

STUDENT HANDBOOK



Master in Dermatology

(Sarjana Dermatologi)

CODE: FFF 1SA15



- 3-year sub-specialty training

FACULTY OF MEDICINE
UNIVERSITI KEBANGSAAN MALAYSIA

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FOREWORD

Welcome to the Sarjana Dermatologi programme, Universiti Kebangsaan Malaysia.

This programme is a structured specialist dermatology training programme aimed at developing competent dermatologists with strong clinical, academic and research capabilities. The programme integrates supervised clinical exposure, procedural competency development, multidisciplinary interaction and research training within a tertiary academic environment.

We hope this handbook will serve as a useful guide throughout your 3 year sub-specialty training journey.

Dr. Mohan Arumugam

Programme Coordinator Sarjana Dermatologi Universiti Kebangsaan Malaysia

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OVERVIEW OF THE PROGRAMME

1.1 General objectives

Graduates who are able to:

- i. Apply knowledge and skills in an effective and judicious manner in all situations
- ii. Demonstrate professionalism and leadership skills in managing health care services
- iii. Evaluate and make decisions in various situations in any health care facilities with consideration of social responsibilities
- iv. Conduct research in the medical sciences to strengthen evidence-based decision making
- v. Demonstrate critical thinking and self-directed learning as part of continuing medical education
- vi. Demonstrate sensitivity towards ethical, religious, moral, cultural and traditional values of the community they serve

1.2 Learning outcomes

The programme learning outcomes are:

- i. Demonstrate advancement of knowledge, comprehension and practical skills and have the capabilities to develop or use ideas in the context of evidence based medicine
- ii. Apply knowledge, comprehension and practical skills to solve problems related to fields of study in new situations and multidisciplinary approach
- iii. Evaluate, develop new approaches and apply knowledge and practical skills in managing complex problems
- iv. Demonstrate leadership skills in managing the clinical team and services
- v. Evaluate and make decision in clinical situations even with limited resources taking into consideration social and ethical issues
- vi. Communicate and present the research findings and knowledge to peers and the community related to the area of expertise
- vii. Develop interest and continue further training in the area of expertise for the purpose of life-long learning
- viii. Practice safe clinical skills and recognize own limitation
- ix. Formulate and conduct scientific research independently
- x. Demonstrate caring attitude and sensitivities to the needs of self, patients and their families, colleagues and the community

1.3 Program structure

The programme consists of 3 years full time sub-specialty training.

Year 1: Basic principles and general dermatology. Prepare a research proposal and obtain ethical approval.

Year 2: Advanced general dermatology and dermatological subspecialty areas. Research data collection.

Year 3: Assume responsibilities as dermatologist-in-training and completion of dissertation.

1.4 Progress assessment

- i. Supervisor's report – using criteria specified in the supervisor evaluation form. Evaluation is performed once each semester (every 6 months).
- ii. Log book which is verified by the supervisor (one per year).

1.5 Examination

The examination is at the end of the 3 years programme.

The following criteria must be fulfilled in order to qualify for the examination:

- i. A minimum of two publications or free paper or poster presentation
- ii. A satisfactory continuous assessment report from the supervisor
- iii. Completed log books (one log book per year)
- iv. Completed a dissertation

Components of the examination:

Theory	40%	Clinical	40%	Dissertation	20%
MCQ	30%	Long case	20%	Dissertation Defense of dissertation	20%
Viva voce	10%	OSCE: Short case Dermatopathology Procedural skills	20%		

A candidate must pass each component of the examination in order to pass the examination.

1.6 Graduation

Passing the end of programme examination qualifies the student for graduation.

2.COURSES

General dermatology I & II

Biology, development, structure and physiology of the skin, clinical-pathological correlation of skin lesions and approach to diagnosis, Epidemiology of cutaneous diseases, cellular and molecular biology of inflammation, common dermatoses: eczema, psoriasis, cutaneous infections, scabies, acne, bullous pemphigoid, pemphigus vulgaris, cutaneous vasculitis, urticarial.

Inflammatory and reactive diseases

Innate and adaptive immunity, humoral immunity, endogenous and exogenous dermatitis, psoriasis, papulosquamous disorders.

Infections and infestations

Defense mechanisms: physical barrier, biological barrier, innate and adaptive immunity.

Viral infections, bacterial infections, fungal infections, leprosy and sexually transmitted infections.

Infestations, bites and stings. Sexually transmitted infections: syphilis, endemic (non-venereal) treponematoses, chancroid, lymphogranuloma venereum, granuloma inguinale, gonorrhoea and other venereal diseases.

Hair, nail and appendages

Biology of hair follicles, keratosis pilaris and other inflammatory follicular keratotic syndromes, hair growth disorders: alopecia, canities, effluvium, hirsutism, hypertrichosis, poliosis.

Biology of nails and nail disorders: Beau's lines, onychomadesis, pitting, onychorrhexis, trachyonychia, leukonychia, koilonychia, melanonychia, erythronychia, onycholysis, pachyonychia congenita, nail patella syndrome

Photodermatology

Cutaneous photobiology and photoimmunology, acute and chronic effects of ultraviolet radiation. Idiopathic, immunologic and photo-exacerbated dermatoses, photosensitivity induced by exogenous agents.

Dermatopathology

Clinical-pathological correlations of skin lesions. Approach to histopathology diagnosis.

Pigmentary disorder

Vitiligo, albinism and other genetic disorders of pigmentation, hypomelanoses and hypermelanoses.

Tumour and dermato-oncology

Genome instability, DNA repair, and cancer. Oncogenes, tumor suppressor genes, and viral and ultraviolet radiation carcinogenesis. Epithelial precancerous lesions, squamous cell carcinoma, basal cell carcinoma, basal cell nevus syndrome, keratoacanthoma, benign epithelial tumors, hamartomas, and hyperplasias. Merkel cell carcinoma, mammary and extramammary Paget disease, cutaneous melanoma, Kaposi sarcoma, malignant fibrous tumors of the dermis, vascular tumors, neoplasms of subcutaneous fat, neoplasias and hyperplasias of muscular and neural origin, cutaneous T and B cell lymphoma, Sezary syndrome.

Allergy and immunology

Innate and adaptive immunity in the skin, humoral immunity and complement, allergic contact dermatitis, autosensitization dermatitis, cutaneous reactions to drugs, epidermal necrolysis (Stevens-Johnson Syndrome and toxic epidermal necrolysis), urticaria and angioedema. Bullous disorders: epidermal and epidermal-dermal cohesion, pemphigus, bullous pemphigoid, linear immunoglobulin A, dermatosis and chronic bullous disease of childhood, pemphigoid gestationis, epidermolysis bullosa acquisita, dermatitis herpetiformis, inherited epidermolysis bullosa.

Dermatosurgery

Surgical excision, biopsy, superficial chemical peels and dermabrasion, Mohs micrographic surgery, cosmetic procedures and laser surgery.

Occupational dermatology

Occupational skin diseases due to irritants and allergens, occupational non eczematous skin diseases due to biologic, physical, and chemical Agents

Genodermatoses and pediatric dermatology

Ichthyoses, inherited keratodermas of palms and soles, acantholytic disorders, epidermolysis bullosa, transient dermatoses of the neonate, hair loss in the infant, hemangiomas, lymphangiomas, uncommon dermatoses in the neonate, congenital viral infection, neonatal herpes simplex infection, congenital malformations at the skin, cutaneous markers of dysraphism.

Connective tissue diseases

Mechanisms of autoimmune disease, lupus erythematosus, dermatomyositis, scleroderma (systemic sclerosis), scleredema and scleromyxedema, relapsing polychondritis, rheumatoid arthritis, rheumatic fever, and gout, Sjogren syndrome.

The skin in systemic diseases

Skin manifestations of systemic diseases. These include: connective tissue diseases, sarcoidosis, severe drug eruptions, graft versus host disease, vasculitis, severe skin diseases treated with systemic therapy eg severe atopic dermatitis, severe psoriasis, cutaneous T cell lymphoma and autoimmune blistering disorder, cutaneous paraneoplastic syndromes.

Dermatoses in special populations

Neurocutaneous and psychocutaneous skin disease, adolescent dermatology, Skin changes and diseases in pregnancy, aging of skin

Therapeutics

Topical therapy, systemic therapy and physical therapy

Aesthetic and cosmetic dermatology

Cosmetics and skin care, skin resurfacing: ablative lasers, chemical peels, and dermabrasion, cosmetic applications of non-ablative lasers and other light devices, soft-tissue augmentation, botulinum toxin, hair transplantation and alopecia reduction.

3. SUPERVISION AND ROLE OF THE SUPERVISOR

Supervision is the dynamic process in which the supervisor encourages and participates in the development of the student. Supervision is fundamental to the education process and an imperative in the programme.

The major roles of the supervisors are:

- i. Objective evaluation of the student's performance using appropriate methods of assessment
- ii. Establishing a relationship that will help the student to self-actualise and become self-directed learners and highly motivated individuals

It is the responsibility of the supervisors to:

- i. Have a good understanding of and commitment to the programme to facilitate learning
- ii. Assist the student by monitoring his/her progress and to be prepared for assessments
- iii. Ensure that the student satisfies all requirements of the programme
- iv. Be a good role model and to continue upgrading his/her skill in relevant areas

Discipline

The supervisor should report immediately to the Head of Department, UKMMC if a breach of discipline relating to the university, hospital or government has occurred, or malpractice or criminal intent has been suspected.

4. RESPONSIBILITIES OF THE STUDENT

While acknowledging that the students have specific learning needs, the student nevertheless must develop a sense of belonging to the unit they are attached to and to be committed to the program organized by the university and function as an effective apprentice to the supervisor. Students must accept that they have an obligation to provide service as part of their training in the programme.

Students are expected to:

- i. Provide holistic and comprehensive patient care appropriate to the level of training, with full commitment.
- ii. Appreciate cost of care by appropriately selecting investigations and treatment.
- iii. Be directly responsible to the senior colleagues and consultant in patient care and other duties.
- iv. Be aware and acknowledge limitations in providing care and seek and respect guidance and consultation in the performance of duties from all members of the medical team.
- v. Develop effective interpersonal skills and mutual respect in the relationship with all members of the medical team.
- vi. Participate actively in all activities of the unit (CPC, journal club, morbidity/ mortality and quality assurance).
- vii. Continue learning as self-directed learners who are stimulated by problems presented by patients.
- viii. Satisfy course requirement according to schedule and to constantly assess their own progress with the supervisor.
- ix. Develop professional qualities

5. PRACTICAL GUIDE FOR DISSERTATION

1. Contents of a proposal

Sample of a dissertation proposal is will be emailed

2. Services from the Sekretariat Penyelidikan Perubatan & Inovasi PPUKM

- a. Minggu penyelidikan: introduction to research and various research methodology
- b. Bengkel 'Good Clinical Practice': not an absolute requirement for students especially if the dissertation supervisor has a 'Good Clinical Practice' certificate. A 'Good Clinical Practice' certificate is required only for the principal investigator of a research project.
- c. Bengkel SPSS: introduction and hands-on workshop on the use of the statistical software SPSS.
- d. Klinik Statistik: consultation with a lecturer who can help with statistical analyses of your results, students are expected to perform descriptive and simple univariate analyses themselves.
- e. Klinik Penyelidikan: consultation with a lecturer who can help to fine-tune your research methodology.

Refer to this website for dates and application -

<http://www.ppukm.ukm.my/web/index.php/en/component/content/article/113-penyelidikan/529-sekretariat-penyelidikan-perubatan-a-inovasi>

Or contact - En Amidi ext 5047, email: amidi@ppukm.ukm.my

3. Department of Medicine research workshop for students

- a. Introduction to Clinical Research Workshop: a basic introductory research workshop for those who have never participated in research or have very limited knowledge in conducting a research.

4. PPUKM lecturer/statistician services from Jabatan Kesihatan Masyarakat

Students may request a lecturer from this department to act as the **statistical supervisor** for their research project.

Contact Jabatan Kesihatan Masyarakat, Pusat Perubatan UKM, Cheras +603-9145 5887 / 5888 / 5889 to get an appointment to see a lecturer.

Alternative – the CRC of your respective hospital

6.RECOMMENDED TEXTBOOKS AND JOURNALS

Recommended textbook:

1. Andrew's Diseases of the Skin. Clinical Dermatology. 13th Edition. Saunders, 2019.
2. Rook, Wilkinson, Ebling. Textbook of Dermatology. 9th Edition. Blackwell Scientific Publication, 2016.
3. Fitzpatrick. Dermatology in General Medicine. 9th Edition. Mc Graw Hill Inc, 2019.
4. Bologna, Schaffer and Cerroni. Dermatology. 5th Edition. Elsevier, 2024.
5. Ghatan. Dermatology Differential Diagnosis and Pearls. 2nd Edition 2002. Dartheton Publishing 2002.

Other recommended books:

Dermatopathology

1. David Weedon. Skin pathology. 4th Edition. Chruchill Livingstone, 2015.
2. Calonje JE, Brenn T, Lazar AJ, McKee PH. McKee's pathology of the skin. 5th Edition. Elsevier Health Sciences, 2019.
3. Elder. Lever's Histopathology of the Skin. 11th Ed. Lippincott Williams & Wilkins, 2014.

Cutaneous infections and infestations

1. John C. Hall, Brian J. Hall. Skin Infections: Diagnosis and Treatment. Cambridge, 2009.
2. Christopher C. Kibbler, Richard Barton, Neil A. R. Gow. Oxford Textbook of Medical Mycology. Oxford, 2017.
3. Antonio Cristaudo, Massimo Giuliani. Sexually Transmitted Infections: Advances in Understanding and Management. Springer, 2020.
4. Neena Khanna. Illustrated Synopsis of Dermatology & Sexually Transmitted diseases, 4th Edition, Elsevier, 2014.

Connective tissue disease

1. George Tsokos. Systemic Lupus Erythematosus: Basic, Applied and Clinical Aspects. Elsevier, 2020.
2. Sontheimer & Provost. Cutaneous Manifestations of Rheumatic Diseases.2nd Edition. Lippincott Williams & Wilkins, 2003.
3. Wallace & Hahn. Dubois' Lupus Erythematosus. 9th Edition. Lippincott Williams & Wilkins, 2018.
4. Arun C Inamadar, Aparna Palit Systemic Sclerosis: An Illustrated Guide to Manifestation and Management in Asian Skin. CRC Press, Taylor & Francis Group, 2019.

Dermato-oncology

1. Joi B. Carter, Amrita Goyal, Lyn McDivitt Duncan. Atlas of Cutaneous Lymphomas: Classification and Differential Diagnosis. Springer, 2015.
2. Robert Marcus, John W. Sweetenham, Michael E. Williams. Lymphoma: Pathology, Diagnosis, and Treatment, 2nd Edition. Cambridge, 2013.
3. Allison Hanlon. A Practical Guide to Skin Cancer. Springer 2018.

Pediatric dermatology

1. Paller & Mancini. Hurwitz Clinical Pediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence. 5th Edition. Saunders, 2015.
2. Peter H. Hoeger, Veronica Kinsler, Albert C. Yan. Harper's Textbook of Pediatric Dermatology. Wiley Blackwell, 2019.
3. Kay Shou-Mei Kane, Vinod E. Nambudiri, Alexander J. Stratigos Color Atlas & Synopsis of Pediatric Dermatology, 3rd Edition. McGraw-Hill, 2016.

Contact dermatitis and occupational dermatology

1. John McFadden, Pailin Puangpet, Korbkarn Pongpairroj, Supitchaya Thaiwat, Shan Xian Lee. Common Contact Allergens: A Practical Guide to Detecting Contact Dermatitis. Wiley Blackwell, 2020.
2. Rietschel, Fowler. Fisher's Contact Dermatitis. 7th Edition. Pmph USA, 2019.

Immunology

1. Anthony A. Gaspari, Stephen K. Tyring, Daniel H. Kaplan. Clinical and Basic Immunodermatology, 2nd Edition. Springer, 2017.
2. Xing-Hua Gao, Hong-Duo Chen. Practical Immunodermatology. Springer, 2016

Laser and Dermatology surgery

1. Yong-Kwang Tay, Yuin-Chew Chan. Textbook of Laser and Light Dermatology in the Asian Skin. World Scientific, 2011.
2. Madan, Vishal. Practical Introduction to Laser Dermatology. Springer 2020.
3. Da Costa, Adilson. Minimally Invasive Aesthetic Procedures A Guide for Dermatologists and Plastic Surgeons. Springer. 2020.
4. Issa, Maria Claudia Almeida, Tamura, Bhertha. Botulinum Toxins, Fillers and Related Substances. Springer, 2019.
5. JK Robinson, CW Hanke, A Fratila. Surgery of the Skin: Procedural Dermatology. 3rd Edition. Mosby, 2014.

Photomedicine

1. Giulia Ganzetti, Annamaria Offidani, Anna Campanati. Phototherapy in Dermatology. Nova Science, 2017.
2. Morison. Phototherapy and Photochemotherapy for Skin Disease. 3rd Edition. Taylor & Francis Group, 2005.
3. Steven R. Feldman, Michael D. Zanolli. Phototherapy Treatment Protocols, 3rd Edition. CRC Press, 2016.
4. Yohei Tanaka. Photomedicine: Advances in Clinical Practice. InTech, 2017.
5. Wei Sheng Chong, Jiun Yit Pan, Sern Ting Eugene Tan. Phototherapy and Photodiagnostic Methods for the Practitioner. World Scientific, 2017.

Dermatology therapy

1. Paul S. Yamauchi. Biologic and Systemic Agents in Dermatology. Springer, 2018.
2. Stephen E. Wolverton, Jashin J. Wu. Comprehensive Dermatologic Drug Therapy. 4th Edition, Elsevier, 2019.
3. Sarah H. Wakelin, Howard I. Maibach, Clive B. Archer. Handbook of Systemic Drug Treatment in Dermatology, 2nd Edition, CRC Press Taylor & Francis Group, 2015.
4. Michael Ardern-Jones, Philip Hampton, Ruth Ann Vleugels. Handbook of Dermatology Treatments: A Practical Guide to Topical Treatments, systemic therapies and procedural dermatology. JP Medical, 2017.

Journals:

1. British Journal of Dermatology
2. Journal of American Academy of Dermatology
3. Journal of the European Academy of Dermatology and Venereology
4. Clinical and Experimental Dermatology
5. Journal of Investigative Dermatology
6. Dermatology and Therapy
7. Archives of Dermatology
8. International Journal of Dermatology
9. Malaysian Journal of Dermatology
10. Leprosy Review
11. Sexually Transmitted Infections

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