

STUDY GUIDE

DERMATOLOGY MODULE

FOURTH YEAR MBBS

27th Jan – 12th Feb 2020 Duration: 2.5 weeks





TYPES OF PSORIASIS





Liaquat National Hospital and Medical College





STUDY GUIDE FOR DERMATOLOGY MODULE

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Module name: Dermatology Year: Four Duration: 2.5 weeks (Jan-Feb 2020)

Timetable hours: Interactive Lectures, Case-Based Discussion (CBD), Clinical Rotations,

Presentations, Demonstrations, Skills, Self-Study

MODULE INTEGRATED COMMITTEE

MODULE COORDINATOR:	Dr. Shaheen Naveed (Dermatology)
CO-COORDINATOR:	Dr. Afifa Tabassum (DHCE)

DEPARTMENTS' & RESOURCE PERSONS' FACILITATING LEARNING

BASIC HEALTH SCIENCES	CLINICAL AND ANCILLARY DEPARTMENTS
PATHOLOGY	DERMATOLOGY
Professor Naveen Faridi	Dr. Shaheen Naveed
PHARMACOLOGY	ENDOCRINOLOGY
Professor Nazir Ahmed SolangiProfessor Tabassum Zehra	Dr. Aqiba Sarfraz
	MEDICINE
	Professor Karimullah Makki

DEPARTMENT of HEALTH PROFESSIONS EDUCATION

- Professor Nighat Huda
- Dr. Sobia Ali
- Dr. Afifa Tabassum

- Dr. M. Suleman Sadiq
- Dr. Mehnaz Umair

LNH&MC MANAGEMENT

- Professor Karimullah Makki, Principal, LNH&MC
- Dr. Shaheena Akbani, Director A.A & R.T LNH&MC

STUDY GUIDE COMPILED BY:

Faiza Ambreen, Department of Health Care Education

INTRODUCTION

WHAT IS A STUDY GUIDE?

It is an aid to:

- Inform students how student learning program of the module has been organized
- Help students organize and manage their studies throughout the module
- Guide students on assessment methods, rules and regulations

THE STUDY GUIDE:

- Communicates information on organization and management of the module.
 This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the module.
- Identifies the learning strategies such as lectures, small group teachings, clinical skills, demonstration, tutorial and case based learning that will be implemented to achieve the module objectives.
- Provides a list of learning resources such as books, computer assisted learning programs, weblinks, journals, for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous on the student's overall performance.
- Includes information on the assessment methods that will be held to determine every student's achievement of objectives.
- Focuses on information pertaining to examination policy, rules and regulations.

CURRICULUM FRAMEWORK

Students will experience integrated curriculum similar to previous modules.

INTEGRATED CURRICULUM comprises system-based modules such as Eye/ENT, dermatology, genetics, rehabilitation and neurosciences-II & psychiatry modules which link basic science knowledge to clinical problems. Integrated teaching means that subjects are presented as a meaningful whole. Students will be able to have better understanding of basic sciences when they repeatedly learn in relation to clinical examples.

LEARNING EXPERIENCES: Case based integrated discussions, Task oriented learning followed by task presentation, skills acquisition in skills lab, computer-based assignments, learning experiences in clinics, wards.

DERMATOLOGY DERMATOLOGY MEDICINE PHARMACOLOGY

INTEGRATING DISCIPLINES OF DERMATOLOGY MODULE

LEARNING METHODOLOGIES

The following teaching / learning methods are used to promote better understanding:

- Interactive Lectures
- Small Group Discussion
- Case- Based Discussion (CBD)
- Clinical Experiences
 - Clinical Rotations
- Skills session

INTERACTIVE LECTURES: In large group, the lecturer introduces a topic or common clinical conditions and explains the underlying phenomena through questions, pictures, videos of patients' interviews, exercises, etc. Students are actively involved in the learning process.

SMALL GROUP SESSION: This format helps students to clarify concepts, acquire skills or desired attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics. Students exchange opinions and apply knowledge gained from lectures, tutorials and self study. The facilitator role is to ask probing questions, summarize, or rephrase to help clarify concepts.

CASE-BASED DISUCSSION (CBD): A small group discussion format where learning is focused around a series of questions based on a clinical scenario. Students' discuss and answer the questions applying relevant knowledge gained previously in clinical and basic health sciences during the module and construct new knowledge. The CBD will be provided by the concern department.

CLINICAL LEARNING EXPERIENCES: In small groups, students observe patients with signs and symptoms in hospital wards, clinics and outreach centers. This helps students to relate knowledge of basic and clinical sciences of the module and prepare for future practice.

CLINICAL ROTATIONS: In small groups, students rotate in different wards like Medicine, Pediatrics, Surgery, Obs & Gynae, ENT, Eye, Family Medicine clinics, outreach centers & Community Medicine experiences. Here students observe patients, take histories and perform supervised clinical examinations in outpatient and inpatient settings. They also get an opportunity to observe medical personnel working as a team. These rotations help students relate basic medical and clinical knowledge in diverse clinical areas.

SKILLS SESSION: Skills relevant to respective module are observed and practiced where applicable in skills laboratory.

SELF-DIRECTED STUDY: Students' assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Center, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.

MODULE 4: DERMATOLOGY

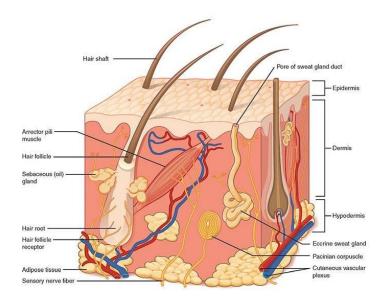
INTRODUCTION

Dermatology is the branch of medicine that deals with skin, mucous membranes, hair and nails. Although relatively straightforward to examine, the skin is the largest organ weighting about 16% of total body weight, and has numerous potential abnormalities.

There are about 1500 distinct skin diseases and many variants. About 15% of consultations in general practice relate to a skin problem and between 50% and 75% of individuals may have a skin problem at any time.

Most dermatological conditions are highly visible and can have profound psychosocial effects. Disfigurement can result in negative self-perception, depression, social rejection and social isolation related to unfavorable self-image. Skin conditions affecting the face may require aggressive treatment even if they are clinically relatively mild. Disturbance of body image is particularly serious if it arises during childhood or adolescence, as is the case for birthmarks, atopic eczema and acne.

This module will discuss the impact of skin diseases, outline the biology of normal skin, and describe how to examine the skin and how its diseases may be effectively treated. A range of skin infections, inflammatory skin diseases and neoplastic conditions will be briefly described as well as skin signs of systemic disease.



COURSE OBJECTIVES AND STRATEGIES

By the end of Dermatology module students should be able to:

	OBJECTIVES	TEACHING STRATEGY
	DERMATOLOGY	
• Def	ine common terminologies	
	erentiate among various skin lesions when shown otographs/real patients	
• Des	cribe the clinical presentations of common dermatologic	
con	ditions listed below:	
I.	Infections:	
	a. Bacterial: Impetigo, Ecthyma, Cellulitis, Foliculitis,	
	Furuncle, Carbuncle, Erysiplas, NecrotisingFascitis	
	b. Viral: Herpes Simplex and Zoster, Chicken Pox, Measles,	
	Viral warts, MolluscumContagiosum	Interactive Lectures
	c. Fungal: Dermatophyte infections, Candida Albicans,	
	PityrisisVersiclor	
	d. Parasitic: Scabies, Pediculosis, Leishmaniasis	
II.	Psoriasis	
III.	Lichen Planus	
IV.	Cutaneous drugs reactions: Steven Johnson Syndrome, Toxic	
	Epidermal Necrolysis, Erythema Multiformis, Urticaria	
V.	Cutaneous Manifestations of Systemic Diseases: skins	
	changes in SLE, Thyroid disorders, Hepatic disorders.	
• Dia	gnose common dermatologic conditions listed above based	
on i	information provided in writing or by simulated patients	Interactive Lectures
• Just	tify management plan for the conditions listed above	

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Discuss the clinical presentations, diagnosis and management	Interactive Lectures		
plan of Eczema			
Discuss the clinical presentations, diagnosis and management			
plan of Atopic dermatitis	Case-Based		
Discuss the clinical presentations, diagnosis and management	Discussion		
plan for Bullous disorder including Pempigus Vulgaris, Bullous			
Pemphigoid, Dermatitis Herpetiformis, Epidermolysis Bullosa			
Discuss the causes, pathogenesis, diagnosis and treatment of			
acne	Interactive Lectures		
Discuss the causes, pathogenesis, diagnosis and treatment of	interdetive Lectures		
alopecia (hair fall)			
ENDOCRINOLOGY			
Describe the clinical presentations of common dermatologic conditions of Diabetes Mellitus	Interactive Lecture		
INFECTIOUS DISEASE			
Describe the clinical presentations of Sexually Transmitted			
Diseases which include Gonorrhoea, Chancroid, Syphilis,	Interactive Lecture		
Lymphogranuloma Venerum (LGV), Granuloma Inguinale			
MEDICINE			
Discuss the clinical presentations of common dermatologic	Small Group		
conditions related to kidney disorders & malignancies including	Discussion		
Para-Neoplastic Syndrome			
List the drugs that can cause drug reactions	Interactive Lecture		
Describe the skin manifestation of drug reactions	interactive recture		
PATHOLOGY			
Infectious diseases of skin			
Discuss common infections of skin including Verrucae (warts),	Interactive Lectures		
Molluscum Contagiosum, Impetigo, superficial fungal infection	interactive Lectures		
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Acute and chronic inflammatory dermatoses			
Acute and chronic inflaminatory derinatoses			
Explain the pathogenesis and clinical presentations of various			
acute & chronic inflammatory dermatoses including Urticaria,	Interactive Lectures		
Acute Eczematous Dermatitis, Erythema Multiforme Psoriasis,			
Seborrheic Dermatitis, Lichen Planus			
Disorders of pigmentation and vesicular (Bullous) Diseases			
Discuss pigmentation disorders including Freckle, Lentigo, Nevi and Melanoma	Small Group		
 Describe pathogenesis and clinical features of various blistering 	Discussion		
disorders of skin			
Tumors of dermis and epidermis			
Classify tumors of skin and subcutis			
Describe important types with pathogenesis, morphology and	Interactive Lectures		
clinical features of skin tumors (Actinic Keratosis, Squamous Cell			
Carcinoma, Basal Cell Carcinoma, Dermato-fibroma,			
Dermato fibrosarcoma protuberance)			
PHARMACOLOGY			
Discuss the uses, mechanism of action, contraindication, precautions	Case-Based		
and side effects of topical as well as systemic antifungal drug	Discussion		
Discuss drugs used in other dermatological disorders			
Discuss classification and mechanism of action of oral & topical steroids			

Apart from attending daily scheduled sessions, students too should engage in self-study to ensure that all the objectives are covered



LEARNING RESOURCES

SUBJECT	RESOURCES
GENERAL MEDICINE	1. Hutchison's Clinical Methods, 23 rd Edition 2. MacLeod's clinical examination 13th edition 3. Davidson's Principles and Practice of Medicine 4. Kumar and Clark's Clinical Medicine
PATHOLOGY/MICROBIOLOGY	1. Robbins & Cotran, Pathologic Basis of Disease, 9th edition. 2. Rapid Review Pathology, 4th edition by Edward F. Goljan MD
	WEBSITES:1. http://library.med.utah.edu/WebPath/webpath.html2. http://www.pathologyatlas.ro/
PHARMACOLOGY	Lippincot Illustrated Pharmacology Basic and Clinical Pharmacology by Katzung

ADDITIONAL LEARNING RESOURCES

Hands-on Activities/ Practical	Students will be involved in Practical sessions and hands-on activities that
	link with the Dermatology Module to enhance learning.
D. A. L. G. C. L. W.	Models available in the museum are a rich learning resource for quick
<u>Museum</u>	review of anatomy and related educational activities
	Skills acquisition in a simulated environment in the skills lab involving
Skills Lab	experiential learning will ensure patient safety and will also help to build
	confidence in approaching the patients
	Videos and podcasts will familiarize the student with the procedures and
<u>Videos/Podcasts</u>	protocol which they can watch and listen to at any time and wherever they
	are, as part of task oriented learning
lutament December	Students will use easily accessible internet resources with added time
Internet Resources	flexibility to enrich and update their knowledge and its application

ASSESSMENT METHODS:

- Best Choice Questions(BCQs) also known as MCQs (Multiple Choice Questions)
- Objective Structured Practical/Clinical Examination (OSPE or OSCE)

BCQs:

- A BCQ has a statement or clinical scenario of four options (likely answers).
- Correct answer carries one mark, and incorrect 'zero mark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for LNHMC.

OSCE:

- All students rotate through the same series of stations in the same allocated time.
- At each station, a brief written statement includes the task. Student completes the given task at one given station in a specified time.
- Stations are observed, unobserved, interactive or rest stations.
- In unobserved stations, flowcharts, models, slide identification, lab reports, case scenarios may be used to cover knowledge component of the content.
- Observed station: Performance of skills /procedures is observed by assessor
- Interactive: Examiner/s ask questions related to the task within the time allocated.
- In Rest station, students in the given time not given any specific task but wait to move to the following station.

Internal Evaluation

- Students will be assessed comprehensively through multiple methods.
- 20% marks of internal evaluation will be added to JSMU final exam. That 20% may include class tests, assignment, practicals and the internal exam which will all have specific marks allocation.

Formative Assessment

Individual department may hold quiz or short answer questions to help students assess their own learning. The marks obtained are not included in the internal evaluation

For JSMU Examination Policy, please consult JSMU website!

More than 75% attendance is needed to sit for the internal and final examinations

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LNH&MC EXAMINATION RULES & REGULATIONS

- Student must report to examination hall/venue, 30 minutes before the exam.
- Exam will begin sharp at the given time.
- No student will be allowed to enter the examination hall after 15 minutes of scheduled examination time.
- Students must sit according to their roll numbers mentioned on the seats.
- Cell phones are strictly not allowed in examination hall.
- If any student is found with cell phone in any mode (silent, switched off or on) he/she will be not be allowed to continue their exam.
- No students will be allowed to sit in exam without University Admit Card, LNMC College ID Card and Lab Coat
- Student must bring the following stationary items for the exam: Pen, Pencil, Eraser, and Sharpener.
- Indiscipline in the exam hall/venue is not acceptable. Students must not possess any written material or communicate with their fellow students.

SCHEDULE:

WEEKS	4 th Year	MONTH
OPHTHALMOLOGY/ENT**		
		2 nd Dec 2019
WEEK 1 -8	ORTHOPEDICS & REHABILITATION	
		25 th Jan 2020
WEEK 1	DEPMATOLOGY	27 th Jan 2020
WEEK 2.5	DERMATOLOGY	12th Feb 2020
WEEK 1	CENETICS	13 th Feb 2020*
WEEK 2.5	GENETICS	29 th Feb 2020*
1 WEEK	Extracurricular Activities	2 nd March 2020-7 th March 2020*
1 WEEK	Revision Classes (Earlier Modules)	9 th March 2020 – 14 th March 2020*
	PREPARATORY LEAVE	16 th March 2020 – 19 th March 2020*
	MID TERM EXAM	20 th March 2020 – 21 st March 2020*

^{*}Final dates will be announced later

 $[\]ensuremath{^{**}}$ ENT & Ophthalmology Module will run longitudinally throughout the year