

ARAB BOARD FOR HEALTH SPECIALIZATIONS

SCIENTIFIC COUNCIL OF DERMATOLOGY&VENEREOLOGY



GUIDEBOOK FOR RESIDENCY TRAINING PROGRAM
IN
DERMATOLOGY&VENEREOLOGY

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Table of contents

1	Section one: Title of the program and certificate	4
2	Section two: Scope and duration of the ABDVRTP	5
3	Section three: Objectives of the ABDVRTP	6
4	Section four: Competencies of ABDVRTP	7-14
5	Section five: Training and education	15-21
6	Section six: Implementation of ABDVRTP	22-25
7	Section seven: Resident's affairs	26-28
8	Section eight: Evaluation of the ABDVRTP	29
9	Section nine: Contact addresses	30

Abbreviations:

- ☐ **ABDVRTP:** Arab Board Dermatology&Venereology Residency Training Program.
- ☐ **ABSCDV:** Arab Board Scientific Council Dermatology&Venereology
- ☐ **TAC:** Training curriculum and Accreditation Committee
- ☐ **R:** Resident

Section one

Title of the program and certificate

The title of the program is Arab board dermatology and venereology residency training program. The title of the certificate is Arab board of health specialties in Dermatology and Venereology, which is similar to clinical doctorate or its equivalents.

Section two

Objectives and Duration

ABDVRTP is a formal fulltime education and training program designed to prepare trainees for competent professional practice of dermatology and venereology independently within a team, and for a lifelong continuing professional development. The training is carried out in healthcare institutes fulfilling the accreditation criteria set by the ABSCDV. Entry to the ABDVRTP is through an admission process and the trainees have to register with the ABHS. The training program is supported by on-site program director supervising the proper implementation of the program and by appropriately qualified faculties conducting the training and education of trainees. The duration of the program is four years and the trainees are designated resident 1 to 4. The first year is aimed at providing the residents with comprehensive clinical experience and development of generic medical skills essential for all physicians to practice effectively, (the curriculum of the first year is presented separately). It is closely monitored by the TAC committee. The subsequent three years, in addition to the continuation of development of generic medical skills, focus is on the dermatology and venereology training and education. Progress of residents is closely monitored continuously and from year to year. The residents are required to keep ABDVRTP record book and plan, execute and write a research project under supervision of designated faculties. Two sets of examinations labeled first part and final examination are to be undertaken. Upon successful progression and completion of the final examination the resident is granted certificate of specialist in dermatology and venereology by the ABHS and designated diplomat of the ABHS (Dermatology&Venereology).

Section three

Objectives of the ABDVRTP

1. To train and educate medical graduates to the highest standards of knowledge, skills, attitude and behavior that assure excellent, specialized, competent and safe practice of dermatology and venereology.
2. To enable the trainees to obtain certification from the ABHS.

To achieve these **objectives** the followings are our objectives:

1. To provide the residents with comprehensive educational, learning and training experiences that deal with all aspects of dermatology and venereology practice.
2. To integrate basic dermatological and venereological sciences with the clinical practice.
3. To involve the residents in learning experiences that promote self- directed learning and development.
4. To engage the residents in progressive clinical responsibilities starting from basic medical skills and advancing to specialized dermatological and venereological care.
5. To integrate the ABSCDV competencies in the training of residents.
6. To uphold ethical issues and elucidate their magnitude in the practice of dermatology and venereology to the residents.
7. To accentuate education and training of residents about dermatoses and sexually transmitted infections common in the communities of the Arab world.
8. To emphasize upon the residents the importance of continuous professional development for the practice of high standards and safe dermatology and venereology.
9. To involve residents in research in dermatology and venereology.
10. To propagate among residents the use of standard online channels in the practice of dermatology and venereology.
11. To engage the residents with the communities for the promotion of health and prevention of diseases in general, and in the fields of dermatology and venereology in particular.
12. To develop resident's basic teaching, presentation and management skills.
13. To regularly evaluate the trainees.
14. To plan, implement and update a regular process for the evaluation and renovation of the ABDVRTP (details in function of TAC committee).
15. Encourage the trainees for voluntary participation in the community and in the medical institutes.

Section four

Competencies of ABDVRTP

The following competencies are to be integrated in the curriculum:

1. Patient care
2. Medical knowledge
3. Interpersonal and communication skills
4. Professionalism in the medical practice
5. Continuing professional development and research
6. Comprehension of the delivery system of healthcare

The competencies are specialty-specific developments of the generic competencies required for the first year (Fig 1). There isn't time scale or sequence for the development of individual competency but residents should demonstrate them. And as they progress in the ABDVRTP the residents should develop them further. All competencies must be assessed during and before the completion of training by the program faculties, employing the resident's formative and summative evaluation forms as explained further under the sections on resident's evaluation, progress and entry to examinations. Each of the flowing paragraphs on competencies is segregated into three segments: A, B and C. Segment A is a broad definition of the competency, B is a description of the competency and C is procedures, methods and facilities which are required for the development of the competencies.

Fig 1:Diagrammatic representation of generic and specialty curricula

R1	R2	R3	R4
Broad clinical experience. Generic competencies.	Continuation of generic competencies. Specialist dermatology and venereology clinical experiences. Specific dermatology and venereology competencies and cosmetic dermatology.		

Patient care:

- A. Residents should demonstrate the ability to provide compassionate, appropriate and specialist assessment and management of patients of dermatological and venereological diseases.
- B. Residents should demonstrate the ability to:
 1. Perform efficiently dermatology and venereology clinical methods: effective communication with patients or their caregivers, history taking and recording, physical examination of the skin, hair, nails, oral mucosa and anogenital area, lymph nodes, dermatological and venereological office investigations.
 2. Perform efficient systemic clinical examination.

3. Assess the severity of the dermatological and venereological diseases and their psychological impact on the patient.
4. Formulate appropriate differential diagnosis, order and conduct relative office and laboratory investigations, construct appropriate treatment plan, monitor response to treatment and its unwanted effects, disease progress and define follow-up appointments.
5. Recognize urgency of patients requiring immediate management and determine cases requiring admission.
6. Document efficiently history, physical examination, diagnosis or clinical impression and differential diagnosis, work-up, treatment and follow-up plan.
7. Use standard and reliable channels of dermatology and venereology literature, print or online, to optimize the care of patients.
8. Utilize other healthcare, social care and home care resources, in and/or outside the treating institution, to optimize the patient care.

C. Residents should:

1. Deal directly with patients in an outpatient and inpatient settings and emergency rooms.
2. Encounter directly with patients having various types of dermatological and venereological diseases and AIDS and from all age groups and both the genders.
3. Perform regularly investigative procedures; patch testing, prick test, Wood's light, skin and mucosal smears, skin, hair and nail scrapings, sexually transmitted ulcer smears, urethral, vulval and vaginal discharge collection, smearing and examination by light microscopy, dark field microscopy and dermatoscopy.
4. Perform regularly basic dermatological and venereological surgical technique; punch, incision, excision, curettage and shavebiopsies and suturing.
5. Be well-informed about the various surgical techniques applied to the skin.
6. Perform regularly routine therapeutic procedures e.g. phototherapy, cryotherapy, electrosurgery, intralesional therapy and aspiration of buboes.
7. Be well-informed about specialized therapeutic procedures such as radiotherapy, photopheresis, plasmapheresis, photodynamic therapy.
8. Perform regularly topical care for eczematous, bullous, ulcerative, denuded and eroded lesions on the skin, oral mucosa and anogenital area.
9. Follow-up and study laboratory tests done for patients e.g. biopsy, bacterial and fungal cultures, electron microscopy and serological tests.
10. Be given full access to channels of healthcare information, print and online, in the clinical area.
11. Identify limits of their expertise, appraise their care of patients and continuously improve them with the support of the program faculties.
12. Be well-informed about LASER and cosmetic procedures, their indications, contraindications, unwanted effects, safety, cost. Residents should receive

didactic teaching on these topics. Training residents in these procedures is encouraged if facilities are available in the training department.

13. Be involved in situations where consent of the patient has to be documented.

14. Maintain the resident's professional and educational record book.

Annotation: The topic of LASER and cosmetics procedures will remain under evaluation and amendment.

Medical knowledge:

A. Residents should demonstrate comprehensive knowledge of dermatology and venereology and the employment of this knowledge to the management of patients.

B. Residents should demonstrate the ability to:

1. Comprehend the fundamental value of comprehensive and firm medical knowledge for the safe and improved practice of dermatology and venereology.
2. Present thorough knowledge about basic dermatological and venereological sciences, dermatology and venereology epidemiology, basic statistical methods, general, pediatric and geriatric dermatology, environmental and occupational dermatology, psychodermatology, venereology, child abuse, sexual health and education, drug reactions, dermatology-venereological diagnostic procedures, dermatopathology, dermatology-immunology, wound healing, medical ethics, dermatological medical, physical and surgical therapies and standard venereal disease management guidelines.
3. Apply basic dermatological and venereological sciences to interpret clinical situations and findings. And to apply the clinical knowledge in patient care.
4. Use computers and information retrieving skills and extract evidence from reliable scientific literature, print and online, to improve their care of patients.

C. Residents should:

1. Be given full access to the computer systems of the department.
2. Be given full access to dermatology and venereology texts, journals and on-line sites.
3. Execute a departmental plan for resident self-reading, covering most of the dermatology and venereology topics. Initial reading topics should include basic sciences of dermatology and venereology and dermatoses common in the Arab world. The implementation of the plan should spread over the training period from resident 2 to resident 4, and be closely monitored and followed-up by the program faculties on resident individual basis. Only standard dermatology and venereology resources, texts and web-based, are to be read and consulted.
4. Identify gaps in their knowledge and work on improvement goals and appropriate learning activities with the support of the program faculties.
5. Have throughout the training period, in addition to regular didactic sessions, various methods of learning and teaching; theoretical, clinical and practical discussing the various dermatology and venereology topics.

6. Review regularly, in addition to case by case in the delivery of patient care, smears from skin lesions, skin, hair and nail potassium hydroxide-light microscopy mounts and smears from sexually transmitted genital discharges and ulcers.
7. Review regularly, in addition to case by case in the delivery of patient care, biopsy sections prepared for the various investigative purposes e.g histopathology, immunofluorescence, immunohistochemistry, electron microscopy.
8. Have didactic sessions on statistical methods and their applications.
9. Have didactic sessions on specialized therapeutic procedures, LASER, aesthetic medicine and cosmetics, and wide array of surgical procedures used on the skin.
10. Participate actively and present in the teaching and learning activities of the training department.
11. Remain current with developments in medicine generally and in particular dermatology and venereology.
12. Be engaged in the teaching of dermatology (and venereology) to junior residents, residents from other specialties, nurses and other health professionals.

Interpersonal and communication skills:

- A. Residents should demonstrate communication skills that ensure professional doctor relationship with the patients, their family or caregivers and other health and social care staff.
- B. Residents should demonstrate the ability to:
 1. Conduct efficient interviewing for history taking and informational exchange with patients.
 2. Discuss the patient's concerns and ensure patient's understanding of the management plan.
 3. Communicate appropriately with patients from all background, including deaf and non-Arabic speaking persons.
 4. Understand and respect the patient's cultural, ethnical and religious matters.
 5. Deal professionally in a non-confrontational manner with inappropriate public behavior in healthcare sites, and listen to and manage dissatisfied patients and their relatives and caregivers.
 6. Communicate effectively and interact professionally with physicians and other healthcare professionals to work together as a leader, or member of healthcare team.
 7. Prepare their C.V. in a proper manner.

C. Residents, in addition to directly caring for patients should:

1. Be involved directly in the management of cases needing multidisciplinary healthcare and/or other professional collaboration.
2. Be involved in initiating communication with or responding to communication from other healthcare professionals by direct, telephonic, online or written means appropriate to the urgency of the patient's condition.
3. Use, where appropriate, non-verbal means of communication, such as writing, drawing and models, to ensure the patient's efficient understanding.
4. Be involved in patient affairs and issuing of medical consultations and legal reports.
5. Be involved directly in the management of inappropriate public behavior in the healthcare site.
6. Be involved in breaking bad news to patients.
7. Be involved in discussing complaints of patients.
8. Be involved in communication with administrative bodies and public.
9. Be invited to participate in a wide-based departmental meeting.
10. Practice writing their C.Vs.
11. Ability to write proper medical report.

Professionalism:

- A. Residents should demonstrate efficient personal commitments to the patient care, society wellbeing, practice of dermatology and venereology, lifelong learning, maintenance of competencies, medical ethics, teaching of other trainees, respect of colleagues, nurses and other healthcare professionals and follow ethical research principles.
- B. Residents should demonstrate the ability to:
1. Be compassionate, honest and altruist
 2. Fulfill totally the obligations to the patients, profession and society
 3. Keep non-judgmental approach in dealing with patients of venereological diseases.
 4. Respect the patient's privacy and independency apart from legalized situations.
 5. Understand and respect the patient's cultural, ethnical and religious matters.
 6. Progress competently in the ABDVRTP.
 7. Participate in community health promotion and disease prevention programs related to dermatology and venereology such as promotion of healthy skin and prevention of STD's, child abuse and abuse of topical medications.
 8. Keep updated with general issues in public health in general e.g. diet, exercise, social deprivation, substance abuse, smoking, behavior and lifestyle changes.

C. Residents should:

1. Participate in courses on medical professionalism and/or have didactic instructions on the definition, scope and values of medical professionalism during the resident's induction period.
2. Be well-informed of areas of conflict of interest.
3. Receive and respond to critics from the program faculties whenever necessary.
4. Be involved in the deliberation of medically unprofessional behavior.
5. Be engaged in community services and programs related to dermatology and venereology such as field works, TV sessions, health promotion articles, social - educational gatherings, health promotion days and education of school students.
6. Receive acknowledgment for their accomplishments in community service from the program director and faculties.

Comprehension of health care system delivery:

A. The residents should demonstrate an understanding of the management of healthcare and full awareness of other patient's support services to provide and coordinate an effective and optimal patient care within the system i.e in and outside the training institute.

B. Residents should demonstrate the ability to:

1. Understand the structure of national delivery system of healthcare, social care, patient's support and deprived people services.
2. Understand other non-medical components of the healthcare institutes such as hospital management body, nursing, nutrition, allied medical services, maintenance, patient affairs, social services, hospital policy and procedures, job description, outpatient, inpatient and emergency room services, various health and social care and administration committees, storage of drugs and medical supplies.
3. Present efficient knowledge, attitude and practices regarding the management of various components of the healthcare system e.g infection control, healthcare generated waste, cost effectiveness, prioritization and allocation of resources, disaster plan, evacuation plan, and equipment utilization.
4. Realize their important role as integral members of the healthcare delivery system.

C. Residents should:

1. Be fully oriented to the various administrative and healthcare components and committees in the training institute during the induction period.
2. Be given the opportunities to participate in meetings and workshops on the organization and administration of the various components of healthcare delivery in and outside the training institutes.
3. Be given didactic sessions on the basis of the administration of the various components of healthcare delivery system.

4. Coordinate the care of patients in needs of healthcare and social services of multiple sites.
5. Be involved in the administration of the department and in its committees and communication with other departments and administration of the training institute, timetabling of the departmental clinical, training and educational duties and construction of the department annual statistical review and planning of budget.
6. Have a chief resident and his or her duties defined.
7. Be involved in design and implementation of quality assurance projects.
8. Get encouragement, appreciation and respect from the program director and faculties for the important role they play in the delivery of healthcare.

Continuing professional development and research:

- A. Residents should demonstrate the ability to continuously develop professionally and to conduct research projects.
- B. Residents should demonstrate the ability to:
 1. Recognize clearly the need of dermatologists and venereologists for continuous professional development and of the need of the dermatology and venereology practice for research activities.
 2. Progress properly as their program advances.
 3. Incorporate rationally recent well-evidenced and standardized developments in knowledge and practice in patient care.
 4. Plan, execute, analyze and report a research project.
 5. Participate in the management of healthcare professional meetings.
- C. Residents should:
 1. Be given didactic sessions on the definition, scope, format and necessity of continuous professional development in the induction period.
 2. Attend and/or present in local, national, regional and global meetings on dermatology and venereology.
 3. Be given full access to print and online based literature.
 4. Carry out critical appraisal of published research in learning clubs
 5. Participate in the planning and execution of continuous professional development activities sponsored by the department.
 6. Be encouraged to subscribe to print and online versions of continuous medical education.
 7. Plan, execute, analyze and write a dissertation from a research project, as mentioned in the preparation of dissertation.
 8. Form guidelines for the submitted dissertations accepted by the TCA committee for consideration for publication in the "Journal of the Arab Board of Medical Specializations" (in the format required by the journal).
 9. Be involved in other research projects in the training department

10. Contribute to the management of local, national and regional dermatology and venereology meetings.
11. Be encouraged to run resident's dermatological and venereological meetings locally, nationally and regionally.

Section five

Training and education

The following are segments of this section

1. Learning experiences
2. Learning methods
3. Learning environment
4. Contents of learning
5. Learning resources

1. Learning experiences:

The curriculum should offer to residents a variety of learning experiences. Most of the curriculum should be delivered by learning from practice (experiential learning) i.e residents would practice dermatology and venereology under the supervision of program faculties. Clinical discussion should occur during and at the end of the clinical session. Others learning experiences includes learning with and from peers, learning from specific experiences such as journal club, textbook club, learning from formal external situations such as local, regional and global courses, learning from personal study (Adult self-directed), learning from inputs by program faculties and learning from research. The inputs from program faculties could be general expertise and specific dealing with area in which the faculty is interested in such as pediatric dermatology,dermatoinmunology, dermatopathology, medical mycology, dermatosurgery.

2. Learning methods:

Several methods should be employed to assist residents to achieve, maintain and further develop the competencies required by the ABDVRTP:

I. Induction program:

An initial period of induction of not more than five working days is recommended for new residents, i.e R2. The strategic objective of the induction program is to provide an effective transition of the first year resident to the ABDVRTP and to optimize the initiation of the specialist training on dermatology and venereology. The induction period should be timetabled and supervised by a program faculty. The elements of the induction include:

1. Departmental frame: staff and residents, site tour, regulations, available clinical, procedural and therapeutic facilities and teaching and training activities.
2. Overall institutional frame: site tour of the whole healthcare organization, the various administrative, and healthcare components of the organization and its regulations, library and online services, and catering facilities.
3. ABDVRTP: structure and components of the ABDVRTP.
4. Didactic and interactive integrated overview sessions on biology of skin, hair, nail, oral mucosa and genitourinary tract / external genitalia and clinical and

laboratory methods in dermatology and venereology and cutaneous and external genital pathology, dermatological and venereal disease therapy and standard treatment guidelines of sexually transmitted infections.

5. Hands-on initiation of the clinical training: attendance in dermatology and venereology clinics and observation of surgical and therapeutic procedures conducted by program faculties and senior residents, and to be followed by direct involvement in patient care.

II. Work – based learning method:

1. Clinicopathological, and case presentation and discussion sessions must form regular part of the training. The objective of this method is to provide deep understanding of clinical cases and integrate basic with clinical sciences.
2. Clinical images and histopathological slides study must be incorporated in the training with the objective of expanding the resident's clinical and histopathological experiences.
3. Resident's / trainee's professional and educational record must be maintained (Appendix 1) throughout the training period. Apart from using it in the evaluation of residents. The second objective of keeping this record is to give the trainee the opportunity to document his or her training experiences and to build on them and deal with theoretical and practical gaps of training in a continuous fashion.
4. Department record review. This is a review of the department work statistic on diseases, procedures and therapies and must be incorporated in the training program on wide spaces of time e.g 3–4 times / year. The objective of this review is to give the residents an overall concept of the clinical load and opportunities to re-discover knowledge gaps and learn to amend them.

III. Learning clubs:

1. Journal club should be conducted at least twice monthly and organized on a departmental basis but small group and resident journal clubs should also be formed. The following broad objectives of journal clubs are to be taken into consideration: to introduce, teach and implement critical appraisal skills, to improve the residents' understanding of study designs and statistical methods and to keep updated. For small group and resident journal clubs an additional objective is to improve the resident's ability to facilitate and supervise medical meetings.
2. Textbook club should be conducted regularly with an objective of developing and expanding the resident's knowledge and understanding of dermatological and venereological diseases and their management. Residents should be actively engaged in this club which has to be supervised by a program faculty. The activity of this club should be planned to cover topics of the undergoing clinical work and also other topics of dermatology and venereology. Only standard textbooks should be reviewed.

3. Research and conference club should be conducted periodically. It includes discussion with the residents research activities and progress in the department and abstracts of conferences attended by faculties and residents. The objectives of this club are resident's learning of research skills, understanding difficulties and solutions and ethical matters and wide – sharing of knowledge and understanding from local, national and global meetings.
4. Small group clubs should be designed with an objective of offering the optimum educational benefit to residents and should be supervised by faculties. These learning groups have to be constructed according to the framework of individual department and to deal with various educational topics.

IV. Didactic and interactive sessions:

These should be regularly scheduled and presented by program faculties. The objectives of these sessions are to overall cover the academic needs of the residents, to serve as frames and guidance for residents for further reading and learning. And as means for presentations of recent topics and developments in dermatology and venereology. Initial set of these sessions must be included in the induction period as has been mentioned above. Resident to residents and faculties, and resident to residents presentations are also to be scheduled with the objectives of residents learning the presentation skills and literature search, and expanding their knowledge and understanding of the dermatology and venereology practice and particularly dealing with gaps in their knowledge and understanding.

V. Independent self – directed study:

In addition to self – directed reading and learning in which residents should commit themselves. The residents should be allocated time on scheduled basis for independent studies. The objective of these studies is to expand the resident's knowledge and understanding on topics of gaps on knowledge, of wide issue and of personal interest. Summaries of these studies must be presented in the department activities.

VI. Research project:

The details of the objectives, conduction and writing the Research project are mentioned in appendix 2.

VII. Off – the job exposure:

Residents should attend local professional activities in other ABSCDV - accredited institutions and local, regional and global conferences and courses. The overall objectives of this method are to enhance resident's communication skills with other off - the site healthcare professionals, nationals and non-nationals, and to broaden resident's professional range in addition to professional and educational updating.

3. Learning environment

The environment of learning is an essential component of the APDVRTP. It should be promoting the safety of patients and the resident's welfare and beneficial to the education and training processes of the residents.

4. Contents of learning

Learning experiences related to biology, basic sciences, clinical methods, pharmacology and epidemiology are to be introduced early but to be returned to during the whole period of the ABDVRTP. Also, these early learning experiences are required for the first part examination. An integrated horizontal (for biology and basic sciences) and vertical (biology and basic sciences with clinical subjects) approaches to the major subjects is preferred to develop resident's ability to interpret clinical situations and findings and to apply clinical knowledge to patient care.

1. Biology of the skin, hair, nails, oral mucosa, and genitourinary system
 - Anatomy, Embryology and Physiology
2. Basic sciences of dermatology and venereology:
 - Inflammation and Immunology, Biochemistry and Molecular biology, Microbiology, Parasitology, Pharmacology, Photophysics, Genetics.
3. Clinical methods of dermatology and venereology
4. Dermatological and venereological epidemiology
5. General dermatology:
 - Primary diseases of skin, hair, nail, oral mucosa and external genitalia.
 - Infections, infestations and arthropod and other animal–caused dermatoses
 - Cutaneous oncology
 - Skin, hair, nails, oral mucosal and external genital manifestations of diseases of other systems and of nutritional and metabolic diseases.
 - Skin manifestations of physical injuries
 - Drug reactions
 - Dermatological investigations
 - Dermatological diseases in Arab world
6. Pediatric dermatology including skin, hair, nail, oral mucosal and genital manifestations of child abuse.
7. Geriatric dermatology
8. Basic social and behavioral sciences
9. Photobiology and photodermatology
10. Psychodermatology and the impact of dermatological and venereological diseases on the quality of life.
11. Dermatology in primary health care
12. Dermatopathology:

- Histopathology
 - Cytology
 - Immunopathology
 - Immunohistochemistry
 - Electron microscopy
13. Skin Health promotion and prevention of skin diseases
 14. Dermatological formulations, physical, surgical and systemic therapy, and national, European and centers for disease control and prevention management guidelines for sexually transmitted infections.
 15. LASER and cosmetic dermatology
 16. Venereology:
 - i. Classical and other sexually transmitted infections including AIDS, in children, adolescents, adults and aged.
 - ☐ Microbiology and epidemiology of STI's
 - ☐ Pathological and clinical aspects, interventional procedures, investigations, management, follow-up and prognosis of STI's
 - ☐ Systemic manifestations and complications
 - ☐ STIs in pregnancy and neonates
 - ☐ STIs in Arab world
 - ☐ Human papilloma virus – related genital tract cellular abnormalities and malignancies
 - ii. Sexual health education, preventive measures and control of STI's
 - iii. Contact tracing and medical surveillance
 - iv. World health organization recommendations on STI's
 - v. Organization of STI's services.
 - vi. Ethical and legal issues and medical responsibility
 17. Research and basic statistical methods and their application to dermatology and venereology.
 18. Clinical audits and their applications to dermatology and venereology
 19. Computer skills, basis of medical photography and digital image storage systems.

5. Learning resources

The following are necessary learning resources along with their required qualities:

1. Patients
2. Investigative and therapeutic procedures
3. Faculties
4. Educational activities
5. Off-the-job activities
6. Research project and resident's professional and educational record

7. Print and online literature

1. Patients:

There should be sufficient number of patients (outpatient, inpatient and emergency cases) with diverse dermatological and venereological diseases.

2. Investigative and therapeutic procedures:

The amount and type of the investigative and therapeutic procedures should be adequate.

3. Faculties:

The number of faculties should not be less than two full time, with faculty to resident ratio of not more than 1:2. Two part time faculties are considered equal to one full time faculty.

4. Educational activities:

The theoretical and practical educational activities should be adequate, and made of assortment of work-based learning, learning clubs, didactic and interactive sessions and independent self-study.

5. Off-the job activities:

Attendance at off-the job professional activities is mandatory for local and national meetings and is encouraged for regional and global meetings.

6. Research project and resident's professional and educational record.

These have to be conducted in accordance with their guidelines.

7. Print and online literature:

The print and online literature on general medicine, dermatology and venereology should be adequate and there should be ready access in the patient management area to major dermatology and venereology reference textbooks and/or online connection. The followings resources are mandatory and should be present in the library of training organization:

i. Online access to pubmed, e-medicine and google.

ii. Textbooks: The latest editions of:

iii. Rook's Textbook of Dermatology,

1. Fitzpatrick dermatology in general medicine

2. Bologna textbook of Dermatology plus another major Dermatology textbook.

3. Sexually-Transmitted Diseases by King Holmes, P. Sparing, Walter Stamm, Peter Piot, Judith Wasserheit, Lawrence Corey, Myron Cohen

4. Sexually Transmitted Infections. Bhushan Kumar and Somesh Gupta. Elsevier, New Delhi, India

5. Textbook of pediatric dermatology by John Harper, Arnold Oranje, Neil Prose
 6. Textbook of Paediatric Dermatology. Schetner, Lawrence, R Hansen.
 7. Hurwitz S. Clinical Pediatric Dermatology: A Textbook of Skin Disorders of Childhood and Adolescence.
 8. Habib TP. Clinical Dermatology: A Color Guide to Diagnosis and Therapy, 3rd Edition. Mosby-Year Book.
 9. Weinberg. Color Atlas of Pediatric Dermatology.
 10. Lever's Histopathology of the Skin.
 11. Pinkus Guide to Dermatohistopathology by Mehreganetal.
 12. Histologic diagnosis of inflammatory skin diseases by A. Bernard Ackerman
 13. Dermoscope The Essentials by H Peter Soyer second edition.
 14. Comprehensive Dermatology drug Therapy .By Stephen Wolverton
 15. Principles and practices in cutaneous LASER Surgery. By Arielle N. B. Kauvar
 16. ACS (I) text book on cutaneous & aesthetic surgery By Mysore Venkataram
- iv. Journals: At least seven global dermatology and venereology journals, including pediatric dermatology, and dermatopathology plus national and regional journals from the Arab world.

Section six

Implementation of ABDVRTP

The following are the segments of this section:

1. Authority
2. Training sites
3. Program director
4. Program local director
5. Program faculties
6. Local coordination system
7. Administrative sequence of the ABDVRTP

1. **Authorities:** The affairs of training and education are the duties of the training, categorization and accreditation committee. And the affairs of examinations is the duty of the examination and documentation committee.

2. **Training sites:** Dermatology and venereology should be organized in a department/s or independent section/s with a chief or chiefs if within a medical department. They should meet the accreditation criteria of the ABSCDV. The following are the requirements and should be provided by the training departments (Appendix 3)

- i. Documentation of the educational and training program in accordance with current ABDVRTP documents
- ii. Adequate and diverse patient population with dermatological and venereological diseases
- iii. Adequate consultation rooms
- iv. Program director, appropriate faculties, nursing, and secretarial staff
- v. Proper investigative and therapeutic instruments
- vi. Study space and desks for residents
- vii. Efficient electronic presentation equipments
- viii. Activity hall / classroom
- ix. Ready access in the patient management area to latest editions of major dermatology and venereology reference textbooks and online connection.
- x. Appropriate office facilities for the program director and faculties.
- xi. Adequate financial support for the ABDVRTP.
- xii. Annual ABDVRTP report: The report has to be sent to the training, recognition and accreditation committee on annual basis.

The accreditation is either full or conditional in which case a date has to be set up for re-evaluation. Departments affiliated with an ABSCDV – accredited department have to be accredited by ABSCDV. Accordingly ABDVRTP is run in:

1. One single sponsoring department i.e. fulfilling the full accreditation requirements or in
2. One sponsoring and another or others affiliated department/s (joint program).

An affiliation agreement between the sponsoring and affiliated departments has to be signed.

The institute in which department/s of dermatology and venereology is/are part of or affiliated with, should meet the requirements of the accreditation set by ABSCDV (Appendix 3).

3. Program Director: The operation of the ABDVRTP in single sponsoring department is managed by a program director. For joint ABDVRTP there should be an overall program director from the sponsoring department and local directors in the other participating departments. The program director should :

- o Be Certified Board Dermatologist or has an equivalent certificate
- o A university staff or Consultant Dermatologist not necessarily chairmen of departments of dermatology and venereology.
- o Have reasonable administrative and research experience with not less than five years in the practice, and teaching in dermatology and venereology
- o The nominations for program directors and local directors have to be endorsed by the TCA committee
- o Be a fulltime dermatologist practicing at the training centre
- o Have adequate office facilities to manage the affairs of the ABDVRTP

The following are the duties of the program director:

1. Understands the various components of the ABDVRTP
2. Plan and implements the learning experiences and methods of learning.
3. Assures and oversees the clinical training of residents, and the running of educational activities.
4. Engages faculties in the management of all aspects; administrative, educational, training and resident evaluation, of ABDVRTP
5. Suggests to the TCA committee local program directors
6. Oversees the implementation of the ABDVRTP in all affiliated departments
7. Designates program faculties
8. Assures the compliance with the regulations, policy and procedures of the training institutes
9. Defines a channel for communication with the TCA committee in accordance with the regulations of the institute
10. Participates in the training and educational activities of the program, research and continual professional development
11. Plans the rotations of residents, and their team-working with all program faculties to ensure practical contact with the various expertise.

12. Manages the timetables of clinical work of residents with regards to outpatient, inpatient, emergency calls and on-calls duties.
13. Maintains the timetables of daily working hours, annual vacation plan of the residents.
14. Distributes opportunities of the off-the job training and education i.e conferences and courses, among residents.
15. Supervise and monitor the performance of residents, and identify knowledge and practical gaps, and suggest to the residents corrective activities.
16. Reports the resident summative evaluation to the TCA committee regularly
17. Submits to TCA committee ABDVRTP annual report prepared in the format shown in Appendix
18. Supervises the maintaining and accuracy of the Resident's professional and educational record book.
19. Approves the subject of resident's research project, designates a supervisor for the project, follows up the execution of the project, approves the submission of the dissertation to the TCA committee and follows-up the publication of summary and full article of the dissertation in the Journal of the Arab Board of Medical Specializations.
20. Designates and defines the duties of the chief resident taking in consideration the training and educational priorities of the chief resident.
21. Informs the TCA committee of changes in affairs related to the running of ABDVRTP
22. Delegates the duties of program director to an acting program director in periods of time off - work
23. Assures the safe keeping of all ABDVRP documents
24. Coordinates the smooth and appropriate running of ABDVRTP in departments running other postgraduate programs
25. Conducts regular meetings with the residents to address their concerns and suggestions
26. Conducts regular joint meetings with the local program directors and faculties to address various issues of the program.
27. Contributes to the evaluation of the ABDVRTP and make suggestions to the TCA committee regarding the various components of the ABDVRTP
28. Suggests to the TCA committee the establishment of new subspecialty programs
29. Supports morally the ABDVRTP and advocates for it

4. Local program director:

The duties of the local program director is the same as those of the program director. The exception from those duties is communication with the TCA committee which has to be through the program director unless faulty training or educational issues happen.

5. Program faculties:

There should be sufficient number of faculties to implement the ABDVRTP. Program faculties are consultants and senior specialists in dermatology, venereology. Other healthcare consultants and senior specialists, and specialists in healthcare basic and biosciences are to be invited for presentation of specialized subjects. Program faculties should have strong interest in the training and education of residents and be engaged in research and continual professional development. Program faculties should have adequate office facilities to run the educational, training and administrative affairs of ABDVRTP. ABSCDV encourages the establishment of visiting faculties between the training centers to exchange the expertise. The duties of the program faculties towards the ABDVRTP focus on the training and education of residents.

The following are the duties of program faculties:

1. Maintain an active learning and training environment
2. Supervise closely the residents during their clinical practice and discuss with them.
3. Conduct educational and training activities according to the learning methods of the ABDVRTP
4. Attend the educational activities and participate actively in the after- the presentation discussions
5. Participate in the running of the administrative affairs of the ABDVRTP
6. Participate in the meetings called by the program director
7. Participate in the formative and summative evaluation of residents
8. Make suggestions to the program director or local director regarding the ABDVRTP
9. Report incidences related to residents and ABDVRTP to the program director or local director
10. Participate in the regular evaluation of the program
11. Support morally the ABDVRTP and advocate for it

7. Administrative sequence:

The administrative sequence is shown in the following diagram (Fig 2)

Fig 2:Administrative sequence

- 1) Program faculties, local program director, local training subcommittee
- 2) Program director
- 3) Training, categorization and accreditation committee
- 4) ABSCDV and its executive committee
- 5) ABHS

Section seven

Resident's affairs

The following are the segments of this section:

1. Entry requirement
2. Number of residents
3. First year rotations
4. Resident's rotation in joint program
5. Permanent transfer of residents
6. Resident's exchange program
7. Exemption of some period of the ABDVRTP
8. Supervision of residents
9. Responsibility of residents
10. Resident's study space
11. Resident's duties and vacations
12. Off-the-job courses and conferences
13. Chief resident
14. Resident's support service
15. Resident's professional and educational record
16. Research project
17. Evaluation of residents
18. Progression of residents and entry to examinations
19. Certification by the ABHS

1. Entry requirements:

- a. The candidate should hold an MBBS or equivalent degree from a recognized medical college
- b. Have successfully completed one year of internship
- c. Holds national license to practice medicine
- d. The fees and completed registration forms have to be submitted to ABHS in advance of the beginning of the ABDVRTP

2. Number of residents in training departments:

According to the facilities of the department and the Arab Board regulation of Health Specializations

3. First year rotations.

- Twenty four weeks internal medicine, 12 weeks pediatric, 6 weeks plastic surgery, 6 weeks elective, 4 weeks vacation
- The curriculum of the first year is presented separately

4. Resident's rotation in joint program.

The rotation of residents in departments running joint program should be planned in advance, and in appropriate manner for all of the training years. Program director is responsible for the planning and implementation of the resident's rotations.

5. Permanent transfer of resident:

This is permissible provided the total number of residents is adhered to in the transferred to department and the transfer from ABHS accredited institute and department. The

residents are placed in their identical levels of training, and authorization from the TCA committee must be obtained.

6. Resident exchange program:

ABDVRTP encourages the exchange of residents between ABSCDVB accredited departments for a short stay ,and will not count them in the total permissible number of residents provided overload is prevented. Authorization from the TCA committee is required for this exchange.

7. Exemption from some period of training:

This is in accordance with the regulations of ABHS

8. Supervision of residents:

Program directors and faculties should offer direct and close supervision of residents during the clinical and educational sessions throughout the program.

9. Responsibility of residents:

Throughout the training period, punctualities and professional, ethical and honest attitude and behavior are expected from residents in addition to willingness and sincere efforts to advance their competencies in the various components of the program. Residents should understand the structure and administration of the local and national system of healthcare and social care and coordinate the care of patients within the system. They should abide by the dress code of the training institute and its regulation and policy.

10. Study space:

Residents should have adequate study space furnished with appropriate desks.

11. Duties and vacations of residents:

Residents should have regular full time hours of daily practice and education, on calls not less than one in five days and a total vocational period not more than thirty days per year. Residents should maintain effective transfer of patient care and follow-up prior to time off-the work and at end of rotations.

12. Off-the job courses and conferences:

Residents should be granted time off work for participation in professional courses and conferences. The duration and frequency have to be timetabled properly for all residents in advance.

13. Chief resident:

A chief resident should be designated on rotational basis. The duties of chief resident are defined by the program director and local directors. The duties of the chief resident should not compromise the training and education.

14. Resident's support:

Residents should have a designated channel to offer them counseling and support services.

15. Resident's professional and educational record book:

Residents should maintain the resident's professional and educational record book (Appendix 1) throughout the training period in an updated manner. Signatures of supervising faculties should be entered in the record book.

16. Research projects:

Residents should plan, execute and write research projects according to the guidelines (Appendix 2).

17. Evaluation of residents:

Formative evaluation should be documented and provided to residents and discussed with them from year two to year four i.e. R2 to R4, three times annually. It should be kept in the resident's file and if requested sent to the TCA committee. The residents should be engaged in corrective strategies if needed. Additionally informal feedback to residents about their performance should be carried out continuously. At the end of each year summative evaluation (Appendix 4) should be performed to document the resident's achievement and the resident's entitlement to progress to next year or set examination as discussed in the next segment. Summative evaluations and recommendations to progress or to set the examination should be sent to the TCA committee eight weeks before the date of examination or progression to next year.

18. Progression of residents and entry to examinations:

Progression of residents and entry to examination are according to rules and regulation of the Arab Board Of Health Specializations.

19. Certification as a diplomat of the ABHS: Passing the final examination and recommendation from the examination and documentation committee are requirements.

Section eight

Evaluation of the ABDVRTP

- A. The curriculum subcommittee (to be formed as a subcommittee in the TCA committee) is responsible for regular evaluation and upgrading of the ABDVRTP. The methods of evaluation and actions to improve the program are described in the duties of the curriculum subcommittee.
- B. Resident evaluation of the ABDVRTP:
Residents must evaluate the centre – implemented ABDVRTP on annual basis.

Section nine

Contact addresses

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