



# MGM INSTITUTE OF HEALTH SCIENCES

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

**Grade 'A' Accredited by NAAC**

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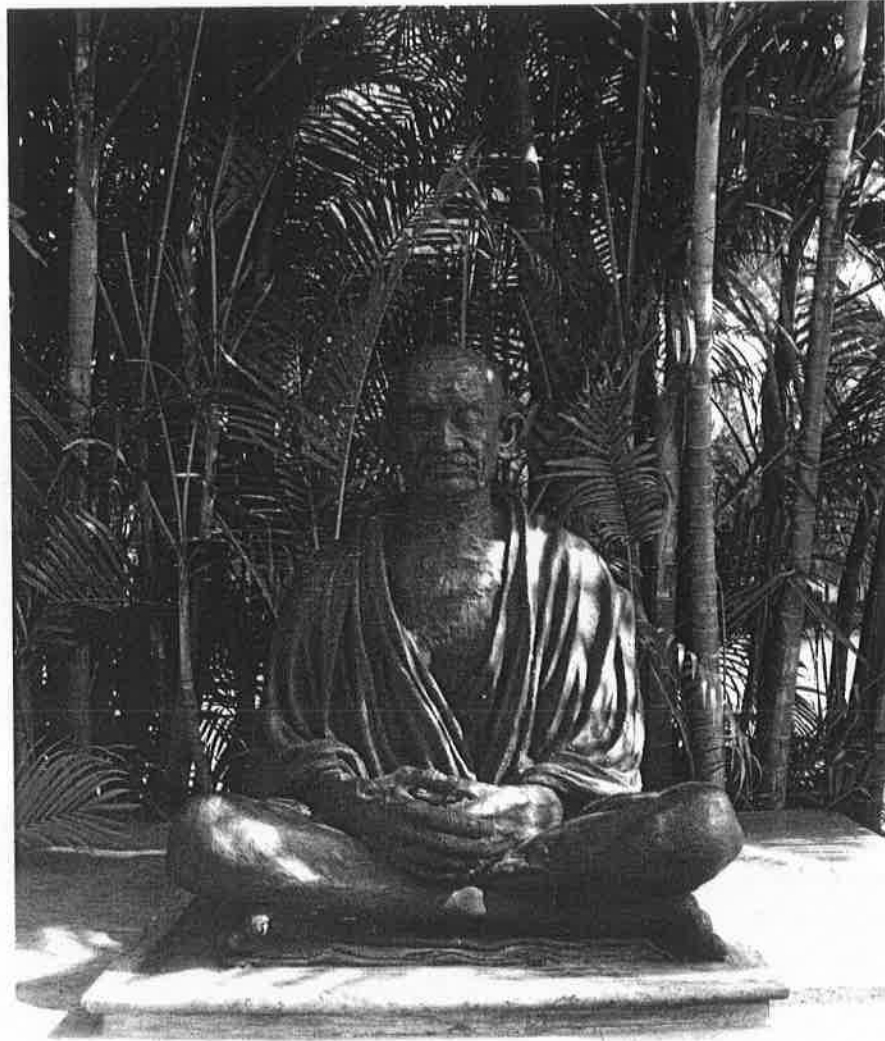
## **Curriculum for Doctor of Medicine Dermatology, Venereology and Leprosy**

Amended upto BOM- 57/2019, Dated 26/04/2019

## **Amended History**

1. Approved as per BOM– 04/2007, Item 12.1, Dated 14/12/2007.
2. Amended as per BOM- 48/2017, [Resolution No. 5.25]; Dated 24/01/2017.
3. Amended as per BOM-51/2017, [Resolution No. 1.3.7.11 (i) ], [Resolution No.1.3.23]; Dated 28/08/2017.
4. Amended as per BOM-53/2018, [Resolution No. 4.3.6]; Dated 19/05/2018.
5. Amended as per BOM-55/2018, [Resolution No. 4.13], [Resolution No. 4.5.4.2], Dated 27/11/2018.
6. Amended as per BOM-57/2019, [Resolution No. 3.1.4.2], Dated 26/04/2019.

# INSPIRING MINDS



## Mission

To improve quality of the life for individuals and community by promoting health, preventing and curing disease, advancing biomedical and clinical research and educating tomorrow's Physicians and Scientists.

## Vision

By 2020 the MGM University of Health Sciences will rank one of the top private Medical Institution. This will be achieved through **ground breaking discoveries in basic sciences and clinical research** targeted to prevent and relieve human suffering, **excellence in Medical Education** of the next generation of academic clinicians and intrinsic scientists.

MGM University of Health Sciences will transform the **Education** of tomorrow's Physicians and Scientists conducting **Medical Research** to advance health and improving lives by providing world-class patient care.

Many see the 21<sup>st</sup> Century as the golden age of biomedical research. The MGM University of Health Sciences will position for leadership at the horizon of this new era to promote and stabilise stand human health with a standard of excellence.

Deadline

3428

## DEPARTMENT OF DERMATOLOGY VENEREOROLOGY AND LEPROLOGY

Dermatology including Venereology and Leprology is one of the important basic clinical specialties. Considerable advances have taken place in understanding of dermatological disorders and their treatment. Dermatosurgery, Dermatologic lasers, Dermatopathology, pediatric dermatology, Dermatopathology are upcoming Superspecialties in Dermatology. Leprosy is still a public health problem in our country. The STI's are showing increase in incidence with new dimension added to it.

There is a need of trained personnel in the specialty. Very few medical colleges in the country impart sufficient knowledge about these diseases at undergraduate level and postgraduate courses are not available in all medical colleges.

MGM Medical College maintaining high standards of teaching an attempt is made to give comprehensive training to the postgraduates including basic subject and recent advances.

The Department of Dermatology MGMMC Aurangabad developing to excel in three areas: the care of the patients with skin diseases, the education of dermatology residents, medical students, and residents from other departments, and the advancement of knowledge pertaining to skin diseases.

### CARE OF THE PATIENTS WITH SKIN DISEASES

The department provides cost effective care of all patients, regardless of the ability to pay. The department considers special responsibility to Aurangabad city citizens and Marathwada region and is referral center of admission of critical skin diseases.

### EDUCATION OF RESIDENTS AND MEDICAL STUDENTS

Teaching will be on high priority in the Department. We seek to educate our residents in all aspects of the discipline. We also take care of residents in all aspects. In addition, we give responsibility to residents to teach non dermatology residents and medical students.

### RECENT ADVANCES:

To be with recent advances knowledge and improving the care of the patients is our aim in academic dermatology program. We intend to achieve this through publications based on research on clinical dermatology, basic science, dermatosurgery, dermatopathology etc.

## DERMATOLOGY AND VENEREOROLOGY POSTGRADUATE SYLLABUS

### OBJECTIVES

At end of the training the candidate should be able to

1. Diagnose and manage independently common skin diseases, STI'S, and leprosy.
2. Manage independently and efficiently all medical emergencies related with skin, STI'S, and leprosy.
3. Adopt preventive measures at individual and community levels against communicable skin and Venereal diseases and leprosy.
4. Teach requisite knowledge and laboratory skills to medical / paramedical team members.

5. Adopt a compassionate attitude towards the patients under his / her charge.
6. Critically evaluate and initiate investigation for solving problems relating to skin, venereal diseases, and leprosy.

#### **Post graduate year –one**

- History taking in STD, Dermatology and Leprology
- Accurately describe cutaneous eruptions
- Generate a differential diagnosis appropriate to the clinical description
- Correlate the cutaneous disease with underlying medical problems
- Identify several therapeutic options for a given disease with familiarity of side effects of the various medications
- Demonstrate a mastery of basic dermatopathology with ability to generate differential diagnoses
- Demonstrate the surgical skills of punch biopsy, shave excision, simple excision and closure, cryosurgery, electrodesiccation and curettage
- Correctly perform and interpret KOH and Tzanck preparations.

#### **Postgraduate year –two**

- Demonstrate a greater ability to merge cutaneous findings with underlying disease in complex patients on the consultation service
- Demonstrate a more extensive differential diagnosis with identification of the most likely diagnosis
- Select the most appropriate therapy for a given cutaneous disease
- Generate a differential diagnosis including the correct diagnosis of dermatopathology
- Demonstrate the surgical skills of layered closures, simple flaps, and advanced suturing techniques

#### **Postgraduate year – three**

- Manage medically complicated patients with evidence of judgment necessary to merge management of cutaneous disease with overall treatment plans
- Generate a concise differential diagnosis and identify the correct diagnosis with weighted consideration of most likely diagnostic options
- Demonstrate an extensive knowledge of dermatologic therapeutics with selection of the most appropriate therapy and recognition of risks and benefits
- Correctly identify most diagnoses in dermatopathology with concise and appropriate differential diagnosis
- Demonstrate the surgical skills of dermatologic surgery, learn the use of lasers in skin diseases and aesthetics, learn basic cosmetic procedures.
- Demonstrate a thorough knowledge of mycology including identification of specific fungi on basic growth media
- Demonstrate a thorough knowledge of dark field examinations, hair mounts and, etc.
- prepare a presentation of a national dermatologic meeting
- Publish at least one article in a peer reviewed journal in cooperation with faculty member

### SKILLS TO BE LEARNT

1. History taking for dermatology, venereology, and leprosy.
2. Describe cutaneous findings in dermatological terms in a systematic way.
3. Evaluate and manage the common diseases in dermatology and have broad idea how to approach an uncommon disease.
4. Evaluate and manage STI cases.
5. Evaluate and manage HIV/AIDS cases.
6. Systemic examination relevant for dermatologic conditions.
7. Maintain basic skills like pulse, blood pressure, vital parameters, and systemic examination skills.
8. Care of dermatologic emergencies like TEN, pemphigus, necrotic ENL, angioedema, drug reactions, anaphylaxis, etc.
9. Management of pediatric cases with skin diseases.
10. To achieve adequate skills for tests done in side laboratory in day-to-day practice and be familiar with other sophisticated investigations.

11.

12.

13.

### ★ POSTINGS ✓

The first year junior resident shall be posted indoor initially. For remaining months the students will rotate through outdoor, side laboratory, minor OT, specialty clinics i.e. leprosy, psoriasis, STI, pigmentation, allergy, dermatosurgery.

General skin OPD	24 months	12 mths - opp & Ind
Minor OT	04 months.	
Side laboratory	04 months.	
STI clinic	04 months	
Afternoon weekly speciality clinics.		
Psoriasis clinic	28 months	
Pigmentation clinic	28 months	
Leprosy clinic	28 months	
Allergy clinic	28 months	
Dermatosurgery clinics	28 months	

The posting will be spread over entire period. During posting senior residents will give cover to first year residents and have active involvement in the diagnosis, investigations, and treatment of the admitted patients.

Teaching programme	
Teaching ward rounds	weekly
<del>Clinical case conference</del>	01
Seminars	01
Journal club	01
Case presentation and discussion	01
Dermtopathology discussion, CPC.	10
	01

## COURSE CONTENTS

### Research activity

The candidate will be required to undertake independent research work or associate with on-going departmental research work.

### Internal assessment

This will be carried out every ~~three~~ <sup>6</sup> monthly by means of written test and practical viva. It would include dermatopathology, dermatosurgery.

### Thesis

Each student is expected to write thesis under guidance of one or more faculty members as per the institute rules. The work is carried out over and above the routine duties. The thesis topic and its progress is discussed in departmental faculty meeting. The protocol to be submitted within six months of joining and thesis submission within 2 ½ years of joining 3 years course.

## EVALUATION

1. Weekly by senior resident and consultant for regularity, patient care, records, and library search.
2. End of ward posting by consultant /senior resident.
3. Quarterly - with theory, clinical viva by all consultants of the department. 12.5 percent of total weightage will be given to internal assessment in the final.
4. Final MD examination with two external examiners.

### Examination pattern

The examination shall be held in the months of May and December or on such dates as may be decided by the Dean of the Institute and it shall be open to all candidates who have completed the prescribed course of study and submitted their thesis work.

The examination shall consist of .

Internal assessment : 100 marks total. Theory 50 and practical 50 marks.

Theory papers 4 - 100 marks each [3hours duration]

- ✓ Paper 1 Basic sciences, anatomy physiology, biochemistry, pathology etc. in relation to specialty.

Paper 2 Principles of dermatology diagnosis and therapeutics.

Paper 3 Venereology and Leprology, principals of diagnosis and therapeutics.

Paper 4 Dermatology in internal medicine, including applied clinical aspects, therapeutics, pathology, immunopathology, bacteriology, and recent advances.

All papers would have following format

Essay - One long question of 30 marks.

Short notes- 6-7 short notes on covering the prescribed course.

All questions have to be attempted with no choice.





6. Dermatitis – exogenous, endogenous, others.
7. Disorders of pigmentation
8. Connective tissue disorders.
9. Disorders of hair, nail, sweat gland, sebaceous gland, apocrine glands, mastocytosis etc.
10. Disorders of mucous membranes.
- 11 Disorders of male and female genitalia.
12. Disorders due to physical agents, heat cold, light, radiation.etc.
13. Disorders due to chemical agents – reaction to chemicals, occupational dermatosis,
14. Pyodermas.
15. Fungal infections superficial and deep.
16. Viral infections.
17. Parasitic infestations, insect bites, etc.

#### **Dermatology in relation to internal medicine.**

Nutritional diseases.

Metabolic disorders - Diabetes mellitus  
 Amino acid metabolism  
 Porphyrin metabolism.  
 Lipoidosis  
 Dysproteinemias and agamma globulinemias etc.  
 Carcinoid syndrome  
 Glycolipid lipoidosis.  
 Calcinosis cutis.  
 Histiocytosis

Hematological system

Gastro-intestinal system

Endocrinal system

Neurocutaneous disorders.

Psychocutaneous disorders.

#### **Allergic disorders**

1. Anaphylaxis –urticaria, / angioedema.
2. Serum sickness
3. Reactions to drugs.

#### **Veneral diseases**

1. Anatomy of male female genitalia.
2. Syphilis and other treponemal diseases: Clinical features, diagnosis, treatment.etc.
3. Gonococcal infection
4. Lymphogranuloma venerum
5. Chancroid
6. Granuloma inguinale.
7. Other disorders involving male, female genitalia.
8. STI control, reproductive health.

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### **RECENT ADVANCES:**

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## **DERMATOLOGY, VENERELOGY AND LEPROLOGY POSTGRADUATE SYLLABUS**

### **RESIDENCY PROGRAMME**

#### **RESPONSIBILITIES:**

The PGY-1 resident based at the Hospital is the responsible resident for all admissions during working hours. Admissions after working hours are the responsibility of the on-call resident.

Inpatient care is the responsibility of the same PGY-1 resident during week, at all hours.

For emergency admissions, the on-call resident will admit the patient, perform the admitting history and physical examination and write the initial orders. The PGY-1 resident assigned to inpatient duty assumes the next day care of the patient. After discharge, the resident who was responsible for the majority of care during the patient's inpatient course follows the patient.

**Students** Senior medical students rotate through the dermatology service for 6 weeks time. They will attend all lectures and see patients in the clinic, writing a history and physical examination followed by a dermatology resident's review and help in the formation of an assessment and treatment plan. An attending physician in turn reviews this. Self-directed, independent learning is encouraged based on patients seen in clinic. The PGY-2 and 3 residents and attending physician may occasionally give formal LCD lectures to the students.

### **Chief Resident [PGY -3]**

The chief residents attend monthly departmental staff meetings and take an active role in helping to solve problems that may arise in scheduling, patient care, consultations, lectures, the interview process or other areas as needed. The residents also perform a role in coordinating lectures, grand rounds, defining tracks in the clinic suitable for rotating residents and activities between other university departments.

### **Rotating Residents**

Residents from various clinical services commonly rotate through the dermatology service. These residents usually spend their time distributed between the ward, OPD other sections. Each rotating resident is at all times under the direct supervision of a dermatology resident or attending physician and is expected to attend clinic every day unless excused by the chief resident. Residents are also required to attend grand rounds and any scheduled lectures. At the end of the rotation the chief residents formally evaluate each resident and this information is provided to their respective departments.

### **Supervision**

Residents are supervised at all times by full or part-time staff. An attending physician covers the consult service at all times. In the event of illness or vacation, other staff members are required to cover for the physician who was originally assigned to the consult service. This also applies to coverage for on call responsibilities as well. Hospital rounds are conducted early in the morning or at a time mutually arranged by the attending physician and the consult resident.

### **Resident Duty Hours and the Working Environment**

#### **1. Supervision of Residents**

- a. All patient care must be supervised by qualified faculty. The program director and /or HOD must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

#### **2. Duty Hours**

- A. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
- B. Duty hours do not include reading and preparation time spent away from the duty site.
- C. Duty hours must be limited to 80 hours per week, averaged over a four-week period,

inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7, free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call

### 3. on-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

c. New patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty by next on call resident.

d. At-home call (pager call) nonresident PG students.

1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable

personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2.) When residents are called into the hospital from home, the hour's residents spend in-house are counted toward the 80-hour limit.

3.) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### 4. Monitoring of Duty Hours

Monitoring of duty hours is performed at the biannual resident reviews. This is at a frequency sufficient to ensure a balance between education and service. If duty hours become a concern prior to the biannual review, the chief resident should be notified and the schedule will be rearranged accordingly.

### 5. Back-up Support System

When patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care, then the resident on the Dermatopathology rotation will cover clinical responsibilities for the fatigued resident until they have recovered sufficiently to resume clinical responsibilities

## RESIDENT EDUCATIONAL GOALS AND OBJECTIVES OBJECTIVES

At end of the training the candidate should be able to

1. Diagnose and manage independently common skin diseases, STI'S, and leprosy.
2. Manage independently and efficiently all medical emergencies related with skin, STI'S, and leprosy.
3. Adopt preventive measures at individual and community levels against communicable skin, Venereal diseases and leprosy.
4. Teach requisite knowledge and laboratory skills to medical / paramedical team members.
5. Adopt a compassionate attitude towards the patients under his / her charge.
6. Critically evaluate and initiate investigation for solving problems relating to skin, venereal diseases, and leprosy.

### Post graduate year –one

- History taking in STI's , Dermatology and Leprology
- Accurately describe cutaneous eruptions
- Generate a differential diagnosis appropriate to the clinical description
- Correlate the cutaneous disease with underlying medical problems
- Identify several therapeutic options for a given disease with familiarity of side effects of the various medications
  - Demonstrate a mastery of basic dermatopathology with ability to generate differential diagnoses
  - Demonstrate the surgical skills of punch biopsy, shave excision, simple excision and closure, cryosurgery, electrodesiccation and curettage
  - Correctly perform and interpret KOH and Tzanck preparations.

### Postgraduate year –two

- Demonstrate a greater ability to merge cutaneous findings with underlying disease in complex patients on the consultation service.
- Demonstrate a more extensive differential diagnosis with identification of the most likely diagnosis.
- Select the most appropriate therapy for a given cutaneous disease.
- Generate a differential diagnosis including the correct diagnosis of Dermatopathology.
  - Demonstrate the surgical skills of layered closures, simple flaps, and advanced suturing techniques.

### Postgraduate year – three

- Manage medically complicated patients with evidence of judgment necessary to merge management of cutaneous disease with overall treatment plans.
- Generate a concise differential diagnosis and identify the correct diagnosis with weighted consideration of most likely diagnostic options.
- Demonstrate an extensive knowledge of dermatologic therapeutics with selection of the most appropriate therapy and recognition of risks and benefits.
- Correctly identify most diagnoses in dermatopathology with concise and appropriate differential diagnosis.

- Demonstrate the surgical skills of dermatologic surgery, learn the use of lasers in skin diseases and aesthetics, learn basic cosmetic procedures.
- Demonstrate a thorough knowledge of mycology including identification of specific fungi on basic growth media.
- Demonstrate a thorough knowledge of dark field examinations, hair mounts and, etc.
- prepare a presentation of a national dermatologic meeting.
- Publish at least one article in a peer reviewed journal in cooperation with faculty member.

### SKILLS TO BE LEARNT

1. History taking for dermatology, venereology, and leprosy.
2. Describe cutaneous findings in dermatological terms in a systematic way.
3. Evaluate and manage the common diseases in dermatology and have broad idea how to approach an uncommon disease.
4. Evaluate and manage STI cases.
5. Evaluate and manage HIV/AIDS cases. *2- evaluate & manage leprosy cases*
6. Systemic examination relevant for dermatologic conditions.
7. Maintain basic skills like pulse, blood pressure, vital parameters, and systemic examination skills.
8. Care of dermatologic emergencies like TEN, pemphigus, necrotic ENL, angioedema, drug reactions, anaphylaxis, etc.
9. Pediatric dermatology - to gain exposure to the full range of skin diseases in children, to generate age -appropriate differential diagnosis, to perform minor procedures in children.
10. To achieve adequate skills for tests done in side laboratory in day-to-day practice and be familiar with other sophisticated investigations.
11. Dermatologic surgery - to learn appropriate judgment in planning excisional therapies, to experience broad range of cosmetic procedures with acquisition skills to perform these in practice [ chemical peels, all laser techniques, sclerotherapy for veins, botox, fillers ]
12. Dermatopathology - to recognize full range of histopathology of skin disease, to generate progressively complex differential diagnosis and accurately establish diagnosis. To learn immunohistochemistry.
13. Geriatric dermatology. Basic skills of skin cancer surgery.

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## POSTINGS

The first year junior resident shall be posted indoor initially. For remaining months the students will rotate through outdoor, side laboratory, minor OT, specialty clinics i.e. leprosy, psoriasis, STI, pigmentation, allergy, dermatosurgery etc.

General skin OPD	24 months
Minor OT	04 months.
Side laboratory	04 months.
STI clinic	04 months
Afternoon weekly specialty clinics.	
Psoriasis clinic	28 months
Pigmentation clinic	28 months
Leprosy clinic	28 months
Allergy clinic	28months
Dermatosurgery clinics	28 months

The posting will be spread over entire period. During posting senior residents will give cover to first year residents and have active involvement in the diagnosis, investigations, and treatment of the admitted patients.

Teaching programme	weekly
Teaching ward rounds	01
Clinical case conference	01
Seminars	01
Journal club	01
Case presentation and discussion	10
Dermtopathology discussion ,CPC.	01

## OPD clinic-

Dermatology out patient exposure is given to the residents. PGY 1, 2, 3 and attending dermatologist attends OPD clinic. In both of these outpatient clinics, each resident provides care for his/her patient under the supervision of the attending physician. This physician examines the patient, assists in establishing a differential diagnosis, aids in determining the best treatment and provides education. Rotation in specialty clinics in afternoon OPD.

## Inpatient Rounds and Admissions

The Dermatology inpatient service is at the Hospital. Patients to be admitted are evaluated by a PGY-1 resident under the direct supervision of a staff physician. It is the duty of the PGY-1 to perform the history and physical examination with emphases on the particular cutaneous pathology, write admission orders and perform skin biopsies when necessary. The PGY-1, 2, 3 is then responsible for the care of the patient both day and night, during the entire patient's stay, with supervision provided by the attending physician. At the appropriate time the, discharge orders, care plan, and discharge summary are completed by the PGY-1, 2, 3 residents upon completion of the hospital stay. The attending physician together with the

PGY-1, 2, 3. Caring for that patient conducts inpatient rounds daily. Rounds are held either prior to, or at the completion of the outpatient clinical activities. Teaching is both in the form of lectures and LCD, as well as at the bedside when appropriate. When a patient is admitted at night, it is the responsibility of the on-call resident and staff physician to evaluate and admit the patient. The following day, the patient is turned over to the PGY-1 resident to be followed as noted above.

#### **Rotating Residents**

Residents from various clinical services commonly rotate through the dermatology service. These residents usually spend their time distributed between the OPD, OT, ward. Each rotating resident is at all times under the direct supervision of a dermatology resident or attending and is expected to attend clinic every day unless excused by the chief resident.

Residents are also required to attend grand rounds and any scheduled lectures.

At the end of the rotation the chief residents formally evaluate each resident and this information is provided to their respective departments.

#### **Journal Club**

Journals reviewed by all residents include IJD, Indian journal of leprosy, IJDVL, Archives of Dermatology, etc. Residents are expected to read, assimilate, and condense patient information from the articles read, and be ready to discuss these with faculty present or with each other during the discussions. This conference focuses residents upon the current literature affording up to date information on new diagnostic and therapeutic applications in dermatology as well as basic research.

#### **Path Unknowns**

Slides are selected from interesting cases from the previous week by the dermatopathology fellow. Residents give a morphologic description and a differential diagnosis for the case. The fellow then discusses the microscopic aspects of each slide, differential diagnosis, and specific diagnosis.

#### **Dermatopathology Textbook Review**

Each resident must read, assimilate, and be prepared to discuss in condensed form the assigned reading from the text. The chapter will be reviewed in a resident session. Before the conference, each resident will have reviewed selected slides pertinent to the chapter assigned. The slides will be presented in conference as unknowns and discussed by each resident as well as relevant material from the assigned reading by the staff as it pertains to the diagnosis of skin diseases.

#### **Grand Rounds**

Educational unknown cases and difficult patient management problems are examined by resident, staff, and visiting physicians in the morning. A staff physician leads the discussion of the differential diagnosis, as a final working diagnosis is developed. Therapeutic options are entertained and management is outlined. In addition, follow-up of previously discussed cases is encouraged.

#### **General Dermatology Textbook Review**

Assigned reading is reviewed each Friday morning. The complete text will be reviewed each year. Each resident participates in the review and discussion process.

#### **Professional meetings:**

Each year residents are expected to attend the local, regional and national meeting. Presentation of interesting cases, research papers in the meeting is also expected.



## The Medical Record

### Clinic Notes

These notes are to be written in the case sheet with a pertinent history and physician assessment of each dermatologic problem, and a clear plan of care. Each note is to be signed by any person who has composed a part of the note including rotation residents. Dermatology residents are to sign all notes regardless who wrote the note after carefully reviewing the note. Attending physicians are to write a separate note with appropriate documentation.

### Consultation Notes

Consultations are to be written on the appropriate consultation forms in the traditional history and physical form. Each note is again to be signed by the person writing the note and the dermatology resident if he or she did not write the note. The consultant attending is to write a separate note documenting his or her own history and physical and assessment and plan.

### Inpatient Notes

Admission history and physicals are to be done by the admitting resident in the traditional form documenting early the reason for admission, goals for the hospitalization, and the means of reaching those goals. The attending physician that is responsible for the admission should also write an admitting note. Daily progress notes are to be written by the resident and attending physician. The resident on call should also write them on the weekends. Progress notes should be documented.

Changes in the patient's condition as well as any updates in the treatment plan. Upon discharge, a discharge summary is to be dictated according to hospital policy. It should include a concise review of the patient's hospital course and clear instructions for care at home and follow up. Copies should be sent to any referring physicians and to the dermatology clinic.

### Dermatology Referrals

At Department of Dermatology, referrals from outside physicians are usually handled by the PGY-1. Appropriate information for the referral form concerning the patient is obtained and it is determined how soon the patient needs to be seen. If it is an emergency, the patient will be seen that same day by physician. An appointment is scheduled, the patient is seen, and then the referring physician is contacted either by phone or letter regarding the patient visit.

### Call Schedule

Dermatology residents first start taking call in their PGY-1 year. New PGY -1 residents attends call with senior PGY-1 residents. Starts independent attending calls after six months. While on call, the resident must at all times be available for emergency consultation. At all times, there is an attending physician on call whom the on call resident may contact if needed. **It is the responsibility of the on call resident and the on call attending physician to arrange for call coverage in their absence.** The call schedule is made out by the chief resident at the beginning of each year.

### Vacation Policy

Each resident of the Dermatology departments gets three weeks of vacation per year. Only one resident is allowed vacation at a time and vacation requests are approved on a first come first served basis. Requests should be submitted to the chief resident at least one month ahead of time to allow appropriate reduction of the schedules. It is preferred to take two of

*As per university rules*

the weeks as complete weeks and not broken up into separate days. Any vacation not used in a work year (July through June) will be forfeited.

#### **Sick Leave Policy**

Sick leave is paid absence from scheduled work for reason of illness or accident. A separate maternity policy exists. A resident can be placed on sick leave in excess of one consecutive week only by approval of the HOD. Leave of absence for medical reasons will be granted with pay for a maximum of 12 working days per year. Leave of absence may be extended beyond twelve days with pay when the nature of the illness is job-related and is decided upon by the HOD. It may not exceed the termination date of the appointment. A sick leave request in excess of twelve days requires a special review by the Associate Dean for Academic Affairs and the Chairman. A letter stating the nature of the illness and the reason for the requested extension of sick leave must be provided by the personal physician of the resident. Unused vacation time can be used to extend the pay period, but when maximum sick leave and vacation time has been exhausted, the resident is placed on leave without pay. When the resident has been absent for longer than eight consecutive weeks, a decision about the ability to return to full duties must be reached and a decision made based upon the circumstances involved. The needs of the department will be given primary consideration and it may be necessary to terminate the resident and employ another to fulfill his or her duties. The HOD will determine whether or not the resident will be required to spend additional time in training to compensate for the leave period and be eligible for certification for a full training year. That decision will be based upon the requirements of the MGM University guidelines. House Staff guidelines include the following special provisions for pregnancy. In recognition of the various physical demands placed on each resident, and to insure optimum consideration for both the mother and the unborn child, the following provisions are suggested:

- A. The resident should see a physician as soon as she believes she may be pregnant. When the pregnancy is confirmed, she should notify the HOD to permit cooperation in planning future training assignments. She should also provide the date on which she will most likely cease training program responsibility.
- B. By the end of the six month of pregnancy, the resident should provide the HOD with a statement from her physician certifying the expected date of delivery, the residents ability to continue working and the date to which she is permitted to work. Any change in medical condition subsequently that might alter these health guidelines is to be documented with an additional statement from her physician.
- C. The maximum period of maternity leave with pay has been set by the Board of Trustees of the University of MGM is as ---- days of unused sick leave plus --- days (two weeks) of unused vacation time. Time off beyond that will be without compensation.

#### **Procedure Logs**

Documentation of procedures performed is kept by each resident in a logbook. This recording of information usually consists of the patient's name, ID number, procedure performed (i.e., punch biopsy, shave ED&C, culture, etc.), and differential diagnosis. Later, when the histological are available, the earlier records provide an organized system to ensure adequate follow-up, as well as a useful learning tool. Upon completion of residency, the documentation is used in many instances as proof of experience to obtain hospital privileges.

## CRITERIA FOR SELECTION

PG CET merit, and as per the rules of MGM UNIVERSITY guidelines.

## PROBATION, SUSPENSION, AND DISMISSAL DEFINITIONS

**Probation:** a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program.

**Suspension:** a period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

**Dismissal:** the condition in which a resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident's Agreement of Appointment, and termination of all association with the MGM University of Health Sciences College of Medicine and its participating teaching hospitals.

## PROCEDURE

### Probation

1. A resident may be placed on probation by the Program Director for reasons including, but not limited to, any of the following:

- a. failure to meet the performance standards of the program;
- b. failure to comply with the policies and procedures of the MGM Committee, and the Department of Dermatology.
- c. misconduct that infringes on the principles and guidelines set forth by the training program;
- d. documented and recurrent failure to complete medical records in a timely and appropriate manner;
- e. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.

2. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of noncompliance with the remediation.

3. Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:

- a. continued on probation;
- b. removed from probation;
- c. placed on suspension; or
- d. dismissed from the residency program.

### Suspension

1. A resident may be suspended from a residency program for reasons including, but not limited to, any of the following:

- a. failure to meet the requirements of probation;
- b. failure to meet the performance standards of the program;
- c. failure to comply with the policies and procedures of the MGM Committee, the participating institutions, or the Dept of Dermatology;

- d. misconduct that infringes on the principles and guidelines set forth by the training program;
  - e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
  - f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program
  - g. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
  - n. if a resident is deemed an immediate danger to patients, himself or herself or to others;
  - i. if a resident fails to comply with the medical licensure laws of the State of Maharashtra and / or MCI.
2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:
- a. reasons for the action;
  - b. appropriate measures to assure satisfactory resolution of the problem(s);
  - c. activities of the program in which the resident may and may not participate;
  - d. the date the suspension becomes effective;
  - e. consequences of non-compliance with the terms of the suspension;
  - f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year. A copy of the statement of suspension shall be forwarded to the concern authorities.
3. During the suspension, the resident will be placed on "administrative leave", with or without pay as appropriate depending on the circumstances.
4. At any time during or after the suspension, resident may be:
- a. reinstated with no qualifications;
  - b. reinstated on probation;
  - c. continued on suspension; or
  - d. dismissed from the program.

#### Dismissal

1. Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:
- a. failure to meet the performance standards of the Dermatology program;
  - b. failure to comply with the policies and procedures of the MGM Committee, the participating institutions, or Dept of Dermatology;
  - c. illegal conduct;
  - d. unethical conduct.
- 
- e. performance and behavior which compromise the welfare and of patients, self, or others;
  - f. failure to comply with the medical licensure laws of the State of Maharashtra.
  - g. inability of the resident to pass the requisite examinations for licensure to practice medicine in the State, if required by the individual residency program.

The Program Director shall contact the concerned person and provide written documentation which led to the proposed action.

When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:

a. reasons for the proposed action,

b. the appropriate measures and timeframe for satisfactory resolution of the problem(s).

c. If the situation is not improved within the timeframe, the resident will be dismissed.

d. Immediate dismissal can occur at any time without prior notification in instances of gross

misconduct including, but not limited to theft of money or property; physical violence

directed at an employee, visitor or patient; use of, or being under the influence of alcohol or

controlled substances while on duty, patient endangerment, illegal conduct.

e. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective.

A copy of this letter shall be forwarded to the authorized persons.

## COURSE CONTENTS

### Research activity

The candidate will be required to undertake independent research work or associate with on-going departmental research work.

### Internal assessment

This will be carried out every three months by means of written test and practical viva. It would include dermatopathology, dermatosurgery.

### Thesis

Each student is expected to write thesis under guidance of one or more faculty members as per the institute rules. The work is carried out over and above the routine duties. The thesis topic and its progress is discussed in departmental faculty meeting. The protocol to be submitted within six months of joining and thesis submission within 2 ½ years of joining 3 years course.

## EVALUATION

1. Weekly by senior resident and consultant for regularity, patient care, records, and library search.
2. End of ward posting by consultant /senior resident.
3. At the end of the term, except last term [6months term] – with theory, clinical viva by all consultants of the department. Internal assessment will be of 100 marks.
4. Final MD examination with two external examiners and two internal examiners.

### Examination pattern

The examination shall be held in the months of May and December or on such dates as may be decided by the Dean of the Institute and it shall be open to all candidates who have completed the prescribed course of study and submitted their thesis work.

The examination shall consist of.

Internal assessment: 100 marks total. Theory 50 and practical 50 marks.

Theory papers 4 - 100 marks each [3hours duration]

Paper 1 Basic sciences, anatomy physiology, biochemistry, pathology etc. in relation to specialty.

Paper 2 Principals of dermatology diagnosis and therapeutics.

Paper 3 Venereology and Leprology, principals of diagnosis and therapeutics.

Paper 4 Dermatology in internal medicine, including applied clinical aspects, therapeutics, pathology, immunopathology, bacteriology, and recent advances.

All papers would have following format

Essay - One long question of 30 marks.

Short notes- 6-7 short notes on covering the prescribed course.

All questions have to be attempted with no choice.



Model Question Paper

M.D. (Dermatology)

Paper I

Q1 describe the anatomy and physiology of sebaceous glands. Add a note on chloracne. 25 marks

Q2 Describe the histopathology of normal skin with special reference to regional variations.

Discuss various types of skin biopsies. 25 marks

Q3 Write short notes . (Attempt any five ) 10 marks each

A Moulages in dermatology

B Anatomy of male urethra

C Cytodiagnosis in dermatology

D Grocer's itch

E pseudolymphoma

F KI



MCDel 94-95 paper

M. D. (Dermatology)

Paper II

Q1

A 25 year old patient presents with fever and generalised pustular eruption. How will you approach this case and manage it? 25 marks

Q2

Discuss reiter's disease in detail

25 marks

Q3

Write short notes (Attempt any five out of six)

10 marks each

A Acnitis

B Lipomatosis

C pseudoporphyria

D Non specific skin lesions in SLE

E Tropical ulcer

F Ritapamulin

Model question paper

M.D (Dermatology)

Paper III MD

Q 1

Describe etiology, clinical features and management of Pelvic inflammatory disease (PID) in detail.

25 marks

Q 2

Discuss newer investigations for diagnosis of leprosy.

25 marks

Q 3

Write short notes (Attempt any five out of six)

10 marks each

A Salvage therapy in HIV

B Microsporidiosis

C Structure of HIV

D Drug resistance in leprosy

E Froment's sign

F rectal gonorrhoea

model question paper

M. D. (Dermatology)

Paper IV

Q1

Discuss laser physics and interaction of laser light and the skin. Describe Q switched Nd-Yag laser.

25 marks

Q2

Discuss hair shaft disorders.

25 marks

Q3 Write short notes (Attempt any five out of six)

10 marks each

- A carcinoma cuniculatum
- B Animal scabies
- C Electroporation
- D Hori's nevus
- E Keratoderma climactericum
- F Subcision

## MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

### MARKLIST FOR PRACTICAL AND VIVA-VOCE EXAMINATION

EXAM CENTRE: \_\_\_\_\_ COURSE / EXAM : PG –

DATE OF EXAMINATION: \_\_\_\_\_ EXAMINATION FOR: MD (DERMATOLOGY)

Seat No	1 Practical / Clinical Examination						2 Viva Examination			GRAND TOTAL (1+2) 400	
	Long Case 1 (Dermatology)	Long Case 2 (Dermatology)	Long Case 3 (Venereology)	Long Case 4 (Leprology)	Spots (10 x5)	Histopath ology Slides -5 (5 x 10)	VIVA (Instrume nts, Srugs, Specimen, Xray etc)	Dissertation Viva	Viva- Voce Total		
	50	50	50	50	50	50	300	90	10		100

NAME OF EXAMINER	COLLEGE	SIGNATURE WITH DATE
1.		
2.		
3.		
4.		

Paper wise Distribution of TOPIC

SN	COURSE TITLE	SUBJECT NAME	PAPER NO. & TOPICS	
	MD	Community Medicine	I	History of Public Health and Community Medicine Behavioural Sciences & Health, Information, Education, Communication & counseling, Microbiology including Entomology, Parasitology & Immunology. Environmental Health and ecology, General Epidemiology, Biostatistics and research Methodology
			II	Diet & nutrition in health and disease, Epidemiology of communicable diseases and Non-communicable diseases, Occupational Health
			III	Maternal Health & Child Health, Demography & Family welfare, Cares of special groups viz. school health, adolescent health and geriatrics, Care of disabled, community based Rehabilitation Tribal health, Desert Medicine. Public Health emergencies and calamities
			IV	Health & Hospital administration, Health Care delivery including National health programmes, Public Health legislation, Genetics and counseling, Mental Health, International Health, Voluntary Health Organisations, NGOs.
	MD	ENT	I	Basic Sciences related Otolaryngology
			II	Principles and practices of Otolaryngology
			III	Recent advances in Otolaryngology and Head Neck Surgery
			IV	General Surgical principles & Head Neck Surgery
	MD	MD Dermatology	I	Basic sciences, anatomy physiology, biochemistry, pathology etc. in relation to specialty
			II	Principals of dermatology diagnosis and therapeutics
			III	Venereology and Leprology principals of diagnosis and therapeutics
			IV	Dermatology in internal medicine, including applied clinical aspects, therapeutics, pathology, immunopathology, bacteriology and recent advances.

## IN PURSUIT OF EXCELLENCE

**MGM DEEMED UNIVERSITY  
OF HEALTH SCIENCES**

Constituent Colleges

**Navi Mumbai**

M.G.M. Medical College  
M.G.M School of Biomedical Science  
M.G.M School of Physiotherapy  
M.G.M New Bombay College of Nursing  
M.G.M College of Nursing

**Aurangabad**

M.G.M. Medical College  
M.G.M School of Biomedical Science  
M.G.M School of Physiotherapy  
M.G.M College of Nursing



**MAHATMA GANDHI MISSION**

### AURANGABAD

- MGM's Jawaharlal Nehru Engineering College
- MGM's Institute of Management
- MGM's Mother Teresa College of Nursing
- MGM's Mother Teresa Institute of Nursing Education
- MGM's College of Journalism & Media Science
- MGM's Medical Center & Research Institute
- MGM's College of Fine Arts
- MGM's Dr. D. Y. Pathrikar College of Comp. Sc. & Tech.
- MGM's Hospital & Research Center
- MGM's College of Agricultural Bio-Technology
- MGM's Dept. of Bio-Technology & Bio-informatics.
- MGM's Inst. of Hotel Management & Catering Tech.
- MGM's Institute of Indian & foreign Languages & Comm.
- MGM's College of Physiotherapy
- MGM's Hospital, Ajabnagar
- MGM's Sangeet Academy (Mahagami)
- MGM's Institute Naturopathy & Yoga
- MGM's Sports Club & Stadium
- MGM's Institute of Vocational Courses
- MGM's Horticulture
- MGM's Health Care Management
- MGM's Junior College of Education (Eng. & Mar.)
- MGM's Sanskar Vidyalaya (Pri. & Sec. - Mar.)
- MGM's Clover Dale School (Pri. & Sec. - Eng.)
- MGM's First Steps School (Pre-Primary - English)
- MGM's Sanskar Vidyalaya (Pre-Primary - Marathi)
- MGM's School of Biomedical Sciences

### NAVI MUMBAI

- MGM's College of Engineering & Technology
- MGM's Institute of Management Studies & Research
- MGM's Dental College & Hospital
- MGM's College of Physiotherapy
- MGM's College of Media Science
- MGM's Institute of Research
- MGM's New Bombay Hospital, Vashi
- MGM's Hospital, CBD
- MGM's Hospital, Kamothe
- MGM's Hospital, Kalamboli
- MGM's Infotech & Research Centre
- MGM's Pre-Primary School (English & Marathi)
- MGM's Primary & Secondary School (Eng. & Mar.)
- MGM's Junior College Science
- MGM's Junior College of Vocational Courses
- MGM's Florence Nightingale Inst. Nursing Edu.
- MGM's College of Nursing
- MGM's College of Law

### NANDED

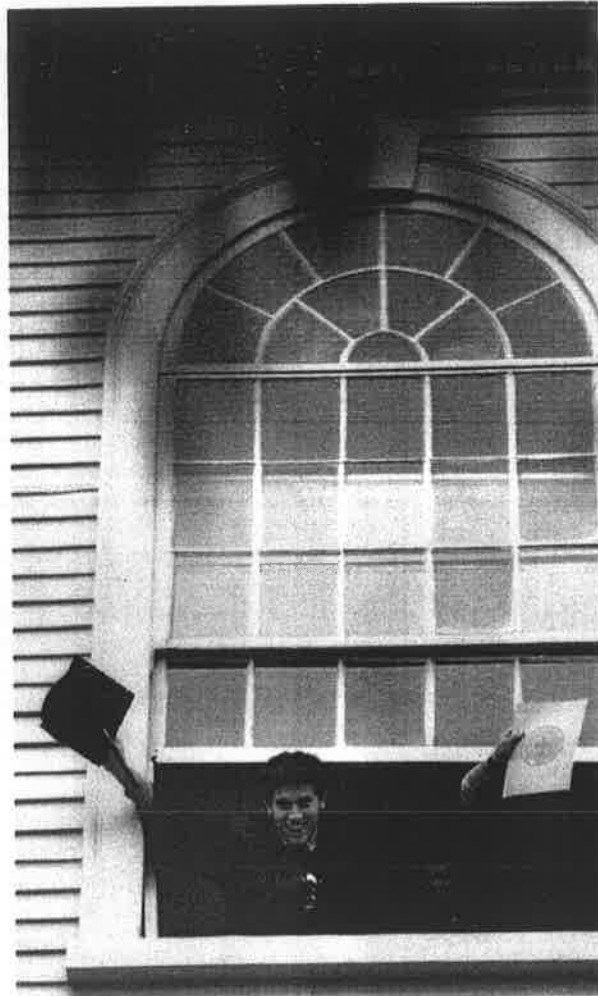
- MGM's College of Engineering
- MGM's College of Fine Arts
- MGM's College of Computer Science
- MGM's College of Journalism & Media Science
- MGM's Centre for Astronomy & Space Tech.
- MGM's College of Library & Information Science

### PARBHANI

- MGM's College of Computer Science

### NOIDA (U.P.)

- MGM's College of Engineering & Technology



MGM University of Health Sciences  
(Education - Health Services - Research)  
A Mission started, nurtured and Managed  
by Professional Doctors, Scientists Engineers...



**MGM INSTITUTE OF HEALTH SCIENCES**

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



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Kamothe, Navi Mumbai - 410209  
Ph : - 022-27422471, 65168127, 65138121 Fax : 022-27420320  
E-mail : [mgmuniversity@mgmuhs.com](mailto:mgmuniversity@mgmuhs.com)  
Website: [www.mgmuhs.com](http://www.mgmuhs.com)

**Resolution passed in BOM – 48/2017, dated 24/01/2017**

**Resolution No. 5.25:** Resolved to institute 6 monthly progress Report for PG Students of all Courses from the batches admitted in 2016-17. **[Annexure-XVII of BOM-48/2017]**





**Mahatma Gandhi Mission's Medical College and Hospital  
Navi Mumbai**

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**Six monthly Progress Report for Postgraduate Students**

**PART A**

Name of the PG student: \_\_\_\_\_

Department: \_\_\_\_\_

Admitted in (Month and Year): \_\_\_\_\_

Name of the PG guide: \_\_\_\_\_

Report for the period: \_\_\_\_\_ to \_\_\_\_\_

Attendance: \_\_\_\_\_ days ( \_\_\_\_\_ %)

**PART B**

**Grading as per performance**

Grade	Percentage
A	80% and above
B	65% to 79%
C	50% to 64%
D	Below 50%

1. OPD work:
2. Ward work:
3. Lab work:
4. OT work:
5. ICU work:
6. Teaching assignments:

**PART C**

**Progress of Thesis**

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**PART D**

*Activities from serial No. 1 to 5 should be rated on a scale of 0 to 10.*

**1. Case Presentations**

Sr. No.	Topic	Date	Guide	Marks

**2. Microteaching**

Sr. No.	Topic	Date	Guide	Marks

**3. Recent Advances**

Sr. No.	Topic	Date	Guide	Marks

#### 4. Seminars

Sr. No.	Topic	Date	Guide	Marks

#### 5. Journal Clubs

Sr. No.	Journal	Title of Paper	Date	Guide	Marks

#### 6. Marks obtained in tests

Sr. No.	Date	Theory / Practical	Marks obtained

#### 7. Any other academic activity conducted:

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PART E

**1. Papers presented**

Sr. No.	Title of Paper	Authors	Event	Date

**2. Posters presented**

Sr. No.	Title of Poster	Authors	Event	Date

**3. Publications**

*(Note: Mention only those publications that are published or are accepted for publication during the said period only)*

Sr. No.	Title of Paper	Authors	Journal	Year/Vol/ Issue	Page Nos	Indexed/ Non-Indexed	Status

**Certificate by the PG Guide**

This is to certify that Dr. \_\_\_\_\_, has an attendance of \_\_\_\_\_% , during the period \_\_\_\_\_ to \_\_\_\_\_. His /Her performance during the said period has been **satisfactory/ average / unsatisfactory**.

**Overall Grading:** \_\_\_\_\_

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

**Name and Signature of PG guide:**

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**Certificate by the Head of Department**

This is to certify that the performance of Dr. \_\_\_\_\_, during the period \_\_\_\_\_ to \_\_\_\_\_, has been **satisfactory/ average / unsatisfactory**.

**Overall Grading:** \_\_\_\_\_

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

**Name and Signature of HOD:**

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**Final Remarks**

**Satisfactory / Average / Unsatisfactory**

**Director (Academics)**

**Dean**

**Date:**

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**Resolution No. 1.3.7.11 (i) of BOM-51/2017:** Resolved that the following Bioethics topics in PG Curriculum are to be included for PG students of all specialization and a sensitization of these topics can be done during PG Induction programme:

- Concept of Autonomy
- Informed Consent
- Confidentiality
- Communication Skills
- Patient rights
- Withholding / Withdrawing life-saving treatment
- Palliative Care
- Issues related to Organ Transplantation
- Surgical Research and Surgical Innovation
- Hospital Ethics Committee
- Doctor-Patient relationship

**Resolution No. 1.3.23 of POM-51/2017:** Resolved to implement a Structural Induction programme (07 days) for PG students. [Annexure XI-IV]

Item N

MGM INSTITUTE OF HEALTH SCIENCES  
Navi Mumbai

Induction Program for newly admitted Postgraduate students

Day 1	<ul style="list-style-type: none"><li>• Address by Dean, Medical Suptd, Director (Academics)</li><li>• Pre-test</li><li>• Communication Skills</li><li>• Universal Safety Precautions</li><li>• Biomedical Waste Management</li><li>• Infection Control Policy</li></ul>
Day 2	<ul style="list-style-type: none"><li>• Emergency services</li><li>• Laboratory services</li><li>• Blood Bank services</li><li>• Medicolegal issues</li><li>• Prescription writing</li><li>• Adverse Drug Reaction</li><li>• Handling surgical specimens</li></ul>
Day 3	<ul style="list-style-type: none"><li>• Principles of Ethics</li><li>• Professionalism</li><li>• Research Ethics</li><li>• Informed Consent</li><li>• Confidentiality</li><li>• Doctor-Patient relationship</li></ul>
Day 4	<ul style="list-style-type: none"><li>• Research Methodology</li></ul>
Day 5	<ul style="list-style-type: none"><li>• Synopsis writing</li></ul>
Day 6	<ul style="list-style-type: none"><li>• Dissertation writing</li></ul>
Day 7	<ul style="list-style-type: none"><li>• Statistics</li></ul>
Day 7	<ul style="list-style-type: none"><li>• ATLS</li><li>• Post-test</li></ul>

The Induction Program will be conducted in the first week of June.  
Timing: 9.30 am to 3.30 pm

(Prof. Dr. Siddharth P. Dubhashi)  
Director (Academics)



**Resolution No. 4.3.6 of BOM-53/2018:** Resolved to accept the Change in pattern of practical examination in MD (Skin and VD) to be implemented from batch appearing in April -2019 examination onwards. **[Annexure-XVI]**

ANNEXURE XVI

427

Dr.A.R.Deshmukh  
Prof. &H.O.D.Skin& V.D.  
MGM MCH A'bad  
Member of B.O.S.Committee(Medicine& Allied)  
Date: 15/03/2018

To,  
The Chairman  
B.O.S. Committee (Medicine)  
MGMIHS, Navi Mumbai

Sub: Change in the pattern of practical examination M.D.(Skin & V.D.)

Respected Sir,

I am proposing the following changes in above mentioned subject.

**Existing Pattern-**

2 Long cases of dermatology	100 marks
1 STD case	50 marks
1 Leprosy case	50 marks
10 Spots 5 marks each	50 marks
5 Histopathology Slides 10 marks each	50 marks
Viva	100 marks
<b>Total</b>	<b>400 marks</b>

**Proposed Pattern-**

1 Long cases of dermatology	100 marks
1 STD case	50 marks
1 Leprosy case	50 marks
Spots(10) 5 marks each	50 marks
Histopathology(5) 10 marks each	50 marks
Viva	100 marks
<b>Total</b>	<b>400 marks</b>

The proposed pattern is according to MCI guidelines.

Requesting to do needful. The same has been discussed with Dr. Shaila Bas member dept of skin V-D. MGM mumbai and she has agreed.

Thanking you

Your's Faithfully

*Ashis*  
Dr. A.R.Deshmukh

Prof. &H.O.D.Skin& V.D.  
MGM MCH A'bad  
Member of B.O.S.Committee(Medicine& Allied)

**Resolution No. 4.5.4.2 of BOM-55/2018:** Resolved to have 10 short notes out of 11 (10 marks each) in all the papers in university examination for PG courses including superspeciality. To be implemented from batch appearing in April/May 2019 examination onwards for MD/MS/Diploma and August/September 2019 examination onwards for superspeciality.

**Resolution No. 4.13 of BOM-55/2018: Resolved as follows:-**

- (i) Slow learners must be re-designated as potential learners.
- (ii) Students scoring less than 35% marks in a particular subjects/course in the 1<sup>st</sup> formative exam are to be listed as potential learners. These learners must be constantly encouraged to perform better with the help of various remedial measures.
- (iii) Students scoring more than 75% marks in a particular subjects/course in the 1<sup>st</sup> formative exam are to be listed as advanced learners. These learners must be constantly encouraged to participate in various scholarly activities.

**Resolution No. 3.1.4.2 of BOM-57/2019:**

- i. Resolved to include “Gender Sensitization” into UG (from new batch 2019-2020) and PG (from existing batches) curricula. [**Annexure-21**]
- ii. Resolved to align the module of “Gender Sensitization” with MCI CBME pattern for MBBS students.
- iii. Resolved that Dr. Swati Shiradkar, Prof., Dept. of OBGY., MGM Medical College, Aurangabad will coordinate this activity at both campuses.

## **Annexure - 21**

**Gender sensitization for UG (2<sup>nd</sup> , 3<sup>rd</sup> , 8<sup>th</sup> semesters) and PG (3 hours)**

### **INCLUSION OF “ GENDER SENSATIZATION” IN CURRICULUM**

#### **Introduction :**

The health care provider should have a healthy gender attitude, so that discrimination, stigmatization, bias while providing health care will be avoided. The health care provider should also be aware of certain medico legal issues related with sex & gender.

Society particularly youth & adolescents need medically accurate, culturally & agewise appropriate knowledge about sex, gender & sexuality. So we can train the trainers for the same. It is need of the hour to prevent sexual harassment & abuse .

To fulfill these objectives, some suggestions are there for approval of BOS.

#### **Outline**

- 1)For undergraduates :- Three sessions of two hours each, one in 2<sup>nd</sup> term, one in 3<sup>rd</sup> term & one in 8<sup>th</sup> term.
- 2)For Faculties and postgraduates :- One session of two hrs .
- 3)For those want to be trainers or interested for their ownself, value added course, which is optional about sex, gender, sexuality & related issues.

### **Responsibility**

ICC of MGM, MCHA , with necessary support from IQAC & respective departments.

### **Details of undergraduate sessions**

#### **1)First session in 2<sup>nd</sup> term**

**Aim** – To make Students aware about the concept of sexuality & gender.

To check accuracy of knowledge they have,

To make them comfortable with their own gender identify & related issues.

To make them aware about ICC & it is functioning.

**Mode** – Brain storming , Interactive power point presentation experience sharing.

**Duration** – Around two hours

**Evaluation** – Feedback from participants.

#### **2)Second session in 3<sup>rd</sup> / 4<sup>th</sup> term**

**Aim** – To ensure healthy gender attitude in these students as now they start interacting with patients.

To ensure that the maintain dignity privacy while interacting with patients and relatives, particularly gender related.

To make them aware about importance of confidentiality related with gender issues.

To encourage them to note gender related issues affecting health care & seek solutions.

Mode – focused group discussions on case studies, Role plays & discussion.

--3--

Duration – Around two hours.

Evaluation – Feedback from participants.

Third session in 8<sup>th</sup> term.

**Aim** – To understand effect of gender attitudes on health care in various subjects.

To develop healthy gender attitude while dealing with these issues.

**Mode** – Suggested PBL by departments individually. ( In collaboration with ICC till faculty sensitization is complete)

**Evaluation** – Feedback

\*\*\*\*



**FOR POSTGRADUATES**

Session of 2-3 hrs preferably in induction program.

**Aim** – To introduce medically accurate concept of gender, sex, gender role & sex role.

To ensure healthy gender attitude at workplace.

To understand gender associated concepts on health related issues & avoid such bias while providing health care.

To make them aware about ICC & its functioning.

**Mode** – Interactive PPT

Role plays & discussion

**Duration** – 2 to 3 hrs

**Evaluation** – Feedback.

**FOR FACULTIES**

Session of 2 hours may be during combined activities.

**Aim** – To ensure clarity of concept about gender & sex.

To discuss effect of these concepts on health-related issues.

To identify such gender & sex-related issues in individual subject specialties.

To discuss methodology like PBL for undergraduate students when they are in 7<sup>th</sup>-8<sup>th</sup> semester.

**Mode** – Role play

    Focused group discussion

    Case studies

**Evaluation** – Feedback.

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# MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

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