

Dermatology Curriculum

Goal

Dermatology is the management of disorders of the skin, mucous membranes, and adnexal structures, including inflammatory, infectious, neoplastic, metabolic, congenital, and structural disorders. Competence in medical and surgical interventions and dermatopathology are important facets.

Rotation in dermatology clinic will help the resident to (1) gain a general knowledge of the major diseases and tumors of the skin (2) become proficient at examining the skin and describing findings, (3) recognize normal findings, common skin malignancies, and dermatologic manifestations of systemic diseases, (4) develop a differential diagnosis based on the morphology of skin lesions, and (5) manage a variety of common skin conditions seen commonly in an internal medicine practice and make referrals where appropriate.

Objectives

Patient Care

- I. Provide patient care that is compassionate, appropriate and effective for the prevention and treatment of common dermatologic disorders.

Medical Knowledge

- I. Develop the knowledge and skills to obtain an appropriate history and perform a full body skin exam.
- II. Develop an approach to patients with the following common dermatologic complaints:
 - a. cold sores
 - b. dry skin
 - c. hair loss
 - d. hirsutism
 - e. intertrigo
 - f. leg ulcer
 - g. mucous membrane ulceration
 - h. nail infections and deformities
 - i. pigmentation changes
 - j. pruritis
 - k. purpura
 - l. rash
 - m. skin papule or nodule
 - n. verrucous lesions
- III. Recognize risk factors, differential diagnosis and initial management of the following disease processes:

- a. acne/rosacea
- b. actinic keratosis
- c. alopecia
- d. bullous pemphigoid and pemphigus vulgaris
- e. condyloma acuminata
- f. cutaneous infections – bacterial, viral, fungal
- g. dermatitis - atopic, contact, lichenoid, photosensitive, seborrheic
- h. dermatofibroma
- i. dermatologic complications of HIV
- j. drug eruptions
- k. epidermoid cyst
- l. erythema nodosum
- m. folliculitis
- n. HSV I and II (oral and genital herpes)
- o. impetigo
- p. insect bites
- q. molluscum contagiosum
- r. nevus – compound, dysplastic, intradermal and junctional
- s. onychomycosis
- t. pityriasis rosea
- u. psoriasis
- v. seborrheic keratosis
- w. sexually transmitted diseases
- x. skin cancers - basal cell carcinoma, cutaneous lymphoma, melanoma, squamous cell carcinoma
- y. skin tags
- z. tinea pedis
- aa. verruca vulgaris
- bb. vitiligo
- cc. VZV (zoster)

- IV. Demonstrate competency in performing the following procedures:
 - a. cryosurgery with liquid nitrogen
 - b. fungal scraping with KOH prep
 - c. microscopic examination for scabies, nits, etc.
 - d. Tzanck smear
 - e. punch biopsy

Practice-Based Learning and Improvement

- I. Be able to access clinical practice guidelines to help improve patient care
- II. Research specific clinical questions arising from patient care for best evidence-based practice.
- III. Review patient care errors with attention to changes in systems to prevent recurrence.
- IV. Utilize information technology to enhance patient education.

Interpersonal and Communication Skills

- I. Communicate effectively with patients and families in a compassionate, culturally sensitive and patient-centered manner to improve understanding and compliance.
- II. Learn to counsel and instruct patients and their families regarding prevention, cause, management, and prognosis of skin disease.
- III. Ensure charting is legible, thoughtful, complete and timely to facilitate communication within the health care team.
- IV. Track biopsy and culture results to ensure appropriate follow-up.

Professionalism

- I. Understand impact of gender, age, culture, religion, and socioeconomic status on patient choices regarding their care.
- II. Develop a respectful, compassionate approach to counseling patients on the risks and benefits of various therapies.
- III. Work efficiently in clinic, making an effort to see patients in a timely fashion.
- IV. Provide meaningful feedback to colleagues and students regarding performance and behavior.

Systems-Based Practice

- I. Interact with the multidisciplinary team including the dermatologist, nurse, pharmacist, and billing coordinator to provide optimal care.
- II. Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management.
- III. Develop an understanding of quality improvement, risk management, insurance issues, managed care structure, billing and cost-effectiveness within a practice.

Teaching Methods

- I. Attending supervision of resident activities in patient care, including joint review of pertinent history and physical findings and appropriate discussion of evidence-based medical decision-making with support from resources (text and online) available in clinics.
- II. Teaching rounds
- III. Conferences
- IV. Recommended reading

Resident Evaluation

- I. Attending feedback to residents on strengths and weaknesses throughout the rotation with a focus on self-improvement.
- II. Attending written evaluation of residents at the end of the rotation
- III. Mini-CEX bedside evaluation tool

Resources

Habif's Skin Disease: Diagnosis and Treatment, 1st Ed. Mosby, 2001.

Fitzpatrick's Dermatology in General Medicine

On-line Resources

- UpToDate
- MDConsult