapies, Analgesics, Anaesthetics, Anti-inflammatory, Anti hair loss, Anti-microbial, Anti-parasitic, Anti-perspirants, Anti-pruritic, Anti- viral, Astringents, Bleaching agents, Keratolytics, Psoriasis therapies, Wart therapies, Topical Retinoids, Topical Antibiotics, Topical Anti-fungal Agents, Sun-protective Agents, Keratolytic Agents, Topical Cytotoxic Agents, Cosmetics and Skin care in practice.
- Systemic therapy
 - Principles and pharmacokinetics of systemic drugs.
 - Systemic glucocorticoids, Sulfones, Aminoquinolines, Cytotoxic and Antimetabolic Agents, Oral Retinoids, Antihistamines, Antibiotics, Antiviral Drugs, Oral Antifungal Agents, Immunosuppressive and Immunomodulatory drugs, Thalidomide, photo- chemotherapy and photo-therapy, electric cautery, cryotherapy, electrolysis, tattooing, intra-lesional injections etc.

Surgery in dermatology

- Dermatologic Surgery: Introduction, Approach and Principles
- Skin Resurfacing: Chemical Peels
- Skin Resurfacing: Dermabrasion
- Skin Resurfacing: Laser
- Skin punch grafting
- Wound Dressings
- Cryosurgery
- Nail Surgery

Venereology

- Clinical approach to the patient of sexually transmitted disease
- Anatomy of male and female genitalia
- Epidemiological aspects of STDs
- Viral STDs including HIV, Herpes, Human Papilloma virus (HPV), Molluscum contagiosum etc.
- Bacterial STD's: Syphilis, Gonorrhoea, Chancroid, Donovanosis
- Chlamydial infections: Lymphogranuloma venereum, urethritis, cervicitis
- Nongonococcal urethritis (NGU), non-specific vaginitis etc.

- Fungal: Candidiasis
- Protozoal: Trichomoniasis
- Ectoparasitic: Scabies, Pediculosis infestations.
- Syndromic management of STDs
- HIV/AIDS - Epidemiology, transmission, patient load, High risk groups, cutaneous manifestations of HIV, treatment of opportunistic infections, antiretroviral therapy, management of STDs in HIV positive cases
- STDs in reproduction health and Paediatrics
- STDs and HIV
- Prevention, counselling and education of different STDs including HIV
- National Control Programmes of STDs and HIV infection
- Medico-legal, social aspects of STDs including psychological and behavioural abnormalities in STD patients
- Historical aspects of Sexually Transmitted Infections
- Sexual Behavior and Sexually Transmitted infections
- Condoms and other Barrier methods of STI and HIV prevention
- Genital Mucosal Immunity Against Sexually Transmitted Infections
- Microbicides
- Legal aspects in STD and HIV
- Sexuality and education for young people

Leprosy

- History of Leprosy in India: A Historical overview from Antiquity to the introduction of MDT
- Epidemiological aspects
- Global Leprosy situation: Historical perspective, Achievements, Challenges and future steps
- Structure, biochemistry, microbiology of Mycobacterium leprae
- Naturally occurring Leprosy: Mycobacterium leprae and other environmental mycobacteria in Nature
- Animal models
- Pathogenesis
- Classification
- Immunology and molecular biological aspects
- Approach to the patient with leprosy
- Clinical features
- Methods of Nerve examination
- Reactions
- Systemic involvement (Ocular, bone, mucosa, testes and endocrine etc.)
- Pregnancy and leprosy
- Histopathology and diagnosis including laboratory aids
- Immunogenetics of Leprosy

- Biochemical Aspects of Leprosy
- Serological and molecular diagnosis of leprosy
- Structure Electrophysiological and Ultrasonographics studies of Peripheral Nerve
- Pathomechanisms of Nerve Damage
- Chemotherapy: Development and evolution of WHO-MDT and Newer treatment regimens
- Chemoprophylaxis in Leprosy
- Leprosy vaccine: Immunoprophylaxis and Immunotherapy

7. Teaching and Learning Methods

A post graduate student pursuing the course should work in the institution as a full time student. No candidate should be permitted to run a clinic/laboratory/nursing home while studying postgraduate course. Each year should be taken as a unit for the purpose of calculating attendance. Every student shall attend teaching and learning activities during each year as prescribed by the department and should not be absent from work without valid reasons.

A list of teaching and learning activities designed to facilitate students acquire essential knowledge and skills outlined is given below.

1. Lectures: Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated.

1) **Didactic Lectures:** Few topics are suggested as examples:

- a) Bio-statistics
- b) Use of library
- c) Research Methodology
- d) Medical code of Conduct and Medical Ethics
- e) National Health and Disease Control Programmes
- f) Communication Skills

These topics may preferably be taken up in the first few weeks of the first year.

2) **Integrated Lectures:** Some of the topics may be taken up by multidisciplinary teams e.g., Diabetes mellitus, Vasculitis etc.

2. Journal Club & Subject seminars: Both are recommended to be held once a week. All PG students are expected to attend and actively participate in discussion and enter relevant details in the ePortfolio. Further, every post graduate student must make a presentation from the allotted journal(s), selected articles at least four times a year. The presentations would be evaluated and would carry weightage for internal assessment.

The suggested **teaching schedule** will be as follows:

Seminar: 1 long seminar + 1 short seminar /once a week
Journal club: once in two weeks

Bed side case discussion: three times a week
Dermatopathology meeting: once a month

3. Student Symposium: Recommended as an optional multi-disciplinary programme. The evaluation may be similar to that described for subject seminar.

4. Ward Rounds: Ward rounds may be service or teaching rounds.

- a) **Service Rounds:** Post graduate students and Interns should be responsible for everyday care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
- b) **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purpose. A log should be maintained in the ePortfolio for day to day activities by the students.

Entries of (a) and (b) should be made in the ePortfolios which shall be checked

and assessed periodically by the faculty members imparting the training.

5. Clinical Case Presentations: Minimum of 5 cases to be presented by every post graduate student each year. They should be assessed using check lists and entries made in the ePortfolio.

6. Clinico-Pathological Conference (CPC): Recommended once a month for all post graduate students. Presentation is to be done by rotation. If cases are not available, it could be supplemented by published CPCs.

7. Inter-Departmental Meetings: Strongly recommended particularly with Departments of Pathology and Radio-Diagnosis at least once a week. These meetings should be attended by post graduate students and relevant entries must be made in the ePortfolio.

Pathology: A dozen interesting cases may be chosen and presented by the post graduate students and discussed. The staff of Pathology department would then show the slides and present final diagnosis. In these sessions, the advances in immuno-histochemical techniques can be discussed.

Radiodiagnosis: Interesting cases and imaging modalities should be discussed.

8. Teaching Skills: The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

9. Research: The post graduate students should undertake audit, use information technology tools and carry out research, both basic and clinical, with the aim of publishing the work and presenting the same at various scientific fora.

10. Continuing Medical Education Programmes (CME): At least two CME programmes should be attended by each student during the MD programme.

11. Conferences: The student should attend courses, conferences and seminars relevant to the speciality.

A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

12. E-learning activities are encouraged.

13. Practical and Clinical training : A major tenure of posting should be in the Department of Dermatology (2 years and 9 months) . It should include care of in-patients, out-patients, special clinics (STD clinic, leprosy clinic, vitiligo clinic etc.), urban and rural health centre clinics, as well as maintenance of case records for both in- and out-patients.

Posting in allied departments as follows:

General Medicine: 2 weeks Pathology: 1 week

Psychiatry: 1 week

Paediatrics: 1 week

Microbiology: 1 week

Casualty: 1 month

Postings in other institutes as follows:

Dermatosurgery and Cosmetology: 2 weeks

Leprosy: 2 weeks

14. Clinical meetings: There should be intra - and inter- departmental meetings for discussing uncommon / interesting medical problems. Each student must be asked to present a specified number of cases for clinical discussion, perform procedures/tests/operations/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions. These should be entered in their respective E- Portfolio.

E-portfolio:- It is an **electronic portfolio** to be maintained by the resident to record their activities under the section:

- EPA
- Daily log
- Patient care
- Procedure
- Dissertation
- Academic activities(Seminar, symposium, case presentation, journal club)
- Co-curricular activities (Conference, CME, Workshop),
- Teaching Assignments,
- Awards and achievements
- Outreach activities.

E-portfolio shall be checked and assessed periodically by the faculty members. This will enable to monitor progress of the resident, his level of attainment of milestone and impart the training accordingly log books should be checked and assessed periodically by the faculty members imparting the training.

15. Thesis writing: Thesis writing is compulsory. All MD students are required to carry out work on a selected research project under the guidance of a recognized post graduate teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

8. Assessment

8.1 Formative Assessment

Formative assessment will be **continual** and assess Medical knowledge, Patient care, Interpersonal communication skills, System based practice, Practice based learning & improvement, and Professionalism, every 3/6 monthly.

Entrustable Professional Activities (EPAs) are important work tasks that the student has to be able to perform with supervision at a distance by the end of post – graduation. EPAs are listed as below (**Table 3**) with description of each EPA (**Table 4**). Progress of the students is assessed in the Entrustable Professional Activity (EPA) assessment form (**Annexure-1**). These EPAs are also mapped with PO and CO. (**Table 5**).

Table 3. List of Entrustable Professional Activities (EPAs) for MD – DVL

	GENERAL
1	Gathering a history and performing physical examination
2	Prioritizing a differential diagnosis following a clinical encounter
3	Recommending and interpreting common screening and diagnostic tests.
4	Entering and discussing orders & prescriptions and giving the necessary instructions to the patients
5	Documenting a clinical encounter in patient records
6	Provide an oral presentation of a clinical encounter
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management
8	Give or receive a patient handover to transition care responsibility
9	Obtain informed consent for tests and/or procedures
10	Collaborate as a member of an interprofessional team
11	Form clinical questions and retrieve evidence to advance patient care
	GENERAL DERMATOLOGY
12	Perform detailed dermatological examination with appropriate use of dermatological descriptive terminology.
13	Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.
14	Treatment of skin diseases with an understanding of the various formularies and their appropriate usage.
15	Identify and interpret the histopathological findings of common, uncommon and complex dermatoses.
16	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate Dosage.
17	Perform various dermatosurgical procedures with adequate exposure on use of LASERS.
18	Familiar with recent advances in dermatology.
19	Counselling of patients regarding treatment, course of disease and prognosis of the skin condition.
20	Aware of the medicolegal aspects of dermatology.
	VENEREOLOGY AND LEPROSY
21	Diagnosis, treatment and rehabilitation of leprosy cases.

22	Diagnosis and treatment of sexually transmitted diseases, including syndromic management when relevant.
	PREVENTIVE DERMATOLOGY
23	Adopt preventive measures at individual and community level for skin diseases, venereal infections and leprosy.
24	Identify system failures and contribute to the improvement of patients' health care.
	RESEARCH AND TEACHING
25	Able to write scientific papers and deliver oral presentations at conferences
26	Able to effectively teach undergraduate students during clinical postings
	ETHICS
27	Treats all patients with respect and protects patient's confidentiality.

Table 4: Description of each Entrustable Professional Activity (EPA) with relevant domains of competence and domain critical behaviour

EPA 1: Gathering a history and performing physical examination	
1. Description of the activity:	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.
2. Most relevant domains of competence:	MK, PC, ICS, PROF1
3. Competencies within each domain critical to entrustment decisions:	MK1.2 MK5.4 PC1.4 PC7.4 ICS1.2 PROF1.2
4. Methods of assessment	<ol style="list-style-type: none"> 1. Periodic written exam (Every 6 months) 2. Mini-cex 3. Workplace assessment by Faculty 4. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses & Health care workers c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	<p>Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Lack of knowledge of management of dermatological emergencies.</p> <p>Lack of knowledge of preventive care. Has no understanding of health care economics and medical ethics.</p>	<p>Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Demonstrates knowledge of management of dermatological emergencies.</p> <p>Comprehensive understanding of preventive care and the socio-behavioural aspects of common and complex dermatological disorders.</p>
MK5	<p>Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Unable to formulate clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>
PC1	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
PC7	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p>

	<p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension.</p>

PROF1	Inaccurate documentation and reporting of clinical information.	Truthfully documents and reports clinical information.
	Lack of development of clinical etiquette.	Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.

EPA 2: Prioritizing a differential diagnosis following a clinical encounter	
1.Description of the activity:	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis
2.Most relevant domains of competence:	MK, PC, ICS
3.Competencies within each domain critical to entrustment decisions:	MK1.2 MK2.3 PC1.3 PC2.3 PC7.3 ICS4.4
4.Methods of assessment	<ol style="list-style-type: none"> 1. Periodic written exam (Every 6 months) 2. Mini-cex 3. Workplace assessment by Faculty 4. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses & Health care workers c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Unable to identify dermatological emergencies.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Identifies dermatological emergencies.
MK2	Unable to demonstrate knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological	Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management

	disorders in paediatric patients	options of common, uncommon, and complex pediatric dermatological disorders.
PC1	<p>Unable to identify key historical or physical examination findings and recognize their significance basic dermatologic terminology.</p> <p>Lack of knowledge of basic dermatology terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
PC2	<p>Unable to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites</p> <p>Unable to select clinically appropriate laboratory and imaging tests</p>	<p>Consistently performs in-office tests proficiently and interprets results correctly</p> <p>Ensures that appropriate regulatory processes are in place for performing in-office tests</p>
PC7	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>

ICS4	Unable to obtain and provide consultation and has difficulty in communicating with supervisors, consultants, and referring in routine as well as complex patient care situations.	Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring in routine as well as complex patient care situations.
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EPA 3: Recommending and interpreting common screening and diagnostic tests.	
1.Description of the activity:	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting
2.Most relevant domains of competence:	MK, PC, SBP
3.Competencies within each domain critical to entrustment decisions:	MK4.3 PC2.2 PC3.2 SBP3.3
4.Methods of assessment	<ol style="list-style-type: none"> 1. Periodic written exam (Every 6 months) 2. Mini-cex 3. Workplace assessment by Faculty 4. Multisource feedback <ol style="list-style-type: none"> a. Patient b. Nurses & Health care workers c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
MK4	<p>Unable to recognize histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Difficulty in identifying histopathologic findings of common skin disorders correctly</p> <p>Unable to formulate a limited differential diagnosis of pathologic findings</p> <p>Unable to demonstrate knowledge of</p>	<p>Recognizes histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Identifies histopathologic findings of common skin disorders correctly</p> <p>Formulates a limited differential diagnosis of pathologic findings</p> <p>Demonstrate knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies</p>

	<p>direct and indirect immunofluorescence tests and correct locations for biopsies</p> <p>Difficult to demonstrate knowledge of relevant special stains</p>	<p>Demonstrates knowledge of relevant special stains</p>
PC2	<p>Unable to perform and interpret side lab tests, such as KOH preparations and scrapings for ectoparasites</p> <p>Unable to select clinically appropriate laboratory and imaging tests</p>	<p>Consistently performs side lab tests proficiently and interprets results correctly</p> <p>Ensures that appropriate regulatory processes are in place for performing in-office tests</p>
PC3	<p>Not able to ensure accurate completion of pathology requisition forms</p> <p>Difficult to interpret and apply findings to clinical care accurately for common neoplasms</p> <p>Unable to review one's own biopsy slides</p>	<p>Ensures accurate completion of pathology requisition forms</p> <p>Usually interprets and applies findings to clinical care accurately for common neoplasms</p> <p>Reviews own biopsy slides</p> <p>Articulates the limitations and challenges of dermatopathological interpretation</p>
SBP3	<p>Unable to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or care providers in other specialties)</p>	<p>Consistently advocates for optimal patient care in the setting of interdisciplinary interactions</p>

EPA4: Entering and discussing orders & prescriptions and giving the necessary instructions to the patients	
1.Description of the activity:	Residents should be able to prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
2.Most relevant domains of competence:	PC, ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	PC4.2 PC5.2 PC6.3 PC7.4 ICS1.2 ICS5.3 SBP1.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
PC4	Unable to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring	Consistently selects correct vehicle and quantity for topical medications. Able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy Role models appropriate medical management

<p>PC5</p>	<p>Unable to integrate age, development status, and psychosocial factors into care.</p> <p>Not able to use weight-based dosing with guidance when prescribing medications for children</p> <p>Difficult to perform simple procedures on children with guidance</p> <p>Not able to seek input on medicolegal issues</p>	<p>Occasionally integrates age, development status, and psychosocial factors into care.</p> <p>Consistently uses weight-based dosing with guidance when prescribing medications for children.</p> <p>Consistently performs simple procedures on children with guidance.</p> <p>Seeks input on medicolegal issues(e.g., prescribing to unaccompanied minors, child abuse)</p>
<p>PC6</p>	<p>Unable to assess and counsel patients for basic procedures</p> <p>Difficult to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Couldn't consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Inability to perform basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Not able to manage post-operative care and minor complications</p>	<p>Consistently able to assess and counsel patients for basic and advanced procedures</p> <p>Usually able to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Consistently able to manage post-operative care and minor complications</p>

<p>PC7</p>	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
<p>ICS1</p>	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to</p>

	prescriptions), and assess patient comprehension	diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in recognizing the accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>
SBP1	<p>Unable to complete all required tasks for residency and first rotation site orientation.</p> <p>Inability to articulate health care missions at participating sites</p> <p>Difficult to maintain access to all needed systems</p> <p>Unable to identify target patient</p>	<p>Completes all required tasks for residency and first rotation site orientation.</p> <p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p> <p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p> <p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care)</p>

EPA5: Documenting a clinical encounter in patient records	
1.Description of the activity:	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, email).
2.Most relevant domains of competence:	MK, PC, ICS, SBP, P
3.Competencies within each domain critical to entrustment decisions:	MK5.4 PC7.4 ICS5.2 SBP1.2 PROF1.3
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
MK5	Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Unable to formulate clinical questions raised by new basic science information	Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients. Formulates clinical questions and considers management options raised by new basic science information.
PC7	Inability to develop a comprehensive and weighted differential diagnosis. Lack of ability to educate patients with common and complex disorders with guidance. Unable to make management decisions for patients with common disorders	Consistently develops a comprehensive and weighted differential diagnosis. Educates patients with common and complex disorders with guidance. Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders

	<p>Lack of tailoring of counseling and management decisions to individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in accurate and prompt completion of patient records contributing to the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>
SBP1	<p>Unable to complete all required tasks for residency and first rotation site orientation.</p> <p>Inability to articulate health care missions at participating sites</p> <p>Difficult to maintain access to all needed systems</p> <p>Unable to identify target patient</p>	<p>Completes all required tasks for residency and first rotation site orientation.</p> <p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p> <p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p> <p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care)</p>

<p>PROF1</p>	<p>Difficult to treat all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.</p> <p>Unable to display academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Not able to perform all human subjects research in accordance with federal, state, and institutional regulations and guidelines.</p> <p>Difficulty in understanding the actions and relationships that constitute interest in publications and presentations.</p> <p>Not aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal.</p> <p>Difficult to respond promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records, returning patient phone calls, answering pages); carries out timely interactions with colleagues, patients, and their designated caregivers; promptly completes clinical, administrative, and curricular tasks.</p>	<p>Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.</p> <p>Displays academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Performs all human subjects research in accordance with federal, state, and institutional regulations and guidelines.</p> <p>Understands the actions and relationships that constitute interest in publications and presentations.</p> <p>Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal.</p> <p>Responds promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records, returning patient phone calls, answering pages); carries out timely interactions with colleagues, patients, and their designated caregivers; promptly completes clinical, administrative, and curricular tasks.</p>
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EPA6: Provide an oral presentation of a clinical encounter	
1.Description of the activity:	Residents should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient’s current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient’s current condition.
2.Most relevant domains of competence:	MK, PC, ICS, PBLI, PROF
3.Competencies within each domain critical to entrustment decisions:	MK1.4 MK2.4 MK5.3 PC1.3 PC7.2 ICS1.2 ICS3.2 PBLI1.3 PBLI2.3 PBLI4.2 PROF2.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Unable to identify and manage dermatological emergencies. Lack of preventive care and has no understanding of health care economics and medical ethics.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Identifies and manages dermatological emergencies. Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral aspects of dermatological disorders.

MK2	<p>Unable to demonstrate knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders in paediatric patients</p> <p>Difficult to comprehend knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.</p>	<p>Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex pediatric dermatological disorders</p> <p>Consistently demonstrates knowledge about socio-behavioral aspects and the value of preventive care in pediatric dermatology</p>
MK5	<p>Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Unable to formulate clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>
PC1	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
PC7	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common</p>

	<p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>
ICS3	<p>Unable to communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in</p>	<p>Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and</p>

	<p>routine situations, but requires guidance in difficult or contentious situations</p>	<p>contributions in routine situations, occasionally requiring guidance in difficult or contentious situations</p>
PBLI1	<p>Unable to access appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Not able to navigate electronic databases of indexed citations and abstracts to medical sciences journal articles.</p> <p>Unable to describe basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study.</p> <p>Difficult to provide appropriate reference lists for prepared hand-outs or other program-specific assignments</p>	<p>Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task.</p> <p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines.</p> <p>Critically evaluates information from others, including colleagues, experts, industry representatives, and patients.</p> <p>Summarizes complex medical topics through effective information synthesis and presentation of material within time allotted</p>
PBLI2	<p>Unable to do self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Not able to identify, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies</p>	<p>Self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Identifies, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies</p>

<p>PBLI4</p>	<p>Difficult to summarize complex medical topics through effective information synthesis and presentation of material.</p> <p>Will not actively participate in activities designed to develop and improve teaching skills.</p> <p>Unable to seize the teachable moment with others in the clinical setting</p>	<p>Summarizes complex medical topics through effective information synthesis and presentation of material.</p> <p>Actively participates in activities designed to develop and improve teaching skills.</p> <p>Seizes the teachable moment with others in the clinical setting</p>
<p>PROF2</p>	<p>Not aware of personal errors</p> <p>Difficult in eliciting feedback from faculty members</p> <p>Unable to explain how teamwork benefits patient care</p> <p>Difficulty in acquiring direction in determining what is important in learning goals</p> <p>Unable to list and organize the topics and subtopics that must be learned for patient care and to pass the post-graduation exam</p>	<p>Mentors residents/new graduates on how to recognize limitations and develop self-improvement plans.</p> <p>Effectively provides feedback to peers, office staff, and other learners.</p> <p>Takes a leadership role within the practice/ department or in regional, state, or national organizations.</p> <p>Understands the requirements for the post-graduation exam</p> <p>Lists gaps of knowledge and devises plan for improvement</p>

EPA7: Recognize a patient requiring urgent or emergency care and initiate evaluation and management	
1.Description of the activity:	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provide the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.
2.Most relevant domains of competence:	MK, PC, ICS, SBP, PROF
3.Competencies within each domain critical to entrustment decisions:	MK1.4 MK5.4 PC1.3 PC4.3 PC5.3 PC7.4 ICS2.2 ICS3.2 ICS5.2 SBP2.2 PROF3.1
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Unable to identify and manage dermatological emergencies. Lack of preventive care and has no understanding of health care economics and medical ethics.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Identifies and manages dermatological emergencies. Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral aspects of dermatological disorders.

MK5	<p>Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Unable to formulate clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>
PC1	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
PC4	<p>Unable to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring</p>	<p>Consistently selects correct vehicle and quantity for topical medications.</p> <p>Able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy</p> <p>Role models appropriate medical management</p>
PC5	<p>Unable to integrate age, development status, and psychosocial factors into care.</p> <p>Not able to use weight-based dosing with guidance when prescribing medications for children</p> <p>Difficult to perform simple procedures on children with guidance</p>	<p>Occasionally integrates age, development status, and psychosocial factors into care.</p> <p>Consistently uses weight-based dosing with guidance when prescribing medications for children.</p> <p>Consistently performs simple procedures on children with guidance.</p>

	Not able to seek input on medicolegal issue	Seeks input on medicolegal issues(e.g., prescribing to unaccompanied minors, child abuse)
PC7	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS2	<p>Unable to recognize the circumstances related to having difficult conversations with patients and families.</p> <p>Difficulty to effectively communicate in routine clinical situations as well as in complex or unusual circumstances</p>	<p>Consistently communicates effectively in difficult conversations with patients and families in routine and complex circumstances.</p> <p>Customizes communication of emotionally difficult information for patients and families</p>
ICS3	Unable to communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, but requires guidance in difficult or contentious situations	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, occasionally requiring guidance in difficult or contentious situations

ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in recognizing the accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>
SBP2	<p>Unable to identify members of the team who coordinate patient care</p> <p>Inability to describe own role as member of the health care team</p> <p>Couldn't appropriately communicate and coordinate care with the primary care and/or referral provider(s).</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>
PROF3	<p>Unable to recognize the challenges of balancing professional and personal life.</p> <p>Not able to demonstrate empathy and compassion to patients; respects patient dignity and autonomy.</p> <p>Difficulty to describe common opportunities for patient advocacy in the outpatient setting.</p>	<p>Adjusts priorities in response to changing demands.</p> <p>Anticipates the needs of patients and works to meet those needs in daily practice.</p> <p>Effectively advocates for individual patient needs</p>
	<p>Not able to treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age, sexual orientation, or socioeconomic status</p>	<p>Embraces the physician's role in understanding and addressing causes of disparity in disease and suffering</p>

EPA8: Give or receive a patient handover to transition care responsibility	
1.Description of the activity:	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another.</p> <p>Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).</p>
2.Most relevant domains of competence:	ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	ICS3.2 ICS4.2 ICS5.2 SBP1.2 SBP2.1
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback</p> <ol style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
ICS3	Unable to communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, but requires guidance in difficult or contentious situations	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, occasionally requiring guidance in difficult or contentious situations
ICS4	Unable to obtain and provide consultation and difficult to communicate with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances	Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances

	Unable to demonstrate receptiveness to requests for consultations from other specialties and communicates promptly with referring providers	Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in recognizing the accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>
SBP1	<p>Unable to complete all required tasks for residency and first rotation site orientation.</p> <p>Inability to articulate health care missions at participating sites</p> <p>Difficult to maintain access to all needed systems</p> <p>Unable to identify target patient</p>	<p>Completes all required tasks for residency and first rotation site orientation.</p> <p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p> <p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p> <p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care)</p>

SBP2	<p>Unable to identify members of the team who coordinate patient care</p> <p>Inability to describe own role as member of the health care team</p> <p>Couldn't appropriately communicate and coordinate care with the primary care and/or referral provider(s).</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>
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EPA9: Obtain informed consent for tests and/or procedures	
1.Description of the activity:	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions) but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks and benefits.
2.Most relevant domains of competence:	PC, ICS
3.Competencies within each domain critical to entrustment decisions:	PC6.4 ICS1.2 ICS5.1
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex</p> <p>3.Workplace assessment by Faculty 4.Multisource feedback</p> <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
PC6	<p>Unable to assess and counsel patients for basic procedures</p> <p>Difficult to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Unable to consistently perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Inability to perform basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Not able to manage post-operative care and minor complications</p>	<p>Consistently able to assess and counsel patients for basic and advanced procedures</p> <p>Usually able to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Consistently able to manage post-operative care and minor complications</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p>

	diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension	Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in accurate and prompt completion of patient records contributing to the risk of medical error.</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>

EPA10: Collaborate as a member of an interprofessional team	
1.Description of the activity:	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes. .
2.Most relevant domains of competence:	ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	ICS3.2 ICS4.2 SBP2.2
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex</p> <p>3. Workplace assessment by Faculty 4.Multisource feedback</p> <p>a. Patient</p> <p>b. Nurses</p> <p>c. Unit Head/Chief</p> <p>d. Peers</p>

Competency	Pre- entrustable	Entrustable
ICS3	Unable to communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, but requires guidance in difficult or contentious situations	Consistently communicates effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, occasionally requiring guidance in difficult or contentious situations
ICS4	<p>Unable to obtain and provide consultation and difficult to communicate with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances</p> <p>Unable to demonstrate receptiveness to requests for consultations from other specialties and communicates promptly with referring providers</p>	<p>Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances</p> <p>Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers</p>
SBP2	<p>Unable to identify members of the team who coordinate patient care</p> <p>Inability to describe own role as member of the health care team</p> <p>Couldn't appropriately communicate and coordinate care with the primary care and/or referral provider(s).</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>

EPA11: Form clinical questions and retrieve evidence to advance Patient Care	
1.Description of the activity:	Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them
2.Most relevant domains of competence:	SBP, PBLI
3.Competencies within each domain critical to entrustment decisions:	SBP3.2 PBLI3.3
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
SBP3	<p>Unable to participate in discussion during conferences that highlight systems errors.</p> <p>Difficulty in understanding of institutional risk-management resources available.</p> <p>Unable to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p>	<p>Leads discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of the intersection of the legal system and health care system in the context of medical errors.</p> <p>Consistently identifies the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Consistently advocates for optimal patient care in the setting of interdisciplinary interactions</p>

	Unable to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or care providers in other specialties)	Advocates to improve patient care provided by health care, social, community, and governmental systems, including for vulnerable populations
PBLI3	<p>Unable to review local gaps in quality and identifies systems and human errors that contribute to gaps in quality.</p> <p>Inability to critically appraise current or proposed quality improvement interventions.</p> <p>Unable to participate in quality improvement activities.</p> <p>Difficult to define and constructs process and outcome measures</p>	<p>Reviews local gaps in quality and identifies systems and human errors that contribute to gaps in quality.</p> <p>Critically appraises current or proposed quality improvement interventions.</p> <p>Participates in quality improvement activities.</p> <p>Defines and constructs process and outcome measures</p>

EPA12: Obtain detailed history and perform dermatological examination with appropriate use of dermatological descriptive terminology	
1.Description of the activity:	Residents should be able to obtain a detailed history and examine patients. This information is to be assessed and integrated with use of comprehensive dermatological terminology to develop provisional and differential diagnoses. The residents are expected to communicate with the patient, patient's family, colleagues including senior clinicians. This activity is to be performed in multiple settings, including outpatient department, inpatient wards and in emergency departments.
2.Most relevant domains of competence:	MK, PC, ICS
3.Competencies within each domain critical to entrustment decisions:	MK1.4 MK2.4 PC1.3 ICS1.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	<p>Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Unable to identify and manage dermatological emergencies.</p> <p>Lack of preventive care and has no understanding of health care economics and medical ethics.</p>	<p>Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders.</p> <p>Identifies and manages dermatological emergencies.</p> <p>Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral aspects of dermatological disorders.</p>

<p>MK2</p>	<p>Unable to demonstrate knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders in paediatric patients</p> <p>Difficult to comprehend knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.</p>	<p>Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex pediatric dermatological disorders</p> <p>Consistently demonstrates knowledge about socio-behavioral aspects and the value of preventive care in pediatric dermatology</p>
<p>PC1</p>	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
<p>ICS1</p>	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient</p>

	Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension	hand-outs and/or diagrams to explain diseases and treatments when appropriate. Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension
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EPA13: Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.	
1. Description of the activity:	Student should be able to diagnose skin diseases based on history, examination and investigations. Student should be able to perform and interpret certain investigations like Tzanck smear, KOH mount etc., in the out-patient setting. The student should be confident in the use of various dermatological hand tools like hand lens, Dermatoscopy, Woods's lamp and trichoscan. These are integral in appropriate management of skin diseases.
2. Most relevant domains of competence:	PC, ICS
3. Competencies within each domain critical to entrustment decisions:	PC2.3 ICS5.1
4. Methods of assessment	Periodic written exam (Every 6 months) 2. Mini-cex 3. Workplace assessment by Faculty 4. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC2	<p>Unable to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites</p> <p>Unable to select clinically appropriate laboratory and imaging tests</p>	<p>Consistently performs in-office tests proficiently and interprets results correctly</p> <p>Ensures that appropriate regulatory processes are in place for performing in-office tests</p>
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in accurate and prompt completion of patient records contributing to the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>

EPA14: Treatment of skin diseases with an understanding of the various formularies and their appropriate usage.	
1.Description of the activity:	<p>Residents should be able to take and interpret medication histories to choose appropriate medications. They should communicate with patients about the benefits and risks as well as provide instructions on medication side effects. Residents should produce prescriptions, monitor for side effects and stop the drugs where appropriate. They have to perform this activity in multiple care settings, including inpatient and ambulatory care settings and in emergency department</p>
2.Most relevant domains of competence:	PC, ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	PC4.3 PC5.3 ICS1.2 SBP4.2
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback</p> <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
PC4	Unable to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring	Consistently selects correct vehicle and quantity for topical medications. Able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy Role models appropriate medical management
PC5	Unable to integrate age, development status, and psychosocial factors into care. Not able to use weight-based dosing with guidance when prescribing medications for children Difficult to perform simple procedures on children with guidance Not able to seek input on medicolegal issues	Occasionally integrates age, development status, and psychosocial factors into care. Consistently uses weight-based dosing with guidance when prescribing medications for children. Consistently performs simple procedures on children with guidance. Seeks input on medicolegal issues(e.g., prescribing to unaccompanied minors, child abuse)
ICS1	Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters. Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy. Lack of communication in easily understandable language and uses technical jargon.	Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters. Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations. Speaks in easily understandable language and avoids technical jargon.

	<p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>
SBP4	<p>Unable to demonstrate knowledge of how a patient's health care is paid for, and how this affects the patient's care.</p> <p>Unaware of costs for common diagnostic or therapeutic tests, including the cost of performing and interpreting skin biopsies are difficult</p> <p>Unable to demonstrate awareness of minimizing unnecessary tests, procedures, therapies, and ambulatory or hospital encounters</p>	<p>Awareness of common socio-economic barriers that impact patient care.</p> <p>Understands how cost-benefit analysis is applied to patient care (i.e., via principles of screening tests and the development of clinical guidelines).</p> <p>Identifies the role of various health care stakeholders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care.</p>

EPA15: Identify and interpret the histopathological findings of common, uncommon and complex dermatoses.	
1.Description of the activity:	Residents should be to order and interpret histopathological examination of common, uncommon and complex dermatoses. They should also be aware of the principles and applications of special stains and immunofluorescence techniques. Residents should accurately fill up a requisition form for histopathology and also have effective inter-departmental communication.
2.Most relevant domains of competence:	MK, PC, ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	MK4.4 PC3.4 ICS4.2 SBP2.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/ Head d. Peers

Competency	Pre- entrustable	Entrustable
MK4	<p>Unable to recognize histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Difficult to identify histopathologic findings of common skin disorders correctly</p> <p>Unable to formulate a limited differential diagnosis of pathologic findings</p> <p>Unable to demonstrate knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies</p> <p>Unable to demonstrate knowledge of relevant special stains</p>	<p>Recognizes histologic patterns of inflammatory disease and common neoplastic condition</p> <p>Identifies histopathologic findings of common skin disorders correctly</p> <p>Formulates a limited differential diagnosis of pathologic findings</p> <p>Demonstrate knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies</p> <p>Demonstrates knowledge of relevant special stains</p>

PC3	<p>Not able to ensure accurate completion of pathology requisition forms</p> <p>Difficult to interpret and apply findings to clinical care accurately for common neoplasms</p> <p>Unable to review one's own biopsy slides</p>	<p>Ensures accurate completion of pathology requisition forms</p> <p>Usually interprets and applies findings to clinical care accurately for common neoplasms</p> <p>Reviews own biopsy slides</p> <p>Articulates the limitations and challenges of dermatopathological interpretation</p>
ICS4	<p>Unable to obtain and provide consultation and difficult to communicate with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances</p> <p>Unable to demonstrate receptiveness to requests for consultations from other specialties and communicates promptly with referring providers</p>	<p>Usually obtains and provides consultation and communicates effectively with supervisors, consultants, and referring providers in routine patient care situations, but needs guidance in complex or nuanced circumstances</p> <p>Demonstrates receptiveness to requests for consultations from other specialties and communicates promptly with referring providers</p>
SBP2	<p>Unable to identify members of the team who coordinate patient care</p> <p>Inability to describe own role as member of the health care team</p> <p>Cannot appropriately communicate and coordinate care with the primary care and/or referral provider(s).</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>

EPA16: Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage	
1.Description of the activity:	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for pediatric patients. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.
2.Most relevant domains of competence:	MK, PC, ICS
3.Competencies within each domain critical to entrustment decisions:	MK2.3 PC5.3 ICS1.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK2	Unable to demonstrate knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common dermatological disorders in paediatric patients Difficult to comprehend knowledge of socio-behavioural aspects and preventive care in paediatric dermatology.	Consistently demonstrates comprehensive knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex pediatric dermatological disorders Consistently demonstrates knowledge about socio-behavioral aspects and the value of preventive care in pediatric dermatology
PC5	Unable to integrate age, development status, and psychosocial factors into care. Not able to use weight-based dosing	Occasionally integrates age, development status, and psychosocial factors into care. Consistently uses weight-based

	<p>with guidance when prescribing medications for children</p> <p>Difficult to perform simple procedures on children with guidance</p> <p>Not able to seek input on medicolegal issues</p>	<p>dosing with guidance when prescribing medications for children.</p> <p>Consistently performs simple procedures on children with guidance.</p> <p>Seeks input on medicolegal issues(e.g., prescribing to unaccompanied minors, child abuse)</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>

EPA17: Perform various dermatosurgical procedures with adequate exposure on use of LASERS.	
1.Description of the activity:	Residents should be able to select the right procedures and work in partnership with patients and to make choices that are right for them. Residents should obtain consent, set up the equipment, maintain a sterile field, perform procedures, provide after care for patients and communicate after- care protocols & instructions to patients as well as the nursing staff.
2.Most relevant domains of competence:	MK, PC, ICS
3.Competencies within each domain critical to entrustment decisions:	MK3.4 PC6.2 ICS1.2 ICS5.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK3	<p>Unable to demonstrate knowledge of suture material used in skin and complex concepts of wound healing , including chronic ulcers and other complex wounds</p> <p>Unable to demonstrate knowledge of topical anatomy and relevant underlying structures</p> <p>Unable to recognize potential relevant drug reactions and interactions related to dermato- surgery</p> <p>Difficult to demonstrate knowledge of relevant oral sedatives or analgesics , including narcotics</p> <p>Not able to recognize the pathology of skin cancer and how it impacts surgical decision making.</p>	<p>Demonstrates knowledge of suture material used in skin and complex concepts of wound healing , including chronic ulcers and other complex wounds</p> <p>Demonstrates knowledge of topical anatomy and relevant underlying structures</p> <p>Recognizes potential relevant drug reactions and interactions related to dermato- surgery</p> <p>Demonstrates knowledge of relevant oral sedatives or analgesics , including narcotics</p> <p>Recognizes the pathology of skin cancer and how it impacts surgical decision making.</p>

	<p>Unable to recognize the indications for pre and post- operative antibiotic use</p> <p>Lack of knowledge of the methodology of procedures such as Mohs micrographic surgery , soft tissue augmentation, botulinum toxin injections, and LASER's.</p>	<p>Recognizes the indications for pre and post- operative antibiotic use</p> <p>Demonstrates knowledge of the methodology of procedures such as Mohs micrographic surgery , soft tissue augmentation, botulinum toxin injections, and LASER's.</p>
PC6	<p>Unable to assess and counsel patients for basic procedures</p> <p>Difficult to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Couldn't consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Inability to perform basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Not able to manage post-operative care and minor complications</p>	<p>Consistently able to assess and counsel patients for basic and advanced procedures</p> <p>Usually able to perform a pre-operative assessment and to set up surgical instrumentation.</p> <p>Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures.</p> <p>Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.</p> <p>Consistently able to manage post-operative care and minor complications</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p>

	<p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>
ICS5	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in accurate and prompt completion of patient records contributing to the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Ensures that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing confusion and error</p>

EPA18: Familiar with recent advances in dermatology.	
1.Description of the activity:	Residents should constantly appraise and assimilate scientific knowledge and be up to date with the recent advances in the field of Dermatology.
2.Most relevant domains of competence:	MK,PBLI
3.Competencies within each domain critical to entrustment decisions:	MK5.4 PBLI1.4 PBLI2.4
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK5	Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Unable to formulate clinical questions raised by new basic science information	Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients. Formulates clinical questions and considers management options raised by new basic science information.
PBLI1	Unable to access appropriate print or electronic resources to find dermatology information requested or assigned. Not able to navigate electronic databases of indexed citations and abstracts to medical sciences journal articles. Unable to describe basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study.	Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task. Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines. Critically evaluates information from others, including colleagues, experts, industry representatives, and patients.

	Difficult to provide appropriate reference lists for prepared hand-outs or other program-specific assignments	Summarizes complex medical topics through effective information synthesis and presentation of material within time allotted
PBLI2	<p>Unable to do self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Not able to identify, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies)</p>	<p>Self-assessment or learning plan demonstrates a balanced and accurate assessment of competence and areas for continued improvement.</p> <p>Identifies, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies)</p>

EPA 19: Counseling of patients regarding treatment, course of disease and prognosis of the dermatosis.	
1.Description of the activity:	The resident should be able to counsel patients regarding the disease, treatment, course of the condition and treatment options. The resident should be able to effectively communicate with the patient and patient's family in different care settings and situations. The resident should be able to cater to a wide range of socio-economic and cultural backgrounds.
2.Most relevant domains of competence:	PC, ICS, PROF
3.Competencies within each domain critical to entrustment decisions	PC7.4 ICS1.2 ICS2.3 PROF1.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
PC7	<p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Lack of tailoring counseling and management decisions for individual patient needs and preferences.</p>	<p>Educates patients with common and complex disorders with guidance.</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p>
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>

ICS2	<p>Fails to recognize the circumstances related to having difficult conversations with patients and families</p> <p>Lack of effective communication complex or unusual circumstances</p>	<p>Recognizes the circumstances related to having difficult conversations with patients and families.</p> <p>Usually communicates effectively in difficult conversations with patients and families, including some complex or unusual circumstances</p>
PROF1	<p>Does not treats all patients with respect and dignity</p> <p>Inaccurate documentation and reporting of clinical information</p> <p>Unaware of the formal policies and guidelines</p>	<p>Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation</p> <p>Truthfully documents and reports clinical information.</p> <p>Reads and abides by formal policies and guidelines</p>

EPA20: Aware of the medicolegal aspects of dermatology	
1.Description of the activity:	The resident should have a sound knowledge of the rules, regulations, formal policies and medicolegal aspects of dermatological practice. The resident should adhere to and abide by the policies.
2.Most relevant domains of competence:	ICS5, SBP2, PROF1
3.Competencies within each domain critical to entrustment decisions:	ICS5.2 SBP2.1 PROF1
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
ICS5	<p>Unable to document office visits, consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations, but occasionally needs assistance with complex situations</p> <p>Difficulty in maintaining patient records and orders accurate, comprehensive, timely, and legible with lack of attention to preventing confusion and error.</p>	<p>Consistently documents office visits, consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations, but occasionally needs assistance with complex situations.</p> <p>Ensures that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing confusion and error.</p>
SBP2	<p>Does not identify the members of the team who coordinate patient care.</p> <p>Cannot describe own role as member of the health care team</p>	<p>Identifies members of the team who coordinate patient care.</p> <p>Describes own role as member of the health care team</p>
PROF1	<p>Unable to document and reports clinical information.</p> <p>Unaware of the policies and procedures</p> <p>Maintains confidentiality of protected health information.</p> <p>Does not understand a dermatologist’s judiciary obligation to patients, and consistently places patient care needs above self-interest</p> <p>Lack of academic honesty and has plagiarism in talks, presentations, and publications.</p> <p>Lack of performance of human subject’s research in accordance with federal, state, and institutional regulations and guidelines.</p>	<p>Truthfully documents and reports clinical information.</p> <p>Reads and abides by formal policies and procedures</p> <p>Maintains confidentiality of protected health information.</p> <p>Understands a dermatologist’s judiciary obligation to patients, and consistently places patient care needs above self-interest</p> <p>Displays academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Performs all human subjects research in accordance with federal, state, and institutional regulations and guidelines.</p>

EPA21: Diagnosis, treatment and rehabilitation of leprosy cases	
1.Description of the activity:	Residents should be able to clinically diagnose a case of leprosy. The student should be able to perform a Slit skin smear and interpret the histopathological findings of leprosy. The student should be able to classify leprosy based on the findings and determine the best treatment plan. Management of reactions in leprosy and deformities are integral in the patient care.
2.Most relevant domains of competence:	MK, PC, ICS, SBP
3.Competencies within each domain critical to entrustment decisions:	MK1.4 PC1.3 PC2.3 PC4.4 PC7.3 ICS1.2 SBP2.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre-entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of leprosy Lack of preventive care and has no understanding of health care economics and medical ethics.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of leprosy Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioural aspects of dermatological disorders.
PC1	Unable to identify key historical or physical examination findings and recognize their significance Unable to use of basic dermatologic terminology. Presentations are often unfocused	Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings Demonstrates mastery of descriptive language Consistently gives targeted and precise presentation with pertinent negatives

<p>PC2</p>	<p>Unable to perform and interpret in-office tests, such as KOH preparations, scrapings for ectoparasites, Slit skin examination</p> <p>Unable to select clinically appropriate laboratory and imaging tests</p>	<p>Consistently performs in-office tests proficiently and interprets results correctly</p> <p>Ensures that appropriate regulatory processes are in place for performing in-office tests</p>
<p>PC4</p>	<p>Unable to prescribe medications, but usually requires guidance for indications, contraindications, dosing, and monitoring</p>	<p>Consistently selects correct vehicle and quantity for topical medications.</p> <p>Able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy</p> <p>Role models appropriate medical management</p>
<p>PC7</p>	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Unable to make management decisions for patients with common disorders</p> <p>Lack of tailoring the counseling and management decisions for individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p> <p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>

<p>ICS1</p>	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>
<p>SBP2</p>	<p>Unable to identify members of the team who coordinate patient care</p> <p>Inability to describe own role as member of the health care team</p> <p>Couldn't appropriately communicate and coordinate care with the primary care and/or referral provider(s).</p>	<p>Demonstrates how to manage, use, and coordinate the inter-professional team</p> <p>Participates in an interdisciplinary team meeting for clinic or program improvement</p> <p>Facilitates checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities</p>

EPA22: Diagnose and treatment of sexually transmitted diseases, including syndromic management when relevant.	
1.Description of the activity:	Residents should be able to elicit a detailed exposure and sexual history in suspected cases of sexually transmitted disease. Detailed examination and relevant investigations can be done to form a diagnosis. Counselling forms an integral part in the management of sexually transmitted diseases. Management has to be individual tailored when possible or asyndromic approach can be taken.
2.Most relevant domains of competence:	MK, PC, ICS
3.Competencies within each domain critical to entrustment decisions:	MK1.4 PC1.3 PC2.3 PC4.4 PC7.3 ICS1.2
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Unable to identify and manage dermatological emergencies. Lack of preventive care and has no understanding of health care economics and medical ethics.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Identifies and manages dermatological emergencies. Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral aspects of dermatological disorders.

<p>PC1</p>	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicited but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
<p>PC2</p>	<p>Unable to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites</p> <p>Unable to select clinically appropriate laboratory and imaging tests</p>	<p>Consistently performs in-office tests proficiently and interprets results correctly</p> <p>Consistently and accurately interprets laboratory and imaging test results</p>
<p>PC4</p>	<p>Unable to prescribe medications, without guidance for indications, contraindications, dosing, and monitoring</p> <p>Consistently monitors for side effects, including ordering appropriate tests</p> <p>Usually able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy</p>	<p>Consistently selects correct vehicle and quantity for topical medications.</p> <p>Consistently monitors for side effects, including ordering appropriate tests</p> <p>Able to select alternative medications for patients with recalcitrant disease or significant side effects from therapy</p>
<p>PC7</p>	<p>Inability to develop a comprehensive and weighted differential diagnosis.</p> <p>Lack of ability to educate patients with common and complex disorders with guidance.</p> <p>Unable to make management decisions for patients with common disorders</p>	<p>Consistently develops a comprehensive and weighted differential diagnosis.</p> <p>Educates patients with common and complex disorders with guidance.</p> <p>Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders</p>

	<p>Lack of tailoring of counseling and management decisions to individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS1	<p>Unable to communicate effectively and build rapport with patients and families in routine encounters as well as stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>

EPA 23: Adopt preventive measures at individual and community level for skin diseases, venereal infections and leprosy	
1. Description of the activity:	Student should have knowledge of the epidemiology of skin diseases and adopt preventive measures for the same when applicable. These preventive measures can be on individual basis or at the level of the community.
2. Most relevant domains of competence:	MK, PC, ICS, SBP
3. Competencies within each domain critical to entrustment decisions:	MK5.3 PC7.4 ICS1 SBP1
4. Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK5	Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Unable to formulate clinical questions raised by new basic science information	Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients. Formulates clinical questions and considers management options raised by new basic science information.
PC7	Inability to develop a comprehensive and weighted differential diagnosis. Lack of ability to educate patients with common and complex disorders with guidance. Unable to make management decisions for patients with common disorders	Consistently develops a comprehensive and weighted differential diagnosis. Educates patients with common and complex disorders with guidance. Consistently makes management decisions for patients with common disorders, but usually needs guidance for patients with complex disorders

	<p>Lack of tailoring of counseling and management decisions to individual patient needs and preferences.</p> <p>Does not seek appropriate specialist consultations</p>	<p>Tailors counseling and management decisions for individual patient needs and preferences.</p> <p>Consistently seeks appropriate specialist consultations</p>
ICS1	<p>Unable to communicate effectively and build rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>

SBP1	<p>Inability to articulate health care missions at participating sites</p> <p>Difficult to maintain access to all needed systems</p> <p>Unable to identify target patient</p>	<p>Identifies target patient populations, differences in demographics, and can use the appropriate agencies/resources to address specific needs of these populations</p> <p>Adapts learning from one system or setting to another, and in this way, can affect or stimulate improvements in a system, and does so when the need arises</p> <p>Effectively navigates systems to overcome obstacles to optimal patient care (e.g., facilitating access to care)</p>
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EPA24: Identify system failures and contribute to the improvement of patients' health care	
1.Description of the activity:	Residents should be able to critically identify system failures in the management of the patient and contribute ideas for further development of the department and/or hospital.
2.Most relevant domains of competence:	SBP, PBLI
3.Competencies within each domain critical to entrustment decisions:	SBP3.3 PBLI3.3
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex</p> <p>3.Workplace assessment by Faculty 4.Multisource feedback</p> <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
SBP3	<p>Unable to participate in discussion during conferences that highlight systems errors.</p> <p>Difficulty in understanding of institutional risk-management resources available.</p> <p>Unable to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Unable to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or care providers in other specialties)</p>	<p>Leads discussion during conferences that highlight systems errors.</p> <p>Articulates understanding of the intersection of the legal system and health care system in the context of medical errors.</p> <p>Consistently identifies the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care.</p> <p>Consistently advocates for optimal patient care in the setting of interdisciplinary interactions</p> <p>Advocates to improve patient care provided by health care, social, community, and governmental systems, including for vulnerable populations</p>
PBLI3	<p>Unable to review local gaps in quality; Identifies systems and human errors that contribute to gaps in quality.</p> <p>Inability to critically appraise current or proposed quality improvement interventions.</p>	<p>Reviews local gaps in quality and identifies systems and human errors that contribute to gaps in quality.</p> <p>Critically appraises current or proposed quality improvement interventions.</p> <p>Participates in quality improvement activities.</p>

	<p>Unable to participate in quality improvement activities.</p> <p>Does not identify deviations from standards of dermatologic care</p> <p>Unable to define and construct process and outcome measures</p>	<p>Identifies deviations from standards of dermatologic care</p> <p>Defines and constructs process and outcome measures</p>
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EPA25: Able to write scientific papers and deliver oral presentations at Conferences	
1.Description of the activity:	Residents should be able to understand, seek and compile scientific data. The student should complete a thesis on a selected topic, supervised by the Guide. The student should publish articles in peer reviewed journals and present at conferences.
2.Most relevant domains of competence:	SBP, PBLI, MK
3.Competencies within each domain critical to entrustment decisions:	MK5.4 SBP3.2 PBLI1.4
4.Methods of assessment	<p>1.Periodic written exam (Every 6 months) 2.Mini-cex</p> <p>3.Workplace assessment by Faculty 4.Multisource feedback</p> <p>a. Patient</p> <p>b. Nurses</p> <p>c. Unit Chief/Head</p> <p>d. Peers</p>

Competency	Pre- entrustable	Entrustable
MK5	<p>Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Unable to formulate clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>
SBP3	<p>Unable to participate in discussion during conferences that highlight systems errors.</p>	<p>Participates in discussion during conferences that highlight systems errors.</p>
PBLI1	<p>Unable to access appropriate print or electronic resources to find dermatology information requested or assigned.</p> <p>Not able to navigate electronic databases of indexed citations and abstracts to medical sciences journal articles.</p> <p>Unable to describe basic concepts in clinical epidemiology, biostatistics, and clinical reasoning, and can categorize the study design of a research study.</p> <p>Difficult to provide appropriate reference lists for prepared hand- outs or other program-specific assignment</p>	<p>Actively seeks appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task.</p> <p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines.</p> <p>Critically evaluates information from others, including colleagues, experts, industry representatives, and patients.</p> <p>Summarizes complex medical topics through effective information synthesis and presentation of material within time allotted</p>

EPA 26: Able to effectively teach undergraduate students during clinical postings	
1.Description of the activity:	Should be able to conduct classes for undergraduate students, under supervision, using the various teachings tools available. This activity is supervised and assessed by a senior staff member. Student has to be familiar with clinical and classroom teaching.
2.Most relevant domains of competence:	MK, PC, PBLI, P
3.Competencies within each domain critical to entrustment decisions:	MK1.3 MK5.4 PC1.3 PBLI4.5 PROF2.3
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3.Workplace assessment by Faculty 4.Multisource feedback a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
MK1	Lack of knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Unable to identify and manage dermatological emergencies. Lack of preventive care and has no understanding of health care economics and medical ethics.	Consistently demonstrates knowledge of the clinical & histopathological manifestations, laboratory findings, expected course and management options of common, uncommon, and complex dermatological disorders. Identifies and manages dermatological emergencies. Consistently recognizes the value of preventive care and demonstrates sophisticated understanding of the socio-behavioral aspects of dermatological disorders.

MK5	<p>Unable to organize, present, and apply relevant basic science knowledge to the care of dermatology patients.</p> <p>Unable to formulate clinical questions raised by new basic science information</p>	<p>Organizes, teaches, and models application of relevant and recent basic science knowledge in the care of dermatology patients.</p> <p>Formulates clinical questions and considers management options raised by new basic science information.</p>
PC1	<p>Unable to identify key historical or physical examination findings and recognize their significance</p> <p>Unable to use of basic dermatologic terminology.</p> <p>Presentations are often unfocused</p>	<p>Able to extract difficult-to-elicite but pertinent information and clinical findings; occasionally needs guidance with subtle or complex findings</p> <p>Demonstrates mastery of descriptive language</p> <p>Consistently gives targeted and precise presentation with pertinent negatives</p>
PBLI4	<p>Unable to provide education on a few basic dermatology topics to patients and other learners.</p> <p>Unable to actively participate in conferences</p> <p>Unable to synthesize medical topics, with some help, for presentations</p> <p>Does not seek feedback on clinical teaching from students</p> <p>Does not seek feedback on teaching from peers and seniors</p>	<p>Actively participates in activities designed to develop and improve teaching skills.</p> <p>Assumes a significant role in clinically teaching learners.</p> <p>Presents information in a well-rehearsed, confident manner within the allotted time.</p> <p>Seeks and receives feedback on clinical teaching from student and assesses this information to determine areas for teaching improvement.</p> <p>Seeks feedback on teaching others from peers and seniors, to address areas for teaching improvement</p>

PROF2	<p>Not aware of personal errors</p> <p>Difficult in eliciting feedback from faculty members</p> <p>Unable to explain how teamwork benefits patient care</p> <p>Requires direction in determining what is important in learning goals</p> <p>Unable to list and organize the topics and subtopics that must be learned for patient care and to pass the post-graduation examination</p>	<p>Mentors residents/new graduates on how to recognize limitations and develop self-improvement plans.</p> <p>Effectively elicits feedback from peers, office staff, and other learners.</p> <p>Takes a leadership role within the practice/ department or in regional, state, or national organizations.</p> <p>Lists and organizes the topics and subtopics that must be learned for patient care and to pass the post-graduation examination</p> <p>Lists gaps of knowledge and devises plan for improvement</p>
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EPA27: Treats all patients with respect and protects patient confidentiality	
1.Description of the activity:	Residents should be treating all patients with respect and dignity; Adheres to the honor code and respects the patients right to confidentiality. This forms the basis of every doctor- patient relationship.
2.Most relevant domains of competence:	ICS, SBP, PROF
3.Competencies within each domain critical to entrustment decisions:	ICS1.2 ICS2.4 ICS5.2 SBP4.4 PROF1.4 PROF3.3
4.Methods of assessment	1.Periodic written exam (Every 6 months) 2.Mini-cex 3. Workplace assessment by Faculty 4.Multisource feedback <ul style="list-style-type: none"> a. Patient b. Nurses c. Unit Chief/Head d. Peers

Competency	Pre- entrustable	Entrustable
ICS1	<p>Unable to communicate effectively and builds rapport with patients and families in routine encounters and stressful encounters.</p> <p>Does not recognize non-verbal cues from patients and use non-verbal skills to convey empathy.</p> <p>Lack of communication in easily understandable language and uses technical jargon.</p> <p>Does not seek the patient's and family's perspective; and does not use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Unable to counsel and write instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assess patient comprehension</p>	<p>Communicates effectively and builds rapport with patients and families in routine encounters but requires guidance in stressful encounters.</p> <p>Recognizes non-verbal cues from patients and uses non-verbal skills to convey empathy, but requires guidance in time-pressed, complex, and stressful situations.</p> <p>Speaks in easily understandable language and avoids technical jargon.</p> <p>Actively seeks the patient's and family's perspective; uses patient hand-outs and/or diagrams to explain diseases and treatments when appropriate.</p> <p>Counsels and gives written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions), and assesses patient comprehension</p>
ICS2	<p>Unable to recognize the circumstances related to having difficult conversations with patients and families.</p> <p>Difficulty in effectively communicating in routine clinical situations, but requires guidance in complex or unusual circumstances</p>	<p>Consistently communicates effectively in difficult conversations with patients and families in routine and complex circumstances.</p> <p>Customizes communication of emotionally difficult information for patients and families</p>

<p>ICS5</p>	<p>Unable to recognize the importance of accuracy in documenting information in the patient record, as well as of the use of medical records in patient care.</p> <p>Difficulty in recognizing the accurate and prompt completion of patient records contributes to patient safety and reduces the risk of medical error</p>	<p>Consistently ensures that patient records, including outpatient and inpatient consultations and transitions of care, are promptly and accurately documented for routine and complex situations</p> <p>Provides some examples of the medicolegal repercussions of inappropriate medical record documentation</p>
<p>SBP4</p>	<p>Unable to demonstrate knowledge of how a patient's health care is paid for, and how this affects the patient's care.</p> <p>Unaware of costs for common diagnostic or therapeutic tests.</p> <p>Unable to consider cost of medical and surgical therapies, and incorporate this into therapy decisions and discussions with the patient</p> <p>Does not demonstrate awareness of necessity in minimizing unnecessary tests, procedures, therapies, and ambulatory or hospital encounters.</p>	<p>Aware of common socio-economic barriers that impact patient care.</p> <p>Identifies the role of various health care stakeholders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care.</p> <p>Demonstrates the incorporation of cost-awareness principles into standard clinical judgments and decision-making</p>
<p>PROF1</p>	<p>Does not treat all patients with respect and dignity.</p> <p>Lack of equitable and empathic treatment of all patients, and maintaining patient confidentiality</p> <p>Unable to display academic honesty and does not avoid plagiarism in talks, presentations, and publications.</p> <p>Not able to perform all human subjects research in accordance with government and institutional regulations and guidelines.</p>	<p>Treats all patients with respect and dignity, regardless of socio-economic, racial, or ethnic background or sexual orientation.</p> <p>Lack of equitable and empathic treatment of all patients, and maintaining patient confidentiality</p> <p>Displays academic honesty and avoids plagiarism in talks, presentations, and publications.</p> <p>Performs all human subjects research in accordance with</p>

	<p>Difficulty in understanding the actions and relationships that constitute interest in publications and presentations.</p> <p>Difficulty in responding promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records, returning patient phone calls, answering pages); and carrying out timely interactions with colleagues, patients, and their designated caregivers.</p> <p>Does not demonstrate ethical and professional behavior and lack of management of real and potential conflicts of interest in professional activities, including patient care, research, publication, and relationships with industry.</p>	<p>government, state, and institutional regulations and guidelines.</p> <p>Understands the actions and relationships t in publications and presentations.</p> <p>Responds promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records, returning patient phone calls, answering pages); carries out timely interactions with colleagues, patients, and their designated caregivers; promptly completes clinical, administrative, and curricular tasks.</p> <p>Does not demonstrate ethical and professional behaviour and manages real and potential conflicts of interest in all professional activities, including patient care, research, publication, and relationships with industry.</p>
PROF3	<p>Unable to recognize the challenges of balancing professional and personal life.</p> <p>Not able to demonstrate empathy and compassion to patients; No respect towards patient dignity and autonomy.</p> <p>Not able to treat patients with dignity, civility and respect.</p>	<p>Adjusts priorities in response to changing demands.</p> <p>Consistently demonstrates empathy and compassion to patients of all ages</p> <p>Treats patients with dignity, civility and respect, regardless of culture, gender, ethnicity, age, sexual orientation, or socioeconomic status</p>

Table 5. Mapping of PO, CO, EPA, Competency and Sub-competency

EPA		Program outcomes										Domains and levels of competency
1	Gathering a history and performing physical examination	1	2	3				7		9	10	MK1.2, 5.4/ PC1.4,7.4/ ICS1.2/ PROF1.2
2	Prioritizing a differential diagnosis following a clinical encounter	1	2	3				7		9	10	MK1.2, 2.3/ PC1.3, 2.3, 7.3/ ICS4.4
3	Recommending and interpreting common screening and diagnostic tests.	1	2	3	4							MK4.3/ PC2.2, 3.2/ SBP3.3
4	Entering and discussing orders & prescriptions and giving the necessary instructions to the patients	1	2	3	4							PC4.2, 5.2, 6.3, 7.4/ ICS1.2, 5.3/ SBP1.2
5	Documenting a clinical encounter in patient records	1	2	3	4	5	6	7		9	10	MK5.4/ PC7.4/ ICS5.2/ SBP1.2/ PROF1.3
6	Provide an oral presentation of a clinical encounter	1	2	3	4	5			8	9		MK1.4, 2.4, 5.3/ PC1.3, 7.2/ ICS1.2, 3.2/ PBLI1.3, 2.3, 4.2/ PROF2.2
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management	1	2	3			6					MK1.4, 5.4/ PC1.3, 4.3, 5.3, 7.4/ ICS2.2, 3.2, 5.2/ SBP2.2/ PROF3.1
8	Give or receive a patient handover to transition care responsibility							7				ICS3.2, 4.2, 5.2/ SBP1.2, 2.1
9	Obtain informed consent for tests and/or procedures										10	PC6.4/ ICS1.2, 5.1
10	Collaborate as a member of an interprofessional team							7				ICS3.2, 4.2/ SBP2.2
11	Form clinical questions and retrieve evidence to advance patient care	1	2	3				7	8	9		SBP3.2/ PBLI3.3

12	Perform detailed dermatological examination with appropriate use of dermatological descriptive terminology.	1	2	3	4						10	MK1.4, 2.4/ PC1.3/ ICS1.2
13	Diagnosis of skin diseases, including use of dermatological hand tools and side-lab investigations.	1	2	3	4							PC2.3/ ICS5.1
14	Treatment of skin diseases with an understanding of the various formularies and their appropriate usage.	1	2	3	4							PC4.3, 5.3/ICS1.2/ SBP4.2
15	Identify and interpret the histopathological findings of common, uncommon and complex dermatoses.	1										MK4.4/ PC3.4/ ICS4.2/ SBP2.2
16	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage.	1										MK2.3/ PC5.3/ ICS1.2
17	Perform various dermatosurgical procedures with adequate exposure on use of LASERS.				4							MK3.4/ PC6.2/ ICS1.2, 5.2
18	Familiar with recent advances in dermatology.								8	9		MK5.4/ PBL1.4, 2.4
19	Counselling of patients regarding treatment, course of disease and prognosis of the skin condition..	1	2	3								PC7.4/ ICS1.2, 2.3/ PROF1.2
20	Aware of the medicolegal aspects of dermatology.										10	ICS5.2/ SBP2.1/ PROF1
21	Diagnosis, treatment and rehabilitation of leprosy cases.			3								MK1.4/ PC1.3, 2.3, 4.4, 7.3/ ICS1.2/ SBP2.2
22	Diagnosis and treatment of sexually transmitted diseases, including syndromic management when relevant.			3								MK1.4/ PC1.3, 2.3, 4.4, 7.3/ ICS1.2

23	Adopt preventive measures at individual and community level for skin diseases, venereal infections and leprosy.					5	6					MK5.3/ PC7.4/ ICS1.2/ SBP1.2
24	Identify system failures and contribute to the improvement of patients' health care.					5						SBP3.3/ PBLI3.3
25	Able to write scientific papers and deliver oral presentations at conferences								8	9		MK5.4/ SBP3.2/ PBLI1.4
26	Able to effectively teach undergraduate students during clinical postings								8			MK1.3, 5.4/ PC1.3/ PBLI4.5/ PROF2.3
27	Treats all patients with respect and protects patient's confidentiality.					5	6					ICS1.2, 2.4, 5.2/ SBP4.4/ PROF1.4, 3.3

The Internal Assessment will be conducted in theory and clinicals every 6 months. **Quarterly appraisals (Annexure-2)** will be done during the MD – DVL training based on the following educational activities:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self-directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs
6. Thesis/ Research work
7. Eportfolio maintenance

8.2 Summative Assessment

Summative assessment will be done **at the end of training** (3 years of post-graduation). The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The students should fulfil the following **eligibility criteria** for the final assessment :

- i. Attendance : 75 % in each year
- ii. One poster presentation in International/National/ State level conference.
- iii. One oral presentation International/National/ State level conference.
- iv. Submission of one scientific paper for publication to an indexed journal The examination shall be in three parts:

1. Thesis

Thesis will be submitted at least six months before the Theory and Clinical / Practical examination. The thesis will be examined by a minimum of three examiners; one internal and two external examiners, who will not be the examiners for Theory and Clinical examination. A post graduate student will be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

There shall be **four** papers each of three hours duration. Each paper will have:

- Long Essay (2) (2 x 25 = 50 marks)
- Short Essay (3) (3 x 10 = 30 marks)
- Short Notes (4) (4 x 5 = 20 marks)

Thus, each paper will be for a total of 100 marks. The theory examinations will be evaluated for a total of **400 marks** (four papers)

These four papers are as follows:

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

Paper – II: General dermatology & Tropical dermatology (including principles of diagnosis and therapeutics)

Paper – III: STD & Leprosy

Paper – IV: Recent advances in field of Dermatology, Applied Sciences pertaining to skin & internal medicine and skin

Distribution of topics for each paper will be as follows:

PAPER I:

Basic sciences pertaining to Dermatology, Venereology and Leprology.

Total of 10 short essays (Anatomy-2, Physiology-1, Biochemistry-1, Microbiology-2, Pharmacology-2, Pathology-2)

- Structure and development of skin and its appendages.
- Basement membrane.
- Cell kinetics.
- Keratinization.
- Percutaneous absorption.
- Melanocytes and Langerhans cells.
- Melanin and melanin formation.
- Cutaneous circulation.
- Mechanism of sweating.
- Temperature regulation.
- Cutaneous microbiology, virology, mycology and immunology in relation to Dermatology, Venereology and leprology.
- Genetics in relation to the skin.
- Sebum.
- Lipid, carbohydrate and protein metabolism.
- Porphyrin.
- Inflammation and its mediators.
- Pathology in relation to Dermatology, Venereology & Leprology.
- Cytology.
- Pharmacology of drugs used in Dermatology, Venereology & Leprology.
- Structure, physiology and examination of the normal genitalia.
- Biology of Treponema pallidum, Neisseria gonorrhoea, Chlamydia trachomatis, Herpes viruses, HIV and Human papilloma virus.
- Diagnostic tests for skin diseases, STDs and leprosy.
- Cutaneous innervations pathway of skin sensation and anatomy of hands and feet.

- Lymphatic drainage of skin and genitalia.
- Experimental leprosy.
- Principles of clinical diagnosis of skin diseases , STDs and Leprosy
- Basic pathologic reactions in skin
- Epidermal stem cells
- Functions of skin(Skin as an organ of protection)
- Fundamentals of Cutaneous photobiology& photoimmunology
- Neurology of skin
- Pathophysiology of Pruritus
- Aging of the skin
- Mechanism of autoimmune diseases
- Endothelial inflammation & Angiogenesis
- Principles & pharmacokinetics of topical therapy
- Prenatal Diagnosis of Genetic Skin Disease
- Wound Healing
- DNA Repair

PAPER II:

General dermatology& Tropical dermatology (including principles of diagnosis and therapeutics)

- Purpura.
- Disorders due to lipid metabolism (xanthomatosis).
- Histiocytosis.
- Mastocytosis.
- Lymphoma and leukaemias.
- Sarcoidosis and other granulomas.
- Amyloidosis.
- Porphyria.
- Pruritus.
- Psycho Cutaneous disorders.
- Skin and nervous system.
- Skin and eyes.
- Drug eruptions.
- Metabolic, endocrinal and nutritional disorders.
- Skin changes in different ages.
- Dermatitis and eczema.
- Papulosquamous disorders.
- Acne and acneiform dermatoses.
- Reactions to physical agents.
- Photobiology.
- Vesiculobullous disorders.
- Disorders of skin colour.
- Occupational dermatoses.
- Disorders of epidermis and epidermal appendages (hair, nail, sweat glands, sebaceous glands).

- Diseases of dermis and hypodermis.
- Disorders of connective tissue.
- Disorders of keratinisation.
- Disorders of blood vessels and lymphatics.
- Disorders of oral cavity and mucous membranes.
- Collagen vascular disorders.
- Allergic dermatoses.
- Genodermatoses.
- Tumours of skin (benign and malignant).
- Cutaneous lymphocytic infiltration and pseudolymphomas.
- Bacterial infections.
- Disease due to fungi and yeasts.
- Mycobacterial diseases.
- Viral dermatoses and rickettsial infections.
- Dermatoses caused by parasites, arthropods and insects.
- Topical therapy basic concepts./ clinical aspects
- Topical and systemic skin therapy.
- Surgical and physical therapy, including cosmetology, cosmetic procedures, LASER's in dermatology and dermatosurgical procedures.
- The External Ear
- Lentigos, Melanocytic Naevi and Melanoma
- Soft-Tissue Tumours and Tumour-like conditions
- The Genital, Perianal and Umbilical Regions
- The Breast
- Necrobiotic Disorders
- Urticaria and angioedema
- Atopic Dermatitis
- Lichenification, Prurigo and Erythroderma
- The Neonate
- Disorder of DNA repair
- Naevi and other Developmental Defects
- Neutrophilic & Eosinophilic dermatosis
- Radiotherapy and Reactions to Ionizing Radiation
- Minimally Invasive Treatments and Procedures for Ageing skin
- Psoriasis
- Lichen planus and lichenoid disorders
- Flushing an flushing reactions
- HIV and SKIN

PAPER III:

Leprosy and STD's including social public health & preventive aspects.

LEPROSY:

- Epidemiological aspects.
- Approach to patients with leprosy.
- Signs, symptoms and diagnosis of leprosy.

- DD of leprosy.
- Signs, symptoms and diagnosis of lepra reaction.
- Other system involvement (ear, nose, throat, eye, musculo-skeletal involvement in leprosy and lepra reaction).
- Management of leprosy, lepra reaction and other complication.
- Newer drugs in leprosy.
- Leprosy in pregnancy and children.
- Epidemiology and control of leprosy.
- Rehabilitation of leprosy.
- HIV and leprosy.
- Prevention, education and counselling.
- National leprosy control programme.
- History of leprosy.
- Classification of leprosy.
- Experimental leprosy.
- Immunology, microbiology and pathology of leprosy.
- Syphilis.
- Gonorrhoea.
- LGV.
- Chancroid.
- Donovanosis.
- Chlamydia infections and non-gonococcal urethritis.
- Genital herpes.
- Genital human papilloma virus infection (venereal warts) and Molluscum contagiosum.
- Pediculosis infection, scabies.
- Trichomoniasis and other protozoal infections.
- Vulvo vaginal candidiasis and bacterial vaginosis.
- Acute pelvic inflammatory disease.
- Fitz-Hugh-Curtis syndrome.
- Acute epididymitis, prostatitis and proctitis.
- HIV/ AIDS (immunopathogenesis, clinical spectrum, mucocutaneous manifestation, opportunistic infections, anti-retro viral therapy, prevention, counselling, post exposure management)
- Viral hepatitis.
- Non- venereal genital dermatoses.
- Other genital dermatoses- balanoposthitis, cervicitis and vaginitis.
- Genital ulcer adenopathy syndrome.
- Arthritis associated with STDs in adults.
- STDs in reproduction, perinatology and paediatrics.
- Legal aspects of STDs and HIV infections.
- Psycho sexual disorders.
- Treatment of STDs and Syndromic approach to treatment of STDs.
- Epidemiology and control of STDs..

- Non-venereal treponematoses.
- Ocular manifestations of AIDS and STDs.
- Premalignant and malignant lesions of genitalia.

PAPER IV:

Recent advances in Dermatology, Venereology & Leprology and Skin manifestations in systemic diseases.

- Recent advances in Dermatology, Venereology and Leprology and related allied specialities
- The Skin In Systemic Disease :
 - Skin in Nutritional, Metabolic and Heritable disease
 - Skin manifestations of bone marrow and blood disorders
 - Skin manifestation of internal organ disorder
 - The skin in vascular and Connective tissue disorders and other Autoimmune disorders.
 - The Skin in Inflammatory and other Vascular Disorders
 - Skin changes and dermatoses in pregnancy.

3. Clinical / Practical and viva voce Examination:

Practical examination will be taken to assess knowledge, competence and skills, as follows:

- | | | |
|-------------------------------------|----------------|---------------------|
| • Long case -1 (Dermatology) | [45 mins] | (100 marks) |
| Short case - 2 (STD -1, Leprosy -1) | [20 mins each] | (2 X 25 = 50 marks) |
| • Spotters -10 | [3 mins each] | (10 X 5 = 50 marks) |
| • Viva discussion | (100 marks) | |
| ○ Dissertation | 15 marks | |
| ○ Histopathology | 15 marks | |
| ○ Pedagogy | 10 marks | |
| ○ Instrument and drugs | 30 marks | |
| ○ General dermatology | 30 marks | |

Practical examinations will be evaluated for a total of **300 marks**

Scheme of examination:

Total marks for M.D in Dermatology, Venereology and Leprology course will be 700.

Pass criteria: Obtaining a minimum of 50% marks in ‘Theory’ as well as ‘Practical’ separately shall be mandatory for passing examination as a whole. Student must secure minimum of 40% in each paper and in aggregate 50% overall as far as theory is concerned.

Examiners: Criteria for internal and external examiners as per MCI rules.

- Internal examiner- 3 years as post graduate teacher
- External examiner- 6 years as post graduate teacher

Examination: End of April / May. The supplementary examination is as per SBVU Norms.

9. Model Question Papers

SRI BALAJI VIDYAPEETH
P.G DEGREE EXAMINATION
M.D. DVL
PAPER- I: BASIC SCIENCES

Date : **Time: 3 Hours** **Maximum marks : 100**

1. Answer all questions.
2. Illustrate your answers with suitable diagrams.
3. Answers to short essay questions may be written in approximately 300 to 400 words.

LONG ESSAY **(2*25=50)**

1. a) Describe Pilosebaceous unit b) Composition of sebum (15+10)
2. a) Anatomy of Male urethra b) Components of semen (15+10)

SHORT ESSAY **(3*10=30)**

1. Itch pathway
2. Antimicrobial peptides
3. Dressings in dermatology

SHORT NOTES **(4*5=20)**

1. Micro-abscesses in dermatology
2. Structure of *M. leprae*
3. Meiwosky phenomenon
4. Langhans giant cell in dermatology

SRI BALAJI VIDYAPEETH
P.G DEGREE EXAMINATION
M.D. DVL
PAPER- II: GENERAL DERMATOLOGY & TROPICAL DERMATOLOGY –
PRICIPLES OF DIAGNOSIS AND THERAPEUTICS.

Date : **Time: 3 Hours** **Maximum marks : 100**

1. Answer all questions.
 2. Illustrate your answers with suitable diagrams.
 3. Answers to short essay questions may be written in approximately 300 to 400 words.
-

LONG ESSAY **(2*25=50)**

1. a) Classify lupus erythematosus. b) Discuss the etiopathogenesis, clinical features & management of SLE (5+20)
2. a) Discuss Immunopathology of cutaneous tuberculosis (15+10)
b) Elaborate on Lupus vulgaris

SHORT ESSAY **(3*10=30)**

1. Itch pathway
2. Antimicrobial peptides
3. Dressings in dermatology

SHORT NOTES **(4*5=20)**

1. Micro-abscesses in dermatology
2. Calcinosis cutis
3. Nevus spilus
4. Perioral dermatitis

SRI BALAJI VIDYAPEETH
P.G DEGREE EXAMINATION
M.D. DVL
PAPER- III: LEPROSY & STD, SOCIAL PUBLIC HEALTH AND
PREVENTIVE ASPECTS

Date : **Time: 3 Hours** **Maximum marks : 100**

1. Answer all questions.
 2. Illustrate your answers with suitable diagrams.
 3. Answers to short essay questions may be written in approximately 300 to 400 words.
-

LONG ESSAY **(2*25=50)**

1. Discuss on etiology & management of Balanoposthitis
2. Elaborate on Ocular leprosy & various modalities of management.

SHORT ESSAY **(3*10=30)**

1. Non- Gonococcal urethritis
2. Premalignant lesions of genitalia
3. Trophic ulcer

SHORT NOTES **(4*5=20)**

1. Lazarine leprosy
2. Microbicides
3. Relapse vs reaction in leprosy
4. Gumma

**SRI BALAJI VIDYAPEETH
P.G DEGREE EXAMINATION
M.D. DVL**

**PAPER- IV: RECENT ADVANCES IN DERMATOLOGY, VENEREOLOGY &
LEPROLOGY AND SKIN MANIFESTATIONS IN SYSTEMIC DISEASES**

Date : **Time: 3 Hours** **Maximum marks : 100**

1. Answer all questions.
 2. Illustrate your answers with suitable diagrams.
 3. Answers to short essay questions may be written in approximately 300 to 400 words.
-

LONG ESSAY **(2*25=50)**

1. a) Mention the Cutaneous manifestations of chronic kidney disease
b) Elaborate on Kyrles Disease.

2. Botulinum Toxin in dermatology

SHORT ESSAY **(3*10=30)**

1. Rituximab
2. Acrodermatitis Enteropathica
3. Alpha Hydroxy peels

SHORT NOTES **(4*5=20)**

1. Pseudoxanthoma elasticum
2. Photodynamic therapy
3. Rapamycin
4. Toll like receptors

10. Recommended Reading

Recommended Textbooks (Latest Edition)

1) Dermatology:

1. Burns T, Breathnach S, Cox N, Griffiths C. Rook's textbook of Dermatology. Ninth edition. Blackwell science. London.
2. Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ. Fitzpatrick's Dermatology in General Medicine. Ninth edition. McGraw Hill. New York.
3. Moschella SL, Hurley HJ. Dermatology. Fourth edition. Saunders. Philadelphia
4. James WD, Berger TG, Elston DM. Andrews' Diseases of the skin Clinical dermatology, Thirteenth edition. Saunders. Canada.
5. Bologna JL, JOrizzo JL, Rapini RP. Dermatology. Mosby. Spain.
6. Braverman IM. Skin signs in systemic disease. Third edition. Saunders. Philadelphia
7. Valia RG, Valia AR. IADVL textbook of dermatology. Fourth edition. Bhalani publishing house. Mumbai .
8. Thappa DM. textbook of dermatology. Jaypee brothers, New Delhi.

2) Venereology:

1. Sharma VK. Sexually transmitted diseases and AIDS. Viva books private limited. New Delhi,
2. Kumar B, Gupta S. sexually transmitted infections. Elsevier. New Delhi
3. Holmes KK, Marah PA, Spaling PF, Lemon SM, Stamm WE, Piot P, Warreheit JN. Sexually transmitted diseases. 4th edition. McGraw-Hill. New York.

3) Leprosy:

1. Hastings RC, Opromolla DVA. Leprosy. Second edition. Churchill Livingstone. Singapore.
2. Jopling WH, McDougall AC. Handbook of leprosy. Fifth edition. CBS publishers. New Delhi,
3. Dharmendra. Leprosy 2 volumes- first edition Samant and company. Mumbai.
4. Bryceson AD, Pfaltzgraff RE. Leprosy. Third edition Churchill Livingstone. Singapore.

4) Dermatosurgery:

1. Savant SS. Textbook of Dermatosurgery and cosmetology. Third edition. ASCAD, Mumbai,
2. Sehgal VN. Dermatologic Surgery Made Easy. Jaypee Brothers, New Delhi, .
3. Roenigk RK, Roenigk HH. Roenigk and Roenigk Dermatologic surgery Principle and Practice. Second edition. Marcel Dekker. New York.

5) Pediatric Dermatology:

1. Schachner LA, Hansen RC. Paediatric dermatology. Fourth edition. Mosby,
2. Harper J, Orange A, Prose N. Textbook of Paediatric Dermatology. Blackwell science. Oxford,
3. Cohen BA, Paediatric Dermatology. Fourth edition. Elsevier. China.

- 6) Dermatopathology:
 1. Elder DE, Elenitsas R, Johnson BL, Murphy GF, Lever's histopathology of the skin. Tenth edition. Lippincott Williams and Wilkens. Philadelphia, .
 2. Weedon D, Strutton G. skin pathology. Fourth edition. Churchill Livingstone. London
 3. Mysore V. fundamentals in dermatopathology. BI publications, New Delhi.
- 7) Contact Dermatitis:
 1. Rietschel RL, Fowler JF. Fisher's contact dermatitis. 6th edition. Lippincott Williams and Wilkens. Philadelphia, Cronin E. contact dermatitis. Churchill Livingstone. Edinburgh.
- 8) Therapeutics:
 1. Lebwahl MG, Heymann WR, Berth-Jones J, Coulson I. treatment of skin disease. Comprehensive therapeutics strategies. Fifth edition,. Elsevier. New Delhi.
 2. Shelley. Advanced dermatologic therapy. Second edition,.
 3. Wolverton. Comprehensive dermatologic drug therapy. Third edition.

Recommended Journals

1. Indian journal of Dermatology, Venereology & Leprology.
2. Indian journal of Dermatology.
3. Indian journal of Leprosy.
4. Indian journal of sexually transmitted disease.
5. Archives of dermatology.
6. Journal of American academy of Dermatology.
7. International journal of Dermatology.
8. British journal of Dermatology.
9. Clinical and Experimental Dermatology.
10. Dermatology online journal.
11. Internet journal of Dermatology.
12. Indian journal of Paediatric Dermatology.
13. Paediatric Dermatology.
14. Dermatologic surgery(Optional).
15. International journal of Leprosy.
16. Leprosy review.
17. International journal of STD & AIDS.
18. Sexually transmitted diseases.

11. Annexures

Annexure-1: Entrustable Professional Activities Assessment Department Of Dermatology, Venereology and Leprosy Entrustable Professional Activities Assessment Form for MD – DVL

Residents Name of the Resident:

UNI No:

Levels of competence:

- **Level I:** Knowledge only; can observe
- **Level II(A):** Can assist properly
- **Level II(B):** Can do under strict supervision
- **Level III:** Can do under loose supervision
- **Level IV:** Can do independently
- **Level V:** Has expertise to teach others

FIRST YEAR OF THE RESIDENCY

EPAs		On the day joining	After 1 month	1st Quarter		2nd Quarter	
		Resident	Resident	Faculty	Resident	Faculty	Resident
GENERAL							
1	Gathering a history and performing physical examination						
2	Prioritizing a differential diagnosis following a clinical encounter						
3	Recommending and interpreting common screening and diagnostic tests.						
4	Entering and discussing orders & prescriptions and giving the necessary instructions to the patients						
5	Documenting a clinical encounter in patient records						
6	Provide an oral presentation of a clinical encounter						
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management						

8	Give or receive a patient handover to transition care responsibility						
9	Obtain informed consent for tests and/or procedures						
10	Collaborate as a member of an interprofessional team						
11	Form clinical questions and retrieve evidence to advance patient care						
	Signature of the resident						
	Signature of the faculty						
	Signature of the HOD						
GENERAL DERMATOLOGY		3rd Quarter		4th quarter			
		Resident	Faculty	Resident	Faculty		
12	Detailed dermatological examination with appropriate use of dermatological descriptive terminology						
13	Bedside diagnosis of skin diseases with various hand tools (lens, Dermatoscopy) and bedside tests.						
14	Perform and interpret dermatological diagnostic procedures.						
15	Understand various formularies and their appropriate usage in dermatological medications.						
16	Identify and interpret the histopathological findings of normal skin, common dermatoses and leprosy						
17	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage						
18	Perform various dermatosurgical procedures with adequate exposure on use of LASERS.						
19	Familiar with recent advances in dermatology.						
20	Identify system failures and contribute to the improvement of patients' health care.						
VENEREOLOGY AND LEPROSY							
21	Adopt preventive measures at individual and community level for venereal infections and leprosy.						

22	Identify and treat leprosy at primary care level.				
23	Diagnose common sexually transmitted diseases and follow syndromic approach in their management.				
	RESEARCH, TEACHING AND ETHICS				
24	Able to write scientific papers and deliver oral presentations at conferences				
25	Able to effectively teach undergraduate students during clinical postings				
26	Treats all patients with respect and protects patients confidentiality.				
	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

SECOND YEAR OF THE RESIDENCY

		5 th Hfyr		6 th Hfyr	
	GENERAL DERMATOLOGY	Resident	Faculty	Resident	Faculty
12	Detailed dermatological examination with appropriate use of dermatological descriptive terminology				
13	Bedside diagnosis of skin diseases with various hand tools (lens, dermatoscope) and bedside tests.				
14	Perform and interpret dermatological diagnostic procedures.				
15	Understand various formularies and their appropriate usage in dermatological medications.				
16	Identify and interpret the histopathological findings of normal skin, common dermatoses and leprosy				
17	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage				

18	Perform various dermatosurgical procedures with adequate exposure on use of LASERS.				
19	Familiar with recent advances in dermatology.				
20	Identify system failures and contribute to the improvement of patients' health care.				
	VENEREOLOGY AND LEPROSY				
21	Adopt preventive measures at individual and community level for venereal infections and leprosy.				
22	Identify and treat leprosy at primary care level.				
23	Diagnose common sexually transmitted diseases and follow syndromic approach in their management				
	RESEARCH, TEACHING AND ETHICS				
24	Able to write scientific papers and deliver oral presentations at conferences				
25	Able to effectively teach undergraduate students during clinical postings				
26	Treats all patients with respect and protects patients confidentiality.				
	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

THIRD YEAR OF THE RESIDENCY

		7 th Hfyr		8 th Hfyr	
	GENERAL DERMATOLOGY	Resident	Faculty	Resident	Faculty
12	Detailed dermatological examination with appropriate use of dermatological descriptive terminology				
13	Bedside diagnosis of skin diseases with various hand tools (lens, dermatoscope) and bedside tests.				
14	Perform and interpret dermatological diagnostic procedures.				

15	Understand various formularies and their appropriate usage in dermatological medications.				
16	Identify and interpret the histopathological findings of normal skin, common dermatoses and leprosy				
17	Diagnosis of paediatric dermatoses and their treatment with medications in appropriate dosage				
18	Perform various dermatosurgical procedures with adequate exposure on use of LASERS.				
19	Familiar with recent advances in dermatology.				
20	Identify system failures and contribute to the improvement of patients' health care.				
	VENEREOLOGY AND LEPROSY				
21	Adopt preventive measures at individual and community level for venereal infections and leprosy.				
22	Identify and treat leprosy at primary care level.				
23	Diagnose common sexually transmitted diseases and follow syndromic approach in their management				
	RESEARCH, TEACHING AND ETHICS				
24	Able to write scientific papers and deliver oral presentations at conferences				
25	Able to effectively teach undergraduate students during clinical postings				
26	Treats all patients with respect and protects patients confidentiality.				
Signature of the resident					
Signature faculty					
Signature of the HOD					

Annexure 2: Postgraduate Students Appraisal Form
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
Postgraduate Students Appraisal Form

Name of the PG Student: UNI No:

Period of Training FROM..... TO

Sr. No.	Particulars	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / recent advances learning										
2.	Patient based /Laboratory or Skill based learning										
3.	Self-directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	E-portfolio Maintenance										

Publications Yes/ No

Remarks* _____

***REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.**

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD

Annexure 3: Multisource feedback

I. Patient/Relative

Sri Balaji Vidyapeeth

Department of Dermatology, Venereology and Leprosy

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Patient/Relative)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1.	Shows a caring attitude to patients			
2.	Is respectful towards patients			
3.	Shows no prejudice in the care of patients			
4.	Communicates effectively with patients			
5.	Empathetic counselling of patient's relatives			
6.	Effectively counsels patients preoperatively and postoperatively			
7.	Takes religious and social considerations into account when making decisions			
8.	Allows patients to make an informed decision regarding management and allows them to express their doubts and concerns			
9.	Takes financial situation of patient into consideration when making decisions			
10.	Discusses each step of the management with the patient and relatives			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
Signature of the faculty:				

II. Peer
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK
(To be completed by Peer)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1.	Shows a caring attitude to patients			
2.	Is respectful towards patients			
3.	Shows no prejudice in the care of patients			
4.	Communicates and counsels effectively patients and patient's relatives			
5.	Critically evaluates and uses patient outcomes to improve patient care			
6.	Communicates effectively with colleagues			
7.	Communicates effectively with other health professionals			
8.	Acknowledges gaps in personal knowledge and expertise, and frequently asks for feedback			
9.	Regularity and punctuality of attendance			
10.	Works constructively in the health care system			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
Signature of the faculty:				

III. Nurse / Technician / Other Health Professionals
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK
 (To be completed by Nurse / Technician / Other Health Professionals)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1.	Shows a caring attitude to patients			
2.	Is respectful towards patients			
3.	Shows no prejudice in the care of patients			
4.	Communicates effectively with patients			
5.	Empathetic counselling of patient's relatives			
6.	Communicates effectively with colleagues			
7.	Communicates effectively with other health professionals			
8.	Allows them to express their doubts or concern regarding clinical decisions			
9.	Proper and complete documentation			
10.	Works constructively in the health care system			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
Signature of the faculty:				

iv. Unit Head
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK
 (To be completed by respective Unit Head)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1.	History taking and physical examination			
2.	Regularity and punctuality			
3.	Ability to identify patient's problems			
4.	Patient management skills			
5.	Procedural skills / range of clinical technical skills			
6.	Self-directed learning			
7.	Communication skills			
8.	Proper and complete documentation			
9.	Relationship with peers			
10.	Works constructively in the health care system			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
Signature of the faculty:				

Annexure 4: Work Place Based Assessment (WPBA)
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE (WPBA)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Designation :

No. of Mini-CEX Observed:

0	1	2	3	4	5-9	>9
---	---	---	---	---	-----	----

Clinical setting

OPD	IP	A&E
-----	----	-----

 New / Follow up:

Clinical Problem: _____

Complexity of the case:

Low	Avg	High
-----	-----	------

No. of times patient seen by the student :

0	1	2	3	4	5-9	>9
---	---	---	---	---	-----	----

	Below expectation	Borderline	Meet expectation	Above expectation	Not observed
History taking skill					
Physical examination skill					
Communication skill					
Clinical judgement					
Professionalism					
Organisational efficiency					
Overall clinical care					

Anything good:	Suggestions for improvement:
----------------	------------------------------

Agreed upon action:

Signature of the resident	Signature of the Assessor
----------------------------------	----------------------------------

Annexure 5: Feedback for Journal Club
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE JOURNAL CLUB
(To be marked individually by each faculty)

Name of the Resident:

UIN No.:

Name of the Faculty:

Date:

S. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Relevance of article chosen			
2	Identifies the problem addressed in the paper			
3	Completeness of presentation			
4	Analyses and gives comments on methodology and statistics			
5	Brief summary of results			
6	Comparison of work with other published work			
7	Merits and demerits of the paper			
8	Summary and take home message			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score :		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
	Signature:			

Annexure 6: Feedback for Seminar
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE SEMINAR
(To be marked individually by each faculty)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

S. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Introduction of subject and its importance / Objectives			
2	Completeness of presentation			
3	Cogency of presentation			
4	Consulted all relevant literature			
5	Use of audio-visual aids			
6	Understanding of subject			
7	Summary and take home message			
8	Cites appropriate references / suggests further reading			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
1	General Comments:			
2	Highlights in performance (strengths)			
3	Possible suggested areas for improvement (weakness)			
	Signature:			

Annexure 7: Feedback for Case presentation
Sri Balaji Vidyapeeth
Department of Dermatology, Venereology and Leprosy
EVALUATION SHEET FOR POSTGRADUATE CASE PRESENTATION
(To be marked individually by each faculty)

Name of the Resident: UIN No.:

Name of the Faculty: Date:

S. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Logical order in presentation (History taking)			
2	Cogency of presentation			
3	Accuracy and completeness of general and local physical examination			
4	Other systemic examination			
5	Summarizes the case and analyses the appropriate differential diagnoses			
6	Whether the diagnosis follows logically from history and findings			
7	Investigations required : Completeness of list, relevant order, interpretation of investigations			
8	Management principles and details			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	Possible suggested areas for improvement (weakness)			
	Signature:			