NIHS RESIDENCY TRAINING PROGRAM

Dermatology

Part One Examination

Examination Format:

National Institute for Health Specialties NIHS (Emirate Board) Part I Examination certificate shall consist of one paper with 150 Single Best Answer MCQs. Up to 10% unscored items can be added for pretesting purposes.

Passing Score:

The pass mark in the Part One Examination will be determined according to the scientific standards and based on reliable practices in assessment.

Suggested References:

1. Rook's textbook of dermatology, latest edition
2. Dermatology by Jean L. Bolognia ,latest edition
3. Fitzpatrick's Dermatology in General Medicine, latest Edition
4. Lever's Histopathology of the skin, latest edition
5. Comprehensive Dermatologic Drug Therapy by Stephen E Wolverton, latest edition
6. UpToDate, Connor RF (Ed), Wolters Kluwer
7. Dermatology journals such as Journal of the American Academy of Dermatology (AAD) and Journal of the European Academy of Dermatology and Venereology (JEADV)

Note:

This list is intended for use as a study aid only. NIHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

Blueprint Outlines:

No.	Sections	Percentage
1	Medical Dermatology	25–30%
2	Dermatopathology	15–20%
3	Basic Sciences in Dermatology	15–20%
4	Dermatology: Infectious Diseases	10–15%
5	Pediatric Dermatology	10–15%
6	Skin Cancer	5-10%
7	Pharmacology & Therapeutics in Dermatology	10–15%
8	Procedural Dermatology	5%

Notes:

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the website for the most up-to-date information.
- Research, Ethics, Professionalism, and Patient Safety are incorporated within various domains.

Example Questions

Q1.A 42-year-old man with obesity and metabolic syndrome presents to a dermatology clinic with a 6-month history of well-demarcated erythematous plaques with silvery scale over the elbows and scalp. He was previously treated as having chronic eczema with high-potency topical corticosteroids, with minimal improvement. Examination shows nail pitting and no mucosal involvement. A punch biopsy is performed due to diagnostic uncertainty, and the

pathology report describes parakeratosis with collections of inflammatory cells within the stratum corneum.
Which of the following cell types most accurately corresponds to this key histopathologic finding?

A. Eosinophils
B. Neutrophils in stratum corneum
C. Lymphocytes in dermis
D. Plasma cells in papillary dermis

Correct answer B

Q2.A 64-year-old man with type 2 diabetes mellitus and peripheral vascular disease is reviewed in a dermatology wound clinic 10 days after surgical debridement of a chronic lower leg ulcer. The wound bed appears red and friable. A trainee suggests that collagen deposition at this stage should already provide significant tensile strength and proposes reducing follow-up intensity.
Which of the following collagen types is the major contributor to early wound tensile strength at this stage of healing?
A. Type I collagen
B. Type II collagen
C. Type III collagen
D. Type IV collagen

Correct answer C

Q3.A 68-year-old man presents to the emergency dermatology clinic with a 4-day history of painful vesicular eruption over the right forehead and upper eyelid, initially treated as contact dermatitis with topical corticosteroids by his general practitioner. He has type 2 diabetes mellitus and is on low-dose oral prednisolone for polymyalgia rheumatica. Examination shows grouped vesicles on an erythematous base in the right V1 distribution, including the tip of the nose; mild eyelid edema is present but visual acuity is subjectively unchanged. There is no purulent discharge.
What is the most appropriate next step in management?

A. Initiate high-dose oral aciclovir and arrange urgent same-day ophthalmology assessment
B. Continue topical corticosteroids and review in 48 hours
C. Prescribe oral flucloxacillin for presumed secondary bacterial infection
D. Defer antiviral therapy because presentation is beyond 72 hours from rash onset

Correct answer A

Q4. A 42-year-old woman is evaluated in a dermatology clinic for progressive skin tightening over 8 months, initially involving the fingers and now extending proximal to the elbows and across the anterior chest. She reports new-onset exertional dyspnoea and gastroesophageal reflux. She has a history of autoimmune thyroiditis. Examination shows indurated skin over the forearms and trunk with reduced oral aperture; telangiectasia are absent. Serology reveals a high-titer anti–topoisomerase I antibody.

What is the most appropriate diagnosis?

A. Limited scleroderma
B. Diffuse scleroderma
C. Sjögren syndrome
D. Mixed connective tissue disease

Correct answer B