**DERMATOLOGY COURSE SPECIFICATION**

**MD Dermatology, Andrology and STDs**

**Faculty of Medicine– Mansoura University**

**(A) Administrative information**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Programme offering the course.</td>
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<tr>
<td>2</td>
<td>Department offering the programme.</td>
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<td>3</td>
<td>Department responsible for teaching the course.</td>
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<td>4</td>
<td>Part of the programme.</td>
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<tr>
<td>5</td>
<td>Date of approval by the Department’s council</td>
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<tr>
<td>6</td>
<td>Date of last approval of programme specification by Faculty council</td>
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<tr>
<td>7</td>
<td>Course title.</td>
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<tr>
<td>8</td>
<td>Course code.</td>
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</tbody>
</table>
| 9 | Credit hours | 12 lectures  
7.5 clinical |
| 10 | Total teaching hours. | 180 lectures  
225 clinical |
(B) **Professional information**

**Course Aims.**

1- Provides the student with detailed and advanced knowledge about most of skin diseases probably seen by a skin MD specialist.

2- Provides MD students with detailed dermatology clinical skills such as obtaining a patient's full history, full clinical examination of skin, hair and nails.

3- Makes the MD student be able to differentiate between similar skin diseases after making an appropriate differential diagnosis.

4- Makes the student the MD student should be able to perform certain diagnostic and therapeutic procedures for cases of skin diseases like skin biopsy, woods light examination, dermoscopy, immunofluorescence and Tzank smear.

5- Makes the MD student be able to plan a standard diagnostic algorism for skin diseases.

6- Makes the MD student be able to propose treatment strategies for cases of skin diseases.

7- Makes the MD student be able to perform certain treatment procedures for the skin like puch micrograft, split thickness graft, light therapy, derbabrasion, cry and electrocautery, excision of some skin lesions chemical peel, and laser therapy, Botox and filler injections.

8- Provides the MD student with an ethical attitude in general and towards patients, relatives, seniors, tutors and colleagues.

9- Makes the MD student be able to adopt a scientific way of thinking even in the presence of administrative or logistic limitations.
10- Makes the MD student be able to recognize the importance of scientific research and how to conduct a community service

11- Makes the MD student be able to develop a point for clinical trial and to lead a research team.

(2) **Intended Learning Outcomes (ILOs):**

Intended learning outcomes (ILOs); Are four main categories: knowledge & understanding to be gained, intellectual qualities, professional/practical and transferable skills.

On successful completion of the course, the candidate will be able to:

**A- Knowledge and Understanding**

A 1- Recognize the etiology, pathogenesis, clinical features, investigations, differential diagnosis, complications and treatment of skin diseases.

A 2- Identify pathogenesis, diagnosis, prevention and treatment of Sexually transmitted diseases.

A 3- Outline the relations between the systemic diseases & the skin and the ages of man & their dermatoses.

A 4- Explain the different diagnostic tests to be used in identification of most skin diseases including the prenatal diagnosis of skin diseases.

A 5- Discuss the lines of treatment of skin diseases including topical and systemic therapy, phototherapy, and basics of dermatological surgery & Laser therapy.

**B-Intellectual skills:**

B-1- Assimilate evidence from scientific research and bring it into his clinical practice

B 2- Manage administrative versus scientific conflicts in an appropriate way.

B 3- Compare between what is common and what is remote or extreme.

B 4- Interpret clinical data on approaching cases of skin diseases.
B 5- Summarize the appropriate tests to diagnose a case of skin diseases
B 6- Integrate formative evaluation into daily practice
B 7- Analyze data obtained from history, clinical examination and laboratory reports to approach cases of skin diseases.
B 8- Prioritize the different patient's problem and Set up an appropriate algorism.
B 9- Propose good and interesting points for clinical studies in the field.
B 10- Plan a safe treatment strategy after discussion with the patient or a relative.

C-Professional/practical skills:
C 1- Construct and record a detailed and structured dermatology history sheet.
C 2- Utilize most of the information obtained from history, clinical examination, and laboratory investigations.
C 3- Conduct a standard skin, hair, and nail examination.
C 4- Practice some therapeutic modalities for skin problems, like intralesional injections electro, cryotherapy, UV therapy, dermabrasion and LASER treatments, chemical peeling, fillers and Botox injections
C 5- Advocate for quality and optimal patient care.
C 6- Apply data from literature into the specialty.

D-Communication & Transferable skills:
D 1- Work effectively within the team of colleagues and tutors.
D 2- Manages time, services and resources effectively.
D 3- Sets priorities, skills and needs for lifelong learning.
D 4- Deal professionally with scientific organizations, journals, and associations.
D 5- Explain to the patients and/or relatives the nature of the disease.
D 6- Presents information clearly in different, written, oral or electronic forms.

D 7- Interact effectively with dermatology patients, their families and the public respecting their socioeconomic and cultural backgrounds.

D 8- Value the patient's concerns and worries.

D 9- Respect patients’ privacy and autonomy.

D 10- Interact effectively with team work, other physicians & other health care providers.

(3) Course content: it has to be divided into 4 modules

Module 1= 3 credits

Module 2= 3 credits

Module 3= 3 credits

Module 4=3 credits

<table>
<thead>
<tr>
<th>Dermatology module No. 1</th>
<th>Lecture</th>
<th>Teaching hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anatomy and functions of skin</td>
<td>1</td>
<td></td>
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<tr>
<td>2. Diagnosis of skin diseases</td>
<td>1</td>
<td></td>
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<tr>
<td>3. Histopathology of the skin</td>
<td>1</td>
<td></td>
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<tr>
<td>4. Innate &amp; Acquired immunity</td>
<td>1</td>
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<tr>
<td>5. Genetic dermatoses1/3</td>
<td>1</td>
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<td>6. Genetic Blistering diseases</td>
<td>1</td>
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<td>7. Genetic dermatoses2/3</td>
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<tr>
<td>8. Genetic dermatoses3/3</td>
<td>1</td>
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<tr>
<td>9. Cytokines</td>
<td>1</td>
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<tr>
<td>10. Neutrophils is cutaneous diseases</td>
<td>1</td>
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<tr>
<td>11. Atopic dermatitis (1/2)</td>
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<tr>
<td>12. Atopic dermatitis (2/2)</td>
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<tr>
<td>13. Eczematous disorders</td>
<td>1</td>
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<tr>
<td>14. Contact dermatitis</td>
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<tr>
<td>15. Immuno-Bullous Blistering diseases</td>
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<tr>
<td>16. Naevi &amp; developmental defect</td>
<td>1</td>
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<tr>
<td>17. Disorders of keratinization (Ichthyosis) 1/2</td>
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<tr>
<td>18. Disorders of keratinization (Ichthyosis) 2/2</td>
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<tr>
<td>19. Palmo-planter keratoderma</td>
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<tr>
<td>Lecture</td>
<td>Teaching hours</td>
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<tr>
<td>20. Prenatal diagnosis of genetic skin diseases</td>
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<tr>
<td>21. Flushing &amp; flushing syndromes</td>
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<td>22. Photo sensitive dermatoses</td>
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<td>23. Occupational dermatoses</td>
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<td>24. Mechanical &amp; thermal injury</td>
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<td>25. Reactions to cold</td>
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<td>26. Erythroderma</td>
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<td>27. Prurigo</td>
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<td>28. Pruritus</td>
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<tr>
<td>29. Cutaneous photobiology</td>
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<tr>
<td>30. Radio-dermatitis (Acute &amp; chronic effects of UVR)</td>
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<tr>
<td>31. Eosinophils in cutaneous diseases</td>
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<tr>
<td>32. Sweet syndrome &amp; pyoderma gangrenosum</td>
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<tr>
<td>33. Subcorneal pustular dermatoses</td>
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<tr>
<td>34. Allergic reactions</td>
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<td>35. Psoriasis 1/2</td>
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<td>36. Psoriasis 2/2</td>
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<tr>
<td>37. Psoriasis therapy 1/2</td>
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<td>38. Psoriasis therapy 2/2</td>
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<tr>
<td>39. Seborrheic dermatitis</td>
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<td>40. Seborrheic dermatitis</td>
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<tr>
<td>41. Neonatal disorders 1/2</td>
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<td>42. Neonatal disorders 2/2</td>
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<tr>
<td>43. Mastocytosis 1/2</td>
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<tr>
<td>44. Mastocytosis 2/2</td>
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<tr>
<td>45. Pustular eruptions of palms &amp; soles</td>
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**Dermatology module No. 2**

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Teaching hours</th>
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<tbody>
<tr>
<td>1. General considerations of bacterial infection</td>
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<tr>
<td>2. Gram +ve bacterial infection</td>
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<tr>
<td>3. Gram -ve bacterial infection</td>
<td>1</td>
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<tr>
<td>4. Tuberculosis infections</td>
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<tr>
<td>5. Atypical mycobacterial infection</td>
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</tr>
<tr>
<td>Lecture</td>
<td>Teaching hours</td>
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</tr>
<tr>
<td>6. Leprosy</td>
<td>1</td>
</tr>
<tr>
<td>7. Exanthematous viral diseases</td>
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</tr>
<tr>
<td>8. Warts, H.S, varicella &amp; H.Z.</td>
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</tr>
<tr>
<td>9. AIDS</td>
<td>1</td>
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<tr>
<td>10. Superficial fungal infections</td>
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<tr>
<td>11. Yeast inf. Candidiasis &amp; P.V.</td>
<td>1</td>
</tr>
<tr>
<td>12. Deep fungal infections</td>
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</tr>
<tr>
<td>13. Leishmaniasis</td>
<td>1</td>
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<tr>
<td>14. Scabies, other mites, pediculosis</td>
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<tr>
<td>15. Bites &amp; stings</td>
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</tr>
<tr>
<td>16. Melanocytic naevi &amp; other benign lesions</td>
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<tr>
<td>17. Atypical melanocytic naevi</td>
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<tr>
<td>18. melanoma</td>
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<tr>
<td>19. Histiocytosis</td>
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<tr>
<td>20. Pseudo-lymphomas</td>
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<tr>
<td>21. Cutaneous lymphoma (MF) (1/2)</td>
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<td>22. Cutaneous lymphoma (MF) (2/2)</td>
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<tr>
<td>23. Disorders of C.T perforating disorders</td>
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<tr>
<td>24. Lichen sclerosus, morphea</td>
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<tr>
<td>25. Anetoderma &amp; atrophic disorders</td>
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<td>26. Purpura microvascular occlusion</td>
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<td>27. Disorders of lymphatics</td>
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<td>28. Disorders of veins &amp; arteries</td>
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<tr>
<td>29. Disorders of subcutaneous fat</td>
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<tr>
<td>30. Cutaneous vasculitis</td>
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<tr>
<td>Lecture</td>
<td>Teaching hours</td>
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</tr>
<tr>
<td>31. Cutaneous vasculitis</td>
<td>1</td>
</tr>
<tr>
<td>32. Autoimmune diseases, SLE</td>
<td>1</td>
</tr>
<tr>
<td>33. Dermatomyositis, systemic sclerosis</td>
<td>1</td>
</tr>
<tr>
<td>34. Rheumatoid arthritis, others</td>
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<tr>
<td>35. Lichen planus, lichenoid reactions</td>
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<tr>
<td>36. Erythema multiformis, steven Johnson syndrome.</td>
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<tr>
<td>37. Immunodeficiency disorders (primary)</td>
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<tr>
<td>38. Skin manifestations in acute, chronic immunosuppression</td>
<td>1</td>
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<tr>
<td>39. Immune bullous diseases (1/4)</td>
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</tr>
<tr>
<td>40. Immune bullous diseases (2/4)</td>
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<td>41. Immune bullous diseases (3/4)</td>
<td>1</td>
</tr>
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<td>42. Immune bullous diseases (4/4)</td>
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<tr>
<td>43. Erythema annulare</td>
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<tr>
<td>44. Granuloma annulare</td>
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<tr>
<td>45. Necrobiotic disorders</td>
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**Dermatology module No. 3**

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Teaching hours</th>
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<tbody>
<tr>
<td>1. Skin manifestations of internal diseases</td>
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</tr>
<tr>
<td>2. Skin manifestations of internal malignancy</td>
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<tr>
<td>3. Skin manifestations of D.M., endocrine diseases</td>
<td>1</td>
</tr>
<tr>
<td>4. Psychocutaneous diseases</td>
<td>1</td>
</tr>
<tr>
<td>5. Psychocutaneous diseases</td>
<td>1</td>
</tr>
<tr>
<td>6. Sarcoidosis</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Anatomy of the nails &amp; its disorders</td>
</tr>
<tr>
<td>8.</td>
<td>Disorders of the nails</td>
</tr>
<tr>
<td>9.</td>
<td>Disorders of eccrine sweat glands</td>
</tr>
<tr>
<td>10.</td>
<td>Disorders of apocrine sweat glands</td>
</tr>
<tr>
<td>11.</td>
<td>Biology of sebaceous glands</td>
</tr>
<tr>
<td>12.</td>
<td>Disorders sebaceous glands acne 1/3</td>
</tr>
<tr>
<td>13.</td>
<td>Disorders sebaceous glands acne 2/3</td>
</tr>
<tr>
<td>14.</td>
<td>Disorders sebaceous glands acne 3/3</td>
</tr>
<tr>
<td>15.</td>
<td>Disorders of oral cavity</td>
</tr>
<tr>
<td>16.</td>
<td>Disorders of male genitalia</td>
</tr>
<tr>
<td>17.</td>
<td>Disorders of female genitalia</td>
</tr>
<tr>
<td>18.</td>
<td>Cutaneous disorders of breast</td>
</tr>
<tr>
<td>19.</td>
<td>Cutaneous disorders &amp; eyes</td>
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<tr>
<td>20.</td>
<td>Cutaneous disorders of ext. ear</td>
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<tr>
<td>21.</td>
<td>Epidermal tumours</td>
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<tr>
<td>22.</td>
<td>Soft tissue tumours</td>
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<tr>
<td>23.</td>
<td>Tumours of skin appendages</td>
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<tr>
<td>24.</td>
<td>Dermatoses of pregnancy</td>
</tr>
<tr>
<td>25.</td>
<td>Dermatoses of old age</td>
</tr>
<tr>
<td>26.</td>
<td>Non-infectious granuloma</td>
</tr>
<tr>
<td>27.</td>
<td>Principles of topical therapy, Topical corticosteroids</td>
</tr>
<tr>
<td>28.</td>
<td>Topical retinoids &amp; other topical therapy</td>
</tr>
<tr>
<td>29.</td>
<td>Sunscreen</td>
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<tr>
<td>30.</td>
<td>Immunomodulators, Immunesuppressors &amp; systemic corticosteroids</td>
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<tr>
<td>31.</td>
<td>Antiviral drugs</td>
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<tr>
<td>32.</td>
<td>Antifungal drugs</td>
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<tr>
<td>33.</td>
<td>Antihistaminics</td>
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<tr>
<td>34.</td>
<td>Systemic retinoids</td>
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<tr>
<td>35.</td>
<td>Phototherapy,</td>
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<tr>
<td>36.</td>
<td>Lasers, peeling, fillers, botox, dermabrasion.</td>
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<tr>
<td>37.</td>
<td>Disorders of umbilical and perineal regions.</td>
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<tr>
<td>38.</td>
<td>Acantholytic disorders of the skin</td>
</tr>
<tr>
<td>Lectures</td>
<td>Teaching hours</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1. Etiology, pathogenesis, diagnosis, differential diagnosis and</td>
<td></td>
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<tr>
<td>management of Sexually transmitted viral diseases</td>
<td></td>
</tr>
<tr>
<td>a) –Human immunodeficiency virus infection.</td>
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<tr>
<td>b) -Human t-cell lymphotropic viruses.</td>
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<td>c) –Herpes viruses infections cytomegalovirus.</td>
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<tr>
<td>d) -Epstein-barr virus infection.</td>
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<tr>
<td>e) -Genital human papilloma virus infection.</td>
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<tr>
<td>f) -Viral hepatitis.</td>
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<tr>
<td>g) –Molluscum contagiosum.</td>
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<tr>
<td>2. Etiology, pathogenesis, diagnosis, differential diagnosis and</td>
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<tr>
<td>management of sexually transmitted bacterial diseases.</td>
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</tr>
<tr>
<td>a) -Chlamydia trachomatis infections</td>
<td>1</td>
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<tr>
<td>b) Lymphogranuloma venereum</td>
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<tr>
<td>c) -Neisseria gonorrhoeae infections</td>
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<td>d) -Syphilis</td>
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<tr>
<td>e) -Endemic treponematoses</td>
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<tr>
<td>f) -Chancroid and haemophilus ducreyi</td>
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<tr>
<td>g) –Donovanosis</td>
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<tr>
<td>h) -Genital mycoplasmas</td>
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</tr>
<tr>
<td>i) -Bacterial vaginosis</td>
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Total: 45
3. **Etiology, pathogenesis, diagnosis, differential diagnosis and management of Sexually transmitted protozoal, fungal, and ectoparasitic diseases**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a)</td>
<td>–Trichomonas vaginalis and trichomoniasis.</td>
</tr>
<tr>
<td>b)</td>
<td>-Intestinal protozoa: giardia lamblia, entamoeba histolytica, cryptosporidium</td>
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<tr>
<td>c)</td>
<td>-new and emerging protozoal infections</td>
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<tr>
<td>d)</td>
<td>-Vulvovaginal candidiasis</td>
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<tr>
<td>e)</td>
<td>-Pubic lice and scabies</td>
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<td>f)</td>
<td>-Genital mycoplasmas</td>
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4. **Overview of STDs care management:**

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<tbody>
<tr>
<td>b.</td>
<td>principles of laboratory diagnosis of STDs</td>
</tr>
<tr>
<td>c.</td>
<td>Management of dermatologic and extragenital manifestations of STDs and HIV infection</td>
</tr>
<tr>
<td></td>
<td>i. Generalized cutaneous manifestations of STDs and HIV infection</td>
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<tr>
<td></td>
<td>ii. Genital ulcer adenopathy syndrome .</td>
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<td></td>
<td>iii. Genital dermatoses .</td>
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<td></td>
<td>v. Sexually transmitted intestinal syndromes</td>
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<tr>
<td>d.</td>
<td>Clinical management of HIV infection and Counseling and Testing for HIV Infection</td>
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<td><strong>2</strong></td>
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</table>

5. **Prevention and control of STDs and HIV infection & vaccines and Special aspects of STDs/HIV prevention and control in developing countries**

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<tr>
<td>Total</td>
<td><strong>45</strong></td>
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### (4) Clinical teaching

**Clinical topics**

<table>
<thead>
<tr>
<th>Clinical topics</th>
<th>Teaching hours</th>
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<tbody>
<tr>
<td>1. Detailed History taking from dermatology case.</td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>2. General Physical Examination of dermatology case.</td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>3. Local Examination of dermatology case <em>(skin, hair, nail, oral mucosa)</em></td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>4. How to select proper investigations for better case evaluation</td>
<td><strong>7</strong></td>
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</table>
5. **Diagnostic manipulations:**
   a) Nikolsky’s sign.
   b) Auspitz sign.
   c) Darier’s sign.
   d) Diascopy.
   e) Dermatographis.

6. **Potassium hydroxide (KOH) examination for identification of fungi in skin scraping**

7. **Leg ulcers cleaning, debridement and dressing**

8. **Presented Skin Cases**

9. **Admission and Discharge sheets**

10. **Electro cautery**

11. **Cryo therapy**

12. **Phototherapy**

13. **Wood’s light examination**

14. **Microscopic examination of scraping**

15. **Tzanck smears**

16. **Ectoparasite demonstration**

17. **Excision of some skin lesions & wound closure**

18. **Hair epilation by electrolysis**

19. **Dermabrasion**

20. **Chemical peeling**

21. **Dermatopathology**

22. **Use of dermojet**

23. **Patch testing**

24. **Skin biopsy**

25. **Wound dressing debridement**

26. **Use of Botox, Fillers and other procedures**

27. **Use of LASERS**

28. **Use of Dermoscope.**

29. **Minigraft for vitiligo**

30. **Platelet rich plasma**


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<tbody>
<tr>
<td>31. Detailed History taking of patient with STDs.</td>
<td>2</td>
</tr>
<tr>
<td>32. General Physical Examination of patient with STDs.</td>
<td>2</td>
</tr>
<tr>
<td>33. Local genital Examination of patient with STDs.</td>
<td>2</td>
</tr>
<tr>
<td>34. Milking of urethra and prostatic massage for samples collection.</td>
<td>2</td>
</tr>
<tr>
<td>35. How to select proper investigations for better case evaluation</td>
<td>2</td>
</tr>
<tr>
<td>36. Reading and interpretation of different Imaging Diagnostics and Laboratory Investigations.</td>
<td>2</td>
</tr>
<tr>
<td>37. Doing smear and culture of some STDs e.g. tichomoniasis, candidiasis, prostatitis.</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>225 hours</strong></td>
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</tbody>
</table>

(5) **Teaching methods:**

5.1: Lectures
5.2: Journal clubs
5.3: Workshops
5.4: Grand meetings
5.5: Case presentations
5.6: Specialty conferences
5.7: Hand on training

(6) **Assessment methods:**

6.1: Written exam for assessment of knowledge and intellectual ILOs
6.2: Structured Oral exam for assessment of knowledge, intellectual and transferable ILOs
6.3: OSCE Clinical exam for assessment of knowledge, intellectual and transferable and practical ILOs
6.4 MCQ continuous assessment exams for assessment of knowledge and intellectual ILOs
Assessment schedule:

- MCQ Exam at the end of each semester each exam of 12.5 marks (totally= 50 marks).
- Final Assessment 36 months after registration to MD degree includes:
  - 2 Written exams each of 75 marks (totally= 150 marks)
  - Case commentary = 50 marks
  - Structured Oral exam= 100 marks
  - Clinical OSCE exam = 100 marks
- Other assessment without marks: Creativity, managing conflicts, discipline, working according to the appropriate rules and successful team work with his colleagues and seniors.

(7) References of the course:

7.1: Hand books: conference and Department staff handouts
7.5: Others: MD Dermatology course of Cairo University

(8) Facilities and resources mandatory for course completion:

1-Fully Equipped Lecture halls
2-Daily Outpatient clinics
3-Inpatient department
4-Department library
5- Faculty library
6- Skill labs
8- Equipped Clinical dermatology units like mycology unit, dermatopathology unit, Cosmetic dermatology unit and UV light units
9- Dermatology laboratory
10- MD dissertation supervisor

Course coordinator:
Samir Elhanbly, MD
Head of the department.
Prof. Ibraheem Abu-Bakr Abdel Hamid, MD
Date: 3/4/2016