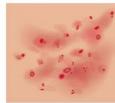
# O L O G

# **TYPES OF PSORIASIS**







**G**UTTATE PSORIASIS

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# **STUDY GUIDE**

**FOURTH YEAR MBBS** 

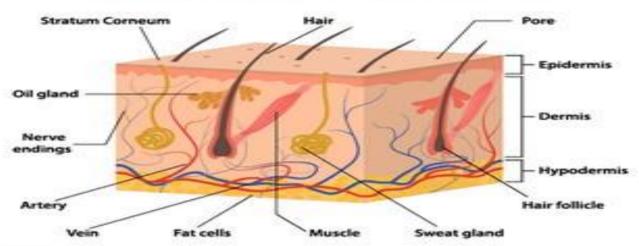
**24<sup>TH</sup> MAY- 5<sup>TH</sup> JUNE 2021** 

**DURATION: 2 WEEKS** 





# STRUCTURE OF THE HUMAN SKIN





LIAQUAT NATIONAL HOSPITAL AND MEDICAL COLLEGE INSTITUTE FOR POSTGRADUATE MEDICAL STUDIES & HEALTH SCIENCE



# **STUDY GUIDE FOR DERMATOLOGY MODULE**

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Module name: **Dermatology** Year: **Four** Duration: **2 weeks (May-June 2021)** 

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

Presentations, Demonstrations, Skills, Self-Study

### MODULE INTEGRATED COMMITTEE

MODULE COORDINATOR:	Professor Shaheen Naveed ( <b>Dermatology</b> )
CO-COORDINATOR:	Dr. Afifa Tabassum ( <b>DHPE</b> )

# **DEPARTMENTS' & RESOURCE PERSONS' FACILITATING LEARNING**

BASIC HEALTH SCIENCES	CLINICAL AND ANCILLARY DEPARTMENTS	
PATHOLOGY  ● Professor Naveen Faridi	<ul><li>DERMATOLOGY</li><li>Professor Shaheen Naveed</li></ul>	
<ul> <li>PHARMACOLOGY</li> <li>Professor Nazir Ahmed Solangi</li> <li>Professor Tabassum Zehra</li> </ul>	Dr. Aqiba Sarfraz	
	<ul><li>MEDICINE</li><li>● Professor Karimullah Makki</li></ul>	

# **DEPARTMENT of HEALTH PROFESSIONS EDUCATION**

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

• Dr. M. Suleman Sadiq

# **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 Professions 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 and 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.

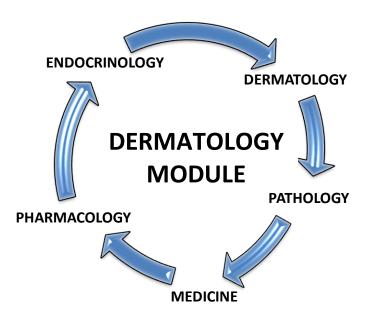
### **CURRICULUM FRAMEWORK**

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.

# 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
  - o 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 2: DERMATOLOGY**

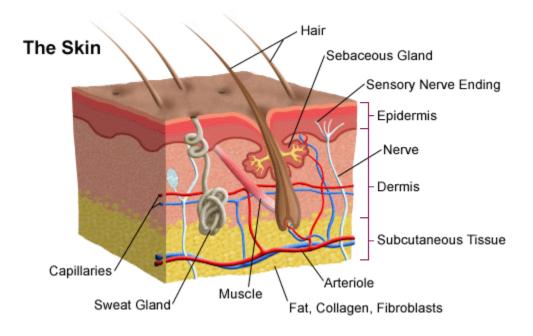
# **INTRODUCTION**

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:

# **DERMATOLOGY**

OBJECTIVES	TEACHING STRATEGY	
Define common terminologies		
Differentiate among various skin lesions when shown photographs/real		
patients		
Describe the clinical presentations of common dermatologic conditions		
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		
c. Fungal: Dermatophyte infections, Candida Albicans,		
PityrisisVersiclor	Interactive Lectures	
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.		
Diagnose common dermatologic conditions listed above based on		
information provided in writing or by simulated patients		
Justify management plan for the conditions listed above		

# LIAQUAT NATIONAL MEDICAL COLLEGE

<ul> <li>Discuss the clinical presentations, diagnosis and management plan of Eczema</li> </ul>	Interactive Lectures
Discuss the clinical presentations, diagnosis and management plan	
of Atopic dermatitis	
<ul> <li>Discuss the clinical presentations, diagnosis and management plan for Bullous disorder including Pempigus Vulgaris, Bullous</li> </ul>	Case-Based Discussion
Pemphigoid, Dermatitis Herpetiformis, Epidermolysis Bullosa	
Discuss the causes, pathogenesis, diagnosis and treatment of acne	
Discuss the causes, pathogenesis, diagnosis and treatment of	Interactive Lectures
alopecia (hair fall)	

# **ENDOCRINOLOGY**

OBJECTIVES	TEACHING STRATEGY
<ul> <li>Describe the clinical presentations of common dermatologic conditions of Diabetes Mellitus</li> </ul>	Interactive Lecture

# **INFECTIOUS DISEASE**

OBJECTIVES	TEACHING STRATEGY
Describe the clinical presentations of Sexually Transmitted	
Diseases which include Gonorrhoea, Chancroid, Syphilis,	Interactive Lecture
Lymphogranuloma Venerum (LGV), Granuloma Inguinale	

# **MEDICINE**

OBJECTIVES	TEACHING STRATEGY
Discuss the clinical presentations of common dermatologic conditions related to kidney disorders & malignancies including Para-Neoplastic Syndrome	Small Group Discussion
List the drugs that can cause drug reactions	Interactive Lecture
Describe the skin manifestation of drug reactions	

# **PATHOLOGY**

OBJECTIVES	TEACHING STRATEGY
<u>Infectious diseases of skin</u>	
Discuss common infections of skin including Verrucae (warts),	Interactive Lectures
Molluscum Contagiosum, Impetigo, superficial fungal infection	

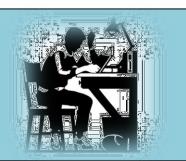
# LIAQUAT NATIONAL MEDICAL COLLEGE

Acute and chronic inflammatory dermatoses		
Explain the pathogenesis and clinical presentations of various acute &		
chronic inflammatory dermatoses including Urticaria, Acute Interactive Lectures		
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 Discussion	
Describe pathogenesis and clinical features of various blistering		
disorders of skin		
Tumors of dermis and epidermis		
Classify tumors of skin and subcutis		
Describe important types with pathogenesis, morphology and clinical	Interactive Lectures	
features of skin tumors (Actinic Keratosis, Squamous Cell Carcinoma,		
Basal Cell Carcinoma, Dermato-fibroma, Dermato fibrosarcoma		
protuberance)		

# **PHARMACOLOGY**

OBJECTIVES	TEACHING STRATEGY
Discuss the uses, mechanism of action, contraindication, precautions and side effects of topical as well as systemic antifungal drug	Case-Based Discussion
Discuss drugs used in other dermatological disorders	case based biseassion
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
REFERENCE BOOKS:  1. Hutchison's Clinical Methods, 23 <sup>rd</sup> 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	<ol> <li>Robbins &amp; Cotran, Pathologic Basis of Disease, 9th edition.</li> <li>Rapid Review Pathology, 4th edition by Edward F. Goljan MD</li> </ol>
	WEBSITES:  1. http://library.med.utah.edu/WebPath/webpath.html  2. http://www.pathologyatlas.ro/
PHARMACOLOGY	Lippincot Illustrated Pharmacology     Basic and Clinical Pharmacology by Katzung

### **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

# **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 <sup>th</sup> Year	MONTH
WEEK 1	ORTHOPEDICS & REHABILITATION MODULE	29 <sup>th</sup> March 2021
WEEK 2		
WEEK 3		
WEEK 4		
WEEK 5		
WEEK 6		
WEEK 7		
WEEK 8		21 <sup>st</sup> May 2021
WEEK 1	DERMATOLOGY MODULE	24 <sup>th</sup> May 2021
WEEK 2		5 <sup>th</sup> June 2021
WEEK 1	GENETICS MODULE	7 <sup>th</sup> June 2021
) N/FF// 2		
WEEK 2		19 <sup>th</sup> June 2021
Mid Term Examination*		

<sup>\*</sup>Final dates will be announced later