

## Editorial

# A problem of being trainer and examiner of dermatology

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### Introduction

Postgraduate training and assessment is a multifarious phenomenon for both trainers and trainees. This editorial aims to highlight the issue of lack of objectively defined curriculum<sup>1</sup> with emphasis on learning objectives<sup>2</sup> for specific desired level i.e. MBBS, Diploma in Dermatology, MCPS, MD, and FCPS by a common competent authority i.e. Pakistan Medical and Dental Council, College of Physicians and Surgeons Pakistan, Higher Education Commission etc. It was experienced as a major problem by authors during supervision of MCPS and FCPS training and as examiners of MCPS, Dip Derm, MD and FCPS in dermatology.

### Present situation

At present curricula of dermatology of different Institutes/Colleges just mentions different topics of the subject with no emphasis on the learning objectives. There is lack of defined boundaries of minimal knowledge regarding each desired aspect of learning according to different levels of achievements (MBBS, MCPS, Dip Derm, MD and FCPS).

Moreover, diseases are not graded according to

their comparative importance considering their curability and relative regional prevalence.<sup>3</sup> The topics listed in almost all available syllabi and textbooks of Dermatology include anatomy, physiology, immunology, genetics, inflammation, dermatitis, infections (viral, bacterial, fungal, parasitic), blistering disorders, keratinization disorders, tumors, disorders of pigmentation, connective tissue disorders, cutaneous manifestations of systemic disease and disorders of adnexal structures and skin therapy.<sup>4</sup> Nowhere the required minimum knowledge is quantified for different levels.

In present era of exponential growth of knowledge in each subject, it has become more important to draw the frontiers of minimum required knowledge about each desired aspect of learning according to level of achievement.<sup>5</sup> This is pertinent because each aspect of a disease in itself carries an unlimited universe of knowledge. This includes epidemiology, etiology, genetics, pathogenesis, available investigations, variation in differential diagnosis according to clinical presentations, recent therapeutic advances in the light of evidence-based medicine and so on and so forth. A student becomes totally perplexed when he is confronted with so varied aspects and that too without any defined limitation.

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## **Problem**

Considering above we, as trainer and examiner faced following problems:

1. There is lack of academic/institutional guidelines about the extent of subject and its delivery to students, and similarly about their assessment and evaluation.<sup>6</sup> These aspects become more problematic during exam as even the content coverage is not defined.
2. Lack of clear guideline to draw difference of assessment between candidates of MCPS and FCPS.
3. Majority of the selected patients for the examination purpose are unusual, difficult to diagnose and untreatable cases.
4. Emphasis by the examiners on theoretical aspects rather than practical day-to-day useful concepts of common diseases.
5. Lack of placement of common cases like warts, scabies, fungal infections, lichen planus, psoriasis and acne during the exam.
6. Assessments of candidates on diseases belonging to last 4 groups of diseases of the proposed classification instead of initial 4 (**Table 1**).

The idea to resolve above issues objectively may look impractical but its necessity cannot be challenged. Now the million dollar question is how to do that? The authors are of opinion that although this task seemingly appears impossible on the first look but it can be tackled using certain principles which need to be evolved.

## **Suggested example of a solution**

One of the examples to tackle this issue is to review classification of skin diseases according to prevalence and treatability of the condition in our setup. The authors devised this classification and also presented it in the faculty meeting of CPSP.<sup>7</sup> This classification is devised in contrast to existing classification used in both local and international literature which is either system based or according to etiology. The points of concerns in classifying diseases is that both supervisors and examiners neglect common and treatable conditions and students remain entangled in complex, confusing and untreatable conditions.<sup>8</sup>

The group I skin diseases constitute bulk of any skin OPD in Pakistan which include acne, bacterial infection (boil, impetigo, pyodermas), fungal infections (pityriasis versicolor, dermatophytoses), scabies, viral infections (wart, chickenpox, herpes zoster and herpes simplex), contact dermatitis and common eczemas, pruritus, psoriasis, lichen planus and drug eruptions. Majority of these diseases are curable, as well. Group I diseases should be given more priority for training and assessment for all levels from MBBS to FCPS as they constitute major bulk of workload and more than 70% of any OPD comprise of these patients. The remaining groups should be addressed in later years of training cycles. The last groups should be included in advanced year of training and superior levels of postgraduate status like MD and FCPS. However, the minimum contents and their worth to pass the examination must be defined for passing the superior examinations. The authors suggest that know-how about only group I is enough for MBBS. Group II, III, VI and V should be reserved for MCPS and Dip Derm with 40% content from group I and 60% content from remaining groups. For higher

**Table 1** Proposed classification of skin diseases developed for postgraduate curriculum of dermatology.

<i>Groups</i>	<i>Criterion</i>	<i>Examples of diseases</i>
Group I	Very common curable problems	Acne, infections (scabies, wart, chickenpox, herpes zoster and simplex, fungi, and bacterial infections) dermatitis, pruritus, and drug eruption
Group II	common problems with unusual presentation	Severe acne Severe drug reactions Crusted scabies
Group III	Uncommon curable problems	Skin tuberculosis, leprosy, syphilis, leishmaniasis
Group IV	Common incurable but manageable problems	Psoriasis Lichen planus Connective tissue disorders Blistering disorders Tumours Vasculitides
Group V	Uncommon but manageable problems	Skin tumours both benign and malignant
Group VI	Common but unmanageable and untreatable problems	Pigmentary disorders Certain birthmarks Congenital defects
Group VII	Rare problems but manageable	Rare infections
Group VIII	Rare and untreatable/unmanageable problems	Hereditary defects Very rare syndromes

Qualifications like FCPS and MD, the proposed distribution should be that group I should constitute 30% (80% passing marks). Group II, III, IV, V and VI should constitute 60% (60% passing marks) and VII and VIII must be included as 10% and the passing marks should be 40%. Candidate must pass all components separately to get through so that he must never leave the last groups on choice. The sole idea is that exam must cover the content with some specific rules depending on the importance and relevance of the subject. The more essential and more useful concept should have more coverage and more value and vice versa

### Recommendations

We suggest that there is an urgent need of defining the desired level of knowledge achieved by different level of students in subject

of dermatology in Pakistan. We need to develop specifically defined guidelines for both trainers as well as trainees to differentiate curricula of MBBS, MCPS, Dip Derm, MD and FCPS in terms of dermatology. The newly formed faculty of dermatology at College of Physicians and Surgeons Pakistan should assemble at least after each 2 months via teleconferencing at all regional centres of CPSP and have maximum participation of all available fellows, supervisors and examiners. They have to make a combined effort to define the curriculum objectively with certain laid down principles for different levels of achievements. The issue is so important that it cannot be left to the trainers or the examiners and assessors at their whims which keep on changing according to innumerable variables. Team work is required under a competent leader and the problem needs to be solved with consensus of majority. Later the

recommendations of faculty should be formally implemented by the competent authorities, which may be PMDC or CPSP or HEC or even an international body such as WHO.

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