



Mapping of Dermatology Postgraduate Curricular Competencies with Assessment Tools

المملكة العربية السعودية للتحديدات الصحية
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This outline maps curricular competencies/objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

| Construct | Domain | Topic | Year | Code | Performance indicator (Curriculum) | Page # | Learning Domain (1:Cognitive, 2:Skills, 3:Attitude) | Assessment Method | | | | |
|----------------------------|-------------------|--------------|--|---|---|--|--|-------------------------|---------------------------|-----------------------------|----------------------------|---|
| | | | | | | | | MCQ - Part 1 Written | MCQ - Final Written | OSCE - Final Clinical | SOE - Final Clinical | |
| A. Medical Expert | A1. Basic science | A1.1 General | Junior | A1.1.1 | Acquire and understanding of special stains, immunohistochemistry, immunofluorescence, and electron microscopy of skin diseases. | 12 | 1 | * | * | * | | |
| | | | | A1.1.2 | Learn basic clinical photography techniques. | 12 | 1 | * | * | * | | |
| | | | | A1.1.3 | Know basic dermatologic terminology. | 12 | 1 | * | * | * | | |
| | | | | A1.1.4 | Understand the basic pathophysiology of the most common skin diseases. | 12 | 1 | * | * | * | | |
| | | | | A1.1.5 | Develop an understanding of basic principles of topical therapy, including general knowledge of costs for dermatologic medications. | 12 | 1 | * | * | * | | |
| | | | Senior | A1.1.6 | Have comprehensive knowledge of the pathophysiology of skin diseases. | 13 | 1 | * | * | * | | |
| | | | | A1.1.7 | Have knowledge of the histopathology of common and rare skin diseases. | 13 | 1 | * | * | * | | * |
| | | | | A1.1.8 | Understands the structural and physiologic properties of hair | 43 | 1 | * | * | * | | |
| | | A1.2 Acne | Junior | A1.2.1 | Recognizes the biological and cellular events that lead to the initiation of comedo. | 22 | 1 | * | * | * | | |
| | | | | Senior | A1.2.2 | Appreciates the contribution of exogenous dietary hormones and is aware of the possible sources of other hormonally active molecules in the environment. | 22 | 1,3 | * | * | * | |
| A2. Assessment & Diagnosis | A2.1 General | All | A2.1.1 | Recognizes the major risk factors for patients in Saudi Arabia. | 23,25,26 | 1 | * | * | * | * | * | |
| | | | A2.1.2 | Recognizes the major substances/chemicals that cause acute contact dermatitis in Saudi Arabia (C) | 24 | 1 | * | * | * | * | * | |
| | | | A2.1.3 | Recognizes the risk of the rapid spreading of the disease (M) | 27 | 1 | * | * | * | * | * | |
| | | | A2.1.4 | Is capable of selecting the high-risk patients (M) | 27 | 1 | * | * | * | * | * | |
| | | | A2.1.5 | Recognizes the probability of an existing malignancy (M) | 29 | 1 | * | * | * | * | * | |
| | | | A2.1.6 | Is aware of the major and recent bacterial diseases found in Saudi Arabia (C) | 31 | 1 | * | * | * | * | * | |
| | | | A2.1.7 | Recognizes medications that cause drug eruptions in Saudi Arabia (C) | 32 | 1 | * | * | * | * | * | |
| | | | A2.1.8 | Recognizes the risk of infections in atopic dermatitis patients (M) | 33 | 1 | * | * | * | * | * | |
| | | | A2.1.9 | Recognizes the possible risk of spreading the infection and modes of transmission (M) | 33 | 1 | * | * | * | * | * | |
| | | | A2.1.10 | Recognizes the major factors that cause erythema multiforme in Saudi Arabia (C) | 34 | 1 | * | * | * | * | * | |
| | | | A2.1.11 | Recognizes the association with certain systemic disorders (M) | 35 | 1 | * | * | * | * | * | |
| | | | A2.1.12 | Recognizes the risk of high-output cardiac failure, infection, and malignancy in patients with erythroderma (M) | 36 | 1 | * | * | * | * | * | |
| | | | A2.1.13 | Recognizes the major hazards/chemicals that cause burns in Saudi Arabia (C) | 37 | 1 | * | * | * | * | * | |
| | | | A2.1.14 | Recognizes the most common etiological factors of folliculitis in Saudi Arabia (C) | 38 | 1 | * | * | * | * | * | |
| | | | A2.1.15 | Recognizes the risks of sexually transmitted infections (M) | 39 | 1 | * | * | * | * | * | |
| | | | A2.1.16 | Recognizes the risk the disease poses to the fetus (M) | 46 | 1 | * | * | * | * | * | |
| | | | A2.1.17 | Recognizes that the patient has a higher risk of developing Grave's disease (M) | 46 | 1 | * | * | * | * | * | |
| | | | A2.1.18 | Recognizes the major etiologic factors that cause reactions to insect bites in Saudi Arabia. (C) | 48 | 1 | * | * | * | * | * | |
| | | | A2.1.19 | Recognizes the major comorbidities of lichen planus patients in Saudi Arabia (A) | 49 | 1 | * | * | * | * | * | |
| | | | A2.1.20 | Recognizes the major etiologic factors of malignant and premalignant skin tumors in Saudi Arabia, with an emphasis on prophylaxis (sunblock, appropriate clothing, and the avoidance of excessive sun exposure) (C) | 50 | 1 | * | * | * | * | * | |
| | | | A2.1.21 | Recognizes the major risk factors for melasma patients in Saudi Arabia (A) | 51 | 1 | * | * | * | * | * | |
| | | | A2.1.22 | Recognizes the major risk factors for pityriasis versicolor patients in Saudi Arabia (A) | 52 | 1 | * | * | * | * | * | |
| | | | A2.1.23 | Recognizes the major etiologic factors of pruritus in Saudi Arabia (C) | 53 | 1 | * | * | * | * | * | |
| | | | A2.1.24 | Recognizes the major comorbidities of psoriasis patients in Saudi Arabia (A) | 54 | 1 | * | * | * | * | * | |
| | | | A2.1.25 | Approaches patients with PG in order to detect any associated systemic diseases early | 56 | 1 | * | * | * | * | * | |
| | | | A2.1.26 | Recognizes the major triggering factors of the disease in the region (M) | 56 | 1 | * | * | * | * | * | |
| | | | A2.1.27 | Recognizes the risk factors relating to the spread of scabies in Saudi Arabia (C) | 57 | 1 | * | * | * | * | * | |
| | | | A2.1.28 | Recognizes the risk of infection in the pediatric population (M) | 58 | 1 | * | * | * | * | * | |
| | | | A2.1.29 | Recognizes the risk of skin reactions developing in some patients | 60 | 1 | * | * | * | * | * | |
| | | | A2.1.30 | Takes a recommended approach for patient with Tweet's syndrome in order to detect any associated systemic diseases early | 60 | 1 | * | * | * | * | * | |
| | | | A2.1.31 | Recognizes the risk of syphilis as a sexually transmitted infection | 62 | 1 | * | * | * | * | * | |
| | | | A2.1.32 | Recognizes the major risk factors of TP patients in Saudi Arabia (A) | 63 | 1 | * | * | * | * | * | |
| | | | A2.1.33 | Recognizes the risk of the patient redeveloping the reaction upon another exposure (M) | 64 | 1 | * | * | * | * | * | |
| | | | A2.1.34 | Recognizes the major etiologic factors of urticaria in Saudi Arabia (C) | 65 | 1 | * | * | * | * | * | |
| | | | A2.1.35 | Recognizes the major etiologic factors of vasculitis in Saudi Arabia (C) | 67 | 1 | * | * | * | * | * | |
| | | | A2.1.36 | Recognizes the major and recent viral diseases in Saudi Arabia (C) | 68 | 1 | * | * | * | * | * | |
| | | | A2.1.37 | Recognizes any risk factors and other associated autoimmune diseases in Saudi Arabia (A) | 69 | 1 | * | * | * | * | * | |
| | | | A2.1.38 | Recognizes the major risk factors concerning warts for patients in Saudi Arabia (A) | 70 | 1 | * | * | * | * | * | |
| Junior | A2.1.39 | A2.1.39 | Complete appropriate physical examinations and identify primary and secondary lesions. | 12 | 2 | * | * | * | * | * | | |
| | | A2.1.40 | Become capable of formulating appropriate differential diagnoses for common dermatological diseases. | 12 | 1 | * | * | * | * | * | | |
| | | A2.1.41 | Become capable of competently performing basic clinical dermatologic diagnostic procedures. | 12 | 2 | * | * | * | * | * | | |

| | | | | | | | | | | | |
|--|--------|---------|---|--|----|---|---|---|---|---|---|
| | | Senior | A2.1.42 | Be capable of formulating an appropriate differential diagnosis for common and rare dermatological diseases. | 13 | 1 | | * | | * | |
| | | | A2.1.43 | Be competent in performing advanced diagnostic procedures. | 13 | 2 | | | * | | * |
| | | | A2.1.44 | Be capable of diagnosing unknown slides and of formulating a differential diagnosis. | 13 | 1 | | | * | | * |
| | | | A2.1.45 | Have comprehensive knowledge of the diagnostic methods of skin diseases. | 13 | 1 | | | * | | * |
| A2.2 Alopecia Areata (AA) | Junior | A2.2.1 | Recognizes the types of alopecia areata, their clinical courses, and the latest information about the pathogenesis of the disease | 24 | 1 | | * | * | | * | |
| | | A2.2.2 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, signs of inflammation, family history of allergies, disease criteria) (C) | 24 | 2 | | | * | | * | |
| | | A2.2.3 | Obtains a focused history in relation to the impact of the disease on the patient's and their parent's mental health (M) | 24 | 2 | | | * | | * | |
| | | A2.2.4 | Performs a complete physical examination of the disease | 24 | 2 | | | * | | * | |
| | | A2.2.5 | Performs the standardized skin examination, ensuring the patient's comfort and maintaining proper communication (A) | 24 | 2 | | | * | | * | |
| | | A2.2.6 | Clarifies the possible associations and triggering factors of the disease | 24 | 1 | | * | * | | * | |
| | | A2.2.7 | Develops an approach to the differential diagnosis of patchy hair loss | 24 | 1 | | | * | | * | |
| | | A2.2.8 | Utilizes a step wise algorithm when evaluating AA patients | 25 | 1 | | | * | | * | |
| A2.3 Bullous pemphigoid/Pemphigus Vulgaris | Junior | A2.3.1 | Interprets the histopathology, direct immunofluorescence, and laboratory findings (M) | 28 | 1 | | * | * | | * | |
| | | A2.3.2 | Obtains a focused history in relation to the skin blisters (e.g., duration, onset, and associated symptoms) (A) | 28 | 2 | | | * | | * | |
| | | A2.3.3 | Obtains a detailed history of medical illness, history of trauma, burn radiation, and malignancies (C) | 28 | 2 | | | * | | * | |
| | | A2.3.4 | Obtains a focused history in relation to the impact of the disease on the patient's mental health and quality of life (C) | 28 | 2 | | | * | | * | |
| | | A2.3.5 | Performs a complete skin examination, focusing on the percentage of area involved, the type and location of the blisters, the mucous membrane, and eye involvement (C) | 28 | 2 | | | * | | * | |
| | | A2.3.6 | Performs a complete systemic examination (C) | 28 | 2 | | | * | | * | |
| | | A2.3.7 | Performs Nikolsky's sign (F) | 28 | 2 | | | * | | * | |
| | | A2.3.8 | Assesses the severity of the pain (M) | 28 | 1 | | * | * | | * | |
| | | A2.3.9 | Obtains consent for an investigation (A) | 28 | 2 | | | * | | * | |
| | Senior | A2.3.10 | Generates other possible differential diagnoses (M) | 28 | 1 | | | * | | * | |
| | | A2.3.11 | Obtains a wound culture in order to assess secondary infections (M) | 28 | 2 | | | * | | * | |
| | | A2.3.12 | Initiates an appropriate investigation guided by the differential diagnoses (M) | 28 | 1 | | * | * | | * | |
| | | A2.3.13 | Performs a skin biopsy and direct and indirect immunofluorescence (C) | 28 | 2 | | | * | | * | |
| A2.4 Hair Loss | Junior | A2.4.1 | Reviews and understands which hair products may cause hair damage and which are beneficial for women with alopecia. | 43 | 1 | | * | * | | * | |
| | | Senior | A2.4.2 | Recognizes the types of noncicatricial alopecia, their clinical courses, and the latest information about the pathogenesis of the disease. | 43 | 1 | | * | | * | |
| A2.5 Acne | Junior | A2.5.1 | Assesses and categorizes patients with post-acne scarring | 22 | 1 | | * | * | | * | |
| | | A2.5.2 | Obtains an efficient, focused history in relation to skin lesions (e.g., duration, pattern of skin morphology, signs of inflammation, family history of acne, menarche, symptoms of hyper-androgen) (C). | 22 | 2 | | | * | | * | |
| | | A2.5.3 | Obtains a focused history in relation to the impact of acne on the patient's mental health (M) | 22 | 2 | | | * | | * | |
| | | A2.5.4 | Performs the standardized skin examination, ensuring the patient's comfort and proper draping (A) | 22 | 2 | | | * | | * | |
| | | A2.5.5 | Performs a complete physical examination of acne lesions (e.g. number, consistency, distribution, pattern of skin lesions, etc.) | 22 | 2 | | | * | | * | |
| A2.6 Herpes Gestations | Junior | A2.6.1 | Obtains complete information concerning the fetus/newborn (prematurity, if it is small for gestational age births, etc.) (C) | 45 | 2 | | | * | | * | |
| A2.7 Acute Contact Dermatitis | Junior | A2.7.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, application of topicals, frequency, drug intake, exposure to chemicals, other diseases, infection, etc.) (C) | 23 | 2 | | | * | | * | |
| | | A2.7.2 | Performs a standard skin examination, identifying the primary skin lesion and the sites of skin lesions (C) | 23 | 2 | | | * | | * | |
| | | A2.7.3 | Performs a complete physical examination, assesses the patient's vital signs, and ascertains if the condition is associated with other medical conditions. (C) | 23 | 2 | | | * | | * | |
| | | A2.7.4 | Interprets the laboratory results (M) | 23 | 1 | | * | * | | * | |
| | | A2.7.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 23 | 1 | | * | * | | * | |
| | Senior | A2.7.6 | Generates a differential diagnosis. (M) | 23 | 1 | | | * | | * | |
| A2.8 Atopic dermatitis (AD) | Junior | A2.8.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, sign of inflammations, family history of allergies, and disease criteria) (C) | 26 | 2 | | | * | | * | |
| | | A2.8.2 | Obtains a focused history in relation to the impact of the disease on the patient's and their parent's mental health (M) | 26 | 2 | | | * | | * | |
| | | A2.8.3 | Performs a complete physical examination of the disease (e.g., distribution, pattern of the skin lesions, and the criteria of atopic dermatitis). | 26 | 2 | | | * | | * | |
| | | A2.8.4 | Clarifies the possible associations and triggering factors of the disease | 26 | 1 | | * | * | | * | |
| | | A2.8.5 | Identifies the clinical subsets of eczema that can be treated through phototherapy | 26 | 1 | | * | * | | * | |
| | | A2.8.6 | Performs a standardized skin examination, ensuring the patient's comfort and proper communication (A) | 25 | 2 | | | * | | * | |
| | Senior | A2.8.7 | Discusses the possible causes of the skin-barrier defect observed in subjects with AD | 26 | 1 | | | * | | * | |
| | | A2.8.8 | Understands how barrier defects may lead to atopic dermatitis | 26 | 1 | | | * | | * | |
| A2.9 Bullous Impetigo | Junior | A2.9.1 | Obtains a focused history in relation to skin bullae (onset, duration, location), associated symptoms (e.g., fever, malaise, diarrhea), and previous medical illness (C) | 27 | 2 | | | * | | * | |
| | | A2.9.2 | Performs a complete examination, focusing on the size, color, and location of the bullae and the presence of erythema, crusting, and erosion (C) | 27 | 2 | | | * | | * | |
| | | A2.9.3 | Generates a differential diagnosis for the outbreak of the bullae (M) | 27 | 1 | | * | * | | * | |
| | | A2.9.4 | Obtains informed consent to conduct an investigation (A) | 27 | 2 | | | * | | * | |
| | Senior | A2.9.5 | Interprets the histopathology and lab findings (M) | 27 | 1 | | | * | | * | |
| | | A2.9.6 | Initiates an appropriate investigation guided by a differential diagnosis (M) | 27 | 1 | | | * | | * | |
| A2.10 Eczema Herpeticum | Senior | A2.10.7 | Recognizes complications that can be caused by medications (M) | 32 | 1 | | * | * | | * | |
| | | A2.10.8 | Recognizes the sequelae of herpes viral infections (M) | 32 | 1 | | * | * | | * | |
| A2.11 Chancroid | Junior | A2.11.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, onset, any urethral discharge, genital ulcers, sexual history, fever, other symptoms, etc.) (C) | 29 | 2 | | | * | | * | |
| | | A2.11.2 | Performs a standard genital examination, examination of primary and secondary lesions, description of the character of the genital ulcers, examines for any inguinal swelling, and performs an oral and perineal skin examination (C) | 29 | 2 | | | * | | * | |

| | | | | | | | | | | | | | | |
|----------------------------|---------|---|--|--|---|---|----|---|---|---|---|---|---|---|
| | | | A2.11.3 | Performs a complete physical examination, including the lymph nodes, and determines if the condition is associated with other problems (C) | 29 | 2 | | | * | | | | | |
| | | | A2.11.4 | Interprets the laboratory results (M) | 29 | 1 | | * | * | | * | | | |
| | | | A2.11.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 29 | 1 | | * | * | | * | | | |
| | | | Senior | A2.11.6 | Generates a differential diagnosis (M) | 29 | 1 | | | * | | * | | |
| | | | | A2.11.7 | Initiates appropriate investigations, including screening for HIV and hepatitis and a syphilis serology, guided by the progression of the condition (M) | 29 | 1 | | | * | | * | | |
| | | | A2.12 Cellulitis & Erysipelas | Junior | A2.12.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, site of the first sign of the disease, progression of skin lesions, drug intake, fever, other symptoms, etc.) (C) | 30 | 2 | | | | * | | |
| | | | | | A2.12.2 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the condition is associated with other problems (C) | 30 | 2 | | | | * | | |
| | | | | | A2.12.3 | Interprets the laboratory results (M) | 30 | 1 | | * | * | | * | |
| | | | | | A2.12.4 | Performs a standard skin examination, identifying the primary skin lesion (C) | 30 | 2 | | | | * | | * |
| | | | | | A2.12.5 | Performs a provisional diagnosis of this condition based on the patient's history and physical examination (C) | 30 | 1 | | * | * | | * | |
| Senior | A2.12.6 | Generates a differential diagnosis (M) | | | 30 | 1 | | | * | | * | | | |
| | A2.12.7 | Initiates appropriate investigations in relation to the severity of the condition (M) | | | 30 | 1 | | | * | | * | | | |
| A2.13 Drug Eruption | Junior | A2.13.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, other diseases, infections, history of drug allergies, etc.) (C) | 31 | 2 | | | | * | | | | | |
| | | A2.13.2 | Performs a standard skin and mucous membrane examination, identifying the primary skin lesions (C) | 31 | 2 | | | | * | | | | | |
| | | A2.13.3 | Performs a complete physical examination, assesses the patient's vital signs, and determines if it is associated with other medical conditions (C) | 31 | 2 | | | | * | | | | | |
| | | A2.13.4 | Interprets laboratory results (M) | 31 | 1 | | * | * | | * | | | | |
| | | A2.13.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 31 | 1 | | * | * | | * | | | | |
| | | Senior | A2.13.6 | Generates a differential diagnosis (M) Initiates appropriate investigations guided by the severity of the condition (M) | 31 | 1 | | | * | | * | | | |
| A2.14 Eczema Herpeticum | Junior | A2.14.1 | Obtains the patient's history in relation to previous diagnoses of atopic dermatitis, onset, duration, and medications (C) | 32 | 2 | | | | * | | | | | |
| | | A2.14.2 | Obtains a detailed history in regard to associated symptoms (fever, malaise, pain, pruritus) and recent contact with infected persons (C) | 32 | 2 | | | | * | | | | | |
| | | A2.14.3 | Performs a focused examination of the affected areas, as determined by the description acquired; the presence of a discrete monotonous hemorrhagic crust, eye involvement; and lymphadenopathy (C) | 32 | 2 | | | | * | | | | | |
| | | A2.14.4 | Performs a skin biopsy, Tzanck smear, viral culture, DIF, molecular techniques, and serology for the herpes virus (C) | 32 | 2 | | | | * | | | | | |
| | | A2.14.5 | Obtains informed consent for investigations (A) | 32 | 2 | | | | * | | | | | |
| | | Senior | A2.14.6 | Generates a differential diagnosis (M) | 32 | 1 | | | * | | * | | | |
| A2.15 Erythema Multiforme | Junior | A2.15.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, other diseases, infection, etc.) (C) | 33 | 2 | | | | * | | | | | |
| | | A2.15.2 | Performs a standard skin examination, identifying the primary skin lesion or any characteristic skin lesions (C) | 33 | 2 | | | | * | | | | | |
| | | A2.15.3 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the ailment is associated with other medical conditions (C) | 33 | 2 | | | | * | | | | | |
| | | A2.15.4 | Interprets laboratory results. (M) | 33 | 1 | | * | * | | * | | | | |
| | | A2.15.5 | Generates a differential diagnosis (M) | 33 | 1 | | * | * | | * | | | | |
| | | A2.15.6 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 33 | 1 | | * | * | | * | | | | |
| | | Senior | A2.15.7 | Initiates appropriate investigations in accordance with the severity of the condition (M) | 33 | 1 | | | * | | * | | | |
| A2.16 Erythema Nodosum (T) | Junior | A2.16.1 | Obtains a focused history in relation to the nodules (locations, duration, tenderness) | 34 | 2 | | | | * | | | | | |
| | | A2.16.2 | Obtains a detailed history of the patient's medications, infections, and other medical illnesses (C) | 34 | 2 | | | | * | | | | | |
| | | A2.16.3 | Performs a focused skin examination on the area involved (number of nodules, pain, location, color) (C) | 34 | 2 | | | | * | | | | | |
| | | A2.16.4 | Interprets the histopathology and laboratory findings (M) | 34 | 1 | | * | * | | * | | | | |
| | | A2.16.5 | Generates a differential diagnosis (M) | 34 | 1 | | * | * | | * | | | | |
| | | A2.16.6 | Performs physical screening of the systems involved, as suggested by the patient's history (F) | 34 | 2 | | | | * | | | | | |
| | | A2.16.7 | Obtains informed consent for investigations (A) | 34 | 2 | | | | * | | | | | |
| | Senior | A2.16.8 | Initiates appropriate investigations guided by the differential diagnosis (M) | 34 | 1 | | | * | | * | | | | |
| | | A2.16.9 | Performs a deep skin biopsy (C) | 34 | 2 | | | | * | | | | | |
| A2.17 Erythema Nodosum (T) | Junior | A2.17.1 | Obtains a focused history in relation to the nodules (locations, duration, tenderness) | 34 | 2 | | | | * | | | | | |
| | | A2.17.2 | Obtains a detailed history of the patient's medications, infections, and other medical illnesses (C) | 34 | 2 | | | | * | | | | | |
| | | A2.17.3 | Performs a focused skin examination on the area involved (number of nodules, pain, location, color) (C) | 34 | 2 | | | | * | | | | | |
| | | A2.17.4 | Interprets the histopathology and laboratory findings (M) | 34 | 1 | | * | * | | * | | | | |
| | | A2.17.5 | Generates a differential diagnosis (M) | 34 | 1 | | * | * | | * | | | | |
| | | A2.17.6 | Performs physical screening of the systems involved, as suggested by the patient's history (F) | 34 | 2 | | | | * | | | | | |
| | | A2.17.7 | Obtains informed consent for investigations (A) | 34 | 2 | | | | * | | | | | |
| | Senior | A2.17.8 | Initiates appropriate investigations guided by the differential diagnosis (M) | 34 | 1 | | | * | | * | | | | |
| | | A2.17.9 | Performs a deep skin biopsy (C) | 34 | 2 | | | | * | | | | | |
| A2.18 Erythroderma (T) | Junior | A2.18.1 | Obtains a focused history in relation to prior localized skin diseases (e.g., atopic dermatitis, psoriasis, cutaneous T-cell lymphoma, connective tissue diseases) and medications (C) | 35 | 2 | | | | * | | | | | |
| | | A2.18.2 | Obtains a detailed history of the skin erythroderma (duration and associated symptoms) (C) | 35 | 2 | | | | * | | | | | |
| | | A2.18.3 | Performs a focused skin examination in regard to percentage of area involved, characteristics of the scales, the presence of pigmentary changes, and palmoplantar keratoderma (C) | 35 | 2 | | | | * | | | | | |
| | | A2.18.4 | Interprets the histopathology and laboratory findings (M) | 36 | 1 | | * | * | | * | | | | |
| | | A2.18.5 | Generates a differential diagnosis (M) | 35 | 1 | | * | * | | * | | | | |
| | | A2.18.6 | Performs a complete examination in relation to the presence of alopecia, nail changes, eye involvement, tachycardia, lymphadenopathy, oragnomegaly, and hyper-hypothermia (C) | 35 | 2 | | | | * | | | | | |
| | | A2.18.7 | Obtains informed consent for investigations | 35 | 2 | | | | * | | | | | |
| | Senior | A2.18.8 | Initiates appropriate investigations guided by the differential diagnosis (M) | 36 | 1 | | | * | | * | | | | |
| A2.18.9 | | Performs a skin biopsy (A) | 36 | 2 | | | | * | | | | | | |
| A2.19 First Degree Burn | Junior | A2.19.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration; application of topicals; drug intake; exposure to chemicals, hot fluids, fire, or irradiation; other diseases, infections, etc.) (C) | 36 | 2 | | | | * | | | | | |

| | | | | | | | | | |
|-------|--------------------------------|----------|--|--|----|---|---|---|---|
| | | A2.19.2 | Performs a standard skin examination, identifying the primary skin lesion and the extent and site of the skin lesions (C) | 36 | 2 | | | * | |
| | | A2.19.3 | Interprets laboratory results (M) | 36 | 1 | | * | * | * |
| | | A2.19.4 | Generates a differential diagnosis (M) | 36 | 1 | | * | * | * |
| | | A2.19.5 | Performs a complete physical examination, assesses the vital signs, and determines if the ailment is associated with other medical conditions (C) | 36 | 2 | | | * | |
| | | A2.19.6 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 36 | 1 | | * | * | * |
| | Senior | A2.19.7 | Initiates appropriate investigations guided by the severity of the condition (M) | 36 | 1 | | * | * | * |
| A2.20 | Folliculitis | Junior | A2.20.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, other diseases, infection, etc.) (C) | 37 | 2 | | | * |
| | | A2.20.2 | Performs a standard skin examination, identifying the primary skin lesion or any characteristic skin lesions (C) | 37 | 2 | | | * | |
| | | A2.20.3 | Interprets laboratory results (M) | 37 | 1 | | * | * | * |
| | | A2.20.4 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the ailment is associated with other medical conditions (C) | 37 | 2 | | | * | |
| | | A2.20.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 37 | 1 | | * | * | * |
| | Senior | A2.20.6 | Formulates an appropriate differential diagnosis (M) | 37 | 1 | | * | * | * |
| | | A2.20.7 | Initiates appropriate investigations guided by the severity of the condition (M) | 37 | 1 | | * | * | * |
| A2.21 | Genital Herpes Simplex | Junior | A2.21.1 | Obtains a complete history of previous exposure to an affected person (C) | 38 | 2 | | | * |
| | | A2.21.2 | Obtains a complete history concerning the presence of malaise, fever, anorexia, painful lymph nodes, as well as local pain and burning before the onset of the lesion (C) | 38 | 2 | | | * | |
| | | A2.21.3 | Obtains a complete history of the skin lesions (duration, onset, and distribution) (C) | 38 | 2 | | | * | |
| | | A2.21.4 | Performs a complete physical examination of the skin and genitalia with regard to the presence of vesicles, erythema, pustules, ulceration, and the distribution of the condition (C) | 38 | 2 | | | * | |
| | | A2.21.5 | Interprets the laboratory results (M) | 38 | 1 | | * | * | * |
| | | A2.21.6 | Formulates an appropriate differential diagnosis (M) | 38 | 1 | | * | * | * |
| | | A2.21.7 | Initiates an appropriate investigation guided by differential diagnosis (C) | 38 | 1 | | * | * | * |
| | Senior | A2.21.8 | Recognizes the systemic complaints and complications (urinary retention and septic meningitis) (M) | 38 | 1 | | | * | * |
| | | A2.21.9 | Recognizes the complications associated with the medications (M) | 38 | 1 | | | * | * |
| A2.22 | Gonorrhea | Junior | A2.22.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, urethral discharge, onset of the disease, painful micturition, fever, other symptoms, etc.) and other sexual contact history (C) | 39 | 2 | | | * |
| | | A2.22.2 | Performs a standard genital examination and anoral and perianal skin examination (C) | 39 | 2 | | | * | |
| | | A2.22.3 | Performs a complete physical examination, including the joints, and determines if the condition is associated with other problems (C) | 39 | 2 | | | * | |
| | | A2.22.4 | Interprets laboratory results (M) | 39 | 1 | | * | * | * |
| | | A2.22.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 39 | 1 | | * | * | * |
| | Senior | A2.22.6 | Formulates an appropriate differential diagnosis (M) | 39 | 1 | | | * | * |
| | | A2.22.7 | Initiates appropriate investigations, including screening for HIV and hepatitis and a syphilis serology, in accordance with the progression of the condition (M) | 39 | 1 | | * | * | * |
| A2.23 | Granuloma Inguinale | Junior | A2.23.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, onset of the disease, any urethral discharge, genital ulcers, fever, other symptoms, sexual history, etc.) (C) | 40 | 2 | | | * |
| | | A2.23.2 | Performs a standard genital examination, noting the primary and secondary lesions, the presence of any genital ulcers, the character of the inguinal swelling, and an oral and perianal skin examination (C) | 40 | 2 | | | * | |
| | | A2.23.3 | Performs a complete physical examination, including the lymph nodes, and determines if the condition is associated with other problems (C) | 40 | 2 | | | * | |
| | | A2.23.4 | Interprets the laboratory results (M) | 41 | 1 | | * | * | * |
| | | A2.23.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 40 | 1 | | * | * | * |
| | Senior | A2.23.6 | Formulates an appropriate differential diagnosis (M) | 40 | 1 | | | * | * |
| | | A2.23.7 | Initiates appropriate investigations, including screening for HIV, VDRL, TPHA, and a hepatitis serology in accordance with the progression of the condition (M) | 40 | 1 | | * | * | * |
| A2.24 | Lymphogranuloma venereum (LGV) | Junior | A2.24.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, onset, any urethral discharge, genital ulcers, fever, sexual history, other symptoms, etc.) (C) | 41 | 2 | | | * |
| | | A2.24.2 | Performs a standard genital examination, noting the primary and secondary lesions, any genital ulcers, the character of inguinal swelling, and an oral and perianal skin examination (C) | 41 | 2 | | | * | |
| | | A2.24.3 | Performs a complete physical examination, including the lymph nodes, and determines if the condition is associated with other problems (C) | 41 | 2 | | | * | |
| | | A2.24.4 | Interprets laboratory results (M) | 42 | 1 | | * | * | * |
| | | A2.24.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination. (C) | 42 | 1 | | * | * | * |
| | Senior | A2.24.6 | Formulates a differential diagnosis (M) | 42 | 1 | | | * | * |
| | | A2.24.7 | Initiates appropriate investigations, including a screening and serology for HIV and hepatitis, in accordance with the progression of the condition (M) | 42 | 1 | | * | * | * |
| A2.25 | Hair Loss | Junior | A2.25.1 | Obtains an efficient, focused history in relation to skin lesions (e.g., duration, past medical history, etc.) (C) | 43 | 2 | | | * |
| | | A2.25.2 | Obtains a focused history in relation to the impact of the disease on the patient's and their parents' mental health (M) | 43 | 2 | | | * | |
| | | A2.25.3 | Performs a standardized skin examination, ensuring the patient's comfort and proper communication (A) | 43 | 2 | | | * | |
| | | A2.25.4 | Assesses the patient suffering from hair loss | 43 | 1 | | * | * | * |
| | | A2.25.5 | Is aware of and comfortable with the diagnostic laboratory tests and diagnostic procedures | 43 | 1 | | * | * | * |
| | | A2.25.6 | Determines the cause of the hair loss; in some cases this only takes a short time | 43 | 1 | | * | * | * |
| | | A2.25.7 | Clarifies the possible associations and triggering factors of the disease | 43 | 1 | | * | * | * |
| | Senior | A2.25.8 | Develops an approach to the differential diagnoses of diffuse hair loss | 43 | 1 | | | * | * |
| | | A2.25.9 | Evaluates and treats androgenetic alopecia in women and understands when a workup for hyperandrogenism is required | 43 | 1 | | | * | * |
| | | A2.25.10 | Is aware of and comfortable with the diagnostic laboratory tests and diagnostic procedures | 43 | 1 | | | * | * |
| A2.26 | Hand, Foot, and Mouth Disease | Junior | A2.26.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, site of the onset of the disease, the progression of the skin lesions, drug intake, fever, other symptoms, etc.) (C) | 44 | 2 | | | * |
| | | A2.26.2 | Performs a standard skin examination, identifying the primary skin lesion (C) | 44 | 2 | | | * | |
| | | A2.26.3 | Performs a complete physical examination, assesses the vital signs, and determines if the condition is associated with other problems (C) | 44 | 2 | | | * | |
| | | A2.26.4 | Interprets laboratory results (M) | 44 | 1 | | * | * | * |

| | | | | | | | | | |
|---|--------|---------|--|--|--|----|---|---|---|
| | | A2.26.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 44 | 1 | * | * | * | * |
| | Senior | A2.26.6 | Generates a differential diagnosis (M) | 44 | 1 | | | * | * |
| | | A2.26.7 | Initiates appropriate investigations in accordance with the severity of the condition (M) | 44 | 1 | | | * | * |
| A2.27 Herpes Gestationis (Gestational Pemphigoid) (T) | Junior | A2.27.1 | Obtains a detailed history in relation to the patient's current pregnancy and/or delivery and previous pregnancies (C) | 45 | 2 | | | * | * |
| | | A2.27.2 | Obtains a focused history in relation to skin involvement (onset, duration, location, and associated symptoms) (C) | 45 | 2 | | | * | * |
| | | A2.27.3 | Interprets the histopathology, DIF, and laboratory findings (M) | 45 | 1 | * | * | * | * |
| | | A2.27.4 | Generates a differential diagnosis (M) | 45 | 1 | * | * | * | * |
| | | A2.27.5 | Initiates an appropriate investigation guided by the differential diagnosis (M) | 45 | 1 | * | * | * | * |
| | | A2.27.6 | Performs a complete skin examination in relation to the type of eruption (blisters, urticarial papules and their distribution, etc.) (C) | 45 | 2 | | | * | * |
| | | A2.27.7 | Obtains informed consent for investigation (A) | 45 | 2 | | | * | * |
| | | A2.27.8 | Performs a skin biopsy and DIF (M) | 45 | 2 | | | * | * |
| | | A2.27.9 | Recognizes the impact of the medication on the patient and fetus (M) | 45 | 1 | * | * | * | * |
| | | | Senior | A2.27.8 | Performs a skin biopsy and DIF (M) | 45 | 2 | | |
| | | A2.27.9 | Recognizes the impact of the medication on the patient and fetus (M) | 45 | 1 | * | * | * | * |
| A2.28 Herpes Zoster | Junior | A2.28.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, site of the onset of the disease, progression of skin lesions, pain, fever, other symptoms, etc.) (C) | 46 | 2 | | | * | * |
| | | A2.28.2 | Performs a standard skin examination at the site of the occurrence, identifying segmental distribution and apparent vesicles as possible signs of generalization (C) | 46 | 2 | | | * | * |
| | | A2.28.3 | Performs a complete physical examination, assesses the patient's vital signs and determines if the condition is associated with other problems (C) | 46 | 2 | | | * | * |
| | | A2.28.4 | Interprets laboratory results (M) | 46 | 1 | * | * | * | * |
| | | A2.28.5 | Generates a differential diagnosis. (M) | 46 | 1 | * | * | * | * |
| | | A2.28.6 | Initiates appropriate investigations depending on the severity of the condition (M) | 46 | 1 | * | * | * | * |
| | | A2.28.7 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 46 | 1 | * | * | * | * |
| | | | Senior | A2.28.7 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 46 | 1 | * | * |
| A2.29 Reactions to Insect Bites | Junior | A2.29.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, previous similar conditions, outdoor activity, exposure to animals, etc.) (C) | 47 | 2 | | | * | * |
| | | A2.29.2 | Performs a standard skin examination, identifying the primary skin lesion. (C) | 47 | 2 | | | * | * |
| | | A2.29.3 | Performs a complete physical examination assesses the patient's vital signs and determines if the condition is associated with angioedema (C) | 47 | 2 | | | * | * |
| | | A2.29.4 | Interprets laboratory results. (M) | 47 | 1 | * | * | * | * |
| | | A2.29.5 | Formulates an appropriate differential diagnosis (M) | 47 | 1 | * | * | * | * |
| | | A2.29.6 | Initiates appropriate investigations depending on the severity of the condition (M) | 47 | 1 | * | * | * | * |
| | | A2.29.7 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 47 | 1 | * | * | * | * |
| | | | Senior | A2.29.7 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 47 | 1 | * | * |
| A2.30 Lichen planus | Junior | A2.30.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, signs of inflammations, family history of disease, drug intake, and disease criteria) (C) | 48 | 2 | | | * | * |
| | | A2.30.2 | Obtains a focused history in relation to the impact of the disease on the patient's and their parents' mental health (M) | 48 | 2 | | | * | * |
| | | A2.30.3 | Lists various comorbidities associated with lichen planus and describes their effect on the natural history of the disease and their influence on the selection of therapy. | 48 | 1 | * | * | * | * |
| | | A2.30.4 | Performs a standardized skin examination, including genital and oral lesions, ensuring the patient's comfort and maintaining proper communication (A) | 48 | 2 | | | * | * |
| | | A2.30.5 | Performs a complete physical examination of the disease | 48 | 3 | | | * | * |
| | | A2.30.6 | Develops an approach to the differential diagnoses of papulosquamous disorders | 48 | 1 | * | * | * | * |
| | Senior | A2.30.7 | Recognizes the types of lichen planus, their clinical courses, the latest information about pathogenesis, and management techniques | 48 | 1 | | | * | * |
| | | A2.30.8 | Identifies the clinical subsets of lichen planus that can be treated through proper topical and systemic treatment and phototherapy | 48 | 1 | | | * | * |
| | | A2.30.9 | Clarifies the possible associations and triggering factors of the disease | 48 | 1 | | | * | * |
| | | | Senior | A2.30.9 | Clarifies the possible associations and triggering factors of the disease | 48 | 1 | | |
| A2.31 Malignant and premalignant skin lesions | Junior | A2.31.1 | Obtains an efficient, focused history in relation to the problem (e.g., family history, duration, previous skin excisions, recurrences, outdoor activities, tobacco consumption, drug intake, relation to other medical problems, infection, etc.) (C) | 49 | 2 | | | * | * |
| | | A2.31.2 | Performs a standard skin examination at the site of the outbreak, identifying the primary and any secondary skin lesions. (C) | 49 | 2 | | | * | * |
| | | A2.31.3 | Performs a complete physical examination, assesses the skin type, performs a lymph node examination, ascertains levels of solar damage, and determines if the condition is associated with other medical problems. (C) | 50 | 2 | | | * | * |
| | | A2.31.4 | Interprets the pathology and laboratory results. (M) | 50 | 1 | * | * | * | * |
| | | A2.31.5 | Initiates appropriate investigations, including informed consent for a skin biopsy, guided by the presentation and severity of the condition (M) | 50 | 1 | * | * | * | * |
| | | A2.31.6 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 50 | 1 | * | * | * | * |
| | | A2.31.7 | Formulates an appropriate differential diagnosis (M) | 50 | 1 | | | * | * |
| | | Senior | A2.31.7 | Formulates an appropriate differential diagnosis (M) | 50 | 1 | | | * |
| A2.32 Melasma | Junior | A2.32.1 | Obtains an efficient, focused history in relation to skin lesions (e.g., duration, pattern of skin morphology, onset, aggravating factors, pregnancy, and outdoor activities) (C) | 51 | 2 | | | * | * |
| | | A2.32.2 | Obtains a focused history in relation to the impact of the disease on the patient's and their parents' mental health (M) | 51 | 2 | | | * | * |
| | | A2.32.3 | Performs the standardized skin examination, ensuring the patient's comfort and proper communication (A) | 50 | 2 | | | * | * |
| | | A2.32.4 | Performs a complete physical examination of the disease, including performing Wood's lamp. | 51 | 2 | | | * | * |
| | | A2.32.5 | Formulates an appropriate differential diagnosis for hyperpigmented dermatosis. | 51 | 1 | * | * | * | * |
| | | | Senior | A2.32.5 | Formulates an appropriate differential diagnosis for hyperpigmented dermatosis. | 51 | 1 | * | * |
| A2.33 Pityriasis Versicolor (PV) | Junior | A2.33.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, sign of inflammations, past medical history) (C) | 51 | 2 | | | * | * |
| | | A2.33.2 | Obtains a focused history in relation to the impact of PV on the patient's mental health (M) | 51 | 2 | | | * | * |
| | | A2.33.3 | Performs the standardized skin examination, ensuring the patient's comfort and proper draping (A) | 51 | 2 | | | * | * |
| | | A2.33.4 | Performs a complete physical examination of the lesions (e.g., number, consistency, distribution, and the pattern of skin lesions). | 51 | 2 | | | * | * |
| | | A2.33.5 | Defines the risk factors, incidences, and clinical and prognostic characteristics of PV | 51 | 1 | * | * | * | * |
| | | A2.33.6 | Diagnoses skin conditions caused by malassezia yeast. | 52 | 1 | * | * | * | * |
| | | A2.33.7 | Chooses the appropriate diagnostic methods. | 51 | 1 | | | * | * |
| | | Senior | A2.33.7 | Chooses the appropriate diagnostic methods. | 51 | 1 | | | * |

| | | | | | | | | | | |
|---|---|---|--|--|---|----|---|---|---|---|
| | | A2.33.8 | Discusses the pathogenic strategies employed by malassezia yeast and possible responses to them. | 52 | 1 | | * | | * | |
| A2.34 Pruritus | Junior | A2.34.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, relation to food, infection, other underlying diseases, etc.) (C) | 53 | 2 | | | * | | |
| | | A2.34.2 | Performs a standard skin examination, identifying the primary, secondary, or any special skin lesions and assesses the level of skin hydration. (C) | 53 | 2 | | | * | | |
| | | A2.34.3 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the condition is associated with other system involvement (C) | 53 | 2 | | | * | | |
| | | A2.34.4 | Interprets laboratory results (M) | 53 | 1 | * | * | * | * | |
| | | A2.34.5 | Generates a differential diagnosis (M) | 53 | 1 | * | * | * | * | |
| | | A2.34.6 | Initiates appropriate investigations guided by the severity of the condition (M) | 53 | 1 | * | * | * | * | |
| | | A2.34.7 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 53 | 1 | * | * | * | * | |
| A2.35 Psoriasis | Junior | A2.35.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, signs of inflammation, family history of psoriasis, disease criteria) (C) | 54 | 2 | | | * | | |
| | | A2.35.2 | Obtains a focused history in relation to the impact of the disease on the patient's and their parents' mental health (M) | 54 | 2 | | | * | | |
| | | A2.35.3 | Lists various comorbidities associated with psoriasis and describes their effect on the natural history of the disease. | 54 | 1 | * | * | * | * | |
| | | A2.35.4 | Performs a standardized skin examination, ensuring the patient's comfort and proper communication (A) | 54 | 2 | | | * | | |
| | | A2.35.5 | Performs a complete physical examination of the disease. | 54 | 2 | | | * | | |
| | | A2.35.6 | Clarifies the possible associations and triggering factors of the disease. | 54 | 1 | * | * | * | * | |
| | | A2.35.7 | Develops an approach to the differential diagnosis of papulosquamous disorders. | 54 | 1 | * | * | * | * | |
| A2.36 Pyoderma Gangrenosum (PG) | Junior | A2.36.1 | Obtains a focused history in relation to skin lesions (duration, location), associated symptoms (fever, malaise, arthritis, abdominal pain), drugs, and medical illness (C) | 55 | 2 | | | * | | |
| | | A2.36.2 | Performs a complete examination focusing on the type of lesions (ulcerative, bullous, pustular, or vegetative), location, size, edge, and depth. | 55 | 2 | | | * | | |
| A2.37 Rosacea | Junior | A2.37.1 | Obtains a complete history concerning the presence of facial symptoms (erythema, and blushing) and/or ocular symptoms (dryness, edema, pain, blurry vision, styes, and chalazia) (C) | 56 | 2 | | | * | | |
| | | A2.37.2 | Obtains a complete history concerning the triggering factors (C) | 56 | 2 | | | * | | |
| | | A2.37.3 | Performs a physical examination of the skin to ascertain the presence of telangiectasia, edema, papules, pustules, nodules, and rhynophyma (C) | 56 | 2 | | | * | | |
| | | A2.37.4 | Performs a physical examination for ocular involvement (blepharitis, conjunctivitis, iritis) (M) | 56 | 2 | | | * | | |
| | | A2.37.5 | Interprets laboratory results (M) | 56 | 1 | * | * | * | * | |
| | | A2.37.6 | Generates a differential diagnosis (M) | 56 | 1 | * | * | * | * | |
| | | A2.37.7 | Initiates an appropriate investigation guided by differential diagnosis (C) | 56 | 1 | * | * | * | * | |
| | | A2.37.8 | Obtains informed consent for investigation. | 56 | 2 | | | * | | |
| | | Senior | A2.37.9 | Recognizes complications associated with medications (M) | 56 | 1 | | | * | * |
| | | A2.38 Scabies | Junior | A2.38.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, previous episodes, other family members affected, etc.) (C) | 57 | 2 | | | * |
| A2.38.2 | Performs a standard skin examination, identifying the primary skin lesion, sites of involvement, and distribution (C) | | | 57 | 2 | | | * | | |
| A2.38.3 | Performs a complete physical examination and assesses the patient's vital signs (C) | | | 57 | 2 | | | * | | |
| A2.38.4 | Interprets the laboratory results (M) | | | 57 | 1 | * | * | * | * | |
| A2.38.5 | Generates a differential diagnosis. (M) | | | 57 | 1 | * | * | * | * | |
| A2.38.6 | Performs a provisional diagnosis of the condition based on the patient's history and the physical examination (C) | | | 57 | 1 | * | * | * | * | |
| Senior | A2.38.7 | Initiates appropriate investigations depending on the severity of the condition (M) | 57 | 1 | | | * | * | | |
| A2.39 Staphylococcal Scalded Skin Syndrome (SSSS) | Junior | A2.39.1 | Obtains an efficient history in relation to skin lesions (onset, duration, disruption) and preceding illnesses and symptoms (fever, malaise, irritability and skin tenderness) (C) | 58 | 2 | | | * | | |
| | | A2.39.2 | Performs a complete physical examination on the skin in regard to the type of lesions, the presence of crusts, exfoliation, fissures, and erythema) (C) | 58 | 2 | | | * | | |
| | | A2.39.3 | Interprets the histopathology and laboratory findings (M) | 58 | 1 | * | * | * | * | |
| | | A2.39.4 | Performs local wound care (C) | 58 | 2 | | | * | | |
| | | A2.39.5 | Generates a differential diagnosis (M) | 58 | 1 | * | * | * | * | |
| | | A2.39.6 | Initiates an appropriate investigation guided by the differential diagnosis (M) | 58 | 1 | * | * | * | * | |
| | | A2.39.7 | Obtains informed consent for investigations (A) | 58 | 2 | | | * | | |
| Senior | A2.39.8 | Performs a skin biopsy (C) | 58 | 2 | | | * | | | |
| A2.40 Stevens-Johnson Syndrome | Junior | A2.40.1 | Obtains an efficient history in relation to the duration, distribution, onset, tenderness of the skin lesions, and associated symptoms (fever, cough, sore throat, and headache) (C) | 59 | 2 | | | * | | |
| | | A2.40.2 | Obtains a detailed history of medication and preceding illnesses (C) | 59 | 2 | | | * | | |
| | | A2.40.3 | Performs a complete skin examination focusing on the percentage of area involved, the type and the location of the skin lesions, the mucous membrane, eye involvement, organomegaly, and lymphadenopathy (C) | 59 | 2 | | | * | | |
| | | A2.40.4 | Performs Bikolsky's sign (M) | 59 | 2 | | | * | | |
| | | A2.40.5 | Performs a complete systemic examination (C) | 59 | 2 | | | * | | |
| | | A2.40.6 | Assesses the severity of the pain (M) | 59 | 1 | * | * | * | * | |
| | | A2.40.7 | Interprets the histopathology (M) | 59 | 1 | * | * | * | * | |
| | | A2.40.8 | Generates other possible differential diagnoses (M) | 59 | 1 | * | * | * | * | |
| | | A2.40.9 | Initiates an appropriate investigation guided by the differential diagnosis (C) | 59 | 1 | * | * | * | * | |
| | | A2.40.10 | Recognizes all of the sequelae of the disease (M) | 59 | 1 | * | * | * | * | |
| | | A2.40.11 | Obtains informed consent for the investigation (A) | 59 | 2 | | | * | | |
| Senior | A2.40.12 | Performs a skin biopsy and direct and indirect immunofluorescence (C) | 59 | 2 | | | * | * | | |
| A2.41 Sweet's Syndrome (acute febrile | Junior | A2.41.1 | Obtains a focused history in relation to skin lesions (duration, location), associated symptoms (fever, malaise, arthritis, abdominal pain), drugs, and medical illness (C) | 60 | 2 | | | * | | |

| | | | | | | | | | | |
|--|--|---|---|---|--|----|---|---|---|---|
| neutrophilic dermatosis) | | A2.41.2 | Performs a complete examination focusing on lesion type, location and size | 60 | 2 | | | * | | |
| | | A2.41.3 | Interprets the histopathology and lab findings (M) | 60 | 1 | * | * | | * | |
| | | A2.41.4 | Generates a differential diagnosis (M) | 60 | 1 | * | * | | * | |
| | | A2.41.5 | Initiates an appropriate investigation guided by the differential diagnosis | 60 | 1 | * | * | | * | |
| | | A2.41.6 | Obtains informed consent for investigation (A) | 60 | 2 | | | * | | |
| | | Senior | A2.41.7 | Recognizes systemic diseases associated with Sweet's syndrome (M) | 60 | 1 | | * | | * |
| | | A2.41.8 | Performs a skin biopsy | 60 | 2 | | | * | | |
| | | A2.42 Syphilis | Junior | A2.42.1 | Obtains a detailed history in relation to the skin lesions (onset, duration, and distribution) and associated symptoms (fever, malaise, and weight loss) (C) | 61 | 2 | | | * |
| | | A2.42.2 | Obtains a complete history in relation to the presence of cardiovascular, neurological, and skeletal symptoms (C) | 61 | 2 | | | * | | |
| | | A2.42.3 | Obtains a detailed history concerning the sexual activity of the adult patient and their partner (C) | 61 | 2 | | | * | | |
| A2.42.4 | Performs a complete physical examination of the skin, mucosal membrane, and scalp (C) | 61 | 2 | | | * | | | | |
| A2.42.5 | Performs a complete physical examination of the genital area with regard to the presence of painless papules, nodules, ulceration, and lymphadenopathy (C) | 61 | 2 | | | * | | | | |
| A2.42.6 | Performs a syphilis serology and a hepatitis and HIV screening (A) | 61 | 1 | * | * | | * | | | |
| A2.42.7 | Performs a skin biopsy and interprets the histopathology, serology, and other laboratory findings (C) | 61 | 2 | | | * | | | | |
| A2.42.8 | Recognizes the different presentations of all stages (congenital, primary, secondary, and latent periods) (C) | 61 | 1 | * | * | | * | | | |
| A2.42.9 | Generates a differential diagnosis. (M) | 61 | 1 | * | * | | * | | | |
| A2.42.10 | Initiates appropriate investigations guided by the differential diagnosis and the suspected stage of the disease (C) | 61 | 1 | * | * | | * | | | |
| Senior | A2.42.11 | Recognizes all extra cutaneous manifestations of the disease, including in the cardiovascular, neurological, skeletal, and digestive system (C) | 61 | 1 | | * | | * | | |
| A2.43 Tinea Pedis (TP) | Junior | A2.43.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, sign of inflammations, past medical history) (C) | 62 | 2 | | | * | | |
| A2.43.2 | Obtains a focused history in relation to the impact of AP on the patient's psychological health (M) | 62 | 2 | | | * | | | | |
| A2.43.3 | Performs a standardized skin examination, ensuring the patient's comfort and proper draping (A) | 62 | 2 | | | * | | | | |
| A2.43.4 | Performs a complete physical examination of the lesions (e.g., number, consistency, distribution, and pattern of skin lesions) | 62 | 2 | | | * | | | | |
| A2.43.5 | Defines the risk factors, incidences, and clinical and prognostic characteristics of TP | 62 | 1 | * | * | | * | | | |
| Senior | A2.43.6 | Chooses the appropriate diagnostic methods | 62 | 1 | | * | | * | | |
| A2.44 Toxic Epidermal Necrolysis (TEN) | Junior | A2.44.1 | Obtains an efficient history in relation to the skin lesions (duration, distribution, onset) and associated symptoms (fever, pain, difficulty swallowing, eye involvement), medical illness, and medications (C) | 63 | 2 | | | * | | |
| A2.44.2 | Performs focused examinations of the skin lesions (blisters, purpuric, necrosis, erythema, presence of atypical target lesions) and ascertains the presence of mucosal involvement (C) | 63 | 2 | | | * | | | | |
| A2.44.3 | Determines the percentage of body surface area suffering from detached skin | 63 | 1 | * | * | | * | | | |
| A2.44.4 | Uses the SCORTEN scale (a severity of illness rating for TEN) to recognize all of the prognostic factors that predict the outcome (M) | 63 | 1 | * | * | | * | | | |
| A2.44.5 | Assesses the severity of the pain | 63 | 1 | * | * | | * | | | |
| A2.44.6 | Interprets the histopathology and laboratory findings (M) | 63 | 1 | * | * | | * | | | |
| A2.44.7 | Performs Nicksosky's sign (C) | 63 | 2 | | | * | | | | |
| A2.44.8 | Recognizes all of the sequelae of the disease (M) | 63 | 1 | * | * | | * | | | |
| A2.44.9 | Generates a differential diagnosis (M) | 63 | 1 | * | * | | * | | | |
| A2.44.10 | Initiates appropriate investigations guided by the differential diagnosis (C) | 63 | 1 | * | * | | * | | | |
| A2.44.11 | Obtains informed consent for investigations (A) | 63 | 2 | | | * | | | | |
| Senior | A2.44.12 | Performs a skin biopsy (C) | 63 | 2 | | | * | | | |
| A2.45 Urticaria | Junior | A2.45.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, relation to food, infection, etc.) (C) | 64 | 2 | | | * | | |
| A2.45.2 | Performs a standard skin examination, identifying the primary skin lesion (C) | 64 | 2 | | | * | | | | |
| A2.45.3 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the condition is associated with angioedema (C) | 64 | 2 | | | * | | | | |
| A2.45.4 | Interprets the laboratory results (M) | 64 | 1 | * | * | | * | | | |
| A2.45.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 64 | 1 | * | * | | * | | | |
| A2.45.6 | Generates a differential diagnosis (M) | 64 | 1 | * | * | | * | | | |
| Senior | A2.45.7 | Initiates appropriate investigations guided by the severity of the condition (M) | 64 | 1 | | * | | * | | |
| A2.46 Varicella | Junior | A2.46.1 | Obtains an efficient, focused history in relation to the problem and history of contact with other chickenpox patients (e.g. duration, site of the start of the disease, progression of skin lesions, drug intake, fever, other symptoms, etc.) (C) | 65 | 2 | | | * | | |
| A2.46.2 | Performs a standard skin examination, identifying the primary and secondary skin lesions, including the oral mucosa and scalp (C) | 65 | 2 | | | * | | | | |
| A2.46.3 | Performs a complete physical examination, assesses the patient's vital signs and determines if this condition is associated with other problems (C) | 65 | 2 | | | * | | | | |
| A2.46.4 | Interprets laboratory results (M) | 65 | 1 | * | * | | * | | | |
| A2.46.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 65 | 1 | * | * | | * | | | |
| A2.46.6 | Generates a differential diagnosis (M) | 65 | 1 | * | * | | * | | | |
| Senior | A2.46.7 | Initiates appropriate investigations guided by the severity of the condition (M) | 65 | 1 | | * | | * | | |
| A2.47 Vasculitis | Junior | A2.47.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, frequency, drug intake, relation to other medical problems, infection, hematuria, melena, abdominal pain, etc.) (C) | 66 | 2 | | | * | | |
| A2.47.2 | Performs a standard skin examination at the site of the onset of the disease, identifying the primary and secondary skin lesions (C) | 66 | 2 | | | * | | | | |
| A2.47.3 | Performs a complete physical examination, assesses the patient's vital signs, and determines if the condition is associated with other medical problems (C) | 66 | 2 | | | * | | | | |
| A2.47.4 | Interprets laboratory results (M) | 66 | 1 | * | * | | * | | | |
| A2.47.5 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 66 | 1 | * | * | | * | | | |
| A2.47.6 | Formulates an appropriate differential diagnosis (M) | 66 | 1 | * | * | | * | | | |
| A2.47.7 | Recognizes the different types of vasculitis | 66 | 1 | * | * | | * | | | |

| | | | | | | | | | | |
|----------------|--|--------|---------|--|----------------|---|--|---|---|---|
| | | Senior | A2.47.8 | Initiates appropriate investigations guided by the severity of the condition, including a skin biopsy and DIF (M) | 66 | 1 | | * | | * |
| | A2.48 Viral Exanthem | Junior | A2.48.1 | Obtains an efficient, focused history in relation to the problem (e.g., duration, site of the start of the disease, progression of skin lesions, drug intake, fever, other symptoms, etc.) (C) | 67 | 2 | | | * | |
| | | | A2.48.2 | Performs a standard skin examination, including oral mucosa, identifying the primary skin lesion (C) | 67 | 2 | | | * | |
| | | | A2.48.3 | Performs a complete physical examination, assesses the patient's vital signs and determines if the condition is associated with other problems (C) | 67 | 2 | | | * | |
| | | | A2.48.4 | Interprets laboratory results. (M) | 67 | 1 | | * | * | * |
| | | | A2.48.5 | Generates a differential diagnosis (M) | 67 | 1 | | * | * | * |
| | | | A2.48.6 | Performs a provisional diagnosis of this condition based on the patient's history and the physical examination (C) | 67 | 1 | | * | * | * |
| | | Senior | A2.48.7 | Initiates appropriate investigations and serology guided by the severity of the condition (M) | 67 | 1 | | * | | * |
| | A2.49 Vitiligo | Junior | A2.49.1 | Obtains an efficient, focused history in relation to skin lesions (e.g., duration, pattern of skin morphology, sign of inflammations, family history of vitiligo, disease criteria) (C) | 68 | 2 | | | * | |
| | | | A2.49.2 | Obtains a focused history in relation to the impact of the disease on the patient and their parents' mental health (M) | 68 | 2 | | | * | |
| | | | A2.49.3 | Performs a standardized skin examination, ensuring the patient's comfort and proper communication (A) | 68 | 2 | | | * | |
| | | | A2.49.4 | Performs a complete physical examination of the disease | 68 | 2 | | | * | |
| | | | A2.49.5 | Develops an approach to the differential diagnosis of depigmented dermatosis | 68 | 1 | | * | * | * |
| | | | A2.49.6 | Discusses the mechanism of depigmentation | 68 | 1 | | * | * | * |
| | | Senior | A2.49.7 | Recognizes the types of vitiligo, their clinical courses, the latest information about pathogenesis, and the peculiarities relating to depigmented skin | 68 | 1 | | * | | * |
| | | | A2.49.8 | Clarifies the possible associations and triggering factors for the disease. | 68 | 1 | | * | | * |
| | | | A2.49.9 | Develops a strategy to diagnose vitiligo and related disorders | 68 | 1 | | * | | * |
| | A2.50 Wart | Junior | A2.50.1 | Obtains an efficient, focused history in relation to the skin lesions (e.g., duration, pattern of skin morphology, history of contact, family history of warts) (C) | 69 | 2 | | | * | |
| | | | A2.50.2 | Performs a standardized skin examination, ensuring the patient's comfort and proper draping (A) | 69 | 2 | | | * | |
| | | | A2.50.3 | Performs a complete physical examination of the warty lesions (e.g., number, consistency, distribution, and pattern of skin lesions) | 69 | 2 | | | * | |
| | | | A2.50.4 | Screens for STDs in genital warts | 69 | 1 | | * | * | * |
| A3. Management | A3.1 General | Junior | A3.1.1 | Learn the indications for patch testing, ultraviolet light therapy, cryosurgery, electrosurgery, and referrals for advanced dermatologic surgery. | 12 | 1 | | * | * | * |
| | | Senior | A3.1.2 | Be capable of formulating an appropriate treatment plan for common and rare dermatological diseases. | 13 | 1 | | * | | |
| | | | A3.1.3 | Have comprehensive knowledge of the treatment of skin diseases. | 13 | 1 | | * | | |
| | | | A3.1.4 | Have an understanding and knowledge of the majority of surgical dermatology procedures and laser applications. | 13 | 1 | | * | | * |
| | | All | A3.1.5 | Interprets and understands why patients may not be responding to traditional therapy. | 22, 52, 62, 70 | 1 | | * | * | * |
| | | | A3.1.6 | Ensures that the patient is up-to-date with the age-related cancer screening tests | 29 | 2 | | | * | |
| | A3.2 Bullous Impetigo | Junior | A3.2.1 | Outlines the medical management of the disease, including topical and systemic therapy (M) | 27 | 1 | | * | * | * |
| | A3.3 Acne | Junior | A3.3.1 | Proposes alternative treatments for patients with acne-like conditions. | 22 | 1 | | * | * | * |
| | | | A3.3.2 | Is aware of the treatment options for acne, including topical and oral medications as well as light and laser treatment. | 22 | 1 | | * | * | * |
| | | | A3.3.3 | Designs and individualizes the management of patients with post-acne scarring. | 22 | 1 | | * | * | * |
| | A3.4 Hair Loss | Senior | A3.4.1 | Applies the principles of effective surgical designs and techniques to achieve excellent surgical results in hair transplant surgery | 43 | 1 | | * | | * |
| | A3.5 Acute Contact Dermatitis | Junior | A3.5.1 | Outlines the medical management and any urgent medication required (C) | 23 | 1 | | * | * | * |
| | | Senior | A3.5.2 | Initiates appropriate investigations in relation to the severity of the condition (M) | 23 | 1 | | * | | * |
| | A3.6 Pityriasis Versicolor (PV) | Junior | A3.6.1 | Knows the treatment options, including topical and oral medications | 52 | 1 | | * | | * |
| | A3.7 Psoriasis | Junior | A3.7.1 | Chooses the proper topical and systemic treatments that may be associated with phototherapy. | 54 | 1 | | * | | * |
| | A3.8 Stevens-Johnson syndrome | Junior | A3.8.1 | Performs local wound care (C) | 59 | 2 | | | * | |
| | A3.9 Alopecia Areata (AA) | Junior | A3.9.1 | Identifies the best treatment approach, based on a choice between well-established and new modalities | 24 | 1 | | * | * | * |
| | | | A3.9.2 | Identifies new and emerging therapies for AA | 24 | 1 | | * | * | * |
| | | | A3.9.3 | Evaluates the effectiveness and safety of systemic therapies | 25 | 1 | | * | * | * |
| | | | A3.9.4 | Enhances patients' perceptions of outcomes through efficient management of the disease | 25 | 2 | | | * | |
| | | | A3.9.5 | Determines the risk/benefit ratios for systemic treatments for AA | 25 | 1 | | * | * | * |
| | A3.10 Atopic Dermatitis (AD) | Junior | A3.10.1 | Analyzes how this new information may impact approaches to the prevention and treatment of AD | 26 | 1 | | * | * | * |
| | A3.11 Bullous pemphigoid/ Pemphigus Vulgaris | Junior | A3.11.1 | Performs local wound care (C) | 28 | 2 | | | * | |
| | | | A3.11.2 | Outlines the medical management of patients with blistering diseases, including the use of a systemic corticosteroid, immunosuppressive agents, IVIG, biologics, | 28 | 1 | | * | * | * |
| | | | A3.11.3 | Obtains medical management for pain (M) | 28 | 1 | | * | * | * |
| | | | A3.11.4 | Recognizes all of the complications associated with the medications (M) | 28 | 1 | | * | * | * |
| | A3.12 Chancroid | Junior | A3.12.1 | Outlines the medical management and any urgent medication required (C) | 29 | 1 | | * | * | * |
| | A3.13 Cellulitis and Erysipelas | Junior | A3.13.1 | Outlines the medical management to be used and any urgent medication required (C) | 30 | 1 | | * | * | * |

| | | | | | | | | | |
|---|--------|---------|---|----|---|---|---|---|---|
| A3.14 Drug Eruption | Junior | A3.14.1 | Outlines the medical management and any urgent medication required (C) | 31 | 1 | * | * | * | * |
| A3.15 Eczema Herpeticum | Junior | A3.15.1 | Outlines medical management for eczema herpeticum, including using systemic anti-viral medications and managing active eczema (M). | 32 | 1 | * | * | * | * |
| A3.16 Erythema Multiforme | Junior | A3.16.1 | Outlines the medical management and any urgent medication required (C) | 33 | 1 | * | * | * | * |
| A3.17 Erythema Nodosum (T) | Junior | A3.17.1 | Outlines medical managements for patients with erythema nodosum; for example: bed rest, salicylate, non-steroidal anti-inflammatory agents, colchicines, and systemic corticosteroids (M) | 34 | 1 | * | * | * | * |
| A3.18 Erythroderma (T) | Junior | A3.18.1 | Outlines the medical managements for patients with erythroderma, including: nutritional assessments, correction of fluid and electrolyte imbalances, prevention of hypothermia, treatment of secondary infections, and the use of wet dressing and bland emollients (M) | 36 | 1 | * | * | * | * |
| A3.19 First Degree Burn | Junior | A3.19.1 | Outlines the medical management and any urgent medication required (C) | 36 | 1 | * | * | * | * |
| A3.20 Folliculitis | Junior | A3.20.1 | Outlines the medical management and any urgent medication required (C) | 37 | 1 | * | * | * | * |
| A3.21 Genital Herpes Simplex | Junior | A3.21.1 | Outlines the medical management of genital herpes and the use of systemic anti-viral medications (M) | 38 | 1 | * | * | * | * |
| A3.22 Gonorrhea | Junior | A3.22.1 | Outlines the medical management and any urgent medication required (C) | 39 | 1 | * | * | * | * |
| A3.23 Granuloma Inguinale | Junior | A3.23.1 | Outlines the medical management and any urgent medication required (C) | 41 | | * | * | * | * |
| A3.24 Lymphogranuloma venereum (LGV) | Junior | A3.24.1 | Outlines the medical management and any urgent medication required (C) | 42 | 1 | * | * | * | * |
| A3.25 Hair Loss | Junior | A3.25.1 | Develops management plans for patients with common forms of alopecia | 43 | 1 | * | * | * | * |
| | | A3.25.2 | Systematically selects an appropriate therapy and track response parameters | 43 | 1 | * | * | * | * |
| A3.26 Hand, Foot, and Mouth Disease | Junior | A3.26.1 | Outlines the medical management and any urgent medication required (C) | 44 | 1 | * | * | * | * |
| A3.27 Herpes Gestationis (Gestational Pemphigoid) (T) | Junior | A3.27.1 | Performs local skin care(C) | 45 | 2 | | | * | |
| | | A3.27.2 | Outlines management through the use of HG, including the use of systemic steroids (M) | 45 | 1 | * | * | * | * |
| A3.28 Herpes Zoster | Junior | A3.28.1 | Outlines the medical management and any urgent medication required (C) | 46 | 1 | * | * | * | * |
| A3.29 Reactions to Insect Bites | Junior | A3.29.1 | Outlines the medical management and any urgent medication required (C) | 47 | 1 | * | * | * | * |
| A3.30 Lichen planus | Junior | A3.30.1 | Chooses the proper topical and systemic treatments that may be associated with phototherapy | 48 | 1 | * | * | * | * |
| | | A3.30.2 | Outlines potential adjustments to treatments that may optimize treatment responses in patients with comorbidities who are not responding optimally | 48 | 1 | * | * | * | * |
| | | A3.30.3 | Discusses the mechanisms of action and potential adverse effects of selected current and future systemic treatments for lichen planus | 48 | 1 | * | * | * | * |
| A3.31 Malignant and premalignant | Junior | A3.31.1 | Outlines the surgical and medical management and any urgent action required (C) | 50 | 1 | * | * | * | * |
| A3.32 Melasma | Junior | A3.32.1 | Identifies all forms of treatment of melasma, their advantages and disadvantages, indications for use, and outcomes. | 51 | 1 | * | * | * | * |
| A3.33 Pityriasis Versicolor (PV) | Junior | A3.33.1 | Becomes familiar with recent approaches to the management of superficial fungal infections | 52 | 1 | * | * | * | * |
| | | A3.33.2 | Lists various comorbidities associated with psoriasis and describes their influence on the selection of psoriasis therapy. | 54 | 1 | * | * | * | * |
| A3.34 Pruritus | Junior | A3.34.1 | Outlines the medical management and any urgent medication required (C) | 53 | 1 | * | * | * | * |
| A3.35 Psoriasis | Junior | A3.35.1 | Evaluates and recognizes how to monitor and manage patients on biologic drugs. | 54 | 1 | * | * | * | * |
| | | A3.35.2 | Outlines potential adjustments that can be made to treatments in order to optimize treatment response in psoriasis patients with comorbidities who are not responding optimally. | 54 | 1 | * | * | * | * |
| | | A3.35.3 | Discusses the mechanisms of action and potential adverse effects of selected current and future systemic treatments for psoriasis | 54 | 1 | * | * | * | * |
| | | A3.35.4 | Effectively treats nail psoriasis and psoriasis in children; recognizes systemic disorders associated with psoriasis; knows when and how to use phototherapy. | 54 | 1 | * | * | * | * |
| | | A3.35.5 | Discusses and understands the importance of the different quality-of-life measures for psoriasis. | 54 | 1 | * | * | * | * |
| A3.36 Pyoderma Gangrenosum (PG) | Junior | A3.36.1 | Outlines the medical management of the disease, including topical and systemic therapy (M) | 55 | 1 | * | * | * | * |
| A3.37 Rosacea | Junior | A3.37.1 | Outlines the topical management of rosacea and the use of systemic medications (M) | 56 | 1 | * | * | * | * |
| A3.38 Scabies | Junior | A3.38.1 | Outlines the medical management, including topical and systemic medication (C) | 57 | 1 | * | * | * | * |

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|-----------------|--------|--|--|--|---|----|---|---|---|--|---|
| | | A3-39 Staphylococcal Scalded Skin Syndrome (SSSS) | Junior | A3-39.1 | Recognizes the need for immediate admission (M) | 58 | 1 | * | * | | * |
| | | | | A3-39.2 | Recognizes the need for isolation(M) | 58 | 1 | * | * | | * |
| | | | | A3-39.3 | Outlines the medical management required, including the commencement of appropriate systematic antimicrobial treatment (M) | 58 | 1 | * | * | | * |
| | | A3-40 Stevens-Johnson Syndrome | Junior | A3-40.1 | Recognizes the need for immediate admission to Intensive Care Unit/Burn Unit (M) | 59 | 1 | * | * | | * |
| | | | | A3-40.2 | Outlines the medical management of patient, beginning with discontinuing the use of the offending drug and providing supportive care and specific therapy, which includes the use of systemic corticosteroids, immunosuppressive agents, and IVIG (M) | 59 | 1 | * | * | | * |
| | | | | A3-40.3 | Obtains medical management for pain (M) | 59 | 1 | * | * | | * |
| | | | | A3-40.4 | Recognizes all of the related complications for the medications (M) | 59 | 1 | * | * | | * |
| | | A3-41 Sweet's Syndrome (acute febrile neutrophilic dermatosis) | Junior | A3-41.1 | Outlines the medical management of the disease, including the topical and systemic therapy (M) | 60 | 1 | * | * | | * |
| | | A3-42 Syphilis | Junior | A3-42.1 | Outlines the medical management for syphilis patients of all stages and the recommended treatment for special situations such as pregnancy, HIV, and congenital disease (M) | 61 | 1 | * | * | | * |
| | | | | A3-42.2 | Performs a post-treatment follow-up examination (serological, and clinical) for all patients (M) | 61 | 1 | * | * | | * |
| | | A3-43 Tinea Pedis (TP) | Junior | A3-43.1 | Is aware of the treatment options, including topical and oral medications | 62 | 1 | * | * | | * |
| | | | | A3-43.2 | Becomes familiar with recent approaches towards the management of superficial fungal infections | 62 | 1 | * | * | | * |
| | | A3-44 Toxic Epidermal Necrolysis (TEN) | Junior | A3-44.1 | Recognizes the need for immediate admission to the Intensive Care/Burn Unit | 63 | 1 | * | * | | * |
| | | | | A3-44.2 | Performs local wound care (M) | 63 | 2 | | | | * |
| | | | | A3-44.3 | Outlines the medical management commencing with the immediate discontinuation of use of the causative drugs and the provision of supportive care and specific therapy (M) | 64 | 1 | * | * | | * |
| | | | | A3-44.4 | Recognizes the complications that are associated with the medications (M) | 64 | 1 | * | * | | * |
| | | A3-45 Urticaria | Junior | A3-45.1 | Outlines the medical management and any urgent medication required (C) | 64 | 1 | * | * | | * |
| | | A3-46 Varicella | Junior | A3-46.1 | Outlines the medical management and any urgent medication required (C) | 65 | 1 | * | * | | * |
| | | A3-47 Vasculitis | Junior | A4-47.1 | Outlines the medical management and any urgent medication required (C) | 66 | 1 | * | * | | * |
| | | A3-48 Viral Exanthem | Junior | A3-48.1 | Outlines the medical management and any urgent medication required (C) | 67 | 1 | * | * | | * |
| | | A3-49 Vitiligo | Junior | A3-49.1 | Identifies the best approach to treatment, based on a choice between well-established and new modalities | 69 | 1 | * | * | | * |
| | | | | A3-49.2 | Identifies all of the forms of treatment of vitiligo, their advantages and disadvantages, indications for use, and outcomes | 69 | 1 | * | * | | * |
| | | | | A3-49.3 | Identifies the clinical subsets of vitiligo that can be treated with phototherapy | 69 | 1 | * | * | | * |
| A3-50 Wart | Junior | A3-50.1 | Recognizes the treatment options for warts, including topical as well as cryosurgery, surgery, and lasers | 70 | 1 | * | * | | * | | |
| | | A3-50.2 | Selects the most adequate treatment option for these viruses | 70 | 1 | * | * | | * | | |
| | | A3-50.3 | Counsels the patient regarding the use of vaccines in the prevention of warts | 70 | 2 | | | | * | | |
| | | A3-50.4 | Discusses the use of new topical modalities to treat warts (discusses indications, contraindications, and the pros and cons of using topical sensitizers to treat warts) | 70 | 1 | * | * | | * | | |
| B. Communicator | All | B1 | Counsels patients who possess risk factors relating to the development of scars on how to prevent scarring. | 22,26 | 2 | | | | * | | |
| | | B2 | Communicates with the patient concerning the diagnosis and prognosis with due empathy and effectiveness. | 22,24,25,26,28,29,31,32,33,37,37,38,40,41,42,43,44,45,47,49,50,52,53,54,56,57,59,62,64,65,66,67,68,70, | 2 | | | | * | | |
| | | B3 | Counsels and educates patients on the roles stress and sun exposure play in aggravating acne/disease. | 22,25,26,49,54,69, | 2 | | | | * | | |
| | | B4 | Adequately prepares and educates the patient concerning available alternative treatments. | 22,70 | 2 | | | | * | | |
| | | B5 | Counsels and educates the patient on the etiology, role, and risk factors that may contribute to such a condition (C) | 24,31,32,33,37,37,44,46,47,50,53,55,57,59,60,65,66,67,68, | 2 | | | | * | | |
| | | B6 | Explores and responds to the patient's concerns and thoughts on such a condition (C) | 24,31,34,37,37,40,41,42,44,46,47,50,53,57,65,66,67,68, | 2 | | | | * | | |
| | | B7 | Counsels patients with a possible positive family history of the disease (A) | 25,43,49,54,69, | 2 | | | | * | | |

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| B8 | Counsels the patient concerning possible direct contact transmission and predisposing factors (warm temperature, poor hygiene, and skin trauma) (M) | 27 | 2 | | | * | |
| B9 | Counsels the patient/family concerning the need for treatment on the nasal/perianal areas in case of a recurrence (M) | 27 | 2 | | | * | |
| B10 | Counsels and educates the patient concerning the treatment and possible side-effects (M) | 28 | 2 | | | * | |
| B11 | Counsels and educates the patient on the etiology and factors that may play a role in exacerbating such a condition and the importance of partner examination (C) | 29,40,41,42, | 2 | | | * | |
| B12 | Communicates with patient/parents in relation to the diagnosis, prognosis, treatment options, and side effects (C) | 33,34,36,58,61, | 2 | | | * | |
| B13 | Counsels patients/parents about skin care (C) | 33 | 2 | | | * | |
| B14 | Provides education in regard to atopic dermatitis (M) | 33 | 2 | | | * | |
| B15 | Educates the patient about the possibility of an underlying medical illness and that erythema nodosum can be a prognostic indicator of a certain disorder (M) | 35 | 2 | | | * | |
| B16 | Educates the patient, their family, and nurses about skin care (C) | 36 | 2 | | | * | |
| B17 | Communicates and educates the patient concerning the etiology and factors that contribute to the disease (C) | 38,56 | 2 | | | * | |
| B18 | Communicates with the patient concerning the risk associated with, and the transmission methods of, the disease while it is in an inactive stage (M) | 39 | 2 | | | * | |
| B19 | Answers the patient's questions and addresses their anxiety (F) | 39,56,58, | 2 | | | * | |
| B20 | Counsels and educates patients on the role stress plays in aggravating alopecia (C) | 43 | 2 | | | * | |
| B21 | Counsels and educates the patient concerning the risk of a reoccurrence during a future pregnancy (M) | 45 | 2 | | | * | |
| B22 | Counsels the patient about the impact of the disease on the fetus/newborn (M) | 45 | 2 | | | * | |
| B23 | Counsels the patient on the possible recurrence of the disease upon use of contraception medication or menstruation (M) | 45 | 2 | | | * | |
| B24 | Recognizes how the patient and their families behave when the disease is newly diagnosed. | 49 | 3 | | | * | |
| B25 | Communicates with the patient concerning the diagnosis and prognosis with due empathy and effectiveness, emphasizing the avoidance of sun exposure and regular use of sun block (C) | 51 | 2 | | | * | |
| B26 | Counsels patients with risk factors for the development of pityriasis versicolor. | 52 | 2 | | | * | |
| B27 | Counsels and educates patients on the role a hot environment plays in | 52 | 2 | | | * | |
| B28 | Adequately prepares and educates the patient concerning alternative available treatments. | 52,62 | 2 | | | * | |
| B29 | Counsels the patient concerning the treatment modalities (M) | 55,60, | 2 | | | * | |
| B30 | Communicates with the patient concerning how to avoid triggering factors (M) | 56 | 2 | | | * | |
| B31 | Explains the chronicity of the disease to the patient (M) | 56 | | | | * | |
| B32 | Addresses all of the patients' questions and concerns (F) | 61 | 2 | | | * | |
| B33 | Educates the patient concerning the transmission mode of the disease (C) | 61 | 2 | | | * | |
| B34 | Counsels and educates the patients concerning the impact of the disease both clinically and socially (M) | 61 | 2 | | | * | |
| B35 | Counsels patients with risk factors for the development of TP | 62 | 2 | | | * | |
| B36 | Counsels and educates patients on the role a wet and moist environment plays in aggravating TP (C) | 62 | 2 | | | * | |
| B37 | Answers the patient's and the patient's family's questions and addresses their anxieties (C) | 64 | 2 | | | * | |
| B38 | Counsels patients concerning the possible risk of transmission through family members (A) | 70 | 2 | | | * | |
| B39 | Notes how the patient and their family behave when they are newly diagnosed. | 22,25,26,43,52,54,62,69,70, | 3 | | | * | |
| B40 | Explores and responds to the patient's concerns and thoughts on such a condition (C) | 29,32 | 2 | | | * | |
| B41 | Demonstrates respect and empathy in relation to the patient (A) | 64 | 3 | | | * | |
| C. Collaborator | All | C1 | Liaises effectively with medical, endocrinology, psychiatry, nursing, and social work services. | 23,26,29,49,54,62,69,70 | 3 | | |
| | | C2 | Liaises effectively with nursing staff and, if their services are required, with other specialized departments. (M) | 24,25,27,30,31,32,33,34,35,36,37,38,40,41,42,43,44,45,46,48,50,51,52,53,55,56,57,58,59,60,64,65,66,67,68, | 3 | | |
| | | C3 | Liaises effectively with the infectious control/infectious disease team, nursing, and social services (M) | 39,61 | 3 | | |
| D. Manager | All | D1 | Discusses and understands the importance of the different quality-of-life measures for cutaneous diseases | 25 | 1 | * | * |
| | | D2 | Reviews and understands the value and importance of cost, cost effectiveness, and cost-benefit analysis | 25,54, | 1,2 | * | * |
| | | D3 | Keeps abreast of local disease treatment guidelines. | 23,25,26,49,51,52,55,63,69,7 | 3 | | * |

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| D4 | Requests investigations in accordance with local protocols. | 23,25,26,44,49,52,55,63,69, | 1 | * | * | | * | |
| D5 | Follows guidelines in regard to the investigation, treatment of, and protection against the disease (M) | 27,33,56,60, | 1 | * | * | | * | |
| D6 | Keeps abreast of new guidelines for the treatment of blistering diseases and the use of immunosuppressive agents (M) | 29 | 3 | | | * | * | |
| D7 | Keeps abreast of related developments (C) | 30,31,34,38,40,41,42,45,47,48,50,53,58,65,66,67,68, | 3 | | | * | * | |
| D8 | Complies with their professional responsibility with regard to disease notification (M) | 30,31,40,42,45,47,49,52,55,63,66,68,69,70 | 3 | | | | | |
| D9 | Notifies the official authorities concerning the new adverse effects | 32,39 | 3 | | | | | |
| D10 | Keeps abreast of new guidelines and protocols relating to the management of the disease | 35,36,39,46,60,64, | | | | * | * | |
| D11 | Reports to the responsible authorities and teaches others. (M) | 37 | 2 | | | | | |
| D12 | Keeps abreast of local alopecia treatment guidelines (C) | 44 | 3 | | | * | * | |
| D13 | Recognizes any impact factors in society that affect hair loss in Saudi Arabia (A) | 43 | 1 | * | * | | * | |
| D14 | Reports syphilis to the relevant authorities as a case of a sexually transmitted disease in Saudi Arabia | 62 | 2 | | | | | |
| D15 | Recognizes the incidence of the disease and the efficacy of vaccination programs in Saudi Arabia (C) | 66 | 1 | * | * | | * | |
| D16 | Updates new guidelines and protocols relating to the management of Rosacea (M) | 57 | 2 | | | | | |
| D17 | Updates new guidelines and protocols relating to the management of staph scalded skin disease (M) | 58 | 2 | | | | | |
| D18 | Updates new guidelines and protocols relating to sexually transmitted infections | 62 | 2 | | | | | |
| D19 | Complies with their professional responsibility with regard to the notification of the disease to the alopecia registry (C) | 44 | 3 | | | | | |
| D20 | Keeps abreast of any new substances that may cause such a condition (C) | 24,37 | 3 | | | * | * | |
| Senior | D21 | Show leadership skills in clinic operations and in creating and maintaining rotation schedules. | 13 | 2 | | | | |
| | D22 | Puts patient in contact with a community support group. | 23,25,26,43,49,51,52,54,63,69,70,27,29,33,35,36,55,58,60,64,39,45, | 2 | | | | |
| | D23 | Arranges for OPD appointments, further laboratory work ups, and possibly a skin biopsy (M) | 24,31,32,34,38,44,48,50,53,57,65,66,67,68,30,37,40,41,42,47, | 2 | | | | |
| | D24 | Arranges special laboratory requests (M) | 30,40,41,42, | 2 | | | | |
| | D25 | Reports to the infectious disease unit in relation to disease notification, if applicable (M) | 30,31,40,41,42,44,47,68, | 2 | | | | |
| | D26 | Arranges for pain management, if required. (M) | 47 | 2 | | | | |
| | D27 | Offers social services for the patients, as provided by the community | 50 | 2 | | | | |
| | D28 | Arranges to put the patient in the Intensive Care/Burn Unit if required (M) | 59 | 2 | | | | |
| E. Health Advocate | All | E1 | Recognizes the incidences and psycho-social impacts of such a condition in Saudi Arabia (C) | 30,40,41,42,44,47 | 1 | * | * | * |
| | | E2 | Recognizes the psycho-social impact of the disease (M) | 39 | 1 | * | * | * |
| | | E3 | Encourages affected patients to practice safe sex with their partners while the disease is active (M) | 39 | 2 | | * | |
| | | E4 | Encourages regular, appropriate screenings during pregnancy (M) | 46 | 2 | | * | |
| | | E5 | Raises the concern that sexual abuse may be involved when genital warts are diagnosed in children | 70 | 3 | | | |
| F. Scholar | Senior | F1 | Participates in the teaching of junior residents and medical students. | 13 | 2 | | | |
| | | F2 | Critically appraises research findings using the PICO model (patient, intervention, comparator, and outcomes) in order to resolve the patient's problem. | 23,25,26,43,49,51,52,55,63,69,70 | 1 | | | |
| | | F3 | Summarizes recent advances in acne research. | 23 | 1 | | | |
| | | F4 | Critically appraises research findings in relation to this disease (M) | 24,30,31,32,34,38,41,42,44,47,48,50,53,58,65,67,68, | 1 | | | |
| | | F5 | Searches for up-to-date articles relating to the disease (M) | 27,29,33,37,56,60,60, | 2 | | | |
| | | F6 | Researches updated articles relating to the management of the disease | 35,36,39,57,58,64, | 2 | | | |
| | | F7 | Researches updated articles relating to the diagnosis and management of | 46,62 | 2 | | | |
| | | F8 | Identifies the most up-to-date therapies in topical, systemic, and phototherapy treatments. | 49,55, | 1 | | | |

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| | F9 | Summarizes recent advances in pityriasis versicolor research. | 52 | 1 | | | | |
| | F10 | Reviews the latest clinical data relating to novel oral and biological therapies for psoriasis that are in development. | 55 | 1 | | | | |
| | F11 | Summarizes recent advances in TP research | 63 | 1 | | | | |
| | F12 | Critically appraises research findings and mortality relating to this disease group. (M) | 66 | 1 | | | | |
| | F13 | Summarizes recent advances in wart research | 70 | 1 | | | | |
| | All | F14 | Teaches others (M) | 24,30,31,34,38,40,41,42,45,47,48,50,53,55,58,65,66,67,68, | | | | |